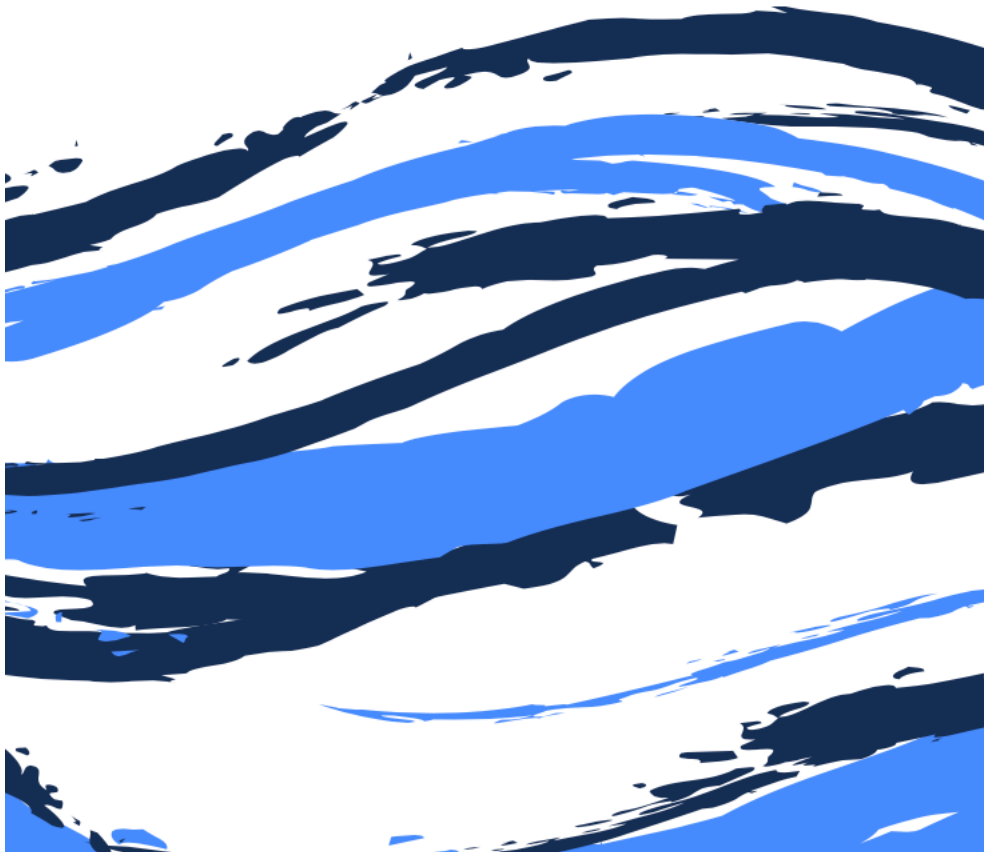


SOCIAL WORK, TRAUMA, AND THE ARTS

FALL 2019 COURSE ANTHOLOGY

BRYN MAWR COLLEGE'S
GRADUATE SCHOOL OF SOCIAL
WORK AND SOCIAL RESEARCH



Special Topic: Social Work, Trauma, and the Arts

Fall 2019

Abbreviated Course Anthology

Bryn Mawr College

Graduate School of Social Work and Social Research

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INTRODUCTION

Dr. Meagan Corrado

In a world of dissention, conflict, abuse, and trauma, it is easy to feel discouraged. Individuals, families, and communities face tremendous obstacles. In addition to the individual adversities people strive to overcome, they also encounter community, cultural, and systemic barriers. But wherever there are stories of trauma, there are also stories of strength and resilience. As social workers assist trauma survivors in processing their experiences, it is important to focus not only on the pain but also on the strength.

The arts are an invaluable tool for social workers seeking to provide strengths-based support to trauma survivors. Creativity provides multiple benefits. Creativity humanizes trauma survivors. It helps them understand who they are and where they want to go. It gives them freedom in places where they feel constrained and oppressed. It gives them a voice in spaces where they feel silenced and marginalized. Creativity- the arts- speak for trauma survivors when they don't have the language to describe their experiences.

This course, *Social Work, Trauma, and the Arts*, was designed to teach students how to integrate the arts into work with traumatized individuals, communities, and systems. Using creative engagement and didactic strategies, this class was divided into three phases. In the introductory phase, students learned basic information about (1) the impact of trauma, (2) the consequences of trauma exposure, (3) the neurobiological implications of traumatization, and (4) best practices and common factors in trauma treatment. In the second phase, students explored the relationship between social work, creativity, and trauma healing. Students critically analyzed (1) the concepts of creativity and destruction, (2) the role of various artistic media in facilitating trauma healing, and (3) the congruity of these arts based practices with social work values. In the

third phase, students considered ways to integrate the arts into both clinical and macro contexts. The course culminated with students' creation of an arts-based proposal to be implemented with an identified population in a social work setting.

This anthology represents students' efforts toward integrating multiple sources of knowledge and considering creative ways to support trauma survivors in social work settings. Students identified a population of focus and a social work service setting. They presented the theoretical foundation for their concept using course readings, social work values, and relevant literature. They then presented an innovative idea. In sharing these students' trauma-informed, arts-based proposals, we aspire to (1) motivate other social workers to pursue creative strategies in their work with trauma survivors; (2) assist the greater social work community in developing creative, theoretically sound interventions; (3) develop new and different ways to provide strengths-based support to traumatized individuals, systems, and communities.

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USES FOR THIS ANTHOLOGY

As you review the ideas represented in this anthology, it is important to remember that although course readings, social work values, and relevant literature informed the development of students' interventions, these interventions have not been researched to determine their efficacy. Social workers seeking to use these and other arts-based interventions should use clinical judgment, ethics, best practices, social work values, client preferences, and practice wisdom when intervening with traumatized individuals, systems, and communities.

ANTHOLOGY GOALS

The anthology seeks to achieve the following goals:

- ● To motivate other social workers to pursue creative strategies in their work with trauma survivors.

- ● To assist the greater social work community in developing creative, theoretically sound interventions.

- ● To develop new and different ways to provide strengths-based support to traumatized individuals, systems, and communities.

Trauma Informed Care and Mixed Media Art Journaling

Jessica Arian

In recent years, “trauma-informed care” has become a popular new buzzword among clinical researchers and social service providers. While these efforts are certainly admirable, they are far from enough. Without awareness of the ways in which trauma impacts not only our clients, but also mental health workers and the larger systems in which we all work and live, we will continue to perpetuate cycles of violence and traumatic reenactment. To heal ourselves and our clients from trauma, we need to transform our *entire culture* into one that is trauma-informed, beginning with the social service delivery systems in which we work.

In *Destroying Sanctuary: The Crisis in Human Service Delivery Systems*, Sandra Bloom and Brian Farragher powerfully illuminate the myriad ways in which trauma is like an “infection” that is transmitted throughout complexly interactive micro-and macro-level systems and inter-generationally across time. Bloom and Farragher begin by noting that not only are many social service providers often survivors of childhood trauma themselves—who are prone to reactions similar to those of their clients—they are also frequently subjected to chronic, toxic stress that is symptomatic of a traumatized mental health system operating within the restrictions of managed care. Downsizing and turnover, heavy workload and job complexity, unclear role definitions, negative interpersonal relationships, inadequate training and career development, emphasis on paperwork and compliance, professional and ethical conflicts with managed care requirements, burnout, disruption in an organizational operating system, lack of a clear mission, and lack of resources necessary for innovation are common sources of chronically stressful and potentially toxic social service working environments (Bloom and Farragher 2011).

According to Bloom and Farragher (2011), when a group atmosphere becomes one of constant toxic stress, the atmosphere creates an increased level of tension, irritability, and short tempers, an increased need for command and control, and increased abusive and controlling behaviors. Decision-making capacities in such organizations are compromised because the need to make decisions that will relieve tension in the short-term becomes more important than weighing multiple options, arriving at compromises, and considering long-term consequences of their actions. As a result, organizations make increasingly poor and impulsive-decisions, develop compromised problem-solving mechanisms, and exhibit rigid and dichotomous thinking and behavior, fueling more tension and interpersonal conflict. Similar to individual trauma survivors, traumatized organizations have compromised institutional memory because healthy members of the organization who know what the organization used to be like when it was able to solve problems feel pressured to leave, and turnover increases. Similar to individual trauma survivors, groups that experience trauma and chronic toxic stress also experience disrupted attachment, where the importance of interpersonal relationships becomes devalued and people treat one another like replaceable parts with no significant identity or value (Bloom and Farragher, 2011).

Mixed Media Art Journaling Groups

In order to facilitate mental health workers' processing of both vicarious trauma and organizational trauma, organizations seeking to become trauma-informed—*especially* those already employing the Sanctuary Model—could implement mixed-media Art Journaling groups for direct service providers. The group would function in a similar way to an arts-based group supervision, but rather than focusing on case conceptualization and how to work with clients in specific cases, the primary purpose of the group is to create a structure for mental health workers where it feels safe for them to process and discuss their feelings about vicarious trauma and

chronic workplace stress, and the secondary goal of the group is to foster attachment and connection between members of the organization in order to prevent fragmentation and alienation at both individual and organizational levels.

