Community art therapy clinical intervention program for BIPOC after a traumatic community death: A theoretical intervention-based research paper

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Abstract

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This theoretical intervention paper proposes a community art therapy program which could be utilized following a traumatic event in a BIPOC community. Mental health services are often inaccessible within BIPOC communities and when accessible, are not always trauma informed and culturally sensitive. Group art therapy holds the potential of offering shared experience and support to BIPOC following a community trauma. Additionally, it is hoped that this will in turn, lower the risk of developing PTSD. Using steps one and two of Fraser & Galinsky's (2010) fives step model, I compile and synthesize pertinent existing research between art therapy, psychotherapy with BIPOC, trauma informed care, existing community art therapy interventions, etc., to propose a 5-week, 10 session community based art therapy program for BIPOC following a traumatic event in the community. This is followed by a discission on findings, conclusion, and future recommendations.

Keywords: art therapy, psychotherapy, trauma, intervention and BIPOC

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"When a whole community embraces the idea of art as a healing technology and applies it to its own particular needs, a thousand permutations become possible on how art therapy may be defined" (Kapitan, 2008, p.2)

Chapter 1: Introduction

I was accepted into the creative arts therapies program in spring of 2020, the same month in which George Floyd was brutally murdered at the hands of a police officer. Like many other black & mixed race individuals, I have grown accustomed to the realities of being a person of colour. The summer of 2020 was filled with Black Lives Matter protests and President Trump using an upside down bible as means to dismiss the cries of humans who are tired of systematically being treated as less than all playing live on CNN in my childhood home. Then came fall 2020, the pandemic continued and my masters began online, still within the walls of my childhood home. With that experience came becoming while simultaneously retracing steps I had always taken. Home is defined as a dwelling place, a social unit formed by those living together, a place of origin (Merriam Webster, 2023). For me, home was and is just that. I realise now that my experience of home is not one that is shared with many, it is a privilege to have known a structure to be home for a majority of childhood into adulthood. Although I had dreamed of becoming an art therapist since the age of 15, I was finally on the brink of bringing the dream to fruition yet I felt stuck in what I could one day offer with the reality of injustice around me. I have questioned what I can do as a privileged black woman of mixed race who has had the opportunity to seek post graduate education. This question was brought to research which developed into a hypothesis and a goal. The goal and hope of this research paper is to use what I have gained as a means of creating accessibility and support within my community.

Keyword Definitions:

Art therapy: An approach to psychotherapy in which the client(s) engages in art making while facilitated by a clinically trained art therapist. Sessions can be both directive and non-directive in nature. The process includes, goal setting, and exploration. (Malchiodi, 2012)

Psychotherapy: Also referred to as talk therapy. Psychotherapy can assist people experiencing a range of mental illnesses and emotional symptoms. It may be provided by psychiatrists, psychologists, licensed professional counsellors, social workers, etc. (American Psychiatric Association, 2023)

Trauma: "a term used to describe the challenging emotional consequences that living through a distressing event can have for an individual. Traumatic events can be difficult to define because the same event may be more traumatic for some people than for others." (CAMH, 2023)

Intervention: "Action on the part of a psychotherapist to deal with the issues and problems of a client. The selection of the intervention is guided by the nature of the problem, the orientation of the therapist, the setting, and the willingness and ability of the client to proceed with the treatment." (American Psychological Association, 2023)

BIPOC: Black indigenous people of colour

Chapter 2: Methodology

This section of the research paper will explore the rationale behind the method chosen. This will be followed by a look at the application of the method to address the research questions. The current research questions are, 1) How are black indigenous people of colour (BIPOC) communities currently receiving trauma informed mental health services, specifically creative arts therapies? 2) How can large-scale group art therapy (looking at the art hive model) be used after a traumatic event in a community to cultivate healing and lower stigma around mental health?

As my research question is broad and encompasses large intersecting concepts, a theoretical intervention based design felt best fitted. This allows for pre-existing research to be addressed and synthesised, a hypothesis to be made and an intervention program proposed. The research paper employs the first two steps of Fraser and Galinsky's five step process (2010) which includes: (1) "develop problem & program theories"; (2) "specify program structures & processes" (p.463). Given the constraints of the paper and lack of participants, only the first two steps will be used. Data collection and analysis will be done through Rothman's et al., (1994, p. 141), 6 step systematic research synthesis process. The steps include, 1) defining the problem/goal, 2) identifying general knowledge areas related to the problem/goal, 3) identifying specific data sources, 4) determining appropriate descriptors of search, 5) establishing procedures for codifying, assessing, and managing information, and 6) establishing procedures for developing consensus findings and intervention guidelines. Steps 1-4 pertaining to data collection and 5-6 analysis. The goal would be to identify successful group art therapy interventions used with BIPOC clientele experiencing trauma. Knowledge areas to be searched include, art therapy, racism and police brutalities impact on BIPOC mental health, art therapy with BIPOC, psychotherapy with BIPOC, trauma informed art therapy, culturally competent/sensitive art therapy, community art therapy. I will use and define keywords to obtain the literature through the Concordia Library Databases such as, PsycInfo, Spectrum, SAGE Journals, Sofia, etc. Keywords include: *art therapy, social justice, community art therapy, art therapy with black clientele, art therapy with West Indian and Caribbean populations, art therapy and racism in North America, BIPOC, collective trauma, community art making, trauma informed art therapy, grief, community death, police brutality, art hive, art hive with BIPOC, and marginalised communities* etc.

This will be followed by steps taken to analyse the data according to (Rothman et al., 1994). The first being codifying, assessing, and managing the gathered information. This will

be through rigid inclusion criteria such as, peer-reviewed literature, papers written in English, BIPOC participants in the studies used, preferably situated in North America, and arts-based approaches used. The second step is finding connections within the data in order to lead to developing intervention guidelines. This will be done through the creation of concept maps (Wheeldon & Faubert, 2009). Through coding and summarising using concept maps, analysing the data will in hopes lead to the process of noticing connections and finding gaps within existing research. These findings will then lead to an attempt to answer the research question (Fraser & Galinsky, 2010). I will then address the program structure's aim to fill the gaps between the three concepts: trauma informed art therapy, art therapy with BIPOC and community art therapy (including art hives), by merging them into an art therapy intervention model/plan which would serve BIPOC communities after a tragic community death.

