Expressive Arts Workshop: The Relationship Between Educators & Trauma-Informed Care

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Expressive Arts Workshop: The Relationship Between Educators & Trauma-Informed Care

Lesley University

Capstone Thesis

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Expressive Arts Therapy

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Abstract

From an early age, children are put into the educational system and this environment becomes one of the most consistent surroundings throughout the beginning and later chapters of their lifespan. Within some classrooms, some children present an abundance of cognitive and emotional behaviors such as inattentiveness, impulse control, and limited coping skills that, in some cases, are representations of trauma responses. Research explores the topic of trauma-informed schools and other frameworks that bring the role of the educator to attention when addressing the needs of children who have experienced trauma. I found that facilitating an Expressive Arts & Trauma workshop for educators in a public charter school to be successful for providing educational professionals with an opportunity to address aspects of trauma-informed care. The workshop offers the opportunity of self-discovery for educational professionals through an expressive arts lens and demonstrates a variety of interventions educators can use in the classroom to support children with trauma in a safe and healing way. After extensive research and personal experience, I propose that it is necessary that all educational spaces be trauma-informed and that this status be maintained via frequent expressive arts workshops, such as the one I facilitated, throughout the course of the academic year.

*Keywords:* Trauma, children, educators, mental health, expressive arts, intervention
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**Introduction**

Supporting mental health in the critical life stages of childhood and adolescence is necessary for physical, emotional, social and cognitive health development. Furthermore, artistic and spiritual development can be integral parts of a holistic health paradigm. In each area of development, important skills can be learned such as self-control, positive self-esteem, and social interaction. During the early stages, children are introduced to the education system and this environment becomes one of the most consistent surroundings throughout the beginning chapters of their lifespan. In the literature review of this capstone thesis, I will discuss the incorporation of mental health related programs into the educational system and address the relationship between educators and mental health professionals. More specifically, there will be a focus on the effectiveness of an arts-based curriculum and its support in the development of a child, with considerations of a trauma-informed pedagogy.

For some classrooms, children present with an abundance of cognitive and emotional behaviors such as inattentiveness, a lack of impulse control, and limited coping skills that, in some cases, are representations of trauma responses. In fact, “one out of every four children attending school has been exposed to a traumatic event that can affect learning and or/behavior” (National Child Traumatic Stress Network Schools Committee, 2008). Based on this statistic, that would mean that in a classroom of twenty children at least five children have been affected by a traumatic experience and struggle with symptoms of trauma.

After having experience in a public charter school in Hyde Park, MA as an Expressive Arts Therapy graduate intern, I observed aspects of the relationship between educators and middle school students and recognized the demand for a more sensitive connection. One of my
first individual clients in this setting was a fifth-grade boy who struggled immensely in the classroom. For most of our time together he was consistent in his presentation of inattentiveness, lack of impulse control, lack of emotional regulation and had an extremely difficult time building close social relationships due to his aggressive outbursts. In addition to our regularly scheduled appointments he would come to my office a minimum of three times throughout the school day seeking support because he was feeling activated and having a difficult time expressing his anger appropriately. On some of his more difficult days, I would spend time in his classroom observing and supporting him from afar. By doing so, I could initiate conversations with many of his teachers and offer some suggestions on how to help this client use his coping skills and manage his behaviors in the classroom. Informing his other supports of our goals influenced his teachers to make efforts to stay connected with me. Overtime, the amount of breaks he took began to subside and I started to notice that rather than spending his free time in my office, he was choosing to be around his peers. By the end of our time together, I had seen a substantial amount of growth in this client. He had begun to build peer relationships and use coping skills prior to his anger becoming unmanageable.

As a clinician in training, this experience gave me the understanding that by building relationships with relevant educational supports strengthened the connection between the student and the educator. This strengthening was measured by the behavioral and social growth in some of my clients as well as daily progress reports from educators. My observations and interactions in this role led me to consider research discussed in the literature review regarding the impact of trauma exposure on children in the classroom and how it affects their ability to learn. Furthermore, the examination of ways to support educators in addressing the needs of children affected by trauma in the middle school learning environment.
In my second-year placement as part of my Master degree in Mental Health and Counseling with a specialization in Expressive Arts, I volunteered as a clinical intern at an after-school program in the greater Boston area. The after-school program provided a safe and nurturing environment where at risk youth were encouraged to express themselves positively and gain sustainable coping skills that aid in academic, community, and home life success. Throughout my experience at this placement, I learned how to integrate trauma-informed (T.I.) techniques, theoretical approaches and creative expression into weekly group activities for children who have experienced a variety of complex traumas. I also learned that facilitating a group of young children with trauma takes a substantial amount of patience and improvisation. More importantly, I connected my role as a trauma group facilitator with the role of an educator and imagined how difficult it must be to manage behaviors in a classroom almost three times the size of my groups and without the knowledge of pre-existing trauma stressors.

