

CATAN NEWS

The Canadian Art Therapy Association Newsletter Volume 16, Issue 3



40 Years of Celebrating the Voice of Canadian Art Therapy

My Vision of Art Therapy: Lucille Proulx / Artwork gallery from coast to coast / PLUS art therapy from BC to the Philippines



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Cover: *Turtle Island*
TAYLER SCHENKEVELD
Calgary, AB

President's Message



Executive President
HALEY TOLL
MA, RCAT, CCC,
RP (Inactive)
Edmonton, AB

Dear CATA members,

I hope to have met many of you and built meaningful connections at CATA and BCATA's conference in beautiful Vancouver this October. This conference marks CATA-ACAT's 40th year anniversary - a great cause for celebration. CATA-ACAT has existed as the Canadian voice of art therapy for 40 years. That is remarkable, and I am deeply grateful for the art therapist pioneers who have initiated, improved and held together our organization for four decades. I am astounded at all of the work that so many people have put into this organization to ensure that it is sustained and maintains relevancy to established and emerging art therapist professionals. Thank you, Mehdi Naimi, for coordinating such a large event in Vancouver, in collaboration with BCATA, Adler University and VATI volunteer teams. CATA

conferences are the largest and often most time consuming projects that are realized every year and many busy professionals dedicate their time to make it happen.

Another anniversary worth celebrating is the CATAJ's 30th year! This marks 30 years of our organization publishing original, peer-reviewed and uniquely Canadian art therapy research that helps support our professional practice and academic studies. An innovative academic and art therapist, Pamela Whittaker, the CATAJ's Chief Editor, now leads the journal. Her focus on rendering the arts more central to research is empowering for our profession and provides new perspectives. CATA is looking to begin more work on engaging art therapy research with exciting new leadership potentials.

I am happy to welcome our new administrative assistant, Samuel Stevenson, to our organization. He is a trained art therapist at KATI and he holds multiple talents that make him a wonderful administrative assistant that helps support our organization's often-complex initiatives. He learns quickly, is a great communicator and constantly focuses on new ways of helping CATA becoming better. Our board is grateful for his help, leadership and coordination skills. I am also very happy to welcome the brilliant Patricia Ki as our new Newsletter Chair. She has helped CATA with many current and past diverse design projects (including this year's conference.) She is a pleasure to work with and we are very lucky to have her support.

The AGM was on October 14th and marks my first year as CATA-ACAT president. In the midst of changing positions and moving to Mongolia, then Newfoundland, I found this role both challenging and empowering. Work/life balance is always a trial and I share this challenge with all of our Board members and committee members who are generous enough to dedicate their time to our association. Our board is full of talented people and I am very grateful to know and work with each one of them to pursue CATA's many projects. My primary goals this year were to learn about and work on creating supportive structures to run effectively. I am lucky to have been approached by committee members and other professionals with new ideas and projects to help innovate our organization. For example, our Advocacy Committee has published beautiful brochures and an official letter to inform others about the art therapy profession and methodology. CATA is volunteer-based and we always appreciate the talent and passion that all of our volunteers put into developing and supporting our profession. The generosity of volunteers has helped CATA-ACAT grow into a substantial organization over the past 40 years.

I hope to have met you at the CATA Conference in October and look forward to following up with you.

With gratitude,
Haley



Beautiful quilted mandala, representing eternity, at the Zanabazar Fine Arts Museum in Ulaanbaatar, Mongolia.

Editor's Note



Newsletter Chair
PATRICIA KI
DTATI, MSW, RSW
Toronto, ON

I would like to extend a wholehearted thank-you to the art therapy community for responding so enthusiastically with artwork and stories to help celebrate CATA's 40th birthday. I hope that it will bring you much joy as you peruse this issue and walk through the virtual gallery of diverse and vibrant voices of art therapy from Canada and beyond.

In this celebratory issue we are honoured to have Lucille Proulx, pioneer art therapist, author and teacher, sharing her inspiring vision for Canadian art therapy. Every vision is materialized by the concrete steps we take and work we do in advancing art therapy practices in our communities. Mehdi Naimi, CATA's past president, offers his thought-provoking reflections on gender and working with trauma in relations to practice and training. In Victoria, BC, art therapist Shahin Jones writes about her work in supporting women's hope and growth through exploring creative symbolisms and cultivating friendships. In Lucille's article, she writes that "I wish to see art therapy understood and respected, not only in Canada but all over the world" (p. 11). We are excited to see that this is strongly evident in the article by Rodrigo Cy, art therapist, registered nurse and educator working in the Philippines. He shares his journey alongside a child living with ADHD and building essential life skills through creative means.

You may also notice that we have a new look! It is designed to be more in line with CATA's online material. It is an honour to serve as the Newsletter Committee Chair. It has only been a few months in this role but I have already found the experience to be greatly enriching, collaborating with practitioners, learning about their inspiring work, and working alongside dedicated volunteers. I would like to thank newsletter committee members Dianne Shannon, Ninat Friedland and Jenna Broderick, for their hard work and thoughtfulness in ensuring the quality of this very rich publication. I believe that the newsletter is a valuable forum for us to share stories and knowledge, celebrate our work and the new paths we forge, and promote the profession with our collective, earnest belief that art heals. I'm grateful for CATA for bringing us together.

Thank you for supporting the CATA Newsletter as contributors and readers. If you have any feedback, or articles and artwork for the winter 2018 issue, please feel free to get in touch!

Best wishes,
Patricia

CATA NEWS CALL FOR SUBMISSIONS

We are currently seeking articles, artwork, and news/event announcements for the **winter 2018 issue**, scheduled to be published in February. Please follow the guidelines below for the different types of submissions.

We welcome articles on topics including, but not limited to:

- Reflections on art therapy practice, a particular theory or approach
- Self-reflection on creative practices
- Description of an art therapy project or program
- Art therapy book reviews
- Showcasing of student projects and writing (we love to feature students' work and have a section dedicated to this!)

Articles and Events/News/Announcements:

- Maximum 1500 words
- Please submit text content in Word format (please avoid sending PDFs or JPEGs)
- If the article includes images, please either insert the images into the body of the text in the Word file, or send the image files separately

Artwork:

- Please include an artist statement in Word format
- Please send images in JPEG or TIFF format
- Please name the image files with the titles of the artwork
- If there is text or captions accompanying each image, please send the captions in a Word document with the corresponding titles of the artwork

For ALL submissions, please include:

- Full name of each author/artist
- Credentials (if preferred)
- Home city/town and province/state for each author/artist
- A picture of each author/artist

Submission Deadline: January 15, 2018

Email: catanewsletterchair@gmail.com

Your contributions are what make this newsletter rich and engaging, we look forward to hearing from you!

Toronto Art Therapy Institute GRADUATES AND STUDENT NEWS



Executive
Director, TATI
HELENE BURT
DA, RCAT, ATR
Toronto, ON

At the Toronto Art Therapy Institute we like to celebrate when our graduates find jobs in the field.

Here is a recent excerpt from our TATI Grads and Students News page on our website: Congratulations to **Christina Lee** DTATI Cand., who was chosen by the media services art Princess Margaret Hospital to showcase the outstanding art therapy services she is providing in her practicum at Princess Margaret. (posted July 2017) Here is a link to the video: <https://www.youtube.com/watch?v=5A0QJ-3vB8Q>

Congratulations to recent graduate, **Raven Wilkins** DTATI, who has been hired as a part-time Art Therapist at St. Leonard's Community Services mental health agency in Brantford, working 18 hours a week. She will be providing individual sessions with clients who are struggling with addictions and mental health related issues, as well as running a two-hour open art therapy group called the Artistic Expressions Group every Thursday at St. Leonard's Community Services here in Brantford. (Posted July 17, 2017)

Thanks for the great promotion of art therapy, Bertha and Rebecca! Last week TATI students, **Bertha Fung** and **Rebecca Young** participated in an educational fair at North York General Hospital. They had a booth about art therapy and Rebecca had the pleasure of presenting to the CEO/President of North York General about their program on the unit. He suggested she writes an article for *Hospital News* about their program. Several other hospital staff from other units asked if they could send their patients to Bertha and Rebecca's unit to attend their Tuesday morning art therapy program and they said... yes! (Posted June 22, 2017)

Congrats to **Amy Smillie** DTATI Cand., who has been hired by Malvern Family Resource Centre's to run an art therapy group for women with disability: The INCLUDED Project is a multi-part project aimed at connecting diverse women with disabilities in North-East Scarborough. The Creative Arts Program part

of the project is being run by DTATI Candidate student Amy Smillie, and is also considered Malvern Family Resource Centre's 12-week "art therapy pilot project" in exploring whether the Centre should be implementing a more expansive arts therapy program for clients of all ages. (Post May 2017)

Congratulations to **Savannah Smith** DTATI Cand., who has just been offered a full-time job as an Art Therapist at the Cornwall Community Hospital starting in September! She will be on the clinical team of the Children's Mental Health Day Treatment Program and will be providing individual and group art therapy sessions, as well as providing the children with emotional and behavioral support within the classroom. (Post May 2017)

Congratulations go out to **Jennifer Page** DTATI, who has been hired by Doane House in Newmarket as their Art Therapy and Support Services Coordinator: The Support Services Coordinator / Art Therapist provides support to members of the community who are seeking assistance in coping with anticipatory grief or grief associated with bereavement, and implements support programs through caregiver support, bereavement support and art therapy. (Post May 2017)

