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This workbook is dedicated to wonderful friends, colleagues and teachers who have inspired and mentored me. It is dedicated to the clients and clinicians who have used it with me and those who may find it useful in the future to resolve traumatic experiences. I have appreciated clients’ willingness to allow me to use TANT work to teach and help others.

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DISCLAIMER

All information in Trauma Art Narrative Therapy: The Handbook is intended for your general knowledge and is not a substitute for medical or psychiatric diagnosis, advice, or treatment for specific medical and/or psychiatric conditions. You should seek medical/psychiatric care and consult a clinician for any specific mental or physical health issues. Never disregard professional advice or delay seeking treatment because of information you have read in Trauma Art Narrative Therapy: The Handbook. This handbook is intended as a supplement for the Trauma Art Narrative Therapy experiential workshop day training. Please refer to www.LearnTraumaArt.com for information about upcoming trainings and technical support.
CONTENTS

www.LearnTraumaArt.com .................................................................................................................. 1

ACKNOWLEDGEMENTS .................................................................................................................... 2

DISCLAIMER ....................................................................................................................................... 2

Introduction ........................................................................................................................................... 6

WHAT IS TRAUMA ART NARRATIVE THERAPY? ......................................................................... 7

THE THEORY BEHIND TRAUMA ART NARRATIVE THERAPY .................................................. 8

Trauma Theory ...................................................................................................................................... 8

Synthesis of many Approaches ........................................................................................................... 11

Indications for Using a Trauma-Based Technique .............................................................................. 11

LAYING THE GROUNDWORK ........................................................................................................... 12

Safety and Therapeutic Partnership .................................................................................................... 12

Evaluation of the client ........................................................................................................................ 12

Involving parents, significant others or caregivers ............................................................................ 13

Contraindications for using TANT ...................................................................................................... 13

Preparing and Screening the Client .................................................................................................... 13

Informed Consent .................................................................................................................................. 13

Motivation, Hope, and Empowerment ................................................................................................. 14

WHO DOES TRAUMA ART NARRATIVE THERAPY? ................................................................. 15

Clinician ............................................................................................................................................... 15

Client ................................................................................................................................................... 15

What is the focus of TANT – what trauma? ......................................................................................... 16

When Should TANT Be Used For A Client? ....................................................................................... 17

Trauma Art Narrative Therapy Technique ........................................................................................ 18

Materials .............................................................................................................................................. 18
SAFE POINT AFTER .........................................................................................................................29
TRANSITION POINT BEFORE ........................................................................................................29
VIX.CONCLUSION ..............................................................................................................................29

TRAUMA ART NARRATIVE THERAPY©: Basic Steps ..................................................................30

Trauma Art Narrative Therapy© Guideline Tips ...............................................................................31

Tools: ..............................................................................................................................................31
Location: ..........................................................................................................................................31
Timing: ............................................................................................................................................31

TRAUMA ART NARRATIVE THERAPY© SCHEMATIC ..................................................................32

#1-Relative SAFE POINT before the trauma. ..................................................................................32
#2-Relative SAFE POINT after the trauma. .....................................................................................32
#3-TRANSITION POINT BEFORE the trauma .................................................................................32
#4-TRANSITION POINT AFTER the trauma; the first sign or moment that the client realized they would become relatively safe again, or the trauma would end for that moment. ................................32
#5-TRAUMATIC EVENT ....................................................................................................................32

TANT© SUPERVISION TIPS .............................................................................................................33

Common Questions ABOUT TANT© ...............................................................................................34

EXAMPLE Not For Duplication ........................................................................................................36

CLIENT CONSENT for TRAUMA ART NARRATIVE THERAPY© (TANT) ........................................36

Regarding the trauma resolution modality TANT, I have been advised that: .................................36

TRAUMA ART NARRATIVE THERAPY© (TANT) .............................................................................38

TERAPIA DE ARTE NARRATIVA PARA RESOLVER LOS TRAUMAS........................................38

Consejos de Pautas en la Utilizacion de TANT© .............................................................................39

(Terapia de Arte Narrativa Para Resolver Los Traumas) ................................................................39

TANT© consejos Importantes de Supervisión ..................................................................................40

REFERENCES ....................................................................................................................................41
INTRODUCTION

Trauma Art Narrative Therapy® (TANT) is a technique to help people resolve traumatic experiences and reduce intrusive PTSD symptoms[1]. This technique has been developed and refined since 1993. It has been used for all kinds of traumatic experiences in adults and children. TANT development was inspired from efforts to use art to process trauma [2][2-3]. The basis for TANT is trauma theory and traumatic memory processing [3] as well as an understanding about the structure of using trauma techniques within a treatment framework [4-5]

As the field of traumatic stress studies has advanced, there is a growing body of evidence that demonstrates the changes that occur in the brain when a person’s stress level gets too high [10-12]. Stress has been shown to have a significant impact on cognitive processing; in particular the way the brain processes traumatic memories. When someone has experienced a significant trauma or a very stressful event such as witnessing death, being in an accident, rape, assault or molestation, physical or emotional abuse, disaster, or any other of a myriad of threats of harm, they may live in the present with reminders of the traumatic past [13]. These repetitive and intrusive reminders can be in the form of nightmares, body memories, and flashbacks [14-15]. Flashbacks can be visual, kinesthetic, auditory, olfactory, or purely emotional [16]. Such intrusive reminders represent emotionally disturbing fragments of experience that have not been fully integrated into the person’s life narrative. In this way, the past continually haunts the present [17].

Long-standing intrusive reminders may be hidden behind other symptoms and therefore remain unrecognized. Depression, paranoia, self-abusive and addictive behaviors, somatic memories or increased somatic complaints without obvious cause, suicidal thoughts and actions, a preoccupation with death, severe anxiety, dissociation, avoidance and numbing may all be a result of the trauma survivor’s attempts to manage intrusive reminders and the chronic hyperarousal that invariably accompanies them[18-19].

Trauma Art Narrative Therapy or TANT is a structured, nonverbal, cognitive exposure and narrative resolution technique that allows the processing of a traumatic event in a novel way. It is used to target
intrusive PTSD symptoms like flashbacks, nightmares, and body memories and the impact of traumatic loss. By integrating the thoughts, images, body memories, sensations, and emotions that accompanied the event, intrusive reminders may be diminished or altogether eliminated. Using simple, inexpensive and readily available materials, therapists can guide clients through a process that allows the survivor to observe and objectify the event while integrating emotions and thereby increasing the coherence and meaning of the event in the context of the client’s life narrative.

The following pages will provide a detailed description of TANT, how to do it, and a number of special issues relevant to the method. This is an experiential technique that people learn by first experiencing it for themselves. Those who would like to use TANT with clients should start by participating in a TANT workshop. It is essential that clinicians have first-hand experience of the process, and learn from exposure to clinical examples.

Like any other therapeutic tool, its effectiveness increases with experience: I encourage therapists new to the technique to get supervision specifically around the use of TANT. Although TANT has not yet earned the designation of “evidence-based practice”, the method has been in use for almost twenty years. Its efficacy has been thoroughly documented when used with both children and adults suffering from a wide variety of trauma-related issues. In addition, TANT has few, if any, negative effects. Preliminary results of a pilot study using TANT with adolescents who lived through hurricane Katrina demonstrate positive/beneficial effects of TANT [20].

**WHAT IS TRAUMA ART NARRATIVE THERAPY?**

TANT is a structured, creative, cognitive exposure and narrative resolution technique. The structure of the process requires that steps be followed in the exact order prescribed. The traumatic event is first drawn in a series of steps in non-chronological time sequence. Then the therapist assists the client in narrating the event, which leads to integration of emotion and novel meaning-making for the event. It makes resolving a traumatic experience possible.

Although it does employ drawing as the main therapeutic activity, TANT is not the same as art therapy. Unlike art therapy, TANT is not a method where artistic skill, the use of color, size, placement or other technical aspects of drawing are the focus of the work. Therapists can, of course, use their experience in art therapy to understand more about the client’s internal experience as it emerges in the drawings [21]. This information should not be shared with the client during the TANT technique, since it will only distract from the main goal of the intervention. An art therapist or clinician who uses art therapy may choose to use their observations and insights to support processing and integration of emotional material once the TANT technique has been completed [22-23].

Trauma Art Narrative Therapy uses drawing, narration, and objective feedback to put the pieces of a traumatic story together in sequence. One of the elements of this procedure is cognitive exposure, consonant with current treatment guidelines for PTSD [24], which include the use of cognitive exposure
therapy, stress inoculation training, and anxiety management. In addition, TANT employs nonverbal or creative therapies and narration, producing the experience of resolution that results from integration of material into consciousness that has previously been split off [25-27].

The basic technique of TANT involves five key steps, which help the person to express the event or pieces of the event without using words or struggling with what to say. The steps direct the client to first re-order the events associated with the trauma in a purposeful way, and later re-sequence the events in proper chronological order. As the client completes the sequencing, they are automatically drawn in to the process of integrating emotional concomitants such as fear, shame, guilt, grief, anger, or excitement. The more detailed the trauma art is for any single traumatic event the more likely the symptoms and overwhelming affect will lessen.