Diving deeply into the literature of trauma informed care, I sought research to support creative arts-based interventions being used in the classroom and guidelines for creating a healthy school community. Many mental health professionals recognize the role the arts play in healing from traumatic experiences and understand how Expressive Arts Therapy (ExAT) can be used as an intervention for showing students’ strengths and resiliency in multiple areas of functioning. Natalie Rogers chapter (Levine & Levine, 2000, p. 113) explains ExAT as a type of therapy that “uses various arts-movement, drawing, painting, sculpting, music, writing, sound and improvisation-in a supportive setting to experience and express feelings.” She believes “any art form that comes from an emotional depth provides a process of self-discovery” and as expressive arts clinicians we are to guide our clients to “use the arts to let go, to express and to release,” (p. 115). My contention is providing educators with an arts experience that uses
different art forms to aid in a deeper emotional awareness of trauma. Through the process of self-discovery, educational professionals will have a deeper understanding of their relationship with their students and students with possible trauma reactions. With this understanding, educators will be able to address the needs of children who have been affected by trauma in the classroom. The literature I am reviewing shows that supporting educators in this way can foster a more positive learning environment.

**Literature Review**

Although many children may return to appropriate levels of functioning following a traumatic experience, it is common for some children to develop mental health conditions and related trauma symptoms. In addition, it can affect their development and ability to learn in the classroom. For some, “the negative impact of trauma can range from the development of posttraumatic stress disorder (PTSD), anxiety, or depression to poor school functioning, decreased rates of high school graduation, and aggressive and delinquent behavior” (Santiago, Raviv, & Jaycox, 2018, p. 18). Reactions to trauma can also vary by developmental level, with very young students expressing distress differently than middle and high school students (p. 19). The National Child Traumatic Stress Network (NCTSN) developed a *Child Trauma Toolkit for Educators* (2008) that provides information on these developmental differences and offers guidance to educators on what they may observe and how the behaviors may relate to trauma. Although this tool-kit provides a plethora of information regarding trauma knowledge and recognizing certain behaviors as trauma responses, the tool-kit does not provide educators with behavior interventions to use in the classroom.

Across a range of ages, children may experience anxiety, fear, and worry. More specifically, young children may appear more irritable or whiny, reverting to more childlike
behaviors. Whereas, older students may withdraw and have difficulties paying attention and concentrating in the classroom (Santiago, Raviv, & Jaycox, 2018, p. 19). Some students may even exhibit aggressive behaviors much like the case I previously mentioned in the introduction of this capstone thesis. Another example would be a certain seven-year-old boy who was referred to the after-school program I interned at during my second placement of graduate school. There are still a lot of unknowns about this clients’ trauma history, however we did know that there may have been domestic violence involved and that the traumatic experience occurred during his pre-verbal stages of development. One day, a few months into the beginning of his time in the program, it was reported by the school principal that our client had been experiencing a particularly rough day. They reported to us that he presented with extremely aggressive behaviors during one of his classes. Including inappropriate verbal outbursts and the throwing of desks and chairs. What is unique about this individual case is that these aggressive behaviors were behaviors the program had never experienced before. This led us to believe that there was a certain stressor in his academic environment and our curiosity about this environment heightened. According to Santiago, Raviv, & Jaycox, “children spend 35 hours per week in their school building, surrounded by adults with knowledge of their academic and social functioning” (p. 30). There is a great opportunity for detection of stressors early that can improve access to interventions and support student success. Soon, this child presented with similar behaviors in the therapeutic environment and we could observe before, during, and after his state of dysregulation. With these observations, we detected his activators which provided us with information of how to better support him when in a dissociative or disconnected state of mind. Detection of these issues early helped the client learn effective coping skills and hopefully
contributed to the prevention of the need for more intensive, specialized, and expensive mental health interventions later in life.

