A Basic Study on Professional Training Program of PTSD / Trauma Care through Expressive Art Therapy: Based on Trajectory Equifinality Approach

Authors : Hisashi Okamoto , Maki Kataoka, Saori Kodama, Ayano Narita, Yurika Tsuda, Takehiko Ito , Takayo Inoue

INTRODUCTION :

In Japan, there is a growing need for professionals who can respond to the PTSD / trauma issues.
However, training and support for such professionals are insufficient (Suzuki, 2013), thus, there is an urgent need for developing training programs.
The treatment approach verified(known/familiar) to be effective for PTSD is desensitization of eye movement, re-processing method (Eye Movement Desensitization and Reprocessing or EMDR), and sustained exposure method (Prolonged Exposure) .
On the other hand, an effect of expressive arts therapy is expected. It is " an integrated art therapy using various expressions such as painting and collage, and visual arts using clay and figures, body expressions, voice and music, poetry and prose, story writing, and a theatrical play" (Ono, 2005).
Japan International Center for Trauma-care and Emergency Relief (JICTER), invited Israeli lecturers from October 2014 to June 2016, and provided a PTSD / trauma care training program for professionals through experience-based expressive arts therapy.

PURPOSE OF THIS STUDY :

This study was conducted in order to clarify qualitatively about psychological growth of the participants who joined the training sessions.

METHOD :

Participants: seven participants of the program (two males, and five females)
Study period: from June to August 2015
Methods:
The participants were asked to describe freely about the theme "The program review" on which what they learned through the whole session of the program.
One of the authors, a researcher created a temporary TEM (Trajectory Equifinality Model ; Sato, 2009 ; 2014) figure based on the questionnaire. TEM is a methodology for describing the individual life and experience together with irreversible time (Sato, 2009).
Semi-structured interviews were conducted twice for each person. An interview lasted for about 90 minutes.
Research Questions:
(1) Participants' clinical carrier and past experiences of art workshops, (2) verification of the temporary TEM figure, (3) an experience of personal growth, (4) lessons as clinicians, (5) the use of experiences in group expressive creative arts in the current work place.
During the analyzing process, three clinical psychologists including the lead author, carried out a separate assessment, and when we did not agree, discussion was made for agreement.
It should be noted that, throughout the study, we followed the compliance with the ethical considerations such as a prior consent with the participants.

The program consisted of:

#1: Art therapy and trauma care

#2: The importance of non-verbal communication using art as a coping method against trauma

#3: Creative arts therapy and psychosocial support

#4: Trauma and music therapy

#5: Trauma and dance movement therapy

#6: Workshop on group work and interpersonal communication: learning about basic group facilitation skills and support

RESULTS :

(1) Participants had a feeling of anxiety towards the group and expressive arts therapy. At the same time, they were also experiencing the different approaches of nonverbal self-expressions.

(2) Though building non-verbal expressions of self and experiencing the progress as a group, they had: 1) healing of their traumatic experiences and post-growth; 2) deep self-understanding; and finally, 3) overall growth as a professional.

(3) However, there were participants who could not experience a growth as professionals and not have a deep understanding of self. Such inhibit factors were: 1) a psychological defense; and 2) experience of overwhelmed feeling.

(4) For Social Direction (SD), six concepts are extracted: a)"evaluation concerns"; b) "also experienced stereotype towards art"; c) "influence of a school education"; d) "stimulation from the new members"; e) "psychological defense"; and f) "length of the career".   (These are located on the right side of the figures.)

(5) For Social Guide (SG) , four concepts are extracted: A) getting "flexible intervention of facilitators"; B) "get stimulated by the expressive arts therapy"; C) "readiness"; and D) "support by facilitators: becoming a secure-base". (These are located on the left side of the figures.)

DISCUSSION :

(1) The group seemed to have a processes similar to those of the standard group therapy（MacKenzie & Livesley, 1983）, and it was suggested that the group process is contributed to the psychological growth of each participant.

(2) Two factors that promoted the participants' growth are: 1) the actual experiences of a group expressive arts therapy other than the lecture; and 2) the readiness of accepting their traumatic experiences.

(3) On the other hand, three factors that might have inhibited the growth are: 1) the influence of a perception of (Japanese culture, such as) being evaluated by others, which brings a concern of their failure or success; 2) psychological defense against their own traumatic experiences ; and 3) arise of anxiety in the group due to the entry of new members.

(4) In addition, the more experiences as professionals the participants had, the less tendency they had to get influenced by the above factors. Finally, the younger the participants were, the more likely they were to get influenced by the factors.

CONCLUSION :

Thus, the JICTER training program was not only for training of trauma care, but also contributed to the participants' psychological growth, such as obtaining overall skills which could build a foundation as a professional.
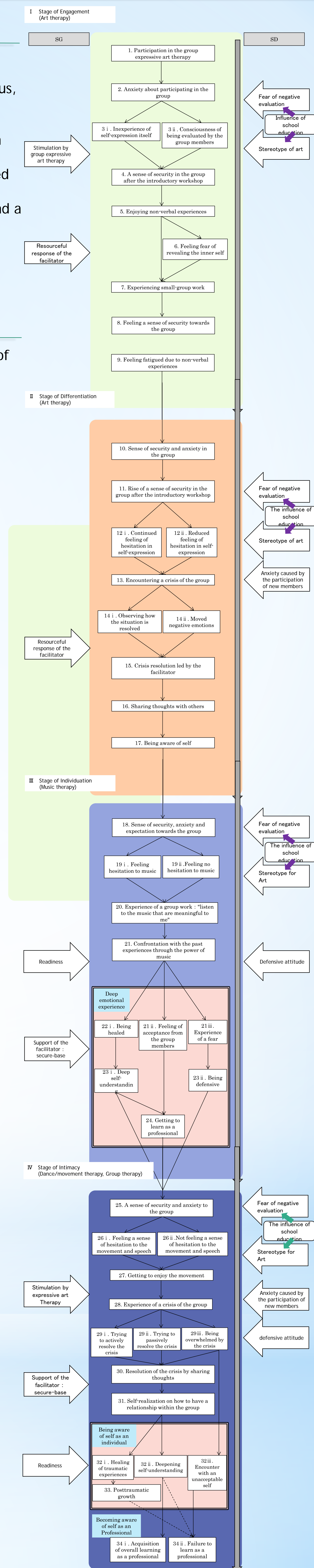
Figure 1 : TEM Figure about the growth of the   participants