Approaches: An Interdisciplinary Journal of Music Therapy **13 (1) 2021**

ISSN: 2459-3338 | www.approaches.gr

BOOK REVIEW

Creative therapies for complex trauma: Helping children and families in foster care, kinship care or adoption (Hendry & Hasler, Eds.)

Reviewed by Aksana Kavaliova-Moussi

Independent scholar, Canada-Bahrain

Title: Creative therapies for complex trauma: Helping children and families in foster care, kinship care or adoption Editors: Anthea Hendry & Joy Hasler Publication year: 2017 Publisher: Jessica Kingsley Publishers Pages: 256 ISBN: 978-1-84905-724-0

REVIEWER BIOGRAPHY

Aksana Kavaliova-Moussi has master's degrees in music therapy and counselling psychology. She is Vice-President of the Music Therapy Association of Ontario, co-chair of the Online Conference for Music Therapy, former Eastern Mediterranean Regional Liaison and a current member of the Commission on Education and Training for the World Federation of Music Therapy. Aksana is a Neurologic Music Therapist, Fellow, and a Certified Trauma Integration Clinician. She was the first credentialed music therapist in the Kingdom of Bahrain, working with individuals with special needs. Aksana worked in the Niagara region (Canada) at the Attachment and Trauma Treatment Centre for Healing (ATTCH), providing therapy for adults and child survivors of trauma. She is back in the Kingdom of Bahrain, where she is restarting her private practice as a music therapist and counsellor. [moussiaksana@hotmail.com]

Publication history: Submitted 14 Jul 2019 Accepted 17 Jul 2019 First published 29 Oct 2019

In recent years, complex childhood trauma has become a topic of research of many scientists and therapists. In 2005, Bessel van der Kolk proposed a new diagnosis of Developmental Trauma Disorder (DTD), published in the Psychiatric Annals (2005). In 2009, van der Kolk and colleagues published their proposal to the working parties of the Diagnostic and Statistical Manual of Mental Disorders, asking to include DTD into the DSM-5 (van der Kolk et al., 2009). The diagnosis was not included due to political and ideological reasons (Bremness & Polzin, 2014; Schmid, Petermann & Fegert, as cited in Hendry & Hasler, 2017). However, many clinicians see that the concepts of developmental trauma and complex trauma are more accurate than the DSM-approved Post-Traumatic Stress Disorder (PTSD) when talking about the effective approaches in trauma therapy.

Creative Therapies for Complex Trauma is a collection of the work of many skilled creative arts therapists who provide their practical experience in working with child survivors of childhood trauma and their adoptive caregivers. The book aims to provide theoretical and practical help to the support community of these children to meet their specific needs.

The editors, Anthea Hendry, a social worker and an art psychotherapist, and Joy Hasler, a teacher and music therapist, are both based in the UK and work with adopted children and their families. In this book, they combined theoretical knowledge on complex trauma and creative





therapies with clinical applications of creative therapies, including art psychotherapy, music, drama, play, and dance movement therapies.

The book is arranged in three parts, effectively grouping the chapters by the following topics: 1) Theories of complex childhood trauma, creative therapies and implications of these theories for caregivers; 2) Clinical applications of creative therapies for childhood complex trauma; 3) Application of theoretical knowledge about complex trauma and creative practice in the education system.

Creative therapies discussed include the Health and Care Profession Council's (HCPC) regulated types such as art, music, and drama therapy, as well as dance and movement therapy and play therapy, which currently are not approved through the HCPC.

In his foreword, Colwyn Trevarthen, a professor of psychology and psychobiology at the University of Edinburgh, stresses the critical message of this book: that, with the trauma-informed support of professionals and caregivers and responsive teaching, children can overcome their past hurts and recover mentally and physically. In their introduction, Hendry and Hasler state that the book is for anyone who works with or looks after child survivors of complex trauma. The authors also provide a thorough description of each chapter.

Chapter 1 by Franca Brenninkmeyer gives an overview of theoretical developments of the concept of complex childhood trauma. It talks about the DSM-5 and the ICD-International Classification of Diseases, the importance of recognition of complex trauma in children (which, as was mentioned earlier, was not accepted by the workgroups of the DSM-5). The author thoroughly examines recent research, gives a current definition of complex childhood trauma, and explains the seven domains of impairment: attachment, biology, affect regulation, dissociation, behavioural regulation, cognition, and self-concept. Brenninkmeyer explains the difference between PTSD and a proposed diagnosis of developmental trauma disorder.

In Chapter 2, Andrea Hendry introduces key trauma researchers: Schore and Siegel with their Dyadic Developmental Psychotherapy, Perry with the Neurosequential Model of Therapeutics, and van der Kolk with his Attachment Regulation and Competencies model. The author talks about the importance of developmental re-parenting, which addresses deficits caused by early experiences of abuse and neglect; parental involvement in the therapy process, the need for a holistic, multidisciplinary and multi-agency approach and the contribution of arts and play therapies in this complex work.

