



**LEWIS & CLARK  
GRADUATE SCHOOL OF EDUCATION AND COUNSELING ART  
THERAPY PROGRAM**

**AT 563 Treatment Issues in Art Therapy Special Topics:  
Art Therapy Trauma Treatment Spring 2022**

When: Fridays 1-4pm January 14, 21, 28, Feb 4 (Zoom); 11, (Rogers 105)

Where: Hi flex- online via zoom and in Rogers 105

Instructor: Mary Andrus DAT, LCAT, LPC, ATCS

Office hours: by appointment

Office location: Rogers 209

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Content: Applications of family systems approach to treatment of families in crisis and transition.

Topics include issues such as substance abuse, domestic violence, sexual abuse, trauma and loss, poverty, and chronic illness. A portion of this course emphasizes clinical case conceptualization and treatment planning.

Prerequisites: None.

Course description: Through the lens of art therapy this course will examine; brain development and the impact of trauma on the developing brain, the stages of treatment when working with clients who have experienced trauma, methods to protect and manage self-care to address vicarious traumatization in clinical practice, various methods to treat trauma with different client populations and showing sensitivity to cultural, environmental and developmental needs. Teaching methods include but is not limited to readings, lecture, video, discussions, and experiential art making directives.

**Student Learning Outcomes (SLO)**

SLO B. Distinguish among the therapeutic benefits of a variety of art processes and media, strategies and interventions, and their applicability to the treatment process for individuals, groups, and families.
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SLO E. Develop culturally appropriate, collaborative, and productive therapeutic relationships with clients.
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SLO H. Recognize clients' use of imagery, creativity, symbolism, and metaphor as a valuable means for communicating challenges and strengths and support clients' use of art-making for promoting growth and well-being.
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SLO J. Apply principles of human development, artistic and creative development, human sexuality, gender identity development, family life cycle, and psychopathology, to the assessment and treatment of clients.
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SLO L. Continuously deepen self-understanding through personal growth experiences, reflective practice, and personal art-making to strengthen a personal connection to the creative process, assist in self-awareness, promote well-being, and guide professional practice.
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### Assessment and Evaluation

Participation	10
Art reflections 2 (5pts each)	10 (in class exercises)
Discussion Posts	25
Scope of Practice	25
Final Paper	30
Total	100

Class participation	Possible points
Attend and participate actively in discussion and in class activities, completing the entire 15 hours of in class time. Giving attention to the instructor and/or other students when they are making a presentation.	3
Demonstrating ability to recognize and use subtle non-verbal communication cues to assess your impact on your peers and participate in class. Demonstrating ability to be open about discussing the impact of your comments on your peers.	1
Coming to class prepared (having read the assignment for the day) Engaging in group discussions with attention and energy. Asking questions of the instructor and/or other students regarding the material examined in that class.	1
Contributing to in-class discussion based on the topics of discusses and the readings assigned. Contributions may include how you feel about the material but merely articulating your feelings is not sufficient. You are expected to put those feelings in context of your thoughts and analysis of the material.	3
Providing examples to support or challenge the issues talked about in class. Making comments or giving observations about topics in the course, especially those that tie in the classroom material to "real world" problems, or try to integrate the content of the course.	1
In class participation and engagement in art activities	10
Dealing with other students and/or the instructor in a respectful fashion. Listening actively. Students will be asked questions related to the course's readings randomly in class by other students and by the instructor. Your participation in small group discussions is also required.	1
<b>Total</b>	20

### Discussion Posts (25)

Participation in learning community (on-line and in person): students are required to read all of the assigned material and discuss it, and otherwise engaging with colleagues as fellow professionals.

