

ARTS-BASED CLINICAL SUPERVISION AND EXPRESSIVE ARTS THERAPY

by

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Dissertation

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This study is primarily a qualitative and phenomenological evaluation of a specific arts-based clinical supervision model offered within a Canadian university to postgraduate mental health trainees. The cohort and the process were observed from September 2016 to April 2017, and a final evaluation was administered to gain qualitative and quantitative data for analysis. From this process of longitudinal observation and summative data collection, a critical evaluation of this specific model is offered, extrapolations made about arts-based supervision within the broader context of multi-modal expressive arts therapy, and suggestions are offered for further research.

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The dissertation is approved and is acceptable in quality and form:

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CHAPTER 1

PROBLEM FORMULATION

Introduction

Compared to other approaches to mental health treatment (such as psychotherapy, counseling, or psychiatric nursing), relatively little has been written about supervision for practitioners who work along the expressive arts therapy continuum. With this in mind, this study aims to address this shortfall and to contribute to the emerging literature on arts-based supervision. The outcomes of this research will also be used to develop the ways arts-based supervision is offered in a specific context (i.e., the Master of Counselling Psychology: Art Therapy program at Adler University Vancouver).

This study is both a phenomenological inquiry (based on longitudinal observation of study cohort from September 2016 to April 2017), and a summative evaluation, administered in the penultimate week of the study, which provided both qualitative and quantitative data for analysis.

Background to the Study

The importance of the expressive arts therapist continuing to engage in their own creativity for personal insight and growth, self-regulation and self-soothing, and for exploring clinical issues relating to clients or to the work in general, has been explored throughout the history of the profession, and Moon's (2002) contribution to this aspect of the profession is an important addition to this discussion. Expressive arts therapists such as Malchiodi (1999), Wix (1995, 1996, 2010), and Allen (1995, 2010) have all written about the importance of trainee and professional expressive arts therapists continuing to engage in their own arts-making. However, most

models of clinical supervision for expressive arts therapists are based primarily on models used for supervision of other mental health professionals, such as psychotherapists and psychologists. These models center on verbal presentation and discussion of clinical experiences and the linking of psychological theories to clinical practice. While this may be an appropriate starting point, at best this approach places arts-making at the periphery of clinical supervision. Expressive arts therapists such as Halprin (2008), Knill, Levine & Levine (2004), Malchiodi (2003), McNiff (1995, 2015), and Moon (1997, 2002) place engagement in the arts right at the center of their clinical thinking and practice, and this includes in the process of clinical supervision. Levine (Levine & Levine, 2017) describes this as “learning through the arts” (p. 177) and that *poiesis* (active engagement in arts-making) is central to the learning process for expressive arts therapists.

The purpose of this study is to evaluate how the use of non-directive (or minimally directive) arts-making impacts trainee expressive arts therapists’ abilities to reflect upon:

- Their emerging identities as mental health professionals (specifically as art therapists in this context);
- Their relationship to their own arts-making as creative individuals separate from their clinical work;
- Issues emerging through their engagement with social justice practicum sites (competency in using clinical skills, working with diversity and difference, assessment and case formulation, use of arts media);
- Their own mental health and wellbeing, and how to access appropriate support separate from clinical supervision (i.e., recognizing when they

need to seek their own personal therapy or when they can engage in their own creative processes to self-regulate).

The idea for this study evolved in the context of clinical supervision received while on practicum at the site, co-facilitating a new model of arts-based supervision as a pilot scheme for this university. The Master of Counselling Psychology: Art Therapy program is a relatively new one at this campus and the Director (an IUPS faculty member) is exploring ways to develop the curriculum for this program so that it provides high-quality professional training in creative and innovative ways.

While the importance of expressive art therapists continuing to engage in their own arts-making has been well documented and debated over the entire history of the profession (see citations detailed above), the use of engaging in the arts as preparation for and in clinical supervision has been less well studied (as is elaborated in the Review of the Literature, Chapter 2). Much expressive arts therapy supervision is based on models created for traditional talk therapies (psychotherapy, psychoanalysis, counseling, etcetera) and, while there is value in these approaches, what is missing is the use of arts-making to explore emerging clinical issues and to reflect upon clinical practice, professional identity, and the expressive arts therapists' relationship with their own arts-making in particular, with the use of expressive arts as a therapeutic tool, and with creativity in general.

This model of arts-based supervision at Adler University Vancouver is based on a two-stage approach. The first stage is engagement in a 2-hour Open Studio arts-making session (known as PlaySpace), facilitated by professional expressive arts therapists. While the process is largely non-directive, the facilitators provide a consistent and predictable space in which to work and the sessions open and close with rituals that formally start and end the experience. The only general directives

are that the time and space be used to explore issues around identity as an artist/creative person and trainee expressive arts therapist, the use of different arts media, issues relating to clinical learning or experiences gained at social justice practicum sites, or around self-care and self-regulation. In this way, the arts-making can be as close to or as far from their clinical work as the trainee needs in that moment.

A typical PlaySpace session starts with the group members and facilitators seated in a circle in the middle of the studio space. The group is guided into a brief mindfulness exercise (for example, paying attention to the breath for 1 minute with eyes closed). The purpose of this is to support group members to become fully present in the present moment and conscious of their emotions, their thoughts, their body, and of being in the studio space now. The group would then be offered a way of checking in expressively with each other. This could include passing around a box of ink markers or pastels and each person choosing the color that best describes their mood in that moment, or making a movement or gesture that expresses how they are feeling energetically. This latter example often includes asking other group members to repeat the person's movement before adding their own. The group members are then invited to move into and use the space and the arts materials to explore whatever is foremost in their minds. This could include issues emerging in their practicum experiences, questions about expressive arts therapy practice (specifically, art therapy practice in this context), ideas about professional identity, exploring the use of different arts mediums, or engaging in the expressive arts process for self-care or to disengage from school work by focusing on creative expression for its own sake. The group usually has around 90 minutes to engage in arts-making. At the end of this time, the facilitators invite the group members to

reflect on their processes and arts products by creating a piece of response art (Fish, 2012). Ideas for doing this include:

- Writing a letter to the art piece responding to what the viewer sees or feels (This could also include questions to the art piece, such as inquiring how the art pieces feels about being looked at.);
- Writing a letter to the viewer from the art piece;
- Writing a poem or song in response to the art piece;
- Describing the art piece from a phenomenological inquiry point of view;
- Creating a spontaneous art piece in response to the original art piece;
- Moving/dancing in response to the art piece;
- Noticing if anything changes in terms of how the viewer responds to their art piece by first contemplating it in the space where it was made, and then placing it in a new space (for example, putting it on an easel or on the floor).

This part of the process takes 10–15 minutes. The group then re-forms the opening circle and is guided in a closing ritual, often based on the opening one, as a way of ending this part of the session and bringing to awareness any changes that may have happened during the process of expressive exploration.

The second stage of the process is a more traditional clinical supervision group facilitated by an experienced expressive arts therapist who is not a member of the teaching faculty. Students are encouraged to take art work produced in the Open Studio to the supervision group, along with material produced in their practicum sites (through photographs of art work made, or through the use of audio-visual recordings), as well as questions about clinical competency, ethics, choice of media, and approaches to their work. This second stage takes a variety of supervisory

approaches to influence its model, such as the work of Hawkins and Shohet (2012), who outline the different perspectives and points of focus the supervisor and supervisee can direct their attention throughout the process of clinical supervision.

Statement of the Problem

Most models of clinical supervision in the mental health field are based on theories and practices developed within talk therapy modalities, such as counseling and psychotherapy. This requires the clinician to make case notes after sessions, reflect upon them, and verbally share their thoughts, struggles, insights, and questions in supervision. The supervisor and/or the supervisory group will then share their responses, insights, suggestions, questions, and guidance orally with the presenting clinician based on this presentation and shaped by the theoretical model(s) used by those present. While a process such as this typically invites some engagement with the emotional components of the therapeutic work being presented, it is primarily a cognitive experience, which can sometimes miss the complexity and subtlety of psychological treatment. This can be especially true when working with trainees and practitioners early in their careers who may be seeking very clear guidelines about how therapy can best be offered. It is tempting to simplify a clinical presentation to a supervisor so as to elicit a simple and clear directive for the next encounter with the client. However, this then risks making the supervisory feedback generic rather than specific to the actual client being presented.

In contrast, an arts-based model of clinical supervision integrates the traditional psychological approaches with spontaneous arts-making. This allows time for unconscious awareness to manifest as images, poetry, music, dance/movement, or dramatic enactment that can then be consciously explored and understood. The arts pieces can also be shared with the supervisor/supervisory group

and external perspectives and insights can be sought. This process of turning an internal experience into an external arts piece or performance allows the presenting clinicians to gain perspective on their clinical work for a moment and potentially take a more objective look at their work for themselves. It also potentially reduces extreme shame about being judged by peers or supervisors, or fear about making clinical mistakes by making feedback about the arts piece or performance rather than directly about the clinician. The focus of attention of the supervisory group is initially on the arts piece or performance being presented, rather than on the individual clinician.

Purpose of the Study

This study will evaluate the effectiveness of a specific model of clinical supervision for postgraduate art therapy trainees piloted at Adler University Vancouver in the academic year 2016–2017. This model is based on the work of Alfred Adler as applied to the field of art therapy by Sutherland (2016) and by the work of Dreikurs (1986), Moon (2002), and Fish (2012).

The subjects of this study are a cohort of 13 postgraduate trainees on the Master of Counselling Psychology: Art Therapy program at Adler University Vancouver, who gave informed consent to be part of this research study. The study began in their first semester (September 2016) and concluded at the end of their second semester (April 2017). While this was not a graded part of the curriculum, attendance was expected throughout the two semesters. The two parts of the weekly experience were co-facilitated by a team of four practitioners (including this researcher); two of whom facilitated the PlaySpace sessions and two facilitated the more formal group supervision.

The methodology for this research included longitudinal phenomenological inquiry through direct observation, which was processed by the facilitators in weekly group supervision, and a formal evaluation process completed by the students in the penultimate session that produced both quantitative and qualitative data. Students were given advanced notice of the day and time the evaluation was going to happen and the purpose for it. The entire cohort gave informed consent for their evaluations to be included in this research study. This formal evaluation of the PlaySpace/supervision process took 1 hour. These observations and evaluative data form the basis for this study, as well as providing information to the University that will help assist in curriculum development.

Hypothesis and Research Questions

While many factors are being assessed throughout this process, the primary hypothesis of this study is that the PlaySpace supervision model will significantly support the development of professional identity and clinical thinking in this cohort of postgraduate trainees.

To explore this hypothesis, some of the questions that need to be considered include:

- What is meant by clinical supervision in the field of expressive arts therapy?
- What are the purposes of the PlaySpace and supervision sessions?
- Are those intentions made clear to the students?
- What factors support or hinder the students' abilities to engage effectively in these learning experiences?

- In what ways is expressive arts-making in a professional training context useful or not useful in supporting the development of professional identity and clinical competency?
- What can be extrapolated from this specific study to the broader context of expressive arts therapy training and practice?

Importance of the Study

As previously stated, relatively little has been written about the theory and practice of clinical supervision for practitioners working in the field of expressive arts therapy. Most literature that addresses creative approaches to therapy focuses on single-modality approaches such as the supervision of art therapy (Jones & Dokter, 2008), dramatherapy (Tselikas-Portmann, 1999), dance/movement therapy (Payne, 2008), or music therapy (Odell-Miller & Richards, 2008). It is only in recent years that the field of expressive arts therapy as an integrated multi-modal approach to creative psychological treatment has begun to establish itself through the work of Malchiodi (2006), McNiff (2015), Levine and Levine (2006, 2017), Knill, Levine, and Levine (2004), Knill, Nienhaus Barba, and Fuchs (2004), Rogers (1997, 2011), and Halprin (2008). The importance of this specific study lies in the fact that it aims to further validate the work of multi-modal expressive arts therapists, and that continuing to engage in expressive arts-making (as a method of inquiry into the self and the therapeutic work) is an essential component in developing a self-reflective clinical practice.

The growing understanding of trauma as a somatic experience rather than a purely cognitive or emotional one has also aided this shift in thinking. Until recently, trauma was treated through insight-oriented therapy or through the use of cognitive behavioral approaches (i.e., reframing maladaptive thinking patterns,

exposure to triggering stimuli, etcetera). However, researchers and clinicians such as van der Kolk (2006, 2014), Peter Levine (2008, 2010), Malchiodi (2014), Corey (2006), and Stephen Levine (2009) offer well researched insight into the essential need to work creatively and somatically with people who are recovering from trauma, especially the importance of working to enhance somatic awareness and mindful movement. This growing understanding of the neurophysiology and neuropsychology of trauma is challenging established treatment methodologies to develop and become inclusive of expressive arts therapy modalities as part of an integrated treatment protocol (Corey, 2006; Hass-Cohen & Carr, 2008; Rappaport, 2014).

Mindfulness is also adding to the importance of expressive arts therapy as an important treatment option (Clark, 2016; Rappaport, 2009). Research across many disciplines is reinforcing the efficacy of mindfulness practices (such as engaging in creative activities) in improving mood and concentration, challenging unhelpful thinking patterns, self-regulating, and managing physical and psychological pain more effectively (particularly when working with clients with eating disorders, addiction issues, and trauma). The process of being mindful strengthens the integration of all areas of the brain as well as supporting the mind and body to work together as an integrated whole through the strengthening of the corpus callosum.

Limitations of the Study

Limitations to this study include the fact that it is site-specific, so applications to other contexts may need to be extrapolated or could be the basis for a larger-scale research study. This study also involves a relatively small cohort (12 full-time students and 1 part-time), again suggesting the need for a broader research project.