THE THEORY BEHIND TRAUMA ART NARRATIVE THERAPY

TRAUMA THEORY

The nonverbal or somatosensory mind never seems to shut down, even in the face of extreme stress [17, 28-29]. Our survival depends on the brain’s capacity to constantly attend to what we see, hear, smell, taste, touch, or sense through our emotions. If the thinking parts of our mind are shut down or compromised, we have difficulty recalling and explaining the event in a way that makes sense [30]. This is the reason why people who experience traumatic or overwhelming events can “see” what happened or “hear” what was said, but are often extremely frustrated when they cannot find language for it [31-32]. They will have a variety of sensations connected to the event, which play over and over in their minds and bodies. Such sensations often intrude into the course of daily life at inopportune times. Disturbing images, smells, or other sensations can arise unbidden, “triggered” by external reminders or internal thoughts, feelings or memories. They are likely to be accompanied by strong and distressing emotions [33-36].

At the level of the brain, this appears to be related to an attempt to make sense out of experiences that have not yet been incorporated into a coherent biographical narrative in the person’s mind. But from the point of view of the survivor, these experiences can cause a person to feel like they are “going crazy”. It is not unusual when they seek professional help for these symptoms to be misdiagnosed as psychosis or a severe mood disorder [37-38]. Kids and adolescents may also have nightmares, flashbacks, and body memories, but they are more likely to exhibit “behavioral” problems and to have developmental regression or arrest. Children and adolescents are frequently misdiagnosed with conduct and oppositional disorders, mood disorders, thought disorders, attention deficit disorders and even psychosis [39-40]. It is all too common for a client to be diagnosed with a DSM category which is not specifically trauma related. It is important to realize that since the DSM is diagnosis by description, a client who has been exposed to a traumatic event which is causing clinical symptoms will be likely to have more than one DSM diagnosis [41].
It is vital that clients with trauma-based symptoms like flashbacks, nightmares, and body memories understand that the brain processes traumatic memory differently from memory for ordinary events [42-43]. It is useful to view these painful and frightening remembrances as the brain’s attempt to transform traumatic memory into ordinary memory. Such a transformation would link words with images and sensations in such a way that memories would be stored in proper narrative sequence and thereby become part of the past instead of the on-going present [44-46].

To fully grasp these concepts it is useful to understand how the brain processes normal and traumatic experiences [47]. When children are born they can neither speak nor understand language. The language centers of the brain gradually come on-line as children hear words, which they then associate with concepts, and ultimately begin to use language themselves. Beginning between the ages of two and three, information and experiences are categorized and remembered using a language-based coding and storage system in the brain, not unlike the filing system you may use in your office. When you want to find something, you go to the appropriate cabinet, find the proper hanging folder, and then look for the file you want to access.

Posttraumatic stress disorder (PTSD) and trauma related syndromes have in common the etiologic experience of a traumatic event. Once the brain develops verbal capabilities, around ages two or three, information and experiences are categorized verbally. When people remember, reflect, or re-experience a certain memory, both verbal and nonverbal information is accessed. The information is tagged verbally for recall, and somatosensory or nonverbal information is stored and accessible as well [48-49].

The analogy of a computer’s hard drive may be useful. If you want to retrieve a certain file, you type a keyword for a search. Using the keyword, the computer can locate the file, which may contain more types of information than you are looking for. In this case, the file would contain both verbal and nonverbal information. There may be other modes of search and access, such as symbols, but the primary mode for categorizing information in humans is verbal. The experience of a traumatic event effectively removes the verbal tag for the experience and leaves behind the nonverbal traces [50-52]. If you use a computer, a similar event happens when you type in a keyword for a search, and the computer cannot find what you’re looking for because the file was not stored with the keyword. Trauma interferes with the explicit memory - the part of the memory system that encodes conditioned emotional responses, skills and habits, and sensorimotor sensations [29-30, 51, 53-54].

But how does this happen? The biology of traumatic memory storage is such that there is an interruption in the processing of verbal memory. Research has demonstrated that stress hormones such as cortisol [55] can affect the hippocampus [47, 56]. The hippocampus is an important part of the brain’s limbic system which is involved in initial encoding, categorization, and retrieval of memories [30]. Stress can lead to hippocampal damage [57-61]. As a result, a person who has been traumatized may experience a phenomenon known as “speechless terror” [62]. They feel bodily sensations and powerful
emotions associated with the traumatic event without being able to express their experience in verbal form. Later, speechless terror may take the form of flashbacks, nightmares, or physical sensations also known as body memories [63].

Researchers in the field of traumatic stress studies have presented convincing evidence for the notion that there is an interruption in the usual process of memory storage and retrieval when an event is overwhelmingly stressful to a particular individual [64-67]. It is often challenging to determine what constitutes trauma for a particular person. There is wide variation in adaptability, protective factors, and resilience amongst individuals. What merely scares one person may truly traumatize another. There is also significant research that looks at the biology of the stress response to see whether it is possible to prevent the development of symptoms after exposure to extreme stress, such as after disaster [68-70].

When someone is triggered – that is, they encounter a reminder of the traumatic event that activates traumatic memory - they may enter an altered state of consciousness due to the level of autonomic arousal that accompanies traumatic memory. In this state, a person can be overwhelmed by the intensity of somatosensory memories and traumatic affects [71], even while trying to maintain awareness of present reality. Trauma-specific treatment approaches must help identify the content of the trauma, focus exposure on the most intense emotional aspects, and help the person modulate the level of arousal by using narration and objectivity [26-27, 72-74].

For many years, art has been used to help people work through difficult problems without the use of words. Trauma Art Narrative Therapy combines the use of drawing (to access nonverbal information) with a step-wise structure that facilitates exposure to and linkage of the verbal and nonverbal aspects of a particular traumatic event. The presence of symptoms like nightmares, flashbacks, body memories, and reenactments suggests that the verbal and nonverbal aspects of a traumatic memory have not been integrated. The person is guided through these processes, which allows them to first illustrate the traumatic event and then add to it a verbal narration. In this way, the technique actually fills a gap in verbal memory, connects verbal and nonverbal information for a particular traumatic event, and enables further emotional processing of the trauma.

TANT is a way to begin the integration of dissociated emotion and body sensations with cognitive and sensory details, and the meaning the mind has made of the traumatic experience. Typically, the symptoms of recurrent nightmares, flashbacks, or body memories are accompanied by intense, disturbing emotions that may drive self-destructive or acting-out behaviors. Symptoms can also take the form of what appears to be a lack of emotional responsivity or a total disconnection from emotion. This technique can help the client develop skills for managing distressing emotions in real time.

Under ordinary circumstances, people experience and express a wide range of emotions, both in type and intensity. People who have developed symptoms in response to a traumatic event will often have a narrowed emotional range. They can lose the ability to regulate, or modulate their emotions. The inability to modulate emotions can make everyday life difficult and sometimes unmanageable. Using a
nonverbal technique such as TANT allows a person to integrate verbal and nonverbal information about a particular traumatic event while learning how to modulate the intensity of affect. Clients can actually learn how to regulate the flow of traumatic affect such that it becomes tolerable and manageable. They can gain mastery over the material and experience a reduction in intrusive symptoms. Once this process is completed, clients are able to process other emotions such as guilt, shame, and anger in order to apply meaning to the event so as to create a coherent narrative.

For children and adolescents, the process of resolution may move more quickly than it does for most adults. When a person resumes normal development and the majority of symptoms are resolved, there is no further need for processing or discussion. Adults with developmental delays seem to respond similarly to children and adolescents.

**SYNTHESIS OF MANY APPROACHES**

This is a truly integrated model. It is based on what we know about traumatic memory processing. It draws from fields such as neuroscience, stress biology, learning theory, trauma theory, medicine and psychology. TANT is most useful for targeting disconnected emotions for a person who has suffered a traumatic event or has PTSD or other trauma-based symptoms. Experience with many therapeutic modalities, including TANT, has shown that people can change the impact of stress on mind and body by transforming both the actual experience and the perception of experience[75]. The work of any successful therapy facilitates adaptation and alteration of perception so the client is more connected to the present than the past. Creative therapies emphasize the importance of the nonverbal and somatosensory mind[76-77] [78].

TANT incorporates components of cognitive behavioral therapy, creative therapies, exposure therapy, neurolinguistic programming, and narrative therapy [24, 79-81]. The cognitive component teaches a client how thoughts are an integral part of most symptoms; the behavior aspect helps a client understand and change habitual reactions to stress[82]. Clients can become astute observers of their own reactions and patterns of thought, feeling and behavior. They can learn to recognize how and when their traumatic experience is replayed or reenacted in their current life. By developing awareness of their patterns and reactions, clients are empowered to make changes. They can realize, through direct experience, that the trauma is in the past, and they are free to focus on the present and future. The goal is for the client to learn from the past so that they are no longer compelled to re-live it.

**INDICATIONS FOR USING A TRAUMA-BASED TECHNIQUE**

TANT should be considered either as a first approach or when other therapies (talking psychotherapy, exposure therapy, or others) have failed to bring resolution of symptoms of PTSD. Other trauma treatment techniques that can be considered include: Trauma Focused CBT [83-84], EMDR[85-86], Sensorimotor Psychotherapy[87-89], Body Oriented Psychotherapy [71], imagery rescripting [90-93],
thought field therapy [94], exposure therapy[95-97], and support and psycho education [98] among others. The clinician should carefully educate the client and/or the caregiver about the biology of the traumatic stress response and traumatic memory storage [99-102]. It is essential that the client and/or the family or caregivers have a solid understanding of traumatic memory processing, so they can appreciate how traumatic experiences are repeatedly reenacted in the present, often with devastating consequences. The clinician can refer them to Bessel van der Kolk’s article “The Body Keeps the Score”[103], Glenn Schiraldi’s “The PTSD Sourcebook”[98], or other references to help them expand their knowledge base.

