Empowering Students in the Trauma-Informed Classroom Through Expressive Arts Therapy

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Abstract

Teachers and school staff are noting an increase in disruptive and aggressive behaviour within the classroom and safety within our schools continues to be questioned. Students arriving in the classroom have diverse backgrounds, which include trauma. For students to feel safe within the classroom they must feel a true sense of belonging; understanding their identity within the classroom context will begin to empower each student to create an environment where they belong. Psychoeducational therapy is one approach that is successfully combined with expressive arts therapy and trauma-informed therapy to facilitate empowerment in students. Restoring each student's identity within the classroom while addressing the underlying cause of disruptive behaviour will promote social healing.

     Keywords: student empowerment; trauma-informed classroom; expressive arts therapy; trauma

Empowering Students in the Trauma-Informed Classroom Through Expressive Arts Therapy

Teachers and school staff are noting an increase in disruptive and aggressive behaviour in the classroom and are questioning safety within our schools. Students arriving in the classroom have diverse backgrounds, which include trauma, though we are now seeing students exposed to traumatic factors within our classrooms and schools (Hart, 2010; Holmes, Gibson, & Morrison-Danner, 2014). One intervention implication with the increase of behaviour concerns is the influx of behaviour curriculums, therapies, and resources. To date, interventions have focused on the symptomatology of behaviour disruptions in the classroom without conjecture of the underlying causes of these disruptions. In order to create a healing context of safety, treatment must ground students exposed to trauma in predictability and consistency to allow students to take charge of their own behaviours.

Trauma is an experience that involves actual or perceived threats to the safety and well-being of an individual or someone close to an individual. Childhood trauma has profound impact on behavioural, cognitive, emotional, physical, social, and skills development (Perry, Pollard, Blakely, Baker, & Vigilante, 1995). Previous trauma research (Barnett, Dally III, Martens, Olson, & Witt, 2007; De Young, Kenardy, & Cobham, 2011; Hutchison & Bleiker, 2008; McInerney & McKlindon, 2014; Perry et al., 1995) within a classroom context has focused on specific traumatic events and symptomatic behaviours. Many of the group therapy programs designed to address trauma in the classroom are based on a reactive model. These programs are recommended for implementation during or after a time of crisis. Current academic literature illuminates the breadth of research within trauma but a gap exists between the theoretical understanding of trauma and the implementation of individual supports after a trauma has occurred. Specifically missing is the piece where students are identified during the disruptive behaviours and before a crisis occurs. Identification during this time allows students to address their own concerns as individuals and create an environment where, regardless of individual situations, they have a sense of safety and belonging.

Classrooms containing large numbers of students from varying backgrounds create a catalyst environment where disruptive behaviours can infiltrate the learning environment. There are external and internal factors that each person brings to the classroom; how we address symptoms of these factors within a trauma-informed classroom will influence the effect of each student's sense of belonging within the classroom.

Trauma shatters one's sense of belonging. One of the defining elements of a traumatic experience is a complete loss of control and sense of powerlessness; regaining control is imperative to coping with traumatic stressors (Perry & Szalavitz, 2006). For students to feel safe within the classroom they must feel a true sense of belonging through the understanding of their identities within the classroom and the promotion of empowering opportunities to create an environment where they have a sense of belonging. Recovery from trauma requires that students return to situations and places that are predictable and safe (Perry & Szalavitz, 2006). Trauma in childhood does not only affect one's ability to cope; but also affects changes in a child's body at the molecular level, such as the development of her or his brain. These molecular changes affect neural pathway development and have significant developmental implications (Perry, 2009). Perry and Szalavitz (2006) state that these changes may be a result of the links between lack of control and sensitization and between control and habituation. Understanding the implications of

trauma on brain development will allow schools to work towards decreasing disruptive behaviour and allow students to create an environment of belonging.