It is also worth noting that this particular study cohort had a significant gender-bias (the participants were all women) and age-bias (apart from the part-time student, all of the cohort were in their early to mid-twenties). Culturally, group members were of either European or Asian ancestry.

Early in the second semester, the University moved a short distance to a new campus. This move appeared to be disruptive and offered a challenge to both students and faculty, as will be outlined in the concluding chapter. The formal evaluation process was originally intended to be administered twice (once at the end of each semester). However, the impending move to the new campus at the end of the first semester created a number of challenges to this and it was ultimately decided to delay the evaluation process until the end of the second semester.

The data collected for this study is specifically on art therapy supervision, so consideration of the application of this model to other single-modality approaches as well as to expressive arts therapy as a distinct multi-modal orientation will also need to be considered. This last point is certainly worth noting as, if this model were applied in contexts where other expressive modalities were being used (e.g., drama, music, dance/movement, poetry, etcetera), this would significantly change the type of space and materials needed for the Open Studio process and how that might be translated into the ways the supervision group could be used. While some literature exists on clinical supervision for other single-modality approaches (Jones & Dokter, 2008; Odell-Miller & Richards, 2008; Payne, 2008; Tselikas-Portmann, 1999), there is almost nothing written about clinical supervision for practitioners who work in more integrative ways as expressive arts therapists.

Given the way this research study evolved, no pre-study evaluation process was completed, so no formal baseline could be established by this researcher. For

reasons of their own, the university faculty did not ask students to complete a pre-study evaluation, which could then have been used for the university's own analysis of this pilot program.

Two final limitations to the study might be that the researcher was also one of the co-facilitators, which may have influenced (positively or negatively) the feedback given in the evaluation process, and that there was no control group (an equivalent cohort who did not engage in this model of art-based supervision) to compare outcomes with. These will be discussed further in the final chapter.

CHAPTER 2

REVIEW OF THE LITERATURE

From the very beginning of the expressive arts therapy profession, arts-making was the primary focus (Allen, 1992; Halprin, 2008; McNiff, 1995; Moon, 1990, 1997). Early pioneers in the field, such as Adrian Hill in the UK and Margaret Naumberg, Edith Kramer and Marion Chace in the USA, were (and primarily saw themselves as) artists or performers, and were offering arts-making experiences in contexts such as psychiatric hospitals and centers for war veterans with the intention that the process of arts-making and the arts products or performances themselves had therapeutic value (Hogan, 2001; Malchiodi, 2003). As the profession has evolved over the last century, psychological theories and clinical practices have been applied to this use of arts-making, often resulting in a tension between the arts component and the psychotherapeutic work. Malchiodi (1999) asks the question in the title of her editorial: “Artists and Clinicians: Can We Be Both?” and continues “It is . . . important to recognize that not everyone feels a compelling need to approach art therapy from the artist’s point of view, nor should they” (p. 110). She then references Vick (1996): “Clinging to a romantic notion of what art therapy ‘is’ can contribute to a series of disappointing efforts to fit an ossified template to unyielding circumstances, resulting in frustration and ultimately attrition.” (p. 10).

Even 20 years ago, leading writers and researchers in the field of expressive arts therapy, such as McNiff (1995) and Moon (1990, 1997), were acknowledging that the profession was evolving, that the contexts in which expressive arts therapy was being offered and the clinical theories and practices were changing, and that, to

maintain professional credibility, expressive arts therapists were needing to be able to talk about their work in language that was accessible to other mental health (and medical) professionals. The early image of the expressive arts therapist being the person working alone with patients in a remote studio in some mysterious way was being replaced by the idea of the expressive arts therapist as a well-trained mental health professional, often working as part of an integrated treatment team.

The focus of attention has shifted back and forth over time. There is an ongoing tension between the arts *as* therapy versus the arts *in* therapy, in which the question of whether it is the arts-making that is inherently therapeutic or that engaging in arts-making within a session is merely one of a number of therapeutic tools being used is debated. What has remained consistent is the importance of the studio space as a place of inquiry, self-expression, play, growth, and healing for both clients and expressive arts therapists themselves (especially while in training). Wix (2010) offers a historical example of the importance of the studio space. Earlier, Wix (1995, 1996) offered a model of expressive arts therapy education (The Intern Studio) in which the trainees were required to attend a weekly studio-based class, which was explicitly intended to support students to maintain an ongoing personal arts practice. As she states: “Leaving behind art and imagination as mere residue for a somehow more important verbal model of therapy serves the fantasy of the superiority of the Euro-American medical model” (Wix, 1996, p. 175). She goes on to ask: “How is it that as art therapists we either lose, or are taught to lose, our inner, direct knowledge of the significance of art?” (p. 175).

In her conclusions, she states:

I believe that the real work of art therapy education is missing when, in the context of art therapy programs, students have not experienced their own

commitment to making art in programmatic studios designed for art therapy students. (p. 179)

For Wix, placing arts-making in the context of expressive arts therapy education enhances both the individual practitioner and the profession as a whole.

While the place and focus of expressive arts-making has shifted back and forth over time (as shown above), no literature could be found that actively argued or proved that expressive arts therapy has no therapeutic value. While more research needs to be done to illustrate exactly *why* expressive arts therapy is an important clinical approach to working with mental health issues and personal development, no research studies have demonstrated that it has no value. Likewise, while the literature referenced above largely supports the practice of trainees and experienced expressive arts therapists continuing to actively engage in their own arts-making for both personal and professional reasons, no literature could be found that stated that expressive arts-making was of little, or no, value to mental health professionals working in this way.

McNiff (1995) stresses the importance of the therapeutic studio space and the relationship between the expressive arts therapist and the space, the client and the space, and the therapeutic process and the space. He even questions whether his approach to studio-based arts-making with clients can be called expressive arts therapy when compared to what he saw (in the mid-1990s) as a profession becoming more medicalized and less client-centered: My primary function is to kindle the soul of the place, to maintain its vitality and its ability to engage people in highly individualized ways. In using art, like any other spiritual medicine, we never know beforehand what remedies will be delivered and received. (p. 180).

For McNiff, “art leads the way. The images and movements are always a step ahead of the reflecting mind” (p. 15). He also echoes Allen (1992) in her seminal article that challenged the clinicification of the professions as she saw it at the time. Moon (1995) and Cahn (2000) develop the centrality of the studio as a place of learning and healing, while Deaver (2012), Kapitan (2013), and Salom (2013) amplify this idea by stressing the importance of personal arts-making as a tool to enhance reflective practice and inquiry in trainee expressive arts therapists. Like Moon (2002), McNiff (1995) and Kapitan (2012) also outline the challenges and gifts of working in less-than-ideal therapeutic spaces and the importance in terms of professional development of trainees being able to adapt to a variety of clinical spaces. McNiff (1999) develops this by exploring his use and understanding of digital media and the idea of the virtual art therapy studio, a theme outlined by Brandoff and Lombardi (2012), in their article describing the use of digital media and Skype to conduct clinical supervision at a distance).

The model of expressive arts therapy training offered at Adler University Vancouver is based on the Individual Psychology model created by Alfred Adler (1870–1937). This model was developed as a specific art therapy approach by Sadie “Tee” Dreikurs (1986), and is the basis for the original art therapy training program (Master in Counseling Psychology: Art Therapy Program) at Adler University in Chicago, created by Sutherland (2016) and, subsequently, the same program at Adler University Vancouver. Adler’s approach looks at the individual, not only from the perspective of their internal cognitive and emotional world, but also places the individual firmly in their social context, paying attention to their family history and dynamics, their cultural standpoint, and their experiences of socioeconomic or political oppression, discrimination, marginalization, colonization, or displacement.

Social justice is a founding principle of the MA in Counselling Psychology: Art Therapy at Adler University Vancouver and is central to the first-year trainees learning as they engage in a social justice practicum.

Dreikurs took these principles and applied them to arts-making in various community- and hospital-based settings, and believed that the arts produced could not be separated from the artist making it. As Sutherland (2016) states: “The one gives shape and meaning to the other. Art creates a bridge between the physical and the spiritual, between inner and outer world, between unconsciousness. . . and consciousness (pp. 17–18). She continues, referencing McNiff (1992) that: “All of our art is a self-portrait in that it reveals the truth of what we think and believe” (p. 19).

The PlaySpace model is based on the Open Studio model as outlined by Allen (1995, 2001) and the Montreal-based Art Hives movement. The philosophy is based upon artists and art therapists creating either permanent or pop up style (i.e., temporary) studio spaces that are open to anyone in the community to use. The intention is that the space, the art materials, and the support of the facilitators are all available to support self-expression, personal inquiry, healing, growth, and playfulness. Alongside these individual intentions, the Open Studio also aims to build communities, reduce marginalization, and support social justice issues (Block, Harris & Laing, 2005, for an example of this model being used with at-risk youth).

Throughout the history of the profession, the importance of regular clinical supervision for expressive arts therapists (whether postgraduate trainees or experienced professionals) has been repeatedly emphasized (Malchiodi, 2003; Moon, 2006). Carrigan (1993) discusses supervision as a process of co-creating healthy boundaries (which is essential learning for supervisees to apply to their work with

clients), having clear understanding and expectations of what supervision is for, and raising self-awareness. However, she is very clear that supervision is not personal therapy for the supervisee. While developing self-reflective practice is essential, when personal issues emerge in response to clinical experiences, the supervisor's role and duty are to support the supervisee to access suitable personal support.

In terms of clinical supervision, Fish (2012, 2017) has written about the use of response art (i.e., the arts made by expressive arts therapists in response to, and as a way of processing and understanding, arts made by clients or to the therapeutic experience of being with an individual or group of clients): "This artwork may be used for self-care, may support empathic engagement with clients, or may illuminate countertransference" (Sutherland, 2012, p. 138).

Campanelli (1990) outlines a model of letter writing in response to art or clinical experiences. Miller (2012) details a supervisory model where trainees work on a single canvas through their internship semester as a way of reflecting on their clinical experiences. Other ways of using arts-making for self-reflection and preparation for clinical supervision are given by Wadeson (2003), Deaver and Shiflet (2011), and Ramseyer (1990). All encourage the making of response art in different ways as methods of inquiry, as ways to look at clinical experiences from different perspectives. These could include differing theoretical models or by using the *seven eyes* model of supervision outlined in Hawkins and Shohet (2012), for professional self-reflection and development, as part of case conceptualization, and for exploring the supervisor-supervisee relationship. Examples of these ways of using response art are outlined in Wadeson (1990), Marano Geiser (1990), Ramseyer (1990), and Ireland and Weissman (1999).

Wilson, Riley, and Wadeson (1984) outline the stages of clinical supervision over time (beginning, middle, and ending), and state: “The gift of supervision is the permission for the trainee to hypothesize, experiment, and fantasize creative moves both with the therapeutic plan and the art expression” (p. 103).

Dudley, Gilroy, and Skaife (2000) reference Yalom (1975) when describing experiential groups as:

Offering trainees the opportunity to learn to identify with patients, to feel anxiety about self-revelation, to feel hostility towards the leader and to fellow group members, to understand the dynamics of group support and to experience transference distortions. (p. 174)

This learning applies equally well to expressive arts therapy trainees as it does to the psychotherapy trainees Yalom was discussing. The authors recognize that experiential groups can invite a degree of psychological regression, and encourage group leaders/supervisors to teach participants to develop self-reflective skills, so that they can make mindful choices about what is shared, either visually or verbally. Supervision can tread a fine line between fear of exposure and willingness to risk self-revelation, and issues around shame, avoidance, curiosity, and over-sharing need to be skillfully managed by the supervisor so that supervisees feel safe enough to take risks without stepping into personal territory better suited for individual therapy. They also emphasize the importance of the supervisor’s willingness to be “open, honest and spontaneous” (Dudley, Gilroy, & Skaife, 2000, p. 179) as a way of role modeling these qualities essential to the effective practice of expressive arts therapy. Issues around anxiety, covert competition between supervisees, and avoidance of differences between supervisees can be gently brought

to consciousness and sensitively explored in supervision if the space and process are experienced as being good enough.

Moon (2006, 2010) explores some definitions of what supervision may be, and outlines the mentor model of supervision, as well as the rights and responsibilities of both the supervisor and the supervisee. He is very clear that:

I believe that is impossible to adequately teach . . . [theory, practice and ethical responsibility] . . . without an art-based group experience for students. Further, it can be argued that it is unethical for art therapists to ask their clients to do something that they have not done themselves. (Moon, 2010, p. 123)

He continues by outlining three recurring themes in student groups: “(a) an intense desire to be seen as competent, (b) ambivalence about changing the nature of their relationships with one another from classmates to members of a group, and (c) covert competition with one another” (p. 126).

To minimize these desires and tensions, Moon (2010) discusses the process of group denial (an assertion that we are all equal) which can lead to a sense of creative paralysis. When this happens, it is the group facilitator’s role to sensitively guide the group toward deeper and more authentic relationships with one another that can tolerate the tension between understandable camaraderie and professional anxiety or competition. From Moon’s perspective, the facilitator of arts-based groups for trainees would serve only that function and would not interact with them in any other context. However, he recognizes that, in reality, arts-based group facilitators and supervisors are often also members of the teaching faculty or have administrative duties. He also explores (1990, 2010) the issue of whether or not the group facilitator/supervisor engages in arts-making with the trainees in the sessions.

While his professional practice is to make art alongside his clients and supervisees as, he believes this to be an important factor in establishing a culture of artistic contagion he believes that the decision to make or not make arts in the therapeutic or supervisory studio needs to be made mindfully and with full consideration given to the impact that either choice may make on clients and/or supervisees.