It is worth noting that TANT is specifically for use with clients who exhibit trauma-based symptoms. There are many people who experience traumatic events and who do not develop any significant problematic symptoms or behaviors. These people have remarkable resilience. There is a need to gain a thorough understanding about the risks for someone to develop symptoms from trauma exposure.

**LAYING THE GROUNDWORK**

**SAFETY AND THERAPEUTIC PARTNERSHIP**

**EVALUATION OF THE CLIENT**

TANT can reduce intrusive PTSD symptoms and behaviors from simple and complex trauma. The clinician must first determine under what circumstances it would be an appropriate therapeutic approach. This requires a thorough evaluation of the client and establishment of the goals of treatment. For both adults and children, the first and most important consideration for the clinician is the client’s safety. Secondly, the clinician should have a clear idea of how TANT fits into the larger picture of this particular client’s treatment.

In the case of adults who have intrusive symptoms such as flashbacks, nightmares, body memories, and evidence of behavioral reenactments, TANT can be used to reduce the intensity of symptoms, which will allow the client to further process their experience and move forward in life. The adult client must 1) be able to keep themselves safe; 2) should not have any acute or active psychosis; 3) may not be in an ongoing traumatizing situation such as domestic violence, or 4) have difficulty engaging in the TANT process. Parents and other caregivers, and the clinician will share the responsibility for the safety of children and adolescents. For children who have trauma driven behaviors and symptoms, what constitutes resolution of the trauma is a reduction of symptoms such that the child gets back on developmental course. In both children and adults with PTSD or other trauma based conditions, the indication that resolution and integration have occurred is that intrusive symptoms are reduced to the point that they are more manageable or have remitted entirely, and the person is able to live in the present and look toward the future.

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The importance of safety cannot be overemphasized. With traumatized adults, the establishment of safety is the sine qua non of the initiation of treatment. The clinician should be certain that the client understands that safety is the first priority, and that treatment cannot proceed until the client is safe. The clinician should resist the temptation to begin trauma resolution techniques as a means of establishing the client’s safety. This approach has not worked in practice nor is it recommended by PTSD treatment guidelines.

With children, adolescents, and adults with developmental disabilities, the clinician must be prepared to provide structure and consistency throughout the TANT process as the basis for safety. Self-regulation and self-soothing techniques should be discussed with client and caregivers. Children often respond positively to rewards for completion of a task. For children, adolescents and adults with developmental disabilities, engaging in trauma work, regardless of the specific technique, can trigger reenactment behaviors. There is a possibility that any symptom might intensify, whether it’s intrusive symptoms, relational reenactment, or problematic acting-out behaviors. It will be the responsibility of the clinician and the treatment team, including parents, caregivers, and other staff, to plan for ways to ensure that the child is safe.

### INVOVING PARENTS, SIGNIFICANT OTHERS OR CAREGIVERS

Once the initial assessment of the client is complete, the clinician should decide who in the client’s relational network should be involved in the TANT process. With adults, it may be appropriate to include a significant other or family member who is close to the client. With children and adolescents, parents or other primary caregivers are almost always essential to the success of treatment. When a client is in a treatment facility, clinician and client may choose to include members of the staff who are closely connected to the client.

### CONTRAINDICATIONS FOR USING TANT

The primary contraindication for doing TANT is *any active safety problem* such as psychosis, suicidal thinking and/or behavior, self-harming behavior, or circumstances in which the trauma is ongoing, e.g. domestic violence or active child abuse.

### PREPARING AND SCREENING THE CLIENT

### INFORMED CONSENT

Depending on age and circumstances, the client and significant other(s), parents or other caregivers, should be given informed consent for the use of Trauma Art Narrative Therapy. This involves an explanation of the available treatment options, and the potential benefits and risks of each. The list of options should explicitly include the possibility of no treatment/intervention. Current evidence-based
treatments include stress inoculation training, exposure therapy and CBT. Therapeutic techniques that target the reduction of PTSD symptoms include, but are not limited to, the following: EMDR, Thought Field Therapy, The Tapping Method, Somatic Experiencing, body-oriented therapies, imagery re-scripting therapy, creative therapies (e.g. art, movement, psychodrama, sand play). The potential benefit of the TANT process is healing that is characterized by a) a significant reduction in intrusive symptoms, b) the potential for full resolution of the traumatic experience (i.e. emergence of the capacity to live in the present and look forward to the future), and c) the resumption of normal development.

The client should be informed that the major risk for doing TANT is the possibility that until the narrative is complete, there may be an increase in intrusive symptoms, behaviors or reenactments. The most likely explanation for this is that nonverbal memories that have heretofore been dissociated are brought into consciousness, and are activated until a verbal or narrative tag is applied. In my experience, any intrusive symptoms, body memories or behaviors that arise during the TANT process are directly related to the specific traumatic material that is the focus of the work. Clients, and when appropriate, parents or caregivers, are encouraged to make notes of this upsurge in intrusive symptoms to facilitate complete narration and resolution. It is not unusual for a traumatized person to develop a phobia for traumatic memories. This can lead to a level of arousal disproportionate to current circumstances.

For children or adults with developmental delay, there is a possibility that they will experience a resurgence of re-enacting behaviors. It is important for the clinician to interpret such re-enactment as a response to re-experiencing traumatic memories and their companion affects, thoughts and behavior patterns. The clinician may be tempted to interrupt the TANT process because of the increase in intrusive symptoms or behaviors. THIS IS NOT RECOMMENDED. The clinician can be flexible with pacing the exposure for the client, but the role of the clinician is to support the client as they navigate the reorientation of their perceptions. The client is learning that what they experienced is in the past, that they survived the experience, and that their brains and minds can be freed to live in the present. The clinician’s role is to provide a clear and safe structure, to assure the client that whatever they experience as they go through the process is transient, and to guide the client in achieving closure and healing for a specific traumatic experience.

The clinician cannot and should not attest to the veracity of the content of the client’s work, nor validate any of the specifics discussed, processed, or revealed about the nature of the traumatic memory. The clinician should validate any emotions which arise but support their integration with the TANT material once the TANT process is complete.

**MOTIVATION, HOPE, AND EMPOWERMENT**

The role of the clinician is to facilitate healing such that the client successfully returns to his or her developmental path. The clinician provides sufficient encouragement and support to motivate the client to move through the process to completion. This requires a balance of empathy and strength on the
Clinician’s part: empathy for the pain of the emotions that arise, and strength to hold the expectation that the client has the capacity to tolerate and move through the pain. The clinician will redirect the client back to the process as often as is needed for the client to complete the process. Once the client has completed the steps, the process of integration and meaning-making begins. Children often return to their normal developmental activities quite quickly, but caregivers may need further processing or debriefing. The clinician should have access to supervision and support for him or herself to prevent compassion fatigue.

**WHO DOES TRAUMA ART NARRATIVE THERAPY?**

**CLINICIAN**

Clinicians who appreciate the nonverbal and creative aspects of communication and can tolerate the quiet of this process will find the TANT technique most useful. Learning the theory and conceptual basis for TANT is essential to using the technique successfully. In addition, clinicians must have the experiential learning that a TANT workshop provides before they engage clients in the process. Care must be taken to follow the protocol faithfully. As with any therapeutic approach, the clinician would be well served to get supervision when using TANT.

Some clinicians will find it beneficial to assemble a treatment team when using the TANT technique. When a therapist has been working with a client for some period of time, it may be difficult for him or her to change roles and it may confuse the client. One way to avoid these problems is to use a team approach: the primary clinician continues in a supportive, insight-oriented role, and another therapist works with the client on a specific traumatic event with TANT. The client can then return to the primary therapist for processing of the TANT material. The members of the team must have clearly delineated roles, and be in good communication with one another. They must also be in communication with parents, other caregivers or significant others when they are part of the process.

**CLIENT**

With few exceptions, anyone can do TANT. Thus far, people whose ages range from 5 to 85 years have gained the benefits of TANT. Clients with various intellectual challenges and disabilities have benefitted from using TANT for their traumatic experiences. People with traumatic brain injuries, physical disabilities e.g. paralysis, deafness and blindness, and developmental delay have all gotten positive effects from this process. Children who have been traumatized and as a result have behavioral symptoms that fit the description of Oppositional Defiant Disorder, Attention Deficit Disorder, mood disorders, and other, more regressive behavior problems have seen improvement and healing from TANT.
As has been stated before, this technique, or any other trauma resolution technique, should not be used with someone who is actively psychotic, in a traumatizing situation, or acutely at risk of self-harm or suicide. TANT should always be done under the guidance of a therapist or guide. It is not recommended that a client attempt TANT on his or her own. Although there are no known complications of doing this, the clinician’s presence and guidance is essential to the narration phase of the process, which is, by definition, relational. Without the clinician or guide, the relational component of the process cannot take place, making the likelihood of achieving true resolution is much reduced. The clinician also serves as an empathic and benign witness to the client’s process, which is a central factor in integration and healing.

Trauma Art Narrative Therapy has been used in many different treatment settings: outpatient private practice, outpatient mental health clinics, school-based mental health clinics, family-based care, inpatient psychiatric units, residential treatment facilities, medical clinics, consultation-liaison psychiatry services in medical hospitals, and with veterans in the VA system, both inpatient and outpatient.

