

Jogging the Cogs: Trauma-Focused Art Therapy and Cognitive Behavioral Therapy with Sexually Abused Children

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Abstract

Art therapy in conjunction with cognitive behavioral therapy reduces symptoms and enhances the potential for positive outcomes for sexually abused children in trauma-focused treatment. This article presents a treatment model that utilizes specific art therapy interventions to facilitate treatment, based on research on the effectiveness of combined art therapy and cognitive behavior therapy (Pifalo, 2001, 2006).

Introduction

The sexual abuse of children is a problem that affects children of all ethnic, racial, and socioeconomic backgrounds (Finklehor, 1994; Wyatt, 1985). Estimates of prevalence from the most rigorous epidemiological studies suggest that one in four females and one in six males will be sexually abused by the age of 18 (Finklehor & Dziuba-Leatherman, 1992). Both victims and offenders are reluctant to report such events, possibly making childhood sexual abuse one of the most underreported of crimes (Hernandez, 2001).

Because the devastating effects of child sexual abuse are so prevalent, and the available funds to provide mental health services continue to diminish, it is critical that service providers use the most effective and efficient method to deliver quality treatment to traumatized children and their families. In the shrinking arena of managed care, the treatment of sexual abuse will come under increasing scrutiny with a trend toward the delivery of shorter, outcome-based treatments. Clearly, a systematic, theoretically driven, empirically grounded, and relatively brief treatment model that is focused on specific trauma issues is needed.

Rationale for Combined Therapies

Cognitive behavioral therapy (CBT) offers clear goals for trauma-focused therapy; art therapy helps the traumatized child quickly focus on critical issues in a way that talk therapy alone cannot because art therapy does not rely strictly on a verbal mode of communication (Pifalo,

2006). The unique properties of art therapy and CBT combine to create an effective model: a dynamic, synergistic pairing that is a powerful and efficient tool in trauma-focused treatment for childhood sexual abuse.

Trauma-focused cognitive behavioral therapy (TF-CBT) is based on learning and cognitive theories. It is designed to help reduce the negative emotional and behavioral responses of the traumatized child who has been sexually abused. Negative emotions and problem behaviors are assumed to be directly related to maladaptive beliefs and attributions associated with the abusive experience. In fact, CBT is based largely on the premise that symptoms develop and are maintained, at least partially, by conditioned and learned behavioral responses as well as by maladaptive cognitions (Brewin, 1989).

Sexually abused children often exhibit a wide array of seemingly disparate symptoms, many of which fall within diagnostic criteria for posttraumatic stress disorder (PTSD) (Deblinger, E., McLeer, S. V., Atkins, M., Ralphe, D., & Foa, E., 1989; McLeer, Deblinger, Atkins, Foa, & Ralphe, 1988). There is also considerable evidence that a significant proportion of sexually abused children who are referred for mental health services experience at least partial symptoms of PTSD (McLeer et al., 1988). Because many people who are sexually abused in childhood carry a diagnosis of PTSD, the goals of any successful treatment program for sexual abuse must use the most effective tools available to reduce trauma-induced symptoms.

According to Herman (1992), traumatized children and adults often suffer from intrusive thoughts regarding their experiences and often relive the events as if they were continually occurring in the present. The traumatic moment becomes encoded as an abnormal form of memory that often breaks spontaneously into consciousness both as a flashback during waking hours and as a nightmare during sleep. These traumatic memories have a number of unusual qualities. They are not encoded like ordinary memories into a linear narrative that can be easily assimilated into an ongoing life story. Instead, they often remain as fragments that can emerge as a whole when stimulated by similar sensory input known as triggers. It is likely that during times of overwhelming stimulation, as in the moments of child sexual abuse, the highly developed cognitive system is bypassed and the event is recorded in a more visual, photographic form (Johnson, 1987). When traumatic memories erupt as flashbacks or nightmares, they are often exact replicas of the event as if they had been photographed (van

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der Kolk, 1984). Art therapy has a special role to play in gaining access to these types of traumatic images and bringing them into consciousness where they can be addressed. Because of the visual nature of traumatic memories, an image-based therapy may offer the most efficient means of accessing, processing, and integrating these split-off fragments that otherwise may continue to result in flashbacks and nightmares.

