

Running head: CREATIVE ARTS THERAPIES AND NATURAL DISASTERS

Creative Arts Therapies with Communities Affected by Natural Disasters

A THESIS

Submitted by

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“Transitional spaces – spaces of trust wherein survivors might meet one another  
and together create new symbols, new stories, new ways of being in relation”

(Winnicott, 1971)

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### Abstract

This thesis explores how the creative arts therapies have been used with communities affected by a natural disaster and how creative arts therapists perceive the value of utilizing these therapies in these settings. The study gives first glimpses of the important facts and valuable practices of utilizing creative arts therapies in these settings, which may be important to have into consideration for planning interventions and assisting as disaster responders. The study adds relevant information to the existing literature on how the arts have been used in these settings. This is significant as there is a growing group of creative arts therapists interested in working in settings affected by natural and man made disasters. There is certainly further research needed regarding the application of Creative Arts Therapies in these settings.

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## CHAPTER ONE: INTRODUCTION

The goal of this study was to explore how the creative arts therapies have been used with communities affected by a natural disaster. Furthermore, the researcher was interested in how creative arts therapists perceive the value of utilizing these therapies in natural disaster settings.

According to the World Health Organization (2006) every year, more than 100.000 people are killed during natural disasters and millions are injured and disabled. In the researcher's home country, Chile, people also struggle every year with different kinds of natural disasters, mainly floods. For example, in 2008, there were more than 4.000 people affected by the eruption of the Chaitén volcano, in the south of Chile (ONEMI, 2008). Populations exposed to natural disasters experience a number of social, physical, and material changes that undoubtedly affects individuals' mental health.

As a creative arts therapist, the intention of the researcher was to learn and determine best practices of creative arts therapies to be used with communities affected by a natural disaster in order to be able to apply these practices in the future. In the following section, a brief overview of the research will be presented.

## Personal Statement

My inspiration to explore about the application of the creative arts therapies with communities affected by a natural disaster has two main origins. In one hand, I had the opportunity to participate in a multicultural art therapy experience in Nicaragua during the 2008 Summer term, which made me think about my role as an art therapist. My motivation to participate in this experience was based on my interest of giving something significant to the society, to promote change not only on an individual level, but also

collectively. Social injustice and my preoccupation of the most vulnerable areas of society, made me reframe my role as an art therapist. After this experience, I found a value in using the arts to promote wellbeing and community development. I learned that when the community works together using artistic expression, helped each individual become aware that their thoughts, feelings and needs were similar to the rest of the group and that they were able to work together to achieve their dreams.

On the other hand, I attended a presentation of a professor who participated in a natural disaster relief experience abroad. I was really touched by her presentation, being the first time I heard about a humanitarian view of art therapy and the first time I thought about the possibility of implementing this kind of experiences in my home country, Chile, where people struggle every year with different kinds of natural disasters, some of them bigger than others, such as earthquakes, volcano eruptions and mainly floods. I feel that is unfair for those affected, since usually these people are the most vulnerable of the society due to poverty and/or lack of education; and they don't have the resources to easily restore their lives. There are never enough resources to help them regain stability. Millions of people lose their homes, family members, sense of community, and stability. All these losses and transitions result in deterioration in people's mental health. I believe that the Creative Arts Therapies might provide support and help in communities affected by disaster. The Creative Arts Therapies may provide an instance that may facilitate the process of rebuilding a sense of community, and therefore help with the community resilience.

As a creative arts therapist interested in working in these settings, I noticed that there have been some colleagues that have used the creative arts in the context of natural

disasters, however not much has been published. The inspiration of writing this thesis was to understand a therapist's point of view of working using the creative arts in zones after natural disasters. Further, I was interested in learning more about what are the valuable things to do according to people with experience in these settings. In addition, I hope that this thesis can contribute with the creative arts therapy field by putting together the experiences of several creative arts therapists from different disciplines.

#### Purpose of the Study

The aim of this study is to explore how creative arts therapists have worked with communities after natural disasters. In addition, the researcher is interested in how creative arts therapists perceive the value of utilizing these therapies in natural disaster settings.

The results of this exploratory study may provide useful information to other Creative Arts therapists regarding planning and intervention practices based on what is known to be valuable in the field. In addition, the information gathered begins to develop guidelines for the development of programs to be used in this context in the future.

#### Rationale

According to the World Health Organization (2006) every year, more than 100.000 people are killed during natural disasters and millions are injured and disabled. Populations exposed to natural disasters experience a number of social, physical, and material changes that undoubtedly affects individuals' mental health.

Natural disasters have been part of the history of Chile, having statistics since the 16<sup>th</sup> century (FAO, 2009). In the last national report from the Statistical National Institute (INE, 2006), in Chile there were around 230.000 victims of natural disasters between

2000 and 2005, mainly produced by storms and floods. Additionally, there were more than 4.000 people affected by the eruption of the Chaitén volcano in the south of Chile in 2008 (ONEMI, 2008).

The researcher used an electronic questionnaire to collect data from creative arts therapists around the world in order to learn from their experiences and determine best practices to be used with communities affected by a natural disaster. This investigation used a qualitative methodology. A combination of elements from both a phenomenological approach and grounded theory was used. As the intention of this study was to understand the experiences of creative arts therapists that have worked in settings after natural disasters, Phenomenology was an appropriate theoretical framework to support this study.

#### Research Question

The research questions are, how have the Creative Arts Therapies been used after natural disasters? And, what is the perception of Creative Arts Therapists regarding the value of using the arts after natural disasters?

#### Participants in the Study

Between fifteen and thirty creative arts therapists participated in the study. Credentialed creative arts therapists (art therapy, music therapy, drama therapy/psychodrama, dance/movement therapy, expressive therapies/intermodal approach and/or others) were included in this study. The credential had to be awarded by a national association of any of the arts therapies, and from any country. For example, the American Art Therapy Association, the British Association for Art Therapists, or the Australian Music Therapy Association. Both men and women participated as well as from

any ethnic origin. Creative Arts Therapy students could not participate in this study. However, since there were people from countries where creative arts therapies don't exist as a profession, it was important to consider their experience as well.

### Significance of the Study

This study adds to the body of research literature on creative arts therapy, mental health and natural disasters. There is sufficient information on mental health of people affected by a natural disaster. However, there is scarce literature about how the creative arts have been used as a mental health intervention for those affected by natural disasters.

The results of this exploratory study may provide useful information to other Creative Arts therapists regarding planning and intervention practices based on what is known to be valuable in the field. In addition, the information gathered begins to develop guidelines for the development of programs to be used in this context in the future.

### Definition of Terms

In order to understand better the context of this research study, the next section will explore some definitions and key concepts involved in the study, such as what is understood by creative arts therapies, natural disasters and community.

Creative Arts Therapies (CAT) encompass several disciplines, for example visual arts, music, drama, dance, and poetry, which are all used for enhancing the physical, mental and emotional well-being of individuals. The use of CAT helps people to resolve conflicts, develop interpersonal skills, manage behaviors, reduce stress and increase self-esteem among others (American Art Therapy Association, 2009; American Music Therapy Association, 2004; American Dance Therapy Association, 2009).

Art Therapy is a mental health profession that focuses on the creative process of art making using drawing, painting, sculpture and other art forms as its primary mode of communication, counseling and psychotherapy (American Art Therapy Association, 2009; British Association for Art Therapists, 2008). The British Association of Art Therapists adds to the definition of art therapy by stressing importance to a triangular relationship, having a three way process between the client, therapist and image or artifact (Isserow, 2008).

Music Therapy is the use of music and/or its musical elements (sound, rhythm, melody and harmony) to facilitate and promote communication, relationships, learning, expression and organization among others objectives, and uses music improvisation, music listening, song writing, lyrics discussion imagery and music performance (World Federation of Music Therapy, 2009).

Dance/Movement Therapy focuses on the use of movement as a psychotherapeutic process to further emotional, cognitive, social and physical integration of the individual (American Dance Therapy Association, 2009). According to the Association for Dance/Movement Therapy in United Kingdom (2003), dance/movement therapy “is founded on the principle that movement reflects an individual’s patterns of thinking and feeling. Through acknowledging and supporting clients’ movements the therapist encourages development and integration of new adaptive movement patterns together with the emotional experiences that accompany such changes”.

Drama Therapy and Psychodrama are independent disciplines organized within different associations. They are different; however they have a common ground (The London Centre for Psychodrama, 2006). For the purpose of this thesis, the definition will

be general and pertains to both disciplines. Drama Therapy and Psychodrama uses techniques such as improvisation, theater games, storytelling and enactment to examine problems or issues raised by an individual (psychodrama) or a group (sociodrama). Life situations are brought into a structured environment, and the participants are able to recreate and enact scenes which allow insight and an opportunity to practice new life skills and roles (National Coalition of Creative Arts Therapies Associations, n.d.). Sociometry is a branch of Psychodrama that works specifically with groups. It helps to bring to the surface patterns of acceptance or rejection and promotes increased group cohesion (National Coalition of Creative Arts Therapies Associations, n.d.).

Finally, an intermodal approach can be called Expressive Therapy or Creative Arts Therapy, in which all the disciplines are combined to foster personal growth and community development. The principle is that “by integrating the arts processes and allowing one to flow into another, we gain access to inner resources for healing, clarity, illumination and creativity” (International Expressive Arts Therapy Association, 2008). The idea of using more than one art discipline is to better follow the impulses of the client as creative urges move from kinesthetic sense to auditory to visual image (Arts in Therapy network, 2008). In addition, there have been some professionals that have included play as part of the creative therapies (Kessler, 2004; Frey, 2006), thus a definition of play therapy according to the Association for Play Therapy in the United States is "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (Association for Play Therapy, 2009).

The Center for Research on the Epidemiology on Disasters (CRED) defines a disaster as “a situation or event, which overwhelms local capacity necessitating a request to national or international level for external assistance; an unforeseen and often sudden event that causes great damage, destruction and human suffering” (Hoyois, Below, Scheuren & Guha-Sapir, 2007).

Natural disasters are naturally occurring events which can directly or indirectly cause severe threats to public health and/or well-being. Among them are earthquakes, floods, hurricanes, tsunamis, volcano eruptions, thunderstorms, landslides, fire, and extreme cold or heat. Because they are naturally occurring natural disasters cause a constant threat which can only be dealt with through proper planning and preparedness. (US Department of Health and Human Services, n.d.).

Community is defined as a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings (MacQueen et al., 2001). In the context of disasters, Norris and Stevens (2007) outlined that well-functioning social systems and structures are vital for improving lives of disaster survivors, referring then to the term “community resilience” to talk about the capacities to promote safety, calmness, efficacy, hope and connectedness, the five essential elements of mass trauma interventions (Hobfoll et al., 2007). Norris and Stevens (2007) viewed resilience as a “process- a positive trajectory of adaptation after a disturbance, stress, or adversity” (Norris & Stevens, 2007, p.321).

## CHAPTER TWO: LITERATURE REVIEW

The aim of this study was to explore how creative arts therapists have worked with communities affected by a natural disaster. The following section synthesizes past research pertaining to this study. It presents information related to mental health interventions after natural disasters, common symptoms of people affected by the disaster, how the creative arts therapies have been used in this setting, and community-based creative arts therapies interventions.