For educators with classroom sizes of twenty students and more, managing the possible abundance of disruptive behaviors is not an easy task. Especially when managing aggressive behaviors comparable to that described in the two cases that have been discussed. The text *Creating Healing School Communities: School-Based Interventions for Students Exposed to Trauma* (2008) explored multiple schoolwide interventions for trauma with the belief that “efforts to support recovery from trauma among students begins with an overarching plan to embed supports within a trauma-informed climate” (p. 38). One framework they discussed was the concept of trauma and the trauma-informed approach advocated by Substance Abuse and Mental Health Services Administration (SAMHSA). The approach is “specifically designed to be applicable to different systems, including not only education but also other child-serving systems” (p. 38). The SAMHSA framework consists of six principles, which include ensuring safety, creating a culture of trustworthiness in which there are opportunities for collaboration, peer support, and empowerment of all stakeholders, with attention to culturally sensitive practices (p. 38).

A similar framework that Santiago, Raviv & Jaycox (2008) explored was the Trauma and Learning Policy Initiative. This initiative has a vision that emphasizes the importance of a system-wide approach and “the importance of creating an environment that is physically and emotionally safe, supporting relationships and students’ self-regulatory skills, and the importance of collaboration and shared responsibility” (p. 39). Foremost, “the Trauma and Learning Policy Initiative approach emphasizes the role that educators, not mental health providers, play in creating a safe and supportive climate for all students” (p. 39).
mental health provider critical and building relationships with the educational professionals becomes key in supporting students impacted by trauma within the classroom setting.

Now that we have recognized the importance of bridging the gap between mental health providers and educators, the matter in question is how can this connection be strengthened. As an Expressive Arts Therapist candidate that has been working with children who have experienced trauma for the past few years, I have recognized the impact creativity has in supporting the healing process. Stephen Levine wrote in *Poiesis* (2009), “to be alive is to be capable of being creative; the essential self-assertion of children is to affirm their own existence in the world through creative living” (p. 37). For some children with trauma disorders, self-assertion could be difficult and giving a space for children to practice such creative living that Levine talks about in a safe and therapeutic way, can be effective for healing in multiple areas of functioning. Arts-based therapy techniques that are intended to induce imagination and creativity have been found effective when working with traumatized children.

An article that focused on the population of children living in foster care has explored the helpfulness of holistic arts-based group work for the development of self-awareness and self-esteem in children in foster care that exhibit trauma symptoms (Coholic, 2009). The research involved an arts-based group program that “uses a myriad of arts-based methods that create novel experiences” and “an environment within which group participants are encouraged to explore their viewpoints, feelings, and behaviors to develop their self-awareness and improve their self-esteem” (Coholic, 2009). The focus of the group was to use arts-based methods that “teach children how to pay attention; use their imagination; understand and practice mindfulness-based techniques; explore their feelings, thoughts, and behaviors, and develop their strengths” (Coholic, 2009, p. 66). Using a grounded theory strategy that constructs knowledge from the
analysis of group sessions and post group individual interviews, it was found that the arts-based methods offer a creative way to engage children. Preliminary research findings from the article indicate that these arts-based methods can further assist children to develop coping skills, self-awareness, and aspects of self-esteem (Coholic, 2009). Additionally, the building of these skills will be beneficial for academic, community, and home life success.

Other studies propose a treatment model where sexually abused children utilize art therapy techniques and trauma-focused cognitive behavioral therapy (TF-CBT) “to create an effective model: a dynamic, synergistic pairing that is a powerful and efficient tool in trauma-focused treatment for childhood sexual abuse” (Pifalo, 2007, p. 170). Pifalo explained that “art therapy capitalizes on the natural capacity of children to be creative and facilitates rapport building in a short period-of-time” and lists the “goals of TF-CBT [as] 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” (p.171). The researchers rational for combining the two therapies go beyond similar goals but recognizes that “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” (p.170). Verbal communication can sometimes be difficult for children who have been affected by traumatic events due to possible cognitive impairments and the results of study “give credence to the use of art therapy in trauma-focused treatment” (p. 175).

Furthermore, art therapy provides clinicians with additional tools for intervention and increases the likelihood that the symptoms of PTSD will be reduced. (Pifalo, 2007, p.175).