Children work hard to avoid thinking, talking, or remembering sexual abuse (Deblinger & Heflin, 1996). The desire to seek distance from the traumatic event often leads them to dissociate in order to survive. Dissociation paired with the resulting disruption of the child's ability to translate feeling states into words may make cognitive access to traumatic material very difficult. Art therapy and the art process, however, have the potential to achieve or restore psychological equilibrium, and there is precedent for the use of art to express crisis and trauma through imagery (Golub, 1985; van der Kolk & Greenberg, 1987). Some survivors of trauma may be without the symbolic and linguistic representations necessary to place the trauma into a historical context (van der Kolk & Greenberg, 1987). This suggests that a strictly verbal approach may be ineffective. For all of these reasons, it is useful to pair TF-CBT with art therapy, especially in crisis intervention.

Why the Cogs Need Jogging

Posttraumatic stress symptoms such as avoidance and hyper-arousal often interfere with the child's ability to cognitively process and integrate an abusive experience (Deblinger & Heflin, 1996). Child abuse, which includes child sexual abuse, is defined as an act that impairs a child's physical, mental, or emotional health (American Psychiatric Association, 1994). Because by definition the traumatized child may suffer both mental and emotional impairment, it makes sense to combine CBT with art therapy, a modality that does not rely solely on the child's ability to utilize cognitive skills that may, at least temporarily, be unavailable as a resource. The "cogs" or cognitions of the traumatized person may be activated by unique art therapy techniques to "jog" them or bring them into consciousness where they can be addressed. The use of imagery directly contributes to cognition by increasing concentration on trauma specific issues and provides quicker access to and processing of information—a critical issue in brief trauma-focused therapy (Lusebrink, 1990).

Dissociation at the moment of trauma has been established as the single most important predictor of PTSD (Deblinger & Heflin, 1996). Children who have been traumatized by sexual abuse may have used dissociation to survive. As a result, they may know what has happened to them but often are unable to verbally articulate their experience (van der Kolk & Fisler, 1995).

Children often have fewer mental capacities to construct a coherent, verbal narrative regarding their abusive experiences, so the use of art therapy may offer the child an effective therapeutic tool with which to access crisis-related affects. The use of art therapy in trauma-focused treatment

provides traumatized individuals with an alternative mode of expression to bridge the gap between feelings and words.

Art Therapy Interventions Accomplish Goals of TF-CBT

Goals of trauma-focused cognitive behavioral therapy (TF-CBT) include rapport building, anxiety management, affective identification and processing, psychoeducation, development of coping skills, construction of the trauma narrative, and identification and reduction of future risk (Deblinger & Heflin, 1996). The initial goal of therapy is to establish a safe and productive therapeutic relationship. Art therapy capitalizes on the natural capacity of children to be creative and facilitates rapport building in a short period of time. The child-friendly atmosphere of an art therapy environment and the presence of colorful art materials may help in reassuring children that this experience will be different from forensic interviews, medical exams, or encounters with law enforcement.

The use of the art medium has been documented to reduce children's anxieties during the discussion of emotionally laden topics such as sexual abuse (Cohen & Cox, 1995; Kelley, 1985). For sexually abused children, expression through art may be a less threatening way to express powerful and often conflicted feelings regarding the abuse. They may have been scared into silence by the perpetrator, so they may be more comfortable "drawing out" their fears, which is a way of telling without using words.

The very act of making use of art materials and engaging in the creative process facilitates the release of energy through bodily action and movement (Lusebrink, 1990). This discharge of energy and tension may clear the way for therapy to begin. Using art materials usually contains an element of play, so art therapy may incorporate the "fun" aspect of play without losing sight of its other more serious purposes. The opportunity for playfulness in no way trivializes or minimizes the serious work of exploring one's traumatic issues; in fact, it may make that work possible. Because traumatized children often carry powerful and terrifying beliefs that they are helpless, "bad," or responsible for the abuse (Finklehor, 1994), the messages that attempt to correct these maladaptive attributions must be able to match the intensity of these negative emotions. In this way, the playful aspect introduced by art therapy may keep the child emotionally receptive so that intense positive messages can slip through psychological defenses.

Goldman (1995) wrote, "the healthiest way to teach children is to motivate them from the inside...they learn best when engaged in something that they care about and get pleasure from being engaged in" (p. 94). Education enables the child to understand, at the appropriate developmental level, specific elements associated with the trauma of sexual abuse. Accurate information dispels many societal myths and misconceptions about child sexual abuse and helps to diffuse the mystery and drama surrounding it.

Because educational information is generally best received when a child is comfortable and relaxed, engaging in parallel play such as kneading clay or side-by-side paint-

ing with a trained art therapist facilitates the entire process of psychoeducation (James, 1989). Such activity lessens the tension and allows the child to distract the therapist if necessary. Parallel activity allows the therapist to impart information in a non-threatening way at a slower pace that the child can absorb. In this way, the child does not experience any pressure to respond or to feel undue scrutiny because the primary activity appears to be the play.

