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Trauma-Informed Expressive & Creative Arts Therapy with Survivors of Mass Shootings

Capstone Thesis

Lesley University

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Clinical Mental Health Counseling: Expressive Arts Therapy

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Abstract

Survivors of mass shootings often suffer from psychological impact and mental health issues, such as post-traumatic stress disorder (PTSD), prolonged grief, depression, and anxiety. These individuals, who have been directly or indirectly exposed to the trauma, may find it challenging to find support and services that cater to their unique needs. Currently, there is no established framework for treating survivors of mass shootings. However, practitioners have proposed guidelines that incorporate trauma-informed practices. This literature review aims to explore how the use of trauma-informed expressive and creative arts therapies can provide an alternative to talk-based therapies when working with individuals and communities impacted by mass violence. This review examines the psychological impact on survivors and barriers to treatment and services using peer-reviewed research, case studies, and personal accounts. It also explores how creative and expressive arts therapies align with the core principles of trauma-informed practices, making them a possible treatment option for this population. Lastly, this literature review examines how expressive and arts-based therapies can align themselves with other evidence-based therapeutic models and contribute to the academic discourse by researching and publishing findings on the therapeutic benefits of the creative arts in therapy.

Keywords: mass shootings, school shootings, expressive art therapy, creative arts therapies trauma-informed

Preface

At the end of September 2023, when I began research, at least fifty-three school shootings had already taken place in the U.S. across both K-12 educational settings and college campuses, resulting in 27 people reported dead and over 56 injured (Matthews, 2023). According to the Gun Violence Archive (n.d.), there were 645 mass shootings in the United States in 2022 and 656 in 2023. For me, school shootings were unheard of until 1999, when coverage of the Columbine shooting was on the news and media outlets at the time, such as MTV. I recall friends who listened to similar music as the shooters and who dressed differently and were made fun of with gross, inappropriate comments made about their mental state and their peers asking if they were going to “shoot up the school.” Lockdown drills became routine, like fire drills, where we would all practice hiding in our locked teacher’s room, making no noise, not to alert the assailant that anyone was in the class. Even though I was thousands of miles away from the event, in a small southwest corner of Virginia, the effects of the incident changed the landscape of the high school experience.

While in college, the days of active shooter drills were behind me, and as I prepped for the rehearsal for my first self-directed show, when I heard about the shooting that was happening at Virginia Tech. Living and attending college in the small corner of Southwest Virginia, a few hours south of Blacksburg, where the shooting occurred, I knew many of my fellow high school classmates who were in attendance at the university during the time of the shooting. I believed public shootings were contained to school settings, then as the years passed, there began more reports of mass shooting incidents in public places like a movie theatre in Aurora, CO 2012, a nightclub in Orlando, FL 2016, a busy tourist section of Las Vegas, NV 2017, at the mall in Greenwood, IN 2022 or even at Walmart Chesapeake, VA 2022, (Mother Jones, 2023). Mass

shootings are unfortunately not an anomaly but have become common occurrences that no longer fill our social media feeds with thoughts and prayers for the victims and survivors but can be seen as just another Tuesday in America. The looming thoughts and impact of mass shootings have not left me but followed me into the workforce as I have sat with students during mass shooter drills and seen the impact of dysregulation that can occur just by the thought of an active shooter inside the school.

Introduction

Mass shootings are a public health concern, resulting in lasting psychological impact on those who are affected (Cowden et al., 2022; Cimolai, 2021). Mass shootings affect the physical and mental health of those directly exposed to the incident; there is also an impact on the mental health of first responders, community members (Cowan et al., 2020), and the national community, as these events are covered by major news outlets (Farrell-Kirk, 2022) and social media platforms (Hardy & Miller, 2022). The effects on survivors of mass shootings can include PTSD (Hylton et al., 2019; Cowan et al., 2020; Schildkraut et al., 2021; Shultz et al., 2014), grief (Duerr, 2019; Tucker & Lastrape, 2019; Fast, 2003), depression, and anxiety (Balletas et al., 2022; Cimolai et al., 2021; Bardeen et al., 2013). There is little research on the immediate psychological effects of mass violence on survivors (Lowe & Galea, 2017), and even less research regarding evidence-based treatment using expressive and creative therapies (Hawkins et al., 2004). This literature review will examine theories and research related to the use of trauma-informed (TI) creative and expressive arts therapies as a possible treatment option for those exposed to individual, community, and collective trauma resulting from mass shootings.

Current research suggests that many of those affected by the first-hand effects of mass shootings find it hard to talk about the events with counselors and other mental support service

professionals, and the retelling of the event has the potential to re-trigger survivors of mass trauma (Classen & Clark, 2017; Hawkins et al., 2004). Research also indicates that survivors reported seeking connections with those who have had similar experiences, and those interactions and connections were the most helpful and aided in alleviating feelings of isolation (Schildkraut et al., 2021; Stepakoff, 2009) and loneliness (Cowden et al., 2022). Other findings indicate that supports that do not match the needs of the survivors are not considered helpful by those participating in services (Schildkraut et al., 2021) and that a lack of consistency in support also aided in the underutilization of mental health support services for those affected by mass violence (Cowan et al., 2023).

However, a concept to consider is a trauma-informed framework, which may help service providers avoid potentially harmful interventions and misdiagnoses when working with mass shooting survivors. The trauma-informed lens focuses on fostering safety, client choice, control, and collaboration over survivors' treatment, and it also incorporates how traumatic events, like mass shootings, affect the mental and physical health of survivors (Sunderland et al., 2023; Hobfoll et al., 2007). According to Classen and Clark (2017), working within a trauma-informed lens allows one to look at both client strength and resources and aids in educating, validating, and normalizing the survivor's experience, along with the cognitive and behavioral effects that may occur in the aftermath of trauma. Trauma-informed frameworks not only align with many evidence-based practices in the field of mental health but also promote a client-centered approach to working with trauma survivors (Malchiodi, 2022).