There are several ethical factors to be considered. The first being as a Black woman of mixed race, I enter this research with lived experience along with personal biases. I must also acknowledge the immense privilege I hold in pursuing a master in arts, a privilege that my parents and past generations did not have. These privileges and lived experiences, implicate how I view the data along with how I exist in the world. It is important for me to name these points and to be aware of them by engaging in self reflexivity throughout the research process. This will be done through continued deconstruction of my privileges and how I am inherently in a position of power (Talwar et al., 2019, p.66). I will attempt to view the data with the least amount of bias as possible. Additionally, my lived experience has the potential to add valuable context and nuance to this research paper.

A continuation of ethical considerations regarding intervention based research are as follows. Despite not implementing steps 3-5 of Fraser & Galinksys model, nor a pilot project and live participants, ethical considerations are still present. Said ethical considerations

pertain to the art therapy models and psychotherapy theories included within the literature review and research analysed. Vicarious trauma is a concept which names the impact absorbing traumatic events has on the individual (Office for victims of crimes, 2023). In other words, group therapy could lead to retraumatizing the individual. Additionally, this text itself could unintentionally result in vicarious forms of trauma on the reader. This will be expanded within the literature review portion of the paper. As a researcher and future practitioner, I aim to embody an anti oppressive practitioner (AOP) research point (Kapitain, 2018). Kapitain (2018) states, “More than the destination or outcome, art therapists often value the process of art making as a therapeutic journey towards healing or change. Likewise, in AOP research there can be tremendous value in shifting the focus of attention from the impact of a study’s results or outcomes and toward its process” (p.172). Even when using an AOP standpoint, I will have my blindspots. Thus, once again self-reflexivity is paramount. One must acknowledge the lived experience of BIPOC folks and the higher rates of mental health disparities within the population.

Known delimitations at this time include the possibility of limiting the potential of the paper through writing a research paper based on literature which already exists. Using an intervention-based research design was intentional as having participants in this study would be unattainable. A limitation may be that this is my first research paper, it will be written within the time constraints of an academic semester and be written in English. Additionally, I am a Master’s art therapy student and first time researcher. It is important to note that this paper will focus on a few of many concepts pertaining to trauma informed care and the systemic barriers surrounding mental health. Given the constraints of length, it will not look at developmental trauma disorder, multicultural counselling theory and countless trauma related art therapy models nor will it delve deep into intersectionality. This limits my findings and in turn, ultimately the validity of what I present.

Regarding validity and reliability, as this research paper only utilises steps one & two of Fraser and Galinsky's five step intervention based research step process, testing and evaluation of the findings will not take place (steps 3-5). Therefore, success of the intervention proposed will not be determined (Fraser & Galinsky, 2010). I will aim to increase the validity through once again, employing recent, relevant and peer reviewed sources. Additionally, the data I use will ideally have included tested interventions.

Chapter 3: Literature Review

Following a traumatic loss in a North American BIPOC community, the community members and loved ones of the deceased are often left with little to no mental health support. Specifically when the loss is at the hands of police brutality, once the media and "woke culture" has had its frenzie, the community is left exhausted and still hurting. The existing supports are often inaccessible, run by non-community members and lack trauma informed theory and practices. There is potential to support those experiencing the loss using a collectivist approach rather than individualistic. Not only would this be cost effective and offer more folks mental health support, it could reduce stigma, allow for community healing and therapeutic support to be widely utilised. The literature review will first define art therapy followed by a presentation of literature pertaining to the impact racism and police brutality has on the Black community, trauma and its lasting impact, cultural competency within art therapy with BIPOC, psychotherapy with Black clientele, trauma informed care & trauma focused art therapy, and existing community art therapy approaches. Although in its beginning stages, the literature review will ultimately provide a detailed account of research which has the potential to answer the initial research question. Eventually it will be followed by coding and sorting, leading to the suggesting of gaps and finally, proposing an

intervention plan to fill said gaps in research to ultimately aim to answer the research question.

Art therapy

We will begin with a brief presentation of literature pertaining to art therapy in its fundamental form, allowing the reader to understand the modality itself. According to Malchodi (2003) citing the American Art Therapy Association, “Art therapy is based on the idea that the creative process of art making is healing and life enhancing and is a form of nonverbal communication of thoughts and feelings (American Art Therapy Association, 1996).”. Malchodi suggests that art therapy creates a way for clients to express themselves creatively where the product holds less value than the process itself (Malchiodi, 2003, pg.1). Edwards (2004) states, “Art therapy is the use of art materials for self-expression and reflection of a trained art therapist” (p.2). The text also refers to the Canadian Art Therapy Associations website which reiterates that art therapy provides the opportunity to break through verbal barriers allowing self expression with art materials (CATA website, 2003 as cited in Edwards, 2004, p.3). It is important that therapeutic art making has existed for thousands of years and the use of art to heal used within cultures outside of Europe and North America. The art therapy that we know is constructed within western paradigms whereas the idea of therapeutic art making is inherently Indigenous (Archibald, 2012). One must be mindful of this when entering therapeutic spaces and working with BIPOC communities. Thus emphasizing the need for ongoing cultural sensitivity.