The additional tools that the arts provide are endless and the use of these interventions by mental health providers have been found to be effective when working with children who have
experienced trauma. This encourages the idea that artistic tools that promote self-expression could be used by an educator who may be struggling to manage manifestations of trauma symptoms in a classroom. A qualitative literature review observed and explored “what [the] effects of classroom-based creative-expression programs [have] on the mental health of children” (Beauregard, 2014, p. 273). In search of programs to study for this review, the researchers created inclusion criteria that stated the programs must include: a main goal that is aimed toward improving the psychological well-being and mental health of school-aged children, the program interventions must have taken place within classroom settings and a major component of the program must have involved artistic expression (visual art, drama, music, dance/movement) (Beauregard, 2014). From the results of the qualitative study, “it was found that classroom-based programs which contained a major component of creative expression could be beneficial to children participating in them” (Beauregard, 2014, p. 273). More specifically, the results showed “significant improvement in [regards to feelings of] hope, coping and resiliency, prosocial behaviors, self-esteem, impairment, [and] emotional and behavioral issues (especially aggressive behaviors)” (Beauregard, 2014, p. 273). Although the study does not specifically acknowledge the use of creative-expression for children who have experienced trauma, the review supports the effectiveness of implanting creative-expression programs in the classroom.

In my own experience, I have discovered trauma-informed facilitation strategies that are effective when working with children who have experienced trauma. A few strategies include, providing safety, promoting self-regulation and praise. Providing safety includes creating consistency, having routines and rituals, allowing for self-expression and continued attunement. For some children who have experienced trauma, knowing what to expect and when to expect helps create a sense of safety. When creating a group curriculum for this population, it is
important to be consistent group to group. Something that I have found helpful toward creating a sense of containment is daily check-ins. A check-in provides the child with an opportunity for self-expression as well as provides the facilitator with insight at where the child is coming from in that moment. This further contributes to the concept of attunement and being able to recognize the difference between the child at baseline versus when they may be experiencing a trauma response. Building on these aspects of providing safety aids in the building of a trusting relationship and gives the traumatized child an adult who they know will protect and keep them safe because they have provided such consistency and routine. This new trusting relationship is important to the healing of traumatization because some children with trauma often respond from a place of pain. And their past experiences have told them that the world is not safe which makes trusting others very difficult.

Regulating a child’s behavior stems from the use of coping strategies which can be done by facilitating and modeling desired behaviors. Modeling desired behaviors takes patience in a dysregulated, or uncontrolled situation. In one specific scenario, I was facilitating a group for traumatized children at an afterschool program. The children entered the group room and presented with high energy as evidenced by their inability to use their active listening skills and consistent large movements around the room. By this point in our work together, the children had been previously practicing coping skills and I found it a wonderful opportunity to model a regulation technique for them. Recognizing the children entered the room in a dysregulated state, I decided to take a seat and verbalize some observations of high energy that I was noticing. Then, I calmly stated that I was going to take a minute to use one of my coping skills and suggested that the children also take a minute to do what they felt they needed to do to relieve their energy.
Before the minute ended, the children had followed my lead and quietly sat in a circle waiting for further instruction.

The research discussed in this literature review forced me to recognize that there is a great need for collaboration between mental health providers and educators working in a school community. In attempt to offer educators an opportunity for growth in trauma-informed (T.I.) techniques, I created a method that uses concepts of relationship, safety and containment, routines and normalcy, and creativity. The overarching goal of the workshop is that educators will accept and acknowledge their own discoveries regarding trauma and these discoveries will elicit new tools and interventions for supporting children with trauma in the classroom.

**Expressive Arts & Trauma Workshop**

For the purpose of this capstone thesis, I did not require the participants to sign a consent form. The method consisted of informal interaction with others and this section describes these interactions. Confidentiality is safe-guarded with no identifying information.

**Methods**

My approach was informed by the literature and research regarding the topic of trauma-informed care and arts-based approaches in an educational setting. It is a skills-based method developed to further explore the role of the educator and how mental health providers can aid in supporting educators with creative interventions for managing behaviors in the classroom.

Having had my first practicum at a public charter school, I realized that I could reach out to my past supervisor (the high school social worker) to see if there was an opportunity for me to facilitate a trauma-informed training for the educators of its middle school. Intrigued by the idea, she forwarded me to the director of student support and was given permission to facilitate the workshop during the school’s week of personal development trainings.
The first step to my presentation was gathering information from the recipients that helped guide the outline of my presentation. I created a questionnaire (see Appendices A for the contents of the questionnaire) of nine questions that was sent to those who planned on attending the training. The intention of the questionnaire was to gain knowledge on where the educators felt they needed the most support. What I found was that some participants knew exactly what trauma-informed care involved and others were seeking more about the topic. A similarity between the educational professionals that responded was a desire for further support in the classroom. One of the responses asked, “How do we address trauma responses in the middle of an intense lesson with no support and multiple kids are struggling behaviorally?” This told me that there was a need for group oriented interventions. Therefore, I created an outline (see Appendix B for the outline of the EXTH and T.I. Personal Development Training) that focused heavily on group facilitation with the intention of giving the participants a space to address the needs of children who have been affected by trauma, gain knowledge on how trauma affects the individual and to provide creative interventions to use in the classroom setting to benefit a more positive learning environment.