In this paper, the literature reviewed includes both definitions of mass shootings along with research from events where at least two or more people died by gunfire from a single shooter in a public space in a single event. While gun violence is not only a problem in

association with mass shootings, for the purposes of the research topic, only sources, articles, and definitions were used in correlation to public mass shootings, thus omitting research that included terrorist, gang, or personal violence where the assailant may have been targeting specific individuals or family members.

Literature Review

This literature review will look at current treatment accessibility and barriers associated with mental health services for survivors in the aftermath of a mass shooting, using studies showing the psychological effects of exposure to mass violence will be reviewed. From case studies, peer-reviewed research, and survivor accounts, this literature review will evaluate existing theories and research that may point to ways that creative and expressive therapies may combat the psychological impact of survivors, create resiliency, aid in fostering safety, and build community. Lastly, this paper will review how expressive and creative art therapies fit within the tenets of trauma-informed care and current evidence-based practices to support a TI-ExAT (trauma-informed expressive arts therapy) and TI-CAT (trauma-informed creative art therapies) theory of practice for treatment after a mass shooting.

Effects of Mass-Shooting Exposure on Individuals and Communities

The designation of “mass violent crime” or “mass shooting” is not consistent across various government and public service sectors, personal opinions, and widely accepted perceptions of what could or should be considered a violent incident (Gun Violence Archive, 2023). Congress has defined mass violence as the killing of three or more persons in a single occurrence in a public space but has a slightly different definition for a mass shooting. The second defined concept is four or more victims murdered with firearms in one occurrence within one location or in multiple locations within proximity to one another. Furthermore, a public mass

shooting designation is when at least four persons are killed with firearms in a single event, in at least one public location or setting. These definitions provided by Congress differ from the Federal Bureau of Investigation and the Office for Victims of Crimes (OVC) from the U.S. Department of Justice (NMVVRC, n.d.). The OVC (2016) goes by the Antiterrorism Emergency Assistance Program guidelines, defining mass violence as “an intentional violent crime that results in physical, emotional, or psychological injury to a sufficiently large number of people and significantly increases the burden of victim assistance and compensation for the responding jurisdiction...” (p. 1). While the OVC, unlike other government agencies, does include emotional and psychological distress in its definition, there is still no continuity across definitions of mass violent crime.

Those who experience mass shootings both directly and indirectly can potentially suffer many psychological effects that can disrupt their day-to-day living and have the potential to create long-term effects. In a literature review on the mental health effects of mass shootings by Shultz et al. (2014), the authors found themes in the research to support a proposed strategy to find those in need of treatment by looking at the four domains of exposure to mass shootings: (1) direct exposure to the incident; (2) as a witness, seeing the impact of the shooting on other; (3) knowing someone who was a victim of the shooting; (4) witnessing the event via mass or social media.

One of the most prevalent symptoms of trauma exposure, such as a mass shooting, can result in post-traumatic stress disorder (PTSD), which affects those who have experienced or have witnessed a traumatic event(s) or circumstances. These events can be physically or emotionally harmful and may also be life-threatening. Exposure to these events can result in physical, mental, and emotional disturbances. Symptoms of PTSD can include intense intrusive

thoughts, nightmares, flashbacks, and avoidance of people or places related to trauma exposure. Loud noises and environmental factors can trigger PTSD. Those with the symptoms also suffer from physical and emotional dysregulation (American Psychiatric Association, 2024).

Cimolai et al. (2021) conducted a literature review of the impact on the mental health of children exposed to gun violence, which found that children and adolescents who experience mass shootings have experienced feelings of shock and disbelief, along with symptoms of nightmares, avoidance, social withdrawal, irritability, and difficulty concentrating. According to Cimolai et al., the literature shows that the effects of mass shootings are far-reaching and go beyond one's community. The exposure affects each person individually as the psychological effects of the trauma event may show up differently in each individual depending on their developmental stage, previous history, exposure to trauma and other stressors in their lifespan.

A research literature review from Lowe and Galea (2017) found PTSD reported in 36 studies from 18 independent samples on empirical research regarding mass shootings; the second most reported effect survivors experienced was major depression. Those with a history of trauma pre-shooting have a higher risk of developing PTSD (Cowan et al., 2020). Other psychological effects of gun violence exposure include depression, suicidal ideation (Khatib et al., 2022), difficulty regulating emotions (McIntosh et al., 2019), and symptoms of grief and traumatic bereavement (Tucker & Lastrape, 2019). Media exposure to mass violence, including mass shootings, has the potential to increase one's anxiety and develop a fear of victimization, believing these events will happen to them despite their proximity to the event (Shultz et al., 2014).

First Responder Impact

The psychological effects of mass shootings not only affect those who witnessed and experienced the event as it happened but also affect those providing services in the aftermath, such as police and emergency personnel. First responders, police officers, and EMTs are directly exposed to injured and deceased victims and often must deliver difficult news to families of survivors (Cowan et al., 2020). In some instances, hospital staff may even know the victims and survivors they are providing medical care, which can add additional stress and fear for medical personnel (Shlutz et al., 2014).