Racism and police brutalities impact on BIPOC mental health

Truong et al (2016), refer to multiple ways in which people of colour experience racism. Not only can racism be directly acted out, research shows that vicarious trauma is as

valid as the first hand experience (p.227). Thus leading to questioning how profound of an impact watching a community death replayed out on the news or a member of one's mosque being shot while unarmed has on the individual and community. The DSM-5 explains posttraumatic stress disorder (PTSD) as “the development of characteristic symptoms following exposure to one or more traumatic events.” (American Psychiatric Association, 2013, p.274). This includes experiencing a traumatic event, intrusive symptoms associated with the event, avoidance of stimuli related to said event, negative mood interference connected to the event, change in arousal related to the event, etc (APA, 2013, p.272). The American psychiatric association defines PTSD as, “a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape or who have been threatened with death, sexual violence or serious injury.” According to Sibrava et al, “research examining PTSD prevalence in racial and ethnic minority samples has suggested that African Americans and Latino adults may develop PTSD at higher rates than White adults.” (2019, p.101). Additionally, Williams writes in the 2018 article, *Stress and the mental health of populations of color: advancing our understanding of race-related stressors*, “There is considerable complexity in the association between race and mental health. The patterning of racial differences in mental health appears to vary by indicator of mental health status.” (Williams, 2018, p.466). Comas-Diaz & Hall (2019) write, “it is important to document the nature and consequences of racial discrimination and also the factors promoting healing from racial trauma associated with these personal, vicarious, and collective experiences.” (p. 1). 2018 study by Bor et al, found that police brutality has a spillover impact on those within the same state, even with no relation to the victim. Said individuals reported having lowered mental health for up to three months following the death of an unarmed black civilian. Talwar (2019) writes, “while the current racial justice movement has clearly framed the police killings of

black men and boys, their racial profiling and criminalization, little attention has been paid to violence against black women." (p.49). Thus leading to the Say Her Name movement which efforts aim to be a gender inclusive approach to racial justice (Talwar, 2019, p.49). It is crucial to acknowledge the many intersections which influence the Black experience in North America. Displacement, socio economic status, intergenerational trauma, gender, sexuality, etc all impact Black folks' lived experience and in turn, their mental wellbeing.

Trauma & its lasting impact:

Slayton (2012) citing van der Kolk, explains how trauma impacts attachment and in turn, results in lack of emotional regulation skills and the reenactment of traumatic experiences as a form of gaining control. Thus leading to the importance of early interventional therapy and the gaining of emotional regulation skills through therapeutic work (Slayton, 2012, p. 180). According to Cooper et al., (2022), "While individuals can experience traumatic events and associated negative stress, entire families, communities and societies can be affected either through direct experience or 'vicarious' and intergenerational traumatisation through relationships with or proximity to those who have experienced trauma". Further, in the same text Cooper cites Lapum et al., (2019, p.566), referencing the cycle of trauma residing within an individual's body when words are insufficient or the opportunity to process the trauma does not exist. Thus becoming a deeply embodied experience leading to hyper arousal, etc (Cooper et al., 2022, p.3) . The text notes that even after the traumatic event has passed, the body believes the danger is still present. Further leading to the need for interventions which encourage regulating an overstimulated/activated nervous system (Cooper et al., 2022, p.3).

Cultural sensitivity and competency within the context of art therapy with BIPOC

According to Linesch & Carnay (2005) referencing Sue & Sue (1999), "to be culturally competent, mental health professionals must be able to free themselves from the cultural conditioning of their personal and professional training, to understand and accept the legitimacy of alternative worldviews, and to begin the process of developing culturally appropriate intervention strategies in working with a diverse clientele." (2005, p.383). Within the same text, Linesch and Carnay provide four points of the integration of cultural competency to art therapy. They are as follows; "a) challenge bigoted statements, attitudes and behaviours when they arise; (b) hold regular discussions, forums and workshops to enhance people's understandings of others; (c) conduct antiracism training to get people to confront their biases; and (d) confront white privilege and nationalism" (2005, p.383). The consensus amongst scholars and art therapy handbooks is that for one to begin the journey of cultural competency they must first begin introspective work. In Art therapy for social justice: radical intersections, Savneet Talwar suggests a framework in which art therapy distances itself from pathology and towards rather radical caring and restorative practices methodologies (2019). In the same text, Talwar states, "Art therapists must understand how deep-seated inequalities—social, economic, and political—have shaped the psychological make-up of the people they serve, and examine the role of the arts and social action in the delivery of mental health services." In the 2019 text, Art therapy practices for resilient youth, Berberian and Davis propose a strength based approach to art therapy for "at promise" children and adolescents. They suggest that by using an art therapy model which opposes pathology, youth are given the space to express emotions which are often difficult to verbally express (Berberian & Davis, 2019). It is recommended within the same text that when working in dyads, therapists should have different gender identities, different races and be from diverse backgrounds when possible (p. 396). Malchiodi 2012 writes, "while relatively little is known about the impact of culture on art therapy per se, there is general consensus

that art therapy should address and respect culture in assessment and treatment. In brief, art therapists, like their professional counterparts in mental health and medicine, endeavour to provide service to others in a respectful, culturally sensitive manner and seek to increase their understanding of clients' worldviews through supervision, education, and self-- evaluation of personal values and beliefs." (Malchiodi, 2012, p. 47), when referring to cultural sensitivity within the context of art therapy work. Thus leading to the anti oppressive framework which was developed in the 1990s within the social work field with a goal of, "securing social relations which endorse social justice… sustaining a people-oriented social environment which allows each person, community or group to develop their full potential whilst cherishing their cultural traditions and respecting the rights and dignity of others." (Cooper et al., 2022). Ehlert (2020) conceptulizes that in order for an art therapist educator to work within an AOP lens framework, they must first "commit to interrogating their own privilege and role in perpetuating interlocking systems of dominance and violence" (Ehlert, 2020, p.101). One could conclude that the same is expected of an art therapist striving towards an AOP framework. An anti-oppressive lens framework allows one to view systemic oppression experienced by BIPOC as collective trauma therefore altering how a practitioner approaches care (Cooper et al., 2022).

