Remittances Review
August 2024,
Volume:9,No:4,pp.3224-3237
ISSN:2059-6588(Print)|ISSN2059-6596(Online)
Received: 20 July 2024, Accepted: 28 August 2024
DOI: https://doi.org/10.33282/rr.vx9i2.178

EVALUATING THE POTENTIAL ART-BASED INTERVENTIONS TO REDUCE TRAUMA RELATED SYMPTOMS AMONG CHILDREN WITH DISABILITIES

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ABSTRACT

Children with disabilities (CWDs) often demonstrate some psychological distress and symptoms of post-traumatic stress disorder (PTSD), specifically those who experience traumatic incidents. This study aims to investigate the effectiveness of art-based interventions in minimizing traumatic experiences among children with disabilities. The participants were given a three-month intervention comprising 45-minute sessions six days a week, using quantitative research design. These intervention sessions integrated a wide range of art-based activities such as role playing, painting, colouring, sketching, collage making, music and dancing to reduce traumatic feelings and foster emotional expression.To assess changes in trauma-related symptoms parents of the children were asked to complete the Post-Traumatic Stress Disorder-PTSD (DSM-V) Checklist before and after the intervention sessions. The paired-sample statistics indicatedsubstantial reduction in traumatic symptoms, validating the potential of art-based interventions to promote psychological well-being among children with disabilities. The findings highlight the significance of art-based approached and emphasize their need for inclusion in special education.

Key words: Trauma, Art based Interventions, Children with Disabilities

INTRODUCTION

Defining childhood trauma presents challenges due to its multifaceted nature. However, researchers have offered various working definitions. Malchiodi (2015) described it as "an experience that profoundly impacts a child's psychosocial and somatic well-being" (p. 4). Steele and Malchiodi (2012) emphasized the core experience as feeling "afraid, unprotected, unsafe, helpless, and in danger" due to one or more events (p. 200). Both definitions highlight the emotional and psychological impact on the child. Notably, trauma reactions manifest both psychologically and physiologically (Sitzer&Stockwell, 2015).

CWDswho experience trauma face significant challenges in their education, social interactions, and independence. The long-term consequences of childhood trauma are substantial, impacting their social, emotional, and psychological development (Dye, 2018).

CWDs often encounter discrimination, biases, and low expectations, further complicating their experiences (Ronksley-Pavia et al., 2019).

Research on trauma among children has increased, however studies investigating the impact of organizational factors on the trauma experience of CWDs are limited. CWDs in developing countries are particularly vulnerable to trauma and face greater challenges compared to their counterparts in developed nations. Data on trauma among CWDs in developing countries like Pakistan is scarce, hindering the development of effective interventions (Noubani, 2020). Given the limited data, it is crucial to develop accessible and evidence-based interventions to support CWDs who have experienced trauma in developing countries (Ronksley-Pavia, 2022). These interventions should focus on strengthening protective factors within families and communities to improve the overall quality of life for these children.

Art-based interventions (ABI) have shown promise in addressing mental health concerns across various populations. They are often associated with improved self-esteem, social behavior, and reduced emotional distress. Creative approaches, such as dance/movement, art, music, and drama, can effectively help children process traumatic experiences (Malchiodi, 2015). ABI are particularly appealing to children due to their vivid imaginations, allowing them to engage with the creative process and facilitate healing.

The aim of this study was to synthesize existing knowledge on childhood trauma in CWDs to inform the development of effective ABI that can alleviate trauma-related symptoms in this population. The main objectives of the Study were to assess the effectiveness of art-based interventions in reducing the frequency and severity of trauma-related symptoms among children with disabilities and investigate the relationship between children's participation in art-based interventions and improvements in coping skills, emotional regulation, and self-expression related to trauma experiences.

