



The Civic Column

[[Strengthening our community through increased awareness and accountability]]

Report from the Mercyhurst Civic Institute

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The purpose of the Mercyhurst Civic Institute

- Enhance and facilitate citizen participation in decision-making.
- Provide high-quality, objective information to assist local decision-making.
- Convene community forums that encourage reasoned reflection and free and open discussion of regional issues.
- Educate the Erie community and Commonwealth of Pennsylvania about various issues through Institute reports and publications.
- Foster human networks that enhance communication, link resources, strengthen community participation and build social capital.
- Promote research, learning, teaching and service opportunities for the Mercyhurst community.

Express Yourself: Trauma-Informed Care & Expressive Therapies

By: Kristen Burillo

Special thanks to Amanda Karns, John Petulla, Dr. Pete Benekos, Craig Stevens, and the staff at Harborcreek Youth Services for their valuable input.

A traumatic event has been defined as “one that threatens injury, death, or the physical integrity of self or others and also causes horror, terror, or helplessness at the time that it occurs. Traumatic events include sexual abuse, physical abuse, domestic violence, community and school violence, medical trauma, motor vehicle accidents, acts of terrorism, war experiences, natural and human-made disasters, suicides, and other traumatic losses.”¹, pg. 2 Trauma is further described as experiences that are emotionally painful and that overwhelm an individual’s ability to cope.²

maltreatment, and 5.6 percent have experienced sexual victimization. Nearly half of the children surveyed experienced more than one type of victimization within the last year.

Most studies of the prevalence of trauma among youth are limited to certain populations or types of trauma. For example:

- In 2013, 678,932 children were victims of abuse or neglect in the United States, which equates to a national victimization rate of 9.1 per 1,000 children.⁵ The majority of these cases (79.5%) were due to neglect, while 18% were due to physical abuse and 9% were due to sexual abuse.
- Within one year, approximately 966,000 students between the ages of 12 and 18 experienced non-fatal violent victimization at school, which is a rate of 37 per 1,000 students.⁶
- The Northwestern Juvenile Project, a longitudinal study of detained youth in Chicago, IL reported that over 90% of juvenile offenders experienced one traumatic event; approximately 57% of these individuals had been exposed six or more times. Witnessing violence was the most frequently reported trauma type.⁷

Prevalence of Exposure to Trauma

Unfortunately, a number of children experience trauma every year. Though trauma and violence are not synonymous, many available statistics are for children’s exposure to violence, typically a narrower construct than trauma. The National Survey of Children’s Exposure to Violence (NatSCEV), conducted in 2008 and again in 2011, was the most comprehensive nationwide survey to explore the prevalence of children exposed to violence.^{3,4} Findings from 2011 indicated that almost 60 percent of the children surveyed were exposed to violence, either directly or indirectly, within the last year. Further breakdown showed that 41.2 percent of children surveyed were physically assaulted, 13.8 percent of children were victims of child

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Effects of Trauma

While it is important to remember that not all exposure to violence has a long-term negative impact, children can be negatively affected by trauma.⁸ While some children may develop Post-Traumatic Stress Disorder (PTSD) as a result of their exposure to traumatic events, not all children will reach this threshold in their symptoms. The National Child Traumatic Stress Network proposed a new diagnosis for inclusion in the Diagnostic and Statistical Manual V that they termed Developmental Trauma Disorder (DTD). The diagnosis was not accepted for inclusion in the manual, but the research they cited as a rationale for the diagnosis highlights some of the important effects of trauma on children that are not captured in current diagnostic criteria. DTD acknowledged chronic maltreatment or repeated traumatization, such as sexual or physical abuse or community violence, that often occur within the child's caregiving system.⁹ Because of the nature of this type of trauma, children often have difficulty developing secure attachments, may feel a lack of stability, or may feel helpless. They are unable to self-regulate their emotions but also have trouble relying on others to help them. They often over-react or under-react to a number of stimuli, which can impact them in emotional, physical, behavioral, cognitive, and relational ways. The interpersonal nature of the trauma makes future relationships difficult and often leads to situations in which the victim becomes the perpetrator (i.e. most perpetrators of child sexual abuse report that they were sexually abused as a child).⁹ Aggression, hyperactivity, anxiety, an inability to handle stress, defiance, somatic problems, and poor relationships are only some of the ways in which prolonged trauma may manifest in children.⁹ In addition to those already mentioned, other symptoms of exposure to traumatic events may include depression, difficulty concentrating, self-harm or suicidal behaviors, regression, impulsivity, conduct problems, and sleep disturbances.^{1,10}

Trauma-Informed Care

The need to address trauma and be aware of the traumatic experiences of people has come to the forefront of service delivery recently.¹¹ The terms "trauma-informed care" or "a trauma-informed approach" refer to organizational structures and treatment frameworks that account for trauma within individuals. Such an approach does not simply raise awareness of the issue of trauma, but changes an organization's culture, behavior, actions, and responses.¹² The framework described by the Substance Abuse and Mental Health Services Administration (SAMHSA) highlights the use of the "Four Rs" as organizations work with individuals exposed to trauma.