Psychotherapy with BIPOC

2013 study by Hisox, explored the art therapy experience of West Indian clientele. The text states, "African Americans in psychotherapy may present complex issues related to ethnicity and culture in addition to their presenting symptoms. Current literature is limited in the area of group identity versus individual cultural differences among African descendants. Historical experiences bind Black people irrespective of geographical location. Being culturally sensitive to clients dictates that therapists understand the bond among Blacks of

various social-ecological backgrounds. This paper discusses some of the fundamental distinctions between African Americans and Black West lndian clients. (Hisox, 2013, 129). This study raises an important point on how diaspora impacts one's lived experience. Furthermore the text explains how long standing colonial scars have left many West Indians weary of mental health help and facilities (Hisox, 2013, p.131). The text states this distrust as “adaptive, self-protective paranoid stance that guards against exploitation” (Hisox, 2013, p. 131). Additionally, the opportunity for nonverbal therapy (art therapy) to take place is paramount when working with sceptical clientele (Hiscox, 2013, p.131). Tillet & Tillet offer an art therapy intervention rooted in black feminist theory as means of cultivating self care within the text Art therapy for social justice. This intervention was formed for Black highschool girls living in Chicago existing within multiple intersections (Talwar, 2019, p.125) The intervention was split into five weeks and prior to beginning the question of “What is self-care?” was proposed to participants to aid in demystifying art therapy and cultivate the beginning states of healing (p.130). Additionally, within this text the facilitators (art therapists) being African American, allowed for an understanding to exist without the clients needing to explain each cultural and historical context (Talwar, 2019, p.126). It has been found that using a narrative approach within the therapeutic space allows for black clients, women specifically to cope with their lived experience of intersectionality (Kilgore et al., 2020). Narrative art therapy is a strengths based psychotherapy approach which allows the client to externalise their experience and potentially re-author and or imagine future scenarios (Hoshino & Cameron, 2008). Although not directly linked to art therapy, Erdur et al (2003) found that when paired with therapists of the same ethnic blueprint, African American clients had higher rates of adherence to therapeutic work whereas when paired with a white therapist, had higher rates of premature termination.

Trauma informed care & trauma focused art therapy

Trauma informed care is rooted in the belief that most of those who seek therapy (care) have experienced some kind of traumatic event during their life (Malchiodi, 2020). According to Cooper et al., (2022), "Trauma informed practice does not seek to target or treat trauma but, rather, seeks to provide a safer and more informed space for people who experience post-traumatic stress conditions and symptoms to engage in facilitated arts activities." Further, "the trauma-informed model of care encourages practitioners to consider how traumatic experiences may impact people throughout the lifespan, how these experiences may contribute to a variety of emotional, physical, and cognitive problems, and if trauma reactions are present, how to reduce those reactions through best current practices. Trauma-informed care defines the way the organisational culture itself understands and incorporates current knowledge about the effects of trauma and its role in mental and physical health, and the various ways that people repair and recover from traumatic events." (Malchiodi, 2020, p.143). According to Brown & Malchiodi (2012), " a trauma informed approach must take into consideration how the mind and body respond to traumatic events; recognizes that symptoms are adaptive coping strategies rather than pathology; includes cultural sensitivity and empowerment; and helps to move individuals from being not only survivors, but ultimately ‘‘thrivers’’ through skill building and resilience enhancement" (p.344). Trauma informed art therapy combines the knowledge of how trauma fundamentally impacted the brain and brain development and the sensory impact of art making in trauma cases (Brown & Malchiodi 2012, p.344). Cathy Malchiodi proposes four distinct areas of trauma informed art therapy when working with children whom have experienced sexual abuse. They are as follows, arousal reduction and affect regulation, externalisation, sensory processing, and attachment (Malchiodi, 2008). Edwards (2017) states that working in 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" (Edwards, 2017, A1). The text emphasises that psychological safety is imperative within trauma informed care. Malchiodi and Crenshaw (2017) suggests that when a practitioner views work through a trauma informed lens, they "Immediately begin to accept their (the clients) resistance, silence, and avoidance of communication simply as reactions that have helped them to survive." (p.6)**.** A 2022 study by Morison et. al, findings suggested that creative arts therapies interventions may effectively reduce PTSD symptoms in children and adolescents who had witnessed traumatic events. According to van der Kolk cited by Slayton (2012), the primary area of treatment within trauma care is the establishing of safety and navigation of traumatic memories. This should be followed by "integration of mastery of the body and mind" (Slayton, 2012, p. 181). 2012 text by Malchiodi & Steele touches on what makes "safe" interventions when working with children. They propose that a safe intervention is one that, allows for choice and control, employs curiosity, teaches the recognition of pleasant and unpleasant sensations, bares in mind that children are the best expert in what is helping and what is hurting, etc (p.96)

Existing community art therapy approaches & models:

According to Awais & Ottemiller (2016), citing Hocoy (2007), "Community-based art therapy involves collaborative, therapeutic art making among members of a specific group, facilitated by a trained art therapist and aimed at expressing or generating empowerment at large, reducing stigma, and strengthening connections among participants" (p.145). Awais and Ottemiller (2016) created a model for art therapists engaging in community based practice. Within this text, the model is depicted as having 5 key components which work from the inside (community) out (art therapist & guiding theories/beliefs), developed by art therapists practising within communities. Components of the model are as follows, 1) shared

goals & outcomes 2) build trust & relationships 3) acknowledge power differential 4) continued collaboration and shared decision making 5) “decisions about how people want to be referred to should involve a collaborative conversation among facilitator and participants.” (p.146-147). Slayton (2012), proposes that group therapy could be viewed as a microcosm for the larger world. Group art therapy has the potential to provide “meaningful and prosocial experience that mirrors community experiences many clients have lacked”. The same text reflects on community art therapy within the context of an art therapy group with multicultural adolescent males (p.179). Operation Healing, an outreach program located in SoHo at the Children's Museum, was developed following 9/11 as a means of outreach to community members wanting to make art in response to the events Gonzalez-Dolginko (2011). The program was facilitated by both art therapists and art therapists in training. Although this program was designed to support adults in the community in coping with their grief and trauma and in turn supporting their children in doing so, the museum also had a space for the children to go to during sessions (p.121). Additionally, the program provided individual therapy to community members when needed (Gonzalez-Dolginko, 2011, p.121). Within the same text, Gonzalez-Dolginko (2011), cites Jones (1997) whose work with survivors of the Oklahoma City Federal Building bombing found that community members had extensively spoken about their grief and trauma and art therapy allowed them interventions which restored “feelings of caring, togetherness, and safety that had been damaged by the tragedy” (p.121). Berbeiran and Davis refer to a current art therapy community based family support model titled “ARTogether” based out of New York City in the 2019 text, Art therapy practices for resilient youth. The program runs outside of the Children's Museum of the Arts in New York City as means to provide support to families currently navigating the child welfare system. The authors are mindful to note that service is not a therapy service but is facilitated by art therapists, social workers, early intervention