Congratulations to **Emily (Ameara) McLennan** DTATI Cand., who has obtained an exciting position at Camp Ramapo in Rhinebeck, New York. This is a well-known organization for children and youth from 6-16 with cognitive disorder, mental illness and autism spectrum disorder. Emily was chosen to be one of three therapists on staff and will be supervising 10 undergraduate student camp counsellors. (Post May 2017)

Congratulations to **Emma Ates** DTATI, on the launch of her book, *Contemplative Photo Therapy: Group Intervention for Youth with Anxiety Disorders*. This book presents a research study on the construction of a contemplative photo therapy (CPT) model for group intervention to assist youth with anxiety disorders. The purpose is to introduce the CPT framework and demonstrate how CPT model might be a potential adjunct intervention to treatment which will promote creative expression, mindfulness skills, cognitive and affective awareness, self-esteem and well-being. (Posted May 2017) Congratulations also to Emma in obtaining a part-time job at Centre Francophone de Toronto as an Art Therapist! (posted April 20, 2017)

Congratulations to **Marina Saad** DTATI, who has been hired by MHS Assessments, a company which publishes psychological assessments. Marina's role is in marketing and she is in charge of new assessment launches and conferences. It's a full-time position which allows her to travel a lot. She also gets to spend a lot of time with the authors learning about the reliability and validity of each test. It's not quite art therapy, but she feels it fulfills her interest in mental health and enjoys her new job. (posted April 3, 2017)

Anahita Kiani DTATI will be presenting on the benefits of art therapy in palliative care a conference sponsored by the Mackenzie Richmond Hill Hospital, *Embracing Palliative Care: Compassion, Comfort & Choice* on March 30th, 2017 at the Edward Village Hotel Markham. Thank you for promoting Art Therapy, Anahita! (posted March 2017)

Congratulations to **Nichole Markowitz** who has just been hired by the Jerome D. Diamond Centre to run Art Therapy groups for their middle school students. Jerome D. Diamond is a program of the Jewish Family and Child Services of Toronto. (posted March 2017)

Update on **Sara Cameron** DTATI, who writes to say that she is currently working at Sanctuari Transformative Arts Centre in Collingwood. She is the resident Art Therapist and Nia dance instructor. Sara Ann blends Art Therapy and movement practice in her sessions, to offer a holistic practice that welcomes balance and mind-body connection. (posted March 2017)

Congrats to **Nicole Levy** DTATI, who will be leaving her current position at FAME for an exciting new opportunity in a private practice in Durham, New Beginnings Ontario, as a Child, Adolescent and Family Therapist. Best wishes and enjoy the transition! (Posted January 2017)

Congratulations to **Mayson Edell** DTATI, for her new job. Starting January, she will be an Art Therapist for children and adolescents at the Parent Education Resource Centre: <http://www.helpmesara.com/> (Posted January 2017)

Congratulations go out to **Sarah Hughes** DTATI, who has a position at Catarino House in Hamilton, a new agency that offers support services to improve the quality of life for children living with cancer, and or those receiving palliative care and their siblings through complementary and alternative therapies. Her role as the art therapist is to facilitate groups and individual sessions at the center, in clients' homes, and or at MacKids. (Posted September 2016)



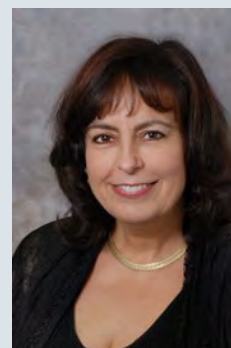
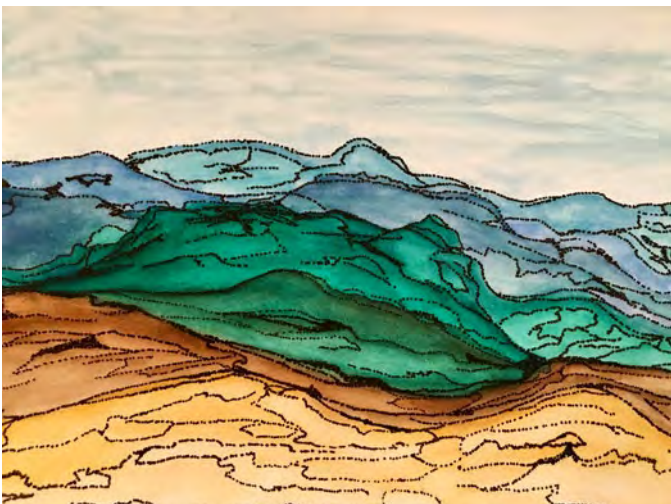
DEBBIE DOUEZ
Student at VATI
Vancouver, BC

These artworks are currently untitled. They were created in the summer of 2017 in anticipation of a beginning both my final project and my art therapy practica.



TZU-HSUAN LIN
Student at Counseling
Psychology: Art Therapy
Program, Adler University
Taiwan

Us: Regardless of religion or skin color, all humans are inherently the same. The only true barrier that prevents us from understanding our limitless world is closed-mindedness.



PATRICIA ROSE WILLIAMS
Victoria, BC

Moonlight: While I enjoy working in a wide variety of mediums, my experiments in fused glass feel like a homecoming. I'm thrilled at the ability of glass to capture the light, beauty and colours of the beloved island in the Salish Sea that I am privileged to call home.



CATA BROCHURES New Tools for Advocacy



Advocacy Chair
**SANDRA HEWITT-
PARSONS**
Corner Brook,
Newfoundland

Art therapy can be an extremely rewarding career path. Yet, coming from a small community, I also know the challenges associated with trying to introduce something innovative to a traditional health care system! As a new practitioner, I needed to spread awareness of our wonderful profession, giving other professionals an understanding of

how art therapy can empower clients who may have difficulty in verbal expression. Not an easy task, by any means, and for myself as well as other art therapists from similar communities across Canada, this challenge could sometimes be a little overwhelming.

This was the main reason that I joined CATA's advocacy committee. Since there is strength in numbers, many art therapists speaking in one unified voice from coast to coast could potentially have a much stronger impact than an isolated art therapist speaking alone.

As current Advocacy Committee Chair, I am very excited to announce the addition of several advocacy tools for our collective advocacy "toolbox". You may have already received emails with earlier versions attached. This article has the latest updates available (please see below). The CATA-ACAT art therapy advocacy letter introduces health care agencies, schools and other organizations to our association as well as our profession. The CATA-ACAT fact sheet is currently available on our website (<http://www.canadianarttherapy.org/about-cata/>), and answers many frequently asked questions about

art therapy. Our lovely brochures further define us as clinicians regarding art therapy benefits for specific populations. These brochures are available for download on the website at <http://www.canadianarttherapy.org/what-is-art-therapy/>

The mission statement of the Canadian Art Therapy Association has always been about "the Canadian voice of art therapy". These efforts have truly been a unified Canadian "voice" from coast to coast, and I'm proud to have been a part of it! Many thanks are extended to CATA president Haley Toll, past president Mehdi Naimi, Waqas Yousafzai, Sharona Bookbinder and the rest of the CATA board, past Advocacy Committee Chair Tzafi Weinberg and the rest of the advocacy committee (past and present), Patricia Ki for design, and marketing chair Katie Hanczaryk for your amazing talent and dedication in helping to put these materials together! And we can't forget to mention everyone who brought our attention to technical glitches like broken links and typos in those earlier versions – we really appreciate your attention to detail!

As art therapists, we are talented clinicians. We know art. We are trained in counselling skills at the master's level (at least), and we know the psychology behind the art. We are ready to offer these skills to our neighbourhoods, communities and provinces. As such, I believe that every art therapist is an advocate at heart. At long last there are tools derived from our collective knowledge base that can assist you in educating and promoting our profession. Whether you played a part in helping create these documents or you can fulfill a critical role of helping to distribute them, you will be making a positive change in the way art therapy is perceived in Canada. So go forth, advocate, educate and share!



**CANADIAN ART THERAPY
ASSOCIATION**
The Voice of Art Therapy

**The Potential of Art Therapy in
Hospital Settings**

**Download the
Brochures**
[canadianarttherapy.org/
what-is-art-therapy/](http://canadianarttherapy.org/what-is-art-therapy/)

CATA JOURNAL CALL FOR PAPERS



Journal Editor
PAMELA WHITAKER
Ireland

There are opportunities for research articles and also practice based or perspective submissions between 1500 to 4000 words. Articles are prepared in accordance with APA style 6th edition, and include photographs in either TIFF, EPS or PSD format.

Submissions are received through Editorial Manager: <http://www.editorialmanager.com/ucac/default.aspx>

For more information please contact Pamela Whitaker, Journal Editor at catajournal@gmail.com or info@groundswell.ie

Creative Agency and Political Responses through Arts Therapy

Submissions can explore the following themes or reflect upon additional interpretations related to socially responsible practice.

- Arts-based social and/or political action.
- Role of the arts in cultural awareness and cultural competence.
- Anti-oppressive practice and disenfranchised populations.
- The arts and reconciliation among settler and Indigenous peoples.
- Interface between art therapy and other disciplines or sensory modalities.
- How the arts can highlight ecological resilience and climate action.
- Mind/body perspectives on arts and health.
- Arts therapists as social change agents.

Deadline: January 8, 2018



Will St Leger, Project Arts Centre, Dublin, Ireland.