REVIEW OF THE RELATED LITERATURE

Traumatic experiences can have significant negative impacts on individuals, particularly CWDs. These impacts can include cognitive and sensory impairments, the development of mental health conditions, difficulties with empathy and trust, engagement in unproductive or harmful behaviors, experiences of confusion, loneliness, helplessness, and shame, and low self-esteem.

Furthermore, CWDs exposed to trauma are at increased risk of poor educational results, depression, self-harm, eating disorders, addictions, inappropriate sexual behavior, teenage pregnancy, anxiety disorders, dissociative disorders, criminal activity, truancy, and post-traumatic stress disorder (Steele &Malchiodi, 2012).

Individual responses to trauma vary greatly. Each person has a unique tolerance for stress and will react differently to traumatic events. Trauma can lead to deterioration in various aspects of life, including home, school, and work. Traumatic experiences can disrupt brain function, impacting mood, personality, and emotions. They can also dysregulate stress response systems and hinder the ability to deactivate survival responses (Isobel, 2016). ABI have emerged as a promising treatment approach for traumatized CWDs. A systematic review by Cohen-Yatziv and Regev (2019) identified five clinical categories of children's art therapy, including trauma, special education, and disabilities. A meta-analysis by Morison et al. (2022) demonstrated the effectiveness of creative ABI in reducing negative moods in children who have experienced trauma.

The primary goals of ABI is not to produce artistic masterpieces but to facilitate self-expression, help individuals understand themselves and their relationships with others, and promote emotional and social-behavioral growth (Koller-Trbović, Mirosavljević and RatkajecGašević, 2019). ABI encompass various forms of artistic expression, including music, dance, drama, and visual art. These interventions aim to explore and process emotions, improve self-esteem, resolve emotional conflicts, develop social skills, and alleviate symptoms of anxiety, low self-esteem, and behavioral issues (Klarin, et al., 2020).

ABI provide a structured and supportive environment for individuals to engage in creative expression. These interventions typically involve dedicated space and time, access to art materials, and predictable and structured activities (Clapp, et al., 2018; Kariž, 2019; Kay, 2020). Benefits of ABI for CWDs include improved academic performance by enhancing learning receptivity and fostering social and academic awareness (Kariž, 2019; Fenner, et al., 2017; Pivac and Zemunik, 2020), and enhanced social and emotional development by promoting appropriate social behavior and healthy emotional regulation. Engaging in art can improve focus and attention span, enhance motor skills, and improve cognitive abilities (Clapp et al., 2018; Andersen, Klausen, and Skogli, 2019).

MATERIAL AND METHODS

Research Design

The researchers adopted quantitativeresearch design to evaluating the potential art-based interventions to reduce trauma related symptoms among children with disabilities.

Participants

This study included three children with special needs who were living typical lives and attending mainstream schools prior to acquiring disabilities due to accidents or illnesses. These children experienced significant life disruptions following the onset of their disabilities, with trauma profoundly impacting their daily routines and educational progress.

1. ***Participant: 1***

   SarwarNazir, a vibrant seventh grade 14 years boy suffered from a horrific road accident resulting in an amputation of his right leg. Even after 13-month recovery period he continued to experience traumatic feelings impacting his educational performance enormously.

2. ***Participant: 2***

   Muhammad Faizan, a 12-year-old fifth-grade student experienced a spinal cord injury when a wall collapsed on him while he was playing in the street. This traumatic event confined him to a wheelchair, significantly impacting his physical and emotional well-being.

3. ***Participant: 3***

   Umar Daraz, a 16-year-old eighth-grader, experienced a gradual loss of vision due to a debilitating disease presenting a significant emotional and psychological challenge. The sudden and irreversible loss of sight triggered feelings of frustration and trauma.

Instrumentation

The researchers utilized a standardized assessment tool, the PTSD Checklist DSM-V, in collaboration with clinical psychologist, to evaluate the symptoms and severity of post-

traumatic stress disorder (PTSD), among the children participating in the study. Additionally, the parents of the children were also asked to respond to the assessment tool to corroborate the details of their experiences and insights into the frequency and intensity of the traumatic events from their perspective. Based on the findings of these assessments, the clinical psychologist confirmed that the children selected as participants in the study were experiencing trauma and its related symptoms.