Within the classroom, students exist in environments unlike any other. They belong to a small group, and are unable to choose whom they will be with in the classroom, regardless of the situation. The students do not have the opportunity to remove themselves from a situation or an environment they believe to be unsafe (for example, changing home classrooms). When students feel unsafe they begin to alter the environment by shutting down and disengaging, acting out, or running from their environment in order to have their needs met. In a work environment, post-secondary environment, and leisure environment one has the opportunity to remove oneself and not participate in a task if one does not feel safe or comfortable with the situation. In schools, we can say this is a possibility, but in reality, that is not the case. Students have articulated how the behaviours of other students impact their own ability to learn and findings also demonstrate that these students are aware of the role external factors play in behaviour in the academic environment (West, Day, Somers, & Baroni, 2014). A classroom functions similar to family in the sense that one is not always able to remove oneself from an uncomfortable or unsafe environment. For students to feel safe within a classroom, they must be empowered to identify their role within the classroom and utilize their skills and strengths to create an environment where they belong (Pearlman, 2013). Empowerment to participate in creating an environment that works for them has the potential to decrease the need to engage in survival tactics and disruptive behaviours.

In their recent work, McInerney and McKlindon (2014) have discussed a trauma-informed approach and the implementation possibilities within a school context.They state:

> Trauma-Informed approaches are not new—they have been implemented in many fields including the medical profession and our judicial system. The lessons learned from these evidence-based approaches can be directly applied to classrooms and schools. At the heart of these approaches is the belief that students' actions are a direct result of their experiences, and when students act out or disengage, the question to ask is not what's wrong with you, but rather what happened to you? By being sensitive to students' past and current experiences with trauma, educators can break the cycle of trauma, prevent re-traumatization, and engage a child in learning and finding success in school. (McInerney & McKlindon, 2014, p. 2)

Although many children experience a traumatic event, not all children are traumatized. Trauma may impact school performance and can impair learning as demonstrated through higher absence rates, decreased reading ability, and increased behaviour concerns (Mendelson, Tandon, O'Brennan, Leaf, & Ialongo, 2015; West et al., 2014). The familiar iceberg analogy is a strong representation of what is happening in the modern classroom. Teachers and school staff are noting an increase in disruptive and aggressive behaviour in the classroom: Anxiety, fear, worry, anger outbursts, change in academic performance, irritability, absenteeism, and heightened difficulty with authority are becoming increasingly present in classrooms (Hart, 2010; Segal, 2008). However, only symptomatic behaviours are being noted and addressed and not the underlying causes.

Though there are many behaviour programs available to address specific traumatic events and the behaviour implications within the classroom, there appears to be a deficit in programs

that address the underlying student concerns. Psychoeducational therapy is one approach that is often successfully combined with expressive arts therapy and trauma-informed therapy. Psychoeducational therapy can be implemented within a large group, which addresses the effects of trauma, and has the ability to facilitate skill acquisition and empowerment through the use of non-invasive, non-verbal, and non-judgmental forms of therapy. The goal will ultimately be to set an expectation for change and to encourage individuals and students to actively participate in creating changes in themselves and in their lives (Malchiodi, 2007).

Expressive arts therapy, also known as creative arts therapy, combines art, music, movement, drama, and creative writing as a catalyst for personal inquiry, discovery, and growth. "Children intuitively use expressive arts and play to act out what they are reliving and what they may find unspeakable" (Malchiodi, 2015). The use of expressive arts can be done on an individual or group level. The creativity involved in group art making contributes to a sense of camaraderie among group members (Malchiodi, 2007). Through activities such as these, students will have the opportunity to trust and lead within the group. Each student becomes a valuable member of the group where they begin as an outside observer and cycle through roles within the group. Encouraging each student to gain the social, emotional, and behavioural skills to be safe and successful within the classroom is ultimately the key to authentic group therapy inclusion (Jacobs, Masson, Harvill, & Schimmel, 2016).

Students require the skills to observe, understand, reflect, and discuss the events that unfold around them and they need to acquire and utilize the appropriate methods of responding. A platform must be created for this to occur. Schools must promote an understanding of trauma that will, in turn, establish a collective recovery, promote resilience, and facilitate re-engagement within the classroom. Through the understanding of trauma, students gain the ability to grow through social healing, empowerment, and reconstitution of one's' identity within the classroom.