Discussion Posts:		Possible points
Students will be required to read the assigned readings and submit an original post and a response to 1-2 a peers' post on Moodle prior to the class meeting.		
Summarize three points that you gained from the reading in a short 200-word paragraph. Please use these guidelines:		
Discussion posts (Points will be assigned in each category across postings for the semester.)		
Critical Analysis	Discussion postings display an excellent understanding of the required readings and underlying concepts including correct use of terminology. Postings integrate an outside resource, or relevant research, or specific real-life application (work	3

(Understanding of Readings and Outside References)	experience, prior coursework, etc.) to support important points. Well-edited quotes are cited appropriately. No more than 10% of the posting is a direct quotation.	
Participation in the Learning Community	Discussion postings actively stimulate and sustain further discussion by building on peers' responses including <ul style="list-style-type: none"> <li>– building a focused argument around a specific issue or</li> <li>– asking a new related question or</li> <li>– making an oppositional statement supported by personal experience or related research.</li> </ul>	3
Regularity of Discussion Postings	Discussion postings are distributed throughout the module (not posted all on one day or only at the beginning or only on the last day of the module).	3
Etiquette in Dialogue with Peers	Written interactions on the discussion board show respect and sensitivity to peers' gender, cultural and linguistic background, sexual orientation, political and religious beliefs.	3
2 Postings	Completed postings of self (1) and peer (1)	10
Quality of Writing and Proofreading	Written responses are free of grammatical, spelling or punctuation errors. The style of writing facilitates communication.	3
	Total	25

**Moodle reading assignments:** Summarize your understanding of 3 key points from the assigned readings and make one post highlighting important point made by a peer.

Reading	Posting due date
<p>Porges, S. W. (2020). The COVID-19 Pandemic is a paradoxical challenge to our nervous system: a Polyvagal Perspective. <i>Clinical Neuropsychiatry</i>, 17(2),135-138. <a href="https://doi.org/10.36131/ CN20200220">https://doi.org/10.36131/ CN20200220</a></p> <p>Kolacz J, Dale LP, Nix EJ, Roath OK, Lewis GF and Porges SW (2020) Adversity History Predicts Self-Reported Autonomic Reactivity and Mental Health in US Residents During the COVID-19 Pandemic. <i>Front. Psychiatry</i> 11:577728. doi: 10.3389/fpsy.2020.577728</p> <p>J. Elkins, H. E. Briggs, K. M. Miller, I. K. R. Orellana &amp; O. Mowbray. (2019). Racial/ethnic differences in the impact of adverse childhood experiences on posttraumatic stress disorder in a nationally representative sample of adolescents, <i>Child and Adolescent Social Work Journal</i>. 36:449–457 <a href="https://doi.org/10.1007/s10560-018-0585-x">https://doi.org/10.1007/s10560-018-0585-x</a></p>	Due Jan 28
<p>McNamee, C. M. (2004). Using both sides of the brain: Experiences that integrate art and talk therapy through scribble drawings. <i>Art Therapy: Journal of the American Art Therapy Association</i>, 21(3), 136–142. doi: <a href="https://doi.org/10.1080/07421656.2004.10129495">10.1080/07421656.2004.10129495</a></p>	Due Feb 4

<p>Tripp, T. (2007). A short term therapy approach to processing trauma: Art therapy and bilateral stimulation. <i>Art Therapy: Journal of the American Art Therapy Association</i>, 24(4), 176–183. doi: <a href="https://doi.org/10.1080/07421656.2007.10129476">10.1080/07421656.2007.10129476</a></p>	
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Chapter 3 Backos Post Traumatic Stress Disorder and Art Therapy

**Scope of practice posting (25 points)** Students will define what applications from this course that is within their scope of practice. Be sure to identify any limitations, considerations or definitions of what is outside of their professional rules of practice. Students will articulate what steps or resources are available to refer a client if needed to appropriate care. Cite any related professional ethical codes or information within art therapy and your specific field of practice. Posting should be a minimum of 250 words and is due no later than Jan 21, 2022

**Final paper (30 points)** Compose a paper summarizing your learning from the class and as it applies to your clinical practice, integrating at least 3-5 sources to support your comprehension of the course.

