

Check-In/ Check-Out:
Trauma Informed Boundaries
Within Art Therapy Sessions

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Abstract:

To offer emotional and therapeutic containment within an art therapy session from a trauma informed approach, consistent boundaries are needed in each session (Katherine, 1991). This can be done through defined directives to open and close session; using timed material engagement to open, and cognitive re-capping and reframing to conclude session. These boundaries create a framework from which the deeper processing and therapeutic engagement that often occurs within an art therapy session can be optimally accessed (Hinz, 2020).

Using art materials, the 5-minute free-association check-in acts as a warm-up for the client to shift into the emotive themes in a gentle, predictable, and mindful way; from which a deeper theme can be extracted to explore in the time allotted for the main directive. After the main directive is created, and explored and fully processed, the check-out allows the client to shift out of an emotive mindset, as a means of containment and reflection prior to the end of session. The check-out is written on the reverse side of the check-in image in 3 parts, and briefly shared verbally, to complete the wholistic witnessing of the art therapy session (Hinz, 2020).

Beginning and ending each session in this manner creates a predictable safety for clients, and is a core tenant for trauma informed care; consistency, consent, and communication being primary themes of this approach. The client is given the same instructions to begin and end each directive, in alignment with the therapeutic goal to develop and foster a secure attachment between client and therapist (Thais Gibson, 2020); regardless of either the client's or therapist demographic characteristics. From this clearly defined boundary framework, clients are more apt to explore freely and more deeply, as they rely on the containment provided by their attachment figure (i.e. the therapist) (Black & Enns, 1998).

Definitions:

- **Boundaries:** Boundaries are clear guidelines that are established to help people clearly communicate behavior they will accept from other people and behavior other people can expect from them.
- **Secure attachment:** This attachment style is characterized by feeling comfortable with closeness and intimacy, being able to communicate feelings and needs in relationships, and being willing to seek help and support when needed.
 - (Gupta)
- **Trauma informed:** Realize the widespread impact of trauma and understand paths for recovery; Recognize the signs and symptoms of trauma in patients, families, and staff; Integrate knowledge about trauma into policies, procedures, and practices; and actively avoid re-traumatization. Through safety, trustworthiness, transparency, collaboration, empowerment, humility, and responsiveness.
 - (Trauma-Informed Care Implementation Resource Center)
- **Expressive arts continuum:** a model of creative functioning used in the field of art therapy that is applicable to creative processes both within and outside of an expressive therapeutic setting. The levels of the ETC reflect three established systems of human information processing: kinesthetic/sensory, perceptual/affective, and cognitive/symbolic. There is a fourth level of the ETC, called the creative level, which is a synthesis of the other three levels of the continuum.
 - (“Expressive Therapies Continuum: Three-Part Healing Harmony | Psychology Today”)

- **Attachment theory:** Attachment theory focuses on relationships and bonds (particularly long-term) between people, including those between a parent and child and between romantic partners. It is a psychological explanation for the emotional bonds and relationships between people. This theory suggests that people are born with a need to forge bonds with caregivers as children. These early bonds may continue to have an influence on attachments throughout life.
 - (Thais Gibson. (2020))
- **Containment:** The concepts of holding and containing evoke the image of a mother caring for a child. In therapy, it is through the relationship with our clients that they feel held and safe. The holding involves emotional holding for the client's anxiety, alarm, confusion, distress, and pain which are all managed safely by the therapist. In such a holding (and appropriately safe, bounded) environment, the therapist is consistently there as an attuned, solid, reliable, trustworthy presence.
 - (Holding, Containing and Boundarying | Relational Integrative Psychotherapy)
- **Trauma:** The word "trauma" literally means wound, shock, or injury. Psychological trauma is a person's experience of emotional distress resulting from an event that overwhelms the capacity to emotionally digest it.
 - (Psychology Today)

Secure Attachment Vs. Trauma Informed care

Secure Attachment:

Characterized by feeling comfortable with closeness and intimacy; being able to communicate feelings and needs in relationships; being willing to seek help and support when needed.