*"In a trauma-informed approach, everyone at all levels of the organization or system has a basic **Realization** about trauma and understands how trauma can affect families, groups, organizations, and communities as well as individuals. People in the organization or system are also able to **Recognize** the signs of trauma, which may be gender-, age-, or setting-specific and may appear in those individuals seeking or providing services in these settings. The program, organizations, or system **Responds** by applying the principles of a trauma-informed approach to all areas of functioning. Staff in every part of the organization, from the person who greets clients at the door to the executives and the governance board have changed their language, behaviors, and policies to take into consideration the experiences of those who have trauma histories... Ultimately, a trauma-informed approach seeks to **Resist** traumatizing or **Re-traumatizing** clients and staff. Staff are taught to recognize how organizational practices may trigger painful memories for clients with trauma histories."*

In a trauma-informed approach, the mindset is to approach the treatment in terms of what has happened to the person as opposed to what is wrong with the person. Everyone is educated about the impact of trauma so that the response can be helpful and empathic as opposed to hurtful and stigmatizing.¹³

The Sanctuary Model[®] offers an evidence-informed template for system change that impacts the organizational culture and approach for working with youth. It has been successfully implemented in a variety of treatment settings.² The model requires buy-in and change within all levels of personnel and all aspects of the treatment environment. It aims to create a physically, emotionally, socially, and morally safe environment.¹⁴ The key elements of this model are noted in the acronym S.E.L.F.^{15,16}:

Safety: attaining safety in self, relationships, and environment

Emotional management: identifying levels of various emotions and modulating emotion in response to memories, persons, and events

Loss: feeling grief and dealing with personal losses and recognizing that all change involves loss

Future: trying out new roles, ways of relating, and behaving as a "survivor" to ensure personal safety and help others

Each of these concepts represents a fundamental way in which a person's life can be disrupted.¹⁵ Additionally, the culture defined by the Sanctuary Model[®] reflects each of these seven characteristics: nonviolence, emotional intelligence, social learning, shared governance, open communications, social responsibility, and growth and change.¹⁵

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Expressive Therapies to Treat Trauma

Trauma is experienced in the areas of the brain known as the mid-brain, or emotional brain, and the lower brain, or survival brain.¹⁷ Traumatic events are experienced in a nonverbal capacity. The language areas of the brain are inactive when individuals talk about the trauma, while the nonverbal, visual, and sensory-emotional areas of the brain are engaged.¹⁸ Because of the way the brain experiences and processes the trauma, traditional forms of therapy that are verbally based are not effective for treatment. Nonverbal forms of treatment that also arouse physical and emotional sensations have been effective for helping individuals who have experienced trauma.^{17,18}

Expressive therapies are nonverbal forms of treatment, such as music, art, and movement, that research has repeatedly shown can aid in lessening the effects of trauma. Expressive therapies have been said to help individuals process their experiences in a way that is compatible with how their brains and bodies experienced the trauma in the first place.

Music therapy is conducted by a credentialed professional who has completed an approved music therapy program. According to Craig Stevens, the director of Mercyhurst University's Music Therapy Department and owner of Lake Erie Music Therapy, "Music is a form of sensory stimulation that provokes responses due to the familiarity, predictability and feelings of security associated with it. Music therapy for clients with behavioral health concerns uses musical interaction as a means of communication and expression. The aim of therapy is to help individuals develop relationships and address issues they may not be able to address using words alone." Music therapy has been shown to have a significant effect on an individual's relaxation, respiration rate, self-reported pain reduction, and observed and self-reported anxiety levels.¹⁹ Music therapy also has been shown to reduce stress,²⁰ lessen symptoms of depression,²¹ and improve sleep quality.²² Participation in group music therapy facilitates self-expression and provides a way for emotions to be expressed creatively.²³ Songwriting has also been shown to help adolescents process grief.²⁴

Similarly, art therapists are also credentialed professionals who must meet specific educational and experiential requirements. Art therapists use art media, the creative process, and the resulting artwork to work with clients to improve their functioning and well-being in a variety of areas.²⁵ According to art therapist Erica Schwartz, ATR-BC, LPC, "Using art therapy with kids who have experienced trauma and have difficulty expressing themselves verbally allows them to begin to explore, express, and heal from their psychological wounds. You can use art as a metaphor as a means to help kids practice new behaviors, new emotions, and new ways of thinking." Conducting art therapy with youth has been shown to reduce their symptoms associated with PTSD without increasing incidences of behavioral acting out, despite the processing of trauma-related emotions.²⁶ Art therapy has also been observed to increase the child's ability to symbolize his or her experience in words and images and to regulate his or her emotions and impulses.²⁷ Female youth who had been sexually abused showed improvement in the areas of anxiety, posttraumatic stress and dissociation-overt after a 10-week cycle of art therapy sessions.²⁸ In a follow-up study, results showed that a combination of art therapy and cognitive-behavioral therapy showed a statistically significant reduction in symptomatology scores on nine of ten clinical subscales that assess trauma via the Trauma Symptom Checklist for Children; the nine scales were Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, Dissociation-Overt, Sexual Concerns, Sexual Preoccupation, and Sexual Distress.²⁹

