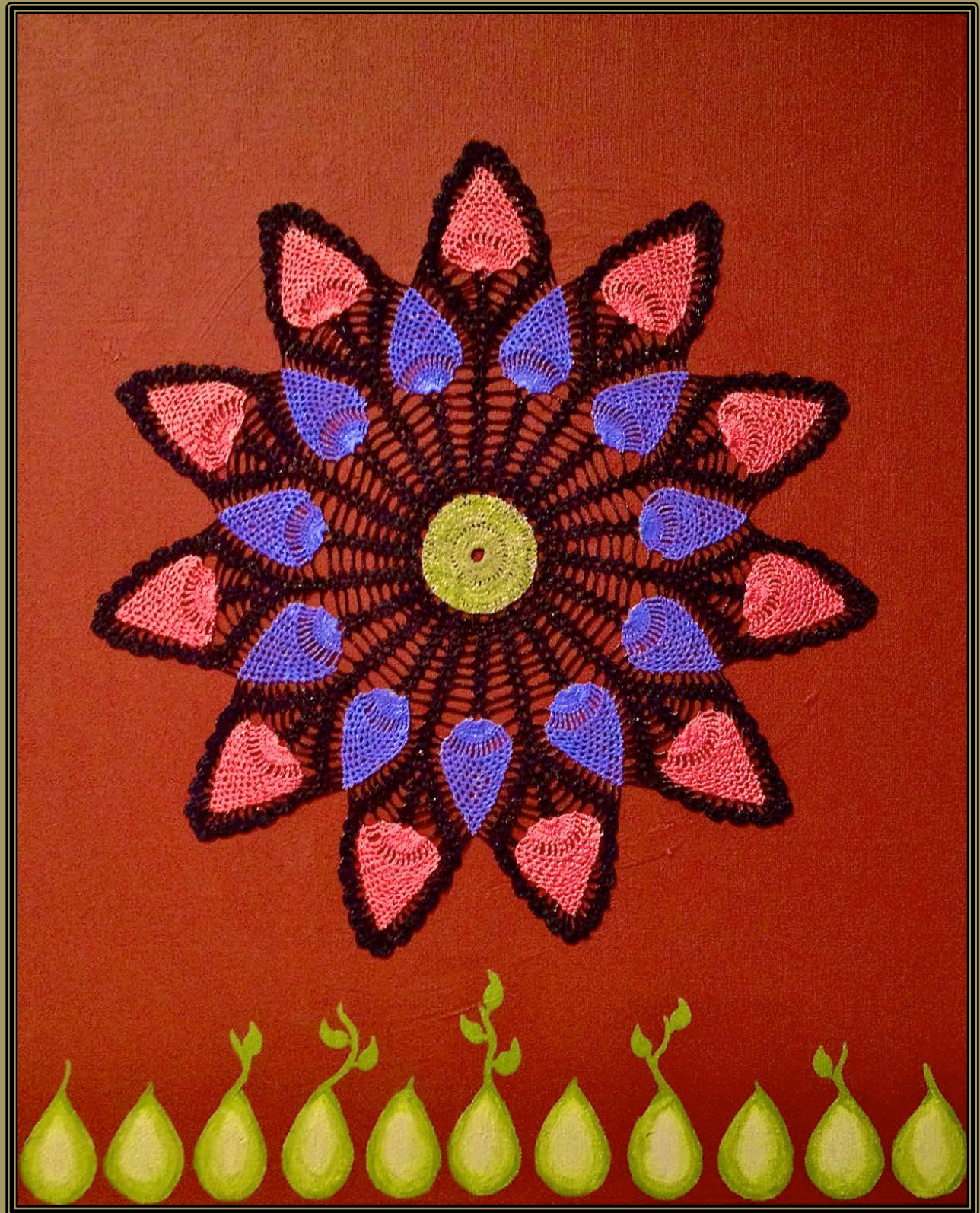


The Creative Arts Connection



CANADIAN COUNSELLING AND
PSYCHOTHERAPY ASSOCIATION
L'ASSOCIATION CANADIENNE DE
COUNSELING ET DE PSYCHOTHÉRAPIE

THE CCPA CREATIVE ARTS IN COUNSELLING CHAPTER NEWSLETTER



"Old Patterns, New Perspective" mixed media 16" x 20"
by chapter member Grace McKnight - see "Recipes for self care" for details

DEAR CCPA,

Happy 50th birthday!! We are pleased that our good friend Cathy Malchiodi is here to tell everyone how awesome the creative arts therapies can be! And we are also very pleased to be sharing this newsletter with you!

This edition is designed to help articulate and demystify what we do as creative arts therapists.

We hope you'll find a birthday present on each page! Look out for these treats:

- **Angela Herd, art therapist extraordinaire and our conference bursary award winner, takes a deep walk through the process of using art for self care as a professional.**
- **Our fabulous chapter members and shakers in the field have written in to give us an idea of the fields of DRAMA, MUSIC, ART AND DANCE MOVEMENT therapy.**
- **And our gracious chapter members have written in to share their ART RECIPES FOR SELF CARE.**

We look forward to meeting you at the conference! Please come and find us at our chapter table.

From your editor

Nicole Crouch

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LETTER FROM THE PRESIDENT

Dear CCPA Conference Delegates and Members of the Creative Arts in Counselling chapter!

We are very excited this year to be sharing our annual newsletter with the greater CCPA membership here at the 2015 conference in beautiful Niagara Falls! In the spirit of CCPA's 50th birthday celebration, we wanted to share about who we are and what we do. We were also inspired by the presence of Cathy Malchiodi as a keynote speaker this year, a prominent and highly regarded writer, researcher and educator in the fields of art therapy, expressive arts and arts in healthcare. We have some fun happenings planned for the conference, including our Forum Theater Wine and Cheese social event, art making at our AGM and chapter tables, and a few surprises!

What is truly unique about the Creative Arts in Counselling chapter of the CCPA is the diversity of modalities it represents. Members include music, art, drama and dance/movement therapists as well as other disciplines such as play and sand tray therapy. Counsellors of other affiliations, who are interested in the application of expressive arts techniques in their practice have also joined us. We represent a wealth of educational backgrounds, creative minds and unique practices. Members can connect, contribute and be updated through our CCPA-CAC page online, our Facebook page, the annual newsletter, our Artist trading card (ATC) mail out project and a new Professional Resource database where members can share about their training and professional practices and learn about each other. We welcome new and innovative ideas to help our chapter grow and flourish. Please check out the 'Nominations' section below and consider getting involved with the Executive through potential sub-committees.



This is a time of transition for our Executive Committee. This is the end of my term as president. I have really enjoyed this position over the last 2 years but I am thrilled to welcome our incoming president, Shea Wood, a drama therapist in Montreal. We are very excited to have a drama therapist take the reins because it reflects the diversity of modalities we represent. Chapter presidents up to date have been art therapists. We are also saying goodbye to Erin Griffin, our wonderful treasurer and welcoming Sonomi Tanaka into the role. Sarah Brodie, our fabulous Communications Director is also moving on and we welcome Nicole Crouch into the position. Miriam Duff, our Secretary and CCPA Board Liaison, who has been with the CAC chapter for six

years is leaving and will be greatly missed as her dedication and enthusiasm for the chapter has been an enormous contribution. Sandra Grew, our awesome Special Projects Coordinator who facilitates the ATC project, Facebook page and some creative conference activities, will be staying on. We are also happy to have two new exec members, Philiana Wong (Coordinator of the Professional Resource Database) and Idalid Diaz Posada (Professional Association Liaison).

We hope you enjoy this publication! If you are a Creative Arts Therapist, we hope you learn more about the modalities other than the one in which you practice. If you are a conference delegate and not a CAC member, we hope you learn more about the field of Creative Arts in Counselling. We welcome you to join our chapter this spring and help it to grow and flourish!

Warmest Wishes

Amy Mackenzie
CAC Chapter President

WHAT IS DANCE MOVEMENT THERAPY?



by Megan English



Joanabbey Sack



and Zuzana Sevcikova

Dance Movement Therapy (DMT) is based on the premise that thoughts, feelings and the experience of self are expressed through the body and movement. It is a relational process that integrates emotional, cognitive, physical and social aspects of self. DMT emerged as a distinct profession in the 1940's. The primary pioneer of the work was Marian Chace. Her work with psychiatric patients and war veterans, first called "Dance for Communication" was the start of a new mental health profession, which would eventually be known as Dance Movement Therapy. The American Dance Therapy Association was formed in 1966.

In the UK, DMT pioneers started to develop their practice in the 1960s and into the 1970s. This lineage came from health and education backgrounds, some having been trained in Laban Movement Analysis, a method for describing and understanding movement behaviour which values the individual's movement expressivity.

DMT can be adapted to the needs of people of all ages and backgrounds and is practiced in individual, couple, family, and group therapy formats. It is an effective treatment for people with developmental, medical, cognitive, physical, social and psychological challenges. It is practiced in mental health, rehabilitation, medical, educational, community, social service and private practice settings.

DMT has grown into an internationally recognized field and is practiced around the world. DMT is one of the Creative Arts Therapies. This innovative approach to psychotherapy aligns with current research into the brain and behaviour and the importance of movement for human development and mental health.

Dance Movement Therapy incorporates knowledge from psychotherapeutic approaches, psychology, sensorimotor and developmental movement patterns, as well as bringing attention to and incorporating the realm of neuroscience. The elements of dance (body awareness, rhythm, time, space, gesture, posture, and dynamics) provide a framework for exploration, discovery, learning and change. DMT focuses on movement behaviour as it emerges in the therapeutic relationship. Expressive, communicative, and adaptive behaviours are all considered for group and individual treatment. Body movement, as the core component of dance, simultaneously provides the means of assessment and the mode of intervention.

DMT recognizes the creative potential of individuals and values both verbal and non-verbal aspects of expression. The provision of a safe and contained environment offers clients an opportunity to experience the impact of self on others. Dance and movement play engages people in a process where relational skills and inner resources can be developed. Increasing an understanding of movement behaviour enables new insights into the connection between inner and outer realities. Accessing creativity through movement allows for new experiences of the self and the rehearsal of adaptive coping behaviours.

Dance Movement Therapists use dance and movement in a therapeutic context. The goal of DMT is not to teach a dance technique but rather to facilitate a process that meets the needs and treatment programs of the clients with whom they are working. Dance Movement Therapists work as members of multidisciplinary teams with other educational, medical and mental health professionals. They have a unique perspective to contribute, bringing attention to elements of strength, potential health and development that exist in the non-verbal relationship. They encourage a deeper understanding of group culture, including the organizational component of group dynamics.