Although the size, frequency, and duration of such groups can be flexible and would depend on staff members' interest and resource constraints within individual organizations, Art Journaling groups at any organization could follow a basic structure in terms of both time commitment and content. The first component of the Art Journaling groups would be didactic orientation to groups that would include four key topics. The first topic of the didactic is review of vicarious trauma and organizational trauma, which includes information about definitions, risk factors, signs and symptoms, and prevention of vicarious trauma, secondary trauma, burnout, and organizational trauma. The second topic is a review of the theory of arts-based trauma-interventions including concepts such as fragmentation, speechless terror, integration, reenactment, emotional contagion, and creativity and destruction—as well as the way in which art facilitates processing traumas. The third topic is a practical introduction to mixed-media Arts Journaling, including explanations of basic techniques and the pros and cons of using various mediums including collage, pastel pencils, colored pencils, charcoal, markers, and acrylic paint. Finally, the last topic of the didactic orientation is a review and application the Sanctuary commitments. This section will emphasize the importance of working through tensions between commitments such as open communication and non-violence—such as when anonymity creates safety for one person at another person's expense or vice-versa.

At the end of the orientation seminar, the staff member will encourage attendees to utilize their journals as often as they would like in between group meetings in order to process their feelings about work—both positive and negative—including impact on work-life balance, how it

impacts their schema and meaning-making processes, individual and organizational strengths and challenges, their commitments to sanctuary, and whatever other themes are important to participants. Depending on the needs of the organization, the orientation group could run bi-monthly, whenever a new cohort of trainees join the organization, or whenever new interest in the group reaches a certain threshold.

Once members of the organization have attended a didactic seminar, they are eligible to participate in drop-in Art Journaling groups, which could be run weekly, bi-weekly, or monthly depending on interest and resource constraints. A standard amount of time for the group is approximately one hour and thirty minutes although the group could be adjusted as necessary. During the first portion of each group meeting—approximately fifteen minutes—members will be asked to reflect on sanctuary commitments, share their current level of stress, and propose group rules that will help them feel safe during that particular meeting. Group members should develop a democratically determined understanding of what emotions and resources everyone is bringing into the room that day and how they can keep one another safe, and group members must hold one another accountable to the shared rules.

After the first portion of the group meeting, the group facilitator will prompt group members to use their journals to answer one or both of two questions. The first question will be announced to the organization's staff ahead of time and will be selected randomly from questions submitted—anonously or not—to the group's facilitator and screened by group members who volunteer to be moderators. The second question will be submitted and democratically decided upon by the drop-in group members following the discussion of sanctuary commitments. All questions should somehow relate to processing traumas that occur in the workplace. Group members should be heavily encouraged to reflect on and draw or paint about the group questions

but are also welcome to journal independently if they want to be part of the group but feel too vulnerable to work on the suggested questions. Group members will have approximately forty-five minutes to work in their journals. This format is meant to be democratic, structured, and flexible—so members can work on problems collectively while still maintaining their individual voices. Depending on resources, the organization can supply journals, magazines, pastel pencils, colored pencils, charcoal, markers, and acrylic paint. Mixed media enables journalists to be creative and flexible. Each of these mediums are relatively inexpensive, accessible to beginners, and controlled. For those who prefer more control, charcoal is erasable.

Following the journaling period, group members will have time—approximately thirty minutes—to share their work. Although the facilitator should try to focus conversation around the prompts in order to foster cohesiveness, universality, interpersonal learning, and catharsis (Yalom, 2005). This will support connectedness, integration, and social learning. Facilitators should also pay close attention to the reasons for which some group members may be silent and actively make space for them to participate as they feel safe.

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Community Building, Arts-Based Workshops with LGBTQ Older Adults

Michael Bates

The AIDS epidemic of the 80's and 90's decimated a generation of men and women and left a community scarred and shattered from the cataclysmic loss of lives. By the end of the year 2000, 774,464 people were diagnosed with AIDS. According to the CDC, 448,060 people died from the disease. The ramifications of this were traumatic. But as those who survived the epidemic reach their golden years, they are not only dealing with survivor's guilt but with a sense of disconnect from younger generations. This proposed workshop will give older members of the LGBTQ community the opportunity to express their feelings about the AIDS epidemic. It provides an opportunity for them to process feelings of survivor's guilt, and it gives the younger generation opportunities to bear witness to the pain/loss.

Arts-Based Workshops

This workshop would be facilitated in 4 sessions. Each session would be roughly three hours. Participation would be open to individuals in the LGBTQ community over the age of 50 years.

Week 1

- Introduction to the course
- Breakout session to get to know each other
- Group discussion on the impact of the AIDS crisis
- Discussion of artistic mediums
- Exploration of how the arts can help teach, heal, and live again

Week 2

- Group discussion about what this project means to each group participant (individuals, survivors, elders, and teachers)
- Special presentation from a guest speaker who will introduce group members to different art forms
- Initial work on the project (the format will depend on the art forms chosen by the group)

Week 3

- Group discussion on the progress of the group
- Ongoing work on the project

Week 4

- Group discussion about the importance of community
- Group discussion about the acceptance of loss through the acceptance of one's survival
- Story slam or group exhibition with a focus on intergenerational sharing and the destruction of loss through artistic release

Art Exhibit

This project will end with a group art exhibit. This exhibit would include an evening of art, stories, and presentations. If there are spoken word/film projects, they should have a runtime of no more than 10 minutes. Judges for the competition will be leaders and VIP's from the community. Awards will be given for Best in Show and Honorable Mention.

“Walk With A Purpose” Spoken Word Intervention

Vashti Boykins- Abner

The “Walk With A Purpose” Spoken Word Intervention was created to confront certain symptoms of trauma that may affect Opportunity Youth. Opportunity Youth are individuals between the ages of 16 and 24 years old. There are a variety of social, socioeconomic, environmental, and systematic barriers that stall the progression of Opportunity Youth. Many Opportunity Youth have experienced some form of trauma. The “Walk With A Purpose” Spoken Word Intervention directly works to heal symptoms of trauma. Through the medium of spoken word poetry, we can support youth in organizing thoughts, feelings, and experiences to ignite integration and post traumatic growth.

Unlike regular poetry, a large portion of spoken word is the performance. Spoken word is not only a verbal experience, but it is also a nonverbal experience that includes voice modulations, body language and physical movements. The physical engagement conveys the emotions of the performer and can be conveyed and expressed to an audience. Spoken word actively goes against the withdrawal/isolation that is often a symptom of those unable to process or integrate traumatic experiences. Spoken word is a collective ritualized experience. Through this work, clients are not only combating the effects of trauma but practicing necessary professional skills like writing, public speaking, planning, communication, and teamwork

The “Walk With A Purpose” Intervention

The program opens by presenting youth with a variety of examples of spoken word poetry. A young published author named Jai-Lynn Rouse will not only present their own poem but will share their personal experiences as a spoken word artist. Rouse will provide information about their own writing process and how they use spoken word as a tool for healing and self-

care. The day-long intervention is broken down into three main sections: *I come from*, *I am*, and *I will be*. Although the ultimate goal is to create one poem that can be presented, each section is written separately. Breaking the poem up in this way allows for in-depth focus on each piece, narrative progression over time, and specific discussion associated with each section. The intervention will culminate with each individual sharing their poetry with the group.

Participants: 10

Materials:

- Computer/projector
- Lined paper
- Pens/pencils
- Markers
- FlipChart/whiteboard
- Poem instruction print out
- *EGO* by Jai-Lynn Rouse
- *"Somebody Almost Walked Off With All My Stuff"* by Ntozake Shange

Introduction (15m):

We will be working with spoken word poetry. Other than being fun, it's a medium that (1) gets us thinking about our next steps as young people trying to navigate society, (2) helps us build up our professional personas, and (3) supports us as we try to live in or find our purpose. In an effort to support this goal, I have invited a published author, Jai Lynn Rouse.

Ice Breaker:

What is your name and favorite song?

Rules:

What are rules we can follow to create a space where we can have fun, be open, but still productive?

The goal for the day is to create a full length poem following the prompt: I come from, I am and I will be. I want to respect everyone's time and make sure we can accomplish our goal.

What is Spoken Word?:

What is Spoken Word Poetry and what has your experience been with it?

*Write down student responses on white board/flip Chart

Disclaimer: These videos and presentation are not to intimidate you, but to inspire and provide a demonstration of the art of spoken word. Each of us has our own experiences, forms of communication and abilities that make us unique and capable. We are not going to compare ourselves or our experience or our process.

Video #1 (3m18s) - *Look* By Nate Marshall

<https://www.youtube.com/watch?v=tofJcQe87pM&feature=youtu.be>

Video #2 (6M55S) "*Somebody Almost Walked Off With All My Stuff*" by Ntozake Shange

<https://www.youtube.com/watch?v=cOy8XmA9hBc&t=170s>

Discussion: How did you like these? After watching these videos, can we add to our list of what spoken word is? How is it different from just written poetry? What caught your attention?

*Live Presentation: EGO by Jai Lynn Rouse *give students copy of poem*

Q&A with presenter: What was your inspiration and writing process?

“I Come From” Poem

Everyone will write a poem that starts with the prompt “I Come From.” The lines do not need to rhyme. They don’t need to follow a pattern or a certain structure. Write a response to each prompt.

- Meaning or story behind your first name.
- One word describing your hometown.
- Most difficult life lesson you have had to learn.
- Three adjectives that describe the year were born in.
- The feelings you get when you notice your favorite season has ended.

Now that you have written a poem, I don’t want anyone to say that they are unable to write a poem. You just did! Now take time to look at your poem, tweak or change it. During this portion, I ask that you be quiet, thoughtful, work independently.

Discussion: Does anyone want to present? Can anyone share how writing this poem was for you? Was it easy or hard? What was your process? Any feelings or experience come to mind?

"I Am" Poem

The next section of our poem is "I Am." This is a freestyle piece. My only request is that it is between 3-8 lines and it expresses your initial response to "I am."

