SAVE THE CHILDREN US
'HEART' CONSULTANCY

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OVERVIEW AND DISCUSSION OF FINDINGS
A working Document

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PREFACE

This document is the result of a six week consultancy undertaken for Save the Children US, looking into 'the state of the art' in art and art therapy programmes across the Save the Children Alliance and in the wider field in contexts of conflict, HIV/AIDS and chronic poverty.

While we have been enormously excited, inspired and encouraged by the huge expanse of work that we have found in this search, we have also been overwhelmed by the quantity of the material.

This document is an overview of the information that we have found. The accompanying List of Projects is by no means a comprehensive search, nor does it attempt to represent a complete picture of what is happening globally. Instead, it offers a mere taste of the psychosocial projects across the world that use art therapy or art therapeutically.

Having said this, we have looked at almost one hundred projects globally and from these we have attempted to extract key points which we believe will serve a useful purpose when Save the Children US comes to develop the use of art / art therapy in specific programmes for children, and eventually, take it to scale.

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KEY DOCUMENTS

ESSAYS AND PAPERS:

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2. War Child: State of the Art in Psychosocial interventions in war-affected children, Brechtje Kalksma, May 2005

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6. 'Treatment combined with memory work: contradiction in terms or why not?' Jonathan Morgan

7. 'Art therapy and Political Violence: with art, without illusion', Kalmanowitz, D. and Lloyd, B. (2005) Routledge:
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   Chapter One: Art Therapy and Political Violence
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1. A Psychosocial Assessment of Palestinian Children, July 2003, Arafat, Boothby, (Save the Children US, and others)

2. The Children of Kabul: Discussions With Afghan Families, Save the Children and Unicef Document; Jo de Berry, Anahita Fazili, Said Farhad, Fariba Nasiry, Sami Hashemi, Mariam Hakim, Copyright June 2003, Save the Children Federation, Inc. (SC/US)

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4. 'Stmcr/RALLY/Evaluation of SC's Psychosocial Structured Activities', March, 2006

PROJECT SUMMARIES (presented as Case Studies in the Document):

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1. INTRODUCTION

We have conducted our search through a number of channels, including about fifty country offices within the Save the Children Alliance, our own international contacts in relation to art therapy programmes in war-affected contexts; a global internet search as well as search letters sent through Creative Exchange, connecting humanitarian and creative projects worldwide. We have sent approximately two hundred individual search letters to organizations and individuals. We have based our findings on resulting literature, references to programmes on websites, research documents produced by policy makers, aid professionals, art therapy professionals, researchers and others; as well as informal talks with art therapy colleagues with expertise in the field. We have also drawn upon our own experience and knowledge, in particular in the field of art therapy and political conflict over a twelve year period as well as our sixteen years' individual experience as art therapists (see 13. Art Therapy Initiative and 14. Biographies of Consultants).

Our search has focused on visual art. There has not been scope within this piece of work to look at the other art forms - music, drama, dance - each of which would yield their own extraordinary material.

Our global internet search into art and art therapy programmes for children has allowed us access to reports on programmes for children in countries in the throes of war, ongoing internal conflict, severe poverty, recovery from the devastation of earthquakes and tsunamis, hurricanes and war, in the midst of HIV/AIDS. We have been both moved by the level of need and distress, as well as overwhelmed by the response to it, by the number of projects and initiatives set up to respond to children and their families and communities. The Save the Children Alliance itself has yielded a range of programmes within which art plays a role. These are from country offices (or projects in related organizations) in West Bank-Gaza, Jordan/Lebanon/Egypt, Tajikistan, Azerbaijan, Philippines, Guatemala, Afghanistan, Pakistan, Nepal and the Southern US States following Hurricane Katrina. Further, we have found challenging as well as fascinating, the task of locating and over-viewing the use of art / art therapy for children within this.

The arts have been used at times of crisis and upheaval since the beginning of time and throughout all cultures. Although our search has not been to look at the role of art in a general sense, it lies at the heart of this document. In different countries, cultures and contexts across the world, art holds different meanings and emphases and as such, continues to be effective, relevant and dynamic, changing and adapting in response to the needs and experiences of the people who make it. In addition, because art activities naturally occur in the development of children, these activities are a natural ally to harness in supporting the development of their resiliency and health.

When we began to work with art therapy in the context of war, trauma, social upheaval and social change over a decade ago, there was little work of this nature and little evidence of art activities being offered to children – indeed, when we suggested that art be incorporated into the post-emergency support offered to children, such as in the former Yugoslavia, the thinking and data to

support this was not in place and it was largely not deemed a priority for children in the pyramid of need. (However, in a short survey we carried out at the time in Bosnia and Croatia (Kalmanowitz, Lloyd, 1997), there was a general willingness to consider using therapeutic art in programmes at some point in the future). The humanitarian aid context was indeed still making use of a medical model and in many cases, was focusing on 'screening children for PTSD', formulating diagnosis and considering traditional models of therapy in response. The context in which the children were and had been living in was rarely taken into account.

Today, as we will see later, there is an acknowledgment that the internal world of the child cannot be looked at without taking the external context into account.

In addition there has been a shift in seeing psychosocial support as a *need* of a child to a *right* of a child. The implications of this change are large: a rights-based service demands a different accountability, it entails legal obligation whereas a needs based service entails more of a moral obligation.

Programmes which focus on the psychological wellbeing of children as their right make use of normalizing structures and build on children's resilience and protective factors (see 10. Glossary of Terms). In the most coherent programmes, art-making aims to provide children with essential nurturing opportunities for self expression, as well as appropriate vehicles to tell their stories, be heard and acknowledged. In addition, teachers and care professionals may be trained to offer ongoing psychological sensitivity within already existing structures such as schools. In some such programmes, there are also opportunities for those children who are exhibiting more entrenched distress / trauma reactions, to be offered more focused specialist attention. We have found such a programme in Ingushetia (see 6. Case Study Three: Little Star Project: Ingushetia / Chechnya).

We are finding that the term **'art therapy'** is widely and loosely used by many of the major non-governmental aid organizations. So far we have been sent little evidence of program specifics in such cases, such as documentation of methodology, staffing and managerial structures, specific tools used, length of programs, and evaluation tools. In many cases 'art therapy' simply appears to refer to the offer of basic drawing equipment to children in the context of the essential safe spaces set up in the emergency phase of a crisis, allowing children a medium for self expression. We have seen this is a number of settings in post-tsunami Sri Lanka, as well as in Pakistan following the earthquake. A commonly used phrase goes along the lines of 'art therapy sessions are organized for children in which crayons, colored pencils and blank paper are offered as a way for them to express their emotions'. Some describe how children's drawings change over time from graphic, tortured images to those with happier, more hopeful content.

While it is necessary that opportunities for art-making are being offered to children at times of crisis, the references to art therapy here bear little resemblance to the formal practice of 'art therapy' which is an internationally recognised profession, based on rigorous training and founded on principles of ethics and coherent models of practice (see 10. Glossary of Terms). On a more pragmatic note, it is possible that the word 'therapy' following 'art', in the context of humanitarian support, adds more weight to programmes and thus justifies the money spent on them. In addition, for programmes that offer short-term structured interventions, it may be that using art can reach more children in a 'roll-out' and this perhaps lends quantitative weight for the purposes of raising funds. Finally, the

attraction of 'art therapy' may be because art is such a powerful medium of expression and images made by children have the ability to communicate strong emotions. When a child paints the tsunami wave, or the buildings flattened by an earthquake or a child soldier and so on, these images cut to the heart of the feelings engendered by the issues behind them. They also communicate, non-verbally, the feelings that many adults also share.

Within the art and art therapy programs that we have found, a spectrum of approaches has developed, with art therapy models that focus on the psychological at one end, followed by art therapy models with a psychosocial emphasis and psychosocial art approaches at the other. Our findings suggest that the most successful programmes integrate psychological and psychosocial approaches adapting their support for children in response to need, culture, context, staffing, local resources, expenditure and longevity of the program, and so on.

2. WHY ART?

Four years after the end of the Second World War (1949), the German philosopher Theodore Adorno wrote, 'to write poetry after Auschwitz is barbaric'. This short but potent sentence has been written on, explored and quoted many times since.

Indeed, making art in the face of poverty, fatal illness and war can seem like an absurd contradiction. And yet Adorno himself made art. He described that he continued to write because he was compelled to. He wrote "I must tell the truth…I know it is impossible to do and yet I must do it" (Wiesel, cited in Levine 1992: 109, in Kalmanowitz, Lloyd 2005).

In Sarajevo, during and after the 1992-1995 war in Bosnia-Herzegovina, many artists spoke about 'feeling compelled to create, seeing their work as a *necessity*, to bear witness, to maintain a modicum of normalcy despite the continued attacks on their city (Nabarro, 2006: 7). Nabarro speaks about 'the importance of cultural expression in maintaining cultural diversity in the face of increasingly polarized and hardened ethnic identities on a political and societal level, bearing witness on a communal and individual level and as a strategy for survival on a psychological level' (p.8). The arts 'functioned in instrumental, symbolic and interpretative ways to bear witness: to insist on human dignity in the face of destruction and to resist national stereotypes, to enable the population to keep hold of a modicum of *possibility* that the world could be a better place, to heal, to comfort, to reconcile' (p.46).

For children living in contexts of the aftermath of war, ongoing civil war, terrorism and other forms of political violence, as well as in other extreme situations, the psychosocial art programmes offered to support them often use the same sorts of language as above in order to describe their aims on an individual and collective level: to build on normalcy; to maintain and reactivate hope; to support healing; to reconcile; to bear witness; to resist; to maintain cultural diversity; to enable survival on a psychological level.

Making art cannot solve the problems created by severe social unrest, change and violence. It cannot provide bread, water or a bed when they are lacking. It cannot smooth over the events of war and genocide, natural disasters like hurricane Katrina, terrorist catastrophes like Beslan, or the ongoing crisis in the Middle East, or Mozambique.

Despite all the things art CANNOT fulfill, the arts can serve an important purpose in helping groups and individuals live through their trauma and distress and survive. In art therapy, (this includes all the forms of art) making art can provide a place in which all the contradictions can live together. The art form, because of its very nature, can contain multiple layers and meanings at the same time, therefore, "pain can live alongside joy, questions can live unanswered, symbols and metaphor can be expressed and witnessed" (Kalmanowitz, Lloyd, 2005).

