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Tammy Nelson, PhD

ACTIVE Treatment plan

Art Therapy Treatment Interventions

By Tammy Nelson PhD

The ACTIVE treatment plan is an art therapy treatment intervention developed by Tammy Nelson, a registered art therapist and certified sex therapist, using art movement, mindfulness and writing techniques to treat sexuality, trauma and relationship dysfunction with couples and individuals.

A is assessment - includes projective art techniques e.g. House, Tree, Person drawings, and Draw a Self Portrait using Lines, Shapes, Colors, and Couples Drawings, and Fishbowl drawings, and Family Drawings, and Mandalas

C is for containment - using Mandalas and collage, In/Out boxes and Vision boards, I use art to help contain out of control emotions, affect and behaviors related to trauma and sexuality

T is for treatment - where art can be used to intervene with depression, using writing, journaling, morning pages, worksheets, poetry, slamming, moths, crush paper, pastels, drips, water colors, finger paints, body tracings, and other interventions for therapeutic benefit.

I is for integration - where art can be used for re-membering the dis-membered parts of the self, using Ogden's 4D wheel, what does sex mean, mind, body, spirit, emotion, past, present, future, what are the stories we

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make up about sex and what do they mean about our partners, and what are our ancestors stories, what do our parents think about sex and how has that affected us? Layers can be integrated into artwork and memory work

V is for visualization - where there is a creative vision of the future of what healing looks like, for a new monogamy agreement, or a new sexuality, or a new map of the body, or a landscape of healing, or recovery from trauma, through clay, through dance, through movement

E is for expression - art is used to talk about fantasies, feelings, and as communication with a partner, to create sexual empathy, to express a continuum of eroticism, and to begin to explore the body in ways that feel personal to the self, exploring the internal parts of the self and becoming ACTIVE in recovery, integrating the creating parts and getting rid of the inner critic, expressing fears and the inner voices

Art Therapy for Treatment of Sexual Dysfunction as the result of Trauma

Creative Art interventions can be used not only for assessment and diagnosis but after sexual trauma for treatment intervention as well. The expression of internal struggles and directionality in art can show the therapist how to move couples and individuals through trauma memory, how memory is stored as body narratives that may be difficult to recall or integrate, and helps explore dynamics of relationships that are encoded from early pre-verbal and pre-language maps to today's sexual relationship issues.

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Exercises:

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The ACTIVE model includes the following:

- Intro of ACTIVE model
- Active Art Therapy exercise
- Processing of experiential
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Can be used with the following assessments:

DRAW: HOUSE, TREE, PERSON

IN/OUT BOX COLLAGE

MANDALA

DOODLE

Discussion by Tammy Nelson

The Check art therapy protocol designed by Tammy Nelson provides context and lets the couple or individual safely recall and expose themselves and the therapist to the traumatic memories. It can be used in conjunction with music therapy, mindfulness, or MDMA or hallucinogenic therapies.(see MAPS training third phase trials).

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Art therapy and the ACTIVE treatment plan can support the necessary narrative discussion and processing with the treatment provider. It can create a safe and secure attachment to the ART, and then bypass any attachment avoidance, or anxiety to the therapist, thereby creating solid and secure therapeutic engagement.

Making art has been proven to reduce and balance stress responses, giving distance and narrative potential needed to “regain autobiographical coherency and resilience.” (Courtois/Ford) It can increase the internal locus of control and remind the client of their own resilience, giving them the tools and interventions they need, instead of relying on therapist engagement and setting to create safety for recall and processing. Art is a transitional object that can be brought out of sessions to continue therapy and safe processing after and in between sessions.

For those vulnerable to stress, the resilience and adaptation when the CNS is regulated creates ongoing adaptation. No other person is necessary to regulate neural functioning, the client has their own projective object to increase control and increase anxiety coping skills.

Creating an autobiographical trauma timeline (see Courtois/Ford) can create a context of historical reference, and a bridge to the impact of memory. With reality testing and referencing, the visual of the timeline helps reduce dissociation and negative flashbacks, and increases optimistic vision for the future of healing.

Exposure to their own imagery increases self awareness, dream imagery connects to art imagery, insight around searching for self and self awareness is impacted positively and the trauma finds its place within the context of the gestalt, the whole of time and place and the whole of a lifetime of self awareness. It is not all of who I am, but part of

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what happened to me. It is outside of me, not inside of me. It is part of my life, not all of my life.