Paper should touch on course content and include but not limited to brain development and the impact of trauma on the developing brain, the stages of treatment when working with clients who have experienced trauma, methods to protect and manage self-care to address vicarious traumatization in clinical practice, various methods to treat trauma with different client populations and showing sensitivity to cultural, environmental and developmental needs.

This paper should be posted to moodle as a PDF and is to be written APA style with correct grammar and punctuation. Paper should be 5-8 pages and is due no later than February 25, 2022.

**Additional Course Goals:**

Understand brain development and the impact of trauma on the developing brain

Outline the stages of treatment when working with clients who have experienced trauma

Describe methods to protect and manage self-care to address vicarious traumatization in clinical practice. Identify and articulate various methods to treat trauma with different client populations and showing sensitivity to cultural, environmental and developmental needs.

**Course Schedule** (order of topics may adjust based on learning needs of class)

Jan 14

- Introductions
- Overview of Course Content
- Vicarious Traumatization & Self Care
- Trauma & the brain
- Phases of treatment

Jan 21

- Attachment & attunement
- Polyvegal theory
- Types of trauma
- CATTI
- Individual case study

Jan 28

- Intersubjectivity
- Populations/Application
- Art Therapy Treatment
- Video case study

Feb 4

- Expressive Therapies Continuum
- Bearing Witness film

Feb 11

- Self Care
- Collective Trauma Film
- Questions

**Nondiscrimination policy**

Lewis & Clark adheres to a nondiscriminatory policy with respect to educational programs, activities, employment, and admission. We do not discriminate on the basis of actual or perceived race, color, sex, religion, age, marital status, national origin, the presence of any physical or sensory disability, veteran status, sexual orientation, gender identity, gender expression, or any other basis prohibited by applicable federal, state, and local laws. For more information, and for current contact information for questions or concerns, go to [go.lclark.edu/nondiscrimination](http://go.lclark.edu/nondiscrimination).

**DISABILITY SERVICES STATEMENT**

If you have a disability that may impact your academic performance, you may request accommodations by submitting documentation to the Student Support Services Office in the Albany Quadrangle (503-768-7192). After you have submitted documentation and filled out paperwork there for the current semester requesting accommodations, staff in that office will notify me of the accommodations for which you are eligible.

**TEACHING METHODS**

A variety of teaching methods will be used during this course in order to achieve the above objectives. Among those methods will be assigned readings, class discussions, experiential activities, and lectures. Students will watch videos clips, engage in group learning tasks, and participate in role-play demonstrations.

**CPSY DEPARTMENTAL ATTENDANCE POLICY**

Class attendance is expected and required. Any missed class time will be made up by completing

extra assignments designed by the instructor. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness may be seen as an absence that requires make-up work.

### **DISCLOSURE OF PERSONAL INFORMATION**

Each student should decide for him/herself what information to disclose. Students are advised to be prudent when making self-disclosures. The program cannot guarantee confidentiality of student disclosures given the group environment, although personal comments should be considered private and confidential – and remain only in the classroom – unless an exception to confidentiality applies.

### **CELL PHONES**

Cell phones must be silenced and text messaging is not allowed during class time. If there is an emergency you may exit the class to use your cell.

### **CLASS PREPARATION**

You must complete all assigned readings and watch any assigned video prior to attending class. This will allow us to focus on application of readings in class. Students are expected to be prepared to discuss the ideas and concepts discussed in the readings. You are responsible for all of the assigned readings, whether or not they are discussed in class. Please note that there are more readings assigned for some topics than for others.