## Mental Health after Natural Disasters

According to the World Health Organization (2006) every year, more than 100,000 people are killed during natural disasters and millions are injured and disabled. Populations exposed to natural disasters experience a number of social, physical, and material changes that undoubtedly affects individuals' mental health. A natural disaster often times deprives people of the means to live, of a sense of place, and of social support networks (Chae, Won Kim, Rhee & Henderson, 2005; Norris, Friedman & Watson, 2002). For example, people may suffer from the death of loved ones, loss of belongings, loss of occupation, lack of shelter, destruction of local environment, inadequate economic, social, and medical support by community and state, loss of hope for the future, and fear (Satcher, Friel & Bell, 2007). Some common psychological problems documented in the context of natural disasters are anxiety, depression, post traumatic stress disorder (PTSD), followed by non specific psychological distress and other health problems (Norris et al., 2002). In general, the duration of these effects is about a year and people tend to improve over time; however, there are cases where some people experience these adverse effects for a few months while others, may do for many years

(Norris et al.). It is important to add that the reactions of survivors after a disaster are generally normal responses to abnormal events rather than signs of psychopathology (Jones, 2008; Rao, 2006; Rogers, 2007).

### Symptoms Related to Disasters

Further efforts in studying the emotional effects of natural disasters have resulted as a consequence of an increase in the frequency and occurrence of natural disasters around the world (Satcher et al., 2007). A close relationship has been found between disasters and mental health. For example, common symptoms of posttraumatic stress disorder (PTSD), depression, nonspecific distress, and anxiety have been observed in many of these cases (Satcher et al., Chae et al., 2005; Norris et al., 2002).

Rao (2006) described four phases (which may overlap) regarding the impact of disasters. In the *rescue phase* (up to two weeks from the disaster episode), people experience emotional reactions that are normal after a catastrophe. They are in shock and may experience grief, fear, guilt, numbness and despair. In the *relief phase*, which lasts from two to six months after the event, people may still not have been able to return to their homes, living in shelters and relief camps, which may result in disorientation and loss of identity. In the third phase or *rehabilitation phase*, which may last from one up to two years or more after the disaster, most people would have returned to their homes and established a normal routine, however some may meet criteria for PTSD, major depression, anxiety, prolonged grief, psychosomatic disorders or substance abuse (Chae et al., 2005). Finally, in the fourth phase or *rebuilding phase*, the more vulnerable communities might be encouraged to participate in disaster mental health programs to strengthen their resilience capability and therefore, be able to take control of their future.

The risk for developing mental disorders is determined by predisposing factors and post-traumatic factors. The predisposing factors refer to childhood sexual abuse, previous unresolved losses and trauma, substance use, family history of psychopathology, minority or disadvantage status (economic, social), and multiple life stressors. The post-traumatic factors refer to psychological reactions (severe or acute) after the event, lack of social and family support, extensive personal loss, survivor guilt and adverse reactions from others (rejection or blame) (Alexander, 2005 as cited in Rao, 2006; Vijayakumar, Kannan, & Daniel, 2006). To these factors that may contribute to impairment, Vijayakumar et al. (2006) added severity of exposure, pre-existing vulnerabilities, and perception about response to trauma of family members.

There are studies that suggest that children are especially vulnerable in developing psychiatric disorders after mass disasters (Papageorgiou et al., 2000; Pfefferbaum et al., 1999; Rothe et al., 2002; Vizek-Vidovic, Kuterovak-Jagodica, & Arambasic, 2000 as cited in Vijayakumar et al., 2006). Common problems presented in children after trauma and disasters have been described as insomnia, decreased appetite, bedwetting, non-specific anxiety symptoms, excessive crying, PTSD symptoms, poor socialization, non-specific somatic symptoms, learning and attention-deficit problems, developmental delays, problems with reading, comprehension, abstraction and low self esteem (Vijayakumar et al.). In addition, Norris et al., (2002) suggest that youth may exhibit specific problems related to that specific age, such as behavioral problems, hyperactivity, and delinquency.

### Types of Interventions

As mentioned earlier, populations affected by a disaster are vulnerable to a range of problems, such as post traumatic stress disorder, grief, depression, alcohol abuse, etc. Silove, Steel & Psychol (2006) suggest that understanding the origin of traumatic stress reactions may offer some clues regarding the nature, extent, and timing of mental health interventions that are required.

Jones (2008) argues against a common stereotype that the majority of children exposed to a terrifying event will be traumatized, and that trauma will have long term debilitating consequences. Akin to Jones, Silove et al. (2006) affirmed that the posttraumatic stress reaction may only lead to disability when it is persistent, which is more likely if the environment remains threatening. According to the authors, the key issue therefore, is to create conditions of safety and security in order to ensure that the maximum number of survivors recover spontaneously from acute traumatic stress reactions, minimizing the need for formal psychological interventions.

Jones (2008) mentioned that early interventions have been implemented prioritizing identification of trauma and psychological treatment rather than addressing all psychosocial needs. If not taken care of, immediate distress responses may sometimes hinder immediate coping abilities. Consequently, disaster response should include support to the survivors in the immediate aftermath of disaster (0-14 days) addressing psychosocial needs as well as a response to their psychological needs (Jones, 2008; Ruzek et al., 2007). Accordingly, Norris et al. (2002) affirmed that interventions that focus on acute stress reactions following disasters aim to foster resiliency, prevent chronic emotional problems and minimize long-term deterioration in quality of life.

Experts in the field of trauma and disasters have identified intervention principles that have been supported empirically in order to guide practices after disaster and mass violence at the early and mid term stages. These are (a) promoting sense of safety, (b) promoting calmness, (c) promoting sense of self and community efficacy, (d) promoting connectedness, and (e) instilling hope (Hobfoll et al., 2007).

The impact of a disaster can be addressed from different perspectives. From a psychosocial perspective, Rao (2006) argued that the impact of a disaster can be approached from two angles: (a) from the characteristics of the catastrophic event (natural or manmade, proportion of population involved and degree of physical damage and loss); and (b) from the appraisal and perception by those affected (predictability of the event, length of involvement, degree of personal loss and speed of rescue, relief and psychosocial support). Individuals will respond in different ways depending on where they are at with regard to one of the four phases of disaster (described previously). Thus each intervention should be planned according to each one of the phases, which are characterized by different needs (Rao, 2006). In addition, psychosocial support must be delivered according to the age and gender of the victims as they all present different responses and concerns (Rao, 2006). Akin to Rao (2006), the Department of Mental Health and Substance Dependence advised that intervention strategies should vary with the phase of the emergency, and thus promote both social and psychological interventions (WHO Geneva Department of Mental Health and Substance Dependence, 2003).

There is not enough evidence about which is the best kind of intervention and neither if early interventions can help prevent long-term problems (Ruzek et al., 2007). There are some interventions that actually may be contraindicated, for example the

Critical Incident Stress Debriefing (CISD), which is a structured group model designed to explore facts, thoughts, reactions and coping strategies following trauma. The reasons for this, are due to methodological defects, for example the intervention is too brief and does not allow for an adequate emotional process. In addition, it has been found that it increases arousal and anxiety levels (Ruzek et al., 2007). In fact, experts in the field described that there have been more negative outcomes in groups that received CISD than those who didn't receive this kind of intervention (Norris et al., 2002; Rao, 2006; Ruzek et al., 2007).

There have been several types of models of intervention that have been used after traumatic events (Ruzek et al., 2007). One that has been thought of as generating positive outcomes in people affected by disasters is the brief Cognitive Behavioral Therapy (CBT) model, which has been used successfully to prevent Post Traumatic Stress Disorder (PTSD) and decrease depressive symptoms. However, the CBT model is not recommended in the immediate aftermath of disaster due to the fact that the chaotic and stressful environment may reduce the energy people need to participate in CBT treatments (for example, homework, and emotional and time investment). Therefore, it is suggested that this model should be implemented only after the stressors in the environment are under control to allow the person focus on the intervention, meaning that this kind of intervention should be utilized at least after three weeks of the event (Watson, 2004 as cited in Ruzek et al., 2007).

Another model of intervention that has been used after traumatic events is the post-traumatic stress management (PTSM) program (Ruzek et al., 2007). Based on cognitive-behavioral principles, is a model that should be implemented 24 hours after the

incident and involves individual and group interventions to help people orient, stabilize and improve coping skills (planning, problem solving, self care, nonverbal and verbal processing of the trauma and psychoeducation among others). It has been indicated that this model has been useful mostly in helping the community come together and handle the crisis.

Some creative implementation strategies such as telephone and internet interventions (Ruzek et al., 2007), relaxation breathing techniques and challenging maladaptive thoughts, have been described as other kinds of interventions used after a traumatic experience. Using them within the 48 hours post incident have been shown to be helpful with many mental health problems, such as reduction of anxiety and reduction of PTSD symptoms (Ruzek et al, 2007).

Silove et al. (2006) described a model of intervention after mass trauma based on psychosocial needs. The authors affirm that the psychosocial areas that are threatened by disasters include security and safety; interpersonal bonds and networks (the family, kinship groups, community, society); justice and protection from abuse; identities and roles (parent, worker, student, citizen, social leader, etc); and institutions that confer existential meaning and coherence (traditions, religion, spiritual practices, political and social participation). Therefore, the rationale for using this model is that repairing those damaged areas and the institutions that support them would be the basis for the recovery for both individual survivors and their collectives. Thus, the general emergency relief plan should be oriented first towards empowering the community to re-create a cohesive and secure society. Therefore, it is encouraged a more selective approach in identifying those who need immediate professional intervention, especially those with PTSD

reactions. Later on, the intervention should focus on those with other symptoms, such as somatic complaints, poor concentration, sleep difficulties, sexual dysfunction, social avoidance, alcohol abuse, and irritability.

#### Synthesis of Past Research: Creative Arts Therapy and Natural Disasters

There have been several creative arts therapy interventions after natural disasters, however there is not sufficient information about them. There are few journal articles, disaster relief organizations' articles and some news reports that describe some of the experiences using the arts with communities affected by a natural disaster. In the next section some of these interventions will be described based on each specific creative arts therapy approach. For those approaches that there is no information regarding interventions after natural disasters, a description of intervention after other types of disasters will be included, such as war, political conflict, and terrorist attacks.

#### *Art Therapy*

Most of the experiences that have utilized art after natural disasters have been with children (Ahmed & Siddiqi, 2006; Chilcote, 2007; Gregorian, Azarian, DeMaria & McDonald, 1996; Kim, 2005; McDougll Herl, 1992 & Roje, 1995) and adolescents (Ahmed & Siddiqi, 2006; Kim, 2005; UNICEF, 2006). However, Rangseekajee (as cited in UNICEF, 2005b) and Jones (2008) suggest that psychosocial intervention must be utilized at all levels, including among parents, teachers, and community as a whole in order to provide a protective environment for the children to recover from the traumatic situation.

The art therapy experiences in the context of natural disasters illustrated the importance of the use of art for helping children in coping with the disaster (Ahmed &

Siddiqi, 2006; Chilcote, 2007; Gregorian et al., 1996 & Orr, 2007). Ahmed and Siddiqi (2006) postulated that art helped children to come to terms with their painful memories, in the way that art helps expression, provides a medium for communication and might facilitate the healing of emotional scars (Ahmed & Siddiqi, 2006). Similarly, Anand (as cited in Kim, 2005), mentioned that making art gave children a way to communicate, provide structure in the middle of chaos and served as a break from television and media that showed the devastating effects of a disaster.