In his book on ethics (2006), Moon details the different professional tasks the supervisor has to take on (administration, education, role-modeling) and outlines his mentor model of supervision in which the mentor/supervisor creates a holding environment in which mentors can act as an observing ego for the supervisee. He goes on to explain the rights and responsibilities of both the supervisor and the supervisee, such as confidentiality (and its limitations), who has legal and ethical responsibility for the clinical work being undertaken by the supervisee, informed consent, and the objectives and expectations both parties have of each other and the supervisory process. Again, he is an advocate of the supervisor and supervisee engaging in arts-making in the session (as well as bringing artwork made by the clients and response art created by the supervisee), and suggests arts directives that can be used in supervision to build and deepen the supervisory relationship and process.

Carpendale (2011), Lahad (2009), Chesner and Zografou (2014), and Schaverien and Case (2007) all give creative examples of ways of using arts-making in, and as preparation for, clinical supervision, including the use of myths and stories, poetry, letter writing, dialoguing with arts produced by either the client or the supervisee, and dramatic enactment as a way of developing the voice of the art piece (i.e., engaging fully with the arts produced and developing skills that lead to deeper, more reflective inquiry). Kapitan (2006) explores the beginning and ending of

expressive arts therapy sessions and the importance therapeutically of these transitional moments, which translates well to the structure of supervision sessions and, in particular, the rationale for having an explicit opening and closing ritual in the PlaySpace process. Schreibman and Chilton (2012) detail an example of poetry writing done by both the supervisor and the supervisee to reflect on their clinical work together, while Riley (2004) discusses Anderson's (1991) model of the reflecting team (a team of colleagues who observe a therapist working with a client either from behind a one-way mirror or in person, and who give feedback/supervision to the therapist in front of the client). The latter three authors of Greenspoon Linesch, Holmes, Morton, and Stark Shields (1989) give examples of their own experiences as trainees in a postgraduate expressive arts therapy program and engaging in group supervision, and Feen-Calligan (2005, 2012) discusses the ways professional identity can be developed through practica experience (an important theme for the PlaySpace/supervision model, and the challenges that many professional art therapists face when needing to become accredited by other professional mental health licensing bodies in order to practice.

As previously stated, the literature addressing clinical supervision for expressive arts therapists is relatively small, even when including literature that addresses supervision for single-modality approaches, and is almost exclusively based on qualitative data and phenomenological inquiry. Gathering quantitative data in this field would be challenging given the subjectivity of the outcomes. Behavioral changes can be more easily quantified and measured against a baseline starting point, whereas researching arts-based clinical supervision for expressive arts therapists produces less specific and measurable changes (and such formulaic research may even be antithetical to the practice of expressive arts therapy). Also, given that all

professional bodies emphasize the importance of ongoing clinical supervision for trainees and experienced professionals, requiring a research control group to not have supervision would be considered unethical practice in a longitudinal study.

CHAPTER 3

RESEARCH METHODS

Context

The Master of Counselling Psychology: Art Therapy program at Adler University Vancouver is based on an integration of traditional counseling methodologies (humanistic, psychodynamic, and cognitive-behavioral), Adlerian psychology, and art therapy theories and practices. The program is primarily intended to be taken as a 2-year full-time program, although there are options for taking it over a longer period of time on a part-time basis.

The program outline cites the following intentions:

- Ethically assess and skillfully intervene with a wide range of populations with the attitudes, knowledge, and skills needed to work professionally with diverse clients.
- Use self-reflexivity, self-awareness, and life-long learning for personal and professional development and competence.
- Evaluate and critique professional literature, and apply literature-based and research-based foundations of counseling psychology practice to your work.
- Understand the creative processes for a variety of studio arts and be able to guide counseling clients toward appropriate therapeutic outlets.
- Apply a socially responsible counseling framework to identifying and applying goals and tasks that further social justice and foster inclusive,

healthy communities in alignment with Adler University's mission and value of social interest.

The academic year 2016–2017 is the first time the PlaySpace model of expressive arts therapy supervision has been tried out. It is based on the Art Hives projects, which started in Montreal. Art Hives are community-based art studio spaces that welcome anyone in the community to enter and use the space for creative self-expression or self-exploration. The studios may be a pop-up style that takes temporary residence in a space used for other purposes, or may be a permanent art studio space. In addition to nurturing personal art-making, Art Hives also aim to build communities through inclusivity and an attitude of Radical Hospitality in which facilitators actively welcome participants into the studio space, offering drinks and small food items, as well as being able to introduce participants to the space itself and the art media on offer.



Figure 1: Radical Hospitality

First-year trainees are offered this experience (known at Adler University Vancouver as PlaySpace) as a required part of their weekly group-based supervision. The cohort of 13 trainees (1 of whom is part-time) has self-selected into two smaller cohorts. Each week, one group spends the first 2 hours in the PlaySpace studio while the other group is in a 2-hour traditional supervision session. After 2 hours, the groups switch places, with the first group going into supervision and the second group moving into the PlaySpace studio. The following week, the groups change order, so that group two starts in the PlaySpace. The sessions are facilitated by an experienced expressive arts therapist (who only facilitates the supervision sessions), two recent graduates, and this writer. These last three alternate between facilitating the PlaySpace session and co-facilitating the supervision group with the experienced expressive arts therapist. The Director of the program is a clinical social worker, registered art therapist, and International University of Professional Studies faculty member.



Figure 2: The PlaySpace studio (with two facilitators and the Program Director)

The intention of the PlaySpace is to offer a safe and holding environment in which trainees can work creatively in a self-directed way on arts pieces that allow them to explore their emerging identities as professional art therapists, investigate clinical issues that are coming up in classes or in their practicum experiences (response art), to experiment with a variety of art media, and to understand how art-making can be used to self-soothe and self-regulate. This art work and the trainees' experience of the process can then be taken into the group supervision to explore and learn from. Facilitators model ways of opening and closing sessions and of holding the space for the creative process to emerge, so there is also an opportunity to learn new skills through direct personal experience.

Research Approach

As a baseline, it should be noted that all subjects in the study were required to have an undergraduate degree in either fine arts or a relevant subject such as psychology, anthropology, or nursing. As part of their application to the program, each subject presented a portfolio of recent art work that demonstrated their skills and experiences working in two and three dimensions with a variety of arts mediums. Note that, given the nature of this specific training program, experience of other expressive arts (music, dance/movement, drama, poetry) were not expected, although most subjects were interested in and had experience of these other creative approaches. Subjects were also expected to have relevant work experience (whether paid or as volunteers), such as working with children in an arts-based program or on a mental health crisis line, and had to complete a mandatory counseling skills course prior to starting their first semester and engaging in this study. During the first meeting, the whole cohort was present for a discussion about the structure of the two-part weekly session, the rationale for each part, how to use PlaySpace and

intended areas of expressive arts inquiry, how to prepare for and use supervision, and the reasons why regular supervision is required for ethical professional practice. The difference between PlaySpace, supervision, and personal therapy were also explained, and questions were encouraged and addressed. The intention of this process was to set a clear, mutually agreed upon intention and structure for the weekly process over the two semesters, and for the subjects to meet the four facilitators of the process. Subjects were also informed that this was a pilot study and that the process would be recorded and evaluated.

All trainees were asked to complete an end-of-second-semester evaluation of the PlaySpace/supervision sessions as a program requirement as well as part of this doctoral thesis. This formed the qualitative and quantitative research process and was supplemented by observational analysis from the team of facilitators. In addition, the four facilitators engaged in weekly 1-hour peer supervision sessions where experiences of the sessions, their work as facilitators, and the progress of the trainees was reflected upon and informally evaluated. This evaluation from trainees was then used to critically evaluate the effectiveness of this model of art-based supervision and was placed in the context of other approaches to art-based supervision outlined in the opening literature review.

The potential relevance of this model of arts-based supervision will also be considered in the context of other mental health professions such as psychotherapy, clinical counseling, psychiatry, and psychiatric nursing, as well as to other expressive arts therapy modalities. Issues to be considered when evaluating the effectiveness of this model of arts-based supervision will include how arts-making can be used:

- In case formulation and treatment planning;

- To better understand the intra-psychic, interpersonal, and socio-cultural context of the client and the trainee art therapist;
- To bring to awareness issues of transference and counter-transference and how to work with them effectively;
- To explore the developing therapeutic relationship;
- To explore the emerging identity of the trainee as a mental health professional;
- To understand the therapeutic uses of different art media and how to use them appropriately.

The process also examined how trainee expressive arts therapists gain mastery in talking about the work they do and their rationale for using expressive arts therapy practices when discussing clinical work with medical and mental health professionals from other disciplines.

Research Design

This research study was based around a pre-existing cohort of 13 first-year postgraduate art therapy trainees at Adler University Vancouver. Given the relatively small size of the test subject group and the lack of availability of a control group, the gathering of quantitative data was kept to a minimum and the primary focus was on gathering qualitative data in the form of a formal evaluation questionnaire administered in the penultimate session of the second session. This data gathered from the students was supplemented by observational and reflective data gathered by the facilitators in their weekly supervision groups. A formal, pre-study evaluation process was not considered by the university faculty, and the decision to use the program as the basis for this study was not agreed upon until well into the second semester.

Research Hypotheses and Research Questions

While many factors are being assessed throughout this process, the primary hypothesis of this study is that: The PlaySpace/supervision model will significantly support the development of professional identity and clinical thinking in this cohort of postgraduate trainees.

To explore this hypothesis, some of the questions that need to be considered include:

- What is meant by clinical supervision in the field of expressive arts therapy?
- What are the purposes of the PlaySpace and supervision sessions?
- Are those intentions made clear to the students?
- What factors support or hinder the students' abilities to engage effectively in these learning experiences?
- In what ways is arts-making in a professional training context useful or not useful in supporting the development of professional identity and clinical competency?
- What can be extrapolated from this study to the broader context of expressive arts therapy training and practice?

Subjects

As previously stated, this study is based on the experiences of a group of 13 first-year postgraduate students on the Master of Counselling Psychology: Art Therapy program at Adler University Vancouver. The group had an explicit gender-bias (all female) and a heavy age-bias (12 of the participants were in their early to mid-twenties and 1 participant was in her early thirties). Culturally, the group members were of either European or Asian ancestry, which would be expected for

Vancouver. There were no participants of African, Caribbean, South American, or Southeast Asian origin, and no Aboriginal group members. The facilitators were of European and Asian ancestry. Due to the context of the research study, there was no control group to compare outcomes to.

Instrumentation

The formal evaluation form (see Appendix A) was created by this researcher and Angela Herd, as no pre-existing questionnaire or assessment tool was available that met the needs of this research. A decision was made by the facilitation team to gather both quantitative data (using a standard Likert scale), as well as qualitative data, to allow participants to give specific individual feedback. A questionnaire was preferred over face-to-face individual interviews. This was partly a logistical, time-saving decision, as well as potentially encouraging participants to give more honest feedback on paper than they might when interviewed in person. The University required that the evaluation forms have a space for participants to write their names. This was so they could insure all students completed the evaluation process. However, students were assured that their confidentiality would be protected in the writing of this thesis.

The formal evaluation process was supplemented by observations and responses shared by the four facilitators in their weekly group supervision. Individual students were discussed, as well as group dynamics, and factors relating to how the sessions were facilitated. On a number of occasions, the facilitators used their own arts-making in supervision to explore emerging issues and as a way to process the interpersonal experiences.

An arts-based evaluation process was not considered at the time, and this will be reflected upon in Chapter 5.

Data Collection Procedures

The formal evaluation questionnaire was administered on March 31, 2017 at noon in the PlaySpace studio on the new campus of Adler University Vancouver. The students knew in advance that this was to happen, and a reminder of the purpose of this process (as both an evaluation of the sessions for the sake of curriculum development by the University, as well as being integral to this research study) was given. Three of the four facilitators were present in the studio while this happened. Students were given an informed consent form to read and sign (see Appendix B) and all gave consent for their responses to be used in this research. They were then given the evaluation form and pens and they took approximately an hour to complete their feedback. Both of these forms were then collected by the lead researcher and kept securely until ready to be analyzed.

Data Analysis Procedures

Given the limited size of the subject cohort, little statistical significance can be given to the quantitative part of the evaluation form. However, inferences will be tentatively made and trends noted within these limitations and will provide some, albeit cautious, quantitative data to set alongside the qualitative data elicited in the second part of the evaluation form. The qualitative data will provide subjective feedback on the experiences of the PlaySpace/supervision process. Again, trends will be inferred from this small sample size, and exceptions that stand apart from the trends will also be noted and evaluated for speculative significance.

CHAPTER 4

RESULTS

Summary

This chapter offers a review of the data collected from this cohort of subjects relating to their experiences of the PlaySpace/supervision sessions that were a required part of the first-year curriculum for the Master of Counselling Psychology: Art Therapy program at Adler University Vancouver. The subjects started the program in September 2016 and the evaluation process was administered on March 30, 2017, in the penultimate session of the second semester. This was the end of the pilot study and the sessions did not continue into the summer semester. In addition to providing data for this research study, the feedback from the subjects was also used by the faculty to assess the project from a curriculum perspective and to make suitable adjustments for the new incoming cohort in September 2017. The evaluation presented will include both quantitative and qualitative data.

Subjects

The subjects of this study were all members of a first-year cohort of trainee postgraduate art therapists on the Master of Counselling Psychology: Art Therapy program at Adler University Vancouver. This university is part of the original Adler University in Chicago, Illinois. The subjects were all female and 12 of the subjects were in their early to mid-twenties. The 13th subject was in her early thirties. Four subjects were of Asian ancestry, and 9 were of European ancestry. Two subjects had American citizenship and were in Canada on study visas, and 11 had Canadian

citizenship. The Canadian subjects came from three provinces: British Columbia (the site of the research study), Alberta, and Ontario.

In terms of educational backgrounds, 6 subjects had completed undergraduate degrees in either fine art or art education, and 7 subjects had either studied other relevant subjects at undergraduate level (psychology, anthropology, sociology) or had relevant professional training (nursing). All subjects had completed a mandatory course in basic counseling skills, and had some relevant experience (e.g., working with children in an arts program, volunteering for a suicide crisis line, etcetera) prior to beginning the first year of the program.