workers, and counsellors. The program makes the conscious effort to have facilitators match the demographic of the community. Meaning it is run by those with diverse backgrounds. They state “The program aims to work with families based on where they are in the moment and support them on their journey to repair and heal relationships” (Berbeiran and Davis, 2019, p.272). A widely known approach to community based art therapy and public practice art therapy (PPAT) is that of the Art hive. Originally known as ArtStreet, developed in the 1990s by Timm-Bottos as a “place to speak without words, to tell the stories that need to be told and to make art that empowers”. The Art hive network project began in Montreal in 2011 as a means to promote art making within free and accessible spaces (Timm-Bottos, 2017). The art hive is an open community art studio allowing community members to enter the space, have access to free art materials, engage in art making while in the company of others, often facilitated by an art therapist and trained facilitator (Brennan 2019 citing Timm-Bottos & Chainey 2015). A 2012 hermeneutic phenomenological study reviewed data from 8 community artists and found links between community mural making and the cultivation of social action through art therapy (Rossetto, 2012). Furthermore, Rossetto cites Lohman (2001) in the text reflecting that murals helped foster “place making” within Philadelphia through art therapy mural making (Rossetto, 2002, p.19). 2011 study by Moxley et al., found that group quilt making amongst older African American women transitioning out of homelessness increased self efficacy and increased feelings of safety and support. The text states, “The quilting workshop format helped participants create a supportive milieu in which they could find interpersonal strength garnered by working together or independently within a group.” (Moxley et al., 121). Talwar (2019) states, “These social spaces that create avenues for collectively seeing and feeling to engage with the traumatic event can move anxiety, fear, or depression to empathy, compassion, and shared meaning.” when referring to community art in the public space as a means of creating community memory following a traumatic event

(p.45). Within the same text, Talwar shares about a 2015 group sewing circle based in Chicago titled "*Gone but not forgotten: a memorial quilt for victims of police violence*" run by Rachel Wallis, a means of restoring the memory of the victims of police brutality, whose names are often not recorded while providing space to process the trauma of police violence and its impact on BIPOC communities. Group members varied in demographics and their collective hope was to make a difference. Additionally, the group cultivated aspects of "skill sharing" as some participants did not know how to embroider or quilt prior to entering the space (Talwar, 2019, p.46-47).

To conclude, although brief the literature presented above, shows that there is a need for mental health support within BIPOC communities. Existing supports are inaccessible, not culturally competent nor trauma informed and stigma within the community to seek them is often a barrier. Culturally sensitive, trauma informed, community based art therapy could potentially provide opportunities for healing to take place.

Chapter 4: Results/Intervention Design

The literature review above presented literature pertaining to topics encompassing the hypothesis of this paper. The following section will highlight pertinent points from the literature review which lend themselves to the hypothesis and synthesise them into an intervention plan. It is crucial to acknowledge that this art therapy program won't fix racism nor the deep seeded issues of white supremacy in North America. As a sense of safety has been ruptured, it will aim to create a supportive space in which community members can begin to process the collective trauma and possibly, increase protective factors in community members and in turn, lower the risk of future development of PTSD (Berberian, p.20). The

intervention proposed below will integrate key findings from above including the need to process collective trauma, gain emotional regulation skills, radical care and restorative practices, pieces from narrative art therapy, community spaces and evidence based trauma and recovery practices. Originally I had planned to utilise large scale interventions so that as many individuals as possible could receive mental health services. Upon consulting literature, coding and synthesising, this hope evolved. It has now moved from this to a milieu of being together in the larger group for a portion of the session for open art making in an art hive model to smaller groups which could offer more intimate and dynamic art interventions which hold the potential to provide processing space to address collective trauma using models noted above.

Purpose and structure of the intervention based program:

The program proposed is a 5 week semi open art therapy group which will run twice a week for the duration of 5 weeks for a total of 10 sessions. It will take place within a community based location; community centre, library etc. as a means of supporting community members of a deceased victim of racial violence, police brutality etc. The purpose of this program is multifold, the hope is that it may offer room to process the trauma and, in turn lower the risks of developing PTSD symptoms in community members. Pulling from Talwar (2019) quoting Bell Hooks, "Black women have not focused sufficiently on our need for contemplative spaces. We are often "too busy" to find time for solitude. And yet it is in the stillness that we also learn how to be with ourselves in a spirit of acceptance and peace." (Talwar, 2019, p.129). This leads to proposing that this space could be created to centre black wellness and community care as a means of healing through trauma. The group will be run by a BIPOC art therapist along with a co-therapist as the group will have up to 24 participants and be navigating traumatic content. The co-therapist will ideally be another art

therapist but is not limited to this (other creative arts therapists, social worker, etc). The most important criteria is that the co-therapist is also BIPOC, preferably of Afro/Caribbean descent, as as stated previously, consistency to the therapeutic work is higher when the therapist and client share ethnic backgrounds (Erdur et al., 2003). Through the facilitating therapists being racialized individuals, a level of trust is likely to exist from the get go (Awais & Ottemiller, 2016, p.8). Additionally, both therapists will be required to have undergone training in trauma informed care and anti racist/anti oppressive frameworks. Given the large number of participants and the inevitability of having a large age range, each group will begin using an art hive, open art studio model for the first 45 minutes and then break into groups of 12 for a more traditional therapy group for the remaining hour and 15 minutes. This will allow for community and intergenerational interaction while also tending to the needs of individuals through a smaller group. At the end of each session, the groups will come back together into the larger art hive space and engage in a check out intervention before leaving the space.

Group identification:

As stated previously, up to 24 participants will be welcomed into the larger space and once broken into smaller groups, each group will have 12 participants. There is flexibility surrounding this and should the facilitators see a greater need, the group could be opened up to more community members and additional therapists onboarded to run the subgroups. Group members/participants will be members of a community which recently was impacted by a death of an unarmed black person caused by police brutality.