Entry into the profession of DMT begins at the Masters level of education and requires completion of supervised clinical internships. Dance Movement Therapists in Canada currently adhere to the Code of Ethics of the ADTA (American Dance Therapy Association) and the ADMP UK (Association for Dance Movement Psychotherapy). Dance Movement

Therapists are also members of psychotherapy and group therapy associations in their province or territory. There is no university DMT program in Canada at this time. However, DMT as a profession has a long history across the country. DMT professionals continue to offer their expertise to train and supervise a new generation of Dance Therapists. Since 2006 a group of professionals, students, and supporters to the Dance Movement Therapy Association in Canada (DMTAC) board. Many events have been organized for the general public as well as for professionals. In 2012 DMTAC was incorporated as a Non-for-profit Association and continues to promote DMT across Canada, aiming to establish and work on developing a cohesive community of DMT professionals, students and supporters from all provinces. The organization also fosters links with DMTs around the world. DMTAC addresses Dance Therapists and those interested in DMT across the country and has been working diligently to communicate the most time effective and educational ways to become a dance movement therapist in Canada. There is currently an Alternate Route* training program offered by the Grand Ballet Canadiens de Montreal in the context of its New National Centre of Dance Therapy. The Centre focuses on education, research and development. In Vancouver alternate route courses are also offered through the West Coast DMT Professional Training with approved coursework.

*The Alternate Route is a self-directed course of study, with several different options for fulfilling Registered-DMT requirements. Specific training requirements include: 1) having or acquiring a masters degree from an accredited academic institution, 2) graduate level psychology-related course work, 3) dance/ movement therapy coursework, 4) fieldwork, and 5) internship. (www.ADTA.org)

Resources:

Berrol, C (2006) Neuroscience meets dance/movement therapy: Mirror neurons, the therapeutic process and empathy. *The Arts in Psychotherapy* 33: pp. 302-315
 Bloom, K (2006) The embodied self: Movement and psychoanalysis. Karnac, London

Megan English has introduced Dance Movement Therapy programs in a wide range of clinical settings, and has a private practice serving Hamilton and Toronto. She has been fostering movement experiences for people of all ages for over fifteen years through her performance, education and psychotherapy practices. She is a leader in the development of the profession of Dance Movement Therapy in Canada.

Joanabbey Sack MA., BC-DMT, RDT, is a board certified Dance Movement Therapist and a registered Drama Therapist (RDT) with extensive training in Dance, Music, the Social Sciences, Laban Movement Analysis, and Theatre Arts. Joanabbey offers sessions in dance movement and drama therapy to children, youth and adults here at the Queen Elizabeth Health Complex. Both Individual and group sessions are available for Dance Movement Therapy and also for Movement Training with a focus on alignment, ease of movement and strength training. She uses dance and dance therapy as a vehicle toward exploring positive and healthy patterns of movement in a process to further emotional, cognitive, physical and social integration. Joanabbey was the Dance Movement Therapist at the Montreal Children's Hospital for 12 years. She teaches at Concordia University department of Creative Arts Therapies and is the Dance Movement Therapist at the Concordia's Centre for the Arts in Human Development. Joanabbey is co-founder and co-director of the Parkinson's Dance Project (parkinsonenmouvement) which offers specialized dance classes as well as group and individual sessions for people with Parkinson's syndrome. She has worked closely with the Grand Ballet de Montreal since 2012 and is now Dance Therapy consultant to the National School of Dance Therapy. Individual and small group classes for the newly diagnosed and those living with Parkinson's are available at QEHC.

Zuzana Sevcikova, MA, RDT, R-DMT, CCC is a Drama and Dance/Movement Therapist who works at Lester B. Pearson School Board, Parkinson en Mouvement, and in private practice in Montreal, QC. She is also vice-president of Dance Movement Therapy Association in Canada (DMTA)

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Journals:

Taylor & Francis. *An International Journal for Theory, Research and Practice: Body, Movement and Dance in Psychotherapy*. Routledge Mental Health
 American Dance Therapy Association. *American Journal of Dance Therapy*. Springer

Websites:

American Dance Therapy Association (ADTA): www.adta.org
 Dance Movement Therapy Association in Canada (DMTAC): www.dmtac.org
 National Centre for DanceTherapy:
http://www.grandsballets.com/fr/danse_therapie/centre/
 West Coast Dance-Movement Therapy Professional Training:
<http://wcdmt.blogspot.ca/>

MUSIC THERAPY: INVITING THE MUSES TO THE THERAPEUTIC MILIEU.¹



by Eric L. Ross

Music therapy has enjoyed a progressive emergence over the past 60 years. Buchanan (2009) reports that the pioneering work of Fran Herman in the 1950s at Bloorview Hospital in Toronto, ON, is considered to be among the first use of music therapy in Canada. Rosé, Brawn, and Metcalfe's (1959) original work with music therapy in a psychiatric setting provides another example of early music therapy in Canada. At the heart of the practice of all forms of music therapy is a belief that music acts as an agent of change.

Gaston (1968) speaks of a long-standing and intimate connection between people and music. He asserts that "music is an essential and necessary function of man" (Gaston, 1968, p. 15). He alludes to the ability of music to act as an agent of change in recognizing that music affects human "behavior and condition and has done so for thousands of years" (p. 15). Gaston characterizes the connection between humans and music by stating, "music, as a form of human behavior, is unique and powerful in its influence" (p. 7). How many among us have experienced the ability of music to influence our emotions when we hear a heart-wrenching melody? A driving rhythm can captivate and motivate us to move our body or tap our foot in time with the music. Gaston (1968) attributes our ability to experience these effects to music acting as a form of "communication...but more often than not it is, or functions as, 'nonverbal' communication. It is the wordless meaning of music that provides its potency and value" (p. 23). He explains that "music involves the individual so totally and in such unique fashion that closeness is felt, and painful aloneness may be alleviated. Music is non-punitive and, in nearly all cases, non-threatening" (p. 24).

The Canadian Association for Music Therapy (CAMT; 2015) defines music therapy as "the skillful use of music and musical elements² by an accredited music therapist to promote,

maintain, and restore mental, physical, emotional, and spiritual health. Music has nonverbal, creative, structural, and emotional qualities. These are used in the therapeutic relationship to facilitate contact, interaction, self-awareness, learning, self-expression, communication, and personal development."

In music therapy, music is used as an agent of change to assist people to "experience and explore various aspects of themselves and how they relate to the world" (Bruscia, 1998, p. 140). Carolyn Kenny (1982) echoes Bruscia's view:

By participating in music activities (and this includes listening, since we know our being is moved on every level, even in what may seem like stillness), we symbolically experience situations other than the one in which we presently find ourselves. (p. 60)

According to Bruscia (1998), music, in and of itself, does not create a therapeutic process. Rather, he identifies four essential components of a music experience: "a person, a specific musical process, a [musical] product of some kind, and a context or environment" (p. 22). Music functions as an agent of change when these components, in combination with a music therapist, are present in a therapeutic milieu.



¹ This article presents and expands upon material included in the author's thesis –Ross, E. L. (2014). *Overture to self-care: An interpretative phenomenological analysis of pre-service counselling students' experiences of supportive music and imagery* (Master's Thesis). Acadia University, Wolfville, Nova Scotia.

² The elements of music are rhythm, melody, texture, harmony, tone colour/timbre, form, pitch, and dynamics.

Drawing from Bruscia's (1998) summary of music experiences, four discrete groups provide a gamut of therapeutic interventions and goals:

Improvisatory Experiences

Person makes up music through playing or singing, creating a melody, rhythm, song, or instrumental piece.

Examples of clinical goals include:

- Establishment of non-verbal channel of communication
- Create a bridge to verbal communication
- Explore aspects of self in relation to others
- Develop group skills
- Provide a means of self-expression and identity formation
- Stimulate and develop the senses

Re-creative³ Experiences

Learning or performing precomposed vocal or instrumental music

Examples of clinical goals include:

- Develop skills in interpreting and communicating ideas and feelings
- Improve interactional and group skills
- Foster adaptive, time-ordered behaviours
- Develop memory skills
- Learn specific role behaviours in interpersonal situations

Composition Experiences

Therapist-assisted writing of songs, lyrics, or instrumental compositions.

Examples of clinical goals include:

- Develop organizational and planning abilities
- Develop skills in creative problem solving
- Promote exploration of therapeutic themes through lyrics
- Promote self-responsibility
- Promote expression of inner world experiences

Receptive Experiences

Listening to music and responding to the experience silently, verbally, or in another modality (art, mandala creation, prose/poetry)

Examples of clinical goals include:

- Stimulation or relaxation of person
- Evoke affective states and experiences
- Connect person to a community or group

- Evoke mental imagery
- Stimulate peak and spiritual experiences

Music therapists work in a variety of clinical settings. Examples include:

- Hospitals
- Day treatment programs
- Community programs
- Correctional facilities
- Long term care centers
- Substance abuse and addictions centers
- Schools
- Hospices
- Private Practice

Music therapy is used with individuals of various ages, abilities, and musical backgrounds in institutional, community and private practice settings. Although variations exist, the clinical process typically involves assessment, development of a treatment plan, implementation of the treatment plan through clinical interventions, and evaluation of outcomes. Research supports the use of music therapy in many clinical areas, including but not limited to: Acquired Brain Injury

- HIV/AIDS
- Autism and other Pervasive Development Disabilities
- Critical Care
- Developmental Disabilities
- Emotional Traumas
- Geriatric Care
- Hearing Impairments
- Mental Health
- Neonatal Care
- Obstetrics
- Oncology
- Pain Control
- Palliative Care
- Personal Growth
- Physical Disabilities
- Speech and Language Impairments
- Substance Abuse
- Teens at Risk
- Victims of Abuse
- Visual Impairment

³ Bruscia (1998) uses the broader term "re-creative" (p. 118) rather than "performing" (p. 118). He views re-creative as a broader term that includes "rendering, reproducing, realizing, or interpreting any part or all of an existing musical model, whether done with or without an audience" (p. 118).

Accredited music therapists (MTA) complete a Bachelor or a Graduate Certificate in music therapy and a 1000-hour supervised clinical internship. There are music therapy programs offered at Acadia University (NS), Canadian Mennonite University (MB), Capilano University (BC), University of Windsor (ON), Wilfrid Laurier University (ON), and Concordia University (QC). University coursework consists of supervised clinical fieldwork placements and the academic study in the areas of music therapy research, music, and psychology. MTAs must maintain their credential every five years through the CAMT continuing education process. MTAs adhere to the CAMT Code of Ethics.