Benefits of Secure Attachment for Children's Development:

Research shows us that attachment has several benefits for children's development:

- Self-worth: Secure attachment fosters a feeling of being loved and valued. This translates to a strong sense of self-worth.
- Emotional well-being: Children with secure attachment experience greater emotional security and stability. They are more likely to develop positive self-esteem, confidence, and resilience while coping with stress.
- Healthy relationships: Securely attached children form healthier relationships throughout their lives. They have a strong foundation of trust, empathy, and effective communication.
- Social skills: Secure attachment fosters the development of essential social skills. Children learn to cooperate, share, empathize, and resolve conflicts peacefully with others.
- Cognitive development: Securely attached children tend to have better cognitive development. They are more curious and confident in exploring their environment, which supports intellectual growth.
- Emotional regulation: Secure attachment promotes effective emotional regulation skills.5 Children learn to manage their emotions in healthy ways, seeking support when needed.
- Reduced stress and anxiety: Feeling secure and having a reliable caregiver to turn to reduces overall anxiety in children. They feel safe to explore their world without worrying about being abandoned.
- Physical health: Secure attachment is associated with better physical health as well. Children with secure attachment may experience lower levels of stress, improved immune function, and overall better health due to the positive impact of emotional well-being on physical health.

Ref to: (Carlos et al.)

Strategies for Promoting Secure Attachment with Children:

- If you are raising a child, these are some strategies that can help you promote secure attachment in your relationship with them:
- Meet their basic needs: Ensure your child is clean, nourished, and rested. This creates a sense of trust, safety, and security in their environment.
- Recognize their cues and become attuned to their needs: Notice and respond to your child's nonverbal and verbal cues. Are they hungry, tired, or frustrated? Meet their needs with care, compassion, and developmentally-appropriate responses to support skill-building and resilience.
- Maintain a routine: Offer consistent routines and structure, so your child feels secure and knows what to expect.
- Express affection: Show your love, affection, and warmth physically and emotionally. Hugs, kisses, gentle touches, and encouraging words can offer a sense of comfort and familiarity. Let your child know that they are valued, accepted, and loved by you.
- Be attentive and available: Be present and engaged during interactions with your child. Limit distractions and give them your full attention, showing them that you are interested in their world.
- Communicate positively: Use positive and encouraging language when interacting with your child. Offer sincere and specific praise, encouragement, and affirmations. Teach them communication, distress tolerance, and conflict resolution skills to boost their capability, self-esteem, and confidence.
- Validate their feelings: Help your child identify and express their emotions. Acknowledge their feelings, even negative ones. Let them know it is OK to feel sad, angry, or scared. Teach and model ways to process and cope with these emotions.
- Encourage exploration: Support your child's curiosity and independence. Encourage them to explore their environment, try new things, and take age-appropriate risks. Make sure the environment is safe for them and does not pose any hazards.
- Set boundaries: Set clear and age-appropriate rules, telling your child why they are important. Do not be afraid to say "no" to things that are not good for them. Let your child know there are consequences for breaking the rules, but be fair, flexible, and compassionate when you enforce any disciplinary measures.

Ref to (Gupta)

Trauma Informed Care:

- Realize the widespread impact of trauma and understand paths for recovery;
- Recognize the signs and symptoms of trauma in patients, families, and staff;
- Integrate knowledge about trauma into policies, procedures, and practices; and
- actively avoid re-traumatization.
- Key characteristics are safety, trustworthiness, transparency, collaboration, empowerment, humility, and responsiveness.

Ref to (Trauma-Informed Care Implementation Resource Center)