Location:

The art therapy program is envisioned to take place in North America, likely within Canada or America. The group itself would be held within a community centre or library. It could be held within a school, museum or religious meeting place. The latter could potentially hold higher risks or activation/retraumatization and therefore the former is recommended.

Role of the Art therapist:

As the therapist(s) will not be community members, it is important for them to be mindful of their role in the grief space. AuCoin (2001) explains the art therapist's role while working with clients as, “We respect their right to direct the movement of the hour. We mirror their struggles and their successes. We trust in their ability to choose what they need at this particular time. We witness with and for them. We may lend them courage when need be, without giving in to the temptation to rescue them.” p.64. While the therapist will be using their eclectic training to hold space and propose interventions, they will not be using it to pathologize. Nolan (2021), explains holding space within the context of art therapy as the art therapist holding a “nest” in which the client deepens relationships, explores roots and identity and contains emotions (p.171). Sunderland et al., explain holding space from an anti-oppressive arts-health perspective as “we generate a safe, non-judgemental and non-directive context for others to self-heal: that is, we do not seek to ‘fix’ others but facilitate spaces where they can make self-directed choices for their own healing, health and wellbeing” (2022, p.8). In other terms, a therapist holds space by being present with the client, emotionally, physically and mentally within the therapeutic space. Given this the term “facilitator” may be best suited (Berberian & Davis, 2019, p.271). As presented by Robb (2022) and Liebmann (2004), the role of an art therapist within the context of group therapy is to pivot between material maintenance, attunement and support to the group, implementing

art therapy interventions, assessing, & supporting. In the lens of community art therapy and a more non clinical framework, the art therapist will act as a facilitator within the space and hold the group through facilitating conversation and being a regulated presence while stepping back and allowing the group/participants to lead themselves (Awais & Ottemiller, 2016) . According to Cooper et al., (2022), an art therapist holds space and in turn shows care through generating "a safe, non-judgemental and non-directive context for others to self-heal:.. We do not seek to 'fix' others but facilitate spaces where they can make self-directed choices for their own healing, health and well- being." (p.8). Moreover, the text emphasises that an art therapist demonstrates care through the materials they provide within the space. Materials will be expanded on further within this chapter.

Referral and intake process:

The group makeup will be semi-open, providing structure while engaging in community art therapy models and being mindful of the weight of trauma and grief on the individual (Liebmann, 2004, p.30). Additionally, this structure will acknowledge the socio economic inequities which could present as barriers and make adherence to the frame more difficult for some. As the group is open to the community and in place to lower the barriers which often limit folks from receiving mental health services, self referrals will be welcomed. Additionally, practitioners working within the community will have the opportunity to refer their clients and patients to the group. Participants will be encouraged to fill in a brief google form to sign up for the group followed by a 10 minute phone call with the art therapist and co-therapist. This will provide opportunity for therapists to briefly assess the individuals needs and ensure they are a good candidate for a community based art therapy group or if individual therapy would be warranted. As this aims to be an accessible initiative, walk-ins will be welcomed and no one turned away from seeking support. One must acknowledge the

age range which exists in communities. We know of the spillover impacts of trauma, vicarious trauma and intergenerational trauma through texts by both Cooper et al., (2022) and Truong et al (2016). Given this, it is of vital importance for this program to be open to all community members regardless of age. As the impact of trauma does not discriminate. As the group will be open to the community, the only criteria to enter the therapeutic space is that the individual is BIPOC & priority will be given to black community members. Upon registration and brief intake phone call, the therapists will create tentative small "sub groups" in which the participants will go into following the larger group open art making at the beginning of each session. This will allow for participants to be in groups with others in their age range. It would be important to provide participants spaces with others in their age range as certain content would not be appropriate for children and minors and in turn, adult participants should not be censored within the space while processing trauma.

Goal-setting and art therapy techniques

Awais & Ottemiller (2016) emphasise that goal setting should be collaborative with the community when running community based art therapy projects (p.145). The text then suggests creating goals centred around empowerment, community strengths and stigma reduction. Given the recent trauma, I believe the initial goal is to establish an informed and "safer space" as this is the overarching goal in trauma informed work (Cooper et al., 2022). Thus leading to the therapeutic goals for the group, developing healthy coping skills, acknowledging the trauma and if time permits, building on community strengths and powers (Awais & Ottemiller, 2016, p.145). It is imperative that the therapists centre community members and allow them agency to set goals, this will likely lead to more positive therapeutic outcomes (Cooper et al., 2022, p.2). In 2012 article, *Building community as social action: An art therapy group with adolescent males,* Slayton reflects on using stance by Kramer (1993)

which encourages the art therapist to balance facilitating an environment which cultivates creativity while also distancing from constriction and discipline (p.180). Within the same text, Slayton explained this as welcoming rage, pain and wonder while also setting expectations within the therapeutic space. She mentions that the adolescents entered the space with an expectation of being controlled, judged and limited by those in a position of authority (p.180). Awais & Ottemiller's (2016) "community-based model for art therapists" suggests that through using a strength based approach, the intention should be to encourage folks to support one another and give back to the community (p.148). Additionally, community art therapy spaces should aim to encourage community strength and resources, increase social inclusion, etc (Berberian, 2019, p. 271).

Materials and themes

Participants will have an array of materials to choose from such as, found objects, 2D materials (paints, paper in various sizes and colourways, pencils, pen, markers, pastels, tempera paint sticks , etc), 3D materials (clay, foam pieces, cardboard, yarn, textiles etc). Themes will include but not be limited to, loss, community, death, change, belonging, care, trauma, etc.