Discussion: How was that for everyone? What type of roles, traits or identities did people use to describe themselves?

Video #3 2015 (4m13s) - Brave New Voices (Finals) - "Strike Out" by Atlanta Team

<https://mail.google.com/mail/u/0/?tab=wm&ogbl#inbox/FMfcgxwGBwXJIXnrwdGVLNpLTchTDqzq?projector=1>

Video #4 2015 (4m13s) - Def Poetry - Twin Poets - Dreams are Illegal in the Ghetto

<https://www.youtube.com/watch?v=DKOAxg1L5HQ>

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"I Will Be" Poem

Last but not least, is our poem, *I Will Be*. Independently write a poem responding to the phrase, "I will be." This should highlight the person you want to be in the future.

-

Last activity/wrap up

Everyone should have three relatively complete poems or stanzas. Can you take all three of those poems and read them as one whole piece? Does anyone want to present?

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Snare Drum Art: An Exploration of Music and Art Therapies

David Cohen

In 1957, the first plastic drumheads were created and produced by the company Remo Inc. Prior to the development of these durable drumheads, drummers used animal hides to create the membrane to produce a sound. Snare drums are a unique drum that includes metal wires called snares on the bottom of the drum. The snares rattle when the drum is played, creating a snapping sound. This is typically used to produce the backbeat for a music rhythm. The wonderful thing about the snare is not only the unique sound it creates, but many snare drumheads include a painted coating which helps control the sound of the drum. When I started experimenting with drawing on drumheads, it acted as a small way of making the instrument unique. I found that as I'd drum on the artwork, the sticks would smudge the ink, and the image would become unrecognizable. This brings me to my potential art-based concept for trauma survivors, I believe that blending together the creation of snare drum art may be a way to meld the benefits of art and music based interventions. I'm interested in creating a workshop that would explore creation and destruction of visual art displayed on a drumhead. It would also incorporate rudimentary drum knowledge and showcase how it can be used to express multiple emotions.

Snare Drum Art

The target population for this workshop will be trauma survivors who have a history of substance abuse disorder and also suffer from mental illness. This workshop will be a one-day event. First, the facilitator would introduce themselves to the group. I'd want to ensure that I had a co-facilitator available to help assist participants. A co-facilitator may be able to take a participant aside and focus on their individual needs if they are feeling uneasy or unsafe. Second,

I'd ask the participants to introduce themselves and to share what inspired them to attend this workshop. Was it an interest in art? An interest in music and/or drumming? Does the participant have a background in the arts or is this a completely new experience? Next, I'd provide a brief overview of psychoeducation on trauma. I'd want the participants to understand common conditions related to trauma such as fragmentation, dissociation, addiction, and volume control. I'd also explain that at the end of the workshop I'm hoping to foster a sense of hope and healing for the participants. I'd then provide the participants with art supplies, which would include markers, acrylic paint and paintbrushes. Each participant would receive a drumhead to draw and/or paint on. With this exercise, I'm mostly interested in the participant exploring one traumatic memory from their lives. The artwork can be abstract, and the participant would be given a time of around 20-30 minutes to create their artwork. After the artwork is created, the co-facilitator would put the completed drumheads on the snare drums.

We would then bring the assembled drums to the participants and provide them with drumsticks. I'd explain that the next step we would take would be to start learning some basic drumming techniques. I'll explain that as the drum is hit, the artwork they created earlier will be damaged; the image will transform and may become unrecognizable. In addition, the percussive rhythmic aspect of this part of the workshop should induce a sense of grounding and togetherness.

I'd want to end the day on a positive note, filling the participants with a sense of hope. I'd offer the participants the option to either take their drum art home or leave it at the gallery. I'd then introduce a grounding technique to the participants that they can use in their daily lives. I'd then have my co-facilitator bring out a sheet of paper and the same art supplies from earlier. This time I'd want us to create an art piece that explores a positive thought, feeling,

event or image that they can think of in the present moment. Again, this can be an abstract art piece, and the participant can take this image home with them if they'd like. I'd end the workshop asking if the participants would like to share their artwork with the group and provide a small description of their piece.

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Social Work Trauma and the Arts: Creating a Safety House

Victoria D'Angelo

The client population that my art-based intervention was created for is children and adolescents who are in foster care and are awaiting permanency. The services provided to these youth include: Child Profiles, Family Profiles, Child Preparation, Child Specific Recruitment, Adoption Finalization, and Post Permanency services. My responsibilities with these youth include writing child profiles and family profiles. The child profile is a critical component of the permanency process for children in foster care. The child profile consists of a child's history (history of residences, cultural, religious, medical, social, psychological, educational), current functioning (behavioral patterns, relationships, child's understanding of plan for permanency), and birth family information. In addition to the creation of the child profile, some children/youth receive child preparation services.

Removal from the care of a biological parent is traumatizing to begin with. Some children and youth may be in foster care for a short period of time and then return to their parent or guardian. Other children and youth in foster care are unable to return to their parent or guardian remain in the system until an alternative permanency plan is achieved. Children and youth may wait long periods of time before permanency is reached. Achieving permanency comes as a challenge for some children and youth who are in the system. However, even when permanency is achieved, some challenges still arise.

My arts-based proposal is targeted towards children and adolescents who are in foster care and are transitioning to permanency. This intervention is based on the core trauma-informed care principles of safety, trust, choice, collaboration, and empowerment (Levenson, 2017, p. 107). This intervention/activity can be completed when a child or youth is receiving child

preparation services. During the child preparation service sessions, the worker and client will review the completed child profile together, often discussing the information within the profile. The intervention I created is called “creating a safety house.” The activity should be completed after the child profile has been reviewed.

Materials

- Pre-made cardboard cutouts that are in the shape of a house (the number of these needed will vary based on the client)
- Glue
- Coloring supplies (markers, crayons, colored pencils, etc.)
- Paints
- Stickers
- Polaroid camera with photo instant film
- Scissors
- The clients completed child profile, if needed as a reference

Intervention Instructions

The instructions for the intervention, “creating a safety house” are:

1. Gather the pre-made cardboard cutouts, which are in the shape of a house. The number of houses will be determined by the number of placements the child has been in (including their home before entering into foster care, if applicable), plus an extra one. The houses represent not only the physical home where the client lived, but the time period in their life.
2. Start with the first house. Ask the client to draw, color, paint, or use stickers, to express their experiences during this time in their life based on where they were residing

at that time. This could be significant events, happy memories, or negative experiences that occurred during the time period when they lived in that first home. It is important to let the client choose what they want to include in the house based on that time. The client can use words, drawings, symbols, pictures, etc. to create their house. The client should draw or write who the household members were during that placement. If accessible, the client can use the camera to take pictures to include in the house as well. Any picture that the youth chooses to include can be included. If accessible, the client can include pictures of their family members and glue them into the cardboard house, if they choose.

3. Repeat the above step with each different placement that the child or youth has been in. Each week should be focused on completing one of the houses.

4. The child may decorate the houses using whatever material/colors they choose that they feel represent their experiences. When creating each house, allow time to discuss why certain decorations, words, people, symbols were used in the creation of the house. This will allow for the client to talk about their experience in a way they feel comfortable and in a way they feel best represents their memories and experiences.

5. When all of the houses are completed, except for the 1 extra one, have the client line up the houses in chronological order. Go through each house with the client and have them pick out anything in the houses (people, places, things, symbols, events, etc.) that the client relates to the word “safety.” This could be a time they have felt safe, people they felt safe around, rooms in the house they felt safe in, objects that made them feel safe, places they feel safe, etc., (ex- the name of a teacher or school, a friend, a pet, a foster home, a sibling, a time period). Make a list of the things that helped the client feel safe.

6. The one remaining cardboard cutout house will be used to create a “safety house.” Using materials or ideas from the previous houses, they will create a house that represents experiences of safety.
7. The client can draw, write, paint, glue pictures, or engage in another activity to represent safe people, places, and things.
8. When the safety house is complete, talk to them about what the symbols/representations mean to them.
9. When complete, encourage the client to hang their safety house in a safe place where they can easily access it (preferably in their room).

There are many benefits to this activity/intervention. This activity/intervention allows the child or adolescent to acknowledge and process the experiences they have had. If children/youth have been in multiple placements, it can often be difficult to remember each. It may also be difficult to remember who was living with them in each house. This activity provides the child/youth with the time to process what happened by re-creating it in a safe way. When creating the safety house, the client has the choice to identify who and what has created a sense of safety for them during their life and who will continue to provide safety in the future. The safety house will serve as a reminder to the client of the relationships and connections they have in their life. Children and youth who have experienced trauma may have trouble or concerns of safety. By creating a visual reminder of the safe people, places, and things in their life, they can be reminded that they are not alone and they do have a sense of safety in their lives.

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Arts-Based Residential Facility for Adolescents

Jenny Gagnon

Youth experience a large amount of trauma and mental health distress. But despite their growing needs, they continue to go underserved. Creating more facilities equipped to deal with the adolescent population will not only fill the treatment gap but will ensure continuity of care. This proposal details a plan for an arts-based adolescent residential facility.

Facility Specific

The building will be fairly extensive. The top floor of the building will be the residential section, and the bottom floor will be where the art studios are located. The residential portion will be designed as a single level facility with the idea that if the bottom level was not accessible for some reason, treatment would not be hindered. On the bottom floor, there are a series of open spaces. Some are common areas, and others are designed as art studios. The studios will be divided into different artistic mediums including dance, music, drawing/painting, photography, and film. The studios will be used as part of treatment with the residential clients. When clients are not using the studio, the space will be open to the community.

