

ARTICLE

Using Drawing as Intervention with Traumatized Children

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This article is reprinted from TLC's Journal, TRAUMA AND LOSS: Research and Interventions, Volume 1, Number 1, 2001

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***Abstract:** This article provides a basic overview of how therapists and counselors can use drawing as intervention with children who have experienced trauma or loss. Topics covered include: drawing as a mode of communication for children; why drawings facilitate verbal reports; how drawing helps the process of recovery from trauma; drawing tasks useful in trauma debriefing and resolution, and overall considerations for professionals using drawings in clinical work. An appendix on drawing materials is provided for those therapists and counselors who do not have experience with art as intervention with children.*

Introduction

Drawing is a natural mode of communication that children rarely resist and that offers a way to express feelings and thoughts in a manner that is less threatening than strictly verbal means. For the child who has experienced trauma or loss, it helps to externalize emotions and events too painful to speak out loud and is one of the only means of conveying the complexities of painful experiences, repressed memories, or unspoken fears, anxieties, or guilt. Drawings expediently bring issues relevant to treatment to the surface, thus accelerating the helping professional's ability to intervene and assist troubled children. A drawing can provide information on developmental, emotional, and cognitive functioning, hasten expression of hidden traumas, and convey ambiguous or contradictory feelings and perceptions. With the advent of brief forms of intervention and the increasing pressure to complete treatment in a limited number of sessions, drawing helps children to quickly communicate concerns and problems, thus enhancing the efficiency of therapist-child interaction.

Offering children the opportunity to communicate through drawing is a strategy that can easily be a part of every therapist's repertoire. Although other modalities can help children express themselves, drawing is certainly one of the most economical. Drawings are particularly useful in trauma debriefing where sensory-based methods have been identified as helpful in disclosure and crisis resolution (Malchiodi, 1997;

Pynoos & Eth, 1985; Steele, 1997).

This article proposes that therapists and counselors consider using drawing with children who are recovering from traumatic events or loss. Topics include a brief overview of drawings as intervention; why drawings facilitate verbal reports; why drawing is helpful in recovery from trauma; drawing tasks useful in trauma debriefing and resolution; and overall considerations for professionals using drawings in clinical work. An appendix on drawing materials is provided for those therapists and counselors who do not have experience with art as intervention with children.

Drawings: A Picture is Worth a Thousand Words

For more than a century psychologists, educators, and others have tried to determine whether or not children's drawings reveal their thoughts, feelings, and psychological well-being. To some extent, a drawing is "worth a thousand words" and does reflect the child who created it. Drawings are useful in understanding and evaluating a child's development (Gardner, 1980; Golomb, 1990; Kellogg, 1969; Lowenfeld & Brittain, 1987) (Figures 1, 2, 3, & 4), and the universal stages of children's artistic expression are a basis for using drawing in intervention (Malchiodi, 2001a; 2001b). Children's drawings have been used as projective measures of personality (Buck, 1966; Hammer, 1967; Koppitz, 1968; Oster & Montgomery, 1996), but have proven to be less reliable in this regard than first thought. Specific drawing tasks have also been developed and applied to the evaluation of cognitive abilities in children (Silver, 1996; 2001).