### **Required Readings:**

- J. Elkins, H. E. Briggs, K. M. Miller, I. K. R. Orellana & O. Mowbray. (2019). Racial/ethnic differences in the impact of adverse childhood experiences on posttraumatic stress disorder in a nationally representative sample of adolescents, *Child and Adolescent Social Work Journal*. 36:449–457 <https://doi.org/10.1007/s10560-018-0585-x>
- Kolacz J, Dale LP, Nix EJ, Roath OK, Lewis GF and Porges SW (2020) Adversity History Predicts Self-Reported Autonomic Reactivity and Mental Health in US Residents During the COVID-19 Pandemic. *Front. Psychiatry* 11:577728. doi: 10.3389/fpsy.2020.577728
- McNamee, C. M. (2004). Using both sides of the brain: Experiences that integrate art and talk therapy through scribble drawings. *Art Therapy: Journal of the American Art Therapy Association*, 21(3), 136–142. doi: [10.1080/07421656.2004.10129495](https://doi.org/10.1080/07421656.2004.10129495)
- Porges, S. W. (2020). The COVID-19 Pandemic is a paradoxical challenge to our nervous system: a Polyvagal Perspective. *Clinical Neuropsychiatry*, 17(2),135-138. <https://doi.org/10.36131/CN20200220>
- Tripp, T. (2007). A short term therapy approach to processing trauma: Art therapy and bilateral stimulation. *Art Therapy: Journal of the American Art Therapy Association*, 24(4), 176–183. doi: [10.1080/07421656.2007.10129476](https://doi.org/10.1080/07421656.2007.10129476)
- van der Kolk, B. (2014). *The body keeps the score: Brain, mind and body in the healing of trauma*. New York, NY: Viking Penguin. (pp. 203-346)

## Resources:

<https://calmheart.co.uk/resources/>

<https://www.polyvagal institute.org/>

<https://drarielleschwartz.com/books-by-dr-schwartz/#.YIGhRBNKhTY>

<https://www.stephenporges.com/>

## Suggested Readings &amp; References:

- Andrus, M. (2019). Exhibition and film about infertility, miscarriage and stillbirth: Art therapy implications. *Art Therapy Journal*. doi:10.1080/07421656.2019.1697577
- Andrus, M. (2016). A review of *The body keeps the score: Brain, mind and body in the healing of trauma*. *Art Therapy: Journal of the American Art Therapy Association*, 32(4), 3–5. doi: [10.1080/07421656.2015.1091569](https://doi.org/10.1080/07421656.2015.1091569)
- Appleton, V. (2001). Avenues of hope: Art therapy and the resolution of trauma. *Art Therapy: Journal of the American Art Therapy Association*, 18(1), 6–13. doi: [10.1080/07421656.2001.10129454](https://doi.org/10.1080/07421656.2001.10129454)
- Arauzo, A. C., Watson, M., & Hulgus, J. (1994). The clinical uses of video therapy in the treatment of childhood sexual trauma survivors. *Journal of Child Sexual Abuse: Research, Treatment, and Program Innovations for Victims, Survivors, and Offenders*, 3(4), 37–57. doi: [10.1300/J070v03n04\\_03](https://doi.org/10.1300/J070v03n04_03)
- Beers Miller, R. (2011). The role of response art in the case of an adolescent survivor of developmental trauma. *Art Therapy: Journal of the American Art Therapy Association*, 24(4), 184–190. doi: [10.1080/07421656.2007.10129470](https://doi.org/10.1080/07421656.2007.10129470)
- Buk, A. (2009). The mirror neuron system and embodied simulation: Clinical implications for art therapists working with trauma survivors. *Arts in Psychotherapy*, 36(2), 61–74. doi: [10.1016/j.aip.2009.01.008](https://doi.org/10.1016/j.aip.2009.01.008)
- Carr, R. (2008). Processes and responses. In N. Hass-Cohen and R. Carr (Eds.), *Art Therapy and Clinical Neuroscience* (pp. 43–61). Philadelphia, PA: Jessica Kingsley.
- Chapman, L. (2014). *Neurobiologically informed trauma therapy with children and adolescents: Understanding mechanisms of change*. New York: W.W. Norton & Company
- Chilton, G., and Scotti, V. (2014). Snipping, gluing, writing: The properties of collage as an arts-based research practice in art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 31(4), 163–171. doi: [10.1080/07421656.2015.963484](https://doi.org/10.1080/07421656.2015.963484)