Cowan et al. (2023) used a qualitative phenomenology approach to study the experiences of emergency personnel and the psychological effects of treating mass shooting victims. The sampling for this study involved nine participants who have treated victims of mass shootings at emergency medical facilities. All interviews were conducted virtually and then coded, analyzed, and used to find themes and patterns among the participants' statements. From the data, seven themes emerged: (a) preparedness; (b) patient surge; (c) emotional compartmentalization then emotional release; (d) support with mental health; (e) community cohesion; (f) long-term impact; (g) new purpose and perspective. When treating mass shooting victims, many emergency personnel reported in the study that their emergency training equipped them to manage the stress and chaos in the ER, allowing them to work in the moment. Still, personnel also reported experiencing an overwhelming onslaught of emotions outside of the work environment. What Cowan et al. (2023) are missing from their study is the impact of witnessing the treatment of victims and survivors of mass shootings from the perspective of non-medical professionals, as the only accounts given in the study were from emergency room surgeons and physicians. Broader studies would need to account for other healthcare staff and other collateral in the

emergency room, and the psychological effects of their experience witnessing the aftermath of a mass shooting.

Communities and Compromised Safety

One common psychological effect that many experience in the aftermath of trauma is the feeling of compromised internal or external safety (Shultz et al., 2014). Rasberry et al. (2020) and Cowan et al. (2020) both reported on how one's diminished sense of safety in the aftermath of exposure to violence. Other reported feelings associated with a lack of internal and external are anger, sadness, helplessness, and frustration (Cowan et al., 2020). When the illusion of safety is gone, it leaves victims open to experiencing feelings of fragility and vulnerability and at potential risk of lasting effects of trauma exposure (Shultz et al., 2014).

Safety is not the only thing a victim may feel internally but also the effects of a lack of external safety or environmental safety (Hylton et al. 2019). Fein and Isaacson (2009) referred to sanctuary trauma when examining safety for survivors. "Sanctuary trauma occurs when we question our sense of security in settings where security previously been taken for granted. For many, schools are no longer assumed to be places secure from violence" (Fein & Isaacson, 2009, p.1341). Places victims once may have considered safe from harm, schools, movie theaters, and nightclubs can now be locations that can cause re-traumatization.

Rasberry et al. (2020) conducted a study in 2018 that sought to measure school attendance, views of safety, and connectedness in a public high school in Broward County, Florida. The self-administered questionnaire was given to a set of students on February 14th, the same day as the Marjory Stoneman Douglas High School shooting; the school in this study was in the same school district where the school shooting occurred. The questionnaire was then given

to another set of students in the same high school after the shooting at MSD High School (between February 15-21).

The findings from this study showed how students' views of safety changed following a mass shooting, as students surveyed after the shooting reported having lower odds of feeling as if they were safe at school. Perceptions of student safety also affected attendance, as the study found absenteeism increased as students felt unsafe at school. Other factors that affected the perception of safety included media exposure, shared commonalities with victims, and having known someone directly affected by the shooting (Rasberry et al., 2020). This study did not examine how long the sense of safety felt compromised or the perception of safety by staff and others at the school on that day.

There are places that people or communities believe to be safe, where they can exist without the threat of violence or mass shootings; Pulse Nightclub in Orlando, Florida, was thought to be one of those places for members of the LBGT+ community until the mass shooting in June 2016. Suárez et al. (2021) used photovoice, an arts-based research method to address these questions: How do students in the LGBTQ+ community process the grief of violence through an arts-based lens, and what can we observe from arts-based processing (photovoice) after the Pulse shooting from the voice of LGBTQ+ student in a predominate white academic setting? The participants were six college students at a predominantly white school who identified as members of the LGBTQ+ community. Participants documented their lives for a week through photos regarding the prompt of what the Pulse shooting meant to them, and at the end of the week, participants came back and discussed their photos. In the study, Suárez et al. (2021) discovered subthemes of safety within the research participants' photos and processing. Participants reported that they were more aware of physical safety, even in established “safe

spaces” after the shooting. A report from one participant states, “even within a safe space...I like knowing where your safety is...just being aware from now on” (p. 422). Threats to one’s internal and external safety change them and their communities in the aftermath of violence.

Current Treatment & Services in the Aftermath of Violence

When considering treatment and services for those who have been affected by mass trauma, there is not a one-size-fits-all approach. “Because victims of mass unexpected violence are often seen as innocent and defenseless, there is often a great outpour of support in the aftermath” (Felix et al., 2016, p. 77). Survivors and victims of “man-made” disasters such as mass violence need immediate services, and that can create challenges for agencies and survivors to gain access to high-quality service care. Also, the amount and types of services offered can be overstimulating for survivors to manage, as there is a need for more guidance for survivors, families, and communities on how to utilize and continue long-term services (Cimolai et al., 2021).

In a study by Felix et al. (2018), the researchers measure the psychosocial adjustment after a mass tragedy. The research team used students who participated in a prior study the year before the shooting and conducted with those research participants to provide perspective on perceived loss after a tragedy. In the study, students answered yes or no questions from an online survey that accounted for participants' prior victimization and trauma exposure with pre- and post-surveys measuring the psychological sense of school membership, general self-efficacy, multidimensional scale of perceived social support, patient health depression scale and generalized anxiety disorder scale. The survey also assessed the proximity of exposure to the shooting, along with the helpfulness of events and response after the event, which were famed as

open-ended questions. Lastly, the research assessed the loss of resources following the tragedy through the conversation of resources evaluation using a 5-point scale.

In their study, Felix et al. (2018) reported findings based on student comments regarding the emphasis of mental health providers focusing on diagnosis, as participants found this focus to be unhelpful in seeking treatment. One participant's comment about the campus drop-in counseling service stated "...make the questioners less intense and direct. I understand it is needed for diagnosis, but it might be too much for people" (p. 83). From this comment, the authors suggest using PFA (psychological first aid), stating that this framework is a more appropriate treatment to use directly after a tragedy. A limit in the findings regarding the helpfulness of services and exposure in the aftermath of mass violence is based on these aspects of the research questionnaires being post-event measure only, and therefore the research team was unable to obtain as many responses as they did from their initial survey. Another limitation was the timing of the survey, as the results of the tragedy happened at least five months before the event, falling within summer vacation for most students. Because of these limitations, the response to the loss of resources and measures of help provided to students may have brought up difficult memories students did not want to relive and then opted not to participate in the study.