In the sections that follow, questions regarding trauma implications in the classroom will be discussed. The effects of trauma on the developing brain; empowering identity through belonging; and the implications of utilizing expressive arts therapies to facilitate belonging for all students are outlined.

Trauma Effects During Childhood Development

The impact of traumatic experiences will influence how the brain develops and functions. Brain architecture is *experience dependent* where the brain will begin to sense, process, organize, and store information based on developmental experiences (Perry, 2009). The length of trauma exposure, whether pervasive and chronic (maltreatment) or time limited (natural disaster) will also contribute to the developmental impact on the child. The implication of trauma on neural development, synapse formation, and myelination occur throughout development. Throughout the brain's development, there are different times where specific areas are developing and organizing in the central nervous system. These critical and sensitive periods of information organization will influencethe functioning of the child. Disruptions of experiences can alter the neurochemical signals during these periods and may lead to major abnormalities or deficits in neurodevelopment-some of which may not be reversible (Perry, Pollard, Blakely, Baker, & Vigilante, 1995).

When one becomes stressed, the adrenal glands release a steroid called cortisol. Whether one faces emotional, physical, environmental, or academic stress, the body responds by releasing

cortisol (Jensen, 1998). This cortisol begins to trigger physical reactions throughout the body that manifest in tension of large muscles, depression of the immune system, and increased blood pressure. When triggered in schools, these reactions can result in behavioural outbursts and other difficult-to-manage behaviours. Prolonged exposure to high cortisol levels will lead to the destruction of brain cells in the hippocampus, which is critical to explicit memory formation (Jensen, 1998).

The brain develops in a hierarchical and sequential design, beginning from the least complex (brain stem) to the most complex (limbic system and cortical areas). Each area develops, organizes, and becomes fully functional at different times throughout childhood. Understanding the brain's developmental process and the effects on the central nervous system allows one to fully understand the biological effects of trauma on children.

Children and youth can become locked in a constant state of *fight or flight* (resulting in continual high cortisol levels), because of ongoing exposure to violence and trauma. Due to being enveloped in this constant state, children and youth will react to normal everyday experiences as if their life were threatened, because of their heightened arousal. This is not a rational, cognitive process of choice but it is habituation through their physiological responses from continuous exposure (Perry, 2009).

Humans have a regulated alarm system in the brain that alerts them when threatening situations emerge. This alarm system regulates the reaction to fight, flee, or freeze. When children and youth experience a continuous threat or trauma, the *survival brain* (mid/lower areas of the brain) is activated. During significant times of development, an overactive alarm system can be created. A youth's brain and body that develops within the context of trauma and traumatic stressors can be more easily triggered into survival brain by trauma reminders or triggers even when there is no actual threat (Perry & Szalavitz, 2006).

Experiencing trauma during the developmental period of childhood can cause the stress response to become highly reactive or difficult to end when there is a perceived threat. For children living with trauma, the stress response can become their habitual manner of functioning and in order to develop properly, each brain area requires appropriately timed, patterned, and repetitive experiences (Perry & Szalavitz, 2006; Statman-Weil, 2015). The unpredictability of classrooms (sensory overload, fire drills, feeling vulnerable, high frustration points, confrontation) may activate the survival brain causing youth to react as though a *there and then* experience (previous traumatic event) is happening *here and now* (in current reality) (Perry, 2009). When youth are in this *triggered state*, the high functioning areas of the frontal lobe, *learning brain*, cannot be activated. Situations may escalate at an exponential rate because the verbal warnings and rational arguments, which make demands on these higher functions, cannot be accessed when the youth is in a triggered state (Perry & Szalavitz, 2006).

Children who have experienced stress as a result of traumatic events may be at an increased risk for cognitive difficulties, including attention, executive functioning, and processing speed due to neuroanatomical changes secondary to the stress response (Blair, Granger, & Razza, 2005; De Bellis, Hooper, & Sapia, 2005; Welsh, 2013). When areas of the brain that control body temperature, heart rate, blood pressure, arousal, and motor regulation (brainstem and mid brain) are in overdrive, one's ability to control one's emotional reactivity, attachment, abstract and concrete thought, organization, and overall executive functioning

(limbic and cortical areas) may not function at an optimal level. Results from Welsh's (2013) study indicate that stronger resilience was associated with fewer difficulties in sustained attention and working memory. Understanding the neurosequential design of the brain explains how, in the simplest of expressions, the survival brain will override the learning brain in children experiencing stress because of trauma.