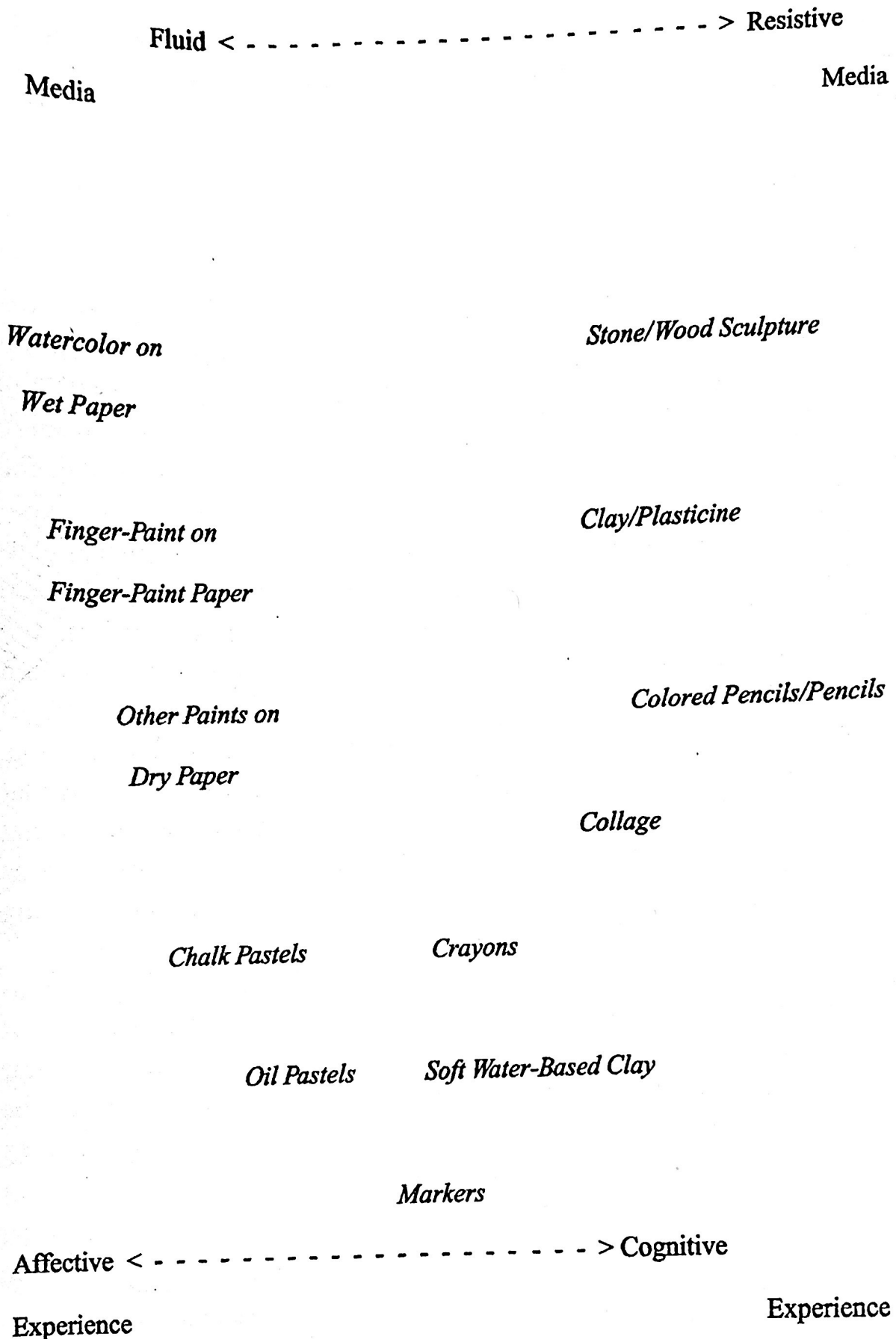


Figure 2.1 Media properties and experience. Reproduced with permission of Jessica Kingsley Publishers from Hinz, L. D., *Drawing From Within: Using Art to Treat Eating Disorders*, London: Jessica Kingsley Publishers, 2006.

creative process. According to Kagin and Lusebrink (1978b), fluid media are likely to elicit emotional responses and resistive media are likely to evoke cognitive responses.

Media Properties

Kagin and Lusebrink (1978b) developed information about media variables and incorporated it into the Expressive Therapies Continuum framework. For example, according to Kagin and Lusebrink (1978b), materials on the Kinesthetic/Sensory level of the ETC can serve as mere facilitators of action or sensation. Materials on the perceptual pole of the Perceptual/Affective level emphasize form dimensions of the media experience. Experiences in which form arises from a background, such as contrasting colored papers or drawing media, help contribute to a perceptual experience. Fluid media, as was mentioned above, can evoke affect. The use of watercolor paint on wet paper is a rapidly flowing activity that often induces an affective experience. Symbolic experiences come from ambiguous forms, such as those produced by sponge painting or blot painting. Ambiguous forms encourage organization into recognizable symbols that can be imbued with personal meaning (Lusebrink, 1990). Materials that involve precision, planning, and complicated thought processes evoke cognitive experiences. Pencils for drawing involve precision, and planning is involved in the cutting and pasting required in creating a collage.