The personal development training titled, *Expressive Arts & Trauma Informed Care*, consisted of twenty to twenty-five participants that included; 5th-8th grade educators, the middle school principal and support staff such as learning specialists and the schools’ occupational therapist. I began by introducing myself and my clinical perspective at which the training was created. I explained that most of my work focuses on the use of the arts and how creative expression helps inform us through our own self-reflection. I hoped to provide an arts-based experience in relation to qualities of trauma and to promote awareness of the self by demonstrating how to facilitate a variety of creative interventions. Before I began the
experiential portion of the training, I gave the participants a few objectives and focal points. This included repetition of techniques and transitions that happen during the experience and most importantly, how such concepts are facilitated. Specifically, the language being used by the facilitator and to recognize the different materials being used. Above all else, I reminded the group of participants that their own self-awareness was important to this process and that this awareness can contribute to having a deeper understanding of the relationship between themselves and the children they wish to support.

In order to promote safety, I reminded the participants that during a point in this experience we would be exploring aspects of trauma that might make them feel uncomfortable and I encouraged them to acknowledge their discomfort or take a break if they needed to. The principal of the school had notified me that it had been a busy day, meaning the amount of dysregulation throughout the school must have been at a high. I chose a grounding meditation technique as a warm-up in anticipation that the staff of the school might have been feeling a range of emotions after having such a busy day. I learned the meditation technique, called body tapping, early on in my graduate studies and used it to ground the group of participants. After the body tapping, I incorporated the idea of call and response by inviting the participants to introduce themselves, share how long they have been in their respective professions and then finish by clapping their hands twice. In acknowledgement of each participant, the group was invited to respond by also clapping twice.

Next I began the main activity that included exploration of the terms resilience and vulnerability. Judith Herman (2015) proposed the idea that to study psychological trauma is to come face to face with human vulnerability. Recognizing vulnerability to be a large component of experiencing trauma insists the recognition of resiliency too and the capacity to recover from a
traumatic experience. I found it necessary for the participants to explore both terms to build awareness on the perspective of the traumatized child.

As a group, I invited the participants to begin thinking of words that contributed to each term. On a poster board with the respective terms written in the center, the group was invited to contribute to each poster with such related words. For example, for resilience, the participants explored words such as strength, overcome, and phoenix. For vulnerability, the participants shared the words like trust, uncomfortable, and guarded.

After exploring each term separately, I invited the group participants to take a piece of blank paper and write down at least three words that resonated with them the most throughout the explorations of resilience and vulnerability. After they had written down their words, I invited the group to use the markers or oil pastels to independently create an image to represent the words that they had chosen. I explained that the image may be very concrete or abstract, and either way to use the materials to help build on your own understanding of the terms in relation to trauma.

Throughout the time that they were creating an artistic response to the exploration of resilience and vulnerability, I gave cues regarding time. I would calmly state that they had only a few minutes to finish up any final thoughts and when it was time to transition into the final part of the activity, I used the call and response technique. I softly said “if you can hear my voice, clap once” (and so on) until I had the full attention of the group. I then invited the participants to get into four groups of four and gave them two objectives. The first was that they share with each other the words that they chose and their artistic representations. The second was to then work together as a group to create a short poem or story using all their chosen words.
After gaining the attention of the groups by using the same call and response technique, I closed the experiential by inviting each group to share their poems and short stories. For those that may not have gotten to the collaboration part, I offered that they share their process or any similarities that may have found in their partners’ work. The training then transitioned into a discussion facilitated by me. We discussed how their experience in the workshop may relate to working with children who have experienced trauma.