Figure 1: 2 1/2 year old's scribble drawing

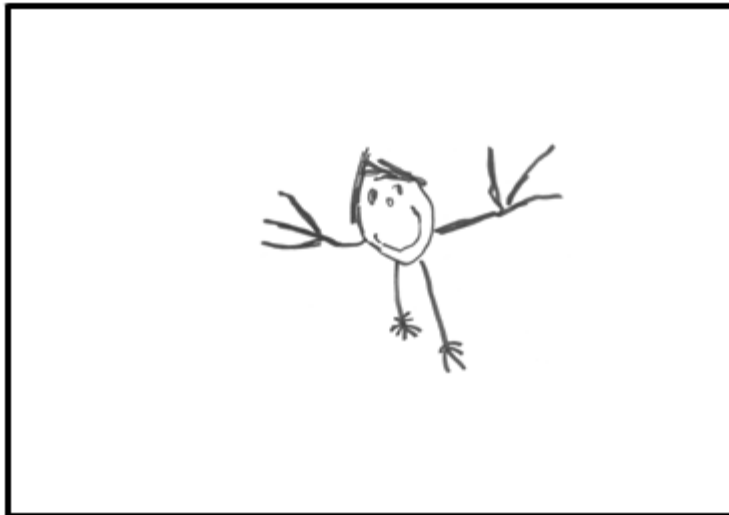


Figure 2: 4 1/2 year old's person drawing

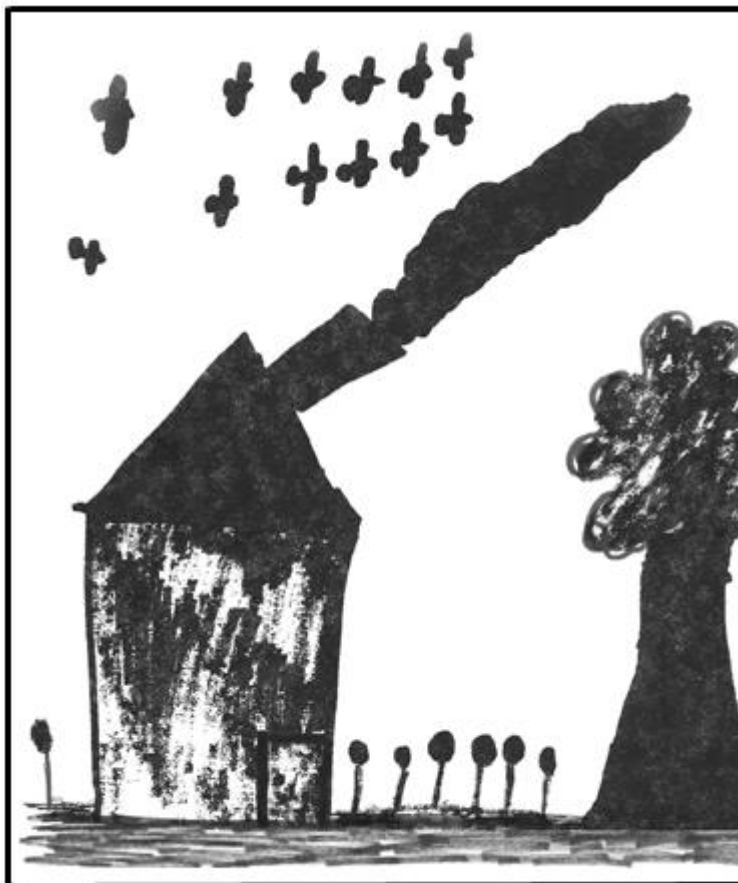


Figure 3: 6 year old's house and tree drawing



Figure 4: A 10 year old's drawing

Drawings as Intervention

While drawings may say a great deal about the child who creates them, what is more important are the therapeutic benefits that the process of drawing provides. In recent decades drawing has become a recognized modality in therapy with children (Malchiodi, 1990; 1997; 1998; 1999; Rubin, 1984) and has been used in the treatment of children who have been physically or sexually abused or exposed to domestic violence (Malchiodi, 1990; 1997; Riley & Malchiodi, 1994; Webb, 1991); have emotional disorders (Kramer, 1993); or have medical conditions (Malchiodi, 1999). Pediatrician Donald Winnicott (1971) noted that children's art could be used as means of communication between therapist and child and believed that his young patients wanted to be active participants in their treatment. Winnicott recognized the value of drawing in helping children express their problems and world-views. His work affirmed that drawings can be a catalyst for increased interaction and interchange, thus expanding the effectiveness and depth of the relationship between clinician and child.

Art expression, particularly drawing, seems to be well suited as an intervention with children who are traumatized or abused because it may be easier to use visual communication than to talk about painful feelings and experiences (Malchiodi, 1997; Steele, Ginns-Gruenberg, & Lemerand, 1995). Drawing mobilizes the expression of sensory memories, and recent attention to neurobiological factors in the treatment of

trauma (Siegel, 1999; van der Kolk, 1987) has enhanced understanding of why drawing can be particularly helpful in debriefing, disclosure, and resolution of trauma. Because the core of traumatic experiences is physiological, the expression and processing of the sensory memories of trauma are essential to successful intervention and resolution.