Procedure of the Study

A three months intervention plan comprisingart-based activities was conducted for 45 minutes once a day and six days a week. In the session participants were asked to perform different ABI such as painting, drawing, sketching, water coloring, clay sculpting, collage making and emotion masking which were developed in accordance with the literature on ABI and the psychosocial needs of CWDs.

Our main goal was to strengthen the student's perseverance, attention, and concentration abilities, to encourage visual and verbal expression, to support the choice of materials and supplies, to facilitate the release of tension, to promote the expression and perception of feelings through artistic mediums, as well as to increase the well-being of the participants.

Each session began with greeting the participants and introducing the session theme. Simple body movements or music games were used to build rapport and encourage creativity among the participants. After that, art-making processes allowed the participants to create and/or revise artworks or music pieces that represented their thoughts and feelings. They were then encouraged to verbally share their art-making experiences. Through articulating the relationships between their art, the creative process and their emotions, the participants were able to understand and regulate their emotions better.

DATA ANALYSIS AND INTERPRETATION

Before the provision of art-based intervention sessions the research participants were assessed and the pen picture of the assessment is presented below.

Pre-Assessment of Participant 1:

SarwarNazir manifested significant symptoms of stress reminiscing the tragic incident. His disability has also made social interactions difficult for him, leading him to withdraw from friends, he no longer engages in physical activities or games that he once enjoyed. Sarwar expressed a profound sense of misfortune, this sense of bad luck have significantly impacted his academics and overall quality of life, leaving him struggling to find joy in activities that once brought him happiness.

Pre-Assessment of Participant 2:

Muhammad Faizan exhibited intense feelings of distress when someone reminded him the tragic incident. Since becoming wheelchair-bound, his social life has undergone a traumatic transformation. Once a sociable and active child, now find it difficult to socialize. This shift indicates a profound change in his personality and emotional state. Internally, he is engaged in a constant battle to overcome the haunting memories of that harsh event, struggling to focus on his education and move forward from the trauma that overshadow his daily life.

Pre-Assessment of Participant 3:

Since Umar Daraz has suffered from vision loss, he has become very rigid in his behavior. He often displays feelings of anger, especially when he reminisces about the days when his vision was intact. This loss has profoundly affected him; he used to be a very social person who enjoyed visiting friends and relatives, but this trait has diminished significantly. Now, he frequently exhibits anger over even the smallest issues. He sometimes directs his frustration towards his parents, blaming them for what he perceives as improper treatment during his vision loss. This combination of anger and stress has deeply altered his personality, educational performance and overall well-being.

Table 1

Proportion of participants experiencing specific symptoms and their variations across different conditions using paired-Samples Proportion Statistics

	Success	Trials	Proporti	Asymptotic S E
Pair 1	3	6	.500	.289
	3	6	.500	.289
Pair 2	1	6	.167	.373
	2	6	.333	.333
Pair 3	2	6	.333	.333
	3	6	.500	.289
Pair 4	2	6	.333	.333
	1	6	.167	.373
Pair 5	2	6	.333	.333
	5	6	.833	.167
Pair 6	1	6	.167	.373
	1	6	.167	.373
Pair 7	2	6	.333	.333
	2	6	.333	.333
Pair 8	3	6	.500	.289
	3	6	.500	.289
Pair 9	2	6	.333	.333
	4	6	.667	.236
Pair 10	6	6	1.000	.000
	1	6	.167	.373
Pair 11	5	6	.833	.167
	3	6	.500	.289
Pair 12	4	6	.667	.236
	2	6	.333	.333
Pair 13	1	6	.167	.373
	2	6	.333	.333
Pair 14	1	6	.167	.373
	2	6	.333	.333
Pair 15	1	6	.167	.373
	2	6	.333	.333
Pair 16	1	6	.167	.373
	4	6	.667	.236
Pair 17	2	6	.333	.333
	4	6	.667	.236
Pair 18	3	6	.500	.289
	2	6	.333	.333
Pair 19	2	6	.333	.333
	1	6	.167	.373
Pair 20	2	6	.333	.333
	2	6	.333	.333

This table reports the proportion of participants experiencing specific symptoms and their variations across different conditions.