**Results and Discussion of Rationale**

The discussion of rationale focused heavily on the relationship between the concepts of resiliency and vulnerability and trauma-informed care. When asked how these topics relate to the children as individuals who have experienced trauma, the participants responded by acknowledging their newfound awareness on the variety of ways vulnerability affects others. One participant mentioned that they are usually one who is not always guarded and that they feel like they are a very open person who easily confides in others. She stated that when the word guarded was put on the poster board, it made her more aware that not everyone is an “open book” like she felt she was. Other participants agreed and made mention of how better aware they are of the child and the struggles they may experience. These participants also mentioned the how the awareness of the amount of strength it takes to experience the qualities of resiliency and vulnerability.

The participants were asked how the exploration of the concepts of resiliency and vulnerability affected them as educators and educational professionals. And based on this reflection, how the exploration may have affected their relationship to the children that they work with. Many of the participants responded by naming their sensitivity toward the relationship. Furthermore, the participants discussed how building sensitivity helps build a
stronger connection with the child. And connecting the importance of relationship in trauma-informed care to identifying activators of trauma symptoms and knowing how to respond when a child is feeling dysregulated. Overall, the building of sensitivity in the relationship and having a deeper understanding of the child’s world can lead to the child feeling more comfortable which lends opportunities for vulnerability safety, and support.

Following up on the objectives that had given to the participants in the beginning of the experiential in regards to facilitation techniques and trauma-informed interventions, the participants were asked which areas they noticed certain trauma-informed techniques being used. One participant responded to the grounding exercise of body tapping and reflected on how she entered the room with a lot of energy and the grounding exercise was helpful to her in relieving some of that energy and allowed her to better focus on the content of the experiential. At this point, the middle school principal also gave feedback in how the middle school might be able to use this technique or something similar during the most stressful times of the day. She mentioned that lunchtime and recess was a difficult transition into classrooms because of their high energy and that it might be a good idea to give a few minutes to regulate and soften the transition from free-time mode to learning mode.

Participants also acknowledged the language that I used as a facilitator. The participants shared that they thought my calm tone was inviting and helped bring them into a calmer state of mind during the activities. One participant began a discussion about tone of voice and brought to attention the idea that some students respond to a “stern” voice. In response, I reminded her that there is a big difference between what she believes the term stern to mean versus what it may mean for the child. I also reminded her that if some children respond well to a stern voice and others don’t, that it might be a good idea to find a tone that is in between, one that works for the
entire group. Furthermore, keeping in mind that every child will respond differently no matter which interventions you choose to use, one must understand that it is a matter of finding common ground between what is safe and the needs of the child.

One of the objectives that was given to the participants was to focus on the transitions throughout the experiential and how they were facilitated. The participants discussed a few facilitation techniques including how I gave warnings for time and how I used clapping as a call and response intervention repeatedly throughout the activity. After discussing the benefits of being able to use a call and response technique in the classroom, the participants recognized the accessibility of the intervention and its usefulness during moments of dysregulation.

Based on my experience as a group facilitator, the call and response intervention is one of my favorite techniques because you can implement it at any point in the relationship and it can still be effective. It is an intervention that can be used in a variety of ways and is a great tool to use when in a dysregulated situation. It takes about thirty seconds to do and educators can make into their own. Some may choose to stay consistent with the two claps, some may choose to change the rhythm and ask that the response mimics the facilitator. The benefit of the call and response intervention is that it helps to grab the attention of a group of dysregulated children and sets up the group for a safety and regulation.

An important note that came up during the discussion of the rationale was when one participant brought to my attention that the experiential of the training involved attentive adults. She discussed the limitations of the interventions and how they might be adapted when working with inattentive children. This was when I addressed the benefits of time management. I acknowledged her concern and agreed that it is not easy to regulate a room full inattentive children, especially when some may be struggling with dissociative symptoms of trauma.
however, the interventions I used during the experiential are interventions that I have used consistently throughout facilitation of groups for children who have experienced trauma. I brought to the participants’ attention that it may take a few times to gather the full attention of the classroom and that the exercises don’t take very long to implement. By taking only a few minutes out of the lesson planned for that day, the educator could use a multitude of interventions. I also explained, that it takes time to see which interventions work for which group of kids. Using some of the other trauma-informed concepts such as containment, safety and consistency will help the children recognize utilizing their coping skills.

Before finishing the discussion of rationale, I briefly went over resources I had collected for future guidance on trauma-informed care and interventions. (See contents of Appendix C for list of interventions and resources). When explaining each intervention, I gave examples of what it may look like when working with a group of children with trauma. I also provided expressive arts therapy techniques that I found useful when running groups for children with trauma. For example, when a child is experiencing inattentiveness as evidenced by their inability to control their body; you can offer a movement break and ask them to try different movements that will help ground them into the here and now. Another offer I made was to alter aspects of the physical environment. For example, providing a coping corner in the classroom may decrease the need for a child to be removed from the classroom and allow the child a safe space to use a coping skill.