The following websites provide additional information and resources about music therapy:

Canadian Association for Music Therapy – www.musictherapy.ca
American Music Therapy Association – www.musictherapy.org
The Certification Board for Music Therapists – www.cbmt.org
Arts Health Network Canada – www.artshealthnetwork.ca

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WHAT IS DRAMA THERAPY?



How does Drama Therapy Work to Achieve Therapeutic Objectives?

By Alexandra Bolton, Alicia Winn and Jessica Bleuer

What if you were able to *show* your therapist what was bothering you instead of having to explain it to them?

What if some imagination and a little bit of playfulness could make difficult and confusing feelings more manageable?

And what if you could practice difficult life situations, rehearsing all possible outcomes in a safe consequence-free environment?

Drama Therapy makes all of these things possible.

Like its name suggests, Drama Therapy is a form of psychotherapy that combines the tools of counseling and psychology with the tools of drama to achieve emotional, cognitive and social therapeutic objectives.

Drama Therapists encourage clients to use their imaginations to explore new solutions to everyday problems (Jones, 1996).

By using

- Storytelling
- Role-Play
- Mask Making
- Character Creation
- Improvisation
- Movement
- Props &
- Costumes and other theatrical techniques...

The process of Drama Therapy opens doors to new experiences and possibilities. Clients are able to explore and express their own stories in new ways.

And there is no previous drama or theatre experience necessary.

Who is Drama Therapy for?

Drama Therapy is like a chameleon.

It can transform and adapt to meet the needs of people from all walks of life.

Its creative potential offers expansive therapeutic possibilities.

Drama Therapy can be useful for:

- Individuals, couples, families, and groups
- Children, adolescents, and adults

Drama Therapy can take place in a variety of different settings, including:

- Schools
- Hospitals
- Correctional facilities
- Group homes
- Elder care centres
- Palliative care centres
- Rehabilitation centres
- Businesses
- Private Practice.

The Benefits of Drama Therapy

Drama Therapy engages creative methods to help clients connect with unconscious material (Jones, 1996). This process supports people in understanding and transforming unsatisfying aspects of their lives.

Drama Therapy allows us to connect our mind and body. It is our *bodies* that allow us to move through space, communicate, experience emotion, and interact with others. We take our bodies with us into the world everyday, and we can take them into therapy too! We store trauma and difficult experiences in our body (Levine, 1997; Machiodi, 2008; Rosthchild, 2000; van der Kolk, 1994), and we can use the body to tell the stories of these wounds. Drama Therapy literally puts your story “up on its feet.”

In Drama Therapy, you can:

- be the author of your own story,
- engage with problems creatively to gain new insights,
- circumvent defenses by using creative material,
- role-play challenging life situations to find new solutions (Jones, 1996).

Professionally Trained Therapists

Drama Therapists are clinically trained professionals with a Masters degree in Drama Therapy. Students entering graduate studies in Drama Therapy must already have a solid background in both psychology and theatre. Concordia University is the only Drama Therapy program in Canada. While in the program, students complete courses in:

- Assessment
- Counselling Skills
- Psychopathology

- Group Dynamics
- & The use of Improvisation, Storytelling, Metaphor & Role Play to achieve therapeutic objectives.

Students must complete 800 hours of supervised clinical practice in which they work with 2-4 different populations. Practicums are completed at schools, hospitals, mental health agencies, retirement homes, shelters, rehabilitation centres, and community agencies. Students can also train to become drama therapists in the United States, as well as some countries in Europe, South America and Israel.

Drama Therapists must adhere to a code of ethics regulated by the North American Drama Therapy Association (NADTA). In order to become a Registered Drama Therapist (RDT), a professional requires:

- The completion of an MA in Drama Therapy,
- 1000 hours of paid supervised clinical practice,
- 500 hours of further professional training,
- Three references from established professionals in a mental health field.

In addition to using traditional psychotherapy techniques, Drama Therapists have the advantage of using creative and projective tools to reach unconscious material. "Unlike talk therapy, drama therapy gets there really fast. Role-Playing - acting out issues and problems - is more effective than talking" (Landy, n.d.). Drama Therapists are known to be flexible and work well individually or as part of a team. Does your mental health agency have a Drama Therapist? Put us to the test and see for yourself how we use drama to achieve therapeutic objectives.

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Jessica Bleuer M.A., M.Ed., CCC, RDT. I am a Registered Drama Therapist & Psychotherapist and I teach & supervise full-time at Concordia University's MA Drama Therapy Program. I also maintain a private practice in which I use both drama therapy and other forms of psychotherapy. I work with children, adolescents and adults, families and couples. I understand drama therapy to be a form of psychotherapy that uses drama and theatre tools to achieve therapeutic objectives (both social, emotional, cognitive and behavioural). I am a humanistic drama therapist, psychotherapist who follows my clients needs', pace and content. I tell my clients: You are in the driver's seat, and you get to determine where we go and how fast we drive. I am your co-pilot and I will provide some maps and some potential suggestions as to how we might get there. I also provide the snacks for the car ride (teaching you tools to tolerate distressful situations).

To quote Drama therapist, Psychoanalyst & Psychotherapist, Bonnie Harnden, "as drama therapists, we are both social scientist, clinician, and artist".

- Social scientist, learning from our clients how people work, change and improve their lives.
- Clinician, as we work towards therapeutic change.
- And artist, because our strongest therapeutic tool, is art, or the art of living.
- And in the case of the drama therapist, our tool is the theatre, helping people use metaphors to better understand life, and role play to rehearse life.

HOW DOES ART THERAPY WORK? OR WHAT IS IT?



by Nicole Crouch



and Sarah Brodie

Dispelling common myths about art therapy, according to our Dr. Cathy Malchiodi⁴:

Art therapy is not for curing disturbed artists, "...like Van Gogh."

Art therapy does not make bad paintings look better. It's more about trying to see what is there.

Art therapists cannot tell you exactly what your painting means. No mind reading.

⁴ Malchiodi, C. (2013, January 17). Art Therapy: Cathy Malchiodi at TEDxOverlandPark [Video file]. Retrieved from <http://tedxtalks.ted.com/video/Art-Therapy-Cathy-Malchiodi-a-2%3Bsearch:TEDxOverlandPark>

Some of the things that art therapy could be:

- A method of leveraging the creative process toward healing, growth and change
- A window into how we see things from the inside
- A visual metaphor amplifier
- Kinesthetic
- Symbolic
- Tactile

A case vignette from an art therapist: a client feels stuck in her job but doesn't know where to go next. A series of paintings leads her to a study of the colour blue. Months later she writes her therapist, saying "...I found the painting when I looked out the airplane window."

Angela Herd, author of this newsletter's article *Through the trees: Counsellor practice of self-care using art and active imagination* articulates:

"Art making contains reflections of one's perception, memories, experience or expression through images, symbols and colors. *Art therapy* adds the dimension of having a therapeutic witness and facilitator within one's art making process, who bridges the dialogue that unfolds between client, therapist and art imagery. As clients verbalize associations and meanings expressed in the images, they gain insight as voice is given to experience that previously had no words."

What it is.

According to Dr. Judith A. Rubin, pioneer in the field⁵

"As an art therapist, you must know art; the media and processes and their nature and potential. You must know the creative process, the language of art, and the nature of the symbol, form and content."

Art therapists all have to be trained in the visual arts.

"You must also know therapy. You need to know about yourself and about others in terms of development, psychodynamics, and interpersonal relations. "

Art therapists all need undergraduate training in psychology.

"And you must know about the nature of the

treatment relationship and the underlying mechanisms that help others to change." P.57

All art therapists train in counseling skills.

How it is different from an art class

"The difference is not necessarily on the surface, for the materials are the same, and the approaches in both can range from open-ended to highly structured. Even the words of the therapist... may be indistinguishable from those a friendly teacher might use. The primary distinctions are invisible, inside the head of the worker..." P.57

Processes and techniques

Media that art therapists employ:

- Collage
- Photography
- Painting and drawing
- Sculpting
- Textiles
- Animation and green screen
- Ceramics
- Mixed media
- Puppets and masks
- Dioramas
- The variations are endless.

A trick that helps us in our practice is to ask the art a question.

Pat Allen gave us a good template for this with her *witness writing technique*.⁶ What she says to do:

1. Set an initial intention- "*feel at ease*" "*see beauty in my work*" "*understanding better what forces are at play.*"
2. Make art. Use time parameters if necessary.
3. Bring your sensory awareness to the present moment. Notice how you are feeling. Notice the room.
4. Look at your work as if for the first time. Witness it. As Allen says, "...*witness requires stillness to create space for the image to speak to us and reveal its message.*" p 53

⁵ Rubin, J. (1982). Art therapy: What it is and what it is not. *American Journal of Art Therapy*, 21, 57-58.

⁶ Allen, P. (2014). Intention and witness: Tools for mindfulness in art and writing. In L. Rappaport (Ed.), *Mindfulness and the arts therapies: Theory and practice* (51-61). London, UK: Jessica Kingsley.

5. In a journal or on paper, write down whatever comes up. There is room for judgment and for any reactions or stories.
You may ask a question to your piece. Listen for a reply. You may enter a dialogue. Write these down.

You may make any associations between this experience and your original intention.

6. This may be shared in a group setting, but must follow the rules of the *no comment zone*; "...one may read all or part of one's writings but no other comments or explanations are spoken, no questions are asked."p. 54

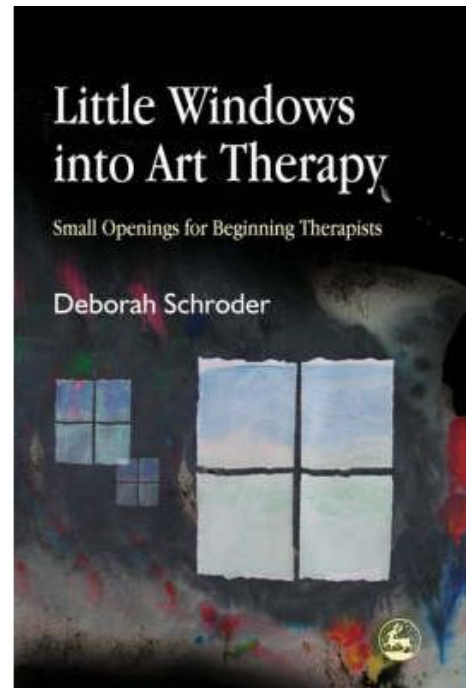
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THROUGH THE TREES: COUNSELLOR PRACTICE OF SELF-CARE USING ART AND ACTIVE IMAGINATION

A Clinical Case Study



**BY ANGELA HERD - WINNER OF THIS YEAR'S
CONFERENCE BURSARY**

Abstract

This paper supports the value of self-care for counsellors and therapists. An in-depth case study illustrates the use of art therapy as a method and process of counsellor self-care. This paper summarizes information gleaned from the writer's comprehensive study of self-care for professional helpers and emphasizes creative modalities as a vehicle for gaining insight and resiliency in both professional and personal spheres.