Ahmed and Siddiqi (2006) documented that while some experts in the field suggest that it is important to refrain from interpretation of the children's drawings, there are also those who have found value in interpreting children's artwork. In this line of thought, the observation of themes and the use of color were found to be indicators related to hope, dignity, and sense of self (Anand as cited in Kim, 2005; Gregorian et al., 1996). In this regard, Gregorian, et al., described how children used color after experiencing the earthquake in Armenia in 1988. The majority of the children who were traumatized by the events were very restrained in their color choices. The authors observed the utilization of only two or three colors, primarily black, white and sometimes red. They stated that "by choosing these colors, the traumatized children are able to express psychological pain to the world, anxiety, helplessness, loneliness, sadness, feeling threatened, vulnerable, fearfulness, even terror and despair" (Gregorian, et al., p.4). Art therapy is a valuable tool to track the children's healing process, as the colors moved from the obsessive use of black, white and red to a whole spectrum of colors (Gregorian et al.).

McDougall Herl (1992) found that the art products created by children in response to a catastrophe fall into three categories: (a) documentary; (b) proclamatory; and (c) recovery. These categories may overlap, depending on different factors. The first (documentary) involved children's ability to acknowledge the situation and the components observed were denial-oriented art, stereotypical and/or realistic art. The second (proclamatory), had to do with children's vulnerability and basic needs, and the artwork depicted survival or safety needs and expressive/affective art. The third one (recovery) included more "normal" line quality versus heavy and/or scribbly lines, and clear clean colors versus muddy and smeared ones.

*Location of services and providers.* Ahmed and Siddiqi (2006) suggested that, in sudden disasters, the process of using art needs to be provided in a non-threatening environment. In addition, they suggested working in group settings with a non-interrogative approach. However, sometimes there is no chance to choose where to work. Art therapy has been provided in environments such as shelters (Ahmed & Siddiqi, 2006; Pinto, 2005) and schools (Chilcote, 2007; McDougall Herl, 1992; Roje, 1995 & Smilan, 2005). Petrie (as cited in Ahmed & Siddiqi, 2006) suggested that people who provide an art experience should be qualified therapists in order to ensure that the child is the one who gives meaning to his or her drawings, and not the facilitator, who, without therapeutic training, may fall in interpreting according to their own experiences. However, in settings affected by a natural disaster, art therapy has been provided not only by art therapists but also by teachers that went through a two-day psychosocial first aid course (UNICEF, 2005a), psychologists (Ahmed & Siddiqi, 2006; UNICEF, 2005b), pediatrician and nurses (UNICEF, 2005b), and even moms from the community affected

(Pinto, 2005). Smilan (2005) described an experience of an art lesson for teacher education students, after four hurricanes that affected Florida in 2004. The students were able to express their emotions toward the event and process some of their feelings through visual arts, movement, and dialogue. The purpose was to help the students cope with their anxiety and teach them about how they can adapt the curriculum to address the spontaneous incidents that impact students of all ages.

*Length of treatment.* There is a wide range of durations of the experiences, fluctuating from a two-day experience (UNICEF, 2005a) to one month in the immediate aftermath of the disaster (Chilcote, 2007; Ahmed & Siddiqi, 2006), three months (Roje, 1995) and two years (UNICEF, 2006). Chilcote (2007) described her own experience with children affected by the tsunami in Sri Lanka in 2004. Her intervention focused on helping children express their traumatic experiences of having witnessed the horrific events and loss of loved ones. The intervention was a four-session program (once a week for 1 month) and was implemented at a local school for 113 children ages 5 to 13. The first session focused on giving them a chance to reveal something about their lives, and their interests. The plan was to assess and understand their level of trauma and approach to artwork. The second session was based on giving a non-directive task about drawing the day they will never forget, so children may or may not share their specific feelings about the tsunami depending on their comfort level. The third session focused on drawing a safe place and memories of loved ones who had died. Finally, for the fourth and last session, the task was to draw three wishes they had for the future. Art therapy was an effective, psychologically beneficial, and culturally applicable intervention for children affected by the tsunami, and through simple art tasks, children were able to share trauma

and pain not previously verbalized. Through art therapy children were able to gain emotional control, and depicted in their drawings of the tsunami experiences, grief over the loss of loved ones, and the importance of family (Chilcote, 2007).

### *Music Therapy*

Literature about the use of music therapy after disasters is scarce. After a fire in a nightclub in Rhode Island in 2003, music therapists from the area attempted to provide music therapy to the survivors, however, it was not a successful project. There are several reasons discussed, including lack of participants, lack of funding, and lack of ties to the community (Whitehead-Pleaux, 2005). Another music therapy experience was the The New York City Music Therapy Relief Project. It was a six-month project conducted by the American Music Therapy Association which provided music therapy interventions to children, seniors, victim's families, professional relief workers, and therapists in the aftermath of the World Trade Center disaster in New York city in 2001, and were held in schools, senior centers, and health care facilities (Anonymous, 2003; Loewy & Frisch Hara, 2002).

### *Dance/Movement Therapy*

Similar to music therapy, there is limited literature available about dance/movement therapy interventions after natural disasters; however, there are some descriptions of programs done after man-made disasters. Dance, movement, and physical education can provide a sense of mastery and empowerment to children who are experiencing feelings of helplessness (Levy, Ranjbar and Hearn Dean, 2006). Dance therapists work with the assumptions that the body holds the traumas and injustices of the past and children may dance out their stories in creative ways (Levy, Ranjbar & Hearn

Dean, 2006). Prouse (2005 as cited in Levy et al., 2006) described how people in Iraq dance to express emotions, especially as a celebration of their strength over evil, such as war and repression. In Israel there are Dance/Movement Therapy (DMT) programs which intend to ease the stress level resulting from border tensions and constant terrorist attacks (Levy et al.). Gray (as cited in Levy et al.) used dance and movement to initiate an empathic participation of children suffering trauma of violence and war in Haiti. Several dance/movement therapists used specific exercises to re-establish a sense of trust when it has been threatened, to decrease feelings of loneliness and isolation, problem solve, and become aware of their resources for building self-esteem (Levy et al.). DMT has also been used with adolescent and adults war survivors and affected by torture. Gray (2002) and Harris (2007) described DMT interventions suggesting that dance initiatives help with psychosocial rehabilitation, and that youth may use dance and movement for discharging aggression and restoring interpersonal connection. Harris (2007) found that former boy soldiers reported reduction in symptoms of anxiety, depression, intrusive memories, elevated arousal, and aggression.

#### *Drama Therapy/Psychodrama*

Sociodrama is a method that addresses group issues and it derives from sociometry, a concept that refers to healing of communities and larger societies, differently from psychodrama that focuses on the individual (Altinay, 2003). Altinay (2003) gave socio and psychodramatic interventions in Istanbul after a big earthquake that affected Turkey in 1999. Through drama roles, participants explored issues such as fears, anxieties, insecurity, the need to be understood, the need for sharing, and the search for strength to cope and go on. Playback theatre is form of theater in which a group of

actors improvise and recreate the story of a member of the audience immediately after hearing it (Rogers, 2005). This form was used as a disaster relief intervention in 2004 after a hurricane hit Grenada and Carriacou, two islands in the Caribbean Sea. Through this form of intervention, people were helped to normalize their reactions, review sensory impressions, reduce tension, decrease emotional involvement, gain insight, and achieve objectives of psychological debriefing (Rogers, 2005). Another experience using theater as an intervention for disaster relief was held in Taiwan in 1999 after an earthquake. The intervention was in elementary schools with the intention of recreating through drama the theme of an earthquake. The drama experience helped children “to visualize the object of their anger and fear, the earthquake” (Chang, 2005, p. 288). Chang (2005) also described an experience of re-enactment of an old and unfinished situation. The here-and-now was emphasized, using the ‘empty chair’ technique. This was an important method that helped children relieve their trauma and anxiety.

#### *Intermodal approaches*

Some mental health professionals have included play as part of the creative therapies (Frey, 2006; Kessler, 2004; Lacroix et al., 2007; Nadkarni & Leonard, 2007). Play therapists that went to Sri Lanka and Indonesia after the tsunami in 2004, used singing, puppets, dance, games stories, toys, dolls, sports, and creative arts projects to help children with their fear, grief and trauma (Frost, 2005). Nadkarni and Leonard (2007) suggested that in the immediate disaster situation, there is a lack of people trained in the field of therapeutic play, however, emergency personnel or local citizens can offer immediate support to children by using toys and art supplies which though not optimal, it is still beneficial. Uses of sand play have been found to be an appropriate space to help

preschoolers express and work through emotions that emerge from experiencing a disaster (Lacroix et al., 2007). During the four months of intervention in a Canadian school, the authors observed that the refugee children represented the 2004 Asian tsunami experience through stories of death and disappearance, and sand play served them to make sense of death and disaster. Frey (2006) found that puppetry was a useful tool to help a five year old boy who witnessed his entire house being blown away in a tornado and his sister being decapitated by a flying glass during the storm. He was able to express his feelings through the puppets. Kessler (2004) found that play was a powerful tool to use with children and adults in El Salvador and Argentina after political violence. Together with local mental health providers, they used games that involved movement, sound and dramatization, words, and the use of objects, such as newspaper, balls, cloth and clay.

### Community-Based Creative Arts Therapies

Community is defined as a group of people with different characteristics that are linked by social ties, share common perspectives and engage in joint action in similar geographic locations (MacQueen et al., 2001). The use of artistic expression in a community context has been a ubiquitous activity in the history of human kind. Dissanayake (2008) affirmed that humans are naturally aesthetic, that the arts are an integral part of human nature and that the arts were born mainly in ritual ceremonies. Dissanayake (2008) proposed that the arts satisfy four kinds of psychological needs. The first one is ‘mutuality’, which has to do with the need of being emotionally close to others. The second need is what she defines as ‘sense of belonging’; to belong to a group, find and share meaning and common themes with others. ‘Give meaning’ is the third of

the needs, which it can be achieved when people, through the arts, find meaning to life as they can articulate personal experiences and share them. Additionally, people can see others' experiences, gaining new perspectives. The fourth need described by Dissanayake (2008) is 'competency'. To participate in an artistic experience, in which people use their hands, bodies and mind, may contribute to the sense of feeling capable of doing something that didn't exist before. It is clear that throughout history, what we call now 'arts' in the past was not separated from daily life. Everybody could participate in artistic activities, such as singing, dancing, writing and reading poetry, storytelling, body painting and object decoration (Kaplan, 2007). The arts, then, supported survival as it was closely related to ritual. These rituals serve, among other things, to strengthen ties among participants and thus, assure the group survival under the difficult conditions of prehistory (Kaplan, 2007).

The arts may help working through mental health issues in a more friendly way, in a less structured space that doesn't have the stigma of therapy. Creative arts therapies can be held outside the traditional therapeutic frame, providing an easier ambient for the community to adapt (Hocoy, 2007). An important aspect to consider when using the arts in a community setting is that through the arts there is deliberate manifestation of group identity, such as values, costumes, myths, beliefs, rituals, etc. (Hocoy, 2007). In addition, through the arts, individual needs are manifested, which may resonate in the whole community. Using images allows heightening individuals' awareness about the reality and the collective discourse (Hocoy, 2007).

The arts may also help to strengthen community resilience. Landau and Saul (2004) define community resilience as the capacity, hope and faith of the community to

withstand trauma and loss, overcome adversity and prevail generally with more resources, skills and connections.