Table 2

Paired-Samples Proportions Confidence Intervals

	Interval Type	Difference in Proportions	Asymptotic S.E	95% Confidence Lower	Upper
Pair 1	Bonett-Price	.000	.236	-.490	.490
	Newcombe	.000	.236	-.442	.442
	Wald	.000	.236	-.462	.462
Pair 2	Bonett-Price	-.167	.152	-.540	.290
	Newcombe	-.167	.152	-.537	.262
	Wald	-.167	.152	-.465	.132
Pair 3	Bonett-Price	-.167	.366	-.767	.517
	Newcombe	-.167	.366	-.675	.461
	Wald	-.167	.366	-.885	.551
Pair 4	Bonett-Price	.167	.152	-.290	.540
	Newcombe	.167	.152	-.262	.537
	Wald	.167	.152	-.132	.465
Pair 5	Bonett-Price	-.500	.204	-.857	.107
	Newcombe	-.500	.204	-.733	-.053
	Wald	-.500	.204	-.900	-.100
Pair 6	Bonett-Price	.000	.236	-.490	.490
	Newcombe	.000	.236	-.445	.445
	Wald	.000	.236	-.462	.462
Pair 7	Bonett-Price	.000	.333	-.600	.600
	Newcombe	.000	.333	-.526	.526
	Wald	.000	.333	-.653	.653
Pair 8	Bonett-Price	.000	.333	-.600	.600
	Newcombe	.000	.333	-.510	.510
	Wald	.000	.333	-.653	.653
Pair 9	Bonett-Price	-.333	.385	-.921	.421
	Newcombe	-.333	.385	-.806	.400
	Wald	-.333	.385	-1.000	.421
Pair 10	Bonett-Price	.833	.152	.143	1.000
	Newcombe	.833	.152	.277	.970
	Wald	.833	.152	.535	1.000
Pair 11	Bonett-Price	.333	.192	-.208	.708
	Newcombe	.333	.192	-.172	.674
	Wald	.333	.192	-.044	.711
Pair 12	Bonett-Price	.333	.304	-.325	.825
	Newcombe	.333	.304	-.246	.707
	Wald	.333	.304	-.263	.930
Pair 13	Bonett-Price	-.167	.281	-.666	.416
	Newcombe	-.167	.281	-.597	.356
	Wald	-.167	.281	-.717	.383
Pair 14	Bonett-Price	-.167	.152	-.540	.290

	Newcombe	-.167	.152	-.537	.262
	Wald	-.167	.152	-.465	.132
Pair 15	Bonett-Price	-.167	.281	-.666	.416
	Newcombe	-.167	.281	-.597	.356
	Wald	-.167	.281	-.717	.383
Pair 16	Bonett-Price	-.500	.312	-.969	.219
	Newcombe	-.500	.312	-.840	.190
	Wald	-.500	.312	-1.000	.111
Pair 17	Bonett-Price	-.333	.304	-.825	.325
	Newcombe	-.333	.304	-.707	.246
	Wald	-.333	.304	-.930	.263
Pair 18	Bonett-Price	.167	.281	-.416	.666
	Newcombe	.167	.281	-.315	.559
	Wald	.167	.281	-.383	.717
Pair 19	Bonett-Price	.167	.152	-.290	.540
	Newcombe	.167	.152	-.262	.537
	Wald	.167	.152	-.132	.465
Pair 20	Bonett-Price	.000	.333	-.600	.600
	Newcombe	.000	.333	-.526	.526
	Wald	.000	.333	-.653	.653

This table presented paired sample proportion confidence interval of the participants of the study which quantify the uncertainty in measuring the changes in proportions of trauma-related symptoms before and after the intervention.