Introduction

The definition and study of self-care has evolved as a natural response to inherent risks within the field of counselling. The counsellor who acknowledges the use of oneself as their most substantial tool of the trade understands the importance of self-care. Awareness of one's inner dialogue reflecting personal beliefs, values and feelings is priority as a counsellor. Norcross & Guy (1989) assert that as much as counsellors attempt to make themselves an instrument of a patient's treatment, the counsellor still remains a person. The counsellor as a person brings to the therapeutic process, both strengths and vulnerabilities. Counsellors need to understand that having skills to help others with distress or impairment does not protect us from experiencing it within our own lives.

Counsellors who identify levels of distress and identify coping strategies effectively, favorably manage distress. Norcross & Prochaska (1986) stated that because counsellors are exposed to significant and regular amounts of emotional pain through their work, they may trivialize the psychological distress impacting patients and themselves. Distress will surface during critical life events and a tool-box for coping is necessary in order to have methods to reduce or eliminate distress when it occurs.

The purpose of this article is to raise awareness that counsellors need time regularly to reflect upon their own lives in order to gain conscious understanding of how lived experience shapes one's helping practice. "Helping clients to make peace with

their past is generally easier when therapists have made such peace with themselves (Mahoney, 1998, p. 45)". Therapists who are more in tune with their own feelings are in a position to better support and nurture other people exploring their thoughts and feelings. In the same vein, Mahoney (1998) asserts that counsellors who are aware of their personal hopes and fears are more likely to facilitate awareness in their clients.

Self-care reflects an ongoing relationship with oneself, others and the community and is reflected along a continuum of counsellor wellness rather than characterized by a single behavior or event. This paper aims to highlight the contributions art therapy can make as a natural language for counsellors to connect, gain insight and experience self-efficacy, as a strategy to practice self-care. Creative expression is multi-layered and offers freedom of expression; as well as, a source of witness and personal record. Self-care practice using art therapy is illustrated through this in-depth case study.

Please note that all identifying information has been changed to protect the confidentiality of the counsellor described in the case study.

Case study

Client description

Janardan was a single male in his early 30's, employed as a counsellor in an organization where he had worked for a number of years, facilitating both individual and group counselling. Janardan was the first of two boys from a South Asian family. Janardan and his brother Hasan were first generation born in Canada. Hasan was a couple of years younger than Janardan and was born with a heart defect. Hasan was not expected to live a long life and had, in fact out-lived medical expectations. The doctors had at one time suggested Hasan attempt to have a transplant; yet, he chose otherwise due to his spiritual beliefs. Janardan and Hasan shared a close relationship and spent time together regularly exchanging clothes, music and favorite movies. It came as a great shock to Janardan when three months prior to the onset of therapy, Janardan learned that his brother was in the hospital. Hasan had suddenly collapsed from heart failure and subsequently died. Janardan experienced reoccurring images of the scene following his brother's death and questioned why he was not able to be present when his brother died.

Therapeutic Process: Grief journey

When Janardan began art therapy he told the therapist that he felt guilty that he had disappointed his brother on two occasions. One incident involved his refusal to do an errand that his brother had requested. The second is when Janardan voiced his lack of agreement or acceptance of Hasan's decision to pass on the option of having a heart transplant.

Following Hasan's death, Janardan was asked by family to provide the religious custom of last rites for his brother. The ritual lasted 13 days, during which time Janardan slept on the floor in the family home and shaved his head. Janardan prepared Hasan's body for cremation and completed the

religious rituals. Janardan expressed honor to have facilitated this important ceremony whilst at the same time, his grief process at the time suggested he was in a state of shock. This was elucidated through Janardan's accounts to the art therapist that he was not eating well, waking frequently throughout the night and having difficulty waking in the morning. When people used the word "dead" he said he felt triggered with anger. He said people used the word flippantly, without fully understanding the meaning of the word. He said that people had commented he had lost weight. Janardan expressed how difficult it was supporting clients and that he was crying a lot. The loss of his brother also triggered loss feelings of a previous significant love relationship. Janardan spoke of other losses, including an upcoming resignation from a leadership position within the community.

Janardan experienced much anger in response to the death of his brother. He experienced anger towards God, himself and others. He found that people did not speak of his brother often. When he found himself not thinking of his brother as much, Janardan said he felt guilty and stated that he did not want to "get on with things". At the same time, Janardan struggled with believing that he "should be getting on with things".

Janardan expressed shock, fear, sadness, loneliness, frustration and an overall sense of feeling lost, expressed through the art making process and dialogue. As his brother's 6 month anniversary of death approached, Janardan began wearing all black to the sessions and to his work. On the anniversary date, Janardan appeared unshaven and expressed anger with life in general. Janardan's parents were away for a month during this time and Janardan expressed feeling abandoned and alone, stating he didn't realize how much he needed them. Janardan verbalized that he thought his anger was blocking deeper more painful feelings.

Janardan's relationships were strained as he grappled to set boundaries within his relationships and balance the needs of others with his own. He expressed concern about his parents that they may be stuck in the experience of having seen Hasan die; yet, Janardan was afraid to discuss it with them in fear of triggering their sadness. Janardan's role in the family had shifted. Suddenly he had become an only child and the only son to care for his parents. He felt he had one significant friend who could provide nurturance. When Janardan was asked during therapy how he could nurture self, he said that he did not know how. He referred to himself and said, "I can't count on him, he's lazy, makes excuses and justifies".

Approximately one month prior to the commencement of the art therapy sessions, Janardan's feelings, experience and art images took a shift. Expressions of acceptance and renewed creative flow emerged in his discussions of daily living. In the final session, Janardan discussed plans to build on his education, pursue travel and real estate ventures. A significant shift had also occurred in his active participation in seeking out supports through friendships and personal hobbies. Janardan expressed his desire to continue using art and creative expression as strategy within his self-care regime.

Medical and psychological history

Janardan presented with no history of physical or mental health concerns or diagnosis'. No known medications were being used during the course of therapy.

Use of art therapy

Janardan volunteered for the individual art therapy sessions months in advance of the commencement of the sessions. He communicated that he did not have significant goals and instead took the opportunity to experience a novel method of counselling through the experience. Following the death of his brother, Janardan communicated to the art therapist that he was relieved to have had the support of the sessions.

For a significant portion of the art therapy process, Janardan struggled with initiating his art making. He would often ask for a directive to focus his energies. The art therapist provided a directive based on Janardan's affect and shared thoughts. Janardan was encouraged to use only the directives that fit for him, in that moment. The requests for a directive ended approximately one month before the end of the therapy sessions and marked an important shift that occurred in his images and their associations. Janardan expressed that he would often think of his art making ahead of his sessions and he considered what he wanted to create in therapy. During the post therapy interview follow up, Janardan said that he "found it unnecessary" to think in advance about what he would create. Janardan said, "There was really no need because whatever was meant to come out did come out".

Janardan used the art materials freely and revealed his feelings openly through his image making, associations and dialogue with the therapist. Janardan verbalized his needs and desires pertaining to the art therapy sessions, for example, Janardan requested that newspaper not be utilized under his paper because it made unintended lines in his imagery when using pastels. Janardan also determined when he wanted to use the session to talk instead of producing art imagery. Janardan expressed his need for containment and support when he asked for directives at the beginning of the session. These assertions seem to reveal Janardan's level of comfort and trust with the therapist and the art therapy process; as well as, an internal locus of control.

Themes within the art

From the commencement of therapy, Janardan's art images, behavior and dialogue illustrate themes of loss, shock, anger and loneliness. The middle phase of Janardan's process seemed to reveal the expression of anger, both at the event of his brother dying and the circumstances that it left him to address; his feelings, his relationships, his roles and his life's meaning and direction. Gradually, Janardan utilized the art to express the actual event of receiving the phone call that his brother was in hospital (Fig. 9). Janardan's ability to recreate his experience of this event demonstrated a shift in his grief journey. His imagery mirrored back the event as it happened to him and demonstrated his courage and willingness to acknowledge his brother's death.

The creative acknowledgement of the event seemed to free Janardan to experience movement, creativity, renewed energy, hope and emotional health. These themes are all strongly illustrated in the final three art therapy sessions. Janardan's grief journey was supported through the witness of the art therapist in addition to, contained and validated through the use of art images and his personal associations. The use of art provided him with an ability to deeply express his emotions, thoughts and memories related to his loss and move through his grief journey.

Presentation of the art

Figure 1: Session 1



Figure 1 is a spontaneous image created during Janardan's first therapy session. Janardan described it as a "sunny place to go". He associated the tree in the foreground as "strength, grounded, rooted...buds for a hopeful future". During this session, Janardan discussed wanting space but also his desire to be close to others. The image of the tree appears lonely and barren, as do the five trees in the background. What appears to be a split and a hole in the tree also seems to indicate a severe wound within the tree's trunk. The central tree image seems to be a self-representation of Janardan and reflects the confusion and conflicts inherent in the associations and what is depicted in the art imagery. Janardan's experience is reflected in his statement of wanting space but also closeness with others similarly as the central tree is depicted in relation to the other trees in Fig. 1. The associations to buds, hope and strength may reveal his struggle to gain self-reliance as past circumstances may have come more easily.

Figure 2: Session 2



This image was created following a directive, "Create an image demonstrating how you have been feeling this week". Janardan said, "I don't want to use black, I'm not that down". He associated the grey color, "like fog" and tree as, "not that special". During this session, Janardan indicated signs of distress such as difficulty working with clients, crying a lot, experiencing sleep difficulties and weight loss. He admitted that he was struggling to cut down on his caseload. This session he described his family's religious burial tradition and his role in providing his brother's last rites.