After the personal development training, I reflected on the results. One of my observations included the notable that almost none of the educational professionals were aware of the Zones of Regulation (Mulvahill, 2019). “Rooted in cognitive behavioral therapy (CBT), the Zones of Regulation is a framework that uses four colors to help students identify their
feelings and level of alertness and provides strategies to support emotional regulation” (Mulvahill, 2019). This CBT tool, helps professionals and the dysregulated individuals have a better understanding of how to notice their body’s signals, detect activators, read social context, and consider how their behaviors impact those around them. Furthermore, the students will learn “improved emotional control, sensory regulation, self-awareness, and problem-solving skills” (Mulvahill, 2019). After explaining the Zones of Regulation to the participants of the personal development training, many sought more information for which I provided them with a link that had a variety of related activities that they could use in the classroom.

Overall, the educational professionals that participated during the experiential reported that they found the training to be useful and hoped to find a way to implement most of the interventions in their classrooms. As the facilitator, I feel I provided a space for educational professionals to address the needs of children who have been affected by trauma, provide knowledge on how trauma affects the individual and facilitate creative interventions that can be used in the classroom setting to benefit a more positive learning environment.

Conclusion

Concluding the facilitation of an arts-based workshop and the discussion of related literature on the concepts of trauma-informed care, I reflected on the relationship between a mental health provider and the ability of an educator to address the needs of children with trauma. Research has taught me that a beneficial trauma treatment stems from creating a trauma-informed climate where all supports of a system are using the same lens. For an educational setting, this would include all educational departments receiving consistent trauma intervention trainings throughout the academic year. Providing professionals with the opportunity for
continued support may also help to create a more positive learning community for children, specifically those who may have experienced trauma.

My experience as facilitator of the workshop has made me recognize how essential the role of an educator is in offering support to children who have experienced trauma in the classroom. I feel confident in the idea that the participants of the workshop were provided with knowledge on how trauma affects the individual. Ultimately, there is no way to tell just how effective this personal development program would be due to its limited ability to monitor and track progression. Reflections and feedback for the interventions may take a while to collect because trauma recovery and symptom regulation happens at the pace determined by the individual child.

In my own artistic development, I have realized that creativity will always bring new discovery and that there is information where you may least expect there to be. I feel I found success in creating an expressive arts workshop where educational professionals experienced the arts in a way that promoted their own self-discovery related to trauma and the children that they teach. The process of creating and implementing an arts-based experience for educators has inspired me to explore research related to the creation of a trauma-informed monthly curriculum for supporting educators throughout the academic school year. The curriculum could provide an opportunity for educators to consistently address the needs of their students and assess interventions that have been found effective in their classrooms. Ultimately strengthening the connections that the professionals have with each other in their educational communities. In the field of Expressive Arts Therapy, I hope to continue to explore the role of the Expressive Arts Therapist and their ability to invigorate their own relationships with educators to better support the needs of a child who may have experienced trauma.
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Appendix A

Personal Development Training Questionnaire

Please answer these questions to the best of your ability. This is a way for me to have a better understanding of your knowledge on the topic and how I can make this workshop the most beneficial for you.

1. As an educator, what does the term "trauma-informed care" mean to you?

2. Relationship building is the first step toward being able to have a trauma-informed lens. *(Mark only one oval.)*
   - True
   - False

3. Which of these interventions are considered part of trauma informed care? *(Mark only one oval.)*
   - Utilizing Proximity
   - Seating Arrangements
   - Giving Consequences
   - Both A & B
   - All of the above

4. What interventions are you currently using when there is a disruption in the classroom? Please provide an example of this intervention.

5. What is vicarious trauma? *(Mark only one oval.)*
   - Disturbances in the professional's cognitive frame of reference in the areas of trust, safety, control, esteem and intimacy.
   - The emotional duress that results when an individual hears about the firsthand trauma experiences of another.
   - Emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment.