Survivors' Reports of Services

The goal of mental health services in the aftermath of trauma is to aid in reducing the risk of chronic distress along with psychological impairment (Felix et al., 2016). If this is the goal of mental health services, then why are so many survivors not utilizing the services and programs offered to them? In a qualitative study conducted by Hawkins et al. (2004), the research team interviewed survivors who were directly and indirectly affected by the 1999 mass shooting in Columbine, CO., whereby they discovered a range of responses to the event, especially regarding

social support. Due to the unprecedented violence of the event, the mental health support services were reportedly frustrated as they did not receive the information they needed to aid in understanding what survivors had experienced and what they were going through.

Key findings by Hawkins et al. (2004) found variations in emotional responses based on survivor accounts after the shooting. Participants commented that being made to talk about how they felt was more harmful than beneficial when collaborating with counselors, crisis responders, and media. Reports of structured counseling activities were considered unhelpful and irritating, as expressed by one student account.

“That [counseling] activity and that day was so structured, and everybody is telling everybody what to do and how to handle everything, it just doesn’t work, especially when so many kids are in so many different spots recovering.... It’s not helping. They’re trying to treat everyone necessarily the same way...” (Hawkins et al., 2004, p. 214).

Reports from survivors of too much talking and lack of effectiveness as survivors were encouraged to talk about the event, even when they did not want to, and thus was perceived to be harmful.

A limitation of the Hawkins et al. (2004) study was that the research team purposely did not seek out those who needed desirous help as the research aim was to document normal responses from an abnormal occurrence. Those interviewed in the study did not follow up with immediate aid from mental health professionals after the shooting. Also, the researchers state the timing of the event also limited their response to the interview as this study was conducted days after the occurrence.

Other studies with survivors of mass shootings have reported similar findings as Hawkins et al (2004). Schildkraut et al. (2021) were seeking to understand the needs of survivors in the

aftermath of a mass shooting. Their research aimed to answer the question, “What resource(s) do survivors perceive as beneficial or feel are needed to aid in the trauma recovery process?” (p. 28). The method of research was qualitative semi-structured interviews with survivors of mass shootings. Eighty-eight percent of participants reported negative encounters with non-survivors, including but not limited to those providing mental health responses. It appeared those who came to the aid after the shooting had limited training in grief and trauma. Other survivors accounted that counselors were unable to understand what survivors had experienced. One survivor reported being asked a lot of questions that embedded a distrust in the therapeutic relationship. “We didn’t trust that they would keep it confidential. I would bounce in and out of therapists but as soon as they started asking me questions that I would imagine were going to be put in the newspaper, I’d shut up” (Schildkraut et al., 2021, p. 36). Others accounted for being pushed to do therapeutic treatments, which caused some survivors to be reluctant to keep seeking out help.

Additional findings from Schildkraut et al. (2021) in interviews with survivors impacted by the Columbine High School shooting reported that they felt irritated by support efforts “because they did not want to be forced to talk” (p. 35). Survivors in this study also reported that seeking services outside of the school was difficult and costly, especially once any victim assistance funds expired, along with the difficulty in finding a professional that they felt was a proper fit for their needs. School-provided counseling was met with irritation and frustration, as counselors worked in a structured manner, treating everyone the same while each person was responding to the tragedy differently.

Other reports and accounts for why survivors were not seeking services came from a focus on diagnosis by the counseling services provided (Feliex et al., 2016), which led to feelings of stigmatization (Dueer, 2019) or misdiagnosis (Classen & Clark, 2017), a lack of consistency

in the services offered (Duerr, 2019) and feelings of disappointment in services (Hawkins et al., 204). Parents would report that when their children did seek out services, they would stop going after a few months, stating that counseling was no longer helpful; parents and caregivers were still seeing the effect of the trauma on their children's behavior (Kennedy, 2019).

Limitations in the research only examine treatment from the client's perspective. Little research was done on this population by those who constructed and implemented therapeutic interventions, techniques, and strategies. Little to nothing is known about the credentials and experience of those who assisted in the mental health care of survivors. Time is also a factor in the accounts and reports; either survivors were still feeling the aftermath of the initial shock and dismay of the events, or they have been months and even years removed from the incident and reporting from memory. Throughout all the research, there is not a consensus on what is an effective treatment for survivors of mass violence and mass trauma, and there is no protocol on what service types to implement.

Barriers to Treatment

Despite the level of exposure, many people opt out of mental health services due to the stigmas of receiving mental help support. Community members and survivors of mass shootings suffer in silence for weeks, months, and years after these events. One student reported in an article from Duerr (2019) that asking for help felt awkward as “you physically have to raise your hand” (p. 24) and had to ask to use the counseling services offered. The same student also stated that experiences like this could be why many students did not seek services. There is also a stigma surrounding how much grief or support one may need depending on their proximity to the incident, despite the impact the event may have on them psychologically and emotionally (Duerr, 2019).

Fein and Isaacson (2009), using data from qualitative studies from personal interviews from 1998 to 2008, examined how school leaders at sites where shootings have occurred engage in emotion work. According to the authors, “emotion work focuses on the interplay between what a person feels and what he or she thinks is appropriate to feel in a certain situation” (p. 1329). The crucial question asked in these interviews was about the experience of being a leader during a school shooting. Many of the participants of the study spoke about maintaining a facade, a game face, or called it going into “professional mode,” as one participant of the study described their experience of leadership during a crisis, while others felt the struggle between the duality of being strong on the outside, showing supports and being uplifting while being in pain on the inside.