Drawing is an activity that taps a variety of senses--tactile, visual, kinesthetic--in ways that verbal processing alone does not. It is possible that drawing stimulates neurological processes that, in conjunction with trauma-specific questions and debriefing techniques, may be specifically helpful in resolution of stress reactions, intrusive thoughts, and other posttraumatic effects. Drawing and art expression provide "self-soothing" experiences, ones that are used by traumatized children to reduce stress and ameliorate posttraumatic stress reactions (Malchiodi, 1990; 1997), and the rhythmic actions involved in drawing and coloring are reminiscent of the movements used in trauma interventions such as Eye Movement Desensitization and Reprocessing (EMDR) (Schapiro & Forrest, 1997).

Facilitating Verbal Reports

Drawing is particularly useful in trauma intervention because it both facilitates children's ability to verbalize their experiences and encourages the expression of emotionally-laden events more successfully than talking alone. Gross and Haynes (1998) conducted a series of studies to explore how and if drawing facilitated verbal reports in children, supporting the premise that drawing does indeed appear to enhance children's communication of feelings and perceptions. In their initial investigation they compared two groups of children: one group who talked about experiences while they drew and a second who were simply asked to tell about their experiences. Children who were given the opportunity to draw while talking about their experiences did report more information than the children who were merely asked to talk. A second experiment was conducted to examine children who were interviewed with both procedures; it also revealed that children do report more when asked to draw.

These researchers hypothesized that there may be several reasons why drawings are helpful adjuncts to increasing children's verbal reports:

- Drawing may reduce anxiety and help the child to feel more comfortable with the interviewer or therapist; Drawing may increase memory retrieval;
- Drawing may help children organize their narratives;
- Drawing may help in prompting children to tell more than they would during a solely verbal interview (Gross & Haynes, 1998).

In the field of art therapy, drawings have been traditionally used with children in numerous ways to encourage verbal expression. For example, Gabriels (1999) used a specific series of drawing directives to help children with asthma relate their experiences with breathing difficulties and to identify environmental triggers of symptoms. Barton (1999) developed a drawing protocol using simple body outlines to assess pain severity with children with arthritis. In legal contexts, Cohen-Liebman

(1994; 2001) has observed that drawings are useful in obtaining information on abuse and neglect from children and in forensic interviews with child clients for court cases involving maltreatment or child custody.

Specific Drawing Tasks for Trauma Debriefing and Intervention

There are several drawing tasks that seem to be particularly helpful in situations where the helping professional encounters a child who has witnessed a traumatic event such as an accident, domestic or neighborhood violence, or has experienced traumatic loss such as the death of a family member, friend, or classmate, or even the loss of a parent through divorce or separation. In applying the drawing tasks described below, it is important to accept that children who have been traumatized do need and want to relate the terror of their experiences. For many years it was believed that children should not be asked to talk about these traumatic memories for fear of re-traumatization. However, it is now known that it is important to the recovery process to provide children with ways to express their apprehension and worries and to provide sensory experiences that mobilize the expression of these feelings in a structured manner.

Several drawing tasks are particularly useful, including:

- Drawing “What Happened”. When an individual experiences a trauma, drawing “what happened” is essential. Pynoos and Eth (1985) found that in order to successfully resolve and master a traumatic event, children must have the opportunity to recount the experience in detail. They proposed a structured interview along with drawing to facilitate this process. While it is a difficult task to recreate an image on paper of the traumatic event, most children find a degree of relief in finally being asked to describe what happened (Figure 5).