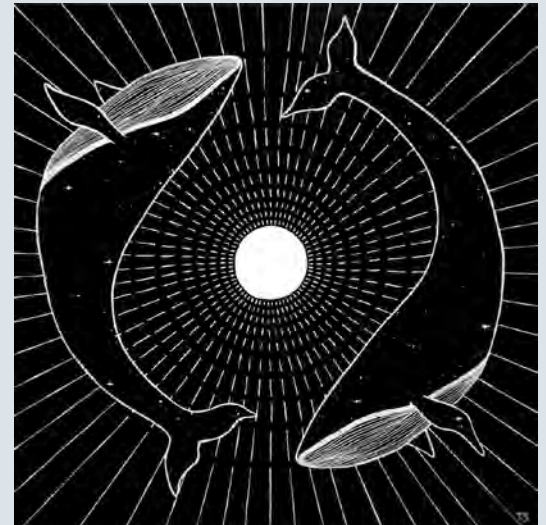
topic. The goal of this issue is to showcase how art therapy can be a catalyst for ingenious writing, and how words can be a form of visual art.

Deadline: May 31, 2018

The Art of Words: Expressive Writing in Art Therapy

Submissions can interpret a broad range of possible headings: reflective writing, journaling, poetry, text based artworks, creative writing, responses to literature, artist books, altered books, songwriting, or spoken word performances. This topic relates to writing undertaken by both art therapists and their clients.

Equally expressive writing within arts therapy research and clinical supervision is applicable under this



Spirit of the Whale



The Seven Sacred Teachings



TAYLER SCHENKEVELD
Calgary, AB

My art is inspired by Indigenous traditional stories and teachings, Mother Nature, and my own journey discovering my Metis cultural identity.

CANADIAN & BRITISH COLUMBIA
ART THERAPY ASSOCIATIONS
2017 CONFERENCE

**CREATIVE AGENCY
+ POLITICAL RESPONSES
THROUGH
ARTZ THERAPY**

OCTOBER 13-15, 2017
VANCOUVER, BC



Message from CONFERENCE CO-CHAIR



Conference Co-Chair
MEHDI NAIMI
Parksville, BC

It has been a delight and a welcome challenge to work with a passionate group of professionals on organizing our annual conference in Vancouver. To work as a team with people whose focus both professionally and personally is creative exploration of life challenges is a rare opportunity for growth. We began last fall with discussions and explorations to reach some clarity and consensus on a theme for a meaningful conference. We then went on to choose speakers and presenters who would be best able to shed light on that theme from their unique angles.

My personal experience of the team and the conference has been that in order to reach a meaningful outcome, we had to each reflect on our own experiences and to find out our authentic voices. What a wonderful opportunity to experience both professionalism and unguarded camaraderie.

In an organic alignment with the theme of the conference, we came to not only voice are authentic desires, opinions, attitudes, and reservations, but also to weave a harmonious fabric of all that to present to our professional community.

Our conference team consisted of Tatiana Jensen, Trish Rapske, Laura Foster, Estelle Barron, Frances Bryant-Scott, and Sabina Silberberg. Our graphic designer Patricia Ki proved to be the tireless ally in designing our posters, program and fashionable swag. Mia Tremblay generously lent her painting to adorn our conference publications and materials. Our volunteers worked tirelessly for weeks before as well as during the conference to ensure the smooth and joyful experience for the participants. And of course our presenters and panelists filled the conference with the sharing of their knowledge, their convictions, and their excitement.

I thank all of them for the creation and the birthing of this conference.

I also thank the directors of the board of the Canadian art Therapy Association and the BC Art Therapy Association for their support throughout.

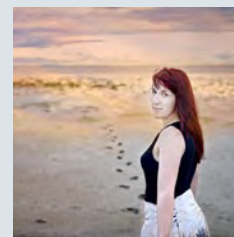
On behalf of the 2017 conference team I hope that the experience of the 2017 conference has been a meaningful and inspiring one for all who took part in it.



Sea Forest



A Long Time Coming



ALYX ESSERS
BFA, DVATI
Burnaby, BC

***Unnatural
Landscapes***
documents Alyx's
newly solidified
artistic identity,

overlapping practices in art therapy and art-making. These images are created with egg shells, walnut shells, beach shells and other textured materials. Alyx collects natural materials from her neighborhood, beaches and parks and finds expressive ways to use them in her works, combining natural material and synthetic materials, such as acrylic paint and mediums. She utilizes the same materials and processes in her art therapy practice with children. She enjoys working with textures and our sensations and perceptions.



She's Dying

This piece I made in between endless days spent at the hospital taking care of my dying grandmother. I would come home briefly after sometimes 20+ hour shifts and work on this piece, pouring my grief into the paper. This image is embodied and still represents the depth of pain I was feeling at that time. Making the art as well as looking at it afterwards helped stabilize my emotions so I was able to care for my grandmother when she needed me most. It also reminded me of the beauty within death when the time comes for the soul to move on.



Divine Mother

I created this art work with healing in mind for all the children who suffer in the world. For all of us who have an inner child that has suffered, this piece is for you. As I created this piece, not only did I image healing for my self and my own past wounds, I imagined blessings for all children around the world and gratitude to divine mother archetype.



Untitled

The piece is one of my favorites. For myself, this image represents protection and fearlessness through the healing journey. An Angel holds the soul and pushes through the waves. She is made of gold and everything is reflected from her. The soul appears to be spinning but is safe close to her chest.



CHARMAINE HUSUM

Art Therapist,
Kundalini Yoga Teacher
Calgary, AB



The Offering

Inspired by a spirit animal meditation I did recently where I envisioned an owl bringing me rodents to eat. I've experienced a tremendous amount of grief and loss in the past eight months and just now feel as though I'm beginning to find my way out of it.



JULIE VACCA
Prince Albert, SK

My Vision of Art Therapy



**LUCILLE
PROULX**
MA, ATR, RCAT,
HLM
Victoria, BC

In order to begin this article, I had to ask myself where has art therapy come from? I decided to look at art therapy from an attachment point of view. The following excerpt is from my newly published book, *Attachment Informed Art Therapy: Strengthening Emotional Ties throughout the Lifetime* (2017), now available in bookstores.

Art Therapy started with a Fine Arts Mother.

ART EDUCATION teaches art making as a skill, while encouraging spontaneous self-expression through the use of art-making fundamentals — line, shape, form, colour and composition.

ART HISTORY describes art through the ages — from cave paintings, classical, impressionism, cubism, dada, realism and surrealism, to name a few — on through to post-modernism. The Surrealists took Freudian theory and created art which they called 'Art of the Unconscious'.

PRIMITIVE ART: From the ancient methods of our First Nations art, shamanic art and mandala art of the Tibetan monks, we discover that art as healing has been with us for centuries.

However, it would seem that from the secure base of its fine arts mother, art therapy moved to the psychological practices of its loving grandfathers, Freud and Jung, since it found itself in psychiatric establishments and the practice and language of psychology and psychiatry were used to explain what was happening to the client in the art work. Moreover, in recent years, with modern research, we now discover the long-lost father of art therapy, neuroscience.

However, before the introduction of neuropsychology, many art educators, such as Wolfgang Grozinger (1955), started making connections between art and brain functioning. He demonstrated how the use of both hands to draw may stimulate both sides of the brain (see image 1).

Grozinger then refers to and describes the work of Max Verworm (1907), and his attempts to explain the workings of art on the brain (see image 2). He shows how the eyes and the hands connect to the various sections of the brain. It is

exciting to see that he came to this conclusion without any modern neuroscientific equipment.

In this century, neuroscientists can interpret the findings of making art on various parts of the brain. We are even told that art can be more effective than verbal therapy. Researchers have proved that art making helps to create new connections in the brain, right into old age (Cohen, 2006).

Although these foundations of art therapy spoken in terms of a creative mother, father and grandfather may seem simplistic, they have deep psychological bearing on our roots and on our own image as art therapists. They have allowed

us to move away from our secure art knowledge base in order to integrate knowledge in the fields of psychiatry, psychology and neuroscience in the treatment of clients. This offers an amazing theory of art therapy: **art therapy has a positive effect on the brain which effects the client's power to heal** (Proulx, 2017). This synthesis gives us an idea of where art therapy has come from, and where we hope it will continue to grow.

As artists we know the healing power of making art, and many of us have experienced it. Therefore, in order to protect this knowledge from being misused and possibly causing harm, art therapy has had to create a structure in which to function. In all fields of medicine and psychology struggle and perseverance had to occur to evolve to where those fields are today. In art therapy, our dedicated therapists have also been working at its continuing progression.

As in the fields of medicine and psychology, art therapy has its professional organizations; and art therapists have been working on forming legislations as well as creating or becoming associated with 'colleges' that will protect our profession from fraud, and protect our clients and patients. In Ontario, there has been success after many years of struggle, but that struggle is not yet over. Many provinces, including B.C. and Quebec, are still fighting the fight. I wish



Image 1

Continues through to p. 12 >>>

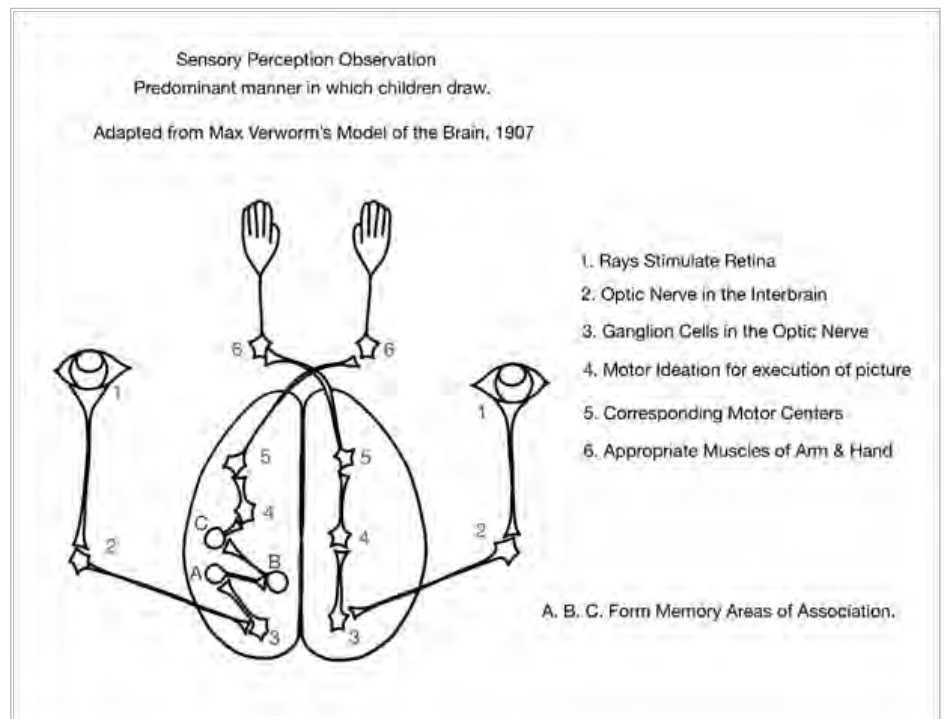


Image 2

to thank the many art therapists across Canada who have devoted their time to this political activity. It is up to us, the art therapists, to keep promoting our profession. And the best way to do this is to become involved in our professional associations, to present at conferences nationally and internationally, and to let the world know that we exist.