This is important for the individual living in a state of flux, in which his/her environment is unstable and often unreliable. Given the opportunity, children and adults will make art (whatever art form it takes) in an attempt to gain some emotional relief. It is up to us as professionals to provide the most reliable and responsible environment in which they can do this and not to add to their pain and suffering by well meaning, but dangerous and uncontained use of art.

3. RANGE OF CONTEXTS, CULTURES AND COUNTRIES IN WHICH ART IS BEING USED

It is important to remember that although art and the arts are part of every culture and often emerge as healing in times of crisis, illness and distress across all cultures, each culture is different. Each culture and tradition perceives the world in different ways and holds different meanings and emphases for different styles of art and art forms. As such, any intervention made by humanitarian aid organizations need to be relevant and dynamic, and ready to change and adapt in response to the local needs and circumstances.

In Southern Africa the traditional use of art as a social and political tool still holds strong in a contemporary context of healing in response to HIV/AIDS, poverty, political violence and corruption. An example of adapting and responding is seen in the context of South Africa where many women made use of telephone wires that they found from cut-off supplies, to weave baskets. These baskets became important objects used for talking about AIDS and the stigma surrounding it. Making the baskets allowed the women to tell their story and to begin conversations about AIDS without having to do so in a direct way (Allen Roberts, director of the Africa Studies Centre, US).

It is not only traditional women responding to materials and context, but many artists in Southern Africa (Mozambique, South Africa, Mali…) (see Modern African Art: Southern Africa: Art on the Frontline; www.sil.si.edu) are using art to educate their wider communities on pressing social issues like HIV/AIDS, the need to move from a warring country to a peaceful one, on poverty and loss. One such project which has been repeated in similar but different forms is the "Transforming Arms into Ploughshares project", a joint CUSO-Christian Council of Mozambique peace-building initiative, which was officially launched in Mozambique in 1995 (see Mozambique – www.acdi-cida.gc.ca). This project aimed to establish a culture of peace in a country devastated by three decades of war. This project was later repeated by turning arms into art and arms into tools.

Another project, originally initiated in Uganda, but currently being carried out in South Africa and Mozambique as well, is the use of memory boxes, memory theory and narrative therapy in an

attempt to address the tremendous loss of all ages and generations to AIDS (memory boxes to help say goodbye www.irrinnews.org). These short-term interventions try to work towards the individual, familial and collective memory through memory box work. Memory books have also been extensively used as have body trace projects, to address the same concerns brought about by the AIDS Pandemic.

In Mali, mud from the Niger River forms the basis of traditional and contemporary cloth decoration and has come to be used as a tool for enabling street children to gain access to their own creative expression and empowerment as well as their income generation and route off the streets.

In other contexts such as the West Bank and Gaza, art has been used since at least the early 1980's as a tool to educate individuals and communities emotionally and as a vehicle for social change. It has also been used for the dissemination of concepts and ideas related to daily life, as well as on an individual or personal psychic level, through more traditional art therapy.

In Somalia storytelling is the traditional and preferred art form, with many generations learning about their ancestry, history, ritual, religion and culture through traditional legends, myths and tales. Eastern Europe has a strong tradition of song and music which forms part of their national identity. Clearly we need to adapt to local and historically preferred forms of expression.

4. CONTINUUM BETWEEN TRAUMA AND PSYCHOSOCIAL APPROACHES

Broadly, two different frameworks have emerged that guide interventions to give social and emotional support to children who have lived through a range of experiences: a **'trauma' approach** (also referred to as a curative / pathology model), with attention focused on risk factors and the treatment of individual trauma, and a **'psychosocial' approach** (also known a developmental / preventative / normalizing model) as addressing both individual and social fabric to promote a healthy psychosocial future.

It is now commonly agreed amongst practitioners, researchers and academics within the humanitarian field that the choice of intervention should be based on the specific context and needs of children. War Child Holland discusses systematic studies which have demonstrated positive results of both types of interventions, but suggests that generally the psychosocial / developmental approach is regarded as most appropriate as it builds upon children's strengths; finds ground in collectivist societies of non-western countries and recognizes the role of supporting factors in the child's environment (parental and social). It is also largely a practical approach, being future-oriented and dealing with large groups of children and families that are affected by war, displacement (and other 'abnormal' situations). It uses normalizing structures to provide stability and routine (Kalksma, 2005).

The psychosocial model has shifted programmatic attention from the trauma-focused or curative model of 'risk factors' towards 'protective factors' and coping mechanisms, focusing on the resilience and resourcefulness of children, their families and community. Resilience can be enhanced by

interventions that strengthen protective factors, shielding children and their families from the effects of war and other situations and helping them to build a future. This model tends to work on a more community level, addressing individuals' psychological issues through supporting groups of children, parents, family, and the wider community. Work in refugee camps, schools, youth centers, in the environment are examples of this. In this approach the *relationship* between the individual, his/her peers, the infrastructure, the culture and the environment are important. This model takes into account the constant interplay and exchange between the child's internal world and his/her external environment.

In the report, 'A Psychosocial Assessment of Palestinian Children' (July 2003, Arafat, Boothby, Save the Children US, and others), the views of Palestinian children are carefully listened to. The report stresses the role of schools as vital social as well as academic arenas in that they serve as a forum for sharing experiences, listening to other children, learning better ways of coping, breaking a sense of isolation. Peer relationships as well as sharing thoughts and feelings as potential sources of childhood resiliency are found through school. The report stresses the importance of keeping schools open, safe and secure as critical to protecting the developmental wellbeing of Palestinian children. The report describes how teachers offer children more time for discussion and self-expression, such as drawing, creative writing and physical exercise, and this has helped increase concentration and performance in class.

The report stresses the need for interventions to empower parents as well as the impact on teachers and the need to consider them in designing psychosocial interventions. Children's ability to cope with the stresses of the current situation is to a large extent contingent on the kind of support they receive, including closeness of their relationships with parents and teachers, their primary caregivers. Children who are not secure in their environment and do not enjoy sufficient support are more likely to be overcome by the strains of the conflict.

As Save the Children and Unicef show us in their report 'The Children of Kabul: Discussions With Afghan Families', a **trauma-focused framework** has been used for children in Rwanda, East Timor and Bosnia, among other nations, while a **psychosocial approach** has been used in Palestine, Sri Lanka, Angola, and Sierra Leone as well as in East Timor and Bosnia and elsewhere. Save the Children and UNICEF conclude validation of a psychosocial approach for the majority of Afghan children (de Berry et al, 2003).

Models along the continuum are necessary and relevant, depending on the context. Indeed, many models used do not fall on one or the other end of the continuum, but utilize both aspects, including some trauma-focused therapy within an overall psychosocial approach.

The major differences between the two approaches are summarized in the following table developed by SC and UNICEF (Children of Kabul, de Berry et al, 2003, page 6):

	Trauma Approach	Psychosocial Approach
Focus	• Impact of war on children's mental health.	• Impact of a range of problems on children's social relationships and emotional well being.
	• Individual children.	• Groups of children in the context of their families and communities.
Main features	• Needs assessment is based on psychological and psychiatric measurements of post-traumatic stress disorder	• Needs assessment is based on subjective priorities defined by children and adults.
	• Intervention consists of individual children receiving psychological and psychiatric treatment.	• Wide range of possible interventions, often community based, and involving children's groups. Focus on building children's relationships, re-establishing a sense of normality, supporting family life and giving children opportunities for emotional expression.
	• Intervention makes the assumption that children can only be healed through technical assistance.	• Intervention based on identifying and strengthening children's own coping and resilience resources.
	• Generally applicable for minority of war-affected children.	• Applicable for all war-affected children.
	• High cost and dependent on technical expertise.	• Low cost and aims for local level sustainability.

4.1 NORMAL RESPONSES TO ABNORMAL CIRCUMSTANCES

The vast majority of individuals who live through war, political violence or acts of terrorism do not become traumatized, nor do they experience either medical or psychiatric difficulties. The at times overwhelming fear, anger and grief caused by loss, both collective and individual, are normal responses to abnormal circumstances. This is now a commonly acknowledged interpretation of the majority of individuals' responses to traumatic experiences.

4.2 TRAUMA AND RE-TRAUMATISATION

The word 'trauma' is frequently used in relation to war, political conflict and other extreme situations. It is now a word which forms part of our colloquial language, but in terms of clinical understanding it is important to really understand what this means. Within the context of this debate, perhaps the most useful and enduring definition of 'trauma' we have come across is written by Child Psychotherapist Sheila Melzak: 'There are many definitions of trauma but all have to do with being overwhelmed. At one level this is the experience of being overwhelmed by helpless, hopeless feelings together with a whole mixture of undifferentiated emotions. The personality is temporarily put under immense stress and breaks down…' (Melzak 1992: 211).

The most recent definition of the term Post Traumatic Stress Disorder (PTSD) in the DSMIV (Diagnostic and Statistics Manual for Mental Disorders Fourth Edition) describes PTSD as the psychological reaction

to an event or events where both the following are present: '(1) the person experienced, witnessed, or was confronted with an event or events that involved actual threat or threatened death or serious injury, or a threat to the physical integrity of self or other, (2) the person's response involved intense fear, helplessness, or horror' (Appendix Two: DSMIV Definition of PTSD). Both an external factor as well as the quality of the experience are key elements to this definition. Those individuals identified as suffering from PTSD may need specialist intervention.

When working with children and adults who have lived through extreme events and are suffering from trauma, stress and anxiety it is important not to become overly prescriptive. It is important not to put pressure on the individual to express their fears, memories or feelings as this can lead to re-traumatization. As professionals we must create an environment which is safe and containing and in which the individual can use the resource at his/her own pace.

Unfortunately we have, in our years of work in countries of political violence, been witness to art practice which does the absolute opposite. It was not unusual to come across a project in which the children and adults were asked to draw/paint their war experience without any appropriate rationale, mechanisms or professional skills with which to follow up the child's emotional response. Trauma manifests in the individual's inability to differentiate between past and present, with the individual being emotionally overwhelmed in the present, despite the fact that there is no longer an actual threat. It follows on therefore that the individual who is suffering from trauma and is asked to retell his/her story can re-experience the same emotional intensity just by re-telling his/her story, leading to re-traumatization.