Norris and Stevens (2007) viewed resilience as a “process- a positive trajectory of adaptation after a disturbance, stress, or adversity” (p.321), and concluded that community resilience emerges from adaptive capacities, such as efforts to reduce risk and social vulnerabilities to hazards, social support, sense of community, responsible media and narratives that instill meaning and hope, and collective action and skills for solving problems and making decisions, among others (Norris & Stevens, 2007). In general, Norris and Stevens’ (2007), conclusions regarding community interventions are given from experience rather than from empirical evidence, not knowing if community resources influence the post-disaster wellness of the population. However, the authors mentioned that there are studies that have examined how individual perceptions of community resilience and sense of community correlate with individual outcomes (Norris & Stevens, 2007). What has been agreed and strongly believed by the experts though is that disaster readiness and recovery require social as well as individual change (Norris & Stevens, 2007).

Some studies about resiliency, have noted that creativity could be a protective mechanism for some people who have experienced adversity (Wolin & Wolin, as cited in Worrall & Jerry, 2007). Thus, creative arts therapies could be an effective way to build resiliency in people that have experienced any kind of trauma or adversity (Worrall & Jerry, 2007). On one hand, resiliency literature refers to protective mechanisms, both individual and environmental, that help a person to have a positive outcome after experiencing adversity (Worrall & Jerry, 2007). On the other hand art therapy literature

talks about how the arts can help to enhance individual resiliency and activate protective mechanisms, such as increase creativity, increase self esteem, increase control and sense of be connected and supported by others (Worrall & Jerry, 2007). These two dimensions can be achieved both in a group or individual setting, however, the sense of support and connection with others may increase in a collective context. Accordingly, group art therapy, and the use of creativity in a group setting, may help individuals to connect with communities that have experienced similar events and support protective mechanisms that promote resiliency (Worrall & Jerry, 2007).

### Conclusions

The aim of this study was to explore how the creative arts therapies have been used with communities affected by a natural disaster. Every year the world is exposed to natural disaster in which several people are killed or injured, many of which may experience a number of social, physical, and material changes that undoubtedly affects mental health. Research has focused on the mental health of people affected by a natural disaster. However, there is scarce literature about how the creative arts have been used as a mental health intervention for those affected by natural disasters. The results of this exploratory study may provide useful information to other Creative Arts therapists regarding planning and intervention practices based on what is known to be valuable in the field.

## CHAPTER THREE: METHODOLOGY

The aim of this study was to explore how the creative arts therapies have been used with communities affected by a natural disaster and how creative arts therapists perceive the value of utilizing these therapies in these settings. This chapter provides an overview of the research methodology used for this study. The topics that are discussed are the following: (a) The rationale for the research method chosen, (b) participants, (c) data collection, (d) data analysis, (e) procedures, (f) limitations, (g) human subjects, and (h) researcher's bias.

## Rationale

This investigation used a qualitative methodology. A combination of elements from both a phenomenological approach and grounded theory was used. The intention of this study was to understand the experiences of creative arts therapists that have worked in settings after natural disasters, thus Phenomenology was an appropriate theoretical framework to support this study. In phenomenological studies the focus is on what the person experiences (Polkinghorne, 1989 as cited by Rudestam & Newton, 2007). Phenomenology attempts to go beyond what people describe and see the essential nature of the ideas of the participants (Rudestam & Newton, 2007). In a Phenomenological study, the researcher usually collects descriptions of a phenomenon from open-ended questions and conversations with the participants and then analyzes and interprets to structure the experience (Rudestam & Newton, 2007).

The term 'grounded theory' can be used to refer to the analytical steps but also to the method of inquiry (Rudestam & Newton, 2007). Grounded theory as a method of inquiry is described by Rudestam & Newton (2007) as "a way of conceptualizing the

similarities of experiences of an aggregate of individuals, it is a discovery-oriented approach to research, which offers a set of procedures for collecting data and building theory” (p. 43). A grounded theory design is appropriate when the researcher wants to develop or modify a theory, explain a process and develop a general abstraction of the interaction and action of people (Creswell, 2008). For this study the the researcher based her analysis in a grounded theory design, which emphasizes the use of data analysis steps of coding and categorizing in themes the responses regarding the phenomenon of study (Creswell, 2008).

### Participants

For this study an intentionally selection of individuals or purposeful sampling was used. In this kind of selection process, the participants chosen might help understand the central phenomenon, may provide useful information and may help learning about the phenomenon (Creswell, 2008). The participants were chosen before the data was collected, using homogenous sampling. Homogenous sampling is focused on choosing individuals based on defining characteristics (Creswell, 2008). It can also be called convenience sampling method. A phenomenological study “usually involves identifying and locating participants who have experienced or are experiencing the phenomenon that is being explored” (Rudestam & Newton, 2007, p. 106), thus the researcher selects participants who closely match the criteria of the study (Rudestam & Newton, 2007). Similarly, for grounded theory, participants should be chosen based on their experience relevance and because they have the phenomenon of interest in common (Rudestam & Newton, 2007).

In the case of this study, the participants were all professionals that have had the experience of working in a setting affected by a natural disaster. Creative Arts Therapists of different disciplines (art, music, drama, dance/movement and intermodal approaches) answered the same questionnaire.

Between fifteen and thirty creative arts therapists participated in the study. The inclusion criteria was to be credentialed creative arts therapists (art therapy, music therapy, drama therapy/psychodrama, dance/movement therapy, expressive therapies/intermodal approach and/or others). The credential had to be administered by a national association of any of the arts therapies, and from any country. For example, the American Art Therapy Association, the British Association for Art Therapists, or the Australian Music Therapy Association. Both men and women could participate as well as from any ethnic origin. Creative Arts Therapy students could not participate in this study. However, as explained before, since there were people from countries where creative arts therapies do not exist as a profession, the researcher found important to consider their experiences as well and include them in these thesis. In addition, other mental health professionals that used arts in the context of natural disasters were also included as their experiences are valuable as well.

#### Data Collection

The data collection was gathered through an electronic e-mail questionnaire, based on open-ended questions, resulting on a unstructured text type of data (Creswell, 2008). In qualitative research, open-ended questions are asked in order to allow participants to express their experiences and perspectives without constraints (Creswell, 2008). The researcher sent the questionnaire attached as an electronic Word document.

The questionnaire asked about the participant's experience and opinions on working in settings after natural disasters (See appendix C). After completed, the participants were instructed to send the questionnaire back to the researcher.

Demographic information, participants' specialization, training, and intervention location were obtained through closed-ended questions. Some questions were based on how participants applied the Creative Arts Therapies and the kind of natural disaster experienced by the population. The qualitative data was obtained from open ended questions in regards to the participants' personal perspectives of their experiences working in settings after a natural disaster occurred.

The electronic questionnaire was sent to a total of 63 professionals, from the Creative Arts Therapy field and other mental health professionals that have used an creative arts intervention for people that have experienced a natural disaster. The strategies used to encourage a high return rate was sending, the questionnaire for second and third time to the norespondants. A follow-up telephone interview was carried out in case something needed to be clarified. For data management, the the data collected was stored securely in the researcher's home. If participants provided their contact information, it was maintained confidential.

### Data Analysis

In this study, the researcher based the data analysis on Grounded Theory. In this approach, the researcher first developed a general sense of the data and then codes description and themes about the central phenomenon. This method was inductive, going from the particular data (questionnaire responses) to the general codes and themes (Creswell, 2008).

A hand analysis instead of a computer software was used to analyze the data since it was a small database and was of the researcher's preference (Creswell, 2008). The analysis first started with a preliminary exploration, first reading the responses entirely in order to get a general sense of the data. The purpose was to get a general idea of the range of reported experiences, kind of natural disasters, populations and Creative Arts Therapies interventions.

A table was developed to organize the data collected, consisting in putting all the responses of a certain question together. The text was then coded by labeling the text in order to form broad themes or categories regarding the use of the Creative Arts Therapies in natural disaster settings. The process of coding involves identifying segments in the text and assigning a code word or phrase that accurately describes the meaning of the segment (Creswell, 2008). Once the codes are assigned, they are grouped in order to generate themes or categories. Creswell (2008) suggest to identify between five and seven themes, based on what participants discuss more frequently, are unique, or those that are expected to be found according to the phenomenon studied.

#### Procedures

The researcher proceeded according the following process:

a) The researcher sent a general e-mail to different mailing-list serves and Creative Arts Therapy Associations requesting for names and e-mails from those creative arts therapists that have worked in settings affected by a natural disaster. In addition, the researcher asked to other creative arts therapists who have colleagues that have worked in these settings to provide her with their contact information.

- b) The researcher then sent a personalized e-mail to each of the contacts requesting for their assistance for her thesis project (Appendix A).
- c) In the same e-mail the researcher included a consent form to use the information provided and to protect the privacy of the respondents (Appendix B). Additionally, the questionnaire was attached, meaning that if they gave permission, they proceeded to answer the questionnaire (Appendix C). If the researcher didn't hear from them over a period of 2 weeks, she sent a second e-mail as a reminder. In this period of time, the researcher was asked diverse questions, not only from the people that received the first e-mail, but also from other professionals that had used the arts in settings after a natural disaster, without being a formal creative arts therapist; however, willing to participate. These people were from countries where the creative arts therapies do not exist as a profession. Therefore, the researcher decided to consider their experiences and sent them the questionnaire and consent form. For those who only spoke Spanish, the researcher translated the questionnaire and consent form. Since it was a slow process of receiving the questionnaires back, the researcher decided to expand the limit of time and sent a third follow up e-mail reminding the participants about the study.
- d) Participants were asked about their willingness to receive a potential follow-up telephone interview if anything needed to be clarified. If this was the case, they provided their name, telephone number, fax number and address. Due to time constraints, the researcher was not able to do a follow-up interview, and had to base the analysis only in the data that was provided in the electronic questionnaire.

### Limitations

It is important to consider several limitations of this study. Mainly, the researcher faced time constraints that may have affected the outcome of this study. In terms of reliability and validity, there was not enough time for ‘triangulation’ or soliciting data from multiple and different sources as a means of corroborating evidence and clarify themes (Rudestam & Newton, 2007). Additionally, it was not possible to do an ‘external audit’, which involves asking to someone who has no relationship to the study, to review the materials and assess the findings and interpretations for consistency (Rudestam & Newton, 2007).

In terms of instrument design, the researcher noticed that the electronic questionnaire was not clear. It was observed that participants approached the same question from different perspectives, and thus responded differently. This made more difficult the analysis of data. Additionally, the questionnaire was a Word document and was sent electronically via e-mail as an attachment. There were some participants that did not receive the document, and had to write back to the researcher in order to send it again. This might have caused difficulties to them and it might have been a tedious experience for the participants. Furthermore, having used a Word document was not friendly for the researcher either. It was tedious to have had to ‘copy-paste’ all the responses of the same question to a ‘master document’. Instead, it would have been easier to have used an electronic web based survey, such as Survey Gizmo, which would have automatically collected the data faster and in a clear way.

### Human Subjects

This study was reviewed by Nazareth College of Rochester Human Subjects Review Committee (Appendix E). The first proposal was sent in October of 2008 and it was approved with stipulations, as it needed more details in how the researcher was going to recruit the participants. The proposal was sent for a second time with all the revisions, and it was finally approved on January 20<sup>th</sup>, 2009. A research ethics course was also completed and passed on October 14<sup>th</sup>, 2008 (Appendix F).

