

## Conference Summary

### **Expressive Therapy to Treat Traumatized Children: Creative Arts to Facilitate Healing**

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| Date:              | June 19, 2014, 8:45 am to 4:00 pm   |
| Location:          | The Children's Center, 492 First Avenue, at 28 <sup>th</sup> Street, NYC  |
| Sponsored by:      | <b>The New York Center for Children</b> in association with<br><b>Prevent Child Abuse America, NYC Children's Services,</b> and<br><b>New York State Unified Court System Child Welfare Court Improvement Project</b> |
| Conference Chairs: | <b>Katherine Teets Grimm</b> , MD, Medical Director, New York Center for Children and <b>Anne Reiniger</b> , JD, LMSW, Past Chair, Prevent Child Abuse America  |
| Audience:          | Clinical therapists, foster care caseworkers and staff, child protection workers, lawyers, social workers, guidance counselors, teachers, doctors, nurses, child advocates, and childcare professionals.              |

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Two hundred professionals attended The New York Center for Children's Ninth Annual Conference on Treatment, Prevention and Early Intervention of Child Abuse "**Expressive Therapy to Treat Traumatized Children**" on June 19, 2014 at the Nicholas Scoppetta Children's Center.

The conference focused on the therapeutic use of creative arts to facilitate healing from abuse. Speakers focused on various expressive therapies including art, music, drama and play therapy to demonstrate that creative arts therapy helps children process and communicate their traumatic experiences. Trauma often adversely impacts verbal expression, making it difficult for children to speak about their experiences. Through the use of universal artistic processes, creative arts therapy helps children express themselves and heal through the use of imagination, arts and play.

#### **Keynote Speaker**

Bessel van der Kolk, MD, Medical Director of the Trauma Center at the Justice Resource Institute in Brookline, Massachusetts

#### **"Effects of Child Abuse on Mind, Brain, and Body"**

Trauma expert Dr. van der Kolk talked about his findings on the mental and physical aftermaths of childhood abuse. The CDC reports that 1 in 8 children between the ages of 2 and 17 is a victim of maltreatment. Childhood trauma, abuse, and neglect are more common than most think. More than three million children are reported for child abuse and neglect annually, and abuse and neglect are preventable. Van der Kolk discussed the term "complex trauma," described as the experience of multiple, chronic, and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature and early-life onset. These events reset

the limbic system, which activates the flow of hormones during a fight or flight experience. After a traumatic event, the limbic system is under constant activation and the circuit continues as if it is always under threat. This causes serious emotional and physical changes to children. Van der Kolk has found that the activation in the part of the brain for noticing the self and body awareness is almost gone in children who have experienced complex trauma. To show the effects of these traumatic experiences on children's lives, Dr. van der Kolk used children's drawings to display the difficulties they experience and the effects on their perception and later experiences. There is a potent connection between adverse childhood experiences and depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity and domestic violence. It is important to recognize this linkage in order to prevent victims from identifying with their perpetrators and taking on their characteristics. This cycle of violence can be stopped if behavioral responses such as Post-Traumatic Stress Disorder (PTSD), or interference of neurological development are caught early enough. The goal of treatment is to strengthen the self: to widen the field of perception and enlarge its organization so it can appropriate fresh proportions of oneself. By increasing self-awareness, children are able to activate the frontal part of their brain that allows them to feel and notice themselves again. An important aspect of recovery is the ability to regulate emotions. He finds that the relationship and interactions between the child and therapist are key to recovery. Van der Kolk also spoke about changing the diagnosis of PTSD to a new diagnosis of Developmental Trauma Disorder, specifically for children. One of van der Kolk's current studies is recommending yoga, and he also finds benefits in other therapies, such as music, dance, and body movement.

### **Creative Arts Therapy Practitioners Panel**

Eva Teirstein Young, MFA, MPS, ATR-BC, LCAT, Art Therapist in Private Practice, Assistant Professor at Pratt Institute

Ms. Young described her therapeutic work using a variety of art drawings. Her practice focuses on children, adolescents, and adults struggling with anxiety, depression and dissociative disorders. Each piece of art is an exploration process for both herself as a therapist and the client. Any form of creativity can be discovered through a positive or negative experience. Young discussed the progress and work that her clients have made with their creativity. Using art as a means of therapy can be even stronger than words by using images, colors, and shades to express thoughts and emotions. Focusing on reoccurring objects and characters throughout sessions is vital to unveil the barriers of the trauma. In her practice, Ms. Young uses many different art materials to give the children she works with the ability to express themselves. The images she showed during her presentation gave the audience the sense that her therapeutic practices bring real results to her patients.