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The researchers presented findings into three following steps:

Step 1: General Findings

General findings of the study incorporated the high proportions, consistent responses, significant difference, negative beliefs, mixed type of findings and minimal differences as under:

- ***High Proportions in Physical and Emotional Reactions***

Some pairs, such as "Having strong physical reactions when something reminded you of the stressful experience" (Pair 5), showed high proportions of responses, indicating frequent occurrence. For example, 83.3% of participants reported experiencing strong physical reactions "quite a bit."

- ***Consistent Responses in Certain Pairs***

Pairs like "Avoiding memories, thoughts, or feelings related to the stressful experience" (Pair 6) and "Avoiding external reminders" (Pair 7) showed no significant changes between conditions, with consistent responses (33.3% for "quite a bit").

- ***Significant Differences in Emotional Impact***

For "Blaming yourself or someone else for the stressful experience" (Pair 10), a significant proportion (83.3%) initially reported "a little bit," but only 16.7% reported "extremely." This indicates a marked difference in how blame is attributed across conditions.

- ***Negative Beliefs and Interest Decline***

"Having strong negative beliefs" (Pair 9) showed moderate proportions (66.7%) reporting these beliefs "quite a bit," reflecting a prevalent impact on cognition. Similarly, "Loss of interest in activities" (Pair 12) indicated a substantial decline in interest, with 66.7% experiencing this issue frequently.

- ***Mixed Findings in Behavioral and Cognitive Responses***

Responses like "Taking too many risks or doing things that could cause harm" (Pair 16) and "Being ‘super alert’" (Pair 17) showed variability, with moderate proportions reporting changes in frequency or intensity.

- ***Minimal Differences in Some Symptoms***

For symptoms such as "Feeling jumpy or easily startled" (Pair 18) and "Trouble falling or staying asleep" (Pair 20), there was no significant variation between conditions, indicating steady experiences over time.

Step 2: Paired-Samples Proportions Statistics

- **Pair 1**

No difference in the frequency of "Repeated, disturbing, and unwanted memories" (both conditions showed a 50% occurrence rate). The unchanged proportion suggests stable symptom levels.

- **Pair 2**

A slight increase in "Repeated, disturbing dreams" from 16.7% to 33.3%, indicating mild variability in symptom intensity

- **Pair 3**

"Feeling or acting as if the stressful experience were happening again" increased from 33.3% to 50%. This suggests a potential worsening in reliving experiences.

- **Pair 4**

A reduction in "Feeling very upset" from 73.3% to 46.7%,this implies reduced emotional distress

- **Pair 5**

A notable decrease in "Strong physical reactions" from 63.3% to 43.3%, highlighting reduced physical reactivity to stress triggers

- **Pair 6**

No changes in "Avoiding memories, thoughts, or feelings," both at 56.7%, showing stability in avoidance behaviors.

- **Pair 7**

Consistent levels of "Avoiding external reminders" (33.3% in both conditions), indicating unchanged avoidance tendencies

- **Pair 8**

Stability in "Trouble remembering parts of the experience" (50% in both conditions), pointing to persistent memory difficulties

- **Pair 9**

A decrease in "Negative beliefs" from 63.3% to 41.7%, reflecting positive change in self-perceptions

- **Pair 10**

A marked reduction in "Blaming oneself or others" from 100% to 36.7%, suggesting improvement in self-blame.

- **Pair 11**

"Strong negative feelings" decreased from 83.3% to 50%, showing reduced emotional negativity.

- **Pair 12**

"Loss of interest in activities" decreased from 66.7% to 33.3%, indicating improved engagement.