- Cozolino, L. (2010). *The neuroscience of psychotherapy: Healing the social brain* (2nd ed.). New York: W.W. Norton.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258. doi: [10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Franklin, M. (2010). Affect regulation, mirror neurons, and the third hand: Formulating mindful empathic art interventions. *Art Therapy: Journal of the American Art Therapy Association*, 27(4), 160–167. doi: [10.1080/07421656.2010.10129385](https://doi.org/10.1080/07421656.2010.10129385)
- Frankl, V. (2006). *Man's search for meaning*. Boston, MA: Beacon Books.
- Gantt, L., & Tinnin, L. W. (2007). Intensive trauma therapy of PTSD and dissociation: An outcome study. *Arts in Psychotherapy*, 34(1), 69–80. doi: [10.1016/j.aip.2006.09.007](https://doi.org/10.1016/j.aip.2006.09.007)
- Harber, K. (2011). Creating a framework: Art therapy elicits the narrative. *Art Therapy: Journal of the American Art Therapy Association*, 28(1), 19–25. doi: [10.1080/07421656.2011.557766](https://doi.org/10.1080/07421656.2011.557766)
- Harris, D. A. (2009). The paradox of expressing speechless terror: Ritual liminality in the creative arts therapies' treatment of posttraumatic distress. *Arts in Psychotherapy*, 36(2), 94–104. doi: [10.1016/j.aip.2009.01.006](https://doi.org/10.1016/j.aip.2009.01.006)
- Hass-Cohen, N., & Clyde Findlay, J. (2015). *Art therapy and the neuroscience of relationships, creativity and resiliency: Skills and practices*. New York, NY: WW. Norton.
- Hass-Cohen, N. (2008). Partnering with art therapy and clinical neuroscience. In N. Hass-Cohen and R. Carr (Eds.), *Art Therapy and Clinical Neuroscience* (pp. 21–42). Philadelphia, PA: Jessica Kingsley.
- Hass-Cohen, N. (2008). CREATE: Art Therapy Relational Neuroscience Principles (ATR-N). In N. Hass-Cohen and R. Carr (Eds.), *Art Therapy and Clinical Neuroscience* (pp. 283–309). Philadelphia, PA: Jessica Kingsley.
- Herbert, J. D., & Sageman, M. (2004). First do no harm: Emerging guidelines for the treatment of posttraumatic reactions. In G. M. Rosen (Ed.), *Posttraumatic stress disorder: Issues and Controversies* (pp. 213–232). Hoboken, NJ: John Wiley & Sons.
- Hinz, L. D. (2019). *Expressive therapies continuum: A framework for using art in therapy* (2<sup>nd</sup> ed.). Routledge. ISBN 9780367280420
- Homer, E. S. (2015). Fabric collage as a neurodevelopmental approach to trauma treatment. *Art Therapy: Journal of the American Art Therapy Association*, 32(1), 20–26. doi: [10.1080/07421656.2015.992824](https://doi.org/10.1080/07421656.2015.992824)
- King, J. (Ed.). (2016a). *Art therapy, trauma and neuroscience: Theoretical and practical perspectives*. New York, NY: Routledge.