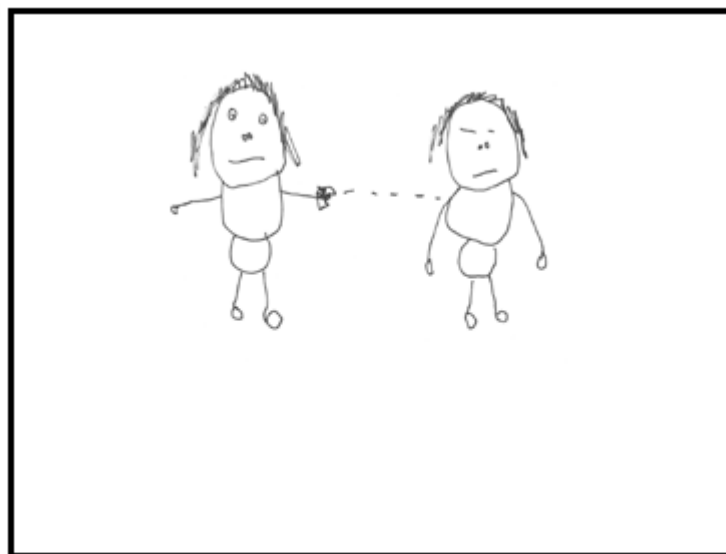


Figure 5: "A Man Being Shot"
Drawing of what happened by 7 year old

- Drawing of Self in Relation to Trauma Experience. It is helpful to have the child “draw a picture of yourself when the trauma happened,” especially if the child did not include him- or herself in the previous drawing of “what happened.” A self-image gives additional information about how children see themselves and how they see themselves in relation to the traumatic event.
- Drawing of the Body of the Victim. In cases of violent crime, accidents, or death from natural causes such as cancer, heart attack, or illness, at some point it is often helpful to ask the child to “draw a body of the victim.” This task, when presented in a sensitive and supportive manner, can be helpful in resolution of not only stress-related symptoms, but also in identifying any intrusive or recurrent memories that the child may have about the traumatic event. Often children have lingering questions about the victim’s death that they may have been afraid to ask; children also fear what happened to the victim will happen to them or that they have in some way caused the death of the victim (Malchiodi, 1998) (Figure 6).

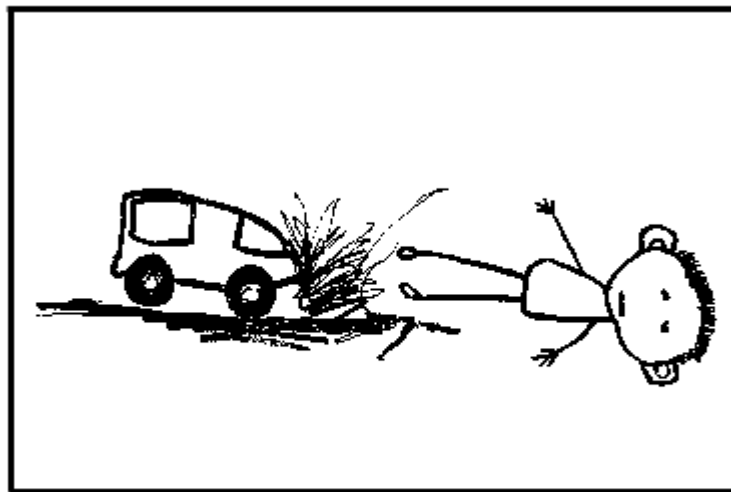


Figure 6: "What My Dad Looked Like After the Accident"
Drawing by a 6 year old of his father who died in a car accident.

- Completing a Pre-structured “Body Outline.” The use of a body outline as a therapeutic activity has been used for many years in art and play therapy (Malchiodi, 1990, 1997, 1998; Webb, 1991). This task basically involves the use of a pre-structured body outline which the child may color in a variety of ways. The therapist may take several approaches to this task with the child, depending on the child’s needs and experience of trauma. For example, a therapist might say: “We can have many different kinds of feelings when a bad experience occurs. Sometimes when something bad happens, we feel it in our stomachs like a tummy ache and other times we can get a headache. I want you to color the body outline in the places where you felt the traumatic event in your body when you first heard about it (or witnessed it, if that is the case).” The victim of a crime or accident may also be addressed through this activity, and you might ask the child to consider “where did your friend (parent, brother, etc.) feel the trauma (accident, crime) when it occurred. I want you to color the body outline in the places that you think the person felt pain when it

happened.”