The results from the study found that in crisis-related situations, leaders would forgo their own emotions and basic needs to do the work that needed to be done. This work could include speaking to victims' families, conducting interviews with the media, and even aiding in funeral arrangements. Being strong and not showing emotions was a source of pride, reported the participants, and being able to bear such hardships was seen as a positive trait. Many in leadership positions would account for how they would compartmentalize emotions and feelings and would not allow themselves to think about personal feelings. Leaders also commented on how they needed to be physically present at their site. One school official reported in the study, “I didn’t take any sick days- not even an hour. I just didn’t do that, and probably worked 90- to 100-hour weeks though the rest of the school year” (Fein & Isaacson 2009, p.1339).

From their findings, Fein and Isaacson (2009) concluded their study with a call to action about leadership traits and professional culture. A prominent theme of their findings was about the pride and positive attributes of a leader’s stoicism and service to others without little to any

regard for the self or personal; because of the emphasis on these attributes, there is little support for leaders to express emotions that do not directly correspond to the social rules society has established as the proper or correct emotions, or actions of leaders to display. This stoicism leaves leaders vulnerable to the prolonged psychological effects of mass violence, where these survivors may wait months or even years to seek out services so they may keep their “game face” in front of family, peers, and community members.

Other studies involving emergency personnel working with survivors of mass shootings, such as Cowan et al. (2023), found that hospital workers reported relying on peer support versus utilizing professional mental health resources, as many mental health services were either not easily accessible or deemed unhelpful by the participants. One participant in the study reported a loss of where to go to get services. “You don’t pay by credit card, you don’t use your health insurance...because you can’t have that stigma” (Cowan et al., 2023, p.4). The authors concluded that because of mental health stigmas reported in the medical field, many of those who treat shooting victims do not receive proper mental health services and continue to be affected long after the events of that day. The current research sample only included emergency room surgeons and physicians; broader studies would need to account for other healthcare staff during such a crisis and identify interventions for those providers who care for mass shooting victims and the barriers they face when seeking and accessing services.

Trauma-Informed Care

According to the American Psychological Association (2023), trauma is “an emotional response to a terrible event like an accident, rape, or natural disaster.” Physician Gabor Mate (as quoted in Sunderland et al., 2023) defines trauma as “...not what happens to you but what happens inside you as a result of what happens to you” (p.2430). Trauma becomes an aftereffect,

a response to an experience that affects physically and mentally (Sunderland et al., 2023).

Trauma-informed care is both a conceptual framework and a clinical practice that considers the impact of trauma when working with and understanding the experiences of individuals and groups throughout one's lifespan (Classen & Clark, 2017).

In the research study by Sunderland et al. (2023), the study proposed to examine how arts health and arts professionals in the art community implement trauma-informed practices and the principles these practitioners use to guide their practice that is anti-oppressive and trauma-aware. The research method used to collect data was a scoping review of existing peer-reviewed literature covering the topic of trauma-informed practices within the arts-health intersection and community arts. While the research lacked specific guiding principles, it generated a list of provisional principles, beliefs, and values used in trauma-informed work within the arts-health community. The principles that emerged from the study included caregiving, choice, collaboration, intersectionality, embodiment, and safety. Other principles like holding space for the client, were given examples of their use in storytelling circles and mindfulness activities in combination with creative and arts-based therapies, demonstrating how arts interventions already use and implement trauma-informed practices in their work.

Trauma-Informed Frameworks of Expressive & Creative Arts Therapy

Many of the provisional principles found by Sunderland et al. are closely related to the core principles and values systems in the work of Expressive Arts Therapy. Both models have a framework for person-centered care (Classen & Clark, 2017; Rogers, 1993). The person or client-centered model emphasizes the therapist to be empathic, congruent, and caring as they listen and work with the client (Rogers, 1993). Expressive and creative arts include, but are not limited to dance/movement, drama, music, art, and writing, along with all other creative forms

used to cultivate personal and communal growth. ExAT integrates arts processes in which one art form flows and evolves into another, allowing one to foster a deeper connection, healing, and creativity to the self and community (International Expressive Arts Therapy Association, 2017). A foundational theory of expressive therapies is built around the idea of the intermodal transfer, or change brought forth in the process of moving from one expressive modality to another (Knill et al., 1995). A similar theory, described as the creative connection by Natalie Rogers (1993), proposed that clients move from one art form to another, allowing each art form to build and expand upon the other to deepen and enrich the experience of the client to facilitate growth and healing by relying on the client's natural expression and creativity from a person/client-centered framework. "Expressive art therapy is grounded not in particular techniques or media but in the capacity of the arts to respond to human suffering" as the therapist must understand the materials and have the ability to choose "appropriate media for therapeutic purposes" (Levine and Levine 1999, p. 11).

Examples of trauma-informed expressive and creative art therapeutic modalities are found in research about art therapy and CPT with combat-related PTSD. Campbell et al. (2016) describe art therapy as a "safe way to approach traumatic memories...and can help the patient feel safe enough to address unresolved trauma..." (p. 170). In a study involving collaborative discourse analysis, Sajnani et al. (2019) studied three trauma-informed drama therapy approaches to be implemented in school settings. In an evaluation from one case study from this research involving child PTSD, there were reports regarding outcomes of increased regulation of emotions and behavior, an increase in peer relationships, improvement in self-perception, and a decrease in the need for treatment in the client. Creative and expressive therapies have created trauma-informed therapeutic techniques such as Clay Field, a rectangular box that holds sooth

clay, which works at providing a safe container and boundaries for clients. Elbrecht (2015) states, “For children trauma is a preverbal experience” (p. 192), and “The Clay Field empowers children to explore a manageable world in a safe setting” (p. 194). Elbrecht also states that in her work with children who have experienced trauma working in Clay Field aids in clients building resources and learning and implementing emotional regulation.