A colleague of mine, a psychologist that I worked with in Ottawa, told me that for years the psychology department of one of Ottawa's hospitals was located in a trailer in the parking lot, as the field of psychology was not yet accepted as medical treatment. I think art therapy needs that trailer in the parking lot of our hospitals.

My vision of art therapy is to see medical doctors prescribing art therapy as they prescribe drugs. I see art therapy as a department in all hospitals, and drop-in clinics as proposed centres of treatment. I wish for specialists in the neurological field to become champions of art therapy as a respected intervention to help heal the brain.

I wish to see art therapy understood and respected, not only in Canada but all over the world. Art Therapy has been accepted in the East, because the ART removes the stigma that THERAPY is for crazy people. If you are involved in doing art on a weekly basis, this can be more acceptable than seeing a therapist in many cultures.

Having been the president of AATQ and the vice president of CATA, and a member of OATA, BCATA and of AATA, at various times in my practice, I understand the difficult task these associations have to bring their members together to become involved to support the association as well as to place some pressure on the medical field and on our health and social service ministries to recognize us. For this to occur, I would like to see a greater amount of cooperation between the therapies of all the arts: expressive arts, creative arts, music, dance and movement therapies as well as visual arts. We are all arts therapists, and it has been my wish for a long time to see our Canadian Art Therapy Association change its name to the Canadian Arts Therapy Association, to bring arts therapies together with a louder and stronger voice. All this splitting up of arts therapy associations is detrimental to our growth and progress. Is art therapy suffering from borderline personality disorder? Do we need to heal ourselves?

In Thailand and Japan I found grassroots art therapy, and it was there that I was able to start the campus schools of the Canadian International Institute of Art Therapy (CiiAT). We have been working hard at establishing art therapy associations. Thailand's vision has been to create an art therapy foundation, so that money can be collected to create scholarships to allow more students to enroll. My Thai colleague's husband, a psychiatrist in Thailand who has great respect

for art therapy, shared with me his dream that all psychological professionals would achieve a deeper understanding of art therapy so that it could become established in all Thai hospitals. One of CiiAT's graduate students from the International Program of Art Therapy in Thailand (IPATT) wrote her hopes for the future of art therapy in her country:

Since Lucille came to Thailand more than ten years ago with her dream, she has inspired the people who appreciate the benefits of arts as therapy in Thailand. We have been working hard to involve and invite various groups of people to this creative healing method in mental health care. Today, there are professionally trained art therapists who have been recognized and accepted as a part of multidisciplinary teams in mental health, but mostly in private hospitals, schools and non-profit organizations. I feel that in the near future, after we have formed the first Thailand Association of Art therapy, clinical art therapy will be stronger as a profession and will be accepted as part of public health services. Then Art therapy will be able to help everybody who needs it.

(S. Nawamarat, personal communication, February 2017).

My vision of art therapy is to see medical doctors prescribing art therapy as they prescribe drugs. I see art therapy as a department in all hospitals, and drop-in clinics as proposed centres of treatment.

I wish to see art therapy understood and respected, not only in Canada but all over the world.

While in Japan at the CiiAT program, the Director of the Japan International Program of Art Therapy in Tokyo (JIPATT) states that:

Caring for others by reading emotions or feeling empathy without language is regarded as a virtue in Japan, since the Japanese may not be good at expressing their feelings. That is why a visual model such as art therapy can be helpful to express their mind.

Art Therapy was not recognized as treatment, therefore, we had to set up opportunities to offer art as therapy in services such as earthquake disaster relief, child victim support and elderly

activities. Additionally, we implemented "Art Work Café" as a place for everyone to enjoy art. This might be a rather easier way to spread the word about art therapy in Japan.

(K. Shibasaki, personal communication, July 2016)

Since 2013, when the academic training program in art therapy was established in Japan, art therapy recognition in general has expanded. Students from JIPATT have started to provide art therapy services at employment support facilities and at maternal and child living support facility as their practicum sites. Opportunities are also expanding to the medical field, such as hospice and psychiatric hospitals. In this way we are hoping to make it a clinically acceptable treatment modality within a few years.

Art therapy education has now grown to a PhD level, which is remarkable progress. When I started my training 35 years ago, a master's degree in art therapy was the highest qualification possible in the field in Canada. I think as more and more art therapists achieve their doctoral designation, the more art therapy will be looked upon as a serious healing method. So my ultimate dream is to see art therapy continue to grow and expand to become a valuable contributor to the mental health of everyone, nationally and internationally.

My vision for art therapy is great and I hope it will blossom as did my first book. Although I did not have a vision for my first book, *Strengthening Emotional Ties through Parent-Child-Dyad Art Therapy*, it has grown in proportions beyond my expectations. The book has now been translated into Hebrew and Arabic which was not expected in my wildest dreams. In *Attachment Informed Art Therapy: Strengthening Emotional Ties throughout the Lifetime*, I have included research and case vignettes from many cultures, so that the readers will see how effective art therapy is when working all over the world. Researching attachment theory and art therapy throughout the life time has been my greatest literary achievement. The thought of it began many years ago when I was teaching at the Kutenai Art Therapy Institute in 2008. While there I was thinking of writing an article for the CATA Journal called 'The 3 "A" of Art Therapy', but I never got around to it. You will find this chapter now included in the book. It took me eight years of pondering the question before the book took form in my mind. Then the writing was easy. Here is a back cover comment by one of my supporters, Judith Rubin:

In her second addition to the literature of art therapy, Lucille Proulx has extended and elaborated dyad art therapy, an approach she described in an earlier book, Strengthening Emotional Ties through Parent-Child-Dyad Art Therapy, and demonstrated on a previous DVD. This new volume focuses on art therapy throughout the lifetime within the attachment framework, an approach she has been developing over the course of several decades. The text incorporates research and work by professionals

from a wide variety of disciplines. This extensive context allows the reader to appreciate Proulx's thoughtfully-conceptualized art therapy activities, each of them based upon attachment theory — itself a lively area in contemporary psychology. Since effective art therapy with clients of any age ultimately requires a secure attachment between therapist and patient, this approach has much to offer all who use art in their work. I recommend this book to any reader who wants to do art therapy in a manner informed by an up-to-date understanding of attachment theory. It is a unique and thought-provoking contribution to the art therapy literature.

(Judith A. Rubin, PhD, ATR-BC, HLM, President, Expressive Media)

Thank you to the CATA Newsletter for giving me the opportunity to express my dreams for the future of art therapy to the Universe.

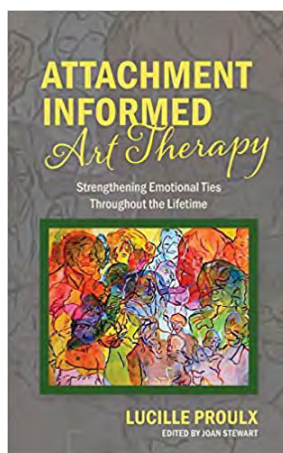
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Lucille Proulx MA, RCAT, ATR is a registered art therapist, she holds a masters degree in art therapy from Concordia University in Montreal, Qc. Canada. She has several years of experience working with children and parents at the Montreal Children's Hospital, in the community and abroad. She is and Honorary Life Member of CATA and AATQ. She is the founding director of the CiiAT, the Canadian International Institute of Art Therapy and has established programs in Thailand IPATT and in Japan IPATT. She is also an exhibiting artist.



KHEMANUT SRIPROMPHUT
Thailand

A psychiatric nurse with art therapy training, Khemanut uses art with children and in the treatment of addictions. She shares the work of a 6 year-old boy (with permission) dealing with behavioural challenges. His artwork, from top to bottom, reflects his progress in expressing and transforming his feelings.



MEN, AND ARE THEY NECESSARY?



MEHDI NAIMI
MA, RCC, RCAT, BFA
art/ist/teacher/
therapist
Parksville, BC

At an art therapy conference several years ago I attended a paper presentation given by two female PhD students who reported on their project in a shelter for women who have experienced abuse. They ran groups and also worked one on one with the women in the shelter. I asked if they saw any benefit in male art therapists being involved in such a project? The presenters looked confused, which made me think this was an alien notion never considered. And a quick and charged comment from a female therapist in the audience aborted the discussion: "No. That wouldn't help". There was no other discussion or comments and the presenters went on with

the Q&A. After the workshop I was approached by the female therapist who told me she had never considered that possibility and that she herself was shocked by her reaction.