Sexually abused children already have had their boundaries violated so they need the structure, distance, and protection provided by art therapy. The art medium has the capacity to create distance and contain powerful emotions. A drawing of a feeling is a feeling once removed. The art product reduces the vulnerability of the child by empowering him or her to control the level of exposure with which to cope at any given time.

Art Therapy Aids Affect

Art therapy is a non-threatening way to visually communicate what may be too painful or, in fact, impossible to put into words (Herman, 1992). Art therapy aids in the goal of affective identification because sexually abused children often do not have the adult vocabulary or the language skills to articulate what has happened to them (James, 1989). Because successful cognitive and affective processing of the abuse experience is critical in a child's post-abuse adjustment (Deblinger & Heflin, 1996), other modalities such as art therapy should be provided to help bridge the gap between feelings and words.

Art therapy interventions are age-appropriate and effective for children because they often prefer to communicate in ways other than talking (Malchiodi, 1998). Children do not rely exclusively on language to communicate; their language skills are often rudimentary, so they do not depend on words to express their feelings (Gil, 1994). Many studies have noted the limitations of using only verbal approaches with children (Case & Dalley, 1990; Gil, 1994; Malchiodi, 1990, 1998). The use of a treatment model that offers alternative forms of communication to sexually abused children cannot be overemphasized.

Young children often enter treatment with undefined masses of negative feelings that they are unable to name. These affects can be too complex for them to describe in words. Art therapy interventions provide a child with an effective tool to express what cannot yet be put into words. To further complicate matters, children who have been sexually abused by a parent or someone they loved and trusted often have very contradictory, confusing emotions. They may lack the capacity to verbally express coexistent feelings such as love and hate. Art therapy can help the child to delineate, identify, and express these multiple feelings without having to rely exclusively on words.

Children and adolescents may have been lied to, threatened, or misled by offenders, and they may now mistrust words in general. Drawing their secrets may be less frightening than telling them in words. Both children and adults are used to communicating in words—our grasp of non-verbal communication is less sophisticated than spoken lan-



Figure 1
Inside/outside of feelings box by a 13-year-old

guage; therefore, we have fewer established defense patterns (Waller, 1992). Thus, art therapy interventions have the capacity to slip under the normal radar of resistance.

Art Therapy Speeds Affective Processing

The goal of identifying feelings is the first step toward mastery of the traumatic event, and the child must now find a safe way to express them. The psychic trauma of sexual abuse results in the child's cognitive capacity becoming flooded with overwhelming stimuli (Finklehor, 1994). In this disturbed emotional and cognitive state, it is not surprising that the traumatized child can hardly describe his or her experience, let alone mobilize the capacity to process it. For this reason, the ability of art to create distance and contain powerful emotions is uniquely suited for affective processing of traumatic material.

For example, an ordinary shoebox with its "inside/outside" aspect provides a concrete vehicle for separating and expressing emotions that are appropriate for sharing with the world in general on the outside of the box and, on the inside of the box, those feelings that are shared only with someone who is trusted (Figure 1). This three-dimensional representation of affects provide a concrete framework within which to safely express potentially explosive and volatile emotions. The boxes are tangible and do not disappear like

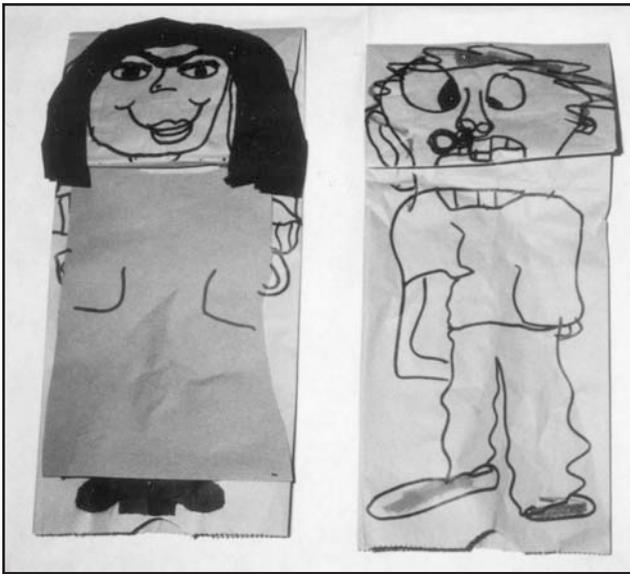


Figure 2 Puppets for Role Play by an 8-year-old

spoken words. They remain as a frame of reference to which the child may return when appropriate as therapy continues toward developing coping skills needed to manage the identified affects. According to Deblinger and Heflin (1996), this may be particularly useful with young children, who think concretely, do not have fully developed verbalization skills, and cannot tolerate lengthy discussions.