Sanctuary Model and Trauma-Informed Care

This facility will use Dr. Sandra Bloom's Sanctuary Model. This organizational model is centered in collaboration and aims to eliminate potential retraumatization of clients. If an organization is chaotic and stressful, that will transfer to clients. This results in a lack of safety. In this organization, every staff member will follow the designated rules of the Sanctuary Model, which include open communication, emotional intelligence, social learning, democracy, nonviolence, change, and growth (Bloom).

The Benefits of a Multidisciplinary Team

In order for individuals to receive the best treatment, there needs to be collaboration. This organization's structure will be vastly different from a traditional medical model that is focused on hierarchy and power. Oftentimes, individuals interact with clients and with each other based upon a pre-existing hierarchy, which causes a significant gap in treatment. Someone on the lower level of the hierarchy may not participate as much as those who are higher up. The influence one has is based upon title rather than knowledge, and individuals are not open to challenging one another. This is unfortunate as oftentimes the conflict that arises when challenging coworkers results in an excellent solution to the problem. By having a system where the hierarchy is flattened, there will be a significant improvement in client services. The multidisciplinary team will consist of a nurse practitioner, psychiatrist, clinicians, occupational therapist, tutor, and residential counselors.

Staffing

The nurse practitioner will be responsible for the client's medical needs and will work closely with the psychiatrist to ensure clients are on the correct medications. The nurse practitioner will have a shared office with the psychiatrist. Adolescents will meet with the nurse practitioner at least twice a week, and the psychiatrist at least once a week. Each youth who is admitted will get assigned a clinician who they will work with until discharge. They will see their clinician for individual therapy three times a week and will engage in family therapy led by their clinicians as deemed appropriate. The tutor will work with the youth as a collective group for a few hours a day on schoolwork. Residential counselors will be with the youth throughout the day and will provide an extra layer of support. Residential counselors will also run morning meetings with the youth where everyone shares their current mood, goal for the day, and

anything else they wish to share. In addition to this group, there will be two therapeutic groups that the youth participate in. Twice a week, there will be a multidisciplinary team meeting.

Sample Curriculum

The therapeutic groups will include a multitude of arts-based mediums. For this example, I will highlight the use of music. Music is an integral part of adolescents' lives; it is a pathway to expression and connection. This therapeutic group will use music as a way to introduce "felt senses." The term "felt senses" was coined by psychologists Eugene Gendlin and Carl Rogers in the fifties, and it is a concept that supports people in integrating their mind and body. Felt senses are subconscious, somatic responses that individuals experience. These can be brought into consciousness and linked to an emotion. For example, an individual with anxiety may start to have a panic attack. During the panic attack, they feel a crushing sensation in their chest. Often what happens is that the individual will feel the crushing sensation before their brain registers that they are having a panic attack. By using "felt senses," an individual can identify their physical sensations and then work toward the ability to express the accompanying feelings. In this activity, adolescents will begin the group by writing down their current mood and what they are feeling in their body. Then the facilitator will give a brief introduction to felt senses and hand out a sheet of paper with an example list of felt senses. Time will then be given for reflection. Clients will be asked to identify their felt senses and can either write them down or use the outline of a body on the other side of the paper to identify where they physically experience the felt sense.

The second part of this group incorporates music and felt senses as a coping mechanism. Adolescents are asked to pick one felt sense and emotion to use in this next step. They will pick a song they like to listen to when experiencing this emotion. Once everyone has their song, the

facilitator will play each song. During each song, the youth will record their felt senses. The activity will conclude with clients thinking about how their somatic experiences changed from the beginning of the session to the end of the session. The facilitator will lead a discussion on the role music played in helping youth connect with their bodies. They will also be encouraged to share any thoughts/observations about thoughts or feelings shared by others.

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Trauma and Mindfulness: An Arts-Based Intervention for Survivors of Domestic Violence

Austen Rose Hamilton

The focus of this intervention is survivors of domestic violence. According to the Domestic Violence Handbook for Victims and Professionals (1998), “domestic violence is the number one health problem and leading cause of death by homicide for women in the United States” (p. i). Abuse can create chronic physical symptoms in a victim’s body in addition to or as a result of the immediate physical injuries that can come from physical abuse, and chronic physical symptoms may be linked to the future occurrence of chronic pathologies. These future chronic health issues may be “nonspecific,” or health symptoms that do not necessarily map onto any one specific injury, due to the recurring and severe nature of abuse (Sweet, 2014). In addition, women who have experienced abuse have a higher risk of physical health problems than women who have not been abused, and physical injuries can lead to chronic physical-health issues, such as heart attack, stroke, and loss of dexterity. Generalized stress related to physical abuse can reduce functioning of the immune, endocrine, or autonomic systems, which can then lead the individual to be more susceptible to contracting infectious diseases (Resnick, Acierno, & Kilpatrick, 1997, p. 68).

Mindfulness

Mindfulness is a holistic practice that is gaining more and more traction within the United States as a way to reduce stress and foster non-judgment toward the self and toward others. Mindfulness based stress reduction (MBSR) stems from Buddhist forms of meditation and is “concerned with embodied awareness and the cultivation of clarity, emotional balance (equanimity) and compassion and...the honing and intentional deployment of attention” (Williams & Kabat-Zinn, 2013, p. 3). Central tenets of mindfulness include non-judgment and

allowing oneself to be in the present moment. Focusing one's attention on what is happening in the current moment – from an individual's own breathing, to the many colors of a leaf, to the distinct feeling of each individual part of one's body – is a key component of being in the present. Being in the present moment can be a way to reduce distraction or intrusion of unwanted and/or uncomfortable thoughts, re-center and re-focus oneself, fully appreciate and take in one's surroundings, and re-connect with one's own body.

Nonjudgment includes the acceptance of any and all feelings, emotions, thoughts, and/or ideas that may enter an individual's mind, with the recognition that they are neither “good” nor “bad;” they simply exist. Non-judgment and acceptance allow an individual to experience these emotions, thoughts, etc. as normal and not a sign of weakness. This helps to foster emotional balance, and compassion and acceptance toward the self. It is worth noting here, however, that compassion and acceptance toward the self are not passive acceptances of what *happened* (i.e. the trauma) or passive reactions to emotions. Conversely, it is an acceptance of whatever one is feeling or thinking, regardless of what one “should” be feeling or whether the emotion is “bad” or not. This involves self-compassion no matter what.

This intervention aims to fill that gap and focus specifically on helping women who have experienced domestic violence obtain coping skills for stress and anxiety-provoking situations, re-connect with their bodies, and allow themselves to experience the multiplicity of emotions and thoughts that may be bound up in regard to their abuser. This intervention is created as a group therapy, with a primary purpose being sharing of the artwork that is created but may also be modified for individual therapy. All art therapy sessions will include the use of mixed art media, such as graphite, oil pastels, acrylic paint, etc. and 18” x 24” mixed media paper. The sessions

will end with a group reflection and discussion so that group members can process their artwork and any emotions that may arise in a safe, supportive space while using mindfulness.

Session 1

The first session will begin with an introduction to mindfulness.

What is Mindfulness?

Mindfulness is a type of thinking and feeling that tries to slow down your body and mind by keeping you focused on the present. This means that when you do mindfulness exercises, you're not worrying about the past or the future. You're just letting yourself breathe and relax. You're letting your mind and your body stay in the present moment, right now.

Mindfulness is also about getting rid of judgment. When you practice mindfulness, you aren't judging experiences or feelings. For example, if you're thinking about something that you think you "messed up" on – like spilling water on your shirt earlier today – you might feel embarrassed, upset, or even angry. But when you use mindfulness, you try to recognize and accept that you are feeling angry, for example, but you don't judge anger as a "bad" or "wrong" emotion. You just recognize that you feel angry and accept it as the way that you're feeling in that moment.

Mindful Art

In this first session, the art piece will be introductory and "light," so as not to overwhelm clients or produce anxiety. Clients will be asked to choose a leaf. They will then be led in a mindfulness-based exercise and asked to observe the leaf for five minutes. They will be asked to observe the texture, smell, shape, color, etc. through various guided prompts, such as:

Notice the texture of the leaf – is it soft or rough? Crunchy or smooth?

Notice the shape of your leaf. Notice the color – is the leaf all one color, or do the colors vary slightly? Look at the texture and the patterns on the leaf. Look at the veins and lines on the leaf. Now, look at the stem.

The guided prompts aim to introduce clients to being in the present moment, and intentionally focusing on the leaf for five minutes. However, being a trauma-informed mindfulness-based intervention, it should be recognized that the clients should dictate the group – if they feel as though they cannot or do not want to focus on a leaf for five minutes, then a shorter period of time should be used. The length of the time does not matter for this exercise; the importance is being in the present moment. Then, clients will be asked to choose a medium (or media) and place the leaf where they can easily draw it. Then, they will line-draw the leaf without looking at their paper, outlining what the leaf looks like to them.

Session 2

In the second session, clients will begin by performing a “body scan,” a mindfulness exercise that has an individual progressively focus on each part of their body.

Body Scan

This is called a body scan, and it’s going to help you focus on each part of your body. The purpose is to reconnect our mind to our body; when the mind is stressed, it can make the body stressed, too. Sit comfortably in your chair, with your feet on the floor. Close your eyes, relax your body, and focus on your breathing. First, just notice how your body is in your chair. Try to relax all of your muscles and clear your mind. Can you feel your clothes touching your body? Do you feel the chair against your back and legs? How does your body feel? Now we’re going to scan our bodies. Start at your feet. Explore the sensations – do your feet tingle? Do they feel tight? Do they feel hot? Do they feel neutral? Tune in to your feet and try to

focus only on them. Keep your mind focused on the present and the feeling of your feet. If your mind is wandering, notice that, and then gently bring it back to paying attention to your body. If you want, you can gently wiggle your toes. How does that feel? Does wiggling your toes make the sensations in your feet change? Next, focus on your lower legs – from your ankles to your calves. Notice the sensations and try to keep your awareness in the present, bringing your thoughts back if you notice your mind wandering.