Over the years I have come across people who work primarily with traumatised populations (women and children) who have been hurt primarily by men they knew. In these encounters, I have found myself to be initially considered suspect. I understand that the suspicion is solely based on my visible gender. I have come to expect that my cis-gender male presentation puts me in a box labeled 'Dangerous'. This happens often even in professional encounters, team meetings, site visits, etc.

I am well aware of the deep wound inflicted on vulnerable populations of this planet mostly by powerful man. I am also conscious of the debilitating effects of trauma on vulnerable people. As a caring and nurturing man (and as a skilled trauma therapist) I am here to serve and to help. But I am often faced with suspicion and fear.

I have always believed that a therapist or counselor does not need to be fully healed of their own wounds in order to provide perfect care. But they are required to not be afraid to accompany their clients to places they need to explore. The practitioner is a secure base who provides a safe enough relationship to the client. This enables the client to discover their own creativity in the midst of a chaotic life. If the practitioner is too afraid and self-limiting in their psychological adventures, the client will not feel safe enough to risk going to new terrains.

In my 20 years of practice the majority of my clients have been women. At first I understood that trend simply in terms of women's openness to emotional exploration and expression and their seeking solutions through social connection. As time passed, occasionally a client would state that the reason for choosing me was precisely because of my gender. The fact that their trauma was inflicted by a man created the necessity of resolving and integrating the negative experience with someone who both symbolically

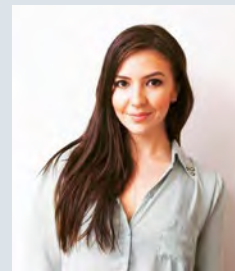
stood in for the monster who hurt them and at the same time offered the possibility of having a different and safe experience.

The fact that their trauma was inflicted by a man created the necessity of resolving and integrating the negative experience with someone who both symbolically stood in for the monster who hurt them and at the same time offered the possibility of having a different and safe experience.

I came to see this attitude as the sign of an empowered client; one who feels safe enough to take risks. It is a risk to enter into an emotionally intimate relationship with someone from the same category (i.e. male) as the one who caused the hurt in the first place. The feeling of safety and security in these women overcame the fear and shame they carried. I believe these women felt safe enough to choose to work with me because they had had people in their lives who had helped them find their inner grounded safety; people who were not themselves afraid.

I strongly believe that as therapists we need to individually reflect on our attitude and our fears

towards others and the impact these fears might have in our therapeutic relationships. This self-reflection must begin in our training programs. We cannot be satisfied with academic performance and project completions. There needs to be a firm commitment to meaningful personal growth by the would-be therapist. Without that, we are continuing to ignore a deep rift in our midst. To heal the overwhelming trauma that surrounds our planet we need to band together. We cannot do this alone.



CONEITIA MCKIM
Student at
Counseling
Psychology: Art
Therapy Program,
Adler University
Vancouver, BC

We Are One:

We are all human.

We are one.

Show your love and become united.



JELICA SHAW

Vancouver, BC

Presented here are artwork made by the amazing youth I work with at Pathways Aboriginal Center in Richmond, BC (with permission). I have been working as a registered art therapist since 2008, supporting the Aboriginal community in the city of Richmond in a variety of contexts from community engagement to personal exploration.

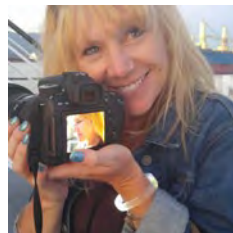
Counter clockwise, top to bottom:

A community approach to reconciliation

Exploring body image

Goal setting through art

Childhood protector



JOSETTE MARIE STEEL

BA, DVATI,
MA (CAND.)
South Surrey/
Langley, BC

Top: **Stacey's Apple**. This image is of a homeless man I knew. He was standing in a shelter, hungry and tired, yet smiled and was happy to pose for the picture (although he worried his hands looked too old and weathered). His hands holding the apple speak to his hunger and, although feeling very lost in the world, his wisdom, knowledge and compassion; a gentle reminder it could be any one of us.

Bottom: **Carnival Salon**. Taken February 2016 in Venice during Carnival, this is a live action shot through a window into a cafe in St Marco's Square and captures the joy and timeless mystery that Carnival holds. I love that the image initially appears to be a painting and then upon further reflection, the evidence of it being a photo comes into light.



GARDEN OF HOPE PROJECT

This art-group project strengthens the bond between new clients in the program and the existing clients that have been in the program for over two years. The program offers variety of therapeutic activities throughout the year to empower such clients to start working on their



SHAHIN JONES
RCC, Art Therapist
Victoria, BC

wounded self-image. All of the clients who enter this local transition program come with similar traumatic experiences and share common future goals they would like to achieve after completing their stay in the program.

Screening for this project included selecting participants who had some group experience work, enjoyed doing creative art work and had done some person growth work. The group was set up to run for ten weeks on a weekly basis in the evenings. The project's goal was to create a symbolic garden that represented each participant's optimal growth within the program.

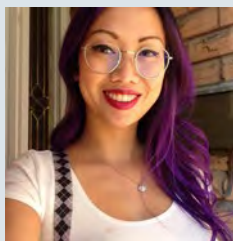
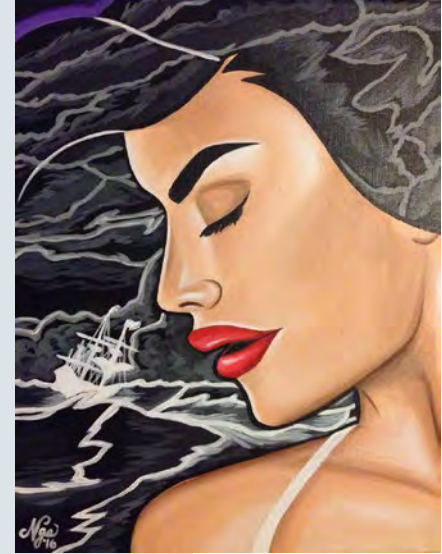
Art Workshop Process

Materials used in this workshop included canvas of assorted sizes, acrylic paint, bushes and journal books. At the beginning, all of the clients received one blank canvas and a journal book to take home with them. Afterwards, the clients were directed to take time during the week to think about what type of flower symbol they would like to create that could metaphorically represent their optimal growth in the program. Participants were also encouraged to keep a diary where they would record weekly transformations of this metaphoric garden from their perspective. In addition, weekly psycho-education offered the participants understanding of their symbols, metaphors and its relation to their personal growth. Small group discussions planned in each session empowered the women to connect with each other productively.

Some symbolic flowers that were chosen by the participants for this project included iris, tulips, daisies, orchid and sunflower. Similar flower symbols appeared in few of the clients' artwork. At the end of the project, the clients brought together all of their art pieces to form a metaphoric garden box, with the support of wooden frames. The finished art piece was hung up in the program's hallway to capture the essence of the clients' personal growth and their new friendships as they continued to work on their future goals.

As an art therapist, I appreciated the weekly observations of each client's growth in self-confidence as they shared their creativity and stories with each other. In summary, the workshop stimulated the use of social and communication skills and nurtured positive relationships in return.

The finished art piece was hung up in the program's hallway to capture the essence of the clients' personal growth and their new friendships as they continued to work on their future goals.



NGA DINH
BA, BFA, DTATI Cand.
Toronto, ON

My themes are mainly focused on duality. Good vs. evil, light vs. dark, happiness vs. sadness, life vs. death. Through juxtapositions, my art focuses on the female identity and the constant battle between strength and fragility. Like a flower, when nurtured and cared for she grows strong and beautiful; neglected and ignored she falls short of her expectations and fades away. My current themes deal with the notions of death, renewal, beauty, self reflection and the hope for a better tomorrow.

From left to right:
Pink Fiji
Sparrow
Withstanding the Storm



ANAHITA KIANI
Art Therapist, RP
Richmond Hill, ON

Above: ***Beyond the Silence***
Left: ***The View***

ART THERAPY & ADHD

A Researcher's Journey in Using Art Therapy with a Child



RODRIGO C. SY
MSN, MA, SPED
Manila, Philippines

Introduction

Each day in every country, millions of children go to school, all with different strengths and weaknesses, abilities and disabilities. Many of these children have been identified as having disabilities or special needs.

To address these children with special needs, schools rely on people who have been trained to help them: Special education teachers. Special education teachers play a critical role with exceptional students in their proper education, in their daily lives, and in their long-term learning achievements. This is a role that can change the course of a child's life, placing the child on a road to positive self-worth, a sense of accomplishment, and assimilation into society.

As a special educator, I have worked with many different types of children, and I, along with other professionals in the sector, have evolved a developmental model for working with children. This approach focuses on helping each child climb the developmental ladder. Specifically, the approach helps children master the fundamental developmental skills that underlie intelligence and interactions with the world. Greenspan (1998) proposed that there are six basic developmental skills to be developed. These skills or milestones lay a foundation for all learning and development. Children without special needs often master these skills more easily. But children with learning challenges often do not, not necessarily because they cannot, but because their biological challenges make mastery more difficult.

In his book, *The Child with Special Needs*, Greenspan fully explores and explains these developmental skills. These are: (1) the dual ability to take an interest in the sights, sounds and sensations of the world and to calm oneself down, (2) the ability to engage in relationships with other people, (3) the ability to engage in two-way communication, (4) the ability to create complex gestures, to string together a series of actions into an elaborate and deliberate problem-solving sequence, (5) the ability to create ideas, and (6) the ability to build bridges between ideas to make them reality-based and logical.