Personal therapy cannot be mandated for professional training programs in British Columbia, but was highly recommended as needed and some members of the cohort were either actively engaged in their own therapy throughout the time frame of this study or had previous experience of personal therapy.

Admission to the program required that applicants present an art portfolio showcasing their skills and experiences of working with a variety of art mediums in 2D and 3D. Ongoing engagement in personal art-making was a course requirement, and this was facilitated by the keeping of a daily drawing journal (which was presented at the end of the first semester and assessed as part of the subjects' ongoing evaluations), completing "The Artist's Way" program created by Julia Cameron (a second semester requirement), and participation in a weekly facilitated studio class (again, in the second semester).

During the first semester, all subjects were required to engage in a Social Justice Practicum (SJP), often across several agencies. The intention of this experience is to develop awareness of social justice issues through direct experience of facilitating Open Studio art-making sessions (based on the Art Hives model

created in Quebec) with clients who are experiencing discrimination, marginalization, poverty, or social or psychological instability. While not intended as a therapeutic intervention *per se*, experience of facilitating these Open Studio sessions is intended to start to prepare students for their clinical practicum experiences in their second year by developing basic counseling skills and interventions and by building confidence in introducing clients to a wide variety of arts mediums and creative directives. These first-year practicum experiences also introduce students to the theory and practice of clinical supervision, and develop skills around observation, phenomenological inquiry, curiosity about the process and product of therapeutic arts-making, and self-reflective practice.

Hypothesis and Research Questions

As previously stated, the hypothesis of this research study is that the PlaySpace/supervision model will significantly support the development of professional identity and clinical thinking in this cohort of postgraduate trainees.

To explore this hypothesis, some of the questions that need to be considered include:

- What is meant by clinical supervision in the field of expressive arts therapy?
- What are the purposes of the PlaySpace and supervision sessions?
- Are those intentions made clear to the students?
- What factors support or hinder the students' abilities to engage effectively in these learning experiences?
- In what ways is arts-making in a professional training context useful or not useful in supporting the development of professional identity and clinical competency?

- What can be extrapolated from this study to the broader context of expressive arts therapy training and practice?

Results

Please note that the terms *art therapy* and *art therapist* are used here to fit the specific context of this study.

Quantitative Evaluation Questions

This a discussion of the written evaluation given to the subjects (see Appendix A where original can be read).

In the written questionnaire, subjects were asked on a standard Likert scale of 1–5, where 1 is “This does not apply to me,” and 5 is “This totally applies to me,” to rate their responses to the following statements. (See Appendix A.) This is an average of all the scores:

- The PlaySpace/supervision sessions have helped develop my professional identity as an art therapist.

Score range: 3–5 Average: 4.0

- The PlaySpace/supervision sessions have helped develop my identity as an artist/creative person.

Score range: 3–5 Average: 4.23

- The PlaySpace/supervision sessions have helped me to work therapeutically with a variety of art media.

Score range: 2–5 Average: 4.38

- The PlaySpace/supervision sessions have supported my understanding of counseling and art therapy theories.

Score range: 2–5 Average: 3.77

- The PlaySpace/supervision sessions have supported my understanding of counseling and art therapy practices.
- Score range: 4–5 Average: 4.54
- I have used these sessions to reflect on clinical experiences in Open Studios and SJP's.
- Score range: 4–5 Average: 4.38
- These sessions have supported my ability to be self-reflective.
Score range: 3–5 Average: 4.54
- I have used the PlaySpace sessions to self-soothe or to 'step away' from my clinical experience for a few hours.
Score range: 3–5 Average: 4.83
- PlaySpace and group supervision has helped me to manage differences of clinical opinion and/or interpersonal tensions more effectively.
Score range: 2–5 Average: 3.54
- I find the PlaySpace sessions being non-directive helpful.
Score range: 3–5 Average: 4.46

Given the small size of the subject cohort, statistical significance cannot be inferred from the qualitative data. However, even with this limitation in mind, trends can be seen in the first part of the evaluation process. Primarily, the responses to questions in this first section average in the 4–5 range, with subjects generally indicating that:

- The PlaySpace/supervision experiences were helpful in developing a professional identity as an art therapist.
- The sessions helped to maintain or develop the subjects' sense of themselves as creative people.

- The sessions helped them to develop confidence in working with a variety of art mediums and to feel skillful in using them with clients.
- The PlaySpace/supervision groups helped subjects to better understand the *practice* of counseling and art therapy.
- These sessions supported the subjects' abilities to reflect on experiences gained at Social Justice Practicum sites, and to develop their own self-awareness (professionally and personally).
- The PlaySpace/supervision sessions offered a space in which subjects could disengage from clinical experiences or academic expectations when needed and engage in creative self-soothing activities.
- The generally non-directive approach to the PlaySpace part of the weekly process was valuable to the subjects.

Slightly lower average scores were given for the question asking about developing awareness of counseling and art therapy theory (which was never a specific intention of the PlaySpace/supervision process, as it is covered in a required course elsewhere in the curriculum), and the question relating to developing the subjects' abilities to manage interpersonal differences. This latter question will be explored in more detail later in this chapter relating to the qualitative feedback, and in Chapter 5.

Qualitative Feedback

In the same document, participants were asked to answer questions about how the PlaySpace and group-supervision sessions in the program had helped or hindered them in different ways. (See Appendix A.) Below are the specific questions and the subjects' responses.

- In what ways has the PlaySpace/supervision process helped or hindered: Your developing professional identity as an art therapist?
 - “Allowed insights into other’s work and experimentation.”
 - “PlaySpace has allowed me to explore my creativity in ways I would have never done on my own. ‘Having’ to do art in a technology-free zone made me play. I didn’t have the option of getting other things done or catching up on school work. I had to do art. It was great.”
 - “helped me see a bit more clearly what clients go through when they work with an art therapist—more empathetic.”
 - “it provided me with an example of what art therapy & being a counselor was, while allowing me the freedom & room to grow uniquely.”
 - “Learning about the experiences of others. also experiencing and experimenting with art therapeutically and as expression.”
 - “collaborative environment. understanding/seeing how to maintain a therapeutic PlaySpace”
 - “While I enjoyed the freedom of non-directive art making, I liked it when I was given the directive to think of myself as an art therapist. It gave me a chance to critically view who I am and becoming as an art therapist.”
 - “Being able to pick the brains of the established art therapists and participate in PlaySpace has given me a clearer idea of how this whole art therapy thing may look in the wild.”
 - “It has helped somewhat. It has mainly helped me reflect on my thoughts of my own professional identity as an art therapist, but it

hasn't directly influenced my professional identity in anyway (that I'm aware of)."

- "PlaySpace/supervision has helped develop my professional identity as an art therapist mainly through observing how the facilitators hold a space (through role modeling)."
- "know more about what it's like to be a client and facilitator."
- "PlaySpace provided ideas of responding to art, interacting with my creativity & check-ins & outs. Supervision (in the first few weeks) helped with practicing questions directed @ art & gaining insights into my art & that process in others."
- "helped me experiment with medias for certain situations. Helped me talk out my experience. Problem solve. Ask for help."
- Your identity as an artist/creative person?
 - "Allowed space & material to experiment."
 - "My creativity increased 100-fold through PlaySpace. My ability to problem solve through creative means has increased in a meaningful way, and my confidence with art has increased."
 - "helped to support ideas/concepts from classes surrounding my identity as an artist. The space and time to freely create art was a nice break from practicums, classes, homework, etc."
 - "It provided a place to practice and 'get into' the artistic process. 2 hours was perfect. I wouldn't do more or less."
 - "exploring new mediums and styles. And being able to create just for the sake of creating has been nice, especially coming from a fine arts major background."

- “open up to the room using art materials.”
- “I have not created this much art on a regular basis prior to joining this program. The PlaySpace has challenged me to look into my creative well & it has been a good practice as an emerging art therapist.”
- “The biggest obstacle to living a creative life is not creating, and PlaySpace gives me the space to allow myself to create. Having time that is set aside and scheduled for art making is really valuable in this regard. Over the past 7 months, I have created more art, finished more pieces, and been engaged with art materials more than I have in the 5/6 years previous.”
- “It has helped me become more creative & understand my own thoughts a bit better. I’ve always been a creative person!”
- “having an open directive allows me to explore my creativity but also the differences that exist between fine arts and the therapeutic arts which is important to my artist identity.”
- “know more about the different mediums I enjoy using.”
- “PlaySpace: great place to safely create. Supervision did not contribute to this.”
- “experiment with art types. Discover my needs in studio space.”
- Your ability to work therapeutically with a variety of expressive arts media?
 - “Allowed space & materials needed.”
 - “I feel much more comfortable with working with art materials! I now have a pocket full of interesting things to do with clients.”

- “the variety of materials available allowed me to explore and discover what I most enjoy + explore the [word unclear] of control.
- “it was cool. I just picked up whatever felt right in the moment. I didn’t think to use it to experiment with new media, I just tried new things when I felt like it.”
- “see the last answer about my identity as a creative person.”
- “speaks to the mood/subjective events that are currently present in my life.”
- “I was always drawn to the same medium—for the ease or something about the watercolour [sic] that just grabbed my interest. I could have experimented with more variety of mediums.”
- “I’m not sure it has, as I still gravitate towards the same mediums I have always enjoyed. That is not to say there isn’t some variation, but I know what I like to work with and explore so I stay there often.”
- “The many art supplies available allowed me to feel more open as to how I express myself & use the art mediums. I did feel that doing art was therapeutic.”
- “Since the space is set up with a variety of media, it gives me the option to work with all types of mediums. Furthermore, the safe space helps in encouraging me to try different art mediums.”
- “having freedom to explore was helpful.”
- “Lots of supplies provided & the set up of both group & more private tables was very helpful.”
- “helped me test out different media in the moment. Dialoguing.”
- Your understanding of counseling and art therapy theories?

- “Through feedback during supervision.”
- “My understanding of different theories did not increase that much through PlaySpace, but it was very nice to have [facilitator] around to answer questions and to dialogue with regarding theories and counseling techniques.”
- “I don’t remember counseling and art therapy theories being directly addressed, however, PlaySpace/supervision allowed me to ‘try out’ how my theoretical orientation impacts how I engage with others as a counselor/art therapist.”
- “I don’t feel like we discussed those much.”
- [Not answered.]
- “the environment, tea, cookies, light music, (air) smells, visually clean space, lots of materials & time. great supervisors who care & work respectfully with the group.”
- “It gave me a glimpse of how a typical art therapy session may occur, but I don’t feel we explored much theory.”
- “Mostly in terms of responding to and processing the art (i.e. the different response directives).”
- “It helped immensely because I obtained the viewpoints directly from those who have been a practicing RCC and/or art therapist for a great amount of time. It also helped that there were recent graduates that can relate to my experiences as a grad student.”
- “I haven’t understood any more counseling/art therapy theories because we don’t explicitly talk about those relationships (between counseling, art therapy and open studios).”

- “the sharings [sic] of instructors and classmates was helpful.”
- “PlaySpace offered ideas as to how to approach one’s interaction with art & created works.”
- “Not a whole lot. But it helped me to understand the supervision process. Helped with reflecting.”
- Your understanding and use of counseling art and therapy practices?
 - “Through feedback & others’ experiences.”
 - “My understanding grew exponentially! I now have a great memory to refer to when I need to do groups, facilitate art-responses, opening/closings and groundings.”
 - “the supervision portion allowed me to observe and participate in a group led by an art therapist/counselor. I was able to see what practices made sense to me and how they could be used during a session.”
 - “this one was crazy helpful. As I stated earlier, this gave me an example of what I was learning in school. A hands-on extra learning activity that cemented the lessons for me.”
 - “reflecting and dialoguing with art.”
 - “the environment again, the people who facilitate. A welcoming, safe space to enter creatively. very accepting group.”
 - “It was helpful to have a chance to create something & take it to supervision & discuss it.”
 - “See above.”

- “The way that those who are overseeing us in PlaySpace allows me to get an idea of how I will practice in the future. I’ve learned to be myself with clients.”
- “allowing myself the opportunity to openly explore helps me work with my own clients better knowing that I’ve gone through the process as well.”
- “the sharings [sic] and suggestions from instructors and classmates were helpful.”
- “PlaySpace gave a way to see how creating, check-in & out with art & dialoguing with art feels.”
- “learned reflections, dialoguing, need for a therapeutic space.”
- In what ways have you used these sessions to reflect on your clinical experiences in Open Studio sessions and practicums?
 - “Artistic processing & sharing questions & experiences.”
 - “These sessions have given me a safe place to do reflective art, which has helped me understand myself and my reactions to practicums/clients.”
 - “deepening my understanding of clients experiences through response art and dialoguing with art. Deepening my understanding of my own experience/reactions/emotions, etc., during the practicums through response art and dialoguing with art.”
 - “I would ask for suggestions or advice on how to do things differently after experiencing something not great. Or ask in advance like, “what are some good directives for clients like ___?””

- “Supervision was useful in allowing me to talk about my experiences in SJP and get feedback from peers & my supervisors. I sometimes use PlaySpace as a time to reflect on SJP experiences and document them visually, as well as things that came up during supervision.”
- “The non-directive approach so others don’t feel forced or restricted.”
- “I was late in starting my SJP so I did not have a lot of opportunities to use what I did/learned here at my SJP.”
- “My clinical work takes place during the early week, so generally I have already done my own work surrounding my clinical experiences. I often use Open Studio to explore myself independent of those experiences.”
- “If anything troubling happened at practicum I used the sessions to get advice. I am very open to sharing my experiences because I want to become the best art therapist I can be.”
- “I use the emotions that I’ve felt in my sessions with clients to drive the art that I create in open studio sessions.”
- “Creating art that reflect my clinica/SJP experiences.”
- “I do this in my own outside supervision.”
- “When not given a directive, I generally just make art to self soothe.”
- In what ways have these sessions supported your ability to be self-reflective?
 - “Allowed for processing.”
 - “Wow! These sessions have been amazing for allowing me to explore my self! I love reflecting on my art and wish we had more time to do this. I am inspired to start a daily reflective journal.”