**WHAT IS THE FOCUS OF TANT – WHAT TRAUMA?**

The focus of the TANT technique is one specific trauma, whenever possible. The event should be discrete (i.e. have a definable beginning and end) and, ideally, should have happened over a relatively short period of time (i.e. within the same day). Identifying a discrete traumatic event is often difficult for people who have experienced many different types of trauma, or have experienced the same type of trauma repeatedly over time. When the focus of TANT is trauma that lasted over a long period of time, it is important to choose a specific portion of the event, or to break it into segments that can be reconnected at the end of the process. Initially, when TANT was in development, I believed that for clients with multiple traumas, it would be best to work on the events in chronological order. In practice, what has proven to be more effective is to focus on the traumatic event the client chooses. Clients will almost always choose the specific trauma that is most disruptive to their present-day lives.

It is not necessary to apply a trauma resolution technique or a trauma specific therapy to every traumatic experience. For a variety of reasons, not all traumatic experiences will result in significant intrusive symptoms or dysfunction.

Once a client has been evaluated and the symptoms that will be the focus of TANT have been identified, the client is asked to choose a specific event. With children, the adults close to them can assist the clinician in identifying the traumatic event(s). Adults may have difficulty articulating specifics of an event because traumatic memory processing leaves them without language for their experience. Even without access to language TANT can be beneficial, because it starts with non-verbal processing.

When the trauma is more of a predominantly emotional nature, TANT may not be the most appropriate technique to use. In most cases of emotional abuse, the client is likely to have experienced trauma over a long period of time. This makes it difficult to find specific events and time frames on which to focus. It
would be advisable for a clinician to have had a good deal of experience with TANT before undertaking the treatment of emotional trauma.

WHEN SHOULD TANT BE USED FOR A CLIENT?

There are two issues related to the timing of using TANT. The first issue is instrumental: what time of day are sessions scheduled, how long do they last (length), and what is the interval between sessions (frequency)?

When it is feasible, the first TANT session should be scheduled during the day or early evening. This is preferable because the client may need time to get oriented to the present, get grounded, and resume their regular schedule. Clients should have sufficient time to relax and have closure before they go to bed.

Prior to the first session, the client is prepared by being educated about traumatic memory processing and the theoretical basis for the TANT technique, given informed consent and should have completed any screening tools the clinician has provided. Ideally, the initial TANT session for adults is one-and-one-half hours long; for children, one hour. Following the initial session, session length can be one hour for both adults and adolescents. Session length for children can be as short as half an hour, when this is deemed clinically appropriate. In settings such as inpatient units or residential facilities, there may be more flexibility with session length.

In terms of frequency, the first two sessions should be scheduled as close together as possible, ideally within the same week. After this, TANT sessions can take place weekly or even every 2-4 weeks, depending upon the needs of the client. The total number of sessions depends on how the process unfolds. An individual may be able to complete a specific TANT series within one session, or it could take several sessions. At the beginning of the process, it is advisable to schedule two sessions per week so the client has extra support as they learn the method and undertake homework assignments. Because intrusive material may emerge once TANT begins, it is best to complete the steps of the process quickly as possible, so there is as little disruption from symptoms as possible.

The second timing issue has to do with how this trauma resolution technique fits into the overall therapeutic approach for a client. How does a clinician decide when to use a trauma-based intervention in the course of therapy? When a person has disruptive, intrusive symptoms, trauma-based behavior or reenactment, or interruption of development, the therapy must include trauma work. When doing trauma work becomes necessary, a clinician’s decision to use any trauma-informed intervention is based on understanding the impact of trauma on normal development, the biology of stress, and traumatic memory processing.

Trauma work is usually done within a treatment framework. One example of a trauma treatment framework is the Sanctuary-S.E.L.F. model [78] [104]. S.E.L.F. represents a nonlinear process for Safety,
Emotion management, Loss, and Future. Within this S.E.L.F. framework, trauma processing addresses emotion and loss issues. Safety should be well established as a foundation prior to doing trauma work. The clinician should have a context of treatment or a conceptual framework for approaching the use of trauma techniques in therapy. In the S.E.L.F. framework, TANT would be considered for the purpose of resolving intrusive trauma symptoms which appear to be preventing the client from integrating specific cognitions, emotions, and behaviors which cause dysfunction. The expectation by the therapist and the client should be for the client to use a trauma treatment technique to gain mastery over past traumatic experiences.

**Trauma Art Narrative Therapy Technique**

Let’s get started. You will need drawing paper, colored markers, and a quiet place for the client to draw. Prior to beginning the TANT session, there should be one session for informed consent and an explanation of trauma theory. For adults it is best to allow for one and one half hours for the initial session and then one hour for the following sessions. Children and adolescents will do best with a one hour initial session and then follow-up sessions scheduled for thirty minutes to one hour in length. Subsequent sessions for individuals can be one hour each for adults and shorter for children if needed. The therapist needs to keep the client focused upon completing the steps and working on only one traumatic experience at a time.

The therapist 1) prepares the client, 2) reviews the steps of TANT and has them visible for the client to refer to when necessary during the TANT session, 3) plans to complete at least the safe points before and after the traumatic event by the end of the first session, 4) has supplies ready and adequate drawing space for the client, and then 5) begins the five TANT steps. The goal of each session is to complete the story and review the drawings in normal time sequence until the trauma art narrative series is complete.

**MATERIALS**

- 11 X 17 copy paper or 12 X 18 DRAWING PAPER
- LARGE TIP COLORED MARKERS

The materials you use are important. The paper used is commonly 11 X 17 copy paper and 12 X 18 drawing paper is even better. It is possible although not ideal to use smaller paper but the clinician should make sure that whatever size paper is used that it is the same paper size used for the whole process of TANT. The preferred drawing tools are colored markers with a large tip. A sense of being “lost” or feeling “fuzzy” while doing Trauma Art Narrative Therapy can happen more easily if a person uses fine point markers or pens. The clinician should support the client being able to stay grounded or present and connected to the TANT process. It is important to acknowledge and note any specific feelings or emotions which may arise during the TANT process. The emotions which come up and are
validated by the clinician can be integrated and processed after the completion of the TANT steps. It is not uncommon for the client to become distracted, feel overwhelmed, or dissociate when strong emotions arise while doing TANT. When this occurs, the clinician should guide the client to become grounded and use the ability to observe where they are in the TANT process to support a sense of present time versus past time. The client can be supported to use a safe or relaxing place as a tool in grounding and reducing dissociation. The client should use one sheet of paper for each segment of the TANT process so that there will be a minimum of five sheets of paper.

TRAUMA ART NARRATIVE THERAPY INSTRUCTIONS:

SAFE POINT BEFORE

1) Begin Trauma Art Narrative Therapy by drawing a SAFE POINT before the traumatic event took place. The SAFE POINT is a point in time, which is real, and occurs just before the traumatic event. Even if this is a “relative” safe point, it is still a safe point if there was no trauma happening at that moment. Safe points are hard for some people because you can feel very unsafe most of the time after experiencing a traumatic event. The idea of a "safe point" is a picture at some point in time before the event where things were relatively okay, or nothing too stressful or traumatic was happening. The SAFE POINTS are crucial to the use of Trauma Art Narrative Therapy as a therapeutic tool. Steps #1 and #2 should be completed before proceeding. All steps and drawings for TANT should include the client in them. (Remember the Safe Point means that there is nothing actually traumatic happening to the client at that particular moment in time even if the person didn’t feel especially safe) After completing this step, the client would describe what each part of the drawing represents to the clinician before proceeding to the next step. The clinician will need to make notes about the details of the image being described by the client because the person to narrate the complete series first will be the clinician.

SAFE POINT AFTER

2) Next, draw a SAFE POINT just after the traumatic event. Remember to instruct the client to include him or herself in the picture. When possible the safe points would be close in time to the traumatic event that has happened. So, if the traumatic event occurred on a certain day then the safe points would also be from that day. There are traumatic experiences which can occur over a longer period of time like several days. If there were multiple traumatic events over time, then it would be important to break down the traumatic event. Remember that even if the safe point lasted for a few seconds it is relevant and valid. The two safe points need to be completed ideally before stopping the first TANT session. Both the client and the clinician should be aware that until the TANT process is complete, it is possible for the client to have an increase in somatosensory material i.e. nightmares, flashbacks, body memories, reenactments, and trauma-based behaviors. Just be aware that if the client hasn't completed the whole story of the traumatic event, the images
or feelings will be more powerful until the process is finished. Again, remember to review each drawing with the client to get details of the picture and what each object represents.

**TRANSITION POINT BEFORE**

3) Now, draw the TRANSITION POINT BEFORE the event. This is a point in time just before the actual event when the client first realized something traumatic was about to occur. This picture comes after the safe point in the beginning and is often connected with a look or a feeling, but generally some sign or sense that things were no longer going to be safe. This step can be referred to an “uh-oh” or when the person has a sense that something bad will happen. Once this step has been completed the client should review what the picture represents with the clinician.

**TRANSITION POINT AFTER**

4) Next draw the TRANSITION POINT AFTER the event. This is the point in time just after the actual trauma occurred when the client first realizes that the trauma was going to end. So, again any sign or change which signaled the possibility that the traumatic event would end or be over for that moment. This is a point where the client has some awareness that they will get out of the trauma happening even for a moment. This step is often very difficult for clients to complete. It signifies the end of the traumatic event even if it is only temporary. It is also suggesting that the client had a role in helping themselves get out of a bad situation mentally, physically, or both. If a client is having trouble completing this step, it may be useful to point out that it would have occurred before the SAFE POINT AFTER. Again review the specific details of this step with the client.