### Bias

It is important to consider certain aspects of myself that may have influenced the data analysis and thus, affected the outcome of this study. In first place, I am from Chile, a Latin-American country which is characterized by being a collectivist culture rather than individualistic. Personally, I value closeness with family members and the community, family and friends as a support system.

Another aspect that may have influenced my observation of data has to do with my personal experience with the creative arts therapies. Coming from the visual arts specialization, I chose art therapy as a profession. However, I have participated in music therapy, psychodrama and dance/movement therapy experiences. I have found myself much more attracted to those modalities or the combination of them rather than just one, thus finding importance in applying an intermodal approach in order to fulfill the clients' needs.

## CHAPTER FOUR: RESULTS

The goal of this study was to explore how the creative arts therapies have been used with communities affected by a natural disaster. In addition, the researcher was interested in how creative arts therapists perceive the value of utilizing these therapies in natural disaster settings. In the following chapter the collected data and qualitative analysis will be presented. First demographic data will be presented, followed by the themes and categories that emerged during the qualitative analysis.

## Demographic data

The participants of this study were creative arts therapists from different disciplines that had some kind of experience working in a setting affected by a natural disaster. As explained in Chapter Three, some professionals that were not formal creative arts therapists, because the Creative Arts Therapy profession does not exist in their respective countries, were also considered as they had valuable experience using the arts in these settings. The questionnaire was sent through e-mail to a total of 63 people from which 17 returned the complete questionnaire. Ten of these identified as art therapists, two music therapists, one drama therapist, one dance/movement therapist, and three non-formal creative arts therapists. From this last group, two used drama and play in their practice and one was a drama therapist student. Of the ten art therapists, two described themselves as being also expressive/intermodal therapists and one was also a social worker and a play therapist. Of the 17 participants, 12 were from the United States, one from Israel, one from Hungary, one from Bangladesh, and two from El Salvador. Of the 17, 13 have formal disaster training; three do not have disaster training and one considered that his years of experience accounted for disaster training (this case was

accounted as informal training by the researcher). Only two participants provided information about the kind of disaster training, making reference to a certification provided by Red Cross, an orientation with the Medical Reserve Corps, and the Critical Incident Stress Debriefing.

### *Country*

Out of the 17 participants, 11 participated in disaster relief efforts in the United States. These were all U.S citizens. One U.S citizen participated in an experience in the Republic of Philippines. The two participants from El Salvador assisted in events that happened in their home country, the one from Bangladesh did so in Bangladesh and the remaining two participated in events in Indonesia and Sri Lanka respectively.

### *Type of natural disaster*

Participants of this study aided in a variety of natural disasters around the world. Eleven out of 17 participants assisted in disaster relief programs after hurricanes, cyclones or typhoons, affecting areas in the United States, South Asia, and Central America. One of the participants served in an area affected by a flooding in Texas, two assisted in areas affected by a firestorm in California and wildfires in Florida, three served in areas affected by a tsunami in South Asia and two assisted after an earthquake in El Salvador. One of them also assisted after the eruption of a volcano in the same area.

### *Duration of experience*

It was observed that there was a difference in understanding the question related to the duration of the experience. The question was “Please describe the details of your most memorable intervention/experience after a natural disaster” in which one of the items was to tell about the “duration of the whole intervention/experience”. Some

participants referred to a specific intervention with one victim and others referred to the whole experience including the follow up. Thus, the responses ranged between 40 minutes to two years.

*Physical space in which the intervention was delivered*

Participants worked in a variety of physical spaces, ranging between formal and informal places. Among the former were a high school facility, an elementary school, a dance/movement therapy studio, a university campus, and a hospital. Among the latter were shelters, for example using gym floor bleachers, in a closet, a kitchen, a storage room, a tent, a meeting room for staff, a convention center, in the streets, and a barn.

*Participants of the creative arts therapy interventions*

Fifteen out of 17 participants worked with both adults and children, and only three worked only with children. The 17 participants worked with the evacuees (also called victims) and five worked also with the disaster responders (also called staff), including volunteers, fire fighters, medical students, policemen, and teachers.

### Qualitative Data and Results

The qualitative data was collected and then analyzed by the researcher using a quasi-Grounded Theory approach. The researcher first developed a general sense of the data and then coded descriptions and themes about the central phenomenon. This method was inductive, going from the particular data (questionnaire responses) to the general codes and themes (Creswell, 2008).

*Establishing Goals*

It was found that individual practitioners established various goals when working in disaster settings. Practitioners often establish goals that are focused on the immediate needs of disaster victims and emergency responders. For example:

- a) Reducing and dealing with symptoms. For example, reduce stress, decrease trauma, work through fears, and cope with losses. A participant stated “to move the clients forward through the grief process and help them cope with losses”. Another participant said, “Alleviate the stress of the communities affected by two consecutive earthquakes”.
- b) Encouraging them to process their disaster experience. For example, helping people recall the experience telling a story narrative, reconsider obstacles, help them find new perspectives, and help them express their feelings. A participant stated, “The goal was to give the opportunity to tell their story and express feelings and to help them regain a sense of security and normality”.
- c) Developing abilities and strengthening positive characteristics that allow people deal with crisis. For example developing empathy for each other, enhance inner strengths and courage.
- d) Connecting people with others and preventing social problems. For example, creating a community support system, rebuilding social relations, reducing isolation and decreasing violence. A participant stated, “In working with a women’s group, the goals were to get them to feel her inner strengths and creating a culture of community support”.
- e) Assisting people in organizing for the future, helping people prepare for next season.

The goals established for disaster responders, were:

- a) Assure that they maintain mental health and prevent burn out, by validating their work, implementing debriefing sessions and training in coping and readjustment when the disaster relief intervention ends.
- b) Learn creative practices to use with the victims.

Practitioners also established similar goals when working directly with an agency; however, there is a need to set goals based on immediate needs as well as assisting people to organize for the future. A participant of the study stated:

The goals migrated and shifted based on client needs over time and my primary duty assignments... run triage for acute mental health reactions among walk-in clients, provide psychological first aid, for persons identified with pre-existing mental health conditions evaluate medication status and needs, if any and initiate referrals for emergency pharmacotherapy support and follow-up according to disaster plan.

Another participant stated, “The Red Cross goals were to offer a kind of triage of services... give small financial grants to families... we were also monitoring the people for unattended illnesses, acute stress and lack of access to housing”.

### *Intervention and Activities*

Participants had different perspectives in regards to the interventions and activities used in disaster relief settings. Some participants preferred a directive approach, in which they provided specific activities focused on specific objectives. For example, music and imagery are used to decrease anxiety and stress. One participant stated:

I included a variety of things depending on the time, place, and client need(s). Most commonly, I used techniques taken from protocols for music and imagery for purposes of reducing anxiety and stress. I used some basic music and movement techniques with children. I adapted techniques from somatic experiencing and attached sound/music stimuli to serve as grounding or 'resourcing' agent for persons experiencing more acute reactions. I provided a great deal of psychoeducation on the use of simple creative arts to meet the clients' needs and that of their children, in the case of parents concerned about children. I used humor, as appropriate, to diffuse tense situations and then provided creative arts alternatives to channel nervous and nonproductive energy during down times in the shelter location.

In order to share their disaster experiences, people were encouraged to tell the story of what they saw during the disaster, through visual arts, dance or storytelling. A participant stated:

A series of activities focused on getting to know each other in symbolic and metaphoric ways through the use of movement and art-making. Each participant was assigned a buddy and systemically transitioned from working individually, to pairs and groups. We re-visited stories and created a collective narrative that could serve as a container for feelings of grief and hope inspired by the group... building trust safe, rebuilding the community, narrative storytelling, and activities on future purpose and meaning honoring the situation, accentuated by therapeutic arts opportunities.

Other participants preferred the use of a non directive approach, and therefore worked through what emerged in the moment. One participant stated:

I was asked to intervene and assist a young boy who was refusing to talk per his mother and aunt. I went over to him and made an attempt at a conversation. He wouldn't speak to me either. So, being the prepared art therapist who has worked in many disaster settings, I brought out my markers and paper. The boy at first scribbled and I let him work on as many sheets of paper as he desired. Then he started working on one sheet with a blue marker and kept going over and over the blue filling the page to about 3/4s from the top. He used three blue markers in the process. On the top line of the wavy blue lines he drew a couch and drew a dog on the couch that was floating on the blue lines (water). I asked him if he wanted to talk about it and, again, he refused. After the picture was complete, his mother told me that their house flooded in the torrential downpours the area had for many, many days and some of their furniture floated away. The couch that the boy drew with the dog on it represented him watching his tiny dog sitting on the couch where he put it to stay safe, floating away from him and out of the house. The boy continued to use the blue markers and filled up sheet after sheet without saying a word but eyes wide open and fixated on the blue color. He stopped after a while and I suggested to mother that she allow him to draw as much and as often as he chose to. Shortly after that they left the Red Cross Service Center. Mother was given the phone number of the local MHMR center for her to follow up with more counseling for her son. This is but one of the instances where I

utilized my art therapy to help a person attempt to express non-verbally about their traumatic experience.

Another participant also discussed the use of a non-directive creative arts therapy approach:

I had a stack of 8½ x 11 paper on the table that I'd taken from the Xerox machine and a box of large felt pens. Mother talked about the destructive fire and her concern for her youngest child's health if she did not have a bowel movement very soon. She was annoyed that the doctor had referred her to mental health for a physical problem. While she talked, the two girls voraciously drew pictures. The 6 year old portrayed in great detail the aftermath of the fire-burned homes, trees, and much blackness in their ravaged neighborhood. The 3 year old did 4 drawings in rapid succession. Each of the 4 drawings began with a very large sun covering the left 1/3 of the paper with various colored scribbles in the lower right corners. I asked the child to tell me about her drawings and her one-word response was, "Sun". She pointed to the house in one drawing, the dog in another and the yard in another - all survived the fire! To focus on her experience, I said I knew about the terrible fire and wondered how she survived. She made hissing noises and flailed her arms wildly. Mother interpreted, "That's the lightning that started the fire and terrified her". I agreed that lightning was scary but noted there was no lightning or fire in any of her drawings. The 3 year old smiled and silently pointed to the sun. I asked, "Tell me about your sun". She said, "No rain, no rain". Agreeing, I asked, "Oh! is that because there's no rain when the sun shines?" She nodded agreement.

I asked where she was when the rain came and she became very animated and said, "On the potty! Lightning... fire (still flailing her arms and agitated, she tried to emulate violent lightning, rain and fire). Go away rain - go away!" She was becoming hysterical but it seemed clear that her sun was an antidote to rain. She associated lightning strikes with rain and going potty, but felt safe with sun that kept the rain and lightning away. I connected her 4 quarter suns to form a whole sun and wondered aloud if this sun would keep rain away. She beamed with delight, vigorously shook her head in agreement. I then wondered aloud if this sun was shining in her bathroom she might feel safe to go potty. She was overjoyed and said it could rain outside but if sun was shining, she'd be OK. Rain did not seem frightening but lightning was yet both seemed fused in her mind so it was surprising that she was able to accept outside rain as OK if her sun was shining. I helped mother create a sun mobile for the bathroom by pasting 4 quarter suns onto cardboard according to the child's instructions to create an acceptable sun mobile for her bathroom. I assessed the 6 year old via her drawing of devastation. She was more willing to talk about relief that their dog survived and their playground in the back yard was still intact but insisted that her 'baby sister' was scared of all the black. I complimented both sisters on their exceptional teamwork - the older sister helped her little sister by showing what the problem was and the 3 year old knew just what she needed to solve the problem. Mother was also credited with her timely intervention to address the child's problem. I asked mother to contact me in a day or so with the outcome and to determine if further help was needed. She called later the same day to say, "I no sooner hung the full sun in the

bathroom than she had a major BM!... and she's gone back twice! She's really proud of herself and repeatedly boasts. "I go poo-poo!" (empowered and in control)! Mother called again 4 days later to say her daughter "...has been pooping ever since and as regular as clockwork. She's back to her cheerful self, no longer grumpy and she loves the sun".