The Case of Body Maps re. HIV/AIDS

Indeed, this tendency was witnessed by Jonathan Morgan, Narrative Therapist and Clinical Psychologist, working in Khayelitsha with memory boxes and body maps. He wrote: 'What struck me more than anything else was how traumatic the painting of these huge beautiful body maps had been for so many of the participants…Listening to the explanations alerted me to how, in itself, body mapping can well be counter therapeutic. There is no doubt that it is a very evocative and maybe too powerful projective and diagnostic tool. What remains to be worked on is clearer guidelines how what is evoked can be contained…As I listened to some of the explanations, I felt chilled that through this process we had elicited and captured layer over layer of pain, and that we had been party to further and re- traumatizing many of the participants' (Morgan, 2003, p6).

The Case of PSSA following Hurricane Katrina

In the wake of Hurricane Katrina, Save the Children embarked on a program designed to provide psychosocial support to the children in the United States Gulf Coast who were affected by the storm and its aftermath. To support high quality program implementation, Save the Children contracted Recovery Action Learning Laboratory (RALLY) to conduct monitoring and evaluation (M&E) of Save the Children's regional psychosocial program. The RALLY team provided feedback and recommendations to inform the program and provide information that would ultimately touch the lives of the children of the Gulf Coast in a positive way.

Save the Children implemented the psychosocial intervention model known as Psychosocial Structured Activities (PSSA) in September 2005. The program consists of 15-18 highly structured activity sessions designed to be implemented in sequential order in the context of a school curriculum or other natural learning environments. As a Training of Trainers model, the PSSA program aims to prepare and support implementers to deliver the activity sessions to youth. According to the Save the Children initiative, the PSSA objectives are to:

- Reduce the risk of depression, antisocial and other dysfunctional behaviors.
- Re-establish a sense of security and self-esteem.
- Facilitate resiliency and a return to normalcy.

- Use schools and other natural learning environments to decentralize mental health services.
- Screen for high-risk children and youth.

As of March 2006, PSSA had been implemented in 7 counties across Louisiana and Mississippi, and the implementers had delivered the program in approximately 100-120 schools or other local institutions (page1).

In its first quarterly report, RALLY observed the following:
'While PSSA objectives indicate the importance of screening high-risk children who could require more intensive care, this is a challenging task that is not being achieved. Thus, children who may have experienced multiple stressors and loss may be more prone to negative reactions from participation and even subject to increased trauma if the session is not handled appropriately. There is uneasiness that Implementers may not have the capacity to handle the issues and emotional outbursts that may arise from some children during these sessions. As the model predominantly depends upon lay Implementers, those without clinical expertise typically do not have the knowledge and tools required to adequately address the needs of a child who may, when revisiting these memories, exhibit psychological distress.

Another point of consideration is that the trauma-based sessions may negatively affect the Implementers and their perceptions of the program. The Implementers express difficulty with these sessions regarding both their own personal feelings about the hurricane as well as a concern over their relationships with the children (page 4).'

One implementer described the Trauma sessions 7-9 as seeming like 'dangerous territory: 'I personally don't want to traumatize a child because I might not know how to deal with what they share with me. And the kids were having such a nice time with me until session 7 and then I felt like I betrayed their trust by asking them to go that scary place again. I felt awful' (page 4).

RALLY made amongst the following recommendations:
Eliminating the trauma-specific sessions would naturally reduce the number of program sessions required, alleviate the anxiety felt by Save Staff and Implementers regarding deleterious effects on participants, and ultimately avert these negative reactions. Maintaining a strength-based approach also ensures appropriateness of the program when delivered by non-clinical Implementers to students who are both greatly and minimally affected by the hurricane. While removal of these sessions does not obviate the need for supervision, support, and screening, it would reduce the imperativeness of these aspects (page 7).

Mechanisms to provide 'care for the caregiver' would strengthen program delivery and illustrate to Implementers that Save the Children recognizes that these adults are also in need of guidance and emotional support as they cope with the stresses in their lives (page 7).

In addition, involvement of a psychosocial advisor or other clinical staff member would help to ensure that the project is adapted and executed in a safe and effective way for the children. An advisor could also provide consultation to Save Staff and Implementers when handling issues that extend beyond their range of experience and expertise (page 8).

Both these examples (Body Maps and PSSA sessions) further point to the need for care in design and implementation of programmes and ensuring that, when delivered by non-clinical staff, the activities focus on containment, strengthening protective factors, rather than opening children up to further trauma.

5. CONTINUUM BETWEEN DIFFERENT MODELS OF ART THERAPY AND PSYCHOSOCIAL ART APPROACHES

We propose that there is a continuum of different approaches to art therapy and the use of psychosocial approaches to art making. Art therapists working with long-term individual or group *art psychotherapy* might be at one end of this continuum. This is followed by art therapists who use psychosocial approaches that integrate the psychological with an awareness of social, cultural, political and economic environment. At the other end of the continuum are community and aid workers, art therapists, artists and so on, who use psychosocial approaches to community-based expressive art-making.

Many art therapists working in more conventional settings (such as in the UK) locate themselves on the psychotherapy end of this continuum, working with individual children, young people or adults who are referred for help in relation to emotional, psychological, behavioral or social difficulties. Others work on the psychosocial end of the continuum through groups, facilitating art making and an exploration within a social, cultural and sometimes environmental context. Some art therapists move along the continuum depending on the client group, the context and culture in which they are working and the limitations or expansiveness of the environment. The art therapy and art programmes that we have been looking at around the world are found at different points on this continuum.

In working through art with children in the contexts discussed in this document, we suggest that we should not become too attached to one way of working, but that we need to hold onto different models so that we can respond most effectively to each situation.

When looking at art and art therapy programmes in our search, we have also found a great variety in approach. We have seen long-term, sustained projects, embedded in the local culture and context and set up over a number of years, that might allow for an open-ended, non-directive / unstructured approach that encourages children to immerse themselves in art-making over a period of time, such as in South Africa and Cambodia. We have seen time-limited art therapy projects taking place within the framework of large psychosocial programmes, as well as training in the sensitive use of art as part of the development of trauma-approach models.

Below is a definition of models at each end of the continuum, with the majority of art therapy and therapeutic art programmes within the contexts in this study falling between the two. Indeed, we have found few examples at the art psychotherapy end of the continuum.

5.1 ART PSYCHOTHERAPY MODEL

Art psychotherapy focuses on individuals or small groups of children who are experiencing emotional, psychological or behavioral difficulties, or trauma responses as a result of their overwhelming experiences. The work is often long-term. This model requires a trained art therapy professional working within clearly defined parameters and with inbuilt supervision. The work often takes place in a separate or specialized setting.

5.2 PSYCHOSOCIAL ART MODEL

In the majority of cases in which art is used, it is generally understood that children need to express themselves, such as through drawing, paint and play. It is further understood that these become important for children in the context of a crisis/ in the emergency phase – where an outlet for expression is understood to activate ‘protective factors’ and enable children and their communities to build on resilience. This is at the heart of a psychosocial art model, which includes a focus on community empowerment, where programmes are based on the respect of local culture and traditions, and helping the individual through helping the community by supporting collective resilience. Art-making often takes place within psychosocial programmes which are designed to support children’s

psychological, emotional and social development and to strengthen protective factors. This is in the context of psychosocial support strategies rooted in children's own coping resources.

6. CASE STUDIES ALONG THE CONTINUUM:

Most of the examples we have chosen manage to work on many levels and not purely as psychosocial or psychotherapy interventions. This reflects the reality of psychosocial work. All the projects begin as a result of urgent need. In situations of political violence, chronic poverty and HIV/AIDS it is not possible to divorce the external, the social and political environments from the internal reality of individuals. Most of the successful and responsible projects reflect this reality.

The table below attempts to present different models along the continuum, and refers to implementers, setting and type of intervention. We have also attempted to place eleven case studies, which follow the table, in positions in which we think they fall. As the table shows, most fall along the middle of the continuum and fit into the category of child-centered creative art interventions.

6.1 A TABLE OF ART THERAPY INTERVENTIONS:

ART PSYCHOTHERAPY----------		**PSYCHOSOCIAL ART THERAPY ----------**		**----------PSYCHOSOCIAL ART**
	The Art Therapy Centre, Gauteng, South Africa Ragamuffin Project, Cambodia The Rehabilitation Centre for Beslan's Children, UNICEF	Little Star Project, Ingushetia / Chechnya: War Child/ CPCD Chart, Thailand Asru Memory Box Project (MBP), South Africa	Sanjeevani Project, Nepal, Save the Children CPTP Puppets for Peace Photovoice: Side by Side Jerusalem/Israeli & Palestinian youth Kader Keita, Mud Cloth project, Mali	PAINTING PEACE: Talleres de Muralismo of Esteli, Nicaragua and Children for Change
Art therapists working with long-term individual or group art psychotherapy	Art therapists / Art counselors using psychosocial approaches, working with individuals or small groups	Child-centered Creative arts group interventions preventative structured groups Art in education		Community-based expressive art-making: community as a whole
Art Therapists	Art Therapists / art counselors	Art Therapists and Animators (Community and aid workers and artists)		Community and aid workers, art therapists, artists and so on
Secluded setting	Integrated in community, or separate setting	Integrated in community setting		Integrated in community setting

6.2 Case Study One: Ragamuffin Project, 'Healing Hurts' Cambodia

The Ragamuffin Project promotes an approach to dealing with individual and collective trauma, emotional or psychological damage through the use of Creative Arts Therapies. It addresses endemic trauma in Cambodia through increasing the capacity of Cambodians to effectively respond to emotional and psychological trauma by establishing Professional Creative Arts Therapy training and practice.

The Ragamuffin Project is a professional agency delivering Creative Arts Therapies, training, supervision and consultancy in partnership with organizations in the UK, Russia and Cambodia. The Ragamuffin Staff Team are fully qualified and registered therapists, they also have further training and qualifications in cross-cultural teaching and supervision.

The Ragamuffin Project promotes a response to individual and collective trauma through the Application of the Arts Therapies. By translating real life experience into self-made art works people are enabled to unlock and explore their inner world. Drama and dance, storytelling, poetry, music and the visual arts all serve to provide insight and enable the client to address their fear, tell their story, express deep emotion and experience change in their lives.