Session structure

As mentioned above, sessions will begin using an open studio/community art making model in which participants will be welcomed to engage in art making simultaneously without prompts. This will be an opportunity for folks to land in the space and make art alongside others in differing age ranges then themselves. The therapists will open the art hive/open studio/community art making space by acknowledging the tragic event which occurred and providing a brief explanation of the session structure. Following the open studio

portion, the group will divide into smaller groups. As previously mentioned, the smaller groups will provide opportunity for more intimate, meaningful therapeutic work to take place. Interventions proposed below are current ideas and are to be used at the therapists discretion. They can be easily adapted in the moment given the group's needs and changes that may arise during a session. Being in community following a traumatic event has the potential of being healing and art making amongst others can offer regulation. In a 2017 article, Timm-Bottos reflects on public practice art therapies (art hive) ability to cultivate healing through community spaces. The text states, “Out of necessity we are reviving and innovating new ways of extending art therapy during a critical time when individual pathology and the world’s suffering are aligning. We are beginning to see how art therapists have the potential to mobilize large numbers of people across sociopolitical divides.” (p.96). Upon entering the smaller subgroups, the facilitating art therapist will lead a group “check in” opening art therapy intervention which would allow for participants to reflect on how they are entering the space and for group members to witness this. Each session will close by having the subgroups return into the larger group allowing for a collective “check out” (closure) from the therapeutic space.

Breakdown of the weekly phases

Meijer-Degen reflects on the stages of trauma treatment through art therapy intervention as presented by Judith Herman in her book *Trauma and recovery.* The phases are as follows, 1) Stabilisation: providing interventions which acknowledge the impact of the traumatic event and recognize agency within those feelings 2) Remembrance, mourning and reconstruction and 3) Recovery and unity (Herman citing Meijer-Degen, 2015, p.49). Meijer-Degen’s phases offer a tentative outline for the phases which will be employed in the group

proposed. One that will be altered is the recognition of agency within the stabilisation phase. Although recognizing agency of one's feelings is research based, within the context of working with BIPOC folk whom have experienced systemic trauma, the practitioner must acknowledge that these community members have little to no agency over their lived experience.

Phase 1: Setting therapeutic frame and stabilisation, weeks 1 & 2

Session 1: Interventions which set the frame and establish the therapeutic goals

The therapeutic frame will be co-created between art therapist and group members. The therapist will briefly explain the purpose of being in a smaller group and invite clients to check in using materials of their choice. Check in prompts can be as simple as, “create a face for how you are feeling today”. An intervention which could be used as an “ice breaker” would be inviting clients to create art pieces inspired by their name. Following a sharing portion, it would be hoped that clients would begin opening up about why they are in the space and naming what they hope to gain from being in an art making space amongst other BIPOC community members At the end of the first session, the entire group will engage in a “check out”/closing exercise. This would be an adaption of the widely known “magic box” drama therapy intervention in which group members will form a circle and take turns taking something that they need from the circle and leaving something behind. This may look like taking “resilience” and leaving “fear”.

Session 2: Interventions which allow the event to be named and all emotions surrounding the event, welcomed.

Volcano intervention: Psychoeducation on anger as an emotion and how it impacts the body. Invite group members to identify feelings that accompany the anger they may be feeling. Clients would eventually create “volcanoes” which depict and represent the automatic fight or flight response their body goes into upon being activated. This intervention allows for the clients to be angry about what has happened in their community, explore the ways their bodies respond to the anger and perhaps allow for conversations surrounding coping with said feelings (Stephney, 2010, p.152). An alternate intervention could be “depict two memories, one good and one bad” (Meijer-Degen, 2015, p.92). For this session, participants may be invited to engage in a check in exercise such as a “feeling rainbow”. In which group members will take a moment to introspectively reflect on how they are coming into the space and associate a colour to each feeling. This will lead to a short art making portion to depict their feeling rainbows. This check in invites the concept of naming emotions to begin. For closing this session in the wider group, participants will be invited to share a word or action with the larger group.

Session 3: Interventions surrounding the traumatic event and its impact on clients

Bridging intervention: group members are asked to depict a bridge as means of bridging pre trauma to present time. Prompt: “construct a bridge depicting your feelings of safety from (event). Elements to be included are beginning point, nature of bridge, purpose of bridge, what is under the bridge, and end point of bridge” (Jones, 1997, p.91). This intervention allows participants to explore the event within a safe contained space while maintaining distance from it using art as a means of expression. To check in this session, participants will be encouraged to explore a medium of their choice for 10 minutes upon entering the subgroups. To close, the larger group will be invited to create a collaborative art check out on sheets of paper on the floor.

Session 4: Interventions which work towards stabilisation

Anger (resolution) intervention: group members provided a large sheet of butcher paper and encouraged to scribble on it using dark graphite sticks. Followed by a time of rest and reflection, members will then be provided with erasers to alter and change the "sea of darkness" (Jones, 1997, p.91). An alternate prompt could be "make lines on the paper and fill them with the colours you like", should the group need a less activating intervention (Meijer-Degen, 2006, p.68). Check in exercise: "feelings garden", subgroup members will be invited to depict a garden in which each plant represents a feeling which they are experiencing that day. To close the session, group members will be invited to share a sound with the group which they feels represents how they feel at the end of session. This sound will be heard by the group and could be reflected back depending on the larger groups needs.

Phase 2: Remembering, building a safer space and drawing on community strengths:: strength based approach weeks 3 & 4

Session 5: Interventions which hold space for grief and remembering the deceased and past losses

Intervention: group members are provided with circular pieces of paper and cardboard and encouraged to depict all of the emotions they feel in the moment. A follow up intervention is to draw themselves with the people and things they miss (Meijer-Degen, 2006, p.78). This missing could be extended to a reality not yet lived but wished for. To close the session, the larger group will be invited to "popcorn" ideas for a future they dream of within a circle.

Session 6: Interventions which encourage externalising in order to process trauma using autobiographical details and leading to the construction of new narratives.

Intervention using clay as a medium to explore the trauma. Seeing that art making allows for less threatening means of expression through creation and metaphor (Berberian, et al., 2019, p.19). Prompt: "create in clay a situation you often think of" (Meijer-Degen, 2006, p.57). Follow up prompt, "if this situation were different, how would it look?". For this session, the check in exercise within the small group could include spontaneous painting. To close, the larger group would be invited to engage in mandala drawing to offer grounding after what could have been a more activating session.