The image of the tree is cut bluntly off and illustrates a lack of vitality demonstrated in the absence of branches, leaves and roots. The base is visible, along with only a short portion of the trunk, indicating that the tree may be alive yet arrested in growth. This aspect of the imagery seemed to reflect the shock that Janardan experienced as a result of his brother's sudden death and the impact his role providing last rites may initially have had on him. The trunk being cut may have been a reflection of emotional cutoff in an effort to cope. The image of the trunk extends beyond what is visible on the page and brings the viewer's focus to the base of the tree whereby it demonstrates the weighted effort being used to stabilize the trunk.

Figure 3: Session 3



Created following the directive, “*Create an image that demonstrates your relationship with Hasan*”. Silent and thinking for a time, Janardan explained he felt the picture would have to be perfect to give credit to their relationship. After completing the picture, he shared some of his memories spent with his brother and the regrets that he carried. Janardan enjoyed the opportunity to talk about his brother this session. He associated the curls on the trees as their shared interests and the distances between the trunks as their distance to individualize. The entwined roots symbolize that they came from the same family of origin. Janardan claimed his brother was more developed than he was and “more like a big brother than a younger brother”. Janardan’s creation of this art image appeared to be made with reverence and love. The art therapist noted that Janardan seemed to experience a deep connection with his brother while creating this image visible in his affect, tone of voice, body language and verbal associations.

Figure 4: Session 4



Produced by Janardan, he used the directive, “*Create an image to represent what you have been left with because of Hasan’s death*”. This image appeared to be a process piece expressing anger, sadness, loneliness, frustration and the feeling of being lost. His emotions were evident through the sole use of black

and grey colors, stiff, rigid movement that appeared to be made with exertion and facial expressions that indicated deep sadness and anger. Janardan appeared as though he was searching for something while he created the images upon the page, seemingly lost or disoriented. Janardan made no associations directly to any of the art imagery. He described strains in his personal relationships and working relationships; as well as his hope for marriage and family. He created the image by painting the whole page grey and by using a large brush. He painted the sky and ground using a regular size brush and said, “Here comes the tree”. Using a large brush he made its shape by twisting and pressing the brush into the paper. He created the cloud in the upper right corner using the brush in stabbing motions suggesting anger.

It was very moving for the art therapist to witness him create this piece. He seemed to wrestle with deep pain and clashing feelings. The use of the large brush for the color grey and tree signify what may have been the enormity of his numb, painful feelings. Loneliness appeared to loom in the overall atmosphere of the image.

Figure 5: Session 5



The following week, Janardan created this image following the directive, “*Where are you right now?*” Janardan said, “That was a bad week”. He came to therapy dressed in black, stood in front of the therapist and said, “I’m wearing black today and I did yesterday too. I’m not sure what it means, maybe you do”. He discussed a dream he had of his brother being attacked by intruders that Janardan was unable to save his brother, even with violent efforts. He stated in his dream to the intruders, “Leave my brother alone, he’s sick and needs to rest!”

Janardan used the large brush to make broad grey strokes all over the page. Vertical squiggles were made at the bottom but he covered them saying, “They look too cute, they didn’t belong in the picture”. The brush motions that Janardan used to cover the page seem to indicate a desire to paint out the pain and the loss of control. His question regarding his choice of black clothing seemed to suggest to the art therapist his desire to reveal his painful feelings to those around him. It seemed to be a safe method to gain validation of his feelings that were being displayed and interpreted by others. The dream seemed to reveal both his lack of ability to save his brother

from dying resulting in feelings of powerlessness and anger, as well as posing as a self-representation of Janardan's own needs for rest and nurture. This imagery speaks to suspected depression that Janardan seemed to be experiencing resulting from complicated grief.

Figure 6: Session 6



This image was created following a guided imagery meditation. The meditation was suggested by the art therapist and debriefed prior to the session. The exercise titled, The field: Connecting with your loved one, (Kennedy, 1997).

Janardan's comments regarding his experience were as follows, "He looked younger...happy-go-lucky...he didn't look back but waved behind his back...he allowed me to hold him, even though when he was alive he did not feel comfortable with physical affection from others. I think he knew I needed that, it was nice...I told him about family, work, myself and that I've been going through some of his things and found his art books...he looked like a dancer. He had a dancer's body...I saw the torso move in and out like an alien".

The fullness of his description reveals the intense connection that was facilitated during his meditation. This exercise seemed to provide Janardan with the ability to meet some of his present needs for connection while at the same time, some layer of closure. The art therapist suggested that Janardan use the art to ask Hasan a question or tell Hasan something he did not have a chance to. Janardan said he wanted to know if Hasan had the mysteries of life and why he had not been at home to witness his death, as the other members of the family were. He made an association to the tree symbolic of his brother, Hasan and the yellow ring around the tree represented a "ring of protection...big brother thing". The tree in this image is notably in the background and suggests distance from the viewer. The tree is also fully in view with branches with a strong base. This image heralds Janardan's acknowledgement and initial stage of acceptance of Hasan's death.

The tree image could have also represented Janardan's felt protection and permission from Hasan to accept his death and begin rebuilding his life. This is suggested in the gold circle around the tree and that Janardan had previously said that his younger brother was more like the big brother to him than he

was to Hasan. This figure may imply that the focus of the grief process was beginning to move towards an awareness that he and his brother would remain in relationship even following Hasan's death. The art making offered Janardan the ability to experience contradictions to his past experiences in relationship with his brother; as well as, express his present feelings of concern, curiosity, separation/loss, loneliness, fear and acceptance.

Figure 7: Session 7



This spontaneous image was created on the six month anniversary of Hasan's death. Janardan was again wearing all black. He spoke of his self-directed anger, guilt, dependency on others, regrets and wishes. He was incongruent in his expressed experience of anger. He verbalized his anger and then said he was not angry. Janardan said, "The flowers are from my parent's garden...they're for Hasan, even though he didn't really care about flowers...they look hopeful".

The making of the flowers may be sublimation for the anger that Janardan felt towards his brother for not choosing to have a heart transplant and eventually dying. It may also represent the hopeful future that Janardan has for himself, despite the pain of his loss and his struggle to accept his life will carry on. From another perspective, Janardan expressed that Hasan would encourage him to do something about his unhappiness and say, "Do something you enjoy". The flowers may represent Janardan is beginning to make conscious his own needs and allowing himself to fulfill those needs without guilt. The flowers from his parent's garden may suggest he is accepting and validating his desire to participate in life, despite that it would be different without his brother.

Figure 8: Session 8



This image was created in response to the directive, *“Create the image you said you kept going back to over the weekend”*. Janardan was wearing a suit today, which was not his typical clothing style. He also behaved in a joking and sarcastic way throughout the session. He reacted strongly to “mistakes” he made with the paint. He expressed feeling blocked by his anger. He expressed vulnerability, regret and helplessness. During this session he discussed his apprehension to speak to his parents about their feelings because it may make them feel worse.

Janardan associated the black lines as telephone wires, the thick black diagonal lines as a road or hockey stick and the black and brown colors in the top portion of the page as mountains. He expressed feeling, “mildly frustrated due to the inability to get the right color and flow. Janardan’s image seems to reflect the theme of communication as suggested in the telephone poles and his concern regarding talking to his parents. The mountains block visibility so it is unknown what lies on the other side of them. This could represent his fear of the unfolding of his own life and his lack of communication to those around him regarding his fears. The road/hockey stick seems to run opposite to the flow of the communication wires. This may relate to Janardan’s feelings of powerlessness to be heard regarding his own needs and wants because he perceived his parents as being engulfed with their own grief and others who may not understand the consuming experience of his grief. Perhaps this image also reflects separation from his family due to his focus on his own life path while grieving.

The picture has a sense of winter coolness and the therapist wondered whether this reflects the climate of communication he has with his parents and others regarding the loss of his brother of his inability to feel heard. His feeling of anger and his own movement impeded by anger, indicated in his dialogue, “I feel blocked in my anger” and through the frustration with the black background that would not flow as he had planned. The sarcasm and joking may have been his defense to experience the presence of anger or loss stemming from the feeling of not being understood. Janardan’s sarcasm seemed to be directed towards himself and suggest frustration or anger towards the persistent and unshakable feelings of grief.

Figure 9: Session 10



This image was created about five months into the therapy process. Janardan said the painting symbolized the event when he received the news of his brother’s heart failure and his not knowing whether his brother had already died or not, as he traveled to the hospital. He associated the tree to himself, the darkness to “fear”, the color green as “faith and hope” and the black as “darkness came to an end”. There is a gold ring in the center of the black box image and Janardan said, “It symbolizes Hasan”. Janardan remarked that he did not know where his brother went when he died. The process of art making and putting words to his experience of not knowing whether his brother was alive, allowed Janardan time, support and freedom to experience his brother’s death, even though he was not present to witness it when it occurred. This is implied in the sense that the green image of hope and faith inhibit an effect of movement in the picture. The art therapist wondered when the faith and hope disappeared and the knowledge of his brother’s death, whether the black box (death) crushed the image of the tree (self) and reflects Janardan’s experience of being trapped within the blackness of his anger, fear and acknowledgement of his brother’s death.

Janardan was asked by the art therapist in a previous session whether he wanted to use the art to recreate his memory of receiving the phone call; however, Janardan did not wish to do so at that time. Janardan’s ability to initiate recreating this event signified a significant move in Janardan’s process towards accepting his brother’s death and the fears that may have been building over the years of his impending knowledge that his brother would die prematurely due to the heart defect. It is interesting to note that Janardan made the association of the gold ring to his brother in this image and that it contrasted with his association to the gold ring in Figure 6 which he said was a symbol of protection. Perhaps Hasan provided Janardan with some form of protection in his own life/family that upon death, Janardan was left feeling vulnerable.

Figure 10: Session 11



Approximately two weeks following figure 9, Janardan created this spontaneous image titled, "Train tracks, journey of life". Janardan said, "Looking at the landscape it looks somewhat desolate but not barren...the trees are hopeful and the image is magical". The therapist saw this image as a shift away from the crushing anger and helplessness that appeared in previous art images. The association to train tracks implied movement. Furthermore, the positioning of the tracks are free from any blocks that appear to be strongly positioned. The health of the trees is noted, as is the hearty characteristic of the evergreens and that it is during the depth of winter. This image appears to be a strong indicator of Janardan's movement towards acceptance of his brother's death, the grief journey and the life changes that have resulted from it.