The Ragamuffin project has identified the need for a creative arts programme based on the evidence of extensive mental health problems faced by Cambodians as a result of years of conflict and violent trauma, for example: A survey by TPO (Transcultural Psychosocial Organization) identified that 75% of adults who lived through the Khmer Rouge era suffer from extreme stress or Post Traumatic Stress Disorder, with at least 40 % of children born to this generation suffering from stress disorders caused by growing up in a tattered social network. The result is that a heavily traumatized generation can transfer their trauma to their children. The mental health problems that ensue, will not only affect their own lives negatively, but also will influence their ability as a generation to cope with feelings of hate and revenge, thus easily forming the base for a new episode in an endless chain of conflict'. Such conflict is today seen in the high levels of poverty, child trafficking and sexual exploitation, domestic violence, and violent crime.

Where those who have suffered trauma receive little or nothing in the way of treatment, the necessary motivation to sustain ongoing positive development in education and the socio-economic sector is undermined. Where trauma is limited to relatively few in number, its impact on a nation's growth and development is marginal. Where trauma has effected a whole generation, then the impact is considerable. In either case, the effect on the individual and those within their social networks is of no less significance. Ragamuffin's initial groundwork identified an urgent and acute need for culturally sensitive, integrative models of therapy that address both the symptoms and underlying causes of mental health problems. People, relieved of the symptoms of trauma, are then able to become self-determining and productive. Dependency can gradually become history as human potential, locked inside trauma, is released and realized.

6.3 Case Study Two: The Art Therapy Centre, Gauteng, South Africa

The Art Therapy Centre focuses on the use of art and a psychodynamic understanding as a contributory means of addressing psycho/social development in South Africa. It works holistically to meet the needs of the individual, in relation his/her specific group and social context. The trainees and future art counselors apply their skills in the communities in which they live and work and very often have a deep understanding of the needs of these communities.

The Art Therapy Centre was initially established to help victims of apartheid brutalities as well as survivors of the bloody political and civil violence in the 1990s in Katlehong and Thokoza in Ekurhuleni. Most of these were youth who belonged to the notorious self-defense units as well as educators, parents and children, who needed to be integrated into their communities. Following the new political reality, the project had to be adapted to deal with new social dynamics where HIV/Aids have presented a challenge. According to the Art Therapy Centre: Art therapy is suitable for the South African context as "it transcends language and cultural barriers" as well as "promotes positive change"(Founder, art therapist Hayley Berman quoted in 'Therapy through Art, by Thabo Mohlala, Mail&Guardian online, Africa's first online newspaper, 13 Feb, 2007).

Training of Art Counselors

The center's primary objective is to empower teachers and guardians with the skills and knowledge to cope with children who have suffered abuse, trauma and bereavement or who battle with remedial, behavioral and development-related problems, so that they in turn can articulate and process their emotions. Berman says teachers need to be trained to deal with the challenges facing them in South Africa today. **"If teachers are traumatized, there will be no teaching, and if learners are troubled, there will be no learning."**

The Art Therapy Centre aims to create a pool of art counselors who operate at schools and in various social structures such as churches, hospitals and prisons. The Centre wants to ensure that there is a continuous availability and sustainability of counselors. Hayley Berman, the Center's founder, states: "Our [long-term] vision is to set up art counseling resources in every community in Gauteng and to expand these services nationally." The Centre has started offering two years of training in community art counseling that is in the process of being Seta accredited. There is also an introductory training programme for foundation phase educators and other professionals.

The project is supported by the Gauteng Department of Education, which funds interventions at schools after death, trauma and for those at risk such as HIV/Aids orphans. The department of Arts and Culture funds the center's two-year arts community counseling training programme.

The centre also operates projects in Katlehong, Thokoza and Thembisa, based mainly at after-care centers to support children at risk aged five to eight. Children attend therapy sessions once a week.

Expressive use of art making for the trainees and the people that they counsel allows for the gradual development of a more functional society; it allows for people to be creative, for emotional healing to take place; for change in individual people's lives, for therapeutically oriented education relating to community problems. People see themselves as part of the solution to various social problems, and able to make a difference in addressing these problems such as HIV/Aids, trauma, bereavement and loss, physical and emotional abuse etc. Slowly we work towards the creation of a society which reacts to adversity creatively.

6.4 Case Study Three: The Rehabilitation Centre for Beslan's Children, UNICEF

This intervention is an example of Psychosocial Support in that the support is being offered to all the children and is serving as a preventative measure.

"This problem must be tackled in its entirety," said Dr. Khabaeva, who felt that the art therapy programme was one of the more effective means of treatment he had seen in Beslan. "All these children have exceptional needs – physical and psychological – and we must treat them as best we can."

The centre in Beslan provides an array of rehabilitation – from medical assistance to psychological counseling. Most of the specialists providing the services were trained with the support of UNICEF. Play therapy, Art therapy,

sport and horse riding are all being offered to the children in Beslan as a means to work through the horror of their experiences and the consequences of their psychological trauma.

Among the children's most common physiological complaints are trouble sleeping, headaches, nausea and vomiting. To counter these symptoms, the Vladikavkaz Centre offers qualified psychological and neurological help to repair the damage to nervous systems, employing physiotherapy such as relaxation treatments, therapeutic games, and massage.

Since the Centre opened, UNICEF has been a key and crucial partner, providing equipment, medical supplies, furniture and, above all, funding for the training of specialists. Looking to the future, UNICEF officials recently met with the Center's director, Zhanna Tsutsieva, to discuss the plans for another branch of the Centre in Beslan itself.

Like most children suffering from the ravages of war, flashbacks and nightmares will haunt the children of Beslan for years to come. Specialists also worry that more serious disorders, such as drug addiction and alcoholism, as well as increased incidence of family strife, lurk in the future unless timely and effective treatment is provided to all 7,000 children in Beslan. But for now, resources are limited, and many Beslan families continue to balk at rehabilitation. Many don't understand its benefits, and Dr. Khabaeva speaks of how difficult it was to track down and convince parents of the current group of first-graders to come to the centre. Ossetians are a proud people, and most personal problems are solved within their extended and tight-knit families.

"We didn't think it would be so difficult in the beginning," said Dr. Yakhyaeva. "Most important is to gain the children's trust because they have lost confidence that adults can protect them. The parents are often more difficult; they come here in mourning clothes and cry a lot. It's been very difficult."

6.5 Case Study Four: Little Star Project, Ingushetia / Chechnya: War Child/ Centre for Peacemaking and Community Development (CPCD)

This is a project draws on both trauma and psychosocial models, responding to the context and pressures arising, utilizing local staff in all aspects of design and implementation. It follows a child-centered approach in that the needs of individual children are responded to within a context of tremendous overall need, allowing for both focused therapeutic individual and group art therapy programmes to more general creative arts groups for children at large. Training and sustained support of local professionals are an integral part of this project too.

'Little Star' was opened by the Centre for Peacemaking and Community Development (CPCD) in Grozny, Chechnya, in 1997 to support children (aged 7-14) living as IDP's in Ingushetia and in Chechnya, who were 'traumatized' as a result of the wars in Chechnya. Emergency psycho-social support to these children was deemed very necessary, as they were experiencing a high level of distress and had no activities to occupy themselves with during the day. The Little Star programmes offer a safe place where children can come to have fun, express themselves through art, games, dancing and music, and play together with other children. Many of children re-learn how to play. Games and play therapy form the basis of the work with children, helping them to develop inter-personal communication skills and enabling them to feel that they are in a safe space with adults who support and respect them. This develops confidence and self respect, and gives them strength to deal with their situation. Feedback on the effects of the time spent at Little Star is usually very forthcoming from the children themselves and from their parents.

Each Little Star point, whether it be in tents in the IDP camps in Ingushetia or Classrooms used in village schools in Chechnya, is staffed by two to three Little Star psychologists and/or counselors. Three groups of children defined by age attend each point every day.

The children are offered individual consultations in addition to groups. Groups of children are selected according to age and level of trauma, in consultation with parents and teachers. The children indicating a need for further support have the opportunity to see a professional psychiatrist for additional consultation. Those children experiencing high levels of stress and trauma receive Intensive psychological rehabilitation periods/ rest breaks in a separate environment. Further treatment can be arranged for children. Work is also carried out with parents and teachers in temporary IDP schools on recognizing and supporting traumatized children. Also, mines awareness activity is carried out with all children attending the Little Star programme. The nineteen Little Star points in Chechnya and Ingushetia have each targeted 60 children per month, totaling 1200 children per month.

Staff team

Importantly, from the outset the staff were experienced local psychologists, teachers and nurses who worked in schools assessing children they felt were suffering from PTSD (post-traumatic stress disorder) and providing teachers with basic skills in how to assist such children. Children with the worst cases of trauma were invited to Little Star for two-week periods of treatment, repeated according to need. Since the Little Star staff became refugees themselves in late 1999, the psychosocial programme relocated to IDP camps in Ingushetia. The team expanded to 34 psychologists and counselors working in six refugee camps/spontaneous settlements in Ingushetia and in five villages in Chechnya. It was proposed that from 1 November 2000, the programme would grow again, with 18 new counselors starting work in Chechnya: three villages, and five points in Grozny, where the need was greatest of all.

Staff Training

Psycho-social assistance is not an area which local medical or pedagogical specialists are experienced in. During and since the Soviet period, no psychologists were working in Chechnya. The Little Star programme therefore has sought to address this problem through training local staff in skills of psycho-social assistance such as art and music therapy and psychotherapy. A competent team has developed, of well-trained, qualified professionals for the long-term benefit of the project and the region as a whole. In addition, each month, training and coordination meetings take place for every Little Star counselor/psychologists, conducted by the Little Star coordination group which visits the Little Star points in Chechnya every second month. Sometimes, an external expert will be invited to a bi-monthly training for all staff from Chechnya and Ingushetia.

The local authorities in Ingushetia and Chechnya have been unable to cope with the huge tasks in the spheres of health and education, and while in the longer term the plan has been to hand over the project, the programme has been supported externally with close relations with the relevant local authorities.

6.6 Case Study Five: Sanjeevani Project, CBI, Nepal, Save the Children

This is a focused therapeutic intervention with psychosocial elements. This model includes therapy, community oriented work, training and supervision.

This psychosocial intervention takes place in Nepal. It is a thorough project aimed at helping children whose daily lives and daily functioning has been impaired by violence in their community which has directly or indirectly affected them (e.g. the disappearance or sudden death of a parent as a result of political activity).