- King, J. (2016b). Art therapy: A brain based profession. In D. E. Gussak & M. L. Rosal (Eds.), *The Wiley Handbook of Art Therapy* (pp. 77–89). West Sussex, England: Wiley and Sons.
- King-West, E., & Hass-Cohen, N. (2008). Art therapy, neuroscience and complex PTSD. In N. Hass-Cohen and R. Carr (Eds.), *Art Therapy and Clinical Neuroscience* (pp. 223–282). Philadelphia, PA: Jessica Kingsley.
- Kravits, K. (2008). Neurobiology of relatedness: Attachment. In N. Hass-Cohen & R. Carr (Eds.), *Art Therapy and Clinical Neuroscience* (pp. 131–145). Philadelphia, PA: Jessica Kingsley.
- Lusebrink, V. B., & Hinz, L.D. (2016). The Expressive Therapies Continuum as a framework in the treatment of trauma. In J. L. King (Ed.), *Art Therapy, Trauma and Neuroscience: Theoretical and Practical Perspectives* (pp. 42–66). Routledge.
- McNamee, C. M. (2004). Using both sides of the brain: Experiences that integrate art and talk therapy through scribble drawings. *Art Therapy: Journal of the American Art Therapy Association*, 21(3), 136–142. doi: [10.1080/07421656.2004.10129495](https://doi.org/10.1080/07421656.2004.10129495)
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- Perry, B. D. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children: The neurosequential model of therapeutics. In N. B. Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 27–52). New York, NY: Guilford Press.
- Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, 14(4), 240–255. doi: [10.1080/15325020903004350](https://doi.org/10.1080/15325020903004350)
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- Rankin, A. B., & Taucher, L. C. (2003). A task-oriented approach to art therapy in trauma treatment. *Art Therapy: Journal of the American Art Therapy Association*, 20(3), 138–147. doi: [10.1080/07421656.2003.10129570](https://doi.org/10.1080/07421656.2003.10129570)
- Sajnani, N. (2012). The implicated witness: Towards a relational aesthetic in dramatherapy. *Dramatherapy*, 34(1) 6–21. doi: [10.1080/02630672.2012.657944](https://doi.org/10.1080/02630672.2012.657944)

- Sajnani, N. (2013). The body politic: The relevance of an intersectional framework for therapeutic performance research in drama therapy. *Arts in Psychotherapy, 40*(4), 382–385. doi: [10.1016/j.aip.2013.05.001](https://doi.org/10.1016/j.aip.2013.05.001)
- Schore, A. N. (2009). Relational trauma and the developing right brain: An interface of psychoanalytic self psychology and neuroscience. *Annals of the New York Academy of Sciences, 1159*, 189–203. doi: [10.1111/j.1749-6632.2009.04474.x](https://doi.org/10.1111/j.1749-6632.2009.04474.x)
- Shapiro, F. (2012). *Getting past your past: Take control of your life with self-help techniques from EMDR therapy*. New York, NY: Rodale.
- Shrimpton, B. J. M., Willis, D. J., Tongs, C. D., & Rolfo, A. G. (2013). Movie making as a cognitive distraction for paediatric patients receiving radiotherapy treatment: Qualitative interview study. *BMJ Open, 3*(1). doi: [10.1136/bmjopen-2012-001666](https://doi.org/10.1136/bmjopen-2012-001666).
- Siegel, D. (2017). *Mind: A journey to the heart of being human*. New York: W.W. Norton.
- Siegel, D. (2010a). *The developing mind: Toward a neurobiology of interpersonal experience*. New York, NY: The Guilford Press.
- Siegel D. (2010b). *The mindful therapist: A clinician's guide to mindsight and neural integration*. New York, NY: WW. Norton.
- Spring, D. (2004). Thirty-year study links neuroscience, specific trauma, PTSD, image conversion, and language translation. *Art Therapy: Journal of the American Art Therapy Association, 21*(4), 200–209. doi: [10.1080/07421656.2004.10129690](https://doi.org/10.1080/07421656.2004.10129690)
- Stace, S. M. (2014). Therapeutic doll making in art psychotherapy for complex trauma. *Art Therapy: Journal of the American Art Therapy Association, 31*(1), 12–20. doi: [10.1080/07421656.2014.873689](https://doi.org/10.1080/07421656.2014.873689)
- Talwar, S. (2007). Accessing traumatic memory through art making: An art therapy trauma protocol (ATTP). *Arts in Psychotherapy, 34*(1), 22–35. doi: [10.1016/j.aip.2006.09.001](https://doi.org/10.1016/j.aip.2006.09.001)
- Tripp, T. (2007). A short term therapy approach to processing trauma: Art therapy and bilateral stimulation. *Art Therapy: Journal of the American Art Therapy Association, 24*(4), 176–183. doi: [10.1080/07421656.2007.10129476](https://doi.org/10.1080/07421656.2007.10129476)
- van der Kolk, B. (2006a). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York, NY: Guilford Press.
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