Figure 11: Session 12



This is spontaneous art image that Janardan titled, "Tolkien's Underworld". Janardan explained that it was about magic. He was playful and imaginative in his art making and association. Janardan made up the following story, "There is a wizard who made everything night during the daytime. Wind changes things. It can blow you from one place to another. A moon during daytime, three suns to the left are symbols of the wizard's evil power". Janardan related this piece as temptations to partying and sexual promiscuity. He said, "I would like to live in this world because around every corner

may be a surprise". The therapist engaged Janardan with his active imagination and asked, "What would the wizard say to you?" Janardan said, "Travel, fall in love, have fun". The therapist asked, "If you possessed magic what would you want?" Janardan said, "To put my hand on a book and know everything without reading it"

This image seemed to speak of the confusion Janardan experienced in his life direction and meaning, following his brother's death. The therapist wondered if some aspects of the wizard represented parts of Janardan, projected onto Hasan. In Figure 7, Janardan refers to Hasan saying, "Do something about it, do something you enjoy". Similarly in this image, the wizard is encouraging Janardan to travel, fall in love and have fun. By projecting this image onto his brother wishes, Janardan may be relieved of guilt to be alive and the ability to move on with his own life. The association of the evil power seemed to indicate an understanding and acceptance of the limited control over some of life's circumstances, such as death. The association to his desire to "Know everything without having first-hand knowledge without reading it", seemed to suggest that one cannot attain life's wisdom without experiencing life's tragedy that contributes to self-awareness and growth.

Figure 12: Session 13



This was the final image spontaneously created by Janardan. Janardan made the following associations: the purple color is a tree that he associated with "femininity...it looks like women's breasts". He wondered aloud what it would be like to have a child growing in you. This image is symbolic of the new life that Janardan was cultivating. Additionally, it may have given voice to the positive transference with the art therapist, as she was pregnant at the time. Janardan's movement to ending the containment of art therapy may have been a type of self-birthing. The large, full breasts may have signified his growing connection to self and ability to self-soothe. The presence of the tree suggests this may be a self-portrait, illustrated in the continuity of his associations with trees. The layering effect speaks to the recognition of the multifaceted layers of the self and experience. The image appears free to move while taking up the fullness of the page. This image exudes the birth of new beginnings.

Summary

Janardan's grief journey was expressed, recorded and processed through the art making process with the art therapist. This creative process was therapeutic for Janardan because it allowed him to express feelings and experiences that unfolded throughout his grief journey. Janardan's art images and dialogue portray the depth of his loss and his feelings of anger, fear sadness, loneliness, confusion, guilt and abandonment.

Janardan utilized the sessions to process the myriad of feelings that he had. The art making process and relationship with the therapist provided containment, nurture and safety to explore and express painful images, dreams and feelings. The art process provided an opportunity to connect with his brother and reflect on their relationship while at the same time it facilitated an element of closure. Janardan's process in art therapy clearly supported his need for self-care. Art therapy acted as a container, vehicle and gave permission for Janardan to express feelings associated with grief that if not expressed may have caused serious impairment in his work and personal life.

Janardan communicated clear signs of distress and burnout that led him to question whether he should have been working with clients at the time. Janardan described having a lack of resources to cope with the loss of his brother and that art therapy provided him with a place to be nurtured and receive support that he was unable to identify in his life. This experience aided Janardan to identify his need for support and challenge his belief that his asking for help was a sign of weakness. Janardan used his experience of self and self in relationship to others during therapy to evaluate his needs outside therapy.

Commonly, professional helpers are more comfortable with helping than the practice of asking for help. Janardan had developed both personal and professional relationships whereby he was continuously in the role of the helper. Janardan did not communicate his needs for support to others, when needed. This dynamic was magnified during his grief process when he reached a point where he could no longer ignore his need for support from others.

All of us in the helping profession need skills and strategies to identify our needs and ways to fulfill them. This knowledge not only helps us to model to our clients, it also protects, nourishes our professional and personal relationships. Active self-care practice helps prevent impairment, distress and burnout; as well as reinforces self-efficacy.

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NORIKO'S TOP FIVE ART THERAPY BLOG ARTICLES FROM HER STUDENT MENTOR PAGES

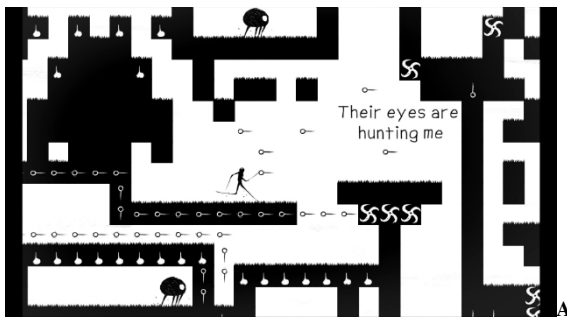
by Noriko Baba

MA: Art Therapy Intern

Student Success Mentor, Concordia University
Montreal, QC

<A video game for exploring social anxiety>

<http://www.engadget.com/2015/02/20/social-anxiety-indie-game-sym/>



Screen grab of the videogame "Sym"⁷

<Art in Prison: "I cannot imagine how I would have coped without my art.">

<http://artistscribbles.com/2015/03/12/art-in-prison-i-cannot-imagine-how-i-would-have-coped-without-my-art/>



"Submerged" made by Julio Cesar Osorio⁸ during his incarceration

<Patients design psychiatric hospital spaces>

http://www.slate.com/blogs/the_eye/2015/03/19/madlove_a_designer_asylum_from_james_leadbitter_the_vacuum_cleaner_is_a.html?wpsrc=fol_fb

<Six creative ways artists can improve communities>

<http://www.theguardian.com/culture-professionals-network/2015/feb/12/creative-ways-artists-improve-communities>

<Escaping Across the Border Through Art>

<https://www.psychologytoday.com/blog/art-trial/201502/escaping-across-the-border-through-art>



Noriko Baba is a graduate student and currently completing the art therapy program at Concordia University in Montreal, Canada. She is originally from Japan, and has a BFA in Studio Arts & Art History and minor in Psychology from Concordia University. Her favorite art media are clay and paper, especially paper making from scratch, and she loves all sorts of colors and experiencing tactile senses!

As a clinical art therapy intern, I worked with Alzheimer's patients at an agency and with cancer patients in hospitals and a community art center. Also, I worked with children in a child psychiatric hospitals. I had the pleasure of working with children with autism and individuals with intellectual and physical disabilities in

school and private agencies settings in the past. I worked in those settings doing individual art therapy; parent-child group dyad art therapies as well as providing counseling with international students for over 8 years.

My goal is to offer a safe space and assist individuals in learning themselves by connecting to their mind, soul, and body through creative art-making process so that they can find a way to cope with their difficulties and grow as they wish.

5 words to describe myself:

Creative, patient, determined, open-minded, and resourceful.



Noriko's hand couched paper

⁷ Lanciai, F. and Morando, S. (2015). *Sym* [Screengrab of videogame]. Retrieved from <http://www.engadget.com/2015/02/20/social-anxiety-indie-game-sym/>

⁸ Cesar Osorio, J. (2015). *Submerged* [Painting]. Retrieved from <http://artistscribbles.com/2015/03/12/art-in-prison-i-cannot-imagine-how-i-would-have-coped-without-my-art/>

ART THERAPY RECIPES FOR SELF-CARE

What art can do for you
Ideas and inspirations

KINDLY SUBMITTED BY THE CREATIVE ARTS IN COUNSELLING CHAPTER MEMBERS AND EXECUTIVE

RACHELA BUONINCONTRI
Alberta Provincial Rep
Calgary, AB

DIRECTIVE: "Holding the tension" is a way of being in a constant state of flux and moving toward balance, and health and wellness. For example, in order to be happy, we must also hold sadness. In order to feel competent, we must also hold our incompetence. Health and wellness requires a consciousness about the tension we carry versus the elimination of the tension. What is the tension that you are holding today? What are you trying to eliminate or eject from your psyche?

Bring forward a concern or issue that you are currently holding. Draw the concern on a piece of paper (e.g., depression). On a second piece of paper, draw the polar opposite of your concern (e.g., vitality). Recognize that true health is about holding the tension of both these states. On a third piece of paper draw a weighing scale or teeter-totter, and draw images, symbols, and words that can remind you to hold the tension between these two states. Recognize what tips the scale or teeter-totter to one side or another, and what is needed to hold the tension. The goal of this directive is to bring awareness and consciousness to the different states of tension that we carry. To explore the concept of holding the tension as a means of health and wellness.



Rachela Buonincontri is a Registered Provisional Psychologist and Art Therapist in Calgary, Alberta. Rachela works in private practice with children, youth, adults, and families. Contracts are held with Child and

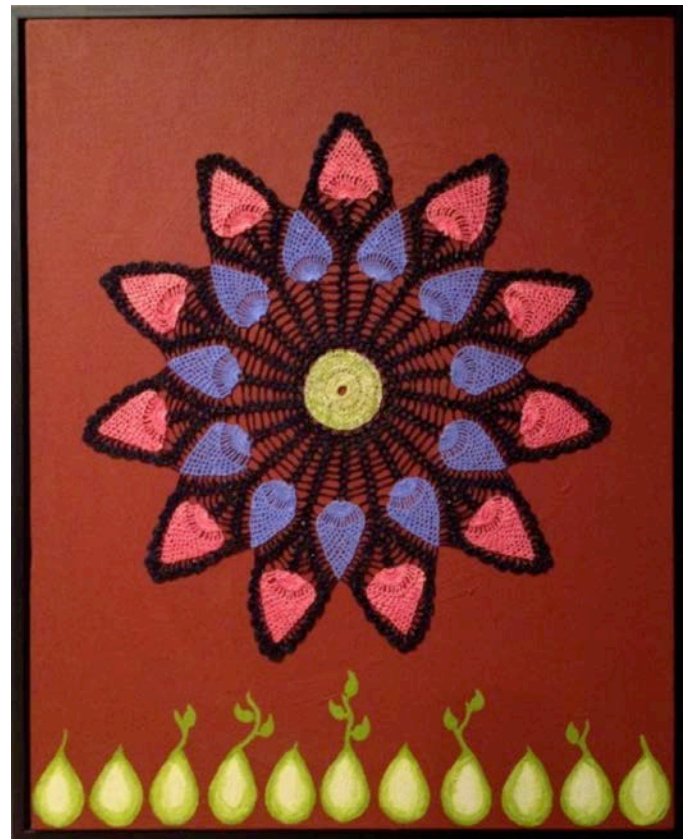
Family Services and private clients. Areas of specialization include anxiety, depression, trauma, grief, sexual abuse, neglect, and health and wellness. Rachela works with complex families, womens' issues and groups, and explores the use of creative arts to assist in movement towards healing.