This project assesses and screens children they feel are at risk of developing post traumatic Stress disorder (PTSD) or stress reactions to such difficult external events. The screening identifies children with ‘emotional, social and /or behavior problems, identifies how these problems disturb the child’s daily functioning, identifies the presence or absence of protective/risk factors (such as social support from peers and /or family, existing coping strategies) and identifies whether the child needs special attention and/or psychosocial interventions. Once assessed the children who need what the project is calling ‘psychosocial intervention’ will be placed in a group which they enroll in a Class based intervention (CBI), or Sanjeevani and will be referred to additional counseling

if needed. The children who are assessed as not in need of psychosocial intervention will be referred to what they call a 'youth group'.

The CBI uses games, music, art and drama to work with the children over a period of 15 sessions. It describes that it tries to create a containing environment before it begins to expose the memories and conflict that has caused the difficulty in functioning; it then aims to identify and install external and internal resources and coping strategies.

In addition to these CBI workshops with children, counseling is offered to children who need extra specialist support and teachers are trained to work in this way with the students in their class. Clinical supervision is offered for the counselors and for the CBI facilitators and considered an important strategy for sustained learning and caring for the service providers.

6.7 Case Six: Asru Memory Box Project (MBP), South Africa

This is an art therapy intervention with psychosocial elements. This model includes psychotherapeutic bereavement work, education on HIV/AIDS and a training of facilitators to carry out the workshops.

Memory boxes or memory books, all fit into a larger model of work called 'memory work'. The idea originated in Uganda and was taken up by many individual therapists and organizations in southern Africa and Mozambique. It was designed to help the millions of families affected by HIV/AIDS in Africa to cope with disease, death and grief, and to plan for a child's future, alone.

The Memory Box Project in South Africa is funded by the Ford foundation and Pfizer. It provides support for HIV positive people and facilitates research by creating a non exploitative interface between researchers and people living with HIV/AIDS. The MBP provides counseling for HIV positive people in Khayelitsha and is a focal point for educational and awareness-raising work on HIV/AIDS.

Memory Box workshops are run in different contexts for HIV+ support groups, where participants make a box and a book out of recycled materials through which they tell stories about their lives. Memory books and boxes cam be used for bereavement work, for education and for counseling on 'living positively with the virus'.

The memory box group therapy process generally takes the form of four weekly two-hour sessions using narrative therapy. Memory box workshops are conducted primarily by HIV+Xhosa and Afrikaans-speaking community-based trainers known as 'A-Teams'. Each A-Team member serves an internship of 10 months during which they get trained in counseling and research skills. A-Team members also work occasionally as field researchers. Jonathan Morgan has produced a manual for memory box workshops and has published pieces on Memory Box work (see "Boxes and remembering in the time of AIDS" first published in Living Positive lives, Dulwich Centre Journal, No4, 2000, and updated and revised for the AIDS Bulletin, vol. 10, no 2 2001, and then again for Child and Youth Care, Volume No 4 May 2002).

6.8 Case Study Seven: The Children's Tolerance Education Program (CTEP) II: Puppets for Peace: Promoting Tolerance and Conflict Transformation in the South Caucasus, Save the Children

This project falls on the psychosocial end of the scale. It is about Education; its effects are far reaching and affect change on each individual.

Through the weekly broadcast of an educational television show, issues such as tolerance, inter-cultural understanding and conflict prevention have been introduced to young viewers in the region, and an estimated 2,000,000 viewers (children and caregivers) have seen the programs either in school or through the three local partner television stations. Along with the production of television puppet shows and children's talk shows, innovations in project activities consist of teacher training that provides teachers with the skills to make their classrooms places where students are not taught what to think, but rather how to think critically, and act responsibly. Young children in the South Caucasus have developed a better understanding and practice of tolerance, gained problem-solving, conflict resolution and negotiation skills.

A comparison between the program's baseline and end line surveys demonstrated significant improvement in children's knowledge, attitudes and practice of tolerance, conflict transformation, negotiation, and mediation skills. In addition, non-formal measurements (focus group discussions, interviews, observation, children's' letters to television stations) confirm that the program had evident impact.

Due to the program's success, the basis exists for a scaling up of program activities to expand the reach of CTEP into more pilot schools, train more teachers, create more educational television shows and develop a regional curriculum of peace education that will be used in primary school classes in Armenia, Azerbaijan and Georgia.

6.9 Case Study Eight: Chart, Thailand, Post Tsunami

This short-term project would fall into the psychosocial intervention on the continuum. Unique to this project is the time and consideration given to reflection on the art work, and use of the art in this context (by the engagement of art therapists for supervision). This adds an extra dimension and depth to the work and is unusual in the psychosocial context.

The success of this project validates CHART's fundamental idea that teams comprised of lay artists working with guidance from professional art therapists and other health care specialists are an effective means to address the psychosocial needs of children in a crisis situation. The total team was composed of 3 artists and 3 therapists, who employed a unique approach to art therapy; the artists designed group projects aimed at engaging the children in creative and cooperative tasks, and the art therapists were able to provide expert supervision, ensuring that the programming would conform to accepted Art Therapy guidelines in a context of child trauma.

Some of the projects that took place were theme based, while others were more spontaneous. In some of the sessions the art therapists worked alongside the artists in the projects but occasionally worked singly with an individual child who seemed in need. During the sessions the art therapists took notes and at the end of each day they discussed the days work with the artists and exchanged ideas and suggestions for the next day.

As an example: one of the artists asked the children to draw an idea of what kind of "new" house they could have when the village was rebuilt. One of the children actually made a paper model, the others then followed suit. One of the children suggested that they make streets, and eventually a model village was made in 3 dimensions with houses, streets, trees, even cars.

6.10 Case Study Nine: Photovoice: Side by Side: Jerusalem / Israeli and Palestinian youth

The project falls on the side of the psychosocial on the continuum. This is a photography project serving a social purpose, which will reach each individual participant across two communities. This project is currently under-way.

PhotoVoice is working with The Parents Circle - The Families Forum, an NGO based in Jerusalem which seeks to solve the ongoing conflict between Israelis and Palestinians through dialogue and mutual understanding. The group believes reconciliation is the only way to reach true co-existence and peace in the Middle East.

The Side by Side project was introduced to 14 young people in January 2007 at a 3 day workshop. Throughout the next eight months the young people will document their lives using digital cameras and meet together for four further workshops. In between workshops the young people involved will have ongoing access to computers, digital cameras and the website which they will be able to update on an ongoing basis. Local facilitators will be in close contact with the students and will visit participants in their home areas. Participants will also be given additional computer and IT training. The images and accompanying writing and web-diaries will be posted up by the students from both Israel and Palestine onto an interactive, web 2.0 technology website throughout the course of the year. The young people taking part in the project will also meet and share their work in person five times at workshops and camps organized by the Families Forum.

This website and the work created by the young people will form an important dialogue between teenagers caught on both sides of the conflict and will become a channel through which the young people can voice their losses, frustrations and differences but also, it is hoped, find common ground and friendship. At the end of the year a selection of the work created will be made public through a traveling exhibition, a booklet and potentially through making the website open to public audiences for interactive feedback. All these initiatives will aim to further awareness of the issues affecting the lives of young Israelis and Palestinians and to further dialogue and understanding between Israeli and Palestinian audiences; also, to portray an alternative and hopeful perspective on the Israeli/ Palestinian situation through press and media.

The project will enable young Israeli and Palestinians

- To document their daily lives, hopes and dreams through using digital cameras
- to work through grief or anger through expressing themselves through photography and writing
- to share their views, thoughts, feelings with young people from the 'other side of the conflict' both in person and through online messaging, blogging and picture sharing through the creation of a specific 'web 2.0 technology' website
- to use photography as a basis for personal dialogue and understanding between the young people at the Summer camps
- to impart the young people with a group activity which will give them confidence, a voice and will promote cross-cultural bonds and friendships.
- to enhance the photographic, IT, creative and digital skills of the young people

THE SIDE-BY-SIDE WEBSITE - www.youthspace.net/pv/

The website is a place in which dialogue can take place between the participants through their photographs and thoughts. The website will also be adapted throughout the year according to the needs and wishes of the participants themselves.

6.11 Case Study Ten: Kader Keita, Mud Cloth Project, Mali

This is a small local psychosocial art project that makes use of a traditional art form 'bogalan' in encouraging self-expression, empowerment and economic self-sufficiency amongst its child participants. This project is unique in that it depends upon the vision of one individual artist to carry it forward, with the support of the non-government organization in Mali, Jeunesse et Developpement.

This art project is based in Mali. (Kader Keita has transposed his working methods using Niger mud to the UK to work with youth offenders.) Kader Keita was born in 1972 in Kangaba, Mali. He is a descendent of Sounjata Keita – the renowned emperor of Mali who established the Mande Empire across much of West Africa in the 13th Century. Kader was raised in Bamako, the capital of Mali, where he completed his primary and secondary education. He then went on to l' Institute National des Arts (IINA) where he gained a four year degree in 1997. He uses bogalan (mud cloth) as a primary artistic medium but also uses other art forms such as acrylic painting. In

addition, he makes sculptures, often from recycled objects such as tin cans. He is also an accomplished musician and actor.

Kader uses mud cloth as a means of expression to assist disadvantaged children in Bamako. Many of the children live on the streets and have run away from their families (who often live in rural areas) because of disputes. Kader's vision is to use his creative talents to improve the lives of children in difficult circumstances in Mali. His long experience has taught him that art, and in particular bogalan, can be used to help young people think about their problems and find solutions to them. Kader has drawn from his own life experience here: he himself suffers from severe physical disability which does not hinder his energy, commitment and creativity. In Mali he works with street children, orphans, refugee children and young children who are disadvantaged.

6.12 Case Study Eleven: PAINTING PEACE: Edmonton Peace Murals, Alberta, Nicaragua and El Salvador
This project is an example of a community-based expressive arts project, spanning three countries and involving over four hundred young people. It also has educational concerns.

A collaborative effort with Talleres de Muralismo of Esteli, Nicaragua, and Children for Change, Canada, this project invited young people to explore the themes of Peace outlined in UNESCO's Manifesto 2000: respect all life; listen to understand; reject violence; share with others; preserve the planet; and rediscover solidarity. Over 400 youth from Alberta, Nicaragua and El Salvador participated in expressing those themes in 85 paintings that collectively form the 'Youth of the Americas Peace Mural'.