It is not necessary to change media in order to modify the information processing and image formation qualities of an expressive experience. As was demonstrated using the example of finger paint in the first chapter, the same medium may evoke various types of experiences on the Expressive Therapies Continuum, depending on how it is used. Henley (1991) explained this media flexibility with clay:

At the pre-art stage, clay can be used for play or sensory exploration. Once an appreciation of product is established, the rudiments of pottery making can be taught, following which figurative sculpture can be introduced to explore the expressive mode. (p. 70)

Henley demonstrated how clay may be used in a Kinesthetic/Sensory fashion, a perceptual manner, and finally a Cognitive/Symbolic way depending on the individual needs of the client.

Boundaries, Mediators, and Reflective Distance

In addition to the expressive potentials inherent in the physical properties of art media, Kagin and Lusebrink (1978b) also emphasized that the physical properties of media impose certain limits on an expressive art experience. The authors explained that these limits could be either boundary determined or quantity determined. When media are *boundary determined* the physical boundaries of the materials themselves limit the expressive potential. For example, an individual given a piece of wood to work with is limited by the size of the material. The use of boundary-determined media does not eliminate the expression of emotion in artwork, but rather is one way to contain it safely.

Alternatively, limits imposed by media can be *quantity determined*, such that the amount of a given substance determines the limits of expression. For example, a large jar of tempera paint would impose greatly different boundaries than a tablespoon of the same paint presented in a muffin tin. All other things being equal, the former experience would allow for a much more emotionally engaging experience than the latter.

The use of *mediators* or tools also influences interactions with various media and their expressive potential. Paint applied with a paintbrush (mediator) has a different expressive potential than finger paint applied with the hands. Using the hands would initiate a sensory experience from which an affective occurrence might evolve. The use of mediators also influences the level of reflective distance experienced when working with a particular media. The use of a paintbrush renders the experience less immediately engaging.

Reflective distance refers to an individual's ability to think about or reflect upon the expressive experience (Kagin & Lusebrink, 1978b). In general, the use of tools or mediators (paintbrushes, ceramic tools) increases the reflective distance in an artistic encounter, and thus allows the individual time to ponder the meaning of an expressive event as it is happening. Without mediators, the experience is likely to be too immediate and absorbing to provide for contemplation.

Task Complexity and Task Structure

Kagin and Lusebrink (1978b) indicated that the type of instructions given by the therapist could alter the quality of image formation and information

TABLE 2.1 Complexity and Structure of Task Instructions as Related to Art Project Outcome

Task Instructions	Low Level	High Level
Structure (Specific response required or not)	No specific response is required Any or various outcomes expected Leads to affective functioning or symbol formation <i>Example:</i> Draw your addiction	Specific response is required Group members would achieve similar outcomes Leads to increased cognitive functioning <i>Example:</i> Draw a floor plan of your childhood home
Complexity (number of instructions or steps to completion)	One instruction is given; only one step is required for successful completion of the project Leads to affective experience, symbolic processing, or both <i>Example:</i> Paint the emotion fear	Many instructions are given Many steps are required for successful completion of the project Leads to increased cognitive functioning, as many steps must be remembered and worked through <i>Example:</i> Mask making

processing experiences. The two types of task instructions discussed were structure and complexity. Table 2.1 contains information about how both task complexity and task structure are related to Expressive Therapies Continuum component functioning and to the outcome of the final art product. In addition, specific expressive experiences are provided as examples of each type of activity. *High-complexity* tasks are those that involve many steps. *Highly structured* tasks involve specific types of responses leading to specific outcomes at task completion. Experiences with more complex instructions or requiring many steps tend to evoke cognitive functioning. Clients must think through the order of operations and execute many steps in order to reach a desired goal. Therefore, these high-complexity and highly structured experiences evoke information processing with the Cognitive component of the Expressive Therapies Continuum. Art experiences requiring few instructions (*low-complexity*

tasks) and those not associated with a specific response (*low structure*) are more likely to evoke functioning with the Affective or Symbolic dimensions of the ETC. Fewer instructions and specified dimensions allow the art experience to flow more freely and liberate emotional potential as well as the opportunity for discovering personal meaning. The influences of task complexity and structure will be discussed in more depth in the chapters on the individual levels of the ETC.