Session 7: Interventions which work towards building a safer space

It is important to note that as practitioners, we cannot determine what is safe nor can we assume that a space is safe for clients. We can only employ best practices and work together with clients towards a "safer" space. Berberian & Davis (2019) propose the use of jars within the art therapy space as a representation of containment and safety clients experiencing substance use. This could be transferred over to BIPOC community members who have experienced a traumatic death. This use of jars within the art therapy space may be physical jars or the depiction of a jar. Participants may be asked, "how would you like to be held?", "what does being held look like? Feel like?", "what does this jar hold?". To open this session, subgroup members will be invited to imagine themselves as a planet and ponder what they need "orbiting" around them. Closing with the larger group will include gathering in a circle and sharing an action with the group and having the action reflected back.

Session 8: Interventions which draw on individual and community strengths:

Intervention: Symbolic banner/quilt. Invite clients to ponder what being black means to them. Then to identify three-five traits which they take pride in embodying, each will then create a banner which depicts these traits and their identities. The goal of this intervention is to build on community strengths and remind group members of their inherent beauty and abilities following an event which has strongly impacted their image of self and belonging. Inspired by symbolic banner intervention (Stephney, 2010, p.149). This sessions check in will include exploring a medium of their choice. Closing will include members sharing popcorn style in the larger group a quality they are proud to embody.

Phase 3: Termination week 5

Conversations surrounding the therapeutic frame and length of therapy will be present from the first session. Group members will be reminded of the approaching termination at the halfway point of group (second session of week 2) and weekly until the final week (Liebmann, 2004).

Session 9: Finding self care and closure of subgroups

Session 9 will be the final session in which the larger group will break out into the smaller subgroups. Therefore in this session, group members will be provided the opportunity to revisit previous sessions' art works and do a walk through. Prior to the walk through of art created in previous sessions, participants will be invited to brainstorm ways they can engage in self care and use tools gained in the group once the group has closed. Tools include learned ways of self regulation to continue to move forward. Prompts to begin art making could be, "what is self care?", "how does one learn to care deeply for oneself, while also advocating for others?" (Talwar, 2019, p.129). Check in will be a repeat of the first session in which subgroup members will be invited to depict a face for how they are feeling. The closing

activity for this session will occur in the smaller subgroups. Members will be invited to depict using art materials something they are leaving the subgroup space with.

Session 10: The final session

The final session will invite the larger group to engage in a community art intervention (mural, quilt), allowing for something to be produced to signify the community, their grief and the deceased. Potential prompts: "what do you dream of?", "what does home mean to you", "what does belonging look like?". This finally group wide intervention allows for intergenerational interactions which developed in the hive component over the 9 sessions to interact once more in a meaningful way. To close the final session, the larger group will collaboratively create a written/verbal reflection of the entirety of the therapeutic program and the physical final art piece. This may be created popcorn style. Once created, the members may recite it outload together to close.

Chapter 5: Findings and Discussion

The above intervention based research proposed a 5 week, 10 session community based group art therapy program which could be used to provide mental health services to a large number of BIPOC community members following a traumatic community event in an accessible fashion. Information gathered throughout the research process was synthesized and sorted into a proposed intervention plan. As the research has not included a pilot project, is based off of existing research and most importantly, proposed to be used in the real world where many variables will come into play. Given this, its form will evolve and change to best meet the needs of the clients and context it is being used in.

Strengths within the proposed plan

One can pull multiple areas of strength within the proposed intervention plan. These strengths include cultivating feelings of community, shared experience, striving towards accessibility, building on anti-oppressive approaches and reflecting client centred theory. Strengths are achieved through the following, group art therapy, accessibility, and the fluidity of the program structure.

Group art therapy: In the days following a community trauma, group art therapy holds the potential for many of the proposed intervention plans benefits, to be set into motion. As mentioned previously, art therapy has the potential to lower clients scepticism towards traditional therapy. Additionally, group therapy allows community members to be amongst others with shared experience and hold potential for them to support one another.

Accessibility: It is crucial to acknowledge the reality of mental health services often being inaccessible to marginalized folks. Having the proposed program be run by BIPOC therapists and practitioners it is hoped that BIPOC community members would feel safer to reach out and access support. Additionally, research has shown that when practitioners share similar ethic blueprints to the client, there are in turn higher levels of adherence to the therapeutic frame. Moreover, by utilizing a trauma informed, anti oppressive framework, it is anticipated that intentions for the program will be met and or further expanded on.

Fluidity of the art hive & semi open group structure: The group design accessible to folks who may experience difficulty in adhering to the therapeutic frame. It also allows for folks to engage in therapy that provides support in ways outside of traditional talk therapy.

Areas of concern within the proposed plan

Like any research, there is the potential for risks to emerge between the proposal and eventual pilot project. The goal would be for these areas of concern to be mitigated prior to the execution of the program. Regardless, risks will exist given the nature of trauma work,

working with humans and unknown variables. Apparent concerns at this time involve the fluidity of the group.

Fluidity of the art hive & semi open group structure:

Offering a program which is a milieu of approaches (art hive and semi-open group) presents its own unique set of concerns. Allowing new members to enter the space along with join sessions inconsistently runs the risk of goals not being met in the smaller group portion of sessions along with progress being slow and or limited. One solution to this is adapting the program structure and rather than allowing new community members to enter both the art hive space and subgroup space, they would be invited to join only the art hive space.

Chapter 6: Conclusion and recommendations:

This paper has merely scratched the surface on what a trauma informed, anti oppressive, community centred art therapy approach could look like following a traumatic event. Talwar (2015) states, "In order to effectively change the lives of marginalized individuals, we need to pay attention to social justice and advocacy models." (p.83). In 2019 text, Talwar quotes Wallis' reflection on community quilt "gone but not forgotten", "these conversations encourage community members to engage in radical empathy, and to remember that victims of police killings are more than statistics or another headline on the nightly news". Providing therapeutic services to BIPOC community members in an anti-oppressive approach following a traumatic event, there is the potential for healing to be cultivated in both a time efficient and accessible format. As presented above, research has shown that BIPOC experience higher rates of mental health inequities along with higher distrust in therapeutic services when accessed. With these quotes and points in mind, I hope the rebuilding of a sense of safety, coping tools and community will flourish from the program proposed in this paper.

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