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THERAPEUTIC ARTS INITIATIVE

“ Music therapy gives me a chance to grasp how my music affects me personally, and allows me to understand it from a therapeutic viewpoint and use it as a tool to express myself.”—Client at HYS

Harborcreek Youth Services (HYS), in collaboration with Mercyhurst University, has started the Therapeutic Arts Initiative. The Therapeutic Arts Initiative incorporates evidence-based expressive therapies into the existing treatment programs. Youth who are nominated by their therapist are able to participate in art, music, writing therapies, and movement therapies. Mercyhurst University is collaborating with the agency to provide experienced consultation as the therapies are developed and integrated into treatment. Furthermore, Mercyhurst students are able to complete internships through HYS to aid in completing their 1,200 board certification hours. To date, one art therapy student and two music therapy students have completed internships in the respective programs.

Harborcreek Youth Services has a certified music therapist on-site, making it the only provider in the region that offers this type of service for traumatized youth. Music therapy sessions occur twice a week in a group setting; some clients also participate in weekly individual sessions. The sessions include the use of active music making, music listening, music lessons, music production and recording, and counseling. The first three cohorts of youth have completed the 13-week session. The first cohort had 13 participants, the second cohort had 21 total participants (including six youth who continued from the first cohort), and the third cohort had 22 participants. One hundred percent

Harborcreek Youth Services has been part of the Erie community for over 100 years. The agency provides a range of residential and in-home services to children and their families. The Harborcreek Youth Services Psychiatric Residential Treatment Program accepts youth from multiple counties throughout the state of Pennsylvania who are in need of intensive and effective therapeutic services. The agency also offers Multisystemic Therapy and a Therapeutic Foster Care Program for youth and families from Erie County. Harborcreek Youth Services is accredited by the Council of Accreditation and follows the Sanctuary Model.

of participants in the first cohort of music therapy clients reported that music therapy was helping them.

The art therapy program at HYS is in its beginning phases. The art therapist on staff as well as interns from Mercyhurst University will begin seeing clients for this therapy soon. The kids will meet for this therapy on a weekly basis for up to an hour, and small group sessions may be offered as well.

Two unique offerings in the area of movement therapy are being introduced for youth at HYS as well. Twenty staff at the agency were recently trained in TRE®, which stands for Tension, Stress, & Trauma Release Exercise. According to the website for TRE®, TRE® is “an innovative series of exercises that assist the body in releasing deep muscular patterns of stress, tension and trauma. Created by Dr. David Berceci PhD., TRE® safely activates a natural reflex mechanism of shaking or vibrating that releases muscular tension, calming down

Kidding Around Yoga provides a curriculum designed to motivate children to be active, build confidence, and manage the spectrum of emotions that they experience on a day-to-day-basis. Kidding Around Yoga is stress management for kids. It focuses on movements and postures geared at integrating mind and body, breathing techniques to relieve stress and sharpen focus, and mindfulness exercises aimed at improving attention. During a Kidding Around Yoga session, participants dance, march, jog, shake, skip, hop, jump, and limbo while practicing traditional yoga poses to Kidding Around Yoga original music. The typical session gets the children singing, dancing, and storytelling along with other movement and relaxation techniques. Kidding Around Yoga will be offered to the youth at HYS on a weekly basis.

Harborcreek Youth Services also continues to offer therapeutic writing, a program that began in 2010. The Writer’s Group meets weekly to write about their life experiences. The youth are encouraged to use similes, metaphors, and personification to express their feelings in a variety of formats such as poems, essays, and stories. Their works are compiled and published in The Haven, which is released once or twice a year.

Learn more about the Therapeutic Arts Initiative or make a donation to the campaign by visiting

<http://www.hys-erie.org/artscenter>



“For me, I'd say that one of the hallmarks of MT is that the music allows the resident to express themselves and act as a starting point for verbal discussion. It's easier for them to talk about their past or current issues when putting it in a rap than sitting in a quiet room talking about it. Regardless of their musical skill level, each resident is able to act as part of the group and have a successful experience in the music-making process. **–Sam Krahe, Music Therapist at HYS and Lake Erie Music Therapy**”



“Over the years, Mercyhurst has had many successful collaborations with Harborcreek Youth Services. Our criminal justice students, for instance, have interned and volunteered at the agency. We believe this latest collaboration in the therapeutic arts, which is altogether consistent with our mission, will help these young people to achieve the “healing they so desperately need.” **–Michael T. Victor, President of Mercyhurst University**”