- “provided the space, time, materials, and guidance to be self-reflective.”
- “It gave me some time to do it that I wouldn’t have on my own without this guidance. It helped teach me the importance of self-care. And reflection during self-care.”
- “Documenting & expressing my feelings and experiences visually, and then discussing the image with my peers and supervision allowed me to reflect on my feelings and make new connections or support previously made connections.”
- “the reflections and dialoguing with the art in the end of PlaySpace sessions.”
- “Creating space & time allowed more intentional self-reflection.”
- “They’ve allowed me another method to explore myself and have encouraged me to do so. Having a scheduled time to sit, create, and reflect has been wonderful. I feel both as though I’ve learned a lot about myself & that there is still so much to discover.”
- “These sessions enabled my ability to be self-reflective to a greater degree and made me realize how much I wasn’t doing that in other aspects of my life—or even before Adler.”
- “Response art has been really helpful in terms of reflecting back what I have worked on.”
- “Offering/teaching us different ways to self-reflect, giving us the freedom to choose how to reflect.”
- “Slightly—although a safe space I did not feel comfortable exploring deeper areas & because of this hindered my ability to fully reflect.”

- “Looking at why I did the art.”
- In what ways have you used the PlaySpace sessions for self-soothing or to step away from challenging issues for a while?
 - “Mindfulness [sic] art.”
 - “In so many ways! I normally wouldn’t take so much time to ‘just do art’. This space has really made me let go and have fun. I also recognize the importance of free-art time now.”
 - “exploring art materials just for fun. Focusing on playful exploration. As a break from classes, practicums, homework.”
 - “I step away from school stress for a while but still learn. I do not normally think of homework while hear [sic]. But I feel comfortable asking facilitators for advice when I do think of it.”
 - “Being able to focus on creating something and getting to choose how deep or meaningful it is or isn’t is useful in providing wind-down time, and much needed time to create art. Outside of PlaySpace I hardly have the time or energy to create art for myself.”
 - “the atmosphere in the room allows me to tap into a happier realm and forget about things that bother. being able to draw/express freely/not judgemental [sic]. “
 - “To process a difficult situation that happened in my life, making art helped bring my emotions down & containable.”
 - “I don’t think I have. Generally I use the time allotted in order to be reflective or work on personal pieces, but never have I intentionally self-soothed here. Normally I don’t need to in this space and do so outside of PS in my own life.”

- “If I’ve been stressed out about something, I allowed myself to unwind during the art-making process and not necessarily have a plan of what to do.”
- “I use whatever material I feel most comfortable with to self-sooth [sic].”
- “Choose the art medium that I enjoy doing, I have fun with it, I set time and space apart for myself.”
- “I work with art to self sooth [sic] in my life so this was another time to do so. I do NOT feel supervision time help me self-soothe.”
- “Making art unrelated to practicum, or making art for another reason, like homework.”
- Reflecting back on the first two semesters of your training, what has most challenged your ability to use the PlaySpace and supervision sessions effectively?
 - “Interpersonal conflict (with colleagues).”
 - “I really disliked the non-directive space at first. I wanted to be given directives! However, I came to love the space because it was non-directive. A non-directive space allows for total freedom of creativity and takes away the ‘directive-support’ that sometimes hold an artist back.”
 - “lack of confidential storage after the move. Being uninspired and overwhelmed by other school related things.”
 - “Not understanding what was expected of me for SJP stuff. I think having a facilitator that is kept up-to-date on what is needed of us in terms of SJP hours would be crazy helpful. I feel more comfortable

asking these people than other staff in my program because of the relationship we establish. I think if facilitators were able to confidently tell us what is expected of us we could get even more out of PlaySpace cause we could use it more wisely.”

- “I think I felt more hesitant in the beginning to share, but have become more comfortable over time. The campus move was disruptful [sic] but I think we’ve been able to adjust.”
- “school on Fridays. when you didn’t go to supervision prepared to speak. when you got into a hit & run accident. when both legs gave up (due to a bad fall).”
- [Not answered.]
- “Nothing? Maybe trying to create while surrounded by others who may or may not be loud?”
- “To be honest, I appreciated the directives but I liked it when it was more of an open studio format (in the PlaySpace time).”
- “Usually only when I’m feeling unmotivated or tired, I find it hard to always stay present in the art-making process.”
- “In the beginning not knowing what to do (without a directive) then learned to come up with my own directive, but there’s another directive available. The decision to tell myself it’s OK, I don’t have to do that directive, and then do my own directive instead.”
- “Being busy and conflicting scheduling. Not fully feeling the usefulness of supervision, therefore it became a lower priority given the many other things on my plate. Art brings up quite deep reflections & I found it hard to want to enter these spaces because I

did not feel comfortable sharing & left feeling quite 'open'. Impacted personal life!"

- "The lack of therapeutic feeling at this new campus. I make service level art now that can be thrown away because there is not much confidentiality here."
- How did you work with those challenges?
 - "Discussed with supervision leader, will use PlaySpace to explore options."
 - "I got mad and then apologized! Ha ha! I also started exploring different ways to have fun doing art."
 - "by focusing on play."
 - "miscommunication. is what happened. Eventually one of us would ask our practicum advisors something that made us realize we had misunderstood something all along, or we would learn something that felt contradictory [sic]."
 - [Not answered.]
 - "I had to give myself time by resting in bed."
 - [Not answered.]
 - "Try to tune them out or sit relatively apart from the main group."
 - "I did the directives anyway & then did my own thing after—or didn't to the directive at all & just did my own thing."
 - "I drew how I felt or collaged it and most of the time, I would feel better afterwards."
 - "I reflect upon it to understand myself better. I talked to my group during supervision."

- “Chose to not come when I felt it would be ‘dangerous’ for me.”
- “Like I said, working service level. Something I don’t mind if someone saw or if it got lost or ruined.”
- How have you experienced the concept of Radical Hospitality in the PlaySpace? (e.g., nurturing? supportive? dis-empowering?)
 - “Comforting. Compassionate. Supportive. Encouraging. The best thing ever. Helps with my self-compassion.”
 - “Yes! I love radical hospitality! PlaySpace always had tea and snacks present. The facilitators were ready to change water and help whenever needed.”
 - “very supportive and helpful!”
 - “YES!!!! thanks so much for all the tea and cookies!”
 - “I like it ☺ I use it in my SJP and I’ve noticed it really helps people feel welcome, which was my personal experience as well.”
 - “Yes, definitely. clean space when entering. Snacks & tea. Scents—sage. materials set out. Asking whether there is anything else people need from facilitators. cleaning up after.”
 - “The support of the facilitators were very evident & I found comfort in the warmth of their presence.”
 - “Heck yes!”
 - “AMAZING. Always love the tea & offering of changing my water jug. ALSO! The snacks were good and I always felt welcome.”
 - “Always providing tea + food, and always offering to change the water in the pitchers if necessary.”

- “Supportive and respectful. Caring. Giving us space to do our own art while being attentive to support us.”
- “Supportive & a nice change to daily life.”
- “Food, tea, facilitators getting us new water, checking in with us during and sometimes outside of group.”
- The PlaySpace sessions are largely non-directive. Has this been a helpful approach? If not, what guidance would be helpful?
 - “Optional directives would be nice.”
 - “Yes and No. As I stated previously non-directive approaches allow for creative growth. However, a directive approach may have allowed for exploration of more therapeutic techniques.”
 - “yes! However. I think reminding us of the near us/far ‘directive’ every so often would have been helpful.”
 - “Yes. it gave me freedom.”
 - “I found the change from non-directive to directive at the end to be a little disruptive. I think a combination of both from the beginning would allow for relaxation and focus on a particular subject of reflection to happen.”
 - “Yes. I don’t feel restricted. I usually bring in an idea before PlaySpace!”
 - “Yes, but I also enjoyed some directive approach in between, too. Sometimes, I found it hard to take my art out of the “safe” PlaySpace to talk/debrief in the other room. I think I would almost prefer to debrief the art at the end of the PlaySpace session. This is esp. the case b/c we talk about practicum related subjects in the supervision.

Or if supervision occurred first, I did not have a chance to debrief that day.”

- “I find it has been helpful to have the freedom to do what calls me or what I need in the moment. Perhaps directives would also be helpful, but we’ve only had 2 so I cannot speak to that.”
- “Yes—it was helpful.”
- “Yes. I really like the non-directive because every week, I would feel different and bring in different experiences.”
- “Yes it has been. Having directives every other week for the first 8–10 sessions might be helpful, then letting us go free to explore.”
- “Yes, I like to explore with my own creativity directing the process.”
- “I prefer non-directive, but sometimes I struggle with making something. Sometimes helpful, sometimes not.”
- How have you experienced the opening and closing rituals of the PlaySpace?
 - “Great! I enjoy clear opening & closing activities/rituals.”
 - “Yes.”
 - “help to clear my mind and prepare me to create!”
 - “I’ve enjoyed them. They create a safe space.”
 - “I feel it helps to bracket or contain the experience so it doesn’t feel like it can be negatively effected [sic] by the outside world.”
 - “Yes. small activities/questions on how I am feeling this week or day. And closing with the same/similar Q.”
 - “The check-in and closing seemed appropriate. As said above, I would have liked to debrief my art each time before we closed.”

- “Yes.”
- “Great—I liked the variety of different check-ins & the gong bowl—it’s great to get a minute to close your eyes & do a mini meditation.”
- “I like them—always has a positive vibe.”
- “They’re helpful to start and end, having a proper closure. I enjoy appreciation/self-reflecting verbally more than meditations.”
- “Nice and great ideas to use in SJP’s.”
- “Through breathing, guided imagery. Other ways to make us grounded and feel in tune. I like them.”
- How have you experienced the facilitators' presence and holding of the space and the process?
 - “Allows enough space for me to do what I need but still be supported.”
 - “The facilitators were warm, open, and always there when needed. Additionally they replied to emails promptly and were professional in their ability to track time and student attendance.”
 - “super supportive! Lovely, wonderful, etc. 😊”
 - “Very well! Freedom, calming, there when I need them to help with lifting or reaching or have questions about therapy.”
 - “Good 😊 at first it was a little weird to have people just sitting there and watching us make art, but I got used to it and enjoy having someone to grab me things if I’m right in the middle of something.”
 - “Yes. see “Radical Hospitality.””
 - [participant linked answer to this question to their response to previous question about radical hospitality.]

- “I think so.”
- “Always warm and inviting. [Facilitator name] was always himself & always helpful.”
- “Always subtle but still very present. 😊”
- “They’ve been present and available to us. They bring a positive and caring atmosphere/attitude to the space.”
- “Helpful, but due to the setting (university therefore see these people outside of space) it made it hard to ask for support when things came up.”
- “Love it. Always feel welcomes and encouraged to share. Not shut down.”
- PlaySpace and the supervision group are intended to be parts of one process of clinical supervision. What differences have you noticed between starting with the PlaySpace session and then going into supervision versus starting with supervision and then moving into the studio?
 - “I have less to share when starting with supervision.”
 - “Good question! I much prefer doing art first! It gives me space/time to process whatever I need to process before discussing supervision needs. Additionally, PlaySpace sometimes brings up issues I want to deal with in supervision.”
 - “both have pros and cons. PlaySpace first means that you can bring your own art into supervision and discuss it. Supervision first means that you can discuss your clinical experiences first and make art based on that (if you want).”

- “I used to prefer starting with art & ending with talk but now I have no bother either way.”
- “I prefer starting with PlaySpace and moving into supervision because then I have some art to show if I don’t have much to say that day. However I have had the experience of something coming up in supervision and PlaySpace being very helpful in allowing me to work through my feelings. I felt much better afterwards. I guess the combo is good?”
- “I would like to do PlaySpace first. Due to lunch time, I tend to want to unwind a little before going in deeper in conversations from SJP.”
- “I feel I covered this question here [response to question about non-directive approach].
- “I might be more likely to be annoyed or otherwise in a poor mood when starting with supervision and moving into PlaySpace, and in a better mood when starting with PlaySpace before supervision.”
- “Sometimes I preferred to do one thing before the other, but it’s not that big a deal.”
- “Sometimes if I have clinical/SJP things that I’d like to talk about, I find supervision first being really helpful. But if I don’t have much to talk about for a particular week, PlaySpace helps spark that conversation.”
- “Having PlaySpace first allowed us to bring art into supervision. Having supervision first allowed us to reflect on our discussions after through art. They are both nice in different ways.”
- “PlaySpace first definitely best.”

- “when art-supervision, I have art to bring and talk about. But usually art not related to SJP. When supervision-art, I have a better idea what to do with my art since talking about SJP.”
- How have the PlaySpace and group supervision sessions supported you to effectively manage interpersonal challenges in the group and/or differences of clinical opinion between you and your peers/colleagues, and you and your supervisors?
 - “Feedback & PlaySpace’s room to explore the feedback has been great.”
 - “We have found a common ground in PlaySpace for the most part.”
 - “gives us guidance in where to start with these issues and how to do so in a professional and caring way.”
 - “I’m a lot closer with the people in my group then [sic] I feel I would have been otherwise.”
 - “See my last answer.”
 - “I would bring in concerns/Q’s and having them acknowledged by an art therapist (lovely [facilitator’s name] makes me feel less stressed & encourages me to move forward with decisions making in SJP.”
 - “I didn’t take the differences of clinical opinions challenging, so I haven’t needed to process it that way.”
 - “They haven’t.”
 - “I feel that the sessions have helped my interpersonal challenges & helped me move past issues & move forward. I appreciate all perspectives because it opens my mind. What good is it to be narrow-minded?”