GRACE MCKNIGHT
Mahone Bay, NS



I am a new counselling Grad from Acadia. As I look for a job I have found it quite helpful to also be doing some personal art making. I have a life long love of the fabric arts of all kinds. I also love colour and pattern. At last I have put these together in paintings and encourage you to do the same if you feel so inclined. I painted an old doily of my Grandmother's. I then painted the

background canvas and then glued the doily in place. I reflected on this for a bit before doing additional painting on the canvas. What you see is the final result. I think of it as something new sprouting from the past.



"Old Patterns, New Perspective" by Grace McKnight
16"x20" mixed media

Thank you Grace for sharing your lovely image on the cover of this year's newsletter!

AVA CLARK Castlegar, BC

1 cap full of juniper or lavender bubble bath

1 good book to soak with (preferably something that whisks you away from everyday life)

1 very good home cooked meal packed full of healthful ingredients

2 squares of dark chocolate

½ an hour of yoga (or substitute for Zumba or a good walk in the forest)

A dose of good laughter with friends or family

*Adding ingredients as needed such as: wild interpretive dance, smudging, baking, meditation, writing, belly dancing, card reading, or other enjoyable activities are also good substitutions.

Ava Clark is an art therapist and mental health clinician working in Castlegar, BC with Child and Youth Mental Health. I graduated from Concordia in 2007 from the creative arts therapies program and have since then trained in a variety of modalities such as CBT, DBT, IPT-A, FBT, MI and concurrent disorders. I am also the vice chair on the board with the Kootenay Art Therapy Institute. I greatly enjoy my work and life in the Kootenays with my husband and 3 year old son. I love to canoe, create art, hike, do yoga and Zumba, garden, drink strong coffee and eat good dark chocolate.



JANIS CAMPBELL St. John's, NL

One of my favourite things to do for myself is create a visual image that goes with a song that speaks to me. I find it a powerful and transformative process.



Inspired by "Tillery" by Becca Stevens



Inspired by "Ring Finger" by Jerry Stamp.



Janis Campbell is a counsellor working in private practice in St. John's, Newfoundland. Janis has brought her background in music together with her counselling and enjoys using creative approaches in her work.

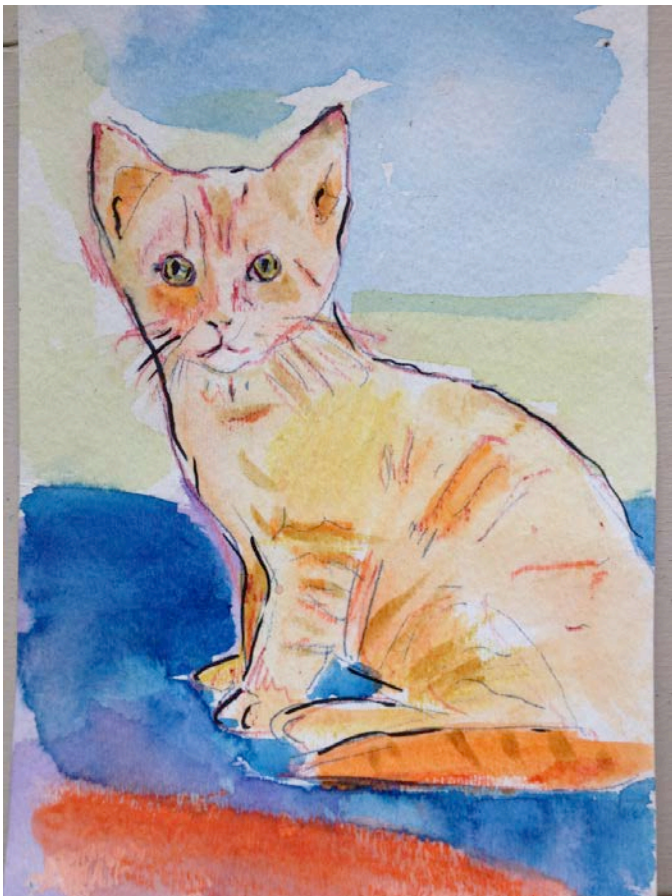
ARA PARKER Edmonton, AB

Art Therapist **Ara Parker**, DMin (Cand), MA, CCC, BCATR, RCAT, is Faculty Lecturer and Chair of the Department of Psychotherapy & Spirituality at St. Stephen's College in Edmonton, AB.
www.canadianarttherapist.com



I always find these quick transfer drawings energize and give me joy:

- 1) Flip quickly (and absent-mindedly) through a magazine or old set of picture calendars. Pick an image that appeals to you. Simple and good contrast helps. Animals always bring some joy, I find.
- 2) Tear it out
- 3) Take a sheet of graphite (transfer) paper and tape it, graphite side down (2 sides only so you can flip it up to peek at how it is going as you work) to a piece of watercolour paper.
- 4) Tape your image (2 sides only) to the graphite paper.
- 5) Trace the image using a sharp pencil.
- 6) Check to see (peek underneath) that what you want to transfer is working.
- 7) Take out your coloured pencils and watercolours, oil pastels and play! Colour away!



"Kitten" transfer drawing by Ara Parker

There is satisfaction in doing something representational, with a low-skill level involvement. Watercolour can be very playful. This is also a great activity to do with your clients who want to do something representational. It can foster a sense of accomplishment in a short time. You can do it alongside them to model, or do a brief demonstration first.

AMY MACKENZIE Outgoing Chapter President Halifax, NS

(see "letter from the president" for a photo)

Amy Mackenzie is an Art Therapist and Canadian Certified Counsellor living in Halifax, NS. She runs a private practice, providing art therapy and counselling services through independent referrals and EAP programs. She has developed and facilitates a Claymation Art Therapy intervention and research study in conjunction with the Nova Scotia Early Psychosis program. This approach progresses from painting, drawing and sculpting around personal themes into the development of a narrative, the fabrication of characters, sets and props and culminates in film-making using stop-motion techniques. She has worked as an Art Therapist in a correctional facility for women and taught art therapy workshops at NSCAD University in the department of Extended Studies. She is the mother of a one-year old boy, who is oodles of fun.

Thanks Amy for keeping us all together! Best warm wishes for the fabulous future. Big love ♥ from the Creative Arts in Counselling team



"Dream City" by Amy Mackenzie

Recipe for Self-Care (Art Therapy):

- 1) Use markers, pencil crayon, chalk and/or oil pastel to create a mixed media image. There are different ways at arriving at a starting point for your image: a) close your eyes, take a few deep breaths and notice an image in your mind's eye, b) start with a stimulus like a quickly-drawn scribble or a collage image, c) simply put hand to paper and trust your hand/body/heart/mind to bring forth an image.

3) Look at your image and try free association writing: let words come to mind freely and quickly and keep your inner censor/editor in check. Write chains of words as you look at your image. Follow the chains of words but then come back to your image and notice new things about it, anything from the colours, a memory that it sparks, a visual detail, its emotional tone...

4) Look at your free association writing and circle words that have a common theme. Notice one or more themes emerging. Perhaps this will help you see your image in a new light, allowing it to tell its own story and letting underlying themes emerge.

*I like to engage in an activity I call 'developed doodles.' I do automatic drawing (as described above), ie: no specific plan for the drawing, no visual references, just stuff that bubbles up from my brain: shapes, figures, colours, patterns, symbols, etc. I go back to it many times, drawing until the page is full. Then, to me, it is a 'piece'. I do free association writing (as described above) to find the deeper themes.



SHEA WOOD
Incoming Chapter President
Montreal, QC

A Drama Therapy Recipe for Self-Care: Embodying Fear and Desire

In Eastern philosophy, fear and desire are two sides of the same coin; my fear is a reflection of my desire. For example, my fear of making a mistake is a reflection of my desire to be competent. When we invest energy into our fear, we become paralyzed by it and can't move or change. When we put energy into realizing our desires, we put our energy into change, growth, and self-actualization.

Step 1: Take a sheet of paper and write a fear you are holding.

Step 2: Find a body position that reflects this fear. What does that fear look like when you embody it? After holding the pose for 30 seconds, release it and shake it off.

Step 3: Transform your fear into desire – flip the sheet over and write the desire that is associated with this fear. What desire is at the root of this fear?

Step 4: Find a body position that reflects this desire. What does that desire look like when you embody it?

Step 5: Find a word or phrase that you can say while in this position – Don't think too much about it. Say the first thing that comes to your head. After holding the position for 30 seconds and speaking the word or phrase, release and shake it off.

Step 6: Write on your piece of paper one concrete action that you can take toward realizing your desire.

Remember this word/phrase and the posture you embodied. At times when you are faced with this fear, you can repeat this phrase in your head or (if in a private location) assume the position associated with your desire. This embodied response will help to regulate your nervous system and bring attention to the desire that exists at the root of your fear. You may choose to find ways of implementing the identified action in your life to work toward realizing your desires.



"the opposites love" by Agnieszka Mikołajczyk⁹

Shea Wood is a drama therapist, Ph.D. candidate, researcher, professor, and performer. Having obtained her Master's degree in Creative Arts Therapies at Concordia University, specializing in drama therapy, she now practices in Montreal QC. As part of her Ph.D. studies at Concordia, Shea is conducting research on how performances based on the lived experience can be used to support, educate and heal families. As a certified Canadian Counsellor, Shea has diverse interests in applying drama and performance to human functioning, healing, and personal growth.

⁹ Mikołajczyk, A. (2010). "the opposites love" [Photograph]. Found at <http://davved.deviantart.com/art/the-opposites-love-166075996>

NICOLE CROUCH
Communications Director
Courtenay, BC

(see "what is art therapy" for a photo)

A recipe for self-care art directive.

1. Use heavier paper- bristol, watercolour, handmade, art papers. Paint a large shape of water in the centre of the page.
2. Apply the paint gingerly. Watch what it does on the wet surface.
3. Let it dry. Add another layer if you like. Repeat until you're done. This can take a long time. Days.
4. When it's done, consider the composition. Draw an axis line that will make the image feel balanced.



Nicole Crouch is an art therapist and artist living in Courtenay, BC. She is interested in what art can tell us about how we relate to physical pain. She is currently working with seniors in extended care, at a mental health support clubhouse and with teen groups. She loves music, dance movement and drama therapy like favourite cousins.