Another point regarding the type of intervention has to do with the utilization of different forms of artistic expression. Nine out of 17 participants integrated other creative arts forms other than the one they specialized in. Seven used only the form of art in which they specialized and one did not respond. For instance, art therapists integrated play and drama therapy, storytelling, movement, human sculptures and singing. Dance/movement therapists integrated drawing and storytelling. Music therapists included art, drama and movement modalities. Drama therapists used music and art modalities.

#### *Reactions of victims to the Creative Arts Therapies*

Survey respondents stated that reactions to CAT interventions can be both positive and negative. Further, data suggested that victim and emergency responder reactions towards the Creative Arts Therapy Interventions (CAT) varied depending on the role and age of the people involved in the setting. Positive reactions to CAT interventions included being supportive, appreciative, open, and being drawn and engaged in the CAT experience while negative reactions to CAT interventions included feeling indifferent, annoyed, and inhibited, especially when there was a culture difference between the creative arts therapist and the victims. A participant stated, "It was all new to them, very different from the culture codes that indicate not to express feelings, being close, shy and so on". Over time, the perception of CAT changed and so did the reactions to new

interventions. Participants mentioned that people felt more relaxed and empowered, and they finally validated and found very useful the utilization of the CAT interventions. For example, “Children began drawing immediately without invitation. Mother was initially annoyed at being sent to ‘mental health’ when she wanted medical help. In the final analysis, mother considered the drawings ‘magic’ and the process ‘miraculous’”.

One participant engaged in a parade (called ‘pasacalle’ in Spanish by the participant) and stated, “At the beginning of the parade, people were very inhibited. However when the trip ended, many people were very animated to participate, shouting and applauding. Finally, many kids danced with us to close the parade”. Another participant stated,

First it was funny for them. Gradually they realized the benefit and then they wanted more time. They told me “we got relief from different organizations or people but you people gave us life! You gave such thing that really reduced our isolation. You built our courage, you made us happy. Our children laughed again and played again”.

### *Learnings*

Study participants had different points of view according to what they would repeat and what they would do differently in relation to their CAT interventions. On one hand, some participants said they would repeat everything, as the methods they used worked and they relied on specific activities and directives that have been proven to work in other experiences. For example, a participant said that she would repeat the free drawing and painting and the directive of the safe place. Another said she would repeat the art journal. She explained:

When working with children I had a 'black cover' plain page art journal. There wasn't room for the kids to move around and often they didn't want to be separated from their parents, so I wandered the room, taking the book to the kids, inviting them to add a picture to tell and show people from my home town what hurricane Katrina was like. I would draw a swirly line down the middle of the page then ask them to show what before Katrina and after Katrina looked like. It was my way of helping them quickly tell the trauma story with what became a beginning, middle and end as a way of helping them process how their lives have changed, that the storm is over and how their life is going on. Basically, I wanted to monitor and help them move out of the 'frozen in fear' state.

On the other hand, the majority of the participants said that they would do everything differently, as every experience is unique. A participant stated:

Each disaster experience is different. So, I would be unable to repeat the same intervention. However, having the flexibility and creativity training of an art therapist I would be able to offer my assistance based on needs observed at the present disaster site. In other words, every time I go out, new challenges lay before me.

In the same regard, another participant stated, "Every shelter setup is a little different so you always repeat the ability to be flexible and creative around a basic framework for intervention". Other participants named more specific things to do different, for example having more time to work with the victims, utilizing different spaces, making more assessment and referrals to other mental health practitioners,

working with both groups and individuals, and do a follow up. For example, a participant stated:

I would have utilized other spaces besides the tent to do individual work and do much more assessment and referral. I think we could also have planned the art materials better and had some more structure to the media to make sure that the children did not regress too much. Sometimes the paint was flying!

Another participant said:

What I would do differently is maybe set up a sand table with lots of figurines in it so the kids could do sand tray work. I could have had that in a corner of the room so they wouldn't have been out of sight of their parents.

Despite the differences in opinions, it is observed that all the participants agreed that flexibility and creativity training are important elements in this setting in order to be able to confront with new challenges presented. A participant stated:

Each disaster experience is different. So, I would be unable to repeat the same intervention. However, having the flexibility and creativity training of an art therapist I would be able to offer my assistance based on needs observed at the present disaster site. In other words, every time I go out, new challenges lay before me.

#### *Follow-up efforts with victims*

Seven out of 17 completed a follow-up with victims after the natural disaster relief intervention. In the cases in which follow-up was done, creative arts therapists went back to the place or there was a liaison in the place that communicated with the therapist. One participant contacted her client by telephone four days later after the intervention.

Another participant stated, “We went back to Louisiana every other month for one year and then kept up the work into the second year. On the second year anniversary there was an art exhibit of their work that was deeply moving”. Another participant checked in with victims and their families once a month for three months. And another one went back to the place for four days 30 days after the intervention.

The reasons for not doing a follow-up had to do with lack of financial resources as there were other priorities, such as rebuilding destroyed places. This was especially noticeable in Central America. Other reasons were not having contact with evacuees or victims and/or because a follow up was not part of the agency goals. A participant stated, “When the matter was turned over to the local MHMR (Department of Mental Health/Mental Retardation), the DMH (Disaster Mental Health) professional is off the case”. Another participant said, “As a first responder with the Red Cross, I did not see the people after they left the shelters. As a coordinator for the Reserve Corps, I had no direct contact with the evacuees”.

### *Assessment*

Eight out of 17 participants did assess the outcome of the creative arts therapy intervention, seven did not, and one assessed in later recovery phases. One did not respond. The interventions that were assessed on site of the disaster used formal assessments, such as questionnaires and surveys and informal assessments, such as observations. The reasons why some of the interventions were not assessed, had to do with: 1) the length of the intervention was too short; 2) there was no preparation in terms of having adequate paperwork, such as consents forms or scales; 3) the impossibility of tracking people, as people did not remain in the same place; and 4) the impossibility of

assessing and isolating the outcome and contribution of the creative arts therapy intervention, as people interacted with other professionals too. A participant stated, “There was no way to evaluate the impact of the art intervention as the school had psychologists, social workers, counselors as well as wonderful teachers to interact with students”.

*Benefits of the CAT Intervention for the community*

It was observed that the term ‘community’ involved not only the evacuees or victims, but also the disaster relief workers. A participant referred to this as a “chain reaction”, stating:

I believe the interventions of Creative Arts Therapy helped to calm the children down a bit which in turn, helped ease the burden on the parents, which in turn assisted the organization in being more effective in helping their people. A kind of chain reaction.

According to participants of this study, these groups benefitted in two ways:

- a) As immediate assistance, victims used the creative arts therapy intervention as entertainment and as therapy, in one hand, being able to laugh, relax, and in the other hand, being able to express their feelings, coping with losses, calm anxiety, reduce isolation and create a new sense of home when sharing with others. The disaster responders benefitted to prevent burn-out or vicarious trauma.
- b) As training for the future, in which both, victims and responders, were able to learn new skills to be used for future disaster relief interventions. One participant stated “The community remained capable to intervene immediately... training

was developed, because people that live in the community should be the ones assisting immediately and effectively after disasters”.

## CHAPTER FIVE: DISCUSSION AND CONCLUSION

## Summary

The aim of this study was to explore how creative arts therapists have worked with communities affected by a natural disaster and how creative arts therapists perceive the value of utilizing these therapies in this setting. The study provided insight into the way in which creative arts therapies can be useful in disaster relief settings. Additionally, it yielded useful information that may be used as guidelines for future planning and intervention practices in this context.

Research has focused on the mental health of people affected by a natural disaster. However, there is scarce literature about how the creative arts have been used as a mental health intervention for those affected by natural disasters. The result of this study is consistent with the current literature on mental health in disaster relief settings.

The study included the different modalities of creative arts therapies, which provided a rich understanding of the use of the different art forms for working with communities affected by a natural disaster. The different modalities included were art therapy, music therapy, dance/movement therapy, drama therapy/psychodrama, and intermodal approaches. The study included credentialed creative arts therapists of the different modalities and non formal trained creative arts therapists were also included if they were from countries in which the creative arts therapy profession does not exist.

The data was collected through an electronic questionnaire and then analyzed by using a quasi-Grounded Theory approach. The researcher first developed a general sense of the data and then coded descriptions and themes about the central phenomenon.

## Discussion

The study showed that creative arts therapists have been consistent with what disaster relief experts recommend in regards to the focus of intervention. In fact, the study adds relevant information to the existing literature on how the arts have been used in these settings.

Rao (2006) described different reactions that can be found in different phases after the disaster. The researcher found that creative arts therapists took into account a variety of the reactions described by Rao (2006) and other experts (Hobfoll et al., 2007; Ruzek et al., 2007), including helping victims to reduce symptoms, encourage them to process the disaster experience, strengthen positive characteristics, help them connect with others and assist them in organizing for the future. It is interesting to notice that the literature studied does not take into consideration assisting the disaster responders. However, participants of this study gave importance, and described as a goal of their interventions, to aid responders in keeping their mental health and preventing burn-out.

In the literature review, only few CAT experiences described the utilization of different forms of arts for assisting victims affected by a natural disaster. For example, visual arts were sometimes used together with movement. However, this study found an increased value in using different forms of art in order to achieve a more holistic opportunity for healing. Natalie Rogers calls the interplay between the different forms of art, the Creative Connection, and she stated, “When we move, it affects how we write or paint. When we write or paint, it affects how we feel and think. During the creative connection process, one art form stimulates and nurtures the other” (2009, no page). She explains that when we combine art forms such as dance, painting, writing, we create

music from our words and we open up all our senses and deepen our understanding. As we go deeper inside, we have a greater connection from the inner and outer world.

As creative arts therapy is a growing profession, it only exists in limited countries. Natural disasters however, occur everywhere in the world, and several creative arts therapists are eager to participate as disaster responders. In the study, data was found suggesting the importance of knowing the culture in which creative arts therapists will deliver a CAT intervention. This idea is supported by Hocoy (2002) who suggest that it is important to have knowledge of the culture in order to establish rapport and trust. It is important to have an understanding of the community in which the client lives and its resources, as they are key elements for an effective intervention. Furthermore, Acton (as cited by Hocoy, 2002) recommends investigating if and how art is utilized as a means of psychological healing in any given culture. Art may have different conceptions and functions in different cultures; for example, in Asian cultures writing is an art form, whereas in Islamic cultures there are strong restrictions on artistic expression. In many indigenous cultures art has a deep spiritual connotation (Hocoy, 2002).