[Many of the tasks described above are used in structured sensory intervention (SITCAP) described in the previous article in this issue of Trauma & Loss: Research & Intervention and in Steele (2001).]

Working with Physically or Sexually Abused Children

The activities described in the previous section are generally helpful in crisis work with children who have experienced acute traumas such as exposure to a single violent crime or the loss of family member or friend. However, children traumatized by physical or sexual abuse may require adaptations of these drawing interventions, and the helping professional must be sensitive to their unique treatment needs. For example, asking a child to draw “what happened” in an initial session with a child who has been chronically abused, either physically or sexually, may not be appropriate or possible. Revision of the activities to support the child’s needs for secrecy and safety is essential. The following case example illustrates one of many possible adaptations:

A six year old girl, Tessa, who was suspected of sexual abuse was referred for an evaluation. The protective service worker who initially handled her intake observed that Tessa was verbally communicative, but hesitant to discuss who in her household may have abused her. Like many children who have been sexually maltreated, Tessa was guarded about the details of her abuse and found it difficult to talk about openly.

Instead of asking her to draw “what happened,” I first asked Tessa to draw a picture of the inside of her house, the place where the maltreatment was to have taken place. Tessa liked to draw and carefully created a cut-away image of her home depicting two levels: the bottom level included a kitchen with a large tea kettle and a dining area, while the upper floor was a bedroom with numerous beds. I asked Tessa to “tell me about her drawing” of her home and she proceeded to describe the various rooms, noting that there were “lots of beds in my house because a lot of people live there.”

Because I was primarily interested in finding out who the perpetrator was, the people who lived in the house became an important topic to explore. But because of Tessa’s hesitancy in talking openly about the perpetrator, I took a different approach, one that capitalized on an unusual element of her drawing-- the large tea kettle in the kitchen. I asked her about the tea kettle and she told me that everyone in the house stopped at the kettle to get hot water for instant coffee before going to work or school in the morning. With this information, we were able to name, one by one, each person in the house in order of their leaving in the morning after having their coffee. There was only one person other than Tessa who remained in the home alone with her, an uncle who turned out to be the perpetrator; at this point, Tessa was able to draw herself and “what happened.”

In Tessa’s case, it was more beneficial to proceed at a slower pace and to use a less direct approach in using drawing as an intervention. Asking her to simply “draw what happened” would have been uncomfortable for her and counter-therapeutic. Instead, I

offered Tessa another way to begin to reveal “what happened” through a series of questions and drawing interventions, respecting her needs for safety and choice in communicating her experiences and in identifying the perpetrator.

Overall Considerations

The case illustration presented above is one of many possible adaptations to the drawing intervention, “draw what happened,” that supports a child’s need for safety in disclosure when abuse or other uncomfortable experiences have taken place. It is important to remember that although drawing is undoubtedly a beneficial form of expression in trauma debriefing and resolution, drawing interventions cannot be applied randomly. Each must have a rationale and a therapeutic purpose, but most importantly, must respect the child’s need to take things at his or her own pace. When using drawings in treatment, a therapist must always consider the child’s circumstances and use art as an intervention with care and sensitivity. Other considerations in using drawings as intervention include the following:

- It is important to reinforce to the child that a simple drawing, even one created with stick figures, is helpful in communicating feelings and experiences and that putting these images on paper will assist the child in overcoming painful emotions and memories.
- In using any of these or other drawing tasks, it is important that the clinician be as curious as possible about all elements of the drawing. Asking about everything in a drawing demonstrates to the child that you are interested in his or her creation. More importantly, your questions will mobilize new information to surface and clarify for you what the child intended to express in the drawing.
- It is important to ask the child about what is not included in the drawing. For example, a child may draw an image of a traumatic event, but may not necessarily include family members or friends who were present. If someone significant to the traumatic event is not included, ask where that person is; the child may have forgotten to include that person or may wish to leave an individual out of the picture for some reason.
- Remember that drawing is not a panacea for trauma; drawing interventions will only be helpful if the therapist understands how to sensitively ask about the child’s experiences. Trauma-specific questions are key to the efficacy of drawings as intervention (Steele, 2001).
- Finally, before using any drawing intervention the therapist or counselor should personally try the task and experience what it is like to use the activity. The availability of supervision from another professional who understands how drawing is used in trauma debriefing and resolution is critical.