In the moment of hyperarousal caused by memory recall, in a safe, contained way, neuronal connections can be made without panic or anxiety. LeDoux says, “Clients with PTSD-related hypo-arousal symptoms tend to narrate a diminished story with few details, whereas over-aroused clients are prone to overwhelming feelings from a multitude of details. The latter most likely has to do with the way that they experienced the trauma, as hyperarousal tends to strengthen neuronal connections and rekindle memories”. (LeDoux, [2003](#)LeDoux, J. (2003)

(Brewin et al., [2010](#)Brewin, C.R., Gregory, J.D., Lipton, M., & Burgess, N. (2010). Intrusive images in psychological disorders: Characteristics, neural mechanisms, and treatment implications. Psychological Review, 117(1), 210–232. . doi:10.1037/a0018113[CrossRef], [PubMed], [Web of Science ®]). Client-led, imaginal, and graduated safe exposure facilitates decreases in avoidance and re-traumatization reactions.

Subsequent requests to alter traumatic images contribute to cognitive and emotional flexibility and assist in balancing fear-based responses, attaining a sense of control, and reducing negative perceptions and cognitions. In Jennifer's case covering the image reduced the vivid cues associated with re-traumatization (Morina, Leibold, & Ehring, [2013](#)Morina, N., Leibold, E., & Ehring, T.(2013). Vividness of general mental imagery is associated with the occurrence of intrusive memories. Journal of Behavior Therapy and Experimental Psychiatry, 44(2), 221–226. . doi:10.1016/j.jbtep.2012.11.004[CrossRef], [PubMed], [Web of Science ®]). The reduction of such cognitive distortions helps connect stimuli to the trauma and increase

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the client's sense of safety while interrupting the vicious cycle of intrusive symptoms. Mindful self-observation of the changes, along with titling and narrating the artwork created, contribute to cognitive appraisals. Mindfulness practices also increase higher cognitive brain functioning and interoceptive body monitoring (Lanius et al., 2011). Lanius, R.A., Bluhm, R.L., & Frewen, P.A. (2011). How understanding the neurobiology of complex post-traumatic stress disorder can inform clinical practice: A social cognitive and affective neuroscience approach. Acta Psychiatrica Scandinavica, 124(5), 331–348. . doi:10.1111/j.1600-0447.2011.01755.x[CrossRef], [PubMed], [Web of Science ®]). Establishing this internal locus of control is key to reducing traumatic anxiety and increasing resiliency. With balanced sensory and contextual processing, intrusive sensory memories gradually diminish, reducing the likelihood of unremitting stress responses.

From a process perspective, repeating the Check protocol ensures optimal intervention timing, supports acquisition of regulatory skills, and reinforces the transition from dissociation to excitation. For severe trauma, the repetition of directives reduces anxiety and invites creativity, and appreciation for the art provides a takeaway image of new possibilities. Revisiting and rescripting the trauma also help consolidate events as past. By redrawing and repainting autobiographical narratives, clients build affect-regulation skills that improve coping and balanced nervous system responses. Cognitive schemas revealed while making art are restructured by reworking the art created. This process recruits the brain's executive functioning and provides opportunities to shift from negative constructs to positive affirmations.

Several other fundamental art therapy processes assist in bringing change in multiple ways. Both clients and therapists can clearly see that the art representations contribute to accessing and making positive events vivid, coherent, and enduring. As the work

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progresses the media properties of color, texture, and so on, combined with creating and making meaning, decrease affective numbing in the here and now. This positive state, supported by the clients labeling and narrating the art, further empowers clients as they explore, decide, and reinvent what the image means. The pleasure in this process helps balance reward system functioning by consolidating the beauty and meaning perceived in the artwork created. Additionally, when clients imagine an optimistic image of the future, they gain a sense of parasympathetic calm and a view of a future self. Thus, posttraumatic resiliency is experience-driven; it involves progressively engendering a more complex belief in hardiness.

A clinically implemented art therapy protocol for treating trauma that is grounded in neurobiological theory is necessary for intervention to be permanent or promote ongoing resilience.

.The positive outcomes presented herein need replication and support from further empirical research. Important questions remain concerning how art therapy protocols—which are designed to support safety, coherency, increased relational security, remembrance, improved social connection, and long-term resiliency—rebalance brain functioning. Clearly, art therapy can be strongly tied to the goal of helping build mental health through reconfiguring and rebalancing brain functions.

To create an ACTIVE treatment plan, please contact tammy@drtammynelson and request a consultation or more information on trainings to integrate this type of treatment. If you are not a trained art therapist or trauma therapist, there may be limitations to your clinical application.

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