In Chapter 3, Janet Smith talks about the implication of trauma theories for caregivers. The author stresses that caregivers need support in their understanding of complex trauma and difficulties that come with parenting these children. The specific training in developmental reparenting, recognition of secondary trauma, the importance of a secure base for caregivers including extended families and friends and the impact of caregivers' own history are discussed in great detail with case vignettes. This chapter introduces the concept of carers as part of the Team Around the Child (TAC) and their involvement in all stages of the process.

The Collaborative Assessment is a topic of Chapter 4. Joy Hasler talks about the assessment developed at the Catchpoint- an adoption agency where the author works. The author describes in detail the assessment format and the written report, with helpful tables and an example of such a report. The assessment draws together reported and observed behaviours based on the attachment theory and concepts of the developmental trauma disorder.

Alan Burnell and Jay Vaughan describe a Neuro-Physiological Psychotherapy (NPP) approach to assessment and treatment in Chapter 5. They offer a fantastic visual representation of developmental trauma (Figure 5.1, p. 99) and a short but detailed description of the NPP model (Figure 5.2, p. 101). The authors combine theoretical information about working with each of the three parts of the triune brain (primitive, limbic, and cortical) with case vignettes that deepen readers' understanding of the material.

In Chapter 6, Andrea Hendry and Elizabeth Taylor Buck describe Dyadic Art Psychotherapy, its development, and three approaches such as child-led, joint engagement, and co-construction of a narrative. This approach aims at enhancing caregivers' sensitivity and reflective functioning in both parties, and again, illustrative vignettes are very helpful.

Music therapy for attachment and trauma is introduced by Joy Hasler in Chapter 7. A theoretical framework is introduced in detail, combined once again with great clinical vignettes, so that even a Certified Trauma Integration Clinician and a music therapist like myself found plenty of useful information and examples of music-based interventions.

Chapter 8 by Joy Hasler is an interview with Molly Holland, a dramatherapist. Something about this format seemed a little jarring as it was so different in style to the other chapters. The chapter still gives a reader a description of the work dramatherapists do with complex childhood trauma. Some readers would have preferred this chapter to be written in the same format, with clearly outlined case vignettes instead of a dialogue.

In Chapter 9, Renee Potgieter Marks discusses the path of a play therapist who found how to combine play therapy and the EMDR (Eye Movement Desensitization and Reprocessing/Bilateral Stimulation). It is a gripping account of a professional who decided to explore different ways of working with complex trauma and adapting already-developed approaches to suit the needs of children.

In Chapter 10, Hannah Guy and Sue Topalian introduce Dance Movement Psychotherapy (DMP), its theoretical background based on the Neurosequential Model of Bruce Perry, Dyadic Developmental Psychology, Theraplay, and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT). The authors explain key approaches (e.g., mindfulness, improvisation, playful experimentation, using of music, props, circle) and give plenty of illustrative vignettes.

In Chapter 11, Marion Allen explores many difficulties that child survivors of trauma experience in school and introduces a supportive approach with many strategies. The author describes short vignettes and gives examples of valuable strategies for everybody working with children and adolescents. The strategies offered deal with delays in cognitive functioning, sensory and emotion regulation, issues with homework, sexualised behaviours, attention to the adjustment of the level of challenges at school, and the introduction of routines and structures. All of this information is imperative for professionals working with confirmed or suspected cases of trauma.

The final, 12th Chapter, by Sarah Ayache and Martin Gibson, introduces their work within a specialist residential school for boys with social, emotional, and behavioural difficulties. The authors talk about the evolution of the treatment model from cognitive and behavioural to relational and affect-regulation-based, give examples of the cases they work with and challenges faced by both children and staff members. It is an excellent, concise illustration of a multidisciplinary-work approach that has its challenges and successes.

I appreciated the case-vignette format in nearly every chapter as it gives the reader a more thorough understanding of this population and the therapeutic approaches that can be used. The book as a whole offers both theoretical and practical knowledge, is easy to read, and provides excellent references for a deeper understanding of complex trauma work. It is a useful resource for both trauma-trained therapists and those who are just beginning their path in the field. It does not aim at providing all information on trauma therapy, and it would be impossible to do so in one book. As mentioned earlier, it gives readers a necessary theoretical background on neuroscience of trauma and its clinical application in various creative therapeutic approaches. Clinicians can pursue more education and training in trauma therapy if they choose to, and this book has the potential to motivate them to take these steps.

REFERENCES

van der Kolk, B. A. (2005). Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, *35*(5), 401-408.

van der Kolk, B. A., Pynoos, R. S., Cicchetti, D., Cloitre, M., D'Andrea, W., Ford, J. D., Lieberman, A. F., Putnam, F. W., Saxe, G., Spinazzola, J., Stolbach, B. C., & Teicher, M. (2009). *Proposal to include a Developmental Trauma Disorder diagnosis for children and adolescents in DSM-5*. Retrieved from <u>http://www.traumacenter.org/announcements/DTD_papers_Oct_09.pdf</u>