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Editorial

# Trauma-informed care in the creative arts therapies

Trauma-informed care is emerging as a standard approach in all health and social care service delivery (Classen & Clark, 2017). Practitioners from all relevant disciplines are expected to have up-to-date information and research about the prevalence of trauma, its manifestations through the lifespan, and the most appropriate ways to provide clinical assessment and treatment that is trauma-informed.

In her influential work on trauma Terr (2003) described two types of trauma in childhood, the first is where a single event delivers a blow that reorients the child away from safety and security, and the other where childhood is a series of unrelenting *repeated ordeals.* These early challenges do not come from within the child but rather from the world as experienced (Terr, 2003). The child may respond by engaging in severe numbing and dissociation, ending up anesthetised from pain and suffering through this survival strategy. As Perry (2009) has explained "The brain will "reset"—acting as if the individual is under persistent threat" (p. 244) even when there is no obvious external threat present.

Dysregulation of the immune system can be triggered by early childhood trauma (Fagundes, Glaser, & Kiecolt-Glaser, 2013). Fagundes et al. found that children who had experienced extreme stress as children were more vulnerable to physical illness in later life because they "a. are more psychologically and physiological sensitive to stress, and b. have fewer social and psychological resources available to help them cope with stress." (Fagundes et al., 2013, p. 11). This implicates trauma in severe and chronic illness where the body is unable to adjust to the impact of unrelenting distress.

As infants rapidly develop, and are experiencing multiple stimuli for the first time, it is acknowledged that,

> . . .the organizing, sensitive brain of an infant or young child is more malleable to experience than a mature brain. While experience may alter the behavior of an adult, experience literally provides the organizing framework for an infant and child. (Perry, 2009, p. 245)

The therapist working with children who are traumatised or with adults traumatised during infancy or childhood must be sensitised to the residual distress and emptiness that can result from such experiences. A trauma-informed approach allows ways for these experiences to be understood without necessarily requiring that the therapist glean details, or have the expectation that a child or adult be able to easily create a coherent narrative about these experiences, especially if they occurred prior to the child's capacity to describe experiences in words.

van der Kolk (2005) proposed that children who had experienced repeated childhood traumas should be diagnosed with the aptly named *Developmental Trauma Disorder.* Along with many colleagues he subsequently proposed it as a diagnostic category in the 5th edition of the Diagnostic and Statistical Manual for Mental Disorders (American Psychiatric Association, 2013). However, it was not included, leading to the description of the decision as a *missed opportunity* (Bremness & Polzin, 2014). It is also an opportunity missed for the creative arts therapies where our capacity to provide expert, relevant, and helpful therapies to children following trauma can be overlooked because our research and case reports are not able to refer to a consistent diagnostic system by which to understand the effects of the abuse and neglect experiences of the children who attend creative arts therapy services.

As the imperative for trauma-informed care grows, training courses must take time to help students to understand the complexity of different types of trauma, its nature and effects, and the most productive ways to create safe and efficacious supports for people who are referred for therapeutic help, or seek it out in despair perhaps not knowing why their life is so distressing and unfulfilled. As the music therapist Ahonen has described, "The task of a therapist is to encourage the client to tell their story, and to listen, witness, and validate what the client conveys" (p. 271). This can be a challenging space for students to enter, or even for some new practitioners. Witnessing or *being with* another person can be anxiety provoking. *Evoking responses* can instead be quite satisfying for the student or new practitioner who can feel useful, active and helpful. However, in trauma-informed care the first focus is on psychological safety (Ahonen, 2016). It may be contraindicated to simply evoke a response, for example to encourage the person to express a highly emotionally charged narrative about what happened to them during first sessions. Instead, the therapist is encouraged to find ways to use their thoughtful presence to create the potential for connection and safety. As Payne described, the therapist ". . .does not aim to fix anything nor change thought patterns but by 'being alongside' makes space for action, imagination, sensations, thoughts and feelings witnessed as they arise" (Payne, 2015, p. 20).

The creative arts therapy community has responded to the challenge to deliver practice within a model of trauma-informed care. Malchiodi (2017) has worked extensively with children and adolescents within a trauma focused practice framework. She has

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described the arts therapies as suitable to support children in their resolution of trauma because the arts are sensory-based, and action-oriented (Malchiodi, 2017).

Dieterich-Hartwell (2017) has presented ways of working conceptually and practically within dance/movement therapy to treat post-traumatic stress disorder. Gerge's (2017) work has focussed on development of an assessment that can be applied in art therapy to better understand how clients who have experienced trauma can develop better capacities for self-regulation.

van Westrhenen et al. (2017) developed a creative arts in psychotherapy (CAP) treatment protocol based on their work in South Africa with children aged 8–12 years who had experienced trauma. Their case material described how CAP provides a trauma informed structure as follows: "creating a safe space, telling the trauma story, and preparing the children to return to the community" (van Westrhenen et al., 2017 p. 128). Some of their techniques are echoed in work by Swanepoel (2017) with adolescent girls who have experienced trauma.

In music therapy the effects of *early relational trauma* is well-represented within some circles of practice, research, and trainee education (for example Ahonen, 2016; de Juan, 2016; Edwards & Noone, 2016; Kim, 2017; Robarts, 2006, 2014; Uhlig, Dimitriadis, Hakvoort, & Scherder, 2017). However, more needs to be done across all of the creative arts therapies to further develop our capacities, knowledge and resources to ensure that practice is integrated within the contemporary requirements of trauma-informed care.

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