Children who have experienced trauma may show a variety of cognitive effects, which include difficulties processing verbal information, comprehension deficits, and difficulties related to attention (van der Kolk, 2003). Because the brain has the greatest plasticity in early childhood (receptive to environmental input), a child is most vulnerable to variance of experience during this time. During this critical period of development and learning, children exposed to trauma begin to have a decrease in brain volume, decreased neural connections due to ongoing effects of decreased experiences and increased stress, and decreased myelination. This is a result of increased levels of cortisol (stress hormone) that can cause damage to the brain if present in large quantities over sustained periods. Increased activity in the brain stem, resulting in alterations to autonomic functions (heart rate, breathing, and blood pressure), begin to manifest as symptoms (De Young, Hendrikz, Kenardy, Cobham, & Kimble, 2014). A child who has survived trauma may experience weaknesses in the areas of language and communication, social and emotional regulation, building relations through play, and may exhibit disruptive and aggressive behaviours (Statman-Weil, 2015).

When children live in a constant state of fear and are not supported in the regulation of their emotions, the brain's regulator of emotions (amygdala) and emotional behaviours tends to be overused, causing it to overdevelop. This can result in children being highly impulsive and reactive and unable to complete higher-order thinking tasks. Conversely, the hippocampus—the part of the brain that puts a potential threat in context—tends to be underdeveloped in children who experience trauma because it is underused (Statman-Weil, 2015). Therefore, as Statman-Weil (2015) continues to state, even when the dangers they have experienced are not present, children who have experienced trauma may respond as if they are in danger, because the hippocampus is unable to override the stress response their brains so frequently employed as a means of survival. When the needs of the traumatized child are not met, the repetitive exposure to extreme behaviours begins to impact all of the children within the classroom. Many of the behaviours of such children can be understood as their efforts to minimize perceived threats and regulate emotional distress (Statman-Weil, 2015).

Children may have difficulty regulating and processing information they receive within a classroom. Sensory processing difficulties often appear in students who have experienced trauma and these difficulties are exhibited through observable behaviours, through visual, auditory, and somatosensory representation. Symptoms children may exhibit can include difficulties with attention, with self-calming behaviours, with staying awake, with crowds or loud noises, as well as other symptoms. These sensory difficulties are sometimes referred to as Sensory Processing Disorder (SPD). Though SPD is not a recognized mental disorder in medical manuals such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5®) or the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10), it is an accepted diagnosis listed in the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:03R). These sensory difficulties appear not only because of trauma, but may also be associated with Autism Spectrum Disorder, Attention/ Hyper-Active Disorder, Fetal Alcohol Spectrum Disorder, and Anxiety. If research indicates expressive arts

therapy as an effective treatment approach for addressing sensory processing difficulties associated with trauma, this may suggest that expressive arts therapy may have beneficial effects on others who have sensory processing difficulties.

Empowering Identity Through Belonging

Young children come into the world seeking relationships for comfort, identity development, and support of their learning process. The strongest drive underlying a child's daily experiences is the desire to have relationships with others and to be a member of a group. Children spend a significant portion of their day away from their families and homes, resulting in a need to make additional connections. Children rely on others to help them maintain connections while they become part of a community and develop new friendships. Beginning with Vygotsky (1978), research on childhood development demonstrates that children grow and learn best in the context of relationships with people and places that reflect their families, cultures, and communities (Curtis & Carter, 2003).

Vygotsky believed one's knowledge of the world came through one's active involvement in social interactions. This belief culminated into a sociocultural cognitive theory that emphasized how social and cultural interactions guide cognitive development (Santrock, 2007). Vygotsky enriched discussions surrounding the view that knowledge is collaborative (John-Steiner & Mahn, 2003; Kozulin, 2000). Through these views, knowledge cannot be generated from within but can be constructed through interactions with others in cooperative activities (John-Steiner & Mahn, 2003).