6. What do your current supports/self-care look like?

7. What is the most rewarding part(s) about your career?
Appendix A (cont.)

Personal Development Training Questionnaire

8. What are you hoping to learn from this workshop? (pick as many as relate)
   o A deeper understanding on trauma
   o A deeper understanding on trauma-informed care
   o More trauma-informed interventions to use in my classroom
   o Other Topic/Specific situation you would like support with

9. If you chose "Other Topic/Specific situation you would like support with" in previous question, please explain the situation here:
Appendix B

Outline of Personal Development Training: Expressive Arts and Trauma Informed Care

The intention of this workshop is to give Intermediate School educators a space to address the needs of children who have been affected by trauma, gain knowledge on how trauma affects the individual and to provide creative interventions to use in the classroom setting to benefit a more positive learning environment.

Objectives
- To have a deeper understanding of children who have experienced trauma through exploration of resilience and vulnerability.
- To understand and become aware of the importance of language and consistency in connection to providing safety in an environment for children who have experienced trauma.
- To understand the importance of transitions and how to create smooth, regulated transitions from one concept to another.

Materials: Small and Large Drawing Paper, Markers, Oil Pastels, Tissue Paper

Warm-up (5 Mins):
- Body Tapping (https://www.youtube.com/watch?v=9kshds2Zkqs)
- Introductions
  - Invite each member to introduce themselves by saying their name, how many years they have been an educator, followed by a ‘clap’ that will signify the group to respond with a ‘clap’

Objectives to pay attention to during the activity:
- What kinds of rituals are used during this training?
- Pay attention to the language of the facilitator.
- Are there any transitions? How were they facilitated?
- What kinds of materials are being used? What are their importance?

Main Activity (20 mins):
- As a large group, explore the terms Resilience & Vulnerability
  - Using markers, invite each member to contribute related words to each term on a large piece of paper
    - What does it mean to have resilience? What does it mean to feel vulnerable?
  - Pass out smaller paper to each member and invite them to use one side to write down 2-3 words that they relate to the most.
  - Using oil pastels, invite the group members to creatively reflect on the words that they chose
  - Explain the many ways oil pastels can be used: smudging, gliding, overlapping of colors
  - In a creative way, divide the group into partners and invite the members to share their words and artwork with each other.
    - After they have shared invite them to create a short story/poem together based on the words that they have chosen.

**Call and Response Transition**

Closing (5 mins):
- Invite the smaller groups back into a larger circle
- Invite the group members to share anything that may have come up for them
  - Invite the partners to share what they have created individually & their collaborated
Appendix B (cont.)

Outline of Personal Development Training: Expressive Arts and Trauma Informed Care

Discussion of Rational (15-20 mins):

- How can resiliency and vulnerability be shown in the classroom?
  - What do these concepts look like for the children that you work with?
  - How do these concepts affect you as an individual?
    - How does this affect your relationship with the children in your classroom?
    - Does it make you feel more sensitive? Less?

- What trauma-informed practices did you notice being used during this training?
  - Introduce Techniques and Interventions on Resource Handout

- From an educators’ perspective, how might you use these techniques in your curriculum
Appendix C

Trauma-Informed Interventions and Resource for Educational Professionals

This is a list of resources that was given to the participants of the personal development training on Expressive Arts and Trauma-Informed care. The italicized interventions listed below were explored through the facilitation and discussion of the experiential in the personal development training.

Trauma-Informed Interventions:

1. Relationship
2. Containment
   a. Creating Safety
3. Proximity
4. Routines and Normalcy
   a. Seating Arrangement
   b. Following School Policies
   c. Following Classroom Policies
5. Giving Choices
   a. “Even false ones”
   b. Provide Opportunities for Leadership
   c. Contribution to Limits and Boundaries of Classroom
6. Limit Setting
   a. Consequences vs. Punishments
      i. Being able to understand the behavior may be a trauma response
      ii. Helps to identify activators and anticipate hard days
Appendix C (cont.)

b. Prior to Consequence; Letting the child answer the “why”

7. **Language**
   a. Identifying dysregulation vs. acting out
   b. Modeling/Mirroring desired behaviors

8. **Physical Environment**
   a. Coping Corner
   b. Fidgets
   c. Colors affecting moods
   d. Warnings of potential activators & changes in schedules
      i. Loud noises, turning off the lights

9. Referring/Finding further support: Building Connections

**Examples of Group Facilitation Techniques & Creative Interventions:**

1. **Mindful Exercises**
   a. *Body Tapping*

2. **Finger Fiddles**

3. **Breathing Techniques**
   a. Hand or Bubble Breathing

4. **Call and Response**