Using the information and principles of trauma-informed practices from the Substance Abuse and Mental Health Service Administration (SAMSHA), Machiodi (2022) created TI-ExAT (Trauma-Informed Expressive Arts Therapy), an arts-based model incorporating the characteristics of expressive arts therapy and trauma-informed best practices. Major points of this model include working using the arts in addressing trauma reactions and reconnecting implicit and explicit trauma memories, the use and support of self and co-regulation, the use of arts to establish and reconnect a sense of safety, to support one’s strengths and enhance resilience, and to create meaning-making and restructure the trauma narrative. The emphasis on trauma recovery through an expressive arts lens aids one in the exploration and discovery of personal capabilities that can expand the window of tolerance and create change that drives action toward confidence and empowerment during times of distress. A trauma-informed approach changes the narrative of “What is wrong with you” to the narrative of “What happened to you” (Sunderland et al., 2023) and “What is resilient about you” (Malchiodi, 2000).

In reviewing empirical and evidence-based informed studies, Hobfoll et al. (2007) compiled successful interventions that addresses how trauma reaches individuals and communities. In the findings, the research team concluded five core principles backed by empirical supports when working with trauma survivors: promotion of safety, calming, promotion of a sense of self-efficacy and collective efficacy, connectedness, and hope. The

research critiqued how working within these five principles through individual and group interventions and programs can aid in recovery and minimize the impact of mass violence. In reviewing the core principles of SAMHSA, these five principles proposed by Hobfoll et al. (2007) not only align with guidelines for providing trauma-informed care but also coincide with the TI-ExAT tenets proposed by Malchiodi and the core foundations of Expressive Arts Therapy. This section will illustrate how the core concepts and principles of trauma-informed care align with the work of expressive and creative art therapies when working with survivors of mass shootings and mass violence.

Combating Psychological Effects & PTSD of Mass Shootings with Creative Arts Therapy

Expressive arts and arts-based modalities may aid in combating symptoms of PTSD. The Hylton et al. (2019) study examined participants from Camp Shine, a summer camp that used drama, music, and art therapy, who had various levels of exposure to the MSD High School shooting in 2018 used therapeutic art modalities to aid the student survivors in processing their feelings and experience in trauma-informed arts-based practices (Balletas et al., 2022). Hylton et al. (2019) created a pilot study of the mental health effects of expressive (creative) art therapy with survivors of school shootings. The pilot study measured anxiety and PTSD symptoms of attendees ($N = 34$) at Camp Shine. Before the start of camp, 31.8% ($M = 7.39$) of the students reported symptoms of significant depression, 33.3% ($M = 7.53$) with moderate to severe anxiety, and 60.6% ($M = 36.71$) with post-traumatic stress. The data from the camp pre-questionnaire included the PHQ-8, GAD-7, CRTES, and PANAS. During the camp, the students had their choice of music, visual art, or drama therapy, along with participating in group warm-ups and closings each day with a trained therapist who engaged them to discuss or process what had happened with the shooting and the impact of the shooting on the students. At the end of the two

weeks, the finding showed an overall decrease in depression ($M = 5.60$), anxiety ($M = 5.13$), and posttraumatic stress symptoms ($M = 29.91$).

Balletas et al. (2022) described the above study from the perspective of those who created and implemented the program from a narrative perspective and first-hand accounts. Asch, a drama therapist, and Gordon, a music therapist with Camp Shine, recall their findings from a narrative perspective in the book *Art Therapy in Response to Natural Disasters, Mass Violence, and Crises*. In their chapter Not Just Another Arts Camp, the authors recount their observations about the reduction of PTSD symptoms they saw in the participants throughout the six-week program. Asch reported that the participants in the drama modality created a trigger list at the start of the camp. This list included loud sounds, such as sirens, that could cause emotional dysregulation in participants, and as the camp progressed, participants began to integrate the triggers in their re-enactments without emotional disturbance. Gordon, like Asch, also had to work with triggers with participants in the music modality. Gordon reported that drumming was challenging for the students at the beginning of the camp because of their trauma responses to loud noises. Over the six weeks, Gordon observed the participants learning to anticipate the drum bangs and engaging with one another through percussion. Gordon witnessed drumming as a way of releasing tension and fear in the participants. Through self-reports students identified a decrease in anxiety, depression, and isolation.

A recent study conducted by Cowden et al. (2022) looked to evaluate the effectiveness of experiential group psychotherapy intervention with mass shooting survivors. This study focused on experiential therapies through relational experiences and relied on psychodrama and role-playing to focus on survivor experience. “Experiential therapies promote change through relational experience in the ‘here and now’ to cultivate coregulation of trauma-related emotions,

integration of dissociated self-states and the emergence of new „meanings” (Cowden et al., 2022, p. 183). This study also focused on why working with mass shooting survivors may work better in a group rather than individually. The participants in the six-day intensive were 36 survivors with a minimum of 1 year since they were survivors of the shooting. The models used in this treatment are existential-humanistic theories, with family systems, experiential therapy, and Gestalt techniques. The study assessed PTSD, anxiety, and depression at five-time points, pre- and post-assessment, and then a 1, 3, and 6-month follow-up after the program ended. In the findings, the research team was able to find a meaningful change in PTSD (starting $M= 42.39$; six-month follow-up $M=19.52$), anxiety (starting $M= 11.93$; six-month follow-up $M= 5.87$), and depression (starting $M=11.39$; six-month follow-up $M= 5.03$).