**TRAUMA**

5) TRAUMATIC EVENT: The client should begin the series of drawings that outline or depict the traumatic event. Be sure to include fixed images, or the images which recur in the form of flashbacks, nightmares, or body memories. This step may require several pictures in order to be complete. It is important to include as much detail as possible. During the TANT process, specific details about the traumatic event may come up in the form of images, nightmares, body memories and behaviors and these should be included in the series as much as possible. After each image the client should review each drawing with the clinician and make sure that they include themselves in each drawing. The guide or therapist should review the details of each drawing with the client after each drawing step is complete.

**REVIEW AND COMPLETION STEPS**

6) At the end of each TANT session the clinician should place all drawings on a table, the floor, or the wall in normal time sequence. This means in the order of safe point before, transition point before,
trauma, transition point after, and safe point after. If there are any gaps or missing pictures, then place a blank sheet of drawing paper in the sequence to represent where an image is missing. Review them visually to see if there are any missing pieces or segments. The sequence of drawings should be logical or make sense in a sequence as you review the images. When there is a sequence of two pictures which does not flow well in time it is a good idea to suspect a gap and ask the client what he or she thinks. If the client agrees then place a blank sheet of paper in that spot.

7) The second session would start with the clinician laying out the entire TANT sequence while both the clinician and the client look to see what pieces may be missing from a complete TANT process. This would include adding any specific flashbacks, body memories, or nightmares. The client can immediately begin by working on whatever steps, gaps or drawing details are missing from the TANT series. At the end of the session, the therapist narrates the TANT series with the client looking to make sure it is as complete as possible. The clinician reviews the sequence of drawings from beginning to end, even if there are gaps missing. It is important for the clinician to narrate the TANT series until the process is complete. This may take more than one session depending on the amount of detail or gaps which arise. As long as the client is still adding details or filling in gaps, the clinician will review the entire series at the end of the session until the client and guide feel that the process is complete.

8) Once both the client and the guide think that the TANT series is complete then it is time for the reviews. The first review in the TANT process is for the therapist to tell the story to the client while going over the pictures in sequence. This first complete review would occur a week after the last TANT session.

9) For the second review, the clinician instructs the client to write down what each drawing represents on the back of the drawing. This can be done by the client with the clinician at the next session. If the first review occurs at the beginning of a session then the remainder of the session could be used for the client to write down what each drawing represents on the back of each drawing paper. There are several ways this second review step can be done. Other ways to accomplish narration include making a videotape or audiotape of the sequence, take pictures of the sequence and make a storybook with descriptions for each drawing, and verbally narrating the sequence while someone writes or types the words that go with each drawing.

10) The third review is the client telling the narrative along with the pictures to the guide or therapist. Other client supports such as caregivers, significant others can be included in this process. The client needs to complete three reviews including the first narration done by the clinician. The clinician should make sure that the client has closure and a clear sense of what the next steps in the TANT process will be at the end of each TANT session. The clinician should support the client using good self-care practices and grounding while working with this technique. The clinician should also be able to instill a sense of hope, accomplishment, and empowerment about the TANT process for the client.
10) Once the TANT series is complete, the next phase in the therapeutic process can be done. The completed TANT series can be processed in therapy to support further integration of emotions and meaning. For some children, adolescents, and adults with developmental delays, the TANT process appears to provide an integrating process adequate to support the client resuming normal development. In these cases, the clients may not engage in further therapeutic processing at that time. It is possible that the client may want to return at a later date to further reflect and synthesize the material from the traumatic event. If the client is able to move on with better function and normal development along with reduction or resolution of the trauma-based symptoms, then the TANT technique has been successfully used.

SPECIAL ISSUES

In the course of using TANT with many clients and clinicians, there are a number of common patterns and questions which arise. The following is an assortment of problems, concerns, questions, and issues which arise in the course of using TANT.

Generally, clients are able to follow the steps pretty well once given the background and guidance during the process. It is common for strong emotions to arise while completing the steps. It is important for the clinician to provide support and reassurance and remind the client that understanding the emotions and their meaning will happen once the TANT process is completed. Most clients will have an increase in intrusive symptoms and/or behaviors until the entire series for a particular traumatic event is completed. This is the reason why it is so important for the clinician to meet with the client frequently so that the process can be completed in as short a time frame as possible.

CLIENT FEELS STUCK

If a client gets stuck in the middle of the TANT process or struggles with dissociation, the therapist should redirect the client back to drawing while validating the difficulty and the emotions for the client. It can be useful for the client to be encouraged to “just draw, and try not to think too much”. The client could try drawing with the opposite hand to help them become unstuck. If the client feels like he or she doesn’t know what to draw for a certain step, then support them being able to draw whatever is needed for that step. So the clinician can say something like “you will know what to draw don’t worry”. The clinician should also be very careful not to suggest specifically what the client should draw. Most of the time the client is not finished by the end of the first session but should have at least completed the two safe points. A significant challenge for the clinician is being able to support and move the client through all of the steps of the TANT process even if he or she is very upset. The clinician has to be able to resist the urge to slow things down or stop just because the client is upset. Of course it is possible to stop especially after the two safe points are done, but if at all possible the best thing to do is try to get the series done as quickly as possible. The clients’ intrusive symptoms will be relieved more quickly when the TANT series is completed.
CLIENTS WITH DEVELOPMENTAL DISABILITIES

Clients with intellectual disabilities- the principles for using TANT in this population are the same. The clinician may observe that the directions are interpreted concretely. The client with developmental delay may proceed with daily living and development once the TANT series is complete without much in the way of emotional or cognitive processing. These clients can be easily influenced by what others around them say, so making sure that there is a quiet and private place for the TANT process is important. The time used to do TANT may also be shorter like sessions for children and adolescents. In these clients, as with children, they often express traumatic material via trauma-based behaviors. When TANT has been effective for clients with developmental delays, trauma-based behaviors are reduced or even eliminated.

CLIENT OR CLINICIAN STRUGGLES TO FOLLOW TANT STEPS

Some clients may struggle to follow the steps as directed. This situation is less likely to occur if there has been adequate preparation prior to starting the series. Both the client and the clinician can agree on the process and the specific steps so that the client knows what to expect for each session. A common mistake made by clinicians is deciding that it would be easier to go ahead and do the TANT series in chronological order instead of following the instructions given. This can result in the client becoming overwhelmed with intrusive symptoms and feeling frozen or stuck in their trauma. A client in this situation may struggle with realizing that they were able to become safe after a particular trauma even if it was for a moment.

If a client really struggles with following the steps due to overwhelming feelings, then the clinician may need to re-evaluate the situation. A client who has not been able to sufficiently master grounding skills and ways to manage strong emotions may need to spend more time in this area before returning to TANT work. It is also possible that the clinician needs to support the client moving through the steps so that there is a chance for integration of this affect and then a reduction in intrusive symptoms. The decision about whether to move forward with the TANT process is one that has to be made by the clinician and the client together.

CLIENT WORKING ON MORE THAN ONE TRAUMA AT A TIME

Sometimes a client gets started with a TANT series and the clinician realizes that they may be actually working on more than one trauma at the same time. Once the therapist is aware of this the best thing to do is to raise the client’s awareness and then together decide which one to maintain current focus upon. The clinician should save the drawings for the other trauma to be done once the current TANT series is completed.
TANT SERIES REQUIRING MULTIPLE TRANSITION POINTS

Another situation which may come up is when a client is working on a complicated traumatic event which lasts over a few days or a longer period of time. The client may or may not be aware of this when he or she starts the TANT process. The clinician may need to guide the client to break up the traumatic series with more than one set of transition points. It could also be necessary for the clinician to help the client breakdown a complicated traumatic event into more manageable portions. The most important thing to remember in these situations with very complex traumas is the need for mastery. The client needs to be able recognize mastery over this traumatic material from the past. It is better to break up a complex trauma and do segments one at a time so that the client can have forward movement.

Sometimes complex traumas are so overwhelming that the client can become lost in the details and feel that the trauma never ended for them. This can come out in the TANT work when a client continues to add a lot of detail but has trouble finishing the TANT series.

CLIENTS OVER USING TANT

Once a client becomes familiar with the TANT process and there are several different traumas to process, he or she may find using TANT fairly easy. TANT can provide a sense of accomplishment. Some clients will struggle with the emotions which arise from doing TANT and have a tendency to avoid the integration work that follows. Clinicians may need to help guide the client to transition to more of the emotional and cognitive integration work once an adequate amount of TANT work has been completed. The clinician must stay focused and aware about the client’s ability to not only have a reduction in intrusive PTSD symptoms but also an ability to resume normal development.

CLIENT SELECTION AND INFORMED CONSENT

The clinician should remember to avoid using TANT when the client is actively psychotic, actively suicidal, actively self-harming, or in an actively abusive situation. If a situation arises where a clinician becomes aware of this after TANT has already started, the focus should be shifted to making sure that the client is safe at the present time. Once the client has moved past the acutely unsafe situation, he or she can return to doing TANT for a particular traumatic event. The clinician also has to consider the appropriateness for using TANT when a client presents without active or intrusive PTSD or trauma-based symptoms but has a trauma history. In other words if a client presents requesting trauma work but there are no specific intrusive trauma based symptoms, then TANT should not be applied. In the case of children or adolescents, a caregiver or parent can be involved in the decision making about the use of TANT. It is important for the child to have support from a parent or caregiver before proceeding with using TANT. The parent or caregiver needs to have an understanding about TANT and the theory behind it before the child can engage in the TANT process. The clinician will need to provide boundaries and a role for the parent and/or caregiver in the case of using TANT with children.
It is very important for clinicians to approach potential TANT clients in the following manner: 1) perform a thorough evaluation to determine appropriateness and readiness for doing trauma work, 2) provide informed consent to the client and family or support system, 3) if TANT is chosen then provide an explanation of the TANT process including risks and benefits, and 4) provide general education about trauma theory and a discussion about the expectations for trauma work in the person’s overall treatment plan. Informed consent should include the option for other trauma treatment techniques as well as the option of no trauma work or treatment. The main risk in doing TANT is the possibility for the intrusive symptoms and behaviors to increase temporarily until the TANT process is completed.