Mindful Art

Clients will be asked to draw a generic outline of a body, or they can have one printed out for them, if they choose. Then, they will be asked to draw feelings onto parts of their bodies. This prompt is intentionally left open-ended so that “feelings” might be interpreted as colors, words, symbols, or anything else that the client chooses.

Session 3

In the third session, clients will be asked to focus on resilience. As survivors of domestic abuse, they have all displayed incredible resilience, and that should be celebrated. This session will integrate the poetry of Maya Angelou, who was also a survivor of domestic violence, with the clients’ own works of art. Clients will be asked to read, either silently or out loud, Maya Angelou’s *Still I Rise*. If clients have another poem, piece of literature, or other source of inspiration that they would like to use to define resilience, they are welcomed and encouraged to use that. By naming the ways in which they are resilient in their artwork, clients are encouraged to celebrate themselves and their resiliency and embrace non-judgmental attitudes toward their actions in relation to trauma.

Subsequent Sessions

In the following sessions, the therapist is encouraged to use different aspects of mindfulness combined with prompts for the artwork. The prompts must be created with discretion, keeping in mind the group's dynamic; members' place in the healing process, such as readiness to confront certain topics; the overall mood of the group; etc. The prompts should be open-ended, thoughtful, and conducive to healing. Some possible prompts include:

- Think about a time you felt powerless. How did you deal with this feeling? What does it or did it mean to you?
- What do you hope for your future?
- What does hope mean to you?
- What do you wish you could say to your abuser (or friends/family/coworkers/etc.)?

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Creative Portraiture, Narrative Therapy and the Craft of Selfhood with HIV Positive Adults

David Oscar Harvey

Thinking about trauma in relation to people with HIV/AIDS is much different now than it would have been before 1996. In 1996, anti-retrovirals were made available, and the disease became a manageable condition. Indeed, since 1996, there continues to be medical advancements. Being seropositive in the earlier days of the epidemic brought the devastating likelihood of an early death, death that had the potential to be both protracted and painful. With this no longer on the horizon, the health prospects, both mental and physical, of HIV-positive folks are dramatically improved.

Still, HIV/AIDS remains rife with stigma. HIV has a long history of being associated with promiscuous sex (especially between men) as well as drug use. Drug use and homosexuality, particularly around HIV's first advent in the early 1980s, were wildly viewed as two of our society's most taboo and maligned behaviors. Hence, HIV became intimately identified with vice and shame; it became conceptualized as an illness procured through trespass of traditional social mores. Hence, HIV-positive subjects were figured not only as a threat to individuals they might infect, but also to orthodox social values that their very existence was understood to affront, no matter the truth of their actual path of sero-conversion. While the realities of being HIV-positive have changed, stigma surrounding HIV stubbornly remains. (Sengupta 2011, et. al).

In conceptualizing interventions to address HIV and trauma, it is specifically this component of being HIV-positive that I find most pressing: holding a sense of self that others (and one's own self) regards as quite literally toxic. I believe HIV relates more distinctly to the variety of trauma Courtois delineates in relation to "Identity and Cultural Trauma." These

include being marginalized within a group or identity that is discriminated against and disempowered by our society. Toxic stress and other mental health challenges can be endemic to belonging to a marginalized social groups. These difficulties may well be especially acute for HIV positive folks. Being HIV-positive can be particularly isolating and traumatic and cause individuals to feel “lesser than.”

Creative Portraiture, Narrative Therapy and the Craft of Selfhood

A sociological study of HIV disclosure in the U.S. underscores what a perpetually arduous task this is for folks living with the virus. (Klitzman et. al 2003) Indeed, a number of U.S. states have HIV criminalization laws on the book that impel HIV disclosure to prospective sexual partners, even if the sex is safe or the HIV-positive person has an undetectable viral load, which are both variables that would render transmission virtually impossible. Furthermore, people have been convicted under these laws even if they did not transmit the virus. Though convictions are quite rare, the mere possibility of such an ordeal incites anxiety for many positive folks. The prospect of rejection as a result of disclosure oftentimes prevents folks living with HIV from pursuing sexual and/or romantic relationships.

Disclosure isn't limited to the realm of romantic and sexual relationships. It is also germane to all social components of an HIV positive person's life— from their friends and family, to their religious communities and places of employment. My first intervention is a structured writing endeavor in which the HIV-positive person writes a “dating profile.” In many ways, this will follow standard dating profile formatting, but it also includes sections wherein one openly makes reference to their HIV status. However, rather than positioning HIV as an obstacle or barrier, the profile will discuss HIV as a strength. The intervention will occur in one-on-one therapy and be applicable to both programs in which I now work: folks getting individual

therapy as part of their participation in a day program and folks receiving individual therapy as part of an outpatient program. The intervention will be available to HIV positive folks looking to enlarge their social circle. Of course many folks who wish to do so may not have the aim of securing a romantic/sexual partner for any number of reasons. In such a case, they will also have the option of writing a profile tailored to seek friendship. In addition to standard fields: such as portions dedicated to hobbies, as well as qualities the subject is looking for from a friend or partner, the profile will also include areas on why having HIV makes the subject a better friend or partner, as well as qualities of resilience that HIV has instilled in them. We will spend time in session completing the profile and exploring what information to include on the profile, even selecting pictures or taking some to include within the profile.

While securing a friend or partner for our client through the profile would be a plus, such a goal is not the primary motivating factor for the intervention. Rather, it is putting the client in a mindset where they feel prepared and excited to expand their social circle and network of support. Additionally, instead of focusing on how HIV may have inhibited them from expanding their social network, completing the intervention will lead to discussion of ways in which their condition actually makes them better suited to be a valuable and supportive friend or partner. Finally, in underscoring positive qualities of living with HIV in reference to friendships/partnership, the intervention may well lead the client to consider opening up to folks in their life who are unaware of their positive status.

As previously stated, HIV is rife with shame, stigma and censure. Acquisition of HIV is often affiliated with behaviors our society deems ignominious; invariably judging the individual for engaging in behavior they consider disreputable and dangerous. In such a fashion, the HIV-positive folks often internalize the finger wagging of society and come to carry a burden of self-

blame, self-hatred, and regret surrounding the circumstances that led to their seroconversion. In this intervention, again also meant to take place during individual therapy, the client and therapist will explore the importance of the role of their HIV story and how this may contribute to feelings of self-hatred and fragmentation that the client experiences around their HIV. It is then that we will work together to craft an alternative origin story; one that trades affiliations of shame and aversions with more far more affirming associations such as pride, belonging, kindness and love.

Once we craft the clients' HIV origin story, we will create a work of art to record and honor the story. The medium used will be up to the client. They might craft a short personal essay on how they acquired HIV, create a painting or drawing, or develop a piece that includes a short narrative of their conversion story superimposed against a symbolic image. Creating this art object will serve to further instill the act of re-authoring in the clients' mind, hopefully distilling feelings of shame and uncertainty around the circumstances of their seroconversion.

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Comfort Cups

Elena Hyder

The following intervention will be for adolescents, ages 12-17, who have been affected by trauma. This is a trauma-recovery focused intervention that involves preparing meals with only mugs and a microwave. This intervention will be accessible to all cooking levels and can be utilized in almost any setting where a three-prong electrical outlet is available. This intervention can be provided at the individual and group level.

The goal of this intervention is to help survivors understand and process their trauma and develop emotional and cognitive coping skills while building their cooking skills. This intervention has the added benefit of helping youth build a positive relationship with food, which can be preventative, or at least protective, against the possibility of them developing an eating disorder. Youth who are traumatized, especially through sexual abuse, tend to develop eating disorders (Courtois & Sack, 2014; Bloom, 2013; Herman, 2015). The complex relationship between survivors and food and theoretical perspectives in trauma recovery and symbolic interactionism are the basis for this intervention.

Execution

Comfort Cups uses the following session topics: getting to know you, trauma and stress education, identifying and understanding feelings, creating safety, trauma processing, and future planning. All sessions should be approximately an hour. There will be a consistent overall format for each session; checking-in, recap of last session, agenda setting of current session, topic and cooking activity, mindful eating, and then homework assignment when appropriate.

In the initial meeting, participants will first complete an emotional check-in that will involve asking “What food do you feel like today?” The food the participant names will be

representative of their current mood. This is to be done every meeting. Then participants will be encouraged to pick seven recipes from a prepared list. The recipes will range from breakfast to dessert. Participants will be invited to modify recipe ingredients however necessary or desired based on their restrictions and preferences. Additional recipes can be selected in the event that additional sessions are needed.

Participants should receive their own plain, ceramic, microwave-safe mug and a plain cooking smock. Sharpies and fabric markers will be provided in the first session to allow the participants to decorate their items however they would like. Facilitators should be prepared to take home mugs in order to heat them in an oven at home, then bring back the mugs for the next session.

When discussing the topic for each session, participants will prepare one of their pre-selected recipes. Not only will participants self-select what recipes they would like to prepare, they will also connect the recipe to a session topic. This is to give the client an understanding of what they will talk about during sessions. Encouraging participants to pick the recipes and when they make them aims to give the participants a sense of control, which is essential when providing trauma recovery (Courtois & Sack, 2014; Bloom, 2013; Herman, 2015). Participants should never be forced to do something in a session, as this could trigger memories of times when they experienced trauma (Courtois & Sack, 2014; Bloom, 2013; Herman, 2015).