For children and adolescents, social activities are often seen through play and imagination. These social interactions create a link between reality and imagination. Vygotsky argues that imagination is an essential aspect of all thought (Nilsson & Ferholt, 2014).

> As M. Cole (Cole; Pelaprat, 2011) explains, human conscious experience is a process, a process which requires not just our phylogenetically constrained abilities and our culturally organized experience, but also our active reconciliation or "filling-in", our imagining, as we try to make sense of our world. (Nilsson & Ferholt, 2014, p. 925)

Our social environments and interactions within these environments play a large role in how we interpret and understand the world around us.

Research on emotional intelligence and brain development suggest that children must feel secure and comfortable in their environment for healthy development and learning. Regaining control of the environment and establishing safety allows children to thrive in environments which are predictable and safe and in turn, allows relationships to be fostered (Holmes, Gibson, & Morrison-Danner, 2014; Perry & Szalavitz, 2006).

The importance of belonging is reinforced through social identity theory (Kelly, 2009). Education, religion, sociology, and military science continue to promote the reduction of the *us and them* mentality and encourage strengthened relationships between others (Pearlman, 2013; West et al., 2014). Relationships (connections) are fundamental to life; attachment fosters achievement, autonomy, and altruism. Relationships require the concrete actions of caring (concern for life and growth of others), knowledge (deep understanding of another's feelings), respect (seeing another person as they are and allowing them to develop without exploitation),

and responsibility (willingness to act to meet the needs, expressed or not expressed, of another human being) (Brendtro, Brokenleg, & Van Bockern, 2002; Perry & Szalavitz, 2006).

Classrooms are unique sociocultural environments. Within these environments, there is little control for each individual but plenty of opportunities to be affected by the behaviours and actions of others in the classroom. In an adult work environment, if one feels threatened or unsafe there are many channels from which one may choose. Adults may choose to file a complaint, speak to their superior, contact Occupational Health and Safety, or even change their work environment by requesting a transfer or changing their job completely. On the surface, many of these options seem available for students, but in reality, there are minimal options possible within the school environment. Behaviour disruptions have become increasingly frequent and widespread so that basic accommodations cannot be met. Students must continue in their current classroom environment regardless of the state. When students are given the opportunity to feel safe in their environment and regain control, they are less likely to feel threatened, which in turn, reduces the students' needs to communicate through fight or flight behaviours. Teachers adapting their own behaviours in response to disruptive behaviours often initiate opportunities for safety. When teachers begin to calm their behaviour response, the students may begin to reciprocate this behaviour, and in turn, begin to regulate their own behaviour.

The classroom environment has the ability to influence student development and, in turn, students within the classroom have the ability to influence their classmates' development and the environment (Guardino & Fullerton, 2010; Skibbe, Phillips, Day, Brophy-Herb, & Connor, 2012). McNiff (2004) emphasizes the importance of safety in establishing creative and healing environments. When an environment has a safe, welcoming feel it is more apt to foster a stronger connection among students, which will in turn, allow the students to experience a sense of belonging and security. An environment may temporarily over stimulate or bore, calm, or agitate. Every environment implies a set of values or beliefs about the people who use a space and the activities that take place there (Curtis & Carter, 2003).

Jensen (1998) believes that the single greatest contributor to impaired academic learning is excess stress and threat within the school environment. A stressful physical environment (crowded conditions, poor student relationships and even lighting) has been linked to student failure (Jensen, 1998). Social situations within an already strained physical environment may also become a source of stress. During the most dominant identity developmental times, children and adolescents are under a significant amount of stress and may frequently be tense or emotionally strained in group environments (Curtis & Carter, 2003). While stress hormones, such as cortisol, are released during these events, one's serotonin levels are also affected (Jensen, 1998). Diminished or lowered levels of serotonin have been linked to aggressive and violent behaviours (Jensen, 1998).