Pierangelo (2004) has similar ideas about developmental skills for children with special needs that he grouped into two parts. In his

book, *The Special Educator's Survival Guide*, Pierangelo stated that special education goals and objectives have two separate parts. The first deals with general social, physical, academic, and management goals (SPAM goals) that relate to the environment and specific conditions under which the child will be learning or learns best. The second part deals with specific academic goals and objectives. The basis for these goals is the evaluation of strengths and weaknesses. This section may include specific content-area goals, such as in science, social studies, math, and English if the child is in a special education setting for these subjects.

It is not just a matter of being inattentive and overactive. It is not just a temporary state that will be outgrown. It is not caused by parental failure, and it is not a sign of inherent "badness" in the child.

Similarly, Wilmschurst (2010) summarized developmental competencies into three main areas including (1) cognitive (academic/ school/ career), (2) physical (athletic/artistic), and (3) social (peer groups). She further added that by mastering and excelling in these three competencies, children increase their self-concept or self-esteem. With respect to the above, one can surmise that in order to support children with special needs to reach their maximum potentials, a special education teacher should primarily focus on academic, cognitive, communication, social, emotional, behavioral, and motor-related areas of development. Students with developmental delays are eligible for special education services such as full evaluation and an Individualized Education Program (IEP). An IEP is a specially designed instruction for related services including speech, occupational therapy, physical therapy, and art therapy.

Exploring the Seven Developmental Skills through Art Therapy

Artwork, in general, can be abstract and complex. Exceptional children can relate to this idea due to the various abstract and sometimes complicated disabilities they experience. Creation of artwork often involves focused attention and individual creativity. Could art be

used as a therapeutic means along with other forms therapy, such as medications, cognitive, and behavioral treatments? Art therapy's purpose, regardless of the circumstance, is to encourage children and adolescents to express their feelings, participate in new tasks, such as those involving focused attention, and to learn creativity (Henley, 1998; Hume & Hiti, 1988; Sundaram, 1995; Zamierowski, 1980). Art therapy involves different tasks that allow children to be in the 'artist's seat,' and use their creativity to form different kinds of artwork. This would include being able to perform simple tasks such as learning where to find various art materials, choosing the correct materials needed for specific projects, or knowing how to clean up (Kornreich & Schimmel, 1991). Children who participate in art therapy create drawings, collages, paintings, and even sculptures to express their feelings. Remarkably, a child's drawing, for example, becomes more detailed and livelier as the child progresses through the art therapy program.

Art Therapy and ADHD

Barker (2013) defines ADHD or Attention Deficit/Hyperactivity Disorder as a developmental disorder of self-control. It consists of problems with attention span, impulse control, and activity level. The disorder is also reflected in the capacity of the child to control their own behavior relative to the passage of time, that is, to keep future goals and consequences in mind. It is not just a matter of being inattentive and overactive. It is not just a temporary state that will be outgrown or a trying but normal phase of childhood. It is not caused by parental failure, and it is not a sign of inherent "badness" in the child. ADHD is real and it can be heartbreaking and nerve-racking when not treated properly.

In the Philippines, Cruz (2012) wrote that 60% of adults and 80% of adolescents show symptoms of ADHD. Among the children, 40 to 50% have learning disabilities. People with ADHD struggle, sometimes mightily, to sustain their attention on activities that are longer than usual, especially those that are repetitious or tedious. School assignments, household chores, and long lectures may be experienced as troublesome.

As children grow up, people around them often expect them to be able to do necessary tasks with little or no assistance. Those with ADHD will lag behind others in this ability, perhaps by as much as 30% or more (Barker, 2013). This will require that others step in to help guide, supervise, and structure their work and behavior, especially because conflicts arise frequently between children with ADHD and their parents and teachers.

Continues through to p. 20 >>>

Nelson (in Wallace, 2014) reported that art therapy (1) relaxes and improves a child's mood; (2) increases serotonin levels in the brain (lack of which leads to depression); and (3) reduces hormones related to stress. Children with ADHD are advised to participate in art therapy regularly to communicate their emotions through art without having to use words (O'Shea in Wallace, 2014). The length of time for art therapy varies from child to child. Within an IEP, weekly 30-minute sessions are recommended so a child has time to complete an artwork and talk about it during or after the activity. In the beginning of therapy, nature walks can provide an opportunity for children with ADHD to talk about shapes, smells, and textures of found objects that can be glued on a cardboard and painted over if desired (Wallace, 2014).

My research was designed to (1) determine the significance of art therapy on a child with ADHD, (2) use art therapy in exploring the seven developmental skills in a child with ADHD, (3) assess the factors helping or obstructing the child's performance in developing fundamental competences to their fullest potential, (4) document the researcher's journey in using art therapy with a child with ADHD.

Art Therapy Session Structure

1. The workplace or "studio" provided three central aspects: safety, predictability and a focus on art making in the service of relationship building.
2. A non-directive art session usually 5-10 minutes before the start of the session for the client to focus and signal to him that a directive art session is about to follow.
3. 30-minute weekly sessions.
4. 2-3 choices from a number of interesting activities or art media.
5. The use of a working table and the space of the room including the floor.
6. Enough time for the client to get deeply involved in the activities.
7. Divide longer activities into steps over a few sessions.
8. Rewarding the child with playtime within the session or during few remaining minutes of the session.
9. Interactions between the child and the therapist to work together to understand the art process and product of the session.
10. Involve parents on certain activities.
11. Invite a sibling into an activity to improve social skills. If outcome is positive, slowly invite children of the same age level to join in an activity.
12. Reinforce every session by letting the child know that he/she has done a great job.

Art Therapy Sessions

"Ramon" is a 6-year old in his primary grade who consistently begins the school year with excellent grades and acceptable classroom behavior but gradually declines over the end of the school year to C's and D's and disruptive classroom behavior. Several times he has come close to having to repeat a grade, but his teachers have always given him the benefit of the doubt because of his above-average intellect, eloquent speech, and academic achievement.

Art therapy's purpose is to encourage children to express their feelings, participate in new tasks, such as those involving focused attention.

At school, Ramon is restless and hyperactive, concentrates poorly on work, and talks excessively. Consequently, he is sent to the office once every few weeks. He complains to his parents and teachers that schoolwork is boring.

Ramon's parents noticed that his activity level and attention span were different from those of other children when he was 4 to 5 years old.

At age 6, Ramon began to argue with his parents over being told to clean up his LEGO toys, take a bath, and go to church. As he grew older, Ramon began teasing other children. They gradually stopped coming over to play or being invited to play. Despite frequent reminders immediately before he began to play with someone not to tease and to control his temper, it would not be long before conflicts would ensue between Ramon and other children. At one point Ramon's parents placed him in a Cub Scout's camp for help with his social skills, but none of the improvements seen at a camp carried over into his life at home or school.

Unlike the other children diagnosed with ADHD, Ramon's ADHD affects his schoolwork episodically rather than more continuously. Ramon's unusual pattern may stem from his intelligence, which enables him to pick up new information at the beginning of the school year with little effort but does not suffice once the workload increases and long-term projects are assigned.

Ramon's parents had gone for professional help when Ramon was given the diagnosis of ADHD. The treatments typically offered included counselling his parents about behavioral modification methods to use at home, making educational adjustments in his regular classes, drawing on special education services, and even trying medication treatment (Ritalin). Ramon's parents might also have been told to watch his diet more carefully to remove any substance that contained unusually high levels of additives,

artificial flavorings or colorings, preservatives, or sugar.

My first session with Ramon was not love at first sight. I could feel the tension between us. His mother gave me a written letter from his teacher. It was one of his many misdemeanors done in class. During my discussion with his mother, Ramon would purposely turn on the TV on high volume to distract us, or interrupt our conversation by introducing unrelated topics.

I was given a spare room to do therapy with Ramon. To alleviate his first-day anxiety, I asked him to sit behind the unlocked door while I, the therapist would sit far from the exit door. A square table separated me from the young lad. Occasionally, his mother would peep into the room, silently miming "How is he?" I would respond positively by nodding at her or giving a thumbs-up sign.

During this tense session, Ramon would excuse himself to go to the bathroom on several occasions. He would enter the room silently, and hide himself from me behind the furniture. I would gamely pretend to look for him. Playing hide and seek broke the ice and made him more comfortable with me.

In the following sessions, there were attempts to distract me by bargaining me to play with him instead of doing art. I made a compromise that if he behaved and followed my instructions, I would give him 15 minutes of the remaining time to do what he wanted.

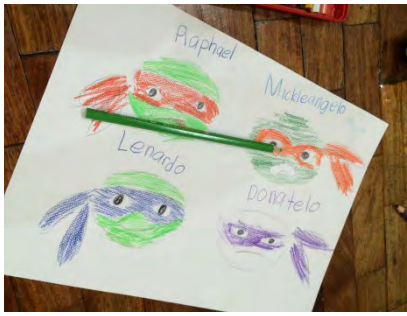
He stayed in his seat, quiet and cooperating well. He didn't say anything much about his artwork though. I tried to give him choices on what to do. And true to my word, I let him play with his toys on the remaining minutes of his sessions.



Giving choices on what to do made him more attentive and focus on what he should accomplish. He requested some paint for his next session.

After several sessions with Ramon, I witnessed how easily frustrated he became by finishing a task. The frequent visits to the bathroom lessened, and I saw some problems underlying his attention and focus problem. In response, I offered non-directive art activities. These warm up activities allowed and signaled him to focus and anticipate an upcoming directive activity.