**TRAUMA FOCUS**

Sometimes a client has both victim and perpetrator issues to resolve. The choice of which trauma to focus on with a client is whichever one is causing the most distress. In this situation, it is usually most helpful to complete TANT for the victimization trauma before completing a TANT series for an act of perpetration.

**TANT WITH FAMILIES**

It is possible for the TANT process to be used with an entire family or a group experiencing the same event. An example would be a motor vehicle accident or a disaster. The clinician would still have each person complete the TANT series individually. It would then be possible to review and narrate with the whole family or the group. TANT can be offered to adults in the form of a group. TANT groups should not be used for children or adolescents. The special use of TANT in groups will be covered in a subsequent workbook, but information and consultation can be obtained at any time by contacting me.

**VALIDITY OF TRAUMA**

A common question about using TANT is whether or not it lends itself to false memories about traumatic events. This technique is a clinical tool designed to reduce intrusive trauma based symptoms and behaviors and to help the client get back on track with normal development. The clinician is not in a position to determine whether or not a client’s TANT series is factual or not. Part of the psycho-education preparation for doing TANT should include making the client aware that determining what is fact or not is less significant than the work on making a complete narrative.

**CONTINUED INTRUSIVE SYMPTOMS**

If the client continues to have flashbacks, nightmares, and body memories, it has been my experience that there was something missing in the TANT series. The client should draw a picture of the intrusive material which comes up and see where it fits into the TANT series.
SELF-WORK IDEAS

There are many ways for the client to review the series. The most important thing is to make sure that the client is exposed to the series at least three times. The narration done by the clinician once the TANT series is complete is the first of three reviews. The second one would be the clients’ review and narration once he or she has written what each image represents on the back of each drawing. The third review is completed when the client provides a review by doing the narration with the therapist. When first using TANT, the reviews and self-work options should be done in the presence of a clinician or therapist guide. An adult who is comfortable with the TANT process could do some self-work if this has been agreed to in discussion with the therapist.

TANT Self-work Ideas

1) Write what each image represents on the back of the paper.

2) Draw any flashbacks or nightmares and place these images in the series of images where they fit based on time sequence. Always consider any body memory, flashback, or nightmare as a part of the traumatic memory which needs to be categorized and integrated within the context of the trauma narrative.

3) Review the series of pictures or images in chronological order one time after each additional drawing is added to the series.

4) Once the series is complete, make sure to review in sequence one more time

5) The client can make a videotaped narrative of the traumatic event and review.

6) The client can make a storybook to review and complete narration.

TRAUMA ART NARRATIVE THERAPY EXAMPLE

TANT EXAMPLE #1

In order to better appreciate the Trauma Art Narrative Therapy technique, here is a simple but clear example. There are several important key points to the TANT process:

a) Following the steps of the TANT process as directed,
b) Making sure that the first session includes completion of the Safe Point Before and the Safe Point After,
c) Looking for gaps in the sequence of events,
d) All drawings should include the client,
e) The therapist reviews each drawing with the client right after it is done before the client moves on to the next step,
f) Awareness that there may be an increase in intrusive symptoms if the TANT series is not yet complete, and
g) Acknowledging important emotional material and meaning making which could come up during the process but needs to be saved for integration once the TANT series is complete.
This picture represents the little girl’s sense of when things started to feel unsafe. It was when the man walked into the room.

This picture reveals that the girl knew that she would be safe again when the man walked out of the room. The traumatic event was over.

This is the traumatic event. The man is hurting the girl.
In this example, the client was able to complete these steps. Following the completion of the initial five steps, the drawings are then placed in chronological order and reviewed by the therapist. The therapist tells the story back to the client making sure to ask for any input or any missing detail which would be important in the narrative to make the story complete. The client will then have further homework to review and narrate the series of drawings. The therapist and the client will review this series of drawings at the next session.

**VI. CONCLUSION**

Trauma Art Narrative Therapy® is a structured, nonverbal, cognitive exposure and narrative technique designed to treat the multiplicity of symptoms that results from traumatic experience. It has conceptual roots in trauma theory, neuroscience, and social learning theory, and has been developed and enriched through clinical practice that spans more than fifteen years. It is a precise and specific method that facilitates the connection of nonverbal aspects of traumatic memory to their verbal representations. As traumatic memories are transformed, the impact and intensity of trauma based symptoms changes. The client is released from the grip of the past, and is empowered to live in the present and look to the future.

Because the technique focuses on one traumatic event at a time, clients can work at a pace that is manageable. They are able to effectively regulate and modulate the emotions associated with trauma, as well as gain new perspective on the meaning of their experience. It is a clinical tool that has proven effective in allowing our clients to make sense of the incomprehensible, overwhelming and distressing aftermath of traumatic experiences.

Research is currently under way to determine in more detail the ways in which Trauma Art Narrative Therapy impacts dissociation, developmental regression, intrusive symptoms, and functional capacity. Every time a clinician undertakes the process with a client, their experience adds to the growing knowledge base. TANT is practical, inexpensive and accessible for most people. When it is appropriately used in a well-conceived treatment plan, it can, and often does, make a positive and long-lasting difference in the life of a trauma survivor.
TRAUMA ART NARRATIVE THERAPY®: BASIC STEPS

1) Begin by drawing a SAFE POINT just before the traumatic event took place. Even if this is a “relative” safe point, it is still a safe point if there was no trauma happening at that moment. Make sure that the client includes him or herself in each drawing or step. The SAFE POINTS are crucial to Trauma Art Narrative Therapy as a therapeutic tool, so you need to complete steps #1 and #2 before proceeding.

2) Next, client draws a SAFE POINT just after the traumatic event including him or herself in the picture. The SAFE Point’s should be as close in time to the actual traumatic event as possible. SAFE POINT’s are when things are “okay”, relatively “okay” or there is even a second when nothing dangerous or life threatening is actually happening to the person.

3) Now, draw a TRANSITION POINT BEFORE the traumatic event. This is a point in time just before the actual event when the client first realizes that something “bad” or life threatening or traumatic will happen. It can be a certain look or feel or the client may have some sense about what this is or looks like.

4) Next draw the TRANSITION POINT AFTER the traumatic event. This is the point in time just after the actual trauma occurred when the client first realized that the trauma was going to end or that it would be over for that time. If you have placed all of the drawings as they are done on the floor in normal time sequence, then you can point to the SAFE POINT AFTER drawing and tell the client that this drawing will be the one in time just before the Safe Point After drawing.

5) This is the step for drawing what happened or what was the trauma. It could also be referred to as drawing the “bad” thing that happened. The client draws the traumatic event and will often use more than one piece of paper to depict this step. Again the client should make sure to include themselves in the drawing. You can also suggest that he or she draw any images that would reflect nightmares, flashbacks, or body memories which are most often missing pieces of the client’s trauma story.

6) Place the pictures in the order of time sequence. Review them visually to see if there are any missing pieces or segments. If there are missing pieces place a blank piece of drawing paper in the space and check with the client to make sure he/she agrees with your observation. If this is the end of the session then the therapist narrates the images in order of time and notes any missing pictures to be completed during the next session.

7) The next session starts with the drawings laid out in order of time. If there are any missing pictures or the client has noted a flashback or nightmare which came up, then these images can be completed and placed in the sequence. Once again the clinician provides the verbal narrative until the series is thought to be complete.

8) Once complete the next step for review will be to write on the back of each drawing an explanation of what the image represents. The client can then review the series him or herself verbally. The goal is to have at least three complete reviews of the sequence done. When you review the series, you and the client are looking to see if there are any gaps from one picture to the next which do not make sense. These gaps are usually what will cause more flashbacks, body memories, or nightmares.
<table>
<thead>
<tr>
<th><strong>TOOLS:</strong></th>
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<tbody>
<tr>
<td>-preferably 11 X 17 copy paper</td>
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<tr>
<td>-large tip colored markers</td>
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<table>
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<tr>
<th><strong>LOCATION:</strong></th>
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<tbody>
<tr>
<td>-quiet room</td>
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<tr>
<td>-use of a table/floor</td>
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<th><strong>TIMING:</strong></th>
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<tr>
<td>-during the daytime, early evening to make sure there is time for relaxation</td>
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<tr>
<td>-starting session will take up to 1.5 hours for adults and one hour for kids; about an hour for follow-up session</td>
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<tr>
<td>-repeat the session at least weekly, even twice a week until the particular trauma is Complete</td>
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Reminders:

1) TANT© should not be used with someone who is psychotic, actively suicidal or homicidal, or otherwise actively unsafe. Clients who are still in the middle of a traumatic experience are also not able to use TANT. It must be used for traumatic experiences which have already happened.

2) Make sure that the client completes the Safe Point Before and the Safe Point After during the first session. This is very important, and it is what makes this technique safe. The client can always be reminded that the traumatic event has already ended.