It is important to note that it is important to establish and maintain trust and safety with participants, especially because food is involved. Trauma survivors often have complicated relationships with food (Courtois & Sack, 2014; Bloom, 2013; Herman, 2015). Food could have been a source of abuse or an issue around neglect (Courtois & Sack, 2014; Bloom, 2013; Herman, 2015). Many survivors of trauma, especially childhood sexual abuse, develop eating disorders in

an attempt to exercise control over their bodies (Courtois & Sack, 2014; Bloom, 2013; Herman, 2015).

Special considerations will have to be made before this intervention can be considered appropriate for anyone diagnosed with an eating disorder. Those with disordered eating habits will be challenged by this intervention, but this could also be a challenge that produces positive change. This intervention provides the opportunity for food to become a source of nourishment rather than pain for survivors.

Once the meal is prepared and ready for consumption, the facilitator will lead the participant in a mindful eating exercise with the food. In the event that the recipe does not turn out as desired, this can be used as an opportunity to explore feelings around disappointment and an exercise in future planning.

Theoretical Framework & Supporting Research

This intervention aims to reinforce feelings of control through a positive relationship with food. By showing participants they can have total control over the food they eat in a judgement-free environment, they can begin to recognize the therapeutic relationship they can create with food. Also, food holds deep meaning for all people. Food habits are deeply connected to social and moral meanings. Consequently, food defines us as individuals and as groups (Mead & Morris, 1967; Locher, Yoels, Maurer, & Ells, 2005). Centered on the theory of symbolic interactionism, meal preparation and consumption can be an opportunity for exploring and understanding relationships with others and ourselves (Mead & Morris, 1967; Locher et. al, 2005).

The intention behind leading the participant in a mindful eating exercise with the food is not only to have the participant enjoy the product of their own labor but to also ground the participant in the present moment and provide feelings of nourishment and comfort. Research has shown that

mindfulness approaches done in conjunction with a trauma resiliency model improve posttraumatic symptoms in survivors, including issues with dissociation (Grabbe & Miller-Karas, 2017). When food is prepared or eaten slowly with intention and without interruption, it can be rhythmic. The repetitive motion of stirring, the taste of salt on the tongue, the smell of sugar melting are only a few examples of how food can activate our limbic systems and ultimately allow brains to slow down and relax (Essen & Mårtensson, 2014; Locker et. al, 2005).

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Gamification and Neurofeedback with Incarcerated Youth

Matt McCusker

This intervention would be aimed at the roughly 50,000 youth imprisoned in the United States, as well as children in any other disciplinary setting. The primary method of this intervention would fall under what is known as gamification, or more specifically “the design approach of utilizing gameful design in various contexts for inducing experiences familiar from games to support different activities and behaviors” (Huotari & Hamari, 2017; Deterding et al., 2011) (Majuri et al, 2018). The aim of gamification is to provide a fluid, interactive experience that puts the learner in the center of the subject matter in a way they find engaging. Not only would this intervention be fun and effective, it also aligns nicely with a trauma-centered approach. This intervention seeks to explore new ways to reach the young brain, teaching our juvenile offenders that they have agency, have a voice, and most importantly, that they deserve connection.

Gamification and Incarcerated Youth

The intervention I am suggesting is to gamify rehabilitation and personal development for incarcerated youth using an in-house video game. Each child would design their own virtual avatar with which to carry out their place in the game. Upon beginning the game, the child’s avatar would be weak, lacking the speed, power, and other attributes necessary to “survive” the rounds of online play. These desired “strength points” could only be acquired through an adherence to program attendance and other challenges in which individuals would be given the opportunity to gain points to strengthen their avatars in the game. Acknowledging the existence of children’s unique gifts and inherent deficiencies, the opportunities for “avatar development”

would be spread across a wide spectrum so that all would be welcome to develop in the capacity in which they would be interested in and intrinsically geared toward.

The game would be split between two modes. The first mode would be a one-player narrative version where the student would find themselves in a sort of dystopian future, one beset by the chaos of a society that has lost all sense of moral order. This opening stage of the game would be a desolate residential community beset by violence. The game would be initially presented as an open-world platform like Grand Theft Auto—one where the kids could explore freely and interact with any of the other characters. They would have the option to punch or kick or pick up weapons, but those actions would end pretty swiftly with their avatar's doom due to the chain of events it would set off within the game. However, if they explore their beginning world enough, they will stumble upon a house where a man has a time machine. He wants to travel into the past so he can fix the current state of affairs but needs a few parts from the outside world. The first mission would be securing the things that he requests and then firing the machine up. This would mistakenly take the child's avatar into the past as well.

The next step of the game would be an adventure through history. It would start in ancient Sumer and go off into Egypt, parts of Africa, the Mongolian conquest, Greece, Rome, and throughout Colonial Europe's colonization of the New World. The idea would be that the missions would allow the player to interfere with the pivotal events that have shaped our current world. This would not only give the player a fun opportunity to learn world history, but it would also allow them to interact with the evolution of humanity's thought, to learn about societies, how they thrive and, more importantly, how they fall apart. Throughout the single-player mode, the student would also be given various tasks and puzzles of a mathematical nature to work out to strengthen those aspects as well. The trick would be peppering those problems into the swirl

of action in a way that didn't seem obvious to the student, leading them to believe they were being tricked into studying.

After completing an allotted portion of time to play the single player version, students would be given an opportunity to use their avatar for a multiplayer battle royale mode where they could compete with their fellow students. Their avatar, which would be strengthened by the single player mode as well as different tasks they completed throughout their week, would allow the student to get a real-time gauge on their personal progress via the speed and power of his avatar which would hopefully propel the student toward continuing to develop and thrive. The multiplayer mode would also contain little "easter eggs" to be found by the players that would be redeemed for extra visitation hours, home visits (if applicable), money, food, etc. The idea would be to let the student body brainstorm and vote on the things they wish to be able to win, which highlights another pivotal aspect of the game—the demand it would place upon the students to organize and cooperate so that they could gain the ability to secure the most personally rewarding prizes they can think of. Groups would be led and guided to allow these students to learn skills of persuasion and debate and to also help them learn to trust in the help of others.

QEEG/Neurofeedback

Between bouts of the online play, students would be invited to participate in QEEG and corresponding neurofeedback treatments. The outcome of their neurofeedback treatment in terms of the student's achieving levels of mastery over frontal lobe activity would then be translated into "points" that would then serve to fill up a turbo function, allowing their avatar a finite speed burst to use throughout multiplayer mode. These neurofeedback sessions would help create a neurological understanding of the students, scanning for things such as ADHD, Anxiety, PTSD,

TBI, and other conditions. This scanning would also allow for the opportunity for students to seek additional help for their conditions through other forms of therapy that would ideally be available.

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Shapes: A Movement-Based Yoga Intervention

David Meyer

The art intervention I would like to present is called “Shapes.” Shapes is a movement-based intervention that incorporates yoga techniques and philosophies. I feel that this intervention would work well in an inpatient setting or in a retreat where there is lots of support for those undergoing the intervention. For the intervention to be fully achieved, the facilitator would need to be trained as a therapist as well as a yoga teacher. Shapes would be done in a group context with potential time/space for additional individual processing. I feel that that group experience will add extra layers of support as well as insight into the experience.

Movement Therapy

As social workers, we advocate strongly for the biopsychosocial approach, but I believe we fall short when it comes to integrating the whole person. The whole person is multifaceted. Each person has a body that moves, a brain that thinks, and a soul that longs to be recognized as such. In therapy, we get analytical about thoughts and past experiences. However, we tend to avoid the body and gloss the spirit.

Yoga and mindfulness have been used in working with post-traumatic stress disorder (PTSD) in Veterans, cancer patients, as well as children. Staples, Hamilton, and Uddo (2013) support the use of yoga as an intervention for PTSD in veterans. In addition, research by Strauss and Northcut (2013) documented the effectiveness of combining clinical social work with yoga and mindfulness when working with cancer patients. Furthermore, yoga and mindfulness have been effectively used in schools as well in the clinical context with children.

Shapes

The intervention will begin by introducing “shapes” to participants. These shapes or poses are created by the body. The shapes will not have traditional yoga names. The shapes represent the characteristics and emotions that they are intended to evoke. While they will each seek to convey a particular emotion, the participant will tell the story of how they embody each of the shapes.

Foundational Shapes

Name	Description	Emotional Characteristics
Turtle	Shines on the ground. Hips towards heels. Spines resting over tights. Head down.	Introversion
Star		Extroversion
Dinosaur	Standing tall Legs wide. Arms open. Fingers spread.	
Lion		
Tree	Legs together. Knees flexed. Hips flexed. Arms together. Elbows flexed.	
Rainbow	Prone position. Forearms on the ground. Extension through the spine.	Grounded, alert and curious
		Balance
	Standing on one leg with other knee flexed. (Other leg can act as a kickstand).	
	Legs together or apart. Arms in the air. Lateral flexion in the spine.	Brightness

During the first session, the participants will learn a few of the fundamental shapes. They will share examples of how each shape makes them feel and the emotions these poses invoke. During the second session, they get to make their own shapes/movements and tell the story about why they chose the shapes/movements that they chose. The approach will be very intentional during the second session. Once they create their shapes/movements, they will be encouraged to stay in the shape and explore how they feel. They will be encouraged to allow themselves to feel exactly the way they feel without pushing anything away.