Building a clock out of paper plate offered a unique approach for his focus problem.



Like any kid his age, he loves drawing his favorite super hero. This is a non-directive art activity to have him ready for our art therapy session.



Paper plate clock

The rationale was that he had to maintain his attention on his work until he finished assembling the 12 hours of the clock. We could also measure his concentration by counting the number of hours he completed.

His brother was 2 years older than him and the two siblings did not talk nor play with each other often. And since this is an issue with family dynamics, I sought the time and attention of their parents and asked for their cooperation. My idea was to modify Ramon's behavior at home before mainstreaming him to other kids. So occasionally, I included his brother in his sessions.

There was resistance on the part of his brother to join because his idea of what I was doing with Ramon had something to do with Ramon's misconduct in school. So I involved the brother to the session only if there was a 'valid reason' for him to join, like a surprise event for mommy on Mother's Day, etc.

It took me quite a while before including the brother into the mix, while watching how Ramon reacted to sharing, losing in a game, and compromising with his age-level mate. Ramon's mother supported me all the way. She posted Ramon a reminder in case he feels "impatient" and reinforced every accomplished task with rewards and praise.

For almost two years I visited the siblings on a weekly basis. Ramon talked more about children of his age now. He told me once that his neighbor was celebrating his birthday and how he would like to make a birthday card for him. I guided



Birthday card done by Ramon for his neighbour.

him on his spelling. I advised his mother to let her two children attend their neighbor's birthday party and see how it would go. On my later visits with Ramon, there was a popular request by the siblings to have the neighbour and his brothers join their art sessions.

Looking back at the works of Ramon and his behavior, I can say that there was a remarkable improvement. Now, he can make complex art activities without frequent bathroom visits. There was no more compromising to play with his new toy while we are on session. His disposition about himself changed as well.

Discussion

Ramon has been diagnosed with ADHD. He is curious, creative, an eloquent speaker, and intelligent. He is also impulsive and easily distracted. I have worked with Ramon at the special education center since art therapy was added to his IEP, more than a year ago.

Ramon knows how art therapy helps him. "Best day ever!" he said. "And it helps my body get calm," he added. Children with ADHD and learning differences often have intense emotions, challenges with social skills, and low self-esteem. Children naturally communicate through art and play, and art therapy gives them a useful, nonverbal approach to face these challenges.

Art therapists work with students in mainstream and special education classes. An art teacher educates students about techniques. An art therapist encourages art-making to reduce problems related to learning and emotional adjustment. Art therapy enables a child to explore personal problems through physical activity and sensory integration. Different parts of the brain are engaged during creative expression. Sweeping a brush across a canvas requires motor skills. Drawing a picture of a memory requires analytic and sequential operations, logic, and abstraction. Working through the sequence of steps needed to complete an art task requires attention skills and working memory. Making art generates a relaxation response and improves a child's mood. Creative activity increases brain levels of serotonin, the lack of which can lead to depression. Manipulating clay for five minutes can reduce stress hormones more than squeezing a stress ball.

Ramon's mother proudly shows pictures of her son's artwork, which she saves on her



Making complex artwork.

"When Ramon is creating art, his focus is sharp," says his mother.

"I see a difference in his self-esteem, his calmer approach to life, and his ability to look at things from different perspectives."

computer. She notices that "the only time he is quiet and calm at home is when he is doing art." "I know that if it's quiet, and I don't see Ramon, he is building or drawing," she said. "Just to color something simple chills him out. I always keep paper and a pen with me, so that he can use them, especially in a restaurant or the mall."

Ramon's parents support his creativity by allowing him to build and create when he wants to. He has made Plasticine castles and built models out of Lego blocks. They encourage him to talk about what he creates. The key for parents is not to set high expectations for the art product or to direct their child how to make the artwork. Some children enjoy the sensory experience of using art materials, and their artwork may be scribbles or amorphous lumps of clay. Other children with learning differences produce visually sophisticated pieces.

Now in third grade, Ramon is interested in sculpture, and dreams of being an architect. "When Ramon is creating art, his focus is sharp," says his mother. "I see a difference in his self-

esteem, his calmer approach to life, and his ability to look at things from different perspectives. Inviting other kids over to make art together is an opportunity for Ramon to socialize with friends.”

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Rodrigo Cy MSN, MA, SPED is a certified art therapist, registered nurse and a licensed professional teacher who holds master's degrees in nursing and special education, and post-graduate certificate in art therapy. He is a faculty member of St. Paul University Manila. His passion in studying different fields of interest found its way in teaching senior high school and college students.

ATTACHMENT INFORMED CERTIFICATION

FACILITATORS:

MICHELLE WINKEL MA, MFT, ATR, REAT, Clinical Director, CIIAT
LUCILLE PROULX MA, ATR, RCAT, Founding Director, CIIAT



The Canadian International Institute for Art Therapy

presents Attachment Informed Certification. In this dynamic and experiential training, you will receive a solid theoretical base in attachment and learn about and practice a variety of therapeutic art activities that you will be able to use immediately with clients of all ages.

Attachment is an essential process in human development. It plays a pivotal role in mental health, in the quality of our personal relationships, in our sense of self, life satisfaction and well being.

The total program is 40 hours. Levels 1 and 2 available.

Training type: In person

Location: Victoria, BC

Dates: July 12-16, 2018

Time: 10am-6pm

Register: ciiatglobaledconnect@gmail.com or call 1-888-244-2838

Website: ciiatglobal.org



DRAWN BY EXPERIENCE

FACILITATOR: **LUCILLE PROULX** MA, ATR, RCAT
 Founding Director, CIIAT



Drawn by Experience is a class depicting trauma and its effects, and it gives you the insight and real-time art therapy techniques to help you address trauma in the lives of your clients.

This course will explore trauma in a variety of different situations. *Drawn by Experience* participants will be able to apply the skills and knowledge gleaned from this course to their own practice as mental health professionals or to their practice of art therapy.

Class type: Online

Dates: November 7, 14, 21, 28, 2017

Time: 8am-11am PST

Cost: \$895

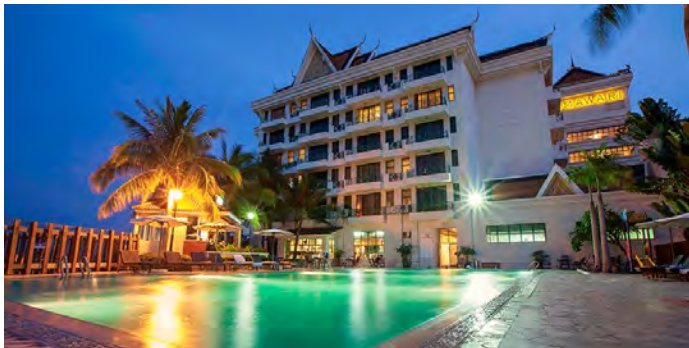
Register: ciiatglobaledconnect@gmail.com or call 1-888-244-2838

Website: ciiatglobal.org



CREATIVE ARTS THERAPY & WELLBEING CONFERENCE

Partners for Social Justice is happy to announce partnership with Ragamuffin Cambodia in sponsoring the first Creative Arts Therapy and Wellbeing Conference in Phnom Penh, Cambodia. The focus of the conference is on holistic and effective care for caregivers who are on the front lines in working with trauma.



The Himawari Hotel, Phnom Penh, Cambodia

This conference will highlight speakers from Cambodia, United Kingdom, United States, Canada and other countries around the globe who will offer a platform to engage and inspire participants by providing relevant and up-to-date information on trauma-informed therapy, cutting edge research on neuroscience. The conference offers an innovate look and emphasis into the positive effects of self-care on the brain and body through experiential learning and creative arts. Most importantly, it will provide nourishing opportunities and meaningful connections between people across the globe who aim to better the lives of people touched by trauma.

We are excited to offer this next iteration of the work we began in 2011. Visit this webpage to learn more about our history at www.ncasi.wordpress.com

Submit a Proposal

We will be accepting proposals until October 31, 2017. To submit a proposal, or to register and learn more about this conference visit: <http://nourishwellbeing.asia>.

Dates: January 16–18, 2018

Location: The Himawari Hotel, Phnom Penh, Cambodia

Contact: suew@naropa.edu or avaloncounselling@avaloncentre.ca

Website: <http://nourishwellbeing.asia>



KINSMAN REDEEMER: REFLECTIVE ART PROGRAM



“Extend your mantle over me...”

Kinsman Redeemer is a story about loss, deferred hope, vulnerability and new beginnings... It is the story of Naomi and Ruth. It is as old as the hills and yet still relevant for today.

FACILITATOR
ANNA DOS SANTOS
Licensed
Psychotherapist,
Art Therapist
Abbotsford, BC

The Kinsman Redeemer reflective art program will take place every Tuesday evening in November. Participants will join in creative and interactive therapeutic art-making sessions where they will reflect, identify, and work alongside each other through the narrative of Ruth and Naomi's journey back to Bethlehem.

This story from antiquity is a gentle reminder that we all encounter pain and that dreams can shatter; that vulnerability lies close to our skin. It prompts us to remember that distress and despair can easily result in resentment or bitterness. But, whilst sojourning through a wilderness of pain, like Naomi, we will also encounter faithful companions on the way.

In the annals of history, we read how these two women's lives changed. From being lost and insignificant, the encounter with their kinsman redeemer resulted in a life with purpose and destiny. Ruth became the grandmother of King David and from the tribe of Judah came humanity's Kinsman Redeemer.