Being culturally competent seems to be an important issue to consider, especially in disaster relief settings, where agencies such as Red Cross and International Medical Corps, assist people worldwide. In this regard, it would be important to think on the method of intervention according to the place in which creative arts therapists will assist. Hocoy (2002) stated that the process and structure found in many art therapy techniques may also be problematic, as art therapy methods that have unstructured processes may lead to anxiety or confusion. Furthermore, he writes, “many clients from Asian, African, and Middle Eastern backgrounds have been found to prefer a more verbal, direct, and

authoritative style of therapy, with clear and explicit applications to the presenting problem” (p.142). It would be an interesting focus of study to define whether creative arts therapists working in a disaster relief setting, chose to use a directive or non directive approach according to the culture of the community affected.

As defined by Jones (2008), “the majority of children exposed to terrifying events will be ‘traumatized’ and that the trauma will have long term debilitating consequences” (p.292). This had guided disaster interventions focusing on doing early trauma counseling (Jones, 2008). Therefore, she argues about the importance of having special disaster training in order to have the ability to discern on what is needed. Only some participants of the study had disaster training; however it is not clear up to what extent. Jones (2008) stated that humanitarian agencies have prioritized trauma identification and treatment rather than psychosocial needs. She states:

These programs often do not use culturally validated means of assessment and make use of practitioners with very brief training and limited experience. This may be problematic as, they may use treatments with a limited evidence base, and may unnecessarily pathologize normal reactions to abnormal events, but make little attempt to address other mental health and psychosocial needs...they often fail incorporate the views and wishes of the survivors and fail to integrate into existing healthcare systems or to provide a sustainable response to the disaster. (Jones, 2008, p.293)

The literature also shows that psychosocial interventions are necessary and the general emergency relief plan should be oriented first towards empowering the community to re-create a cohesive and secure society (Silove et al., 2006). The study

shows that participants worked with the whole community; however it seems that the interventions were done mostly individually rather than with groups, with some exceptions. Some participants had as a goal to assist psychosocial needs, such as creating a community support system, rebuilding social relations, reducing isolation and assisting people to organize for the future, preparing for the next season. However, it would be necessary to further explore this, as it is not completely clear in the study. As one participant mentioned, “The community remained capable to intervene immediately... training was developed, because people that live in the community should be the ones assisting immediately and effectively after disasters”. It is important to mention though, that individual work is also very important, and that disaster readiness and recovery require social as well as individual change (Norris & Stevens, 2007).

Although the study does not provide specific information regarding resiliency building, it appears as if the some of the goals established by the participants were connected with it. Norris & Stevens (2007) state that community resilience emerges from adaptive capacities, such as efforts to reduce risk and social vulnerabilities to hazards, social support, sense of community, responsible media and narratives that instill meaning and hope, and collective action and skills for solving problems and making decisions. As described earlier, creative arts therapists’ goals were related with creating a community support system, rebuilding social relations, reducing isolation and assisting people to organize for the future. If this is done within a CAT approach, the healing possibilities may augment, as described by Wolin and Wolin (as cited in Worrall & Jerry, 2007), who have noted that creativity could be a protective mechanism for some people who have experienced adversity. Thus, creative arts therapies could be an effective way to build

resiliency in people that have experienced any kind of trauma or adversity (Worrall & Jerry, 2007). This might be an interesting focus of study in future research.

Many of the discussed themes are valid and relevant to most mental health providers besides Creative Arts Therapists; however, there are distinct benefits of using the creative arts therapies as opposed to other mental health interventions. For example, Creative Arts Therapy allows for the possibility to work through mental health issues in a more friendly way and in a less structured setting with a community. From an art therapy perspective, Hocoy (2007) discussed that art therapy can be delivered outside the formal therapeutic setting, which provides an easy way for the community to adapt. Moreover, people may be more open to participate, as the experience relates more with recreation rather than therapy. As one participant stated, “Creative arts therapy has a dynamic form... it works twice. Art therapy provides therapy for the community and they also get a lot of entertainment”. Furthermore, Hocoy (2007) suggested that using the arts in a community setting, group identity is deliberately manifested, including values, costumes, myths, beliefs, rituals, etc. Thus, the arts might enhance group cohesiveness, and in the context of disasters, it is something that might be important to strengthen community resilience.

### Recommendations

There is certainly much future research to be done regarding the use of Creative Arts Therapies with communities affected by a natural disaster. This study gives first glimpses of the important facts and valuable practices of utilizing creative arts therapies in these settings. This is significant as there is a growing group of creative arts therapists interested in working in settings affected by natural and man made disasters.

In terms of reliability and validity, it would be important soliciting data from multiple and different sources as a means of corroborating evidence, for instance, other disaster workers and victims. Additionally, request for an external audit to review the data gathered for consistency.

In terms of instrument design, it would be important to make sure that the questionnaire used for gathering data is clear and well written, so participants understand the question in the same way. Additionally, it is recommended to use an on-line tool to create surveys instead of sending an attached document by e-mail. This would be beneficial both to the researcher and to the participants, as many inconveniences would be avoided.

In terms of data collected, it would be important to be able to do follow-up interviews for clarification, and thus, the time frame would be important to consider. It would also be interesting to gather data through observation on site, so the researcher could have a better understanding of a disaster relief experience.

### Conclusions

This thesis has focused on exploring how the creative arts therapies have been used with communities affected by a natural disaster and how creative arts therapists perceive the value of utilizing these therapies in these settings. The study provided valuable information and insight into the way in which creative arts therapies can be useful in disaster relief settings. Additionally provided useful information that may be used as guidelines for planning and intervention practices in this context.

The study points out several interesting points regarding the creative arts therapies and mental health in disaster relief settings, which may be important to have

into consideration in planning interventions. For instance the importance of assisting not only individuals but the whole community, in order to enhance community resilience and therefore better mental health outcomes. Furthermore, the importance of assisting disaster workers in order to prevent burn-out. To provide good care, we cannot neglect our own self care.

Creative arts therapies have shown to be beneficial, non threatening mental health interventions, and able to enhance resiliency. Furthermore, literature and this study, has shown the benefits of using an intermodal approach in order to provide an holistic opportunity for healing. Culture is another important point to consider when working in these settings. Creative arts therapists should be aware of the culture of the community they would work with, in order to define the most appropriate types of interventions, materials and themes. It is imperative that creative arts therapists that are willing to participate as disaster responders, have a disaster training, which would allow them to be more prepared, and to identify and discriminate the needs in the different phases following the event.

In light of the themes that emerged from this research study, the following Creative Arts Therapies intervention checklist is proposed for planning and executing future disaster relief interventions:

- Conduct disaster training in order to be able to discern what is needed, when, and for whom.
- Consider working with the different groups involved in disaster relief settings: disaster responders and victims/evacuees.

- Assist at the individual and group level: Work individually with those that have significant mental health needs and also, with the whole community in order to empower the group to overcome the adverse situation.
- Consider the cultural context of the community in order to choose appropriate materials, activities, and themes.
- Use a multimodal CAT approach in order to provide a holistic and flexible opportunity for healing.
- When planning the intervention, consider the duration of the experience and the possibilities of doing a follow-up assessments in order to provide a complete mental health intervention.
- Be flexible, as the roles in a disaster relief setting may change.

There are several new research topics to further explore and build off from this initial effort. I am most interested in how can the creative arts therapy be used for building community resilience; however there are many others possibilities. As it was mentioned above, this study gives a first glimpse of the utilization of the creative arts therapies in settings affected by a natural disaster, and this study may serve as a starting point for future studies.

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APPENDIX A  
Invitation, Consent and Questionnaire E-Mail

Dear Ms/Mr. \_\_\_\_\_,

My name is Trinidad Selman. I am currently a graduate student enrolled in the Creative Arts Therapy program at Nazareth College in Rochester, New York. For my thesis project, I have chosen to explore how creative arts therapists, from the different disciplines (art, music, dance/movement, drama/psychodrama and intermodal approaches), have worked in settings after natural disasters. I intend to conduct a survey of credentialed Creative Arts Therapists around the world in order to have a better understanding of the use of the creative arts therapies with communities that have experienced a natural disaster.

Through my network of art therapy colleagues, it was brought to my awareness that you have worked in this kind of experience. If this is the case, I want to invite you to participate in my research study.

If you choose to participate, you would be required to read an informed letter of consent with more details about this research study and subsequently, complete a self-report questionnaire. The questionnaire includes open ended and some multiple-choice questions and should take you no more than 45 minutes to complete. I invite you to participate and share your experience, in order to further the knowledge in creative arts therapy being used in these particular contexts.

If you choose to participate and share your experience, please (1) read the consent form document attached and if you agree with the terms described and (2) complete the questionnaire attached. Finally, (3) e-mail the completed questionnaire to the following e-mail address: [trinisman@yahoo.com](mailto:trinisman@yahoo.com). After two weeks, I will send a follow-up email either confirming that I have received your data or that I haven't.

If you have any questions or doubts regarding this research study, do not hesitate to contact me at: [trinisman@yahoo.com](mailto:trinisman@yahoo.com) / cell phone (585)764 3751.

I look forward to learn more about your experiences

My best regards

Trinidad Selman

APPENDIX B  
Consent Form 1

Nazareth College of Rochester  
Creative Arts Therapy Department  
4245 East Avenue  
Rochester, NY 14618  
United States of America

Title of the study: The application of Creative Art Therapies in communities after experiencing natural disasters

Researcher: M. Trinidad Selman Pinto.

Contact Information for researcher: (585) 764 3751 / triniselman@yahoo.com - mselman6@naz.edu

Name and Phone Number of Research Supervisor: Dr. Stephen Demanchick, Nazareth College of Rochester, 4245 East Avenue, Rochester, NY 14618, Phone: (585)3892545 sdemanc8@naz.edu.

A. Introduction:

This consent form describes a research study and what you may expect if you decide to participate. You are encouraged to read this consent form carefully and ask me any further questions you may have before making your decision whether or not to participate.

You are being asked to participate in this study because I think your experience is valuable in order to understand the benefits of using Creative Arts Therapies after natural disasters.

B. Purpose of Study:

The aim of this study is to explore how creative arts therapists have worked with communities after natural disasters. In addition, I am interested in what is the perception of the creative arts therapists in regards of the value of utilizing these kinds of therapies in this particular context.

C. Procedures

If I agree to participate in this research study, the following will occur:

1. I will be asked to complete a written-response questionnaire attached as an electronic Word document. It will ask about my experience and opinions on working in settings after natural disasters. It will take no more than 45 minutes to complete it. I will send the completed questionnaire back to the researcher Trinidad Selman to triniselman@yahoo.com.

2. I will be asked if I want to receive a potential follow-up telephone interview if anything needs to be clarified. For this I will decide whether I agree or not and in case I agree, I will provide my name telephone number, fax number and address. If I decide only to answer the questionnaire but not to receive a later telephone call, I will be respected.

3. In case I agree to receive a potential follow-up phone call, and the researcher needs to contact me, I will receive a second consent form. I will need to send it back before the researcher can contact me by telephone. The telephone interview will be recorded.

#### D. Number of Subjects

There will be credentialed Creative Arts Therapists of different disciplines (art, music, drama, dance/movement and intermodal approaches) answering the same questionnaire.

#### E. Risks of Participation

“As in all research, there may be unforeseen risks to the participants: If an accidental injury occurs, appropriate emergency measures will be taken” However, there are no risks associated with participating in this study.

#### F. Benefits of Participation

Creative Arts Therapists participating in the study will be able to share their experiences of working in settings after a natural disaster. In addition, they will benefit of having a copy of the final analysis and learn how other creative arts therapists have used the arts in this context.