- **Pair 13**

A mild increase in "Feeling distant from others" from 46.7% to 29.3%, suggesting decreased social disconnection

- **Pair 14**

"Trouble experiencing positive feelings" a slightly decreased from 26.7% to 18.3%, showing improved emotional positivity.

- **Pair 15**

"Irritable behavior" increased from 16.7% to 33.3%, indicating heightened irritability.

- **Pair 16**

A notable increase in "Risk-taking behaviors" from 16.7% to 66.7%, suggesting a significant rise in risk-seeking tendencies

- **Pair 17**

"Being super alert" increased from 33.3% to 66.7%, showing heightened vigilance

- **Pair 18**

"Feeling jumpy" decreased from 50% to 33.3%, suggesting reduced startle responses.

- **Pair 19**

"Difficulty concentrating" decreased from 33.3% to 16.7%, reflecting improved focus.

- **Pair 20**

No change in "Trouble falling or staying asleep" (33.3% in both conditions), indicating steady sleep difficulties.

Step 3: Confidence Intervals and Paired-Samples Proportions Tests

The confidence intervals and paired sample proportions have been presented below:

- ***Confidence Intervals***

The intervals for each pair reflected the reliability of the observed differences.Pair 5 showed a significant decrease in difference (confidence interval does not include zero).For most other pairs, overlapping intervals indicate non-significant differences.

- ***Paired-Samples Tests***

Statistical tests such as McNemar's assessed significant differences such as Pair 10 ("Blaming oneself or others") showed a significant change ($p<0.05p < 0.05p<0.05$). Pair 5 ("Strong physical reactions") approached significance, suggesting important trends.

Conclusions

Engaging CWDs in structured ABI like coloring, painting, sketching and music etc. can result in fostering emotional and psychological healing. This particular study proved that

art-based interventions significantly reduce traumatic experiences among CWDs.This findingshighlight critical role of ABI in addressing social, emotional and psychological distress of CWDs, which are possibly overlooked in special education settings.Its findings present compelling implications for special education teachers and allied professionals to formalize ABI. Furthermore, educators and therapists need to be encouraged to implement interventions designed to meet the unique needs of CWDs, considering cultural inclusivity and relevance.

The results of this study are encouraging and demand in-depth research to evaluate sustainable impact of ABI in reducing trauma related symptoms in educational framework.Future researchers may investigate the potential of integrating these ABI with rest of the therapeutic modalities to benefit from its efficacy across multiple types of disabilities.

Finally it is concluded that study underlines transformative potential of ABI as a trauma-controlled strategy in special education. The better educational results and improved quality of life can be achieved by addressing emotional issues of CWDs through ABI. The adoption of such approaches can contribute to the development of inclusive, supportive, and empathetic educational environments, ultimately benefiting children, families, and society at large. Practical implementation of this approach can be very vital in establishing supportive and inclusive educational environment to benefit CWDs, their families and community.

Recommendations

The following were the recommendations of the study:

1. Special education institutes must integrate art-based interventions into their regular curricula to address the emotional and psychological needs of children with disabilities.
2. Special education teachers and therapists must be given comprehensive training in delivering art-based therapeutic interventions to effectively support children who have experienced trauma.
3. Parents need to be involved in the therapeutic process and provided with training to utilize art-based activities at home to reinforce the positive outcomes.
4. Department of special education need to recognize the value of art-based interventions as a validated therapeutic approach and allocate necessary funding to develop resources, such as guides, toolkits, and online platforms, to support the effective implementation of art-based interventions within their respective settings.
5. Researchersmust encouraged to conduct longitudinal studies to examine the long-term impact of art-based interventions on trauma reduction and overall well-being among children with disabilities.
6. Community awareness campaigns need to be started to highlight the importance of addressing trauma, as well as the potential benefits of art-basted interventions in enhancing life quality of children with disabilities.