3) The therapist should review the story in the order of time at the end of each session until the series is complete.

4) After the TANT steps are completed, the clinician should be the first one to tell the story back to the client. Once this has been done it is okay for the client to narrate the sequence of drawings.

5) The first homework assignment is to ask the client to write on the back of each picture what the picture represents. This is then followed by the client narrating the sequence once again. The goal is to have at least three reviews.
LEFT BRAIN = Verbal

RIGHT BRAIN = Nonverbal

NORMAL MEMORY = Verbal + Nonverbal

TRAUMATIC MEMORY

#1 - RELATIVE SAFE POINT BEFORE THE TRAUMA.

#2 - RELATIVE SAFE POINT AFTER THE TRAUMA.

#3 - TRANSITION POINT BEFORE THE TRAUMA

#4 - TRANSITION POINT AFTER THE TRAUMA; THE FIRST SIGN OR MOMENT THAT THE CLIENT REALIZED THEY WOULD BECOME RELATIVELY SAFE AGAIN, OR THE TRAUMA WOULD END FOR THAT MOMENT.

#5 - TRAUMATIC EVENT
TANT® SUPERVISION TIPS

1. Prepare yourself and the client for full completion of this process. You need to be committed to do all 5 steps fully. If you only do part of the steps, you raise the risk of worsening the patient’s symptoms and the possibility of arousing traumatic memory material without allowing it to be fully re-integrated.

2. When starting to use TANT®, choose cases of specific traumatic events when possible. Avoid doing any cases that are emotional traumas until you have developed your skill in doing this technique for specific traumatic events.

3. The therapist needs to be supportive and provide reassurance to the client while he/she completes the TANT steps. The clinician should validate any strong emotions the client has without exploring these or discussing them in more detail. The clinician should be a guide without telling the client what to draw or what is missing for their story. The therapist is there to support and foster the client being able to complete their own TANT series.

4. For adults stick to the descriptive terms used for each step i.e. “transition point before”, “relative safe point after”, etc. In the case of kids/adolescents, the therapist may want to use more basic terms like “the part where you knew something would happen”, or “when you knew you were okay”, or “the moment when you had a bad feeling or felt an uh-oh”, etc.

5. Try to do the initial sessions close in time. You will need to allow for two sessions within 7-10 days. Reassure yourself and the client that the intrusive PTSD symptoms or trauma related behaviors will be reduced when enough details are completed.

6. The most important issue when using TANT® is to follow the guidelines as I have instructed. There have not been any adverse consequences from using TANT® known to me. The most common problem I have observed or heard about from clinicians is an increase in intrusive PTSD symptoms or behaviors when the technique is started but not yet complete. Completing both the verbal and nonverbal pieces and integrating these reduces PTSD symptoms.

7. There are 3 reviews. The first is the therapist reviewing the entire sequence of drawings in chronological order and narrating them. The second is the client writing on the back of the drawings or in some way adding words to the pictures which can be done with audiotape or videotape also. Writing on the back is done once the series of drawings is thought to be complete. The third review is the client reviewing the entire sequence of drawings with narration.
COMMON QUESTIONS ABOUT TANT®

1. What would be a reason to use TANT?
   a. Trauma Art Narrative Therapy is used for a person who has experienced a traumatic event and then later continues to have flashbacks, nightmares, body memories, or trauma related behaviors.
   b. TANT is meant to help with resolving a past traumatic event. It should not be used for someone who is currently experiencing a trauma.
   c. TANT can also be helpful for resolving past grief and loss experiences.

2. What kind of preparation do I need before starting TANT?
   a. An adult or a child/family who is considering TANT should understand the reason for using it, the risks, benefits and alternatives. There should be informed consent.
   b. There should be a safety plan for both adults and children. A five step safety plan can be useful. This is a list of five activities, tools, grounding techniques which can be used to feel safe. For children and adolescents, a parent and/or guardian would need to support ways for them to be safe.
   c. Children and adolescents in particular should have a routine for each TANT session which is followed the same way for each session. It is helpful for clients using TANT to have some specific activity to look forward to at the end of the session. For example, children could pick a favorite game to play after each TANT session and adults could have some special way to relax after each session.

3. What would make someone have flashbacks and nightmares?
   a. Flashbacks, nightmares, body memories, and trauma related behaviors are called “intrusive” symptoms of PTSD. When a person experiences an event which is overwhelming, life-threatening, or causes a significant sense of helplessness, there can be a disruption in how the event is remembered and experienced.
   b. Not everyone who experiences a traumatic event gets PTSD or intrusive symptoms like flashbacks or nightmares.

4. What’s the theory or premise behind TANT?
   a. Trauma Art Narrative Therapy© is based on the premise that a traumatic event temporarily shuts down the verbal or narrative processing part of the brain. If a memory is stored in the brain with only the nonverbal material i.e. the images, smells, feelings, body sensations, then it can be difficult for a person to make sense out of the experience.
   b. The steps of the TANT process are meant to put verbal information or a narrative together with the nonverbal material like the flashbacks, nightmares, and body memories so that the person can resolve the experience.
5. How do I know if TANT is helping?
   a. You will know if TANT is helping when there is a decrease in the intrusive symptoms like flashbacks, nightmares, body memories, and/or trauma related behaviors.
   b. If TANT is helping then you will more easily be able to make sense out of what happened to you and then move forward with your life. For children, they should be able to more easily resume their developmental process.

6. What kind of problems might happen while I am working with TANT?
   a. Once you start TANT you may have an increase in flashbacks, nightmares, body memories, or trauma related behaviors until the process is complete.
   b. The most important thing to know is that once you start TANT, it is best to complete the process if at all possible.
   c. It is normal for there to be more strong emotions like anxiety, sadness, anger, fear along with the flashbacks and nightmares once the TANT process is started.
   d. You can pace yourself using TANT once the two SAFE POINTS are completed.
   e. It is very important that if you become overwhelmed and don’t feel that you can stay safe using your safety plan, then talk with your therapist and/or use your emergency contacts and resources to get help and be safe.

7. Why is it important to have a therapist or guide when doing TANT?
   a. A therapist or guide can remain objective and help you follow the steps in order to complete the process.
   b. A therapist or guide serves as a witness to an experience which has been not only scary but overwhelming. A witness can help with any shame or guilt aspects which could arise while doing TANT.
   c. A guide can be a resource and support for following the steps and maintaining safety.

8. What kind of resources or reading would be helpful before starting TANT or for understanding more about what causes PTSD and what helps?
   a. There are several very good basic information books and articles which are useful to explore before doing trauma resolution work. This list is short but a good place to start.
      i. “The Posttraumatic Stress Disorder Sourcebook” by Glenn Schiraldi PhD.
      ii. “8 Keys to Safe Trauma Recovery” by Babette Rothschild
      iii. “The Body Keeps the Score” by Bessel van der Kolk MD
   b. It is very important to understand the reasons why your therapist suggests using TANT. Again having a chance to go over the reasoning for applying the TANT process is helpful before starting.
   c. For children and adolescents, the parent or guardian will need to be able to understand the TANT process and support it before it can be used. If there is not support from the parents or guardian, then TANT or any other trauma resolution therapy should not be used.
TANT© was formalized in 1994. Trauma Art Narrative Therapy is a structured, nonverbal, cognitive exposure and narrative resolution technique that allows the processing of a traumatic event in a novel way. It has been the focus of a pilot study for adolescents who experienced hurricane Katrina. TANT has extensive practice based evidence. It has yet to be the focus of a formal controlled research study. The experience with TANT by clinicians using it suggests that it may be a very effective tool and that progress may be made with improved processing and integration of traumatic information. It has been useful for resolving traumatic emotions, behaviors, and symptoms when some other approaches have not been successful or when the client is less able to process information cognitively. There have been rapid improvements and resolution following completion of TANT in some clients. It has been noted to facilitate emotional processing of traumatic material when verbal processing alone has not been successful. For children and adolescents, use of TANT has been noted to help the client resume normal developmental processes.

The most common risk when using TANT is that of increasing intrusive PTSD symptoms e.g. flashbacks, nightmares, avoidance, body memories, and trauma related behaviors. During or after a TANT session, it is not uncommon for suppressed, repressed and/or previously forgotten material to surface. This associated material may be linked to the target memory. Traumatic memories, including all associated memory networks, may or may not be historically accurate. It is not unusual for a target memory to be linked to other, unexpected material. It is important to note that TANT does not, in itself, guarantee the accuracy of the retrieved material but it helps process information whether it is accurate or not.

**REGARDING THE TRAUMA RESOLUTION MODALITY TANT, I HAVE BEEN ADVISED THAT:**

1. Once starting the TANT process, it is likely that flashbacks, nightmares, body memories, and trauma related symptoms and behaviors will increase until the process is complete.
2. TANT can be combined with other therapeutic modalities.
3. It is a good idea to consult with my primary care provider or psychiatrist if I am on benzodiazepines or narcotics. Use of benzodiazepines or narcotics while doing trauma resolution therapy may be less effective since these classes of medications can interfere with memory processing and concentration.
4. If legal testimony is upcoming, be sure to discuss all aspects of the case with your clinician before participating in TANT.
5. Once I complete a TANT series, if more flashbacks or trauma related material surfaces related to the focus of the TANT sessions, I will call the TANT clinician to integrate the unresolved material.
6. I understand that after the TANT session, I may continue to process additional trauma related information, and I am prepared for this.
7. I will call my therapist or utilize a pre-determined safety plan if the need should arise.
8. I understand that TANT is one of several trauma therapy techniques that are currently available to help with traumatic events. Other techniques include Trauma Focused CBT, EMDR, Stress Inoculation Training, Exposure Therapy, sensorimotor psychotherapy, and others.
9. I also understand that there is an option to do nothing for my current trauma based symptoms and behaviors, but that this may cause a significant delay in getting better and/or continued problems which led me to seeking help.
Absolute contraindications to using TANT are: 1) a client who is currently in a traumatic situation, 2) a client who is not able to be safe, has self-injurious behaviors, or has suicidal or homicidal thoughts, 3) a medical or psychiatric condition which interferes with the person’s ability to engage or follow the TANT process. Those with significant medical problems and or psychiatric problems which would interfere with being able to engage in TANT should discuss this with the therapist and or their physician before proceeding with the use of TANT.