Many students with regulation difficulties flourish when given leadership roles within the classroom. For example, students who are "top dog" at home and one of many in a classroom become more impulsive. Studies suggest that classroom status and hierarchy can and do change the brain's chemistry and therefore affect one's development (Jensen, 1998). This research encourages a case for the importance of roles within a classroom but also addresses the need for roles to change, which facilitates students' abilities to lead and follow. Role-switching will

utilize students' strengths and abilities and will allow students to view roles from a variety of perspectives.

Literature on peace building and post-conflict stabilization focuses on state building, particularly on the development of various security measures that are to be taken within an environment (Hutchinson & Bleiker, 2008). This notion reinforces the need for stabilization within the classroom and before any other actions can be taken, students must feel and know that they are safe and belong. To stabilize the classroom, one must begin to identify, understand, and then address the needs of the students.

Individuals and groups divided by conflict search to build forms of community that will allow them to heal their wounds in empathetic and humanizing ways (Hutchinson & Bleiker, 2008). Trust becomes a key factor. The recognition of the emotional dimensions of trauma and ensuring processes of social healing exist are key factors in beginning to build necessary relationships for a child or youth to begin to feel as though they may belong. Rather than presenting reconciliation as simply the management of fear, anger, and resentment, one must appreciate how feelings such as empathy, compassion, or even wonder may be interrupted because of experiencing trauma. The social environment must be actively empathetic and compassionate to succeed in working through trauma in a transformative rather than restorative way (Hutchinson & Bleiker, 2008).

It is the responsibility of all school staff to maintain safety and stability within classrooms so that teachers and students are able to work towards building authentic relationships. When an environment is safe, students gain purpose, which contributes to fostering and empowering their identity within the classroom. This empowerment encourages students' sense of belonging by diminishing the feeling of us and them and allowing students to grow their own social identity within the classroom.

Empowerment Through Expressive Arts Therapy in the Classroom

Shaun McNiff's (2004) *Art Heals* addresses the power and contributing factors art has on the healing process. After a tragedy (such as the events of September 11, 2001), when words are unable to be expressed, ordinary people often respond to crisis through spontaneous art work. These artworks may often be created as a way of dealing with grief, fear, trauma, and the complex emotions associated with the tragic event (McNiff, 2004). Many people explore and create art on their own, while others are guided through a process in a therapeutic relationship, but both open the creator to the healing power of art.

A wealth of research has been presented regarding expressive arts therapies though little has been written regarding expressive arts therapy approaches in the educational classroom since the large 1989 study compiled by Harvey. In Harvey's (1989) article "Creating Arts Therapies in the Classroom: A Study of Cognitive, Emotional, and Motivational Changes," he began to address the successful application of these therapies within the classroom and the encouraging data presented suggests overall success when implemented at a classroom level. The scant research that exists regarding classroom-wide application of creative arts/expressive arts suggests that these therapies have potential as a medium for effective education and, if regularly integrated into the traditional classroom structure, may have beneficial therapeutic results (Harvey, 1989). It is appropriate and timely to revisit the implementation of expressive arts therapies in the classroom because there is ample research to support the effectiveness of these

therapies in psychotherapy and counselling with individuals of all ages for more than 60 years (Malchiodi, 2015). Expressive arts therapy is built into the pre-existing structure of schools for both administration and implementation. Students have experience with instruction, independent work, partner and group work models thus allowing this therapy model to be executed on a large, classroom- sized scale.

According to Torrance (as cited in Harvey, 1989), children prefer to learn in creative ways through exploration, manipulation, questioning, experimentation, risk-taking, and modifying their ideas. Creative activities in no way appear to interfere with the traditional acquisition of knowledge as measured by achievement outcomes. Understanding this style of learning and implementing therapy strategies within the classroom can support all current instruction and assessment models. These therapies integrate both the knowledge and practices of the arts with principles of psychotherapy and counselling (Johnson, 1987; Malchiodi, 2015).

In the past 25 years, only one published article has addressed the area of expressive arts application within the classroom. The working papers of Belinda Smith (2004) proposed a study on the impact of expressive arts within an elementary school setting. Smith (2004) confirms that visual arts, music, and movement have been integrated in learning programs and many of the early year education programs in the United States have adopted the Reggio Emilia model of instruction and exploration. Though the entirety of her study does not focus on the implementation of creative/expressive arts in the classroom, she does believe that integration of the arts with other fields of disciplines can be used as a method of helping children develop deeper understandings of their social and cultural surroundings and allows for a connectedness that reflects a natural way for children to learn (Smith, 2004).