This study highlights the importance of having mass shooting survivors working together in groups and mentions the barriers and struggles many survivors have regarding access to mental health and the importance of social networks within this community. While this study does not call any of its therapy expressive arts, it heavily relies on drama therapy techniques when working with survivors. Drama therapy techniques used included psychodrama to aid in restoring the client’s sense of self and aid in reshaping their internal narrative with the traumatic event and promoting positive adaptation through sociometry. With data-driven results, this study shows that integrating arts-based therapies with mass-shooting survivors can aid in maintaining progress in minimizing trauma symptoms over time and not just directly after treatment (Cowden et al., 2022).

Establishing Safety

Establishing safety is a vital component in both trauma-informed care and expressive arts and creative arts therapy. When implementing treatment and programs for survivors of mass

shootings, safety is a critical consideration and component as it aids in minimizing re-traumatization of survivors, as survivors of trauma risk re-traumatization, especially when seeking services (Classen & Clark, 2017). When implementing an art therapy program for survivors of the Marjory Stoneman Douglass High School shooting, Farrell-Kirk (2022) gave much consideration to the use of safety in the programming. Farrell-Kirk wanted to use the program to rebuild safety and connection in the community. The initial open studio format of their programming was in a local museum that offered drop-in sessions and events for all community members impacted by the event. To establish safety within the program, Farrell-Kirk made sure the studio was not accessible to the press or the media. To meet participants' physical safety needs the studio space was curated to ensure backs were not to doors, and considerations to potential triggers such as loud noise to aid in establishing feelings of safety for community members.

Wiess and Bensimon (2020) implemented a mixed methods approach using constructivist grounded theory using group music therapy with teens uprooted from their homes to examine how the group program would improve participant well-being. While the study from Wiess and Bensimon focused on a population displaced from their home through land disengagement, their study offers perspective in using trauma-informed music therapies with a population that has experienced individual and community trauma. There were six participants, ages 12 to 14, who have experienced terrorist incidents and trauma from disengagement. It was reported that none of the participants had received any therapy or therapeutic interventions before the study. Data was collected from (a) open-ended interviews pre and post-session with each participant, (b) recordings of the sessions, (c) therapist notes on personal experiences, and (d) a self-reported Likert scale that rated participants' emotional state before and post-session. Participants

expressed a shattered world as one of the central findings and themes of the study. Structured musical activities such as creating an opening ritual, song selection, and songwriting through repetition aided in creating safety for the group members. One participant reported, “These activities were repeated at every meeting and helped me feel at the end of the sessions that I was in a safe place” (Wiess and Bensimon, 2020, (p. 183). From the self-report measures, almost all participants showed improvement in emotional state throughout the program. Wiess and Bensimon (2020) refer to and focus on safety throughout their research and the supported structure they created within the music therapy sessions allowed for containment that fostered feelings of community and belonging and allowed participants to express and share the pain of their experiences through song.

Resiliency

The exposure of pre-trauma history can affect resilience in the aftermath of a trauma event or experience. Resilience can come in many forms as it is a coping skill that one can develop cognitively, inherited from biological and genetic factors, and copied from the learned behavior of others; this is especially true for children (Shultz et al., 2014). Resilience can become a learned coping tool, and the arts have a history of helping create resilience to aid in dealing with the uncertainty of everyday life (Farrell-Kirk, 2022).

Johnson (2009) lists enhancement techniques to aid in building resilience, including CBT, but also calls for flexibility, humor, and spontaneity, many characteristics used in drama and other arts-based therapies. Coming from a trauma-informed approach can shift how counseling and mental health professionals use their language, inquiry, and curiosity. Reframing language with survivors from the perspective of what happened to someone, but what is resilient about that person (Malchiodi, 2022). The arts provide a trauma-informed, safe container for one

to explore their trauma and can aid in creating a distance between the self and the event (Stepakoff, 2009).

A study by Greenbaum and Javdani (2017) used expressive writing (EW) interventions with juvenile youth to address mental health needs through a trauma-informed and youth-centered framework with 53 participants ages 12-17. As part of their research, Greenbaum & Javdani hypothesize that the study would aid in the reduction of negative mental health effects and show an improvement in positive mental health outcomes such as posttraumatic growth and resiliency. Using a multi-site experimental research design, the research team measured resilience (Brief Resilience Scale), affect (PANAS-SF), self-esteem (RSES), and shame and guilt (SSGS-R & Children's Depression Inventory and the Depression Scale for Children. The EW program, WRITE ON (Writing and Reflection on Identity To Empower Ourselves as Narrators), included (1) the implementation of trauma-informed youth-centered programming, (2) the use of empirically supported therapeutic foundations, (3) and the first use of EW with the juvenile justice population. The study framework was influenced by SAMHSA's principles of trauma-informed approaches, along with a strength-based orientation.

The results from the study showed an overall 83.4% satisfaction rate with the program from the participants. Other findings included an increase in positive attributes such as resiliency but no changes in the negative mental health effects. Limitations of this study included the rate of stay at the facility, as all participants were not able to complete the program (Greenbaum & Javdani, 2017). This study and population are relevant to those who have experienced mass shootings, as this population has also been exposed to at least one traumatic event, with some participants of the study being exposed to reoccurring trauma throughout their lifespan. While the results may have shown no change in the negative effects assessed in the study, Greenbaum

and Javdani have begun the foundational work to enhance resiliency in an underserved population through arts-based therapy.