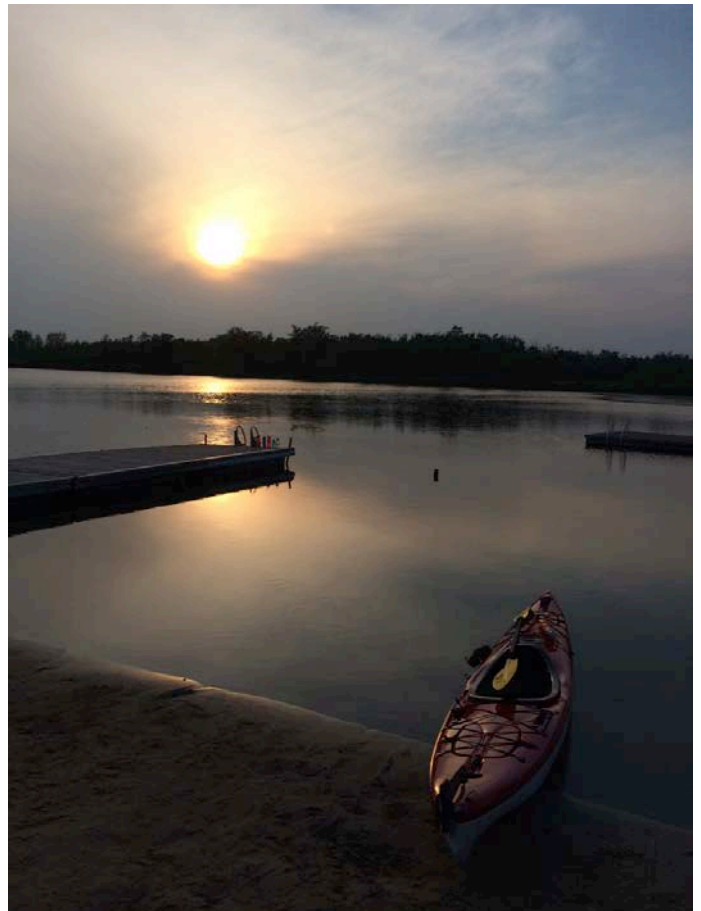
MIRIAM DUFF
Chapter Secretary
Winnipeg, MB



Miriam Duff, M.Ed., CCLS, CCC is a Canadian Certified Counsellor and a Certified Child Life Specialist. She has served as Secretary for the Creative Arts in Counselling Chapter

for the past 6 years, and as Board Liason for the past 4 years. I am employed as a psychosocial clinician at CancerCare Manitoba, where I provide individual and group counselling services to patients and family members. I also facilitate the Expressive Arts Group and Art Grad Group programs.

For most of the past 20 years I have been a practicing glass artist, with the exception of graduate school, which demanded its own creative energy to complete. Recently I began carving the waters of small local rivers with a paddle in lieu of my glass cutter, photographing colours and patterns as I move across the water. This is my opportunity to attain stillness in motion. It is deeply meditative, allowing me to refill my well, as I tune in to the wildness in the world and learn what it has to show me.



Miriam's kayak at a local river - Winnipeg, MB

ERIN KURI
Past President
Toronto, ON



Erin Kuri, MA, CCC, OATR graduated from Concordia University with an MA in Creative Arts Therapies in 2007, specializing in Art Therapy. She has been working as an Art Therapist with children, youth, and adults who have experienced various forms of marginalization and trauma within the community for the past 8 years. Erin is Past President of the Creative Arts

Chapter of CCPA and is a faculty member of the Toronto Art Therapy Institute.

Recipe for self-care: Be Curious and courageous!! Keep a sketchbook and journal/draw/paint/collage often. Be courageous in allowing yourself to express what you feel and be curious about associations you give to your images. Be curious about the patterns you see over time and how they may reflect experiences and events in your life. Tapping into our own observations and intuition can give us important information that we can use every day to raise self-awareness, improve relationships, maintain emotional regulation, and help us to make decisions. The trick is to keep yourself motivated and committed. Try scheduling your art/reflection time so that it doesn't get lost in all your other daily tasks. ~ Erin

JEN MARCHAND
BC Provincial Rep
Smithers, BC



Hello! I am an art therapist working in Northern British Columbia with children, youth and families who have been affected by sexual abuse. I primarily use art, sand tray and play therapy with my clients and I have a true

passion for ink, especially black India ink, which brings me to *my recipe for self-care: Ink Drawings with String.*

Take a few bowls and add some India ink to them. Leave one bowl with pure ink and water the other bowls of ink down to varying degrees. Then, cut some pieces of yarn or string (about the length of your forearm) so you have one piece of string per bowl. Have some large watercolour paper, and begin to make some art! Dip the string into the ink and move it across the paper to make lines of any kind. You can use your non-dominant hand (if you dare!) and just play with the small and

large movements of your hand - don't forget to breathe and enjoy the process! You can make as many ink drawings as you'd like, and you may find one speaks to you or surprises you in some way. You could choose that one to play with a little more by adding other colours, words, images, or whatever you fancy! I like to listen to music while I do this activity! Enjoy :)

SARAH BRODIE
Communications Director
Burlington, ON
sarah-brodie.com

(see "What is Art Therapy?" for photo)

Sarah Brodie is an art therapist in private practice based in Burlington, Ontario. She graduated a whole decade ago and has worked in the field ever since, now teaching at the Toronto Art Therapy Institute. Sarah devoted herself to making this newsletter happen for the Creative Arts Therapies chapter of the CCPA in 2013 and 2014, and is now immensely grateful for Nicole for taking over and bringing the 2015 version to the whole of the CCPA. Happy 50th Birthday!

Recipe for self-care: Mindfulness technique with clay. Take a block of clay that will fill both hands cupped around it. Take as much time as you can put aside, at least 15/20 minutes, and round the clay into a sphere. See how what initially looks smooth reveals subtle inconsistencies as you pay attention. Feel how you use your hands, the weight of the clay. At the end, seal it up for another day, you can keep smoothing infinitely, and it is infinitely centring. I've heard this technique is used to train Toyota factory workers in Japan to be mindful in their work.

IDALID DIAZ-POSADA
Professional Liaison CAC & Quebec Representative
Montreal, QC



Idalid Diaz-Posada is currently finalizing her MA in Creative Arts Therapies with a focus on Drama Therapy at Concordia University. She is a licenced psychologist in Colombia her native country and practiced there as a psychologist and psychotherapist for seven years. She is now in the process of registering as a CCC with CCPA and will soon get as well

her psychotherapist permit in Quebec.

Ida believes that Creative processes and interactive psychotherapeutic methods and techniques bring about healing, self-actualisation and transformation. The use of creative medias such as movement, stories, play, intentional improvisation, metaphors, music and visual arts in a therapeutic relationship helps accessing the 80% of what is non-verbal communication. These medias also facilitate integration of disowned parts of the self that could limit in many cases but

once integrated enrich a person's life and sense of well-being. She has developed a series of ateliers about feminine archetypes to explore what she calls the shadow-lights from the unconscious and is currently leading a therapeutic group with girls about emotions exploration and regulation using Drama Therapy. Ida's areas of professional interest are Creative Arts Therapies, Body-Mind and Integral approaches in psychotherapy. Contact Ida at idalid.diazp@gmail.com

One of Ida's self-care practices is named: "Move as I would like to feel". It takes some elements from Drama Therapy role play techniques as well as an original Dance Movement Therapy exercise. First, I identify my body posture, tensions and different sensations, breathing qualities (speed, depth & associated subtle movements). Then I let my body move towards a desired state. Sometimes if I have been sitting for a long time I need then to get up and find a more open space to move different parts of my body; other times I would need to walk and move in a more confident, excited or relaxed way and so on. The body takes us to the present moment and knows where to take us!



Sonomi Tanaka

SONOMI TANAKA

Treasurer

Toronto, ON

Recipe for Self-Care

1. Youtube yoga - more specifically I am watching a lovely lady named Esther at Ekhart Yoga and doing de-stressing short sequences.
2. Tennis ball massage - lying on the ground and using tennis balls to pin point spots of tension and sinking into them... feels so good.
3. Bubble bath
4. 8 hours of sleep

Sonomi Tanaka is a graduate from Concordia University's Art Therapy master's program and is a professional certified member with CCPA. She has experience working in art therapy with children and in long-term geriatrics. She is particularly passionate about working with children with clinical interests in play, mindfulness, attachment and trauma theory. She is a resident of Toronto and is currently working towards creating affordable art therapy programs for marginalized families and children.

ASSOCIATIONS AND UPCOMING CONFERENCES

Art Therapy

Association des Art-Thérapeutes du Québec (AATQ)
www.aatq.org

Ontario Art Therapy Association (OATA)
www.oata.ca

The British Columbia Art Therapy Association (BCATA)
Upcoming Events:
BCATA Conference (May 29-30, 2015)
Vancouver, BC
www.bcarttherapy.com

American Art Therapy Association (AATA)
Upcoming Annual Conference “Bridging Cultural Terrains:
Expanding the Lens of Art Therapy”
July 8-12, 2015 in Minneapolis, MN
www.arttherapy.org

Canadian Art Therapy Association (CATA)
Upcoming Annual Conference: “Resilience, Recovery and Art
Therapy”
October 16-18, 2015 in Halifax, NS
www.canadianarttherapy.org

Sandplay Therapy
Canadian Association for Sandplay Therapy (CAST)
The 23rd International Society for Sandplay Therapy (ISST)
2015 Congress “Finding the Stillpoint...at the Crossroads”
August 5-10, 2015 in Ottawa, ON
www.sandplay.ca

Drama Therapy

National Association for Drama Therapy
Upcoming Annual Conference: Oct. 15-18, 2015 in White
Plains, NY
“Magnetic Forces: Working with Attraction and Aversion to
Difference & Social Justice”
www.nadt.org

Playback Theatre

International Playback Theatre Network Conference: July 8-12,
2015 in Montreal, QC
www.playbackcentre.org

Dance Movement Therapy

American Dance Therapy Association
Dance/Movement Therapy Annual Conference: October 22-25,
2015 in San Diego, CA
“Reflecting – Reaching – Moving Forward”
www.adta.org

Music Therapy

Canadian Association for Music Therapy
(CAMT)/Association de musicothérapie du Canada
Upcoming Annual Conference: May 22-24 in Calgary, AB
www.musictherapy.ca

Canadian Association for Child and Play Therapy
www.cacpt.com

The British Columbia Play Therapy Association
www.bcplaytherapyassociation.ca

CALL FOR NOMINATIONS FOR THE CCPA CREATIVE ARTS IN COUNSELLING CHAPTER BOARD

Sub-Committees of the Executive

- Creative Arts Therapy Week Committee
- Chair of Nominations committee
- Professional Resource Committee
- Communications committee (forum, listserv, newsletter, other)
- Conference workshop planning committee
- Research committee
- Education committee