Summary

Early art therapy theorists came from diverse backgrounds that influenced the ways in which they viewed the healing properties of art media and the creative experience. In the early days of the profession, there were disagreements about what characteristics of the creative experience and art product were therapeutic (Junge, 1994; Ulman, 1975a). The Expressive Therapies Continuum represents one way to recognize that numerous features of the media properties, art experience, and finished product are healing. The ETC takes into account many essential aspects of information processing and image formation and relates them to one another in a theory that is developmental and hierarchical. It also reflects a synthesis of Kagin and Lusebrink's own observations, and draws diverse aspects from several different schools of thought.

As shown in this chapter, precursors of the Expressive Therapies Continuum existed in many early writings. Early art therapists felt emotion arising from kinesthetic and sensory activity, saw form emerging from chaos, and wrote about the importance of helping people understand personal and universal symbols. Evolution in the fine arts allowed for emotional expression beyond strict lifelike representations of artistic subjects. In formulating the Expressive Therapies Continuum, Kagin and Lusebrink (1978b) expanded upon previously isolated descriptions of image formation, information processing, and creative activity. Based on their respective work and observations with developmentally challenged and acutely psychotic individuals, they devised a manner of describing the processes taking place within an expressive therapy session among an individual, the art materials, and the image produced. The ETC provides a theoretical structure that describes interactions among person, product, and process in art therapy. The framework of the ETC can guide the assessment process in therapy as well as describe what happens in a therapeutic session. It also provides information to direct the selection of materials

and activities from session to session for optimal therapeutic gain. Finally, a client's progression in the therapeutic process can be tracked within the framework of the ETC.

With the Expressive Therapies Continuum, Kagin and Lusebrink (1978b) presented a unifying theoretical construct that cuts across therapeutic orientations to describe how qualities of the media, or the experiences chosen, interact with each person's preferred style of image formation and information processing to convey content or meaning. Although hierarchical from simple Kinesthetic/Sensory to complex Cognitive/Symbolic information processing, there is no implication that one level of the ETC is inherently superior to another. A well-functioning individual is able to receive and process information on all levels and with all components of the ETC. Art therapy can help balance functioning of an individual who tends to over- or underuse one type of information in processing and decision making.

Session Procedures (for 50 min. session):

- 1.) Provide blank white paper- preferably multi-media, 8x10 (smaller structure supports containment); alongside a limited variety of “dry media”- i.e. drawing pencils, colored pencils, markers, and/or pastels, crayons, etc.
 - 2.) Provide prompt: To get started, I’ll have you take about 5 minutes to download whatever was on your mind coming into the space, or is on your mind currently. Do your best to not worry about forms, as long as the idea is conveyed; and if possible, limit the use of written words.
 - 3.) Allow client to work quietly, while you keep time; giving them a gentle time reminder when they have 1 minute left; and when time is complete, ask them to come to a good stopping spot.
 - 4.) Allow client time to talk through what they created, making sure to reflect the themes you observe in their piece as well.
 - 5.) Ask client if any of the themes are needing more attention, or if they would like to process something not represented in the check-in image. Then form a guiding question that offers gentle direction for the main session piece.
 - a. i.e. “If your future self could offer you encouragement about your life today, what would it say? ; “What does a relationship with this person look like?”; “What does your inner child need today?” – forming their theme into a question to allow for further processing.
 - 6.) Provide a wider range of media for clients use, as is subjectively appropriate to the client and the meeting space; but do try to aim for more “fluid” media than was provided for the check-in.
 - 7.) Allow about 25 minutes for this portion of art making, allowing client to either work quietly, with soft music, or with light chatter; being sure to not distract from the art making, and refocusing the client as needed. Providing time reminders, to reinforce containment and directionality.
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- 8.) After concluding and processing the main art piece, allow 3-5 minutes at the end of the session to complete the check-out directive, on the reverse side of the check-in image.

- 9.) Check out questions, in specific order, handwritten with dry media:
 - a. On a scale of 1-10, 1 being least, 10 being highest, where are you landing as we're ending the session today? The criteria is all your own.
 - b. Now choose 3 words that describe why you chose this number.
 - c. Lastly, write down something you're looking forward to. The timeline is all your own, tonight, 2 weeks, 2 months, 2 years; totally up to you.
 - d. Put the date of the session in the corner.

- 10.) Have client share out their answers, while simply reflecting and affirming; do not add any additional feedback or judgements to what client share in their check-out. This allows them to hold their personal take-aways without interruptions.

- 11.) Keep all artwork made in session for progress tracking and further therapeutic containment.

Resources:

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