Other examples of narrative and bibliotherapy with trauma survivors can be seen in the research of Stepakoff (2009), who used poetry to work with grief and wrote about the therapeutic goals of choosing poems. According to Stepakoff, poems give external form to different internal emotions, as poems can create a container for pain. When using bibliotherapy, survivors are free to feel the full spectrum of the emotions surrounding pain, grief, and loss and return when the poem is over. The arts also help us desensitize ourselves by writing or acting out the trauma by providing a distance and exploring the story and one's feelings about it (Ballets et al., 2022) and aid in building resiliency regarding the trauma event.

The Arts & Cognitive Behavioral Therapy

When deciding on interventions, frameworks, and theories of therapeutic practice to implement, there is a preference for evidence-based practices over other therapeutic frameworks that do not yield measurable data, and because of this, creative and expressive therapies are often not considered viable options for crisis treatment. Johnson (2009) calls for creative and expressive therapies to align themselves with Cognitive Behavioral Therapy (CBT), which is currently heavily implemented in many practices in the mental health field, to aid in providing evidence-based practices for expressive arts use in crisis interventions. Expressive therapies focus on the internal process, while the scientific method is about what results can be observed and replicated by others. Johnson's reasoning for expressive therapies to align themselves with CBT is in the belief that core components of CBT derive from expressive therapies.

In working with CBT, cognitive reframing interventions can be done through imaginal exposure, role-playing, or dramatic play (Balletas et al., 2022). CBT can aid in shifts of

perspective, attitude, and distorted thoughts and be addressed with psychodrama (Cowdn et al., 2022) or expressive writing (Stepakoff, 209). CBT also works with aiding clients dealing with stress and anxiety, and the implementation of the arts can assist in self-soothing interventions such as the creation of mandalas (Vincent et al., 2022), body awareness (Malchiodi, 2022) and building tolerance (Loumeau-May et al., 2015) when working and managing strong emotions. CBT also aims to enhance resiliency, which includes gaining flexibility, spontaneity, and humor (Johnson, 2009), which the arts utilize through the intermodal process of moving and working across mediums and modalities (Estrella, 2019).

Lastly, CBT also uses interventions for psychoeducation through testimonials to aid in the de-stigmatization of mental health (Johnson, 2009). Creative and expressive therapies work together with individuals and communities to address mental health concerns and community healing through public art. Displays like the collaborations with the city of Coral Springs, community members, and art therapists who created Inspiring Community Healing After Gun Violence: Power of Art as a public art project in response to the Parkland shootings (Farrell-Kirk, 2022).

Conclusion

Because no one can predict when a mass shooting will happen, researching the effectiveness of early-response therapeutic interventions is challenging, leading to a lack of evidence-based and peer-reviewed research regarding best practices for this population. Additionally, many practitioners are hesitant to conduct research studies for fear of survivor retraumatization (Lowe & Galea, 2017). Many expressive and creative therapy approaches are client-led, allowing clients to choose their materials depending on the connection of their internal work in the therapeutic space. This process can create a lack of structure to allow for client

choice and freedom to grow and discover the client's own feelings and process. Results from treatment and services may often lack specific data and structure when documenting and reporting outcomes because of this process (Eaton et al., 2007). Narrowing down my scope of research and population proved challenging when looking for empirical evidence-based research within expressive and creative therapies. Not only are there limitations in the topic because of the sensitivity to retraumatization and spontaneous occurrence of mass shootings, but also a shortage of studies that utilize expressive and creative therapies as their framework when working with survivors.

When finding sources, articles, and books on the topic, the lack of peer-reviewed research made many of my sources consist of narrative accounts of creative and expressive arts-based interventions with the research population. Articles such as Fast (2003) on communal mourning in the aftermath of Columbine offer an insight into the expressive ways communities grieve and mourn, but I could not connect the findings to evidence or arts-based research on what role and how the arts aid these communities. Other community art-based outreach projects such as Vincent et al. (2022), HeArts Mend Hearts, or Scare (2022) collaboration with the Florida Art Therapy Association in response to the 2016 Pulse nightclub shooting in Orlando, FL., offer communal and group healing with a trauma-informed creative or expressive arts-based focus, but these programs lack evidence in their documentation on the short or long-term effect of the arts with communities and survivors. What are the creative and expressive arts therapies doing for this population that is different from other therapeutic modules, and why should we be considered a possible treatment for survivors in the aftermath of violence?

Call to Action & Publication

While writing this conclusion, two more reported mass shootings took place on the same day. I say reported, as mass shootings have become an everyday part of the cultural landscape, they no longer make news headlines but have become footnotes at the bottom of our screens. Survivors of natural and “man-made” disasters need crisis treatment by trained trauma-informed practitioners in the mental health field who can work within a person-centered framework, listening to, addressing individual needs, and validating experiences without pathologizing normal reactions to abnormal events.

Expressive and creative arts therapists must engage in scholarly discourse, research, and writing regarding methods for working with survivors of mass violence to be adequately prepared with evidence-informed approaches. Likewise, expanding the body of knowledge will support the use of expressive and creative arts therapies as treatment options in times of crisis. By not adding to the conversation and demonstrating how these therapies work in a trauma-informed way to aid survivors, expressive therapies will continue to be overlooked as an effective trauma treatment. It is also up to our institutions of learning to guide us in writing and talking about expressive therapies from an evidence-based treatment lens and assist us in developing systems of empirical data tailored to the expressive therapies or integrate and align ourselves with other established therapies such as CBT. The expressive and creative therapies offer more than just art materials to their clients when used in a trauma-informed framework, as these therapies offer choice and voice, aid in cultivating personal safety and regulation of mind and body, and help survivors gain resiliency.

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THESIS APPROVAL FORM

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Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy, MA**

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Title: **Trauma-Informed Expressive & Creative Arts Therapy with Survivors of Mass Shootings**

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: **Chyela Rowe, Ph.D., RDT/BCT**