- “It’s always been about holding a safe + welcoming space—it’s knowing that it’s okay to have differences in opinion.”
- “They provide a safe environment for us to share openly. There were helpful recommendations and support from instructors and classmates.”
- “I do not feel any major differences.”
- “It helps give me perspectives I may have not considered previously. Helps me to fully process and reflect.”
- How does PlaySpace experience affect: Your ability to engage in the group supervision process?
 - “Allows me to ground & collect my thoughts.”
 - “It has increased my confidence in bringing up issues in a group. It has also allowed me to increase my listening skills in a group setting.”
 - “gets me thinking about where I’m at, my practicum during the week, etc.”
 - “it encourages my ability.”
 - “I have something to talk about even if I don’t have much or anything to say regarding my practicums.”
 - “speaking/dialoguing with artwork can tell me what might be going on in my life (letting the unconscious surface).”
 - “I have never received group supervision before, so it was interesting & I learned a lot from hearing others’ experiences.”
 - “It doesn’t.”
 - “I sometimes have days where I am in the corner engaged in my own art, but other days when I am socializing more so than doing art.”

- “there’s more to talk about! 😊”
- “Bring art into supervision to discuss/share.”
- “Nice to start with art.”
- “gives me art to talk about to start off the conversation.”
- Your confidence or anxiety in using the group supervision?
 - “Allows me to make sure I know what I want to share & how.”
 - “My confidence has increased greatly!”
 - “boosts my energy! When I focus on play!”
 - “I feel comfortable and confident.”
 - [Not answered.]
 - “I notice it go down unexpectedly.”
 - “Some days when I created something personal that I needed to debrief about, I didn’t always feel comfortable bringing it up in the group.”
 - “It doesn’t.”
 - “It doesn’t affect it.”
 - “makes me more confident (?). I’m also just really comfortable with everyone.”
 - “Not a lot.”
 - “Depending on what came up in art, it either helped or very much made me protect or hide experiences in PlaySpace.”
 - “gives me a starting place to talk.”
- Your confidence in working with clients?
 - “Allows me to explore materials & become confident with them.”

- “Oh my! My confidence has increased SO much! So much! My facilitators have become role models in a way. I often think, “what would [facilitator] do?” when I am in a confusing situation during practicum.”
- “increases my confidence because I know the materials better and because I’ve sort of experienced the client role.”
- “Yes! Having you guys as examples helped. Sometimes during practicum I think, ‘what would [facilitators’ names] do?’ and then I do it.”
- “I feel confident in working with radical hospitality in my own groups.”
- “only in supervision when I speak out the problems/challenges & get answers/encouragement back.”
- “I think hearing others’ feedback of their SJP experiences normalized my anxiety/challenges & gave me confidence to keep trying with my clients.”
- “I feel like I have more tools, particularly in responding to or processing art.”
- “Greatly. I am more confident from participating in PlaySpace—because I’m receiving guidance.”
- “It boosts my confidence! Because I become more comfortable with art therapy.”
- “Not a lot.”

- “Nice to get the experience of being in a creative group. Makes me want to be watchful for changes in externalized emotions and ways of being.”
- “gives me experience with the materials. I can recommend them to clients.”
- Your skills in case conceptualization?
 - “So far, it hasn’t.”
 - “Um, I can’t say my skills in case conceptualization has really increased due to PlaySpace. . .”
 - “more aware of different ways to conceptualize cases from a strength-based perspective.”
 - “I honestly still don’t know exactly what that means.”
 - [Not answered.]
 - “N/A”
 - “None.”
 - “It doesn’t.”
 - “I haven’t had to do many of these (written).”
 - “I’m still scared/unsure about case conceptualizations.”
 - “using art to reflect on the client(s).”
 - “Not really.”
 - “Not much.”
- Your ability to use a range of interventions and strategies with clients?
 - “Allows verbal exploration of multiple strategies & feedback.”

- “Heck yes! I now have a ‘back pocket’ full of exercises! I also now have experienced a lot of different interventions myself, which has prepared me for what to expect when working with clients.”
- “gave me more ideas (both from peers and supervisors) in different kinds of interventions.”
- “It was more a micro skills practice for me than that.”
- “time to experiment and try new things and work on new skills.”
- “I feel more empowered to experiment.”
- “I don’t know if PlaySpace encouraged me, but hearing others talk about their experiences & the mediums they used gave me ideas.”
- “It doesn’t. Since the space was largely non-directive, it doesn’t provide me with any interventions/strategies to employ later.”
- “Well, I feel that I mostly learn about interventions in class, with an exception of directly asking for how to intervene in certain situations in practicum.”
- “Since it’s an open studio experience, my ability to explore with different materials helps me do that with my clients.”
- “offered different opening/closings, space to explore with art techniques.”
- “Check-ins & out helpful & expanded repertoire.”
- “through reflection and dialoguing techniques.”
- Your ability to self-care outside of supervision?
 - “Reminds me & comforts me when I need to take time for myself.”
 - “Oh my, yes! In addition to using The Artists’ Way, this class has really encouraged self-care! I wonder if The Artists’ Way could be

used in conjunction with PlaySpace to create even greater self-care learning?”

- “Confirms that art is a method of self-care that works for me! Makes me more motivated to make art outside of PlaySpace.”
- “Yeah! It taught me how to feel during self-care. Something to aim for.”
- “reframing my experience as a fine-arts major where art was for grades & to meet certain criteria. better understanding of art as self-care.”
- “unblocks the creative way of being.”
- “oh, outside of supervision. . . Hmm . . . I’m not sure if it contributed much. I used the PlaySpace as my self-care.”
- “I do more art as self-soothing now.”
- “Greatly. I’ve learned the importance of self-care. It is extremely important that I take care of myself during stressful times.”
- “It makes it easier to self-care outside of supervision, because it gives me more ideas to work with.”
- “Introduced the experience of art for self-care. Giving us the taste of it and helping us realize the importance of it.”
- “Not really.”
- “art for self-soothing. Helps me get a move on on making art.”
- What areas of diversity might you have a deeper understanding of, as it relates to your personal identity and/or your clients since the beginning of the supervision course?
 - “Aboriginal heritage. Non-verbal individuals.”

- “I’m not sure my ideas regarding diversity have changed however I have become more open to learning from others.”
- “how different people experience creating art in the same space with the same materials, etc.”
- “This is really hard to answer for just supervision because I have learned so much about myself over the course of the entire first year in grad school. This helped, though I do not now [sic] how/where/with what.”
- “Understanding better how it feels & the experiences of homeless people, and having opportunity to talk to others, peers & supervisors, in their experiences.”
- “we had a session to focus on this. Eye opening. Another reason why SJP is so beneficial to our involvement with the community at large.”
- “the topic on culture/diversity really opened my eyes & gave me an opportunity to dig deeper into my client’s diverse background.”
- “None for clients. A lot of my personal work in PlaySpace was about noticing and not judging my emotions/felt sense, but I didn’t explore any areas of diversity.”
- “On the outside clients may seem scary, but actually to give them unconditional positive regard makes a world of difference. They start to feel like a normal person. It helps. Some circumstances can happen to anyone.”
- “-cultural, LGBTQ, students vs. senior resident. . .”

- “The difference of art in an academic sense and art in art therapy. Further understandings were made about the DTES [Downtown Eastside of Vancouver] population and elderly population.”
- “N/A”
- “Learning where I stand in relation to my client and being aware of the gay so that I can try and lessen it. Like not wearing pearls to East Van, but wearing them in West Van, for example.”
- How has your SJP impacted you and your perception of social justice?
 - “My SJP has allowed me to continue ‘giving back’ to the community & allowed me to explore many areas/issues of the community”
 - “I love my SJP! I have really learned a lot from working with clients. My perception of social justice has changed in the sense that I now see the need for more supports in every field! Many intelligent people are marginalized due to lack of resources. Looking at free mental health centres needs to take place!”
 - “made me more aware of the issues that women and their children who experience domestic violence in Canada.”
 - “I learn more of that through my peers outside of school than here. This I use to explore what I learn in a safe and comfortable environment.”
 - “having experienced working in the community I have a stronger and more informed interest in working and helping in the community.”
 - “I feel more comfortable in the outskirts of the town (DT eastside) or in West Vancouver. I see the differences in the various populations.

Acknowledge these and it changed my judgements. I feel more connected.”

- “Working with marginalized population who are on the severe end of the psychopathological spectrum, it has given me more understanding, patience & compassion for those. I see on the streets differently now.”
- “I don’t think it has. I’m still eternally raging at a system that stacks the odds against many folks, and doing what I can from within that system to provide support, relief, and justice to others.”
- “Everyone needs a second chance (or more). We are all human—we are all equal.”
- “Art therapy works and it gives people hope! Everyone’s equal in a practicum site and that helps everyone help everyone.”
- “To see how privileged [sic] some people are over the other. Some have the freedom to go wherever they want, buy whatever they want, and do whatever they want, whenever they want. Some people do not have that freedom.”
- “opened my eyes. See the effect of reaching out & the impact a couple of hours 1/week can truly have.”
- “stepping out of my comfort zone. Bringing materials to a place without. Art as therapy.”
- How comfortable were you in PlaySpace and supervision to share your feelings, thoughts & insights?
 - “For the most part, very.”
 - “Very! But that’s more just me! My facilitators were also non-judgemental and welcoming!”

- “very comfortable!”
- “Very! It’s like group therapy. I imagine. I’ve never been in group therapy other than this so I probably shouldn’t say that so boldly.”
- “more over time.”
- “I am comfortable because everyone is friendly/accepting. The facilitators & the group I’m with!”
- “Mostly comfortable.”
- “Probably more comfortable in PlaySpace. Moderate, I suppose, in supervision.”
- “So comfortable. I’m close with my cohort & it’s all confidential.”
- “Very comfortable.”
- “Very comfortable!”
- “Not very.”
- “very comfortable. Felt welcomed and never shut down.”
- Do you have any recommendations to improve the course to be more inclusive of diversity?
 - “Encourage acceptance of diversity of expression within “classical” artistic mediums/directives.”
 - “No! I can’t think of anything.”
 - “maybe more directives focusing on diversity?”
 - “nope. It was super great. ☺”
 - [Not answered.]
 - “clearer rules of the intentions of PlaySpace/supervision. More variety of teas & cookies (please ☺).”
 - [Not answered.]

- “As the space was non-directive, we didn’t really explore anything to do with diversity. I suppose one could argue that is the most diverse way to do it, or the least. I’m not sure at this time how to improve it, honestly.”
- “I can’t think of any.”
- [Not answered.]
- “No. Thank you for your care and support!”
- [Not answered.]
- “N/A”
- Given that this is the first year this model of supervision has been trailed, what feedback would you give to the university about the overall experience? What would you like to see changed or modified?
 - “More snack options please.”
 - “I loved it! I think everyone should be given PlaySpace (even the MCP’s!). It would be interesting to do The Artists’ Way in conjunction with PlaySpace and maybe dedicate 1 hour to open creativity and 1 hour to a directive.”
 - [Not answered.]
 - “I think one facilitator should be educated and kept up-to-date on what is expected of us & needed of us when it comes to SJP, especially what sort of hours we need and when. I [sic] would alleviate a lot of stress & confusion.”
 - “Combo of directive & non-directive”
 - “I wish I knew that the hours were included in SJP so I wouldn’t had to worry so much midway. ☹”

- “As I said before, adding time to share, debrief after (or as part of the closing) of the PlaySpace would be beneficial. Also, in case someone does need a one-to-one debrief, create a separate space with another facilitator/supervisor to debrief? Or make it part of the PlaySpace design so that it normalizes the process and someone who needs to use that room won’t feel bad about it.”
- “I think my own difficulties with PS or supervision came from my own interpersonal relationships and felt sense of ‘goodness of fit’ which isn’t something the university can control. Perhaps a few more directive sessions throughout both semesters.”
- “Overall experience was wonderful. 12–4 is a good time—however I would like more of a break in between because I feel like I’m always going straight into the other room without a break.”
- “I liked it the way that it was.”
- “Having alternating weeks of directives and non-directives for the first 2 months, then once (directive) a month to reflect on clients/SJP experiences can be helpful to the process. While directives are optional still. Thank you for the experience!”
- “WAY too long; 1 hr of PlaySpace & 1 of supervision enough! Mix of directives and non-directives. Maybe a better way to help people feel safe if things come up/are triggered in art. Recognition that although this is a ‘safe space’, our roles are all changing when we leave this definitely impacts safety & felt confidentiality.”

- “I really enjoyed this. Sometimes I felt that there was more I wanted to say in the supervision, but did not have time or would take up someone else’s time.”

Principle Themes

Again, with a small cohort such as this, statistical significance of the qualitative data can only be inferred, but trends did emerge that are worth highlighting here.

Developing Professional Identity

The responses to this first question were largely positive. Being given permission to play and be creative with minimal direction was seen as a valuable learning experience, as well as being able to learn from others and hear about and ask questions of experienced professionals who are well established in the field. While not intended as a therapeutic experience for the subjects, the PlaySpace part of the process did give some students a tentative understanding of what expressive arts therapy sessions might be like for clients. For others, it allowed them to experience professional expressive arts therapists creating and holding an Open Studio space, facilitating 2-hour group process, and offering a variety of opening and closing rituals.

Creative/Artistic Identity

Whether subjects came from a fine arts undergraduate degree or not, the overall response to this question was positive. Being invited into a space designated for creative exploration (whether of self or of practicum experiences) and being given permission to explore different arts mediums were seen as valuable experiences. As one subject stated, “The biggest obstacle to living a creative life is not creating, and PlaySpace gives me the space to allow myself to create.”