Art is an integral piece in many cultural healing practices (Lu & Yuen, 2012; Hocoy, 2002). Lu and Yuen (2012) believe that creating images of art can act as a bridge between Indigenous and non-Indigenous, self and collective, and art therapy and research. Research has shown that the non-verbal right brain holds traumatic memories and these can be accessed through the use of symbols and sensations in art therapy. Communication between the brain hemispheres can be accomplished through the use of art therapy and may assist in the processing of the trauma (Lobban, 2014).

Expressive arts therapies unite the cognitive aspect of creativity and the therapeutic aspect of behavioural and personality change. Through the integration of thinking and feeling, creative and expressive arts therapies offer an opportunity to positively affect social/emotional and academic behaviour (Harvey, 1989). Many school divisions not only have government issued outcomes for each grade and subject but also include outcomes for social and emotional growth. It could be that as students master their emotional and social tasks with a creative expressive process, they experience a competence motivation to affect their social environment (Harvey, 1989). Exploration into using creative/expressive arts in the classroom may support Harvey's (1989) findings that positive social behaviours appear to result from creative education. The study suggests that an expressive arts therapy approach produces significant results equally for younger students of both sexes and for children at all levels of academic reading achievement. The ability to act and participate, as well as feel that one has the right to do so, is imperative to empowerment (Rolvsjord, 2004). Psychological empowerment can develop through multiple dimensions and be identified as intrapersonal, interactional, and behavioural. Intrapersonal aspects of psychological empowerment may be displayed through self-esteem, self-

efficacy, and identity (Zimmerman, 2000). The interaction dimension describes each student's use of analytical skills to influence their environment, while the behaviour dimension demonstrates how students take control of their own environment by participating within a community (Zimmerman, 2000).

Expressive arts activities within the classroom may be structured into sessions. Session goals may include themes such as the following: establishing safety, establishing engagement and assessment, awareness of self, feelings expression and coping, classroom environment and supports, enhancing future safety, patience, and reinforcing sense of belonging. Within each theme, specific activities may be utilized to address the session goal.

For example, if working towards the goal of awareness of self, a common activity that may be used is body mapping. The leader may begin the session with the following questions: "Have you ever been in a situation where you were uncomfortable?" "How did your body feel in that situation?" "What did you do (if anything) to change the way your body felt in that situation?" The leader may continue with a statement about the importance of exploring how our body feels in different situations. Students may be provided with a copy of a body image template and a selection of drawing art supplies. Students may spend a few minutes with their eyes closed. Students will be encouraged to focus on how their body feels, starting from their feet and working their way up to their head. Students will note sensations, tension, pain, or other feelings in the specific areas of their body. When the eyes are opened, students will use the provided materials to fill in the body image to represent the sensations they experienced. When the drawings are complete, discussions may focus on where the specific tensions are, how the body reacts to these tensions, and what specific events within the classroom arouse these sensations. When students become self-aware it allows them to explore their own strengths, weaknesses, vulnerabilities, thoughts, and feelings. Through this understanding of self, students may begin to increase their self-regulation, autonomy, and self-determination within their classroom in order to best represent their interests and needs.

The idea of empowerment clearly places each student within both the cultural and social context of the classroom environment (Tapper, 2013). With this understanding, the application of creative and expressive art therapies within the classroom is accessible for all students (Holmes, Gibson, & Morrison-Danner, 2014), and with further study it may be possible to further investigate the application of these therapies to high risk, varying intellectual abilities, English as additional language, refugee and First Nation, Métis, and Inuit students.

Many professional organizations have outlined a developmental sequence towards cultural competence. The American Art Therapy Association (2013) suggests a sequence of awareness, knowledge, and skills. Self-awareness of one's attitudes, beliefs, and biases is essential when working with diverse cultural and ability-level populations. Seeking to understand, through awareness, knowledge, and skill, the cultural and social contexts within the classroom will enhance one's ability to practice in a culturally sensitive and responsive manner. Seeking supervision, direction, and support from consulting professionals will promote one's growth towards cultural competence in the application of expressive arts therapies.