The Shapes intervention is intended to support the participant in reclaiming their inner landscapes, bodies, and minds so that they can embrace the external world from a space of wholeness. Much of the works of the Shapes facilitator will be to create a safe space for the participant to do the work of releasing the imprint that trauma has had on the body and mind.

Additional Elements

Breath and grounding are an essential aspect of yoga and mindfulness and will be an essential aspect of the Shapes intervention. After engagement in each activity, participants will have time to talk about their experiences. The therapist will ask questions that provoke insight. Members can crosstalk with guidance from the therapist. Sessions will also include the “flow.” The Flow is a rhythmic breath and movement sequence that is intended to create unity in the group and create a “flow state,” which I believe is very similar to the state that one experiences during creativity. It will also be considered a sort of ritualistic ending or completion of the Shapes sessions.

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An Organizational Model for Disaster Relief

Mahria Morris

The purpose of this initiative is to help a community heal in the aftermath of a catastrophic weather event. Catastrophic natural disasters such as hurricanes, wildfires, and flooding, can strike anytime and often without warning. Each of these types of events can have an extreme impact on the people within the community, resulting in the loss of personal belongings, economic instability, and emotional distress. This project looks to assist members of a community in processing the event, beginning the healing process through art-based strategies, and developing skill-building in the group setting.

Organization Background and Mission

The proposed organization seeks to deploy a small team of employees to a trauma-impacted area 6-9 months after the damaging event took place. They will use their resources to connect with community organizations, recruit volunteers within the community, and create workgroups. The arts-based curriculum will promote wellness and healing through the creation of art, mainly in the form of drawing.

Project Background

With the rise in catastrophic weather events— flooding in the South, wildfires in California, hurricanes that are larger and more frequently impacting the Atlantic coast— more and more individuals and communities are faced with the challenge of preparing for disaster and executing relief efforts in the aftermath. This additional challenge is taxing on the resources of a community, and after a catastrophic event, a town can be left depleted and in despair. Often the well-being and health of those who assist in relief coordination are pushed to the limit. Pencil and Paper looks to identify local organizational leaders who can benefit from an art-based

intervention that will help in processing the trauma. The efforts of this initiative are to lend support and care in the months after the disaster. The hope is that the program will bring members of the community together in healing.

Target Audience

Pencil and Paper looks to connect with those who acted as relief workers and volunteers within the community in the disaster's aftermath as well as those who were impacted by loss from the natural disaster. The program looks to engage with adults who can commit to two, three-hour day or evening sessions a week for six weeks.

Curriculum

Pencil and Paper will base their teaching off the research and published work of Dr. Betty Edwards, the creator of "Drawing on the Right Side of the Brain" (1979). A certified instructor will teach this program in the Drawing on the Right Side of the Brain method. The art instructor will be paired with a licensed social worker, who will facilitate a group session. The group will then be introduced to the art concept being taught in the session. A correlation between the art concept and the processing skills will be discussed in another brief group session at the end of the class. Participants will then have additional time to work on the art skill in free draw time. Drawing time will be provided in each session the group meets so that the group can hone their new skills at their own pace, as well as take time to interact with others in their cohort.

Theory Framework

The functionalist perspective looks at each part of society and focuses on the interdependent nature of the relationships. These relationships contribute to the success of a community. It can be thought of as a machine; each cog is pulled and pushed by other cogs nearby. This, in turn, affects the original cog. Each cog has a meaningful effect on the machine.

But when it is working with other parts, it is more valuable than the individual cog. All communities function in this way, although to varying degrees. After a catastrophic natural disaster, the system can no longer function because of the traumatic disruption. This art-based program looks to use the skill of drawing, the practice of the activity and the desire to repair the damage, and ideally improve the community system

Curriculum

Daniel Pink's book, "A Whole New Mind: Why Right-Brainers Will Rule The Future," introduces ideas on how our brains work and how information is processed. The first chapter encourages readers to question their thinking and push past self-imposed limitations to allow our right-directed thinking to help guide us in seeing more of the whole. These very ideas were the cornerstone of the work that Dr. Betty Edwards explored in her book, "Drawing on the Right Side of the Brain." The Pencil and Paper program will be grounded in work done by Dr. Betty Edwards and published in her 1979 book. Dr. Edward's method of drawing instruction is offered throughout the world in several workshop programs. The program materials and methods will be used in this initiative.

The other component of the program is based on trauma-informed practice. The group discussion and processing will take place at the start of each session. This will be followed by the development of an art skill, which will then be used in the practice of remembrance and mourning, seeking meaning, and establishing connectedness through the participant's self-generated art. The use of Dr. Edward's methods encourage and support seeing a new way, which parallels the new way of seeing reconstruction after a natural disaster.

Surrealizations: An Arts-Based Trauma Intervention

Meghan Privitello

Surrealizations is an art-based trauma intervention designed for women who have survived domestic violence. Surrealizations uses the artistic movement of Surrealism as both its foundation and organizing framework to honor and mirror the fractured narratives, images, and sensory experiences of those who have experienced domestic violence. The goals of Surrealizations are to educate victims about the physical and psychological effects of trauma and traumatic memory, to expose victims to Surrealism through artwork and art history, to foster artistic engagement with trauma through the transformative process of creating works of art, and to establish the reintegration of social bonds with fellow group members to assist in reducing the isolation that often follows traumatic events.

Why Visual Art?

Visual art allows the survivor to bypass the slipperiness of speechless terror and represent her trauma outside of language through the “non-verbal realm of imagery” (Cohen & Riley, 2000, as cited by Talwar, p. 23). Through the creation of a work of art, the survivor creates an adaptable holding environment that can be as vast or as small as she needs to contain her experience. Her art can both nurture and expose her pain. She engages in a silent ritual where her memories and sensations are invited to exist as a piece of art made by her violated body. She reclaims time and agency. Art allows the trauma survivor to imagine a new life while honoring memories of the past.

Why Surrealism?

Trauma survivors are victims of chance. There is no rational order to the events they endure. The neighboring movements of Surrealism and Dada both employed chance as an art-

making method. Dadaists would drop pieces of ripped up paper onto a canvas and paste them wherever they landed. Surrealists valued the spontaneity of unconscious images and dream symbolism to create art where “things rub against each other oddly....art...that reproduces that strangeness” (Jones, 2001) and combined “ideas or objects from seemingly incongruous domains...to produce surprising new meanings – a process literally externalized and visualized in the collage or assemblage” (Prager, 2013, p. 240), a popular techniques in surrealist art. When a victim of trauma attempts to resurrect her experience through art to create a version of her story that is survivable, what better way than to employ the techniques of a genre that so often mirrored the very essence of trauma: disintegration, juxtaposition, symbolism?

Who Would Benefit from Surrealizations?

The curriculum presented in this proposal is tailored for women who have been victims of domestic violence, but the choice of art and activities in each module can easily be tailored to specific trauma populations or generalized for any trauma survivor. After having worked with those affected by domestic violence, either through primary or secondary trauma, I was able to bear witness to the ways in which the notion of *home* and *body* were dismantled at the hands of the abuser. Both *body* and *home* were violated; *body as home* and the *body in home*; any sense of safety, both within one’s body and within one’s home, was extirpated. The trauma of domestic violence is one that can feel preventable to its victims, a trauma that survivors say came with warnings and signs. Shame veils the gaze of the survivor. Her very existence feels like an invocation of danger. To stay with her abuser, the victim risks her life. To leave her abuser, the victim risks the loss of her identity. Her memories are laced with the cycles and patterns of violence endured in what should have been her home as asylum, but what has become an asylum akin to madness.

Surrealizations' Curriculum

Surrealizations is for trauma victims who are willing to engage with shame, guilt, disconnection, and terror through the symbolism of their experience, and who are open to art-making as a way toward pleasure. Surrealizations requires participants to actively engage in acts of both creation and destruction in a way that honors the fragmented and often non-verbal nature of trauma narratives. Creativity allows not only the possibility to transmute materials in the production of art, but also grants the artist/person their own transfiguration of identity.

Module #1: Education about Trauma – Participants will be introduced to a range of foundational trauma literature that will provide information about neurobiological responses to trauma, and psychodynamic conceptualizations of trauma. Several terms and their definitions will be introduced to participants. Terms will include: toxic stress, allostatic load, PTSD, trauma responses, speechless terror, dissociation, fragmentation, integration, types of trauma, complex trauma, relational challenges, emotional dysregulation, resilience, post-traumatic growth, and reparative experiences.

Module #2: Education about Surrealism – As a way to establish the mutual relationship between creativity and destruction, participants will be introduced to the origins of the Surrealist movement and its emergence as a response to the atrocities and trauma of war. Contemporary Surrealism such as Afro-Surrealism and the Asian Surrealist movement will also be introduced as a way to de-emphasize the Eurocentric Whiteness inherent in the historical roots of Surrealism.

Module #3: Domestic Objects Surrealized – The participant's first creation will focus on the "domestic" of domestic violence. Each person will be asked to choose a domestic object (vacuum cleaner, comforter, lamp, spatula, blender, etc.) that feels entangled with their trauma

experience. They will then be asked to “surrealize” the object. Materials provided will allow the women to transform the objects into ones that reflect the complicated meanings embedded in their chosen object. The following pieces of art will be shown as examples: Meret Oppenheim, *Object*, Paris, 1936, Man Ray, *Gift*, 1921, Meret Oppenheim, *Ma gouvernante*, 1936, Meret Oppenheim, *Gloves*, 1985, Man Ray, *Object to be Destroyed*, 1922-1923, Salvador Dali, *Lobster Telephone*, 1936, [Jeff Koons, *One Ball Total Equilibrium Tank \(Spalding Dr. J Silver Series\)*, 1985](#), Natee Utarit, *Looking Inward*, 2012.