Art Therapy Facilitates Coping Skills

Once emotions are identified and expressed, art therapy provides an effective mechanism for developing problem-solving and coping skills. The creative process is natural to children; in fact, they tend to cope with life's everyday difficulties through creativity and fantasy. The loss of a tooth to the "Tooth Fairy" or the employment of super-heroes to combat bullies have always provided children with natural ways to shift the balance of power and vanquish enemies. This mode of coping is especially relevant for children who have experienced the trauma of sexual abuse.

During the actual abuse, the victim may experience powerlessness and paralyzing fear (Herman, 1992). For this reason, it is helpful for children to recreate the traumatic elements in the safe guise of role-play. A child may create a new outcome in which to gain a position of power and replace negative thoughts with positive statements. Sexual predators, who may escape punishment in the judicial system, can be sentenced and sent to jail by their child victims through the use of puppets or drawings (Figure 2). Explicit dramatization of hostility toward the offender within a safe framework allows for the release of affect and a temporary discharge of energy that might otherwise cause the child to act out in problematic behaviors (James, 1989).

Children are free to explore the depths of their emotions by "drawing out" their fear, pain, anger, and shame. A child may write letters to an offender, telling him how he or she feels about the abuse—something that probably was not possible at the time the abuse occurred. This may be

the child's first opportunity to translate angry feelings into words rather than destructive behaviors. Troubling symptoms of PTSD, such as intrusive thoughts and nightmares, may be illustrated in drawings or reenacted with puppets to help the child discharge a portion of the emotions and energies associated with the abuse. Thus the art product protects the child and makes the entire process of desensitization less threatening. Once put into visual form, these powerful affects are more accessible and can be channeled into constructive, healthy behaviors. The use of art therapy through images, drawings, and role-play allow the child to reframe, restructure, and rewrite the abusive experience in the role of survivor instead of victim.

Mapping the Trauma Narrative

A critical part of the work of recovery requires recounting the trauma in depth and detail, a process that is usually referred to as the trauma narrative (Deblinger & Heflin, 1996). The work of reconstructing the trauma is done to transform the traumatic memory through the process of desensitization that gradually exposes the child to thoughts, memories, and reminders of the abusive experience until these can be tolerated without significant emotional distress. Deblinger and Heflin (1996) state that therapists should work in a structured and directive manner to aid children in reexperiencing and processing their thoughts, memories, and emotional responses to the abuse.

The art therapy task of creating a road map of the child's life that includes the sexually abusive events is a highly structured intervention that is especially effective in organizing the traumatic events into chronological order. The frame of the map imposes order on what the child may have previously viewed as an array of chaotic, confusing, and fragmented experiences. The map is a visual tool to identify, organize, and restructure confusing events. Because the child chooses which experiences to include on the map, the narrative created is both personal and accurate.

The map can become a powerful tool to connect the dots, that is, the pairing of traumatic events with feelings, thoughts, and behaviors that may have resulted from the abuse. The map forms an actual visual representation of the "Cognitive Coping Triangle" (Deblinger & Heflin, 1996), a model that helps the child see the relationship between thoughts, feelings, and behaviors and, more importantly, understand how changing thoughts can lead to changing feelings and behaviors. Making this connection in the form of a map combats dissociation, emotional numbing, and repression. This particular intervention also facilitates the identification of dysfunctional thoughts about the abuse and provides therapists with the opportunity to intervene and challenge maladaptive attributions. The road is tangible, so it can be "walked" as many times as is necessary to reduce the stress associated with the abuse. The child can choose any segment of the map to explore more fully. A timeline can be worked in retrospect to recognize the perpetrator's initial "grooming" behaviors that are used to gain a child's trust, ensure a continued relationship, and keep silent. Anything that may trigger the trauma in flashbacks

or nightmares can be identified and placed with the actual events that originally gave rise to them. Once located and placed in real time, the events are available to be processed and integrated into a coherent life story.

The very act of creating a map tends to “jog” memories and aid cognition by providing added information and details, making it a technique that is in keeping with what is known about how children tell about abuse (Finklehor, 1994). The graphic reality of the map allows the child to see that life existed before the abuse and will continue despite this negative experience. The graphic nature of the map allows the child to literally place the sexual abuse event in perspective in a way that verbal discussion cannot.

Significant others may be placed on the map at junctures where they were helpful and protective to the child, and the child can also identify where on the journey important people were not available or supportive. Within the safety of a group, the child can receive the validation and support necessary for recovery. This visual intervention allows both the therapist and the child to see specifically what he or she needs in order to feel safe and believed.