In the summer of 2000, nine young Albertans took the Canadian panels with them on a five-week tour of Central America. There the Alberta group joined with Nicaraguan and Salvadorian youth to paint the ten by twenty foot central panel for the mural. The extended team visited with Southern youth groups to discuss issues of concern, and exhibited the growing mural throughout Nicaragua and El Salvador. In October and November 2000, six members of the Central American team in turn visited Alberta for five weeks, sharing stories of their lives and their work in presentations, workshops and meetings attended by almost 4,000 people. The tour culminated in *Peace Week,* a celebration of social justice through art, music and film presentations.

In addition to the traveling mural, the international youth team led the painting of two permanent public murals in the rural communities of Jinocuao, Nicaragua, and La Noria, El Salvador. The Edmonton Peace Mural was unveiled in June 2001, completing the trio. All three works encompass both the local and global concerns of youth as well as their hopes for a truly peaceful world. The murals were viewed by many thousands of people.

7. GUIDING PRINCIPLES FOR THERAPEUTIC ART / ART THERAPY PROGRAMMES – MINIMUM STANDARDS:

We need to approach the subject of **the therapeutic use of art in programmes** by bearing in mind the guiding principles / minimum standards that should be in place in setting up an art or art therapy intervention or support. At the heart of this is the practice of art therapy based on a child-centered, child-led approach.

Note: The criterions listed below are representative of guiding principles. Some of these may not be possible to be carried out exactly as is listed due to the local structure, but the principle should be adhered to. For example; where a consistent room is not available, the adult running the group needs to keep in mind the principles of consistency and containment.

7.1. SUSTAINABILITY

It is important to keep this word and the sentiments it holds when setting up a therapeutic or art therapy programme in a country in a time of crisis. By sharing our knowledge and acknowledging local culture and traditions, we can begin to make our work sustainable.

The following allow for sustainability of therapeutic art programmes:

- sensitivity to the art
- local professionals and staff to acknowledge limitations and work within these
- experiential training for local professionals
- Training the trainers including selection, ongoing supervision and access to experiential learning and training materials, follow-up, tracking and audit. Also, where possible, seminars, workshops and courses to increase the capacity of local professionals to creatively address issues emerging in the work. (Teachers already have many of the necessary skills for observing their students' ability to adjust or not to the difficulties they face; teachers can also be essential participants in 'training the trainer programmes')
- using experienced external art therapists to supervise staff
- The ability to adapt and moderate programmes to respond to the needs of the children taking part, to local staff and partners, to changing local circumstances and variables is essential in ensuring that they are sustainable and do not become repetitive
- Simple, relevant tools for evaluation of progams

7.2. CONTAINMENT

Art is a powerful media as are art making processes themselves. The art therapy aims to facilitate immersion and absorption into the art making process, but an important part of this process is the ability to emotionally contain the expression that emerges, especially in un-contained environments. We work within so many external constraints that we know that our task is not to unthinkingly provide an opportunity to 'express ', but to be acutely aware of the tools we use to contain expression too. This is of course a topic for extensive discussion, particularly given the fact that war and other extreme events create a rippling out of instability at many levels – physical, emotional, psychological, social, cultural and personal.

7.3. ART-MAKING AND ART MATERIALS

- Use of local art materials, art forms, tools, models and resources wherever possible. The art materials should be culturally aware and sensitive and relevant where possible, drawing on local resources and supplies. This can include recyclable, found and scrap products found within the environment. It can also include clay from the ground, leaves from the trees etc.
- Respecting local culture and traditions, beliefs and practices which constitute the framework of local socializing practices - traditional, indigenous ways of healing / responding to crisis through art / other forms of healing.
- Different emphasis or prominent art form in different countries / communities as essential vehicles for healing related to a particular culture.
- Essential is a non-judgmental attitude towards the art with the focus on the child's meaning he / she gives to his/her image.

7.4. ADULT PRESENCE

The quality of the people delivering the programme is essential, and close, careful consideration needs to be given to this. Optimally, the adults involved in delivering art therapeutic sessions should offer the qualities of consistency, care and concern, as well as cultural sensitivity and awareness. This should

apply whether external art therapists / other psychosocial professionals are used from the outside, or local professionals, artists or lay people are used in programmes.

7.5. REGULAR TIME AND SPACE WHERE FEASIBLE

Art therapy sessions traditionally take place in a regular place that is free from external interruptions and feels physically safe for the child. This might be a room with a door that can be closed, a designated tent, a purpose-build cabin, or, if an indoor space is not available, a clearly designated art therapy area that is separate and demarcated with clear physical boundaries that enable children to feel contained and safe.

The importance of utilizing existing structures:

Utilizing and implementation through existing structures where these exist, such as schools, youth centers, health centers, child-care centers, social services, libraries. The school structure is crucial and workable in the majority of settings as it addresses the need for normalcy and a sense of stability for children, as well as provides a forum for reaching children. School helps to establish and re-establish some order and sanity in many contexts. School can provide the stabilizing framework in which the child's imaginative and cognitive skills can safely grow, or grow in relative safety. The "school in a box" programme [a crate flown in that itself can serve as a schoolroom structure and is filled with simple school supplies for numbers of children] instituted in Rwanda refugee camps is a recognition of this importance (Apfel and Simon).

7.6. BASIC BOUNDARY RULES

One of the most important aspects of traditional; therapeutic work and the art therapy session is the setting of *limits* / therapeutic boundaries which are agreed upon at the outset of therapy between art therapist, other adults present and children. This too can be done in most situations, even in situations which are themselves unstable. As a principle the artist/ art therapist should be responsible and reliable, and make sure to carry out the commitment made on initial meeting.

In a traditional art therapy setting, boundaries take the following form (clearly this is not relevant and possible in all circumstances – however where it is possible these boundaries can form an important sense of routine and normality, otherwise not present in the life of a child):

The therapist will let the child know at the outset the planned duration of the therapy if the work is time-limited. The therapist will also let the children know, in advance, of any imminent breaks or changes, as well as prepare the child for the ending of the therapy. The duration of the therapy is, wherever possible, determined by the needs of the child. The boundaries include:

- regular time each day / week where feasible
- regular physical space where feasible, free from external interruption
- safe use of art materials and equipment
- safety from physical harm of one child and another, as well as the therapists / other adults present
- Safe-keeping / storage of art work by the art therapist, until the therapy comes to a close.
- Confidentiality (where relevant) is adhered to and explained within a child protection
- framework

7.7. SUPERVISION

Ideally, supervision of the direct work with children as well as other issues arising in the work is offered by an experienced art therapist to all programme facilitators. This could take a variety of forms depending on costs, including regular face-to-face supervision, e-mail and telephone supervision. This needs to be carefully thought about, planned in advance and sustained throughout the duration of the work.

The impact on staff teams can be considerable and extensive. Care workers across programmes commonly report high degrees of stress, secondary trauma and burnout. These symptoms have a negative impact on people's ability to communicate, cooperate, trust and so work together effectively and productively - the very abilities that psychosocial projects depend on for sustainability. They further justify the ongoing need to develop art therapeutic supervision programmes for staff teams. This is due to the impact of vicarious trauma on the capacity and sustainability of organizations to respond effectively to their clients and communities. Trauma relief, as it effects individuals, communities and those working with them, is therefore of immense strategic importance in all art and art therapy programmes.

[Following a UNICEF week-long art therapy training workshop for local child psychologists working in residential institutions in Kyrgyzstan, the experienced facilitator commented, "There is lack of information. If the participants need clarification or advice, they do not have anybody to turn to. Secondly, it is a managerial and supervisory challenge. Children's institutions are often understaffed. Art therapy requires time and safe space to be effective and not to harm children. The participants were enthusiastic, creative and interested in the practical application of art therapy, particularly to help children with loss and changes in their life. However, without on-going support they will lose the confidence they gained this week." (http://www.unicef.org/ceecis/reallives_4325.html)]

7.8. RECORD-KEEPING AND COMMUNICATION

The keeping of attendance records, and process documentation after each session is an integral part of Art Therapy practice, enabling a record of process/progress of a series of sessions and a comprehensive evaluation of the work overall. Also integral is the communication with parents and care-givers, teachers and others involved with the care of the children in the programme, through information sheets concerning aims for the programme as well as expectations on the part of caregivers, and regular feedback and evaluation.

7.9. EVALUATION

This needs to take a number of forms:

- Written evaluation of the progress / use made of Art therapy by each individual child
- Communication with parents, families and caregivers – formal and informal
- The views and involvement of the local population need to be considered and built into programmes so to ensure an appropriate and useful interventions as well as sustainability.
- Written evaluation of the Art Therapy work overall, including recommendations built into this.
- Use of basic evaluation tools that are simple to use with children and their families, as well as simple to administer. These tools should focus on eliciting important information in relation to the emotional, psychological and behavioral changes in a child.

8. EVALUATION APPROACHES AND INVENTORY OF TOOLS

In considering this important area, we have referred to three key documents:

> War Child: State of the Art in Psychosocial interventions in war-affected children, Brechtje Kalksma, May 2005
>
> 'Helping children Overcome Disaster Trauma through Post-Emergency Psychosocial Sports Programmes – A Working Paper'. Robert Henley, Swiss Academy for Development (SAD), 2005
>
> CBI_Impact_Evaluation1.pdf, Save the Children USA, West Bank Gaza Field Office, 2004
> (Excellent appendix of assessment tools, pages 78-102.)

Save the Children is not a research body. Its primary aim is to help children and their families. Having said this, the importance of evaluating the work being carried is acknowledged, and evaluation tools and techniques need to be explored. Indeed, Henley (2005) suggests that a rigorous research design and methodology in programmes *must* be implemented.

As yet there is no standardized monitoring and evaluation system that enables results, methods and best practice to be identified and compared between organizations (Henley, 2005: 29). Henley suggests the importance of permission from and sensitivity towards the community in relation to assessment and research. Also, any programme wishing to provide monitoring and evaluation of its services should consider what improvements might be hoped to be achieved.

Kalksma (2005) discusses the doubts held by some practitioners about the appropriateness of scientific methods of research in the complex humanitarian field, leading to questions such as: does it help us to measure what we want to measure; is it defendable to subject children in humanitarian crises to methods of research and questions that may be emotionally disturbing? The same report also discusses the feasibility of measuring the restoration of children's hope for the future (p.32-33).

The challenges of evaluation are also helpfully outlined by Henley. He writes about the context of Beslan (page 19), which also applies to many other settings, and the important role of anecdotal evidence. He cautions the following: working in an unstable region; getting the local population to accept and work with local psychologists as well as outside professionals; finding a local researcher to work with; finding suitable tests that are culturally valid.