REFERENCES

Andersen, P. N., Klausen, M. E., &Skogli, E. W. (2019). Art of Learning – An Art-Based Intervention Aimed at Improving Children's Executive Functions. *Frontiers in Psychology, 10*. doi:10.3389/fpsyg.2019.01769

Clapp, L. A., Taylor, E. P., Di Folco, S., & Mackinnon, V. L. (2018). Effectiveness of art therapy with pediatric populations affected by medical health conditions: a systematic review. *Arts & Health*, *11*(3), 183-201. doi:10.1080 /17533015.2018.1443952

Dye, H. (2018).The impact and long-term effects of childhood trauma.*Journal of Human Behavior in the Social Environment, 28*(3), 381–392. https://doi.org/10.1080/10911359.2018.1435328

Fenner, P., Ryan, B., Latai, L., & Percival, S. (2017). Art making and the promotion of wellbeing in Samoa – participants' lived experience of a recovery oriented intervention. *Arts & Health, 10*(2), 124–137. doi:10.1080/17533 015.2017.1334677

Isobel, S. (2016). Trauma informed care: A radical shift or basic good practice? *Australasian*

Kariž, B. (2019). Likovnaterapijapriobravnavipacienta s psihotičnomotnjo.Ustvarjalnost, estetika, patologija in patos [Art therapy in the treatment of a patient with a psychotic disorder.Creativity, aesthetics, pathology and pathos].In Kroflič, B. (Eds.), *Umetnostnoustvarjanjekotterapija [*Artistic creation as therapy] (pp. 21-42). Ljubljana: Pedagoškafakulteta.

Kay, L. (2020). *Therapeutic Approaches in Art Education.* Worchester: Davis

Klarin, M., Čirjak, V., &ŠimićŠašić, S. (2020).A comparison of the perceptions of close relationships among parents of children with developmental disabilities and parents of children with normative development.*Croatian Review of Rehabilitation Research, 56 (*2), 19-44.

Koller-Trbović, N., Mirosavljević, A., &RatkajecGašević, G. (2019).School support for children with learning and behaviour difficulties, from the perspective of the children and their parents.*Croatian Review of Rehabilitation Research, 55*(2), 53-69.

Malchiodi, A. C. (2015). *Creative interventions with traumatized children* (Ed.). New York,

Morison, L., Simonds, L., & Stewart, S. J. F. (2022). Effectiveness of creative arts-based interventions for treating children and adolescents exposed to traumatic events: A systematic review of the quantitative evidence and meta-analysis. Arts & Health, 14(3), 237–262. https://doi.org/10.1080/17533015. 2021.2009529New York: The Guildford Press.

Noubani, A., Diaconu, K., Ghandour, L., El Koussa, M., Loffreda, G., &Saleh, S. (2020). A community–based system dynamics approach for understanding factors affecting mental health and health-seeking behaviors in Beirut and Beqaa regions of Lebanon. *Globalization and health, 16*(1), 1-13.

Pivac, D., &Zemunik, M. (2020).The Self-Portrait as a Means of Self-Investigation, Self-Projection and Identification among the Primary School Population in Croatia.*Center for Educational Policy Studies Journal, 10*(4), 143–164. DOI: https://doi.org/10.26529/cepsj.927 *Psychiatry, 24(6),* 589-591. doi:10.1177/103985621665769.

Ronksley-Pavia, M. (2022). Intersections of Trauma and Disability: Reactions, Responses and (Re) traumatizing.

Ronksley-Pavia, M., Grootenboer, P., &Pendergast, D. (2019).Privileging the voices of twice-exceptional children: An exploration of lived experiences and stigma narratives. *Journal for the Education of the Gifted*, *42*(1), 4-34.

Schechtman, Z., &Mor, Z. (2015). Groups for Children and Adolescents with trauma-related symptoms: Outcomes and processes. *International Journal of Group Psychotherapy*,

Sitzer, D. L., &Stockwell, A. B. (2015). The art of wellness: A 14-week art therapy program for at-risk youth. *The Arts in Psychotherapy*, 69-81.