Guided by the principles that Naomi and Ruth discovered when they encountered their redeemer, participants will navigate through their own internal landscape with art to process their stories of disappointments and loss, transition and purpose.

Participants of the program should expect a personal encounter that could change and reveal their destiny in a greater measure than before.

Workshop type: In person, four-week program

Location: MARK Centre chalet, Abbotsford, BC

Dates: November 7, 14, 21, 28, 2017

Time: 7–9pm

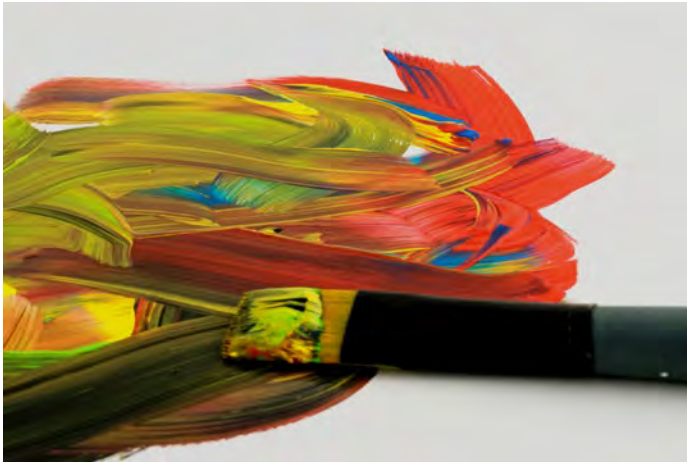
Cost: \$160 (includes art supplies)

Contact: Call 604.556.7796 to register

Note: Although we will provide the art supplies needed for your project, each participant will be asked to provide a journal of their choosing. The art project of this particular series will be centered around creating an alternative journal and the creation of this journal will be part of the art program. A suitable journal would be any old, hardcover book. Old encyclopaedias, old dictionaries, etc. are a good starting place and your local used bookstore will surely have something suitable.

INTRODUCTION TO THE PRACTICE OF ART THERAPY

INSTRUCTOR: **PROFESSOR KATHRYN HUBNER KOZMAN**
Registered Psychotherapist, MA, RCAT, OATR



An introduction to the practice of Art Therapy (3 units), with an overview of its history, the diversity of its applications within psychodynamic, solution focused, cognitive behavioural principles, embodiment theory, and its clinical implications including neuroscience, mindfulness, post-traumatic stress disorder, and pain management.

New Course, enroll early! Course code: ARTHIST 2AA3
(open to enrolled McMaster students)

Prerequisite: Registration in level II or above of any program

For more information, please contact the School of the Arts,
McMaster University

Phone: (905) 525-9140 ext. 27671

E-mail: sota@mcmaster.ca



RECLAIMING YOURSELF AFTER MOTHERHOOD: SELF-DISCOVERY THROUGH ART

FACILITATOR: **ANU LALA**
Registered Art Therapist

Reconnect with and uncover lost aspects of yourself using creative expression.

Enhance growth and wellness through exploring personal material revealed through art.

No artistic ability or skill necessary, all are welcome.

Class type: 2-hour workshop

Dates: November 25, 2017

Time: 10am-12pm

Cost: \$55 (includes all supplies)

Location: Beaches United Church, 140 Wineva Ave., Toronto, ON

Register: Visit anulala.com or email anu10@hotmail.com



WEBINAR: INTRODUCTION TO RESEARCH FOR ART THERAPY PROFESSIONALS



FACILITATOR
ANTON SVENDROVSKI,
MBA, MSc (Math),
BCompSc,
IBM SPSS Certified

Are you an Art Therapy Professional or student interested in quantitative research? Do you have an idea or research question in mind, but don't know where to start? Is there a research project you need to complete, or have you always wanted to have empirical evidence for a particular theory? Then this webinar is for you!

This is the first of a series of webinars designed specifically for art therapy students and professionals. In this webinar, you will learn about quantitative research, the typical steps/phases of research projects, and various design types commonly used. You will understand the elements of good research, the difference between descriptive and inferential statistics, and how to interpret results in published articles. The webinar will provide basic terminology, and a foundation and understanding of the research process.

The webinar is brought to you by StatsHelp and Canadian Art Therapy Association. This is a free webinar, and you can submit it as a professional development activity (just make sure you complete the webinar feedback form).

Class type: Online video

Length: 33 minutes

Cost: Free

Take the webinar: statshelp.ca/art/



VISUAL JOURNAL JOURNEY: ART JOURNALING SERIES



FACILITATOR
PETREA HANSEN-ADAMIDIS
DTATI, RCAT, RP

In Visual Journal Journey you will be guided through new ways to explore your creative self through creative prompts and visual arts exploration using mixed media.

This four week Visual Journal Journey Workshop is designed to help jump-start your creative reflective practice if you have let your creative practice fall by the wayside. Even if you already art journal, Visual Journal Journey offers new ways of approaching your art journaling. As an art therapist I have crafted art directives to help guide you to move beyond the blank journal page. Reflective questions will be used during the workshop to help you delve deeper into personal meaning in the privacy of your art journal. This series will have a positive psychology perspective, with an emphasis on our strengths.

All skill levels are welcome. All supplies for workshop are included.

Workshop type: In person or Skype (reduced cost, please contact to arrange)

Dates/time: Oct 14, 21, 28; Nov. 4, 2017, 10am-12pm

Location: 62 Seymour Ave, Toronto ON

Cost: \$185

Register: <http://www.arttherapist.ca/drawing-the-self-out-with-art-workshops/visual-journal-journey/>

Contact: petrea@arttherapist.ca or call 647-204-6791

CARING FOR SELF: A SELF-CARE WORKSHOP FOR THERAPISTS

In the helping profession it is easy to get lost in the flow of helping others at the risk of overlooking or putting our own feelings on the back burner. We may feel such a strong need to guide and sometimes rescue our clients and patients that we overlook the toll it takes on our own mental health. In this workshop we will explore the many ways that art can help us stay centered, maintain healthy boundaries, and prevent compassion fatigue. Participants will utilize mindfulness based practices and positive psychology via art making to establish a sustainable self-care practice. No art experience needed. All materials provided.

Discover ways to honour your self and refuel

Key Learning points/Learning objectives:

- Understand the impact of client's narratives on the helper;
- Learn specific ways to debrief using art after difficult sessions;
- Experience self-care through art making;
- Develop a sustainable creative self-care practice.

Workshop type: In person

Date/time: Saturday, November 18, 2017, 10am-4pm

Location: VanDuzier Art Studio, 196 Beverley St. Toronto, ON

Cost: \$145 / \$125 before Oct. 20

Cost for students (with ID): \$90 / \$75 before Oct. 20

Register: <http://www.arttherapist.ca/drawing-the-self-out-with-art-workshops/caring-for-self/>

Contact: petrea@arttherapist.ca or 647-204-6791

Petrea Hansen-Adamidis is a registered art psychotherapist working in the field of art therapy for over 20 years. For the past 15 years she has worked as an Expressive Arts Therapist at the Sick Kids Centre for Community Mental Health, formerly called The Hincks-Dellcrest Centre, a children's mental health, treatment and research centre. Petrea serves individual and parent child dyads, specializing in trauma assessments and treatment. Petrea is also a student supervisor and instructor at the Toronto Art Therapy Institute.



CREATIVE SELF-CARE FOR HELPING PROFESSIONALS MONTHLY ART WORKSHOP FOR SELF-CARE

Make self-care and professional growth a priority by connecting with other helping professionals and making art in a supportive environment.

Ontario College of Registered Psychotherapists competencies addressed:

- 1.4 Integrate awareness of self in relation to professional role.
- 3.3 Maintain self-care and level of health necessary for responsible therapy.

Join me for a monthly two-hour self-care workshop series for therapists and helping professionals. Each session will explore a different self-care themed art project (see below for details). The format of this monthly workshop is one of prevention, self-discovery and exploration through the arts but is not art therapy.

1 session \$60 / 2 sessions \$108 / 3 sessions \$162
4 sessions \$200 / 5 sessions \$250

Choose from one or more of the following dates:

October 28, 2017 1pm-3pm Changing Colours, Transforming Moods, Layers to Self: Print-making for release and self-exploration.

November 25, 2017 10am-12pm Symbols of Hope: Make your own 3-d mini coping tiles set.

January 20, 2018 1pm-3pm Random Acts of Kindness: Finding balance and regulation through gratitude art.

February 17, 2018 10am-12pm Connect with your Strengths: Doll Making for inner connection.

March 17, 2018 10am-12pm Healing Clay: Connection and self-discovery through clay work.

Workshop type: In person

Location: 62 Seymour Ave, Toronto, ON

Register: <http://www.arttherapist.ca/drawing-the-self-out-with-art-workshops/creative-self-care-for-helping-professionals>

CANADIAN ART THERAPY ASSOCIATION (CATA)

VISION

We are the Canadian voice of art therapy. We bring together art therapists to raise standards and advance the profession.

MISSION

Bringing together art therapists

1. Network and connect members
2. Host an annual national convention
3. Support the creation of provincial chapters
4. Sponsor regional events and workshops

Raising standards and advancing the profession

1. Uphold ethical standards for professional accreditation and designation for art therapists
2. Encourage educational standards for art therapists
3. Publish a triannual newsletter and a biannual journal
4. Support and encourage scientific and arts-based research
5. Provide public education about the field

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cata.office.manager@gmail.com

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CATANews

CATANews is the tri-annual newsletter of the Canadian Art Therapy Association, published in February, June and October annually and circulated by email to our 440+ membership. Content is provided by members and is subject to editing.

**Submission Deadline for next issue is
January 15, 2018**

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