Future Directions

The present discussions surrounding empowering students within trauma-informed classrooms through expressive arts therapies impacts the fields of both counselling psychology and

education by providing a rationale for advocacy and therapy for individuals who may experience stress as a result of trauma (Welsh, 2013). It would be of great interest to see further research in regards to the use of expressive arts therapies within the classroom. With funding becoming limited, the large group size application may allow more students to be involved in proactive screening psychoeducational curriculums. Expressive arts therapies join well with trauma-focused therapies because these allow students to reflect and discuss the personal implications of the stressors, rather than only symptomatic behaviours, and allow for privacy and limited disclosure of traumatic details.

To address the growing needs within the classroom, future research should guide design and application to create a psychoeducational curriculum that works to empower belonging within the trauma-informed classroom through expressive arts therapies. Interventions designed to improve school climate and instruction methods should use varied teaching methods, encourage positive relationships, and be culturally relevant. In addition, it should include well-trained professionals who can identify student needs to ensure that youth are ready to learn with the understanding that the interventions are guided by the empowerment of youth (West et al., 2014). This curriculum may be designed to be taught collaboratively by adults who work with students in a group or classroom setting and by specialists in the areas of psychotherapy and expressive arts therapy. This could include inclusive education teachers, classroom teachers, occupational therapists, speech and language pathologists, psychologists, counsellors, behaviourists, and social workers. The classroom application is not intended to mitigate the expertise or specialization that is encompassed through many registered therapy professions but to bridge the gap between student need and access to services and to ensure students are receiving the best possible care. Classroom-wide delivery using best-practice, evidence-based treatment approaches could be designed, through guidance from specialists, to provide care that can be competently (as deemed within a professional context) delivered within ones scope of practice.

The next step in this research would be to create a program through a collaborative consultation process that may have implementation possibilities with the support of consulting professionals (e.g. registered psychologists, art therapists, music therapists).This particular psychoeducational group therapy curriculum may be designed for students and classes that have experienced an increase in behaviour disruptions, experienced trauma, or overall dysregulation. This curriculum could be used for psychoeducational group and qualitative data collection on a particular group of students, their behaviours, and the students' overall connection. The particular classroom environment could be used to both assess the success of the program and used as a guide for understanding the implementation of these interventions. The program would work towards establishing safety among the students, identifying behaviours and situations of stress or discomfort, encouraging a supportive environment for students, and allowing students a platform to share and discuss events that have become part of their classroom life.

The delivery reality of implementing a psychoeducation curriculum within a classroom context is that the majority of teachers may not be qualified to deliver such a program. Collaborative consultation can occur when specialists work alongside teachers (similar to consultants) in the classroom to effectively and ethically deliver this program.

Kalmanowitz and Potash (2010) elaborate on ethical considerations in the teaching and promoting of art therapy to non-art therapists:

Art therapists are increasingly being asked to provide trainings to non-art therapists for several reasons...Rather than attempt to engage in clinical work that we are unable to see through to the end, or teach exercises which can be then carried out by rote, we should strive to teach an overall understanding and sensitivity to the art, and principles of best conduct within this context that will support teachers, and therapists with knowledge and skills to incorporate into their work. (pp. 20-21)

Many students do feel unsafe and a collaborative consultation approach would allow for additional professional support and would facilitate a cooperative learning environment for students to provide a strong sense of community belonging. To reduce the burden on schools' limited resources for addressing mental health, classroom-wide delivery has potential to benefit many students and improve classroom climate (Mendelson et al., 2015).

McNiff (2004) eloquently says, "People today who suffer from illnesses want to be involved in their recovery, to contribute to the healing process, not just passively receive treatments administered by others" (p. 4). By restoring each student's identity within the classroom while addressing the underlying cause of disruptive behaviour through a trauma-informed approach, social healing will take place. The ultimate goal is for each student to feel safe and be successful within our schools and classrooms.

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