Working with a Variety of Arts Mediums

Most subjects responded affirmatively that having a wide variety of arts mediums available to them enabled them to explore new mediums experimentally and to gain confidence in using them with clients. Several subjects noted that they still tend to gravitate toward familiar mediums, but were now doing so mindfully and that these choices often indicated a need for self-soothing in the creative space.

Understanding Theories

Most responses to this question indicated that theories, if mentioned at all, were primarily discussed in the more formal part of the PlaySpace/supervision process. Several comments were made about the value of being able to link theory to practice in the PlaySpace studio when something was emerging and the subject was curious about how this could be explored theoretically.

Understanding Counseling and Art Therapy Practices

Being able to engage in PlaySpace as a participant was generally seen as a positive learning opportunity. Being able to experience being invited into a creative studio space that had been carefully prepared, engaging in a variety of opening and closing exercises, being given permission to play and experiment with arts mediums, and having all of this facilitated by experienced expressive arts therapy professionals allowed the subjects to use these experiences when creating their own Open Studio sessions in their practicum sites. The invitation to create response art at the end of each PlaySpace session and then to take that and the art piece to supervision developed curiosity, reflective practice, and an ability to hold in mind multiple perspectives, interpretations, and ideas for future interventions.

Using PlaySpace to Reflect on Clinical Experiences in Practicum

The answers to this question were more varied. While some subjects used PlaySpace to reflect on clinical experiences, others primarily used supervision for this process and used PlaySpace for personal exploration or to take a break from school and practicum issues for a while.

Using PlaySpace to be Self-Reflective

On the whole, this question elicited very positive responses. Being given time, space, and materials enabled many subjects to feel they had permission to be self-reflective and, therefore, could embrace the experience. One respondent mentioned the issue of not feeling safe enough to go very deep in the space (or to not share very deeply about their art-making in supervision), and this will be explored further in Chapter 5.

Using PlaySpace to Self-Soothe or to Take a Break from the Training for a While:

One of the explicit intentions of this process was that the arts-making could be used to get as close to or as far from clinical or academic issues as the subject needed in that moment. The permission to play and have fun in the studio was an important directive for many, especially those who found it difficult making time for their own personal arts engagement due to the demands of the program. Returning to familiar mediums was a theme for many when thinking about using the process for self-soothing.

What Has Challenged your Ability to Use PlaySpace and/or Supervision Effectively?

This question elicited a variety of responses. One subject stated that “interpersonal conflict (with colleagues)” challenged their ability to engage effectively (no further details were offered) and this will be developed in Chapter 5.

For subjects who had an undergraduate degree in fine arts, the freedom and non-directive approach of the PlaySpace process offered some challenges. Being invited to use art mediums without necessarily having to focus on technique or justify creative choices was a new experience for many, and moving from old experiences of art school critiques to more enquiring and reflective processes offered in expressive arts therapy supervision was quite a major shift in expectation and mindset for many with more formal fine arts backgrounds. Other issues that challenged subjects' abilities to fully engage in the PlaySpace/supervision process included frustrations with the university as a whole, or unclear curriculum expectations that they brought with them into the studio space. The move to the new campus also created challenges (for students as well as faculty). Many subjects reported that the new studio, while bigger and better laid out in many ways, lacked something (the spirit and energy) of the old space, and that the initial lack of space to securely store art work confidentially led some subjects to create art work that could either be destroyed immediately after the session, or that did not leave them feeling exposed if seen by people outside of their group and facilitators. While some of this was brought to the supervision sessions for discussion, some subjects noticeably withdrew during the second semester. One subject stated that they "chose not to come when it felt it would be 'dangerous' for me."

Radical Hospitality

Every subject responded positively to the question of the offering of Radical Hospitality (a key component of the Art Hives model. Words like comforting, compassionate, respectful, and supportive were used and that this enabled subjects to engage more fully in their creative explorations.

The Non-Directive Approach of PlaySpace:

In general, subjects liked that the PlaySpace sessions were non-directive. In the second semester, several directive sessions were included and received well. One respondent suggested that the first semester could have had alternating directive and non-directive PlaySpace sessions to develop a balance of free exploration with being invited to explore specific issues. The second semester could then have been totally non-directive once subjects were more at ease with the intentions of the process and the creative freedom. This will be explored further in Chapter 5.

Opening and Closing Rituals

Again, this question elicited very positive responses, both on a personal level (as the rituals created a sense of predictability and holding) as well as offering moments of experiential learning that could be applied to social justice practicum sites and as ideas for future clinical practicum settings.

The Experience of the Facilitators' Presence in the Space

Words such as warm, supportive, and respectful were used. One subject stated that, "at first it was a little weird to have people just sitting there and watching us make art, but I got used to it and enjoy having someone to grab me things if I were right in the middle of something."

Starting with PlaySpace versus Starting with Supervision

There were mixed responses to this question. Some subjects were very clear that they prefer starting with PlaySpace, as it allows them to focus and that insights and questions emerged while art-making that they could then take to supervision. Others were more flexible and recognized that issues could emerge in supervision that could then be effectively explored in the PlaySpace immediately afterward.

Using this Process to Manage Interpersonal Challenges or Differing Clinical Opinions

While, in general, responses to this question centered around the group feeling safe and that this allowed for differences of opinion or for conflicts to be resolved quickly, one respondent stated quite clearly that these sessions did not help at all. This theme will be explored in more detail in Chapter 5.

How Does PlaySpace Affect your Ability to Engage in Group Supervision?

Most subjects reported that the PlaySpace sessions supported them to engage more effectively in group supervision by giving them a space to reflect on their learning and experiences, and to have something tangible (art pieces) to take to supervision. The process also seemed to build subjects' self-confidence over time and reduced anxiety. The process also developed the subjects' confidence in working with clients and facilitating Open Studio sessions at their practicum sites (although, again, several subjects reported that the PlaySpace sessions had no effect in developing self-confidence or reducing anxiety).

Case Conceptualization

This was never an explicit intention for the PlaySpace/supervision process, given that this was a first-year cohort, so this question was just included out of curiosity. The assessment and case conceptualization course is offered in the summer semester of the first year to prepare students to start their clinical practicum in the second year, so most students responded, as would be expected, that this model did not support their learning around case conceptualization.

Using a Range of Strategies and Interventions with Clients

Most subjects responded that the PlaySpace sessions developed their understanding of art therapy strategies and interventions through direct personal experience and experimentation, or through hearing of techniques and directives

used by peers. Several subjects stated that they learned nothing about this in the PlaySpace, but got ideas from other classes that explicitly taught about interventions.

Art-Making as Self-Care

In general, most subjects reported valuing personal art-making for self-care and were more actively engaged in art-making for this purpose than they were before starting the program.

Awareness of Issues Around Diversity and Difference

Most subjects reported being much more aware of and sensitive to issues of diversity and difference due to being able to explore practicum issues in supervision. One subject reported feeling less afraid when going to their practicum site in the Downtown Eastside of Vancouver (an area of high poverty, marginalization, and complex mental health and addiction issues). Another subject stated that they were beginning to understand the differences between arts in an academic/fine arts setting, and arts in expressive arts therapy.

Awareness of Issues Relating to Social Justice

Most subjects reported that they had used supervision positively to help them process experiences gained in social justice practicum sites and to begin exploring issues such as poverty, discrimination, marginalization, oppression, and privilege. For some, this was very new learning, while, for others, this deepened their already existing awareness of these issues.

Comfort Sharing Feelings, Thoughts and Insights

While most subjects reported feeling very comfortable sharing their thoughts, feelings, and insights, one respondent recognized that this was something that

increased over time, and another reported feeling not very comfortable. This will be explored further in Chapter 5.

Suggestions for Improving the PlaySpace/Supervision Model

While most subjects valued the model as it was, some suggestions included:

- At the beginning of the first semester, offering clearer guidelines and expectations about the model and its intended learning outcomes.
- Offering a combination of directive and non-directive sessions (possibly in a predictable way so that subjects know in advance what to expect when they walk into the studio).
- Being able to debrief about the art or the art-making process as part of the PlaySpace component.
- Spending more time at the beginning working with building group safety and rapport.
- Clearer guidelines at the beginning around how to prepare for and use the supervision part of the process.
- One respondent stated that the process was “WAY too long” and that “1 hr of PlaySpace and 1 of supervision [is] enough!”

These themes and suggestions will be further developed and recommendations suggested in the following concluding chapter.

CHAPTER 5

SUMMARY, DISCUSSION, AND RECOMMENDATIONS

Summary

Problem

This research study aimed to explore the issue of arts-based supervision in general, and to evaluate a site-specific model of arts-based supervision in particular. This model was the PlaySpace/supervision model created for the Master of Counselling: Art Therapy program cohort who started their first year of training at Adler University Vancouver in September 2016. This is a professionally accredited arts-based clinical training program. In offering trainees a creative time and space as part of a weekly clinical supervision process, four central intentions for the process were outlined by facilitators at the beginning of the project:

1. Trainees could use the creative process to explore their developing identities as mental health professionals.
2. Trainees could explore their own creativity through experimentation with a variety of art mediums in a non-directive (or minimally directive) way.
3. Clinical issues emerging through training and/or social justice practicum experiences could be brought to awareness through creative exploration and discussed in supervision.
4. Trainees could learn how to engage with their own creativity for self-reflection and/or self-care.

Given that most models of clinical supervision are based on theories and practices developed within talk therapy modalities, placing creativity at the center of

the supervisory process for trainee expressive arts therapists is a relatively under-researched approach. This particular model (which was a pilot program to be evaluated for this research study and for curriculum development by the art therapy faculty at Adler University Vancouver) was comprised of the weekly supervision experience being offered in two parts. The first part was a 2-hour, non-directive (or minimally directive), Open Studio process called PlaySpace in which students were invited into the creative space by two facilitators to use a variety of art mediums to explore the four thematic intentions detailed above. The second part was a 2-hour group supervision in which students could take art produced in the PlaySpace, along with images of art created by clients, and questions and observations about issues emerging in their clinical work.

Method

This model of arts-based supervision was offered to a first-year cohort of students on the Master of Counselling Psychology: Art Therapy program at Adler University Vancouver. The cohort consisted of 13 students (12 full-time and 1 part-time). The process was facilitated by four members of staff (an experienced expressive arts therapist who trained at another institution in Vancouver, two recent graduates of this program, and this researcher) who had no other teaching roles or administrative duties at the University. Given the size of the cohort, the group self-selected into two smaller groups at the beginning of the first session. Group A started with the PlaySpace experience and then moved into supervision, while Group B started with supervision and then moved into the PlaySpace. The following week, Group B started with PlaySpace, and this alternating pattern continued throughout the two semesters. The process started in September 2016 and ended in early April 2017.

The four facilitators met weekly for an hour of peer supervision to review observations of the sessions, reflect on individual and group dynamics, explore how students used the space, time, and art materials, and to discuss any concerns. While not a regular part of this supervisory process, periodically the facilitators also engaged in arts-making in their supervision session to explore and process their experiences.

The final evaluation process was administered in the penultimate session of the second semester in the format of a detailed questionnaire that sought to elicit both quantitative and qualitative data. This questionnaire was created by this researcher and the lead art therapist supervisor. Students took an hour to complete the evaluation and all signed informed consent forms allowing their responses to be used as part of this research study (knowing that their confidentiality would be assured and that no identifying information would be included in this report).

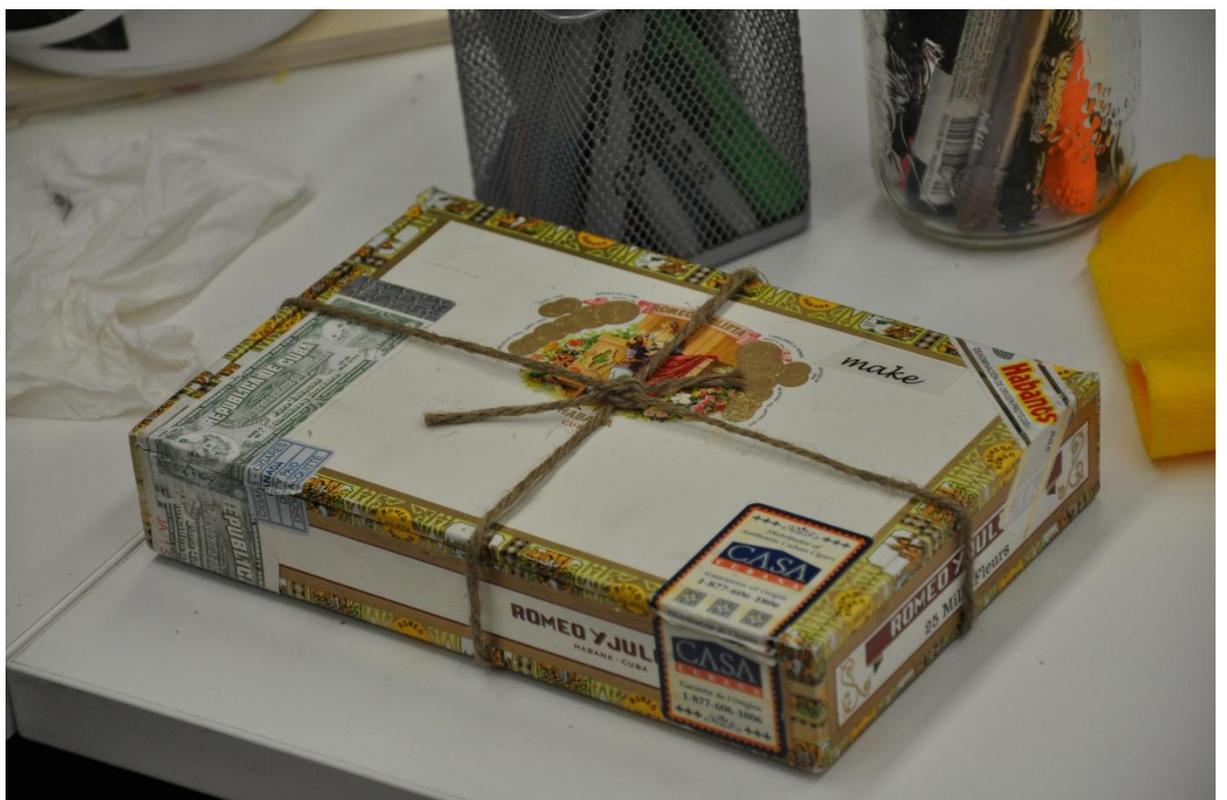
Results

Given the small size of the study cohort and the lack of a control group, no statistical significance can be inferred from either the quantitative or qualitative data gathered. However, notable themes did emerge, both through observation of the cohort by the facilitators over the time of the study, and through responses to questions in the final evaluation process.