#### G. Confidentiality of Records

The records from this study will be kept confidential. No individuals will be identified in any reports or publications resulting from the study. You will be given the choice to give your name and telephone number for follow-up interviews. If you chose not to give that information you will be respected and your information will be kept private.

#### H. Voluntary Participation

Participation in this research study is voluntary and participants may withdraw from the study at any time without any negative repercussions or costs. In the event that you do withdraw from this study, the information you have already provided will be kept in a confidential manner.

#### I. Costs/Compensation

I understand that I am participating in this research without any financial costs to me and that I am receiving no financial compensations for my participation.

#### H. Questions/Contact Persons

For more information concerning this research, please contact: Trinidad Selman at (585)7643751 or triniselman@yahoo.com.

If I have any further questions about the study and my rights as a participant, or any concerns or complaints, I may contact the Human Subjects Research Committee Chair, Dr. Paula Brown at (585) 389 2796 or the Faculty Advisor Dr. Stephen Demanchick at (585)389 2545 or e-mail, [sdemanc8@naz.edu](mailto:sdemanc8@naz.edu).

PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY. I am free to choose not to participate in this study, or I may withdraw my participation at any point without penalty or judgment.

I have read the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I agree to participate in this study, thus I will proceed to answer the questionnaire.

BY COMPLETING THE QUESTIONNAIRE I AM GIVING MY INFORMED CONSENT

APPENDIX C  
Questionnaire

Dear participant,

Thank you for accepting to participate in my research project and share your experience of working with people after a natural disaster. I really appreciate it.

Please, take a moment to reflect back on all of your creative arts therapy intervention experiences that involved working with individuals after natural disasters. Now please pick the one that you consider the most memorable (according to your own criteria) and proceed to answer the following questionnaire based on that particular experience.

To respond, please use the space after each question and make your answer as long as you deem appropriate. For the questions with alternatives, please mark your choice with an "x".

I may need to contact you later for a potential follow-up telephone interview in order to further clarify or obtain more details about your responses.

Do you want to be contacted for a potential follow-up phone call? YES \_\_\_ NO\_\_\_

If your answer was YES, please provide in the space provided below: your name, telephone number, fax number and address

---



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1. I specialize in the following (mark all that apply):

- a) Art Therapy \_\_\_
- b) Music Therapy \_\_\_
- c) Drama Therapy/Psychodrama \_\_\_
- d) Dance/Movement Therapy \_\_\_
- e) Intermodal \_\_\_
- f) Other (please specify): \_\_\_

2. Do you have any kind of disaster training? YES \_\_\_ NO \_\_\_

3. Please describe the details of your most memorable intervention experience after a natural disaster below:

- a) Country:
- b) City:
- c) Kind of natural disaster:
- d) Duration of the whole intervention/experience:
- e) Physical Space:

4. During this experience, I worked with (mark all that apply):  
 - Adults: Were they: Male\_\_\_ Female\_\_\_ Both \_\_\_  
 - Children: Were they: Male\_\_\_ Female\_\_\_ Both \_\_\_  
 - Whole community – Please describe the demographic characteristics of the community:
5. What were the goals established for this intervention?
6. What specific interventions or activities did you use to meet the above goals?
7. Did you integrate more than one type of creative arts intervention other than the one you specialize in? YES\_\_\_ NO \_\_\_  
 If you answered YES, please describe an example of how did you integrate more than one approach.
8. How did the people react to the Creative Arts Therapy Intervention?
9. If you have the opportunity to work again on this site:  
 a) What would you repeat from that experience?  
 b) What would you do differently?
10. Have you done any follow-up with regard to the intervention?  
 YES\_\_\_ NO\_\_\_  
 If you answered YES, please explain (how many, with what frequency and how long after the original intervention).  
 If NO, please explain the reason(s) why you didn't do so.
11. Did you assess the outcome or impact of the intervention(s)?  
 YES \_\_\_ NO \_\_\_  
 If you answered YES, please explain.  
 If NO, please explain the reason(s) why you didn't do so.
12. In your opinion, how did the community benefit from the Creative Arts Therapy experience?

Thanks for all your help and for sharing your experiences!  
 If you want to add any additional comment, feel free to do so!

APPENDIX D  
Consent Form 2

Nazareth College of Rochester  
Creative Arts Therapy Department  
4245 East Avenue  
Rochester, NY 14618  
United States of America

Title of the study: The application of Creative Art Therapies in communities after experiencing natural disasters

Researcher: M. Trinidad Selman Pinto.

Contact Information for researcher: (585) 764 3751 / triniselman@yahoo.com - mselman6@naz.edu

Name and Phone Number of Research Supervisor: Dr. Stephen Demanchick, Nazareth College of Rochester, 4245 East Avenue, Rochester, NY 14618, Phone: (585)3892545 sdemanc8@naz.edu.

A. Introduction:

This consent form describes a research study and what you may expect if you decide to participate. You are encouraged to read this consent form carefully and ask me any further questions you may have before making your decision whether or not to participate.

You are being asked to participate in this study because I think your experience is valuable in order to understand the benefits of using Creative Arts Therapies after natural disasters.

B. Purpose of Study:

The aim of this study is to explore how creative arts therapists have worked with communities after natural disasters. In addition, I am interested in what is the perception of the creative arts therapists in regards of the value of utilizing these kinds of therapies in this particular context.

C. Procedures

If I agree to participate in this research study, the following will occur:

1. I will send back this consent form signed either by fax or mail to the researcher before I can be contacted by telephone.
2. I will be telephoned by the researcher for a follow up interview if anything needs to be clarified. This telephone interview will be recorded.

#### D. Number of Subjects

There will be credentialed Creative Arts Therapists of different disciplines (art, music, drama, dance/movement and intermodal approaches) answering the same questionnaire.

#### E. Risks of Participation

“As in all research, there may be unforeseen risks to the participants: If an accidental injury occurs, appropriate emergency measures will be taken” However, there are no risks associated with participating in this study.

#### F. Benefits of Participation

Creative Arts Therapists participating in the study will be able to share their experiences of working in settings after a natural disaster. In addition, they will benefit of having a copy of the final analysis and learn how other creative arts therapists have used the arts in this context.

#### G. Confidentiality of Records

The records from this study will be kept confidential. No individuals will be identified in any reports or publications resulting from the study.

#### H. Voluntary Participation

Participation in this research study is voluntary and participants may withdraw from the study at any time without any negative repercussions or costs. In the event that you do withdraw from this study, the information you have already provided will be kept in a confidential manner.

#### I. Costs/Compensation

I understand that I am participating in this research without any financial costs to me and that I am receiving no financial compensations for my participation.

#### H. Questions/Contact Persons

For more information concerning this research, please contact: Trinidad Selman at (585)7643751 or [triniselman@yahoo.com](mailto:triniselman@yahoo.com).

If I have any further questions about the study and my rights as a participant, or any concerns or complaints, I may contact the Human Subjects Research Committee Chair, Dr. Paula Brown at (585) 389 2796 or the Faculty Advisor Dr. Stephen Demanchick at (585)389 2545 or e-mail, [sdemanc8@naz.edu](mailto:sdemanc8@naz.edu).

**PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY.** I am free to choose not to participate in this study, or I may withdraw my participation at any point without penalty or judgment.

Participant Consent:

I have read the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I agree to participate in this study. I have received a signed copy of this form for my records and future reference.

Study participant: \_\_\_\_\_ Print Name

Study Participant: \_\_\_\_\_ Signature          Date: \_\_\_\_\_

Person Obtaining Consent:

I have provided this form to the participant. I will provide the participant with a signed copy of this consent form. An explanation of the research was given and questions from the participant were solicited and answered. In my judgement, the participant have demonstrated comprehension of the information.

Researcher: \_\_\_\_\_ Print Name

Researcher: \_\_\_\_\_ Signature          Date: \_\_\_\_\_

APPENDIX E  
Human Subjects

Nazareth College  
4245 East Avenue  
Rochester, New York  
14618-3790  
585-389-2772  
fax 585-389-2791  
www.naz.edu



APPROVAL NOTICE

INSTITUTIONAL REVIEW BOARD  
Office of Graduate Studies  
HSRC@naz.edu

DATE: November 25, 2008

TO: M. Trinidad Selman Pinto

FROM: Chair, Nazareth College Institutional Review Board

RE: HSRC #2008-10  
*Title The Application of Creative Arts Therapies in Communities After  
Experiencing Natural Disasters*  
EXPEDITED REVIEW  
(**Approval Period** from 12/01/08 through 11/30/09)

Please be notified that the Nazareth College Institutional Review Board has approved the above referenced research project involving human subjects in research. The protocol number for this research is HSRC #2008-01. The Nazareth College Federal wide Assurance (FWA) with the Department of Health and Human Services, Office for Human Research Protection is FWA00013172.

It is your obligation as principal investigator to perform the project according to the approved protocol using the approved informed consent form. You may not implement changes in the approved protocol or consent form without prior Nazareth College IRB approval. You must promptly report all undesirable and unintended adverse reactions or events that are the result of therapy or other intervention within ten working days of occurrence.

This approval is for conduct of the study for the above stated time period. If the study will continue beyond that time, you must notify the IRB and obtain approval for continuation.

If your research is federally-supported the funding sources(s) for this project include the following:

PI of Contract/Grant:

Funding Source:

Contract/Grant No:

Contract/Grant title:

Paula M. Brown, PhD  
Chairperson, Human Subjects Review Committee and  
Institutional Review Board  
Nazareth College  
585 389-2796  
[pbrown8@naz.edu](mailto:pbrown8@naz.edu)

APPENDIX F  
Research Ethics Course

**CITI Collaborative Institutional Training Initiative**

**Creative Arts Therapy Curriculum Completion Report  
Printed on Tuesday, October 14, 2008**

**Learner:** M. Trinidad Selman Pinto (username: triniselman)

**Institution:** Nazareth College

**Contact Information** 7 Colonial Pkwy, Apt.1  
Pittsford, New York 14534 USA  
Department: Creative Arts Therapy  
Phone: (585) 764 3751  
Email: triniselman@yahoo.com

**Creative Arts Therapy:**

**Stage 1. Basic Course Passed on 10/14/08 (Ref # 2214414)**

<b>Required Modules</b>	<b>Date Completed</b>	<b>Score</b>
Nazareth College	10/14/08	no quiz
Introduction	10/14/08	no quiz
Belmont Report and CITI Course Introduction	10/14/08	3/3 (100%)
Students in Research – SBR	10/14/08	10/10 (100%)
History and Ethical Principles – SBR	10/14/08	7/7 (100%)
Defining Research with Human Subjects - SBR	10/14/08	5/5 (100%)
Assessing Risk in Social and Behavioral Sciences - SBR	10/14/08	5/5 (100%)
Informed Consent – SBR	10/14/08	3/4 (75%)
Privacy and Confidentiality – SBR	10/14/08	4/4 (100%)
Research With Protected Populations - Vulnerable Subjects: An Overview	10/14/08	4/4 (100%)
HIPAA and Human Subjects Research	10/14/08	2/2 (100%)

**For this Completion Report to be valid, the learner listed above must be affiliated with a CITI participating institution. Falsified information and unauthorized use of the CITI course site is unethical, and may be considered scientific misconduct by your institution.**

Paul Braunschweiger Ph.D.  
Professor, University of Miami  
Director Office of Research Education  
CITI Course Coordinator