Brian Harris, MA, MT-BC, LCAT, Music Psychotherapist

Mr. Harris presented music therapy with emphasis on a boy named Adnan that he had worked with several years ago. Harris is the past director of the Pavarotti Music Center's music therapy department in Mostar, Bosnia, where he met Adnan. His work focused on using music therapy to help treat post-war second generation trauma. Harris took us to the beginning of his journey

with Adnan where he started to play with the piano, but would be afraid to leave his mother the entire session. After the room became more comfortable without the mother there, Harris brought other instruments into the mix, in order to create free and boundless expression. In his presentation, he described how creating music is a means of being in control of one's body and inner self. Adnan was able to make sense of his traumatic experiences through the music as a safe container. Music and the therapeutic relationship were able to help Adnan move toward a healthier social and emotional development and begin to generalize these areas of growth to experiences with his family and his community.

Stephanie Omens, LCAT, RDT, CCLS, Drama Therapist, Sr. Child Life Creative Arts Therapist at Hackensack University Medical Center

Ms. Omens began her presentation with an interactive warm-up for herself and the audience. Her body, breathing, and mouth exercises were an example of the types of warm-ups she does with her own clients as a drama therapist. Omens stated that the main part of her job is to essentially "tell the truth." She works with children who either have a member of their family going through a serious illness, or are going through one themselves. The truth-telling part of her work is to be as informative to children as possible, while creating a comfortable and even fun environment at the hospital. When children enter the hospital, their playing stops. Omens works to create an environment in the hospital where they can continue to play, even though they may be experiencing a difficult time. She also works with families who have not yet told their child/children about a disease or injury that has happened within the family, and need someone to make it feel less scary or confusing. Many times parents feel that they need to protect their children by not telling the truth, so it is Omens job to be as honest as possible with them and explain what is actually happening. She explained that she has become very skilled at explaining death to children, a huge part of her job. As a drama therapist, she brings comfort into the hospital with fun activities and games for the children to cope with their illness or the traumatic experience of their family.

### **Afternoon Workshops:**

Eliana Gil, Ph.D., Founder and Partner of Gil Institute for Trauma Recovery & Education in Fairfax, Virginia.

#### **"Children's Expressive Communication: How Children can Externalize and Manage their Traumatic Experiences through Play, Art, and Sand Therapies"**

Dr. Gil focused her workshop on the importance of expressive communication with children. Many adults believe that if children will not talk about something going on, then it didn't happen. Gil demonstrated that this notion is incorrect with examples of her own clients, and illustrated that each of them was able to convey their stories through expressive therapies. She described the two hemispheres of the brain as a key reason for the importance of expressive therapy. The left hemisphere controls language that can be censored and guarded; however, the right side is expressive and does not have the same censoring abilities, allowing children to tell their story through art by unleashing their imagination and pushing out what has been previously suppressed. Expressive therapies engage children's capacities to make meaning through abstract concepts and bridging the inner and outer worlds of children. Gil described

several modalities that she has used in therapy sessions and demonstrated that they are quite unique and helpful, such as: self-portraits and various art projects, play genograms, sand worlds, family puppet sessions, and family aquariums. Each activity allows each child to describe their experiences through creative expression. As a therapist, playing along with the children's artistic expression and metaphors during sessions is key to helping children process trauma.

Rush L. Russell, MPA, Executive Director, Prevent Child Abuse New Jersey

**“Preventing Child Sexual Abuse...Before It Ever Happens: The Enough Abuse Campaign”**

Mr. Russell described this prevention campaign which was started in Massachusetts. He explained that funding from the Ms. Foundation enabled the campaign to expand to New York (three sites: Broome County, Tompkins County and Suffolk County) and New Jersey. He described the campaign's introduction in New Jersey and discussed speaking with various communities about the importance of preventing child sexual abuse.

Russell highlighted the priorities of the campaign which takes a multi-faceted approach. The key elements of the campaign are: to educate adults and equip them with skills to prevent child sexual abuse, craft and communicate prevention messages that parents can share with their children to stop child sexual abuse, implement prevention trainings and policies across youth-serving organizations to strengthen their ability to protect children, increase sharing of data from state and county-wide systems to strengthen prevention planning, strengthen the role of pediatricians in child sexual abuse prevention and evaluate and improve mandated reporting systems to promote an environment that does not tolerate child sexual abuse.