In addition, tests need to be administered by those trained to do so. They should be considered for their ease and simplicity. It also needs to be considered whether they are valid for all ages or in a specific culture (certain questions may be left unanswered because they are deemed inappropriate and therefore render the test invalid) (p.29 - 30). Henley further suggests using more than one test and ensuring assessments of children by adults.

8.1 War Child Document

Kalksma (2005) refers to several different assessment tools throughout the War Child report. Generally, research into 'curative' programmes has a stronger scientific basis than do studies of developmental programmes. This may be due to the fact that curative programmes are more suitable for structured measurement as they can make use of instruments developed in the mental health field, such as treatment protocols and validated questionnaires. She refers to the role of perusal of project documents, observation, interviews and discussion as well as review on

the basis of anecdotal information – such as teachers observing striking changes in children's behavior (shy children have become more assertive, aggressive children more manageable).

The document refers to semi-structured interviews used in Ingushetia, as well as a study conducted by IRC to construct a research instrument for measuring psychosocial adjustments of demobilized child soldiers. The latter was based on already existing measurement tools CBI (Child inventory and Cross National Adolescent Project Questionnaire) and C-NAP (Northern Uganda Child Psychosocial Adjustment Scale) (NUCPAS). Kalksma also refers to the following tools:

1. Pre- and post- testing by means of structured interviews with children, teachers and parents.
2. Achenbach's Child Behavior Checklist (CBCL)
3. Battle Culture Free Self-esteem inventories
4. Achenbach Youth Self Report
5. The War Trauma questionnaire (WTQ) (slightly increased trauma reactions)
6. Post-Traumatic Stress Diagnostic Scale
7. Impact of events scale (IES)

8.2 SAD Document

Where tests are used, the following are suggested by Henley (2005) as possible measurement instruments for consideration for psychosocial programmes (Page 30):

Cross-culturally sensitive trauma screens: Harvard Trauma Questionnaire; Resettlement Stressor Scale; War Trauma Scales

Trauma tests that are sensitive for culture and children: Impact of Events Scale-revised

Tests that have been adapted to screen for psychological distress in refugee populations: Hopkins Symptom Checklist – 25; Beck Depression Inventory; Impact of events Scale-Revised; Posttraumatic Symptom Scale-30

Behavior focused scales: Strengths and Difficulties Questionnaire (SDQ); Child Behavior Checklist (CBCL)

Other scales to consider: Rosenberg's self-esteem scale; Childs attribution and perceptions scale; Youth, coping index-Hamilton-McCubbin; Sense of Coherence Scale (SOC); State Hope Scale; Trait Hope Scale-Snyder
Worry Scale

8.3 Save the Children Document

The CBI-Impact study was a randomized and controlled impact study undertaken on an unprecedented scale in academic literature, involving 664 children and 11 different assessment instruments. The study was undertaken to measure the impact of the Classroom-Based intervention (CBI) Programme implemented in the West Bank and Gaza, a psychological integration and recovery programme for children, adolescents and their adult caregivers who are exposed to psychological trauma. Through highly structured expressive-behavioral group activities, CBI is designed to (1) reduce potentially harmful traumatic stress reactions, such as fear and depressed moods, and (2) to increase children's ability to solve problems, maintain pro-social attitudes, and sustain self-esteem as well as hope for the future.

The programme was introduced in the West Bank and Gaza in 2003 by Save the Children USA as a core component of their Community Psychosocial Support Programme (CPSP). Following escalation of the conflict situation in spring 2002, feelings of danger and insecurity as well as pessimism regarding the future were found to be widespread amongst children and youth. Following the implementation of the programme it quickly gained community-wide acceptance, was used in camps, schools and by community organizations. Over 1,400 school counselors and other social workers were trained in CBI techniques and over 100,000 children completed the full 15 session programme. From the start, important changes were noted in children and youth, in terms of confidence, optimism, co-operation at home, and ability to focus at school, and so on, based on anecdotal evidence. This was deemed not enough, and an evidence-based study was put in place.

The CBI document analyses the findings as well as provides an Appendix with the complete Assessment Tools Instruments used (pages 78 – 102):

Demographic Data Sheet
Family Inventory of Political Stressors (FIPS)
Child and Adolescent Strengths Assessment (CASA)
Strengths and Difficulties Questionnaire (SDQ – Child)
Child's Hope Scale (HOPE)
PENN State Worry Questionnaire for Children (PSWQ – C)
Impact of Event Scale (IES)

Instruments for Only Children aged 6-11 years:
Youth Coping Inventory (YCI)
The Children's Attributional Style Questionnaire (CASQ)
Children's Attribution and Perceptions Scale (CAPS)

Instruments for Only Youth aged 12-16 years:
Adolescent Coping for problem Experience (A-COPE)
Rosenberg's Self Esteem Scale (RSE)

8.4 Relevance to art and art therapy programs

We recognize the need to investigate appropriate forms of evaluation and the need to make use of useful, simple, relevant tools in assessing the value of programmes overall. What seems important to us, and what appears to being regularly reported in the reports outlined above, is that any attempt to implement a research tool needs to consider how to make it very easy and acceptable to use. A sophisticated tool is no use if it is not used. Consequently it seems to us to be worth building in a proviso that the evaluation records made by workers in situ, do not take more than 1-5% of their available time. The principle is to use evaluation tools with a 'light' touch. It would be useful to collect a lot of straightforwardly gathered information on standardized brief forms in a range of projects across the world. This could involve simple tick-box forms to indicate which of the minimum conditions for each project it has been possible to implement, as well as simple tick-box forms to indicate each child's progress against a small number of criteria (for example, see the table below). If collected on a world-wide basis, the information could contribute to greater understanding of the effectiveness of interventions.

If the forms also had optional space for comments and if projects could be given simple cameras, some of the individual nature of each project and stories about particular children would also be recorded. From our experience in the field and in clinical practice, we are aware that alternative forms of measurement are available. When it is not possible to collect information systematically, the impact of interventions can still be analyzed and discussed. With regard to this, the role of coherent case study replication and evaluation-oriented impact

assessment is being re-emphasized by humanitarian agencies. As well as understanding the value of systematic information gathering, we would also support War Child's recognition of the value of more narrative forms of evidence gathering, such as project evaluations, case studies, mapping, storytelling, and collecting anecdotal examples through informal talks.

We would also advocate some of the ordinary aspects of good therapeutic practice and when considering the tools available, to evaluate children's use of a therapeutic art or art therapy programme, no matter on what part of the continuum. We would recommend that workers in situ might also make use of process reports, case studies, informal discussion with primary carers and teachers, as well as simple evaluation tools where appropriate.

We would look to the following indicators (some from Duncan and Arniston, 2004, p.43) to demonstrate and point to effective intervention, progress/improvement in individual children. It is some of the criteria from this table that might be used to design a tick-box form in relation to the progress of individual children.

1. Increased ability of the child to concentrate
2. Improvement in relationships both with adults and peers
3. Ability of the child to verbalize feelings
4. Ability of child to place his/her experience in context
5. Increased ability of the child to function in the present
6. Increased hope and ability of the child to envisage a future
7. Degree of independence and creativity
8. Degree of social functioning
9. Ability to problem-solve
10. Attachments to and involvements with others
11. Reduction of sleep problems
12. Diminished isolationist behavior
13. Decrease in violent / aggressive behavior
14. Decrease in excessive watchfulness for danger
15. Improved school attendance
16. Improved classroom behavior and cooperation
17. Increased hope and positive attitude towards the future
18. Increased pro-social behaviors (helping others or the community)

9. CONCLUSION

We have formed a picture of 'the state of the art' in art / art therapy in programs for children across the Save the Children Alliance and in the wider global field. We have found that art approaches to conflict, chronic poverty and HIV/AIDS are beginning to be widely recognised in the humanitarian field and that art / art therapy can have a useful and at times pivotal role to play. Also, that art therapists and adults delivering art programs themselves play a significant role in the healing process of children, and the ultimate success of program interventions.

The vast transformations taking place in the world today, including increased terrorism, wars and significant environmental disasters, have led to radical changes in the landscape of humanitarian assistance. These events have forced aid agencies to adapt their ways of thinking and intervening in relation to post-conflict and post-natural disaster situations. One major change is a move away from an exclusive focus on material and technical

forms of interventions, to a greater focus on public health programs, including mental health and psychosocial care. There is also a shift away from a psychopathological point of view to a psychosocial one which emphasizes a focus on strengths and resources, over a focus on illness and trauma, based on the concept of resiliency (Henley, 2005).

What is clearly now necessary is active field research to empirically validate what our global search has shown and what many already believe is true: namely, that art and art therapy programs contribute as effective healing agents for children.

10. GLOSSARY OR TERMS

10.1 ART THERAPY

Although art making has been part of humanity throughout history, art therapy as a profession emerged in the 1930's and is practiced in a number of countries, with different emphases between different schools of practice.

Today art therapy is a form of psychotherapy that uses visual art (and in some cases all the art forms – dance, poetry, drama, music) as its primary form of expression. Therapist and child work through the images and art making process to reach the authentic expression of the child.

Art therapy works on many levels, both conscious and unconscious: cognitive, emotional, behavioral, and transpersonal. The images themselves are seen as possessing multiple meanings, such as forms of imaginations, thoughts, beliefs, memories and feelings, and the therapist and child work on understanding these together. The child's art making (such as drawing, painting, sculpting, telling a story, acting out scenarios), helps him / her process life experiences and feelings, in the presence of the therapist, enabling therapeutic change to take place.

The child needs no previous experience in art.
Art Therapy can be offered short or long term, to individuals (children, young people and adults), groups, families and communities.

The art therapy training, which combines theoretical and experiential work, is a Masters Degree or Post Graduate Diploma to be completed over two or three years. Applicants must have a first degree in art, although other graduates are sometimes considered, and some experience of working in an area of health, education or social care.
Art therapy is a diverse profession and it is important to ensure that those who practice it are maintaining the standards that we as a professional body uphold. Art Therapists, along with Drama and Music Therapists need to register with the Health Professions Council.
The British Association of Art Therapists (BAAT) is the professional organization for art therapists in the United Kingdom and has its own Code of Ethics of Professional Practice. Comprising of 20 regional groups, a European section and an international section, it maintains a comprehensive directory of qualified art therapists and works to promote art therapy in the UK.