Module #4: Classical Paintings/Sculptures Surrealized – This module serves as an act of rebellion against the hyper-valuation of traditional forms and narratives. Trauma memory and/or narrative does not always abide by chronology or coherence. As a way to honor anti-tradition (fragmentation of trauma), participants will choose a classical/traditional painting or sculpture and “surrealize” it through the destructive act of rebellious transformation (cutting up and re-arranging, adding additional elements, painting over, etc.) Salvador Dali’s, *Venus de Milo with Drawers*, 1936, Kim Yunjae’s *Paradise #1-#3*, Chen Wenling’s *China Today*, 2006, Andres Barrioquinto’s *Untitled*, and Natee Utarit’s *Scandal* will be shown as examples.

Module #5: Self-Portraits Surrealized – Judith Herman (2014) wrote that “Society gives women little permission either to withdraw or to express their feelings. In an effort to be protective, family, lovers, or friends may disregard a survivor’s need to reestablish a sense of autonomy” (p. 65). The participant’s final artwork will focus on the necessity to confront the new post-trauma version of the self, and to both represent and inhabit this distinct identity as a way toward freedom-in-spite-of-trauma. There is a profound power and independence in this manipulation, which is particularly important for those creating out of/through trauma. The women can choose to draw, paint, sculpt, or photograph themselves and will be asked to focus

on the ways trauma has both destroyed and (re-)created them. A selection of the examples shown will be Frida Kahlo's *The Broken Column*, 1944 and *The Wounded Deer*, 1946, Man Ray's *Glass Tears*, 1932, Alice Bailly's *Self Portrait*, 1917, Henri Dono's *Waiting for Ratu Adil I*, 2010, Jia Aili's *Untitled - Ai Weiwei*, 2013, Andres Barrioquinto's *Swing*, 2016, and *A Meditation on Love and War*, 2014, Joseph Obanubi's *Self Portrait*, and the works of Kendario L'Pierre.

Module #6: Testimony (as Public Exhibition) – Surrealizations will culminate in a public exhibition of the participant's artistic achievements as a testimony to both victimization and survival. Herman (2014) aptly describes "The universality of testimony as a ritual of healing. Testimony has both a private dimension, which is confessional and spiritual, and a public aspect, which is political and judicial. The use of the word testimony links both meanings, giving a new and larger dimension to the patient's individual experience" (p. 181). This component of the intervention hopes to demonstrate the possibility of the re-emergence of interpersonal relationships and the ability to overcome relational challenges. After the participants have spent several weeks together in what is designed to be a safe, intimate, and exploratory space, they will have built a small kinship community. The experience of exhibiting their work will be both an individual and collective experience of post-traumatic growth that speaks to the personal and political meanings and effects of/on trauma experiences. An exhibition space will be secured for the works to be shown. Each participant will also be asked to invite (at least) one person in their life (friend, family member, colleague, etc.) to attend the event as a further push toward re-establishing interpersonal connection. Even after the culmination of Surrealizations, "[The survivor] will think of the trauma every day as long as she lives. She will grieve every day. But the time comes when the trauma no longer commands the central place in her life" (Herman, 2014, p. 195).

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Containing and Connecting: Comics as a Medium for Trauma-informed Social Work
Alexander Rothman

Comics are a powerful cultural force and a versatile expressive tool. The current ubiquity of superhero movies speaks to the power of stories told in the form. So do the explosion of manga, graphic novels, and webcomics in recent years. After decades spent as a sort of cultural pariah, comics are now widely recognized as a “valid” literary form. Interestingly enough, many of the most acclaimed graphic novels are trauma stories. *Maus* is a Pulitzer-winning story of genocide and survivor’s guilt (Spiegelman, 1996). *Fun Home* is a memoir exploring the Macarthur-winning cartoonist’s experiences of her father’s likely suicide and her own stigmatized sexual orientation (Bechdel, 2007). *Persepolis* examines the impacts of war and cultural oppression (Satrapi, 2007). Notably, most superhero stories are also tales of resilience in response to traumatic origins.

There is no consensus definition of comics. Perhaps the simplest is Eisner’s summary of comics as “sequential art” (McCloud, 1993, p. 5). McCloud himself arrives at the somewhat unwieldy “juxtaposed pictorial and other images in deliberate sequence, intended to convey information and/or to produce an aesthetic response in the viewer” (p. 9). In general, definitions disagree as to whether comics need to include elements such as words, panel borders, multiple panels per page, and so on. However, common factors are the presence of discrete visual elements that are arranged to produce a language-like (usually narrative) effect.

In an important sense, the central function of comics is taking fragmented, incomplete information and integrating it into something coherent and whole. Some alchemy turns these otherwise unrelated images into a story. It is in this sense that we might talk about comics employing “visual language.” And this idea of “visual language” may have important implications for the nonverbal encoding of trauma memories.

Another key reason that comics are well-suited to trauma work is that they inherently integrate sensory and cognitive data. Comics does this through the blending of the visual and the linguistic discussed above. The form also draws upon various tools to visualize other sensory streams. Some of these are conventions, e.g., text or a word balloon drawn in dashed lines are commonly understood to denote whispering. Others are more intuitive: drawing a sound effect like the word “crash” in large, capitalized, jagged, and shattered letters will likely evoke a different sound association than drawing the same letters to look like inflatable balloons. Likewise, depicting wavy lines above a plate of food may be understood contextually to represent heat or scent. A green cloud around a garbage can may suggest stench. A cloud of breath, motion lines indicating shivering, or icicles dripping from a word balloon might all evoke a sense of cold.

Program Narrative: Resilience Self-Portrait

This intervention is designed for single-session work with housing-insecure adults. It uses a simple, 4-panel comics template to help clients integrate a sense of their own strengths and resilience with experiences of difficulty. Its material requirements are modest—a drawing surface that can accommodate a standard 8.5” x 11” piece of paper and a drawing implement—that it can be employed in a wide variety of settings.

Hopper, Basuk, & Olivet, (2010) outline four principles for providing housing-insecure clients with trauma-informed care—operating from a position of trauma awareness, establishing safety, working collaboratively to provide opportunities for choice/control, and focusing on client strengths. It is worth noting that this population is particularly vulnerable. Housing insecurity is itself a traumatic experience. Shelter is a basic human need, and having a reliable home provides stability that is crucial for maintaining social bonds, steady work, and a sense of

self. Furthermore, chronic homelessness is associated with histories of complex trauma, and many homeless individuals experience co-occurring disorders that increase their risk of revictimization. These may include serious mental illness or substance-use disorders. Competent, trauma-informed work with housing-insecure clients requires clinicians to sensitively attend to clients' needs around safety, autonomy, and resilience. While this intervention is designed to be adaptable to multiple settings, it should always be presented as optional and consideration should be given to the relative privacy of the space.

The intervention can be introduced as a creative exercise that helps people recognize and remember their strengths in the face of challenges. A possible prompt would be: "This exercise is to make a short comic that will be a self-portrait of your strengths, feelings, and how you deal with difficulties. I'll give you instructions to fill in each of four panels on this comics page. The instructions are pretty open, so feel free to follow them however feels best to you. If you want to talk about whatever comes up as you work, we can do that. But if you want to talk about something else or just work quietly, that's great, too." Clients are given a template of four regular panels in a 2 x 2 grid. (Templates are available from the author upon request.) The template looks as follows:

Clients are then given the following instructions:

- 1. In the first panel (upper left), write down something that is difficult for you. Draw how it makes you feel.*
- 2. In the next panel (upper right), write down your favorite thing to do. Imagine it as a shape and draw the outline of that shape. Now slowly fill the shape in with a pattern.*

3. *In the next panel (lower left), write down a strength you have. Draw how it makes you feel.*
4. *In the next panel (lower right), draw yourself how you hope to be a year from now. Write a message from your future self to you as you are right now.*

The template and instructions are designed with several elements of trauma theory in mind. The regularity of the panels is intended to invoke a sense of containment and predictability. Incorporating a light grid-paper background into these templates serves this purpose as well, along with a few others. The grid highlights the relationships among the various elements within and across panels. It provides an intuitive guide for recognizing when one element is larger than another, for instance. It also creates a sense of unity across the piece. Finally, it provides an easy guide for lettering.

The prompts are designed to integrate parts of the client's self that may feel fragmented, for instance affective states and experiences of difficulty or strengths. The third prompt is adapted from exercises that Barry (2014), another Macarthur-winning cartoonist and educator, and a trauma survivor herself, uses with students (p. 76). Repetitive mark-making can serve as a grounding mindfulness technique. Here it invites participants to linger in a positive association after confronting a negative one.

The panel sequence is intended to guide the client from consideration of a negative experience to a positive one, to a positive association with the client's self, to a future vision of growth. The overall progression is meant to evoke resilience. The associative quality of the comics page also suggests consistency across this progression. The person who experiences difficulties and setbacks is the same person who can recognize their own strengths and grow into a better future.

The intervention provides clients with a multidimensional, strengths-based self-portrait that they can easily fold into a pocket and take with them. It is important to remember the importance of autonomy and control in trauma work and to encourage clients to make the exercise their own. Flexibility is key. If a client does not wish to dwell on a difficulty, a clinician might work with them to develop another prompt for the first panel. If the client has difficulty identifying a strength, the clinician may suggest one that she notices in the here-and-now of the session.

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