Not only is mapping an effective tool for relating the trauma narrative, but the map may serve as a template for confronting and cognitively processing future problems. Once the child learns to make use of mapping as a graphic tool to cope with the trauma of sexual abuse, this coping mechanism may be generalized to confront and solve other dilemmas. Maps can also be used to visualize the future in a concrete manner to plan, imagine, and draw the possibilities of a new life continuing after sexual abuse.

Art Therapy Highlights Support

A critical goal of trauma-focused treatment is to identify and reduce further risk of harm. In spite of all the external measures taken to insure the safety of the child, those who have experienced sexual abuse may continue to feel unsafe. The child may fear that the offender will return and harm him or her again, even if the offender is currently in jail. Drawing a detailed safe place allows the child to illustrate specific safety needs. With this visual tool, there can be no mistake about the child's fears and what is required to alleviate them. Once these are identified, therapists and caregivers can address these concerns and take specific action to make the child feel as protected as possible.

Another art therapy task that is useful in establishing safety is creating “strings of strength.” The child can select beads to represent supportive people and personal strengths. Strung into bracelets, necklaces, or tags for backpacks, the beads provide a tangible, transitional object to remind the child of both internal and external sources of support as treatment approaches termination.

Research Support for Combined Modalities

The art therapy interventions described in this review were developed over many years and first tested in a pilot study conducted by the author in 2001 at an urban child

advocacy center that provides forensic assessment and treatment to child victims of sexual abuse and their families. The study provided preliminary empirical evidence for the reduction of PTSD symptoms through the combined use of art therapy and cognitive behavioral therapy in trauma-focused treatment of sexually abused children (Pifalo, 2002). Following the results of the pilot study, a broadened same-site sampling was conducted involving children with histories of sexual abuse referred by mental health professionals in the community (Pifalo, 2006). The participants in the extended study met once a week for 8 weeks in a group format structured to meet the developmental needs of children between the ages of 8-10, 11-13, and 14-16. The children were evaluated using the Trauma Symptom Checklist for Children (TSCC) (Briere, 1995) before and after their participation in the treatment model that combined art therapy and cognitive behavioral therapy. The TSCC was chosen as a method of evaluation because it assesses children who have experienced trauma. It is a self-report measure that reports outcomes across a total of 12 subscales (2 validity scales and 10 clinical scales). The 10 clinical scales lead the child systematically through a whole range of emotions, symptoms, and behaviors that research associates with exposure to a traumatic event.

Following an 8-week cycle of trauma-focused group treatment using combined art therapy and cognitive behavioral therapy, group participants posited statistically significant reductions on 9 of the 10 TSCC subscales: anxiety, depression, anger, posttraumatic stress, dissociation, dissociation-overt, sexual concern, sexual preoccupation, and sexual distress (Pifalo, 2006). The triad of posttraumatic symptoms—stress, dissociation, and sexual concerns—figures prominently as the symptomatic core of a well-known theoretical model of how a child tends to respond to the experience of sexual abuse (Finklehor, Asdigian, & Dziuba-Leatherman, 1995), so this reduction was especially positive.

Further validation for the combined use of the combined art therapy and cognitive behavior therapy model is provided by the outcomes obtained on the critical items of the TSCC that indicate need for immediate clinical intervention. Critical item scores following treatment indicated a statistically significant reduction on the scales that measured the inclination to want to hurt others, to distrust people in general, and to confirm any of the critical items that may be present in a given case (Pifalo, 2006).

Conclusion

This review of art therapy interventions developed from findings of an extended study (Pifalo, 2006) describes an effective treatment model that combines art therapy and cognitive behavioral therapy for use in a population of children who have been sexually abused. Cognitive behavioral therapy sets clear goals for trauma-focused treatment and art therapy interventions facilitate the achievement of these goals in a non-threatening, efficient, and organized manner.

The unique properties of art therapy interventions give traumatized children a powerful tool to identify,

express, and process complex and often conflicting emotions. Art therapy interventions are effective because they do not rely strictly on words that a child may not possess or depend on cognitive skills that may be, at least temporarily, unavailable due to the effects of the trauma.

The results of this continued study give credence to the use of art therapy in trauma-focused treatment. Art therapy provides clinicians with additional tools for intervention and increases the likelihood that the symptoms of PTSD will be reduced for children who have been sexually abused. The visual nature of traumatic memory, the concrete graphic approach of art therapy, and the underlying structure of the cognitive behavioral approach create a powerful, efficient treatment model within which to achieve the goals of trauma-focused therapy.

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