A guardian or parent of a child using the TANT process agrees to support the child with use of the safety plan as well as structured activities following the TANT session to help with integrating traumatic material and increasing confidence.

By my signature below I hereby give my Informed Consent to receiving TANT treatment. If the client is a child or adolescent under age 14, then the parent/guardian should sign below acknowledging informed consent for the use of TANT.
1. Empiece por dibujar un Punto Seguro un poquito antes de que pasó el acontecimiento traumático. Aun si es un punto seguro "relativo," de todos modos, es un "punto seguro" si ninguna trauma estaba ocurriendo en ese momento. Asegúrese que el cliente incluye el/ella mismo(a) en cada dibujo o cada paso. Los PUNTOS SEGUROS son importantes a la Terapia Narrativa de Arte como un instrumento terapéutico, así que, uno tiene que completar los Pasos #1 y #2 antes de seguir.

2. Después, el Cliente dibuja un Punto Seguro un poquito después de que paso el acontecimiento traumático, incluyéndose él/ella mismo/a en el dibujo. El PUNTO SEGURO debe ser lo más cerca en tiempo al acontecimiento traumático que sea posible. Puntos Seguros son cuando cosas están "bien" o "mas o menos bien" o cuando hay, aunque sea un segundo en que nada peligroso o amenazante está pasando a la persona.

3. Ahora, dibuje un Punto de Transición Antes del acontecimiento. Este es el punto en tiempo solo momentos antes del trauma, cuando el Cliente se da cuenta de que algo "malo" o amenazante o traumático va a pasar. Este Punto de Transición puede ser una mirada o sentimiento que el Cliente tuvo en ese momento, o quizás el Cliente tenga una idea de lo que es este punto o como parece.

4. Después, dibuje el Punto de Transición Después del acontecimiento traumático. Este es el punto en tiempo solo momentos después de que ocurrió la trauma cuando el Cliente se dio cuenta de que la trauma iba a acabar o que iba a acabar por ese tiempo. Si usted ha puesto todos los dibujos mientras estás hechos en el suelo en la secuencia de tiempo normal, entonces puede señalar al Punto Seguro Después y decirle al Cliente que este dibujo será el dibujo en la secuencia antes del dibujo del "Punto Seguro Después".

5. Este es el paso para dibujar lo que paso o para dibujar la trauma actual. Puede ser referido al dibujo de "la cosa mala que paso." El Cliente dibuja el acontecimiento traumático y puede usar más de un pedazo de papel para representar esta parte de la secuencia. También, el Cliente debe de asegurarse de incluirse en el dibujo. Usted puede sugerir que él o ella puede dibujar cualquiera imágenes que reflejarían pesadillas, retrocesos, o recuerdos que muchas veces son las piezas que hacen falta del cuento del trauma.

6. Ponga los dibujos en el orden de la secuencia del tiempo. Repase los dibujos visualmente para ver si hay algunos pedazos que hacen falta. Si hay pedazos que hacen falta, pon un pedazo de papel en el espacio y chequee con el Cliente para asegurar que él/ella está de acuerdo con su observación. Si este es el fin de la sesión entonces el terapista cuenta las imágenes en la orden del tiempo y nota cualquier dibujos que hacen falta para cumplir la secuencia en la próxima sesión.

7. La próxima sesión empieza con los dibujos presentados en la secuencia de tiempo en que paso el trauma. Si hay algunos dibujos que hacen falta o si el Cliente ha notado un retroceso o una pesadilla que había ocurrido, entonces estas imágenes pueden ser completadas y
puestas en la secuencia. Otra vez, el terapeuta tiene que proveer la historia verbalmente hasta que la serie este completa.

8. Una vez completa, el próximo paso será escribir una explicación de lo que cada imagen representa en el otro lado de cada dibujo. Entonces, el/la cliente(a) puede repasar la serie él/ella mismo(a). El meta es tener, por lo menos, tres repasos de la secuencia de la trauma. Cuando repases la secuencia, usted y el cliente están mirando a ver si hay algunos huecos entre un dibujo al otro que no hacen sentido. Estos huecos normalmente causaran mas pesadillas o retrocesos.

CONSEJOS DE PAUTAS EN LA UTILIZACION DE TANT©

(TERAPIA DE ARTE NARRATIVA PARA RESOLVER LOS TRAUMAS)

Se Necesita:
- papel grande (se prefiere papel 12" por 18")
- rotuladores de puntas grandes

Donde:
- un cuarto tranquilo y sin ruidos
- una mesa o un piso

Cuando:
- durante el día, o por la tarde para asegurar que hay bastante tiempo para relajar
- la sesión de comienzo va a tomar 1 ½ horas para adultos y 1 hora para niños
- aproximadamente una hora para la sesión siguiente
- repita la sesión por lo menos una vez por semana hasta que el trauma este completa

Recuerde:
1. TANT no debe de ser usado con alguien que es psicótico, suicida, o homicida, o alguien que de otra manera claramente no está estable. Clientes que todavía están en medio de una experiencia traumática tampoco deben de usar TANT. Esta terapia tiene que ser usada solamente para experiencias traumáticas que han pasado.
2. Asegúrese que el Cliente termina el Punto Seguro Antes y el Punto Seguro Después durante la primera sesión. Esto es muy importante y es la razón por lo cual que esta técnica está segura. El cliente siempre puede ser recordado que el acontecimiento ya se acabo.
3. El Terapeuta debe de repasar el cuento en el orden de tiempo en el fin de cada sesión hasta que la serie este completa.
4. Después de que los pasos de TANT están terminados, el Terapeuta debe de ser la primera persona que cuenta el acontecimiento al Cliente. Ya una vez que esto ha pasado esta bien para El Cliente a narrar la secuencia de los dibujos.
5. La primera tarea es pedir al Cliente a escribir por detrás de cada dibujo lo que cada dibujo representa. Después de esto, El Cliente tiene que contar la secuencia otra vez. El meta es tener, por lo menos, tres repasos.
1. Prepárense Ud. y su cliente para completar totalmente este proceso. Necesita comprometerse a hacer todos los 5 pasos en su totalidad. Si se hace solamente una parte de los pasos, se aumenta el riesgo de empeorar los síntomas del paciente y la posibilidad de provocar recuerdos traumáticos sin permitirlas estar totalmente reintegrado.

2. Al comenzar a utilizar TANT, escoja casos de eventos traumáticos específicos cuando sea posible. Evite hacer casos que son traumas emocionales hasta que haya desarrollado su habilidad para hacer este técnico para eventos específicos traumáticos.

3. El terapeuta necesita darle mucho apoyo al cliente y infundirle confianza mientras él/ella completa los pasos de TANT. El especialista de salud mental debe dar validez a las emociones fuertes que tenga el cliente, sin explorarlas ni hablar de ellas en detalle. El especialista debe ser un guía sin decir al cliente que dibujar ni decir que le falta su historia. El terapeuta está allí para dar apoyo y facilitar que el cliente pueda completar su propia serie TANT.

4. Para los adultos, utilice los términos descriptivos usados para cada paso –“punto de transición antes”, “punto de seguridad relativa después”, etc. En el caso de niños/adolescentes, puede que el terapeuta quiera usar términos más básicos como “la parte donde sabías que algo iba a pasar” o “cuando sabías que estabas bien”, o “el momento cuando tenías una mala sensación o se sentía una sensación de ‘uh oh’”, etc.

5. Trate de hacer las sesiones iniciales muy seguidas en el tiempo. Se necesita proveer dos sesiones dentro de 7-10 días. Asegúrese a Ud. y al cliente que los síntomas intrusivos del síndrome de estrés postraumático o los comportamientos relacionados con trauma se van a reducir cuando se completen suficientes detalles.

6. El asunto más importante cuando se usa TANT es seguir las pautas como las he explicado. No ha habido consecuencias adversas algunas que yo sepa. El problema más común del que he oído hablar o observado en los especialistas es un aumento de síntomas o comportamientos intrusivos del síndrome de estrés postraumático cuando el técnico se comenzó pero no se terminó. Completar tanto las partes verbales como las partes no verbales e integrar las dos reduce los síntomas del síndrome de estrés postraumático.

7. Hay 3 repasos. El primero es cuando el terapeuta revisa toda la secuencia de dibujos en orden cronológica y lo narra. El segundo es cuando el cliente escribe en el dorso de los dibujos o en alguna manera agrega palabras a los dibujos, que se puede hacer con grabación de audio o de video. Una vez que la serie de dibujos esta completa, se puede escribir en el dorso de los dibujos. El tercer repaso es cuando el cliente revisa la secuencia entera de dibujos con narración.
REFERENCES