10.2 CURATIVE / TRAUMA MODEL

Otherwise described as a 'psychotherapeutic', 'psychodynamic' or 'trauma' approach, this model focuses on work with children who are exhibiting trauma reactions outside the realm of normal reactions to abnormal circumstances. An individual child or group of children is offered therapeutic work that focuses on exploration of and expression of emotions within an agreed therapeutic frame. The therapist is often a professional brought in from the outside, and the work may take place in a setting separate from the community.

10.3 PSYCHOSOCIAL MODEL

Otherwise described as a 'developmental' approach, this model involves children in relationship with their social, cultural and community environment, works on the basis that children are generally resilient, and uses approaches that strengthen protective factors.

10.4 DIRECTIVE VERSUS NON-DIRECTIVE WORK:

A directive approach involves a structure introduced into sessions. This might take the course of themes or a focus on a particular art material. This approach is often short-term with the number of sessions agreed at the outset.

A non-directive approach is child-led within the agreed parameters between therapist and child set up and agreed at the start of the work, with no themes offered. The therapist follows the pace of the child and this work can be long-term.

10.5 CHILD-CENTRED THERAPY

In psychoanalysis and in more general psychotherapy, the relationship is the means through which the goals of therapy are achieved. In child-centered therapy, the focus is not on the relationship but on the therapist and the child as separate individuals, with the therapist making reflections and clarifications, conveying empathic understanding, and having unconditional regard for the client (Moustakas, 1992)

Child-centered, client-centered or person-centered approach was developed by Carl Rogers. He emphasizes the therapist's role as being empathic, open, honest, congruent, and caring as he listens in depth and facilitates the growth of an individual or group. The philosophy incorporates the belief that each individual has worth, dignity, and the capacity for self-direction. Carl Rogers' philosophy is based on trust in an inherent impulse towards growth in every individual. (Rogers, 1993)

10.6 PROTECTIVE FACTORS

The concept of protective factors emerged when psychologists and psychiatrist turned their attention to trauma and began to explore and wonder why some children or people suffered from Post Traumatic Stress Disorder (PTSD) and others did not. Sheila Melzak, Child psychotherapist, is one of the many therapists writing and thinking about protective factors in children. She writes that there seem to be "five main factors acting as protective factors in children" (Melzak, 1999). Melzak lists a sense of belonging as important, having a parent or a parent substitute, ability to think and reflect on their experience, being able to make use of the community through stories, legends, empathy, being able to use a natural healing process (such as play, dreams, community processes and rituals) in order to make sense of the events, and ability to solve problems, in face of the helplessness experienced.

Research shows that when these factors are present, children are more likely to cope with extreme events (Henley, 2005, Apfel and Simon, Masten et. al. 1990, Save the Children document).

10.7 RESILIENCY

Resilience and protective factors are usually linked and spoken about together. Resilience describes the strengths of a child to cope with adversity. Resiliency is the child's capacity to bounce back from traumatic childhood events and develop into an integrated, and socially responsible adult.

Resiliency can be described as an inner strength, responsiveness and flexibility that some individuals have more than others, that either enables them to withstand stress and trauma completely, or helps them to be able to recover to a healthy level of functioning more quickly after a traumatic event (Henley, 2005).

Resourcefulness includes the ability to make something out of nothing, to use imaginative skills in gathering or creating resources -- both concrete material resources and psychic resources needed for survival (Apfel and Simon).

Finally, there is the pressing long-term need to find means to interrupt the tendency towards inter-generational transmissions of hatred and of propensities towards violent resolution of conflict. Our models of art and art therapy interventions that enhance resiliency allow us also to think about the inter-generational transmission of hope, about resources for renewal and regeneration, and about alternate means of conflict resolution.

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13. ART THERAPY INITIATIVE - ATI

In 1994 Debra Kalmanowitz and Bobby Lloyd established ATI as an independent London-based art therapy service working in the context of political conflict. In addition to clinical practice, ATI regularly develops and runs workshops, seminars, consultation and training.

13.1 ATI Projects

ATI has worked with and alongside Goldsmiths College, London University; War Child; the Bosnian Support Trust; the Art Works Trust and the University of Durban Westville (South Africa); **Save the Children** and DFID (Department for International Development) in Kosovo; and the Bayswater Families Centre in London. To date, **ATI** has worked in Bosnia, Croatia, Slovenia and South Africa, and most recently in Kosovo and the UK.

2007	Consultants to Save the Children US re 'HEART"
2006 (ongoing)	Visiting Lecturers, Expressive Arts and Social Change, European Summer School, Saas Fe, Switzerland
2001 – 2004	Research into, writing chapters for and editing of book: 'Art Therapy and Political Violence: With art, without illusion', edited by Bobby Lloyd and Debra Kalmanowitz, Routledge, January 2005.
2002 (March)	In-Service Training for psychosocial Mobile Teams in Kosovo: 'Art Therapy Skills' The Tavistock Clinic, The International Organization for Migration (IOM) and Pristina University, Kosovo
1999 – 2000	Training teachers in the use of art in South West Kosovo with the Support of Save the Children. This project trained and supported teachers in schools in South West Kosovo (Peja, Decan, Junik and Djakova) through 2 teams of art therapists sent by ATI. The work aimed to reinforce teachers' capacity to work effectively with, and support their students. **ATI's** work, firmly based in art-making processes, took a variety of forms: experiential groups, classroom practice / application, supervision.
1997 – 1999	Parents' art therapy studio group (long-term open group, accommodating 32 women from 17 countries worldwide), Bayswater Families Centre (for Homeless and Refugee populations), London W2.
1995	University of Durban-Westville, Kwazulu - Natal, South Africa. Four week art therapy training for local caring professionals working with children, adults and families who had directly experienced violence in KwaZulu-Natal.

1994 – 1995 Short term art therapy work in refugee camps in Slovenia and Croatia; also action research into the setting up of an art and art therapy service for children, adults and carers in Bosnia (Sarajevo, East Mostar) and Croatia. Research grant awarded for research and documentation, Goldsmiths College, London University.

13.2 Selected ATI Workshops, Seminars and Exhibitions

2003 Video Presentation on In-Service Training in Kosovo, Parkside Clinic, London W11

2000 Lecture: 'Borderlands', Spacex Symposium; 'Borderline between Art and Therapy', Exeter

2000 Art Therapy Workshop and Presentation: 'Portable Studio: Inhabiting the Uninhabitable' East Anglia Art Therapy Regional Meeting, Norwich, Norfolk

1998 Refugees and Arts Therapies Workshop and Presentation, 'Exile' Conference, University of Hertfordshire, London

1997 Presentation: 'Art Therapy with refugees: Slovenia and London' Conference; 'Working with Refugees Families: Clinical Issues', The Marlborough Family Service, London

1996 Art Therapy Workshop at MELSS (Multilingual and English Language Support Service) Conference: 'Refugee Children in School: responding to their needs', Barnet, London

1995 Art Therapy Workshop for Refugee Council Conference: 'Using Art, Drama and Play with Refugee Children', London

1995 Lecture and slide presentation to MA art therapy students, Goldsmiths College, Art Psychotherapy Unit, University of London

1995 Exhibition and Seminar: 'Art and Art Therapy in the Former Yugoslavia', Tavistock and Portman Clinic, London

13.3 Publications

Written jointly by Debra Kalmanowitz and Bobby Lloyd

- 'Art Therapy and Political Violence: With art, without illusion', edited Debra Kalmanowitz and Bobby Lloyd, Routledge, January 2005.

- 'Inhabiting the Uninhabitable: the use of art-making with teachers in South West Kosovo', Special edition: 'coping with Dissension, Aggression and Violence', Vol. 29, 1, The Arts in Psychotherapy, USA, Elsevier Science, 2002.

- 'Art therapy in a central refugee family centre', in 'Exile: Refugees and the Arts Therapies', ed. Ditty Dokter, University of Hertfordshire, Faculty of Art and Design Press, 2000.

- 'Fragments of Art at Work: Art Therapy in the former Yugoslavia', in The Arts in Psychotherapy Special Issue: 'Healing Troubled Communities through the Arts', USA: Elsevier Science, Vol. 26, No. 1, 1999.

- 'The Portable Studio: art therapy and political conflict: initiatives in the former Yugoslavia and KwaZulu-Natal, South Africa'. London: Health Education Authority, 1997. (Book with full color illustrations).

- 'A Question of Translation: Transporting Art Therapy to KwaZulu-Natal, South Africa', in 'Arts Therapies, Refugees and Migrants: Reaching Across Borders', ed. Ditty Dokter, London: Jessica Kingsley Publications, 1997.

14. BIOGRAPHIES OF CONSULTANTS

Debra Kalmanowitz qualified in 1992 as an Expressive Arts Therapist from Lesley College, Cambridge, USA. She has since worked as an Arts Therapist in various settings in Israel, Canada, the USA and UK with both adults and children. She worked for eight years as a Senior Art Therapist and supervisor in the Child and Adolescent Psychotherapy team at the Medical Foundation for the Care of Victims of Torture, North London. In this capacity she worked clinically in groups and individually. In addition Debra supervises, consults and trains other professionals in this work. Her most current international (co) training work (December 2005) took place in Kosovo and formed a module of a training for MA psychology students at the University of Pristina. Debra has recently moved to Hong Kong where she is to work as an Art Therapist, in a small bilingual (Cantonese/English) organization working with children and adolescents in troubled social contexts (through groups, circus, visual art, drama, music and dance). She continues to make her own art and works as an Art Therapy Supervisor.

Bobby Lloyd qualified in 1992 as an Art Therapist from Goldsmiths College, London University, England. She has since worked as an artist and Art Therapist in London with both adults and children, often with displaced communities. From 1996-2003 she was Senior Art Therapist in the Children and Families Department of Parkside Clinic, an NHS Trust community-based Mental Health Clinic in West London. She is currently based in East London where she works as an artist and Art Therapy Supervisor, and Art Therapist in three primary schools located on large housing estates. Her current focus is in working with groups of children who have newly arrived in the UK from countries across the globe. Bobby is also co-founder and project manager of 'On Site Arts', established in 2004 as a small non-profit arts organization currently working through photography with communities in East London (including Gypsies and Travelers) due to be displaced as a result of the 2012 Olympics.

Debra Kalmanowitz and Bobby Lloyd are Health Professional Council (HPC) registered Members of the British Association of Art Therapists and BAAT approved Supervisors. They have up-to-date advanced police checks and carry Professional Indemnity Insurance.