Conclusion

Drawing is a natural language for children and especially for the child who has been traumatized or experienced a significant loss. Self-expression through the simple act

of drawing is one of few means of conveying the complexities of crisis, repressed memories, or unspoken feelings. Drawing expediently brings relevant post-trauma issues to the surface, thus accelerating the helping professional's ability to intervene and enhancing the efficiency of therapist-child relationship. Most importantly, it is a modality that addresses the sensory experiences inherent to trauma, and for this reason, it is a potent tool in debriefing, resolution, and recovery.

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Appendix: Drawing Materials

This appendix is provided for therapists who may be unfamiliar with drawing materials and resources for drawing supplies (adapted from *Understanding Children's Drawing's* by Cathy A. Malchiodi, 1998).

Paper

Paper comes in various sizes and types, and it is important to have at least a small assortment of papers on hand. This assortment should include good quality white drawing paper in 8 x 10, 9 x 12, and 18 x 24 inch sheets. Colored construction paper

is important to have available for children who may respond to drawing on colored backgrounds. Some therapists prefer gray paper for some drawing tasks, the rationale being that a background color other than white encourages children to use other colors, including white. White or brown Kraft paper is appropriate for murals and large individual drawing or painting projects; it generally comes in rolls 24 or 36 inches wide. This paper can be cut to any size, can withstand tempera and poster paint, and comes on economical rolls so the therapist can cut the sizes needed.

Most therapists use standard 8 1/2 x 11 inch paper (usually copier paper), mainly because it is easy to obtain, but this is not always the best type of paper for all drawing tasks. Although materials like oil or chalk pastels (see below) can be used on simple white copier paper, these drawing materials really require a heavier grade of paper. A white paper of 60 or 80 lb. in 18" x 24" sheets is readily available in 100 sheet sketchbook formats and the therapist can cut these down to make smaller sheets if the additional cost of buying other sizes is a concern. Newsprint pads are also available, but they are not recommended for use with children; the thinness of the paper is frustrating and will not withstand any heavy coloring, shading, or pressured lines. For chalk pastels, a paper with a texture or "tooth" is best, in order to hold the pigment on paper.

Drawing Tools

For those who are unfamiliar with art materials, there are a variety of drawing tools available. Many therapists rely solely on one drawing medium, such as pencils or crayons, especially if they regularly use standardized drawing assessments and evaluations with children. However, it is important to have a variety of media for drawing accessible because children's expressiveness benefits from the availability of a broad range of materials.

A basic assortment of drawing tools for use with children should include the following:

- graphite pencils with good quality erasers
- pens: ballpoint and roller ball
- colored pencils: at least 8 colors and a pencil sharpener
- color sets of crayons: 24 color set
- felt markers (both thin and thick)
- colored chalks
- oil pastels (also called Cray-Pas): at least 8 colors
- handy-wipes for cleaning hands, especially if using chalks or oil pastels

All of these drawing materials are easily transportable if the therapist is itinerant. Some drawing media can also be used as paint (e.g. Payons or water crayons) and are worth including because they offer children a media that is more expressive than pencils or felt markers. These materials are excellent for situations where "messiness" is a concern or traditional tempera or poster paints are not available.

When using chalks or oil pastels, the therapist may want to use a fixative (a spray preservative applied to artwork) after the drawing is completed to keep the image from smudging. Although there are a great many fixatives that artists use on their drawings to prevent smudging, a can of hairspray will do the job fairly well and will be less toxic than the commercial products. However, if you use hairspray or other fixative, it should be used by the therapist in a well-ventilated area