In general, the PlaySpace/supervision process was seen as being helpful in allowing students to explore their emerging identities as professional art therapists. The sessions were also useful in allowing them to explore their relationships with their own creativity, their identities as creative people, their skills with a variety of art materials, and their confidence in introducing clients to different mediums and creative directives. The process gave them direct personal experience of the *practice*

of counseling and art therapy (albeit within the context of supervision rather than personal therapy). The sessions seemed to be less useful in terms of developing an understanding of the *theory* of counseling and art therapy, but that was never an explicit intention for PlaySpace/supervision and students acquired this learning through other specific theoretical courses.

The use of PlaySpace to reflect on clinical experiences elicited a mixed response. While some students valued PlaySpace for this purpose, some used the process for more personal self-reflection (which brought to their awareness issues that could better be explored in personal therapy), and others valued the sessions as a time to move away from school and clinical issues and take care of themselves. These latter responses were from students who found it hard to make time for creative activities in their free time and who were appreciative of having a mandated (or highly encouraged) arts-making time each week. There was a notable difference in the ways students with fine arts degrees initially engaged with PlaySpace versus those students from other academic backgrounds. The former often struggled with the invitation to play at first, bringing with them as they did experiences of arts-making needing to fit certain technical and aesthetic parameters, having to explain and justify every creative decision, and expecting their arts pieces to be critiqued and graded, as they would have been at art school. Conversely, students from other academic backgrounds seemed more able to give themselves permission to play and experiment, but also struggled with fears around not being proper artists and often negatively compared (or feared others would negatively compare) their creative technical skills with those of their peers from fine arts backgrounds.



Figures 3 and 4: Guatemalan worry dolls and their home.

The above two figures are an example of a subject's work in their first semester. The Guatemalan worry dolls were a directive the subject wanted to try

with a client, so used the PlaySpace to experiment with the process and the materials for herself. Her response art was to create a home for the dolls in the cigar box lined with felt. She then felt the need to close the tie it with string to help the dolls feel safe. This process was a valuable learning experience for her personally, as well as for developing confidence professionally.



Figure5: A subject exploring gesture and movement with paint on the floor

Another noteworthy point that emerged through observation of the cohort over time, as well as through feedback from some of the students in the final evaluation, was that the group was largely conflict avoidant. As would be expected within any group of people brought together to work in such an intense way, interpersonal differences and difficulties emerged. From the beginning, the facilitators set up the studio space so that there were some tables together for people to work communally (around a shared collective space), and other tables placed close to the windows where people could choose to work alone. While the explicit

message from the facilitators was that students could move these tables and set up the space however they wished, they rarely altered the opening set-up, and students almost always chose to work in the same spaces each week. In their own weekly supervision, the facilitators often speculated on why the same students chose to work around the communal tables in the middle of the room, and the others always chose to work more separately by the windows. Naturally, issues such as personal styles (extroverts versus introverts, for example) were discussed, as well as whether students preferred to create in a collective space (even when working on individual arts pieces) or whether they chose the more separate spaces so as to focus on their arts-making with minimal distractions. While all of these may have been relevant factors in each student's choice of where to work and how to use the space and time, what also emerged through observation and in the final evaluation was that there were underlying tensions in the group. While some students stated how safe they felt in the group, that they liked and valued everyone, and that the group cohesion was very important to them (all of which may have been true), others clearly referenced feeling unsafe, and were therefore less willing to be vulnerable by sharing too much of themselves in their expressive art. They reported that PlaySpace/supervision did not support any exploration or resolution of these feelings, and that they managed this by withdrawing from the group and the process somewhat, or by creating art that was minimally revealing and disposable.

This lack of psychological safety in the group was exacerbated at the beginning of the second semester when the university moved to a new campus a few blocks away. While students were very much involved in this process (being invited to create rituals to close the old studio space and open the new one), many found the process disruptive and unsettling. Issues around Wi-Fi access, not being able to

immediately find art materials, and no initial storage space for confidential art pieces became significant causes of frustration, and hostility toward the university and the faculty became a focus of PlaySpace/supervision for a number of weeks. While understandable and justified, the facilitators speculated that this may also have been a way for tensions within the cohort to be expressed indirectly.

Discussion

While not providing statistically significant data, this research study seems to support the importance of expressive arts therapists continuing to actively engage in their own creativity, both for professional and personal reasons, that writers such as Allen (1992, 1995, 2011), Moon (1992, 1997, 2002), Ramseyer (1990), Salom (2013), Wadson (2003), and Wix (1995, 1996, 2010) all highlight. Throughout the history of the profession, expressive arts have moved from center stage to the wings and back again as different views on mental health work have come and gone, and it is important to remember that the roots of expressive arts therapy lie in the work of people who primarily defined themselves as artists, performers, or art educators. This can be seen in the evolution of expressive arts therapy, as well as within single-modality approaches such as music therapy, dance/movement therapy (Halprin, 2008), and drama therapy. The expressive arts *are* the treatment, and psychological theories and techniques have become integrated into the process, both to further the understanding and practice of the facilitator, and to be able to talk about what happens in sessions and why that may be clinically important with colleagues working within different disciplines. A shared language allows us to take our place among other mental health professionals and to explain the rationale for offering what we do as part of a client's therapeutic treatment plan.

The current professional climate places arts-making right at the heart of professional identity, practice, and clinical thinking, and recent developments in neuroscience (Hass-Cohen & Carr, 2008) and research into mindfulness (Rappaport, 2013; Stull, 2016) have added scientific credibility to the work of expressive arts therapists. The study seems to endorse the belief in the central importance of arts-making for clinicians, both trainees and experienced professionals. Moon (2002) talks about the value of art therapists continuing to cultivate and explore their identities as artists, and that active engagement with arts-making, whether that is personal art-making or creating response art (Fish, 2012, 2017), enhances an expressive arts therapist's critical thinking and shapes how they create a therapeutic space, choose art mediums and directives, and introduce clients to the process of therapeutic arts-making. For example, students in this cohort were able to use the PlaySpace sessions to process and externalize challenging experiences gained at their social justice practicum sites. Rather than pathologizing these experiences as vicarious trauma, facilitators of the PlaySpace/supervision sessions took the harm's touch approach outlined by Fish (2017), in that personal responses to sharing a client's trauma history can hold value as well as risk. Our reactions to such stories can help shape the work we do, and also help to highlight our own vulnerabilities or sensitivities so that we start to know our personal limits and how to take care of ourselves.

A variety of approaches to response art were offered in the first semester as a way of learning through experience. Letter writing (Campanelli, 1990), response art (Fish, 2017) and phenomenological inquiry were all used in various ways to support the development of the cohort. In the second semester, no explicit directive was given around how students should respond to the art they made in the PlaySpace.

Given the experiential and expressive nature of the PlaySpace sessions, it was easy for group members (or the group as a whole) to psychologically regress at times. The invitation to play and create without expectations supported this. In terms of learning, this was often a valuable teaching moment and allowed students to reflect on how deeply or how far from their clinical experiences their art-making took them, which also brought up issues around fear, excitement, permission, childhood, vulnerability, and old creative wounds (negative messages or experiences about a subject's creativity) from parents or school. Clearly, supervision is not personal therapy (Carrigan, 1993). However, with carefully co-created healthy boundaries, personal issues can be brought to awareness in supervision and the supervisor can support the supervisee to find suitable ongoing support for that elsewhere, so that the focus of the supervisory process can remain on the clinical work. One of the challenges experienced in the PlaySpace/supervision process was that we were not clear enough at the very beginning of the study about the purpose of the sessions. Being a very young cohort, few members had ever been in personal therapy of any kind, so the line between supervision and therapy was sometimes unclear. Certainly, in the first semester, several students were clearly working through very personal issues in the PlaySpace and then either over-shared in supervision, or became overwhelmed with vulnerability or shame and shut down. In hindsight, spending more time in those first few sessions explicitly talking about intent, ways to use the sessions (without being too directive), the differences between supervision and therapy, and co-creating healthy boundaries so as to start to build a sense of safety and trust would have been an important foundation for the rest of the study. Like any new trainees, they wanted rules and clear, absolute directives, and many struggled with the apparent freedom and the invitation to play. While, for me,

there is a definite line between supervision and personal therapy, in supervision (especially arts-based supervision) there is sometimes an invitation for the supervisee to step very close to that line (or even move it a tiny bit) so as to bring to conscious awareness issues that the supervisee might then choose to explore more deeply in their own therapy. This awareness allows the supervisee to keep their clinical work as clear of their own personal issues as possible. Naturally, in our work with clients we can (and should) be affected by the stories our clients tell us or the ways they relate to us, and knowing when to process our reactions in supervision and when that is more appropriate for personal therapy is part of developing a strong self-reflective practice.

An interesting side-note on the issue of over-sharing was a student who, in the supervision part of the process, shared a very raw triptych of paintings relating to a challenging personal experience. In itself, it was probably not the safest space in which to share something so personal, but the student also talked about wanting to put the pieces up in the living room of her home so that friends could see them, and maybe that she would also post images of them on social media. As someone from a fine arts background, this level of personal disclosure through their art was a normal process and, as Carpendale (2011) says, this was someone who had experience of growing up digitally (a person who has only known current digital technologies and for whom using social media is a normal part of their everyday life). In supervision afterward, the facilitators initially expressed concern about the student sharing her experiences so publicly. However, as we explored this further we had to acknowledge that her relationship with the art she created encouraged this disclosure, that she (potentially and maybe with some support) had the internal resources to manage this if she chose to, and that living a very public life through social media is

a norm for this generation. (It is worth noting that three of the four facilitators were over 40 years old and had very different relationships with social media)

The opposing stance to the students who over-shared or who were getting close to working on personal issues in PlaySpace were those who were much more tentative (or even avoidant) about exploring the potential of the PlaySpace. These students primarily used the sessions for self-care or to take a break from the explicit demands of postgraduate school work and clinical experiences for a while, often choosing to use familiar arts materials in predictable ways. In supervision, they often wanted to focus primarily on practicum questions and, when they did share their artwork, either had little insight into the layers of meaning (about the process or the product) or had a fixed interpretation and did not appear open to other perspectives. I state this here not as a criticism of individual subjects, but more as a comment on the importance of building trust and safety in any group and as a speculation that this is something that we could (and probably should) have spent more time on in the first few sessions so that students could have begun to explore their own levels of safety, discomfort, and personal boundaries. Not only would this have supported the development of the PlaySpace/supervision process, but would also have been a valuable experiential learning opportunity that the students could have applied to their own clinical work. With more support from the facilitators, the group might potentially have been able to start addressing issues of difference, anxiety, fear of exposure, and covert competition.

It was decided at the beginning of the study that the facilitators would not make art alongside the students. While many expressive arts therapists endorse the value of the therapist or supervisor engaging in arts-making alongside their clients or supervisees (Fish, 2017; McNiff, 2015; Moon, 1997, 2002;), it was felt that this

would not be appropriate for this cohort. Both as a young group and a group of first years, issues around comparison, competition, and rules about right and wrong would be too easily evoked and we did not know the group well enough to know if this could be useful or detrimental. In general, I think this was a wise decision and it allowed us to hold the space and attend to individual needs effectively. With a group of second years, with more training and experience, we might have made a different decision.

An interesting issue that arose after the evaluation process was complete and the data analyzed was that no arts-based feedback was invited from the subjects in the evaluation process. The idea of seeking arts-based responses to the two-semester process was not even considered by the facilitators, which is interesting given the context of the research and the subject of this study. The challenges of arts-based research are discussed in McNiff (2013), Kapitan (2014), and Moon and Hoffman (2014). The perceived need to justify expressive arts therapy research outcomes by providing scientifically endorsed statistical results (quantitative data) and/or semi-hard results (through subjective, verbal, qualitative data) makes researching expressive arts therapy challenging. Using the currently accepted scientific protocols as a basis for effective research in this field may result in presenting results that do not fully reflect the complexity of the work that expressive arts therapists do, whether that is with clients or, as in this case, with trainees in supervision. The question, then, is how do we as a profession create new ways of doing arts-based research that honors the need for us to be able to explain and justify our work in wider academic and clinical contexts, while also honoring the sometimes intangible reasons why expressive arts therapy works so well as a therapeutic modality?

A final issue for discussion is the use of the studio space itself, particularly in the context of the university moving a short distance from an old campus to a new one early in the second semester. As facilitators, we were attuned to the anxiety many students expressed prior to the move and actively involved them in preparing for the move. They created a ritual to honor and close the old studio space, and one to open and welcome the new one. The new studio was in a brand-new building and work was still being finished when the transition happened, giving us and the students many logistical challenges, as well as being an emotional process of change. While the new studio was arguably a better space (bigger, more natural light, better storage, etcetera), it also felt very new and unused. Like the old studio, the new space has served as a teaching room and the very explicit instructions posted by faculty about how to return the room to this function after PlaySpace at first seemed to inhibit both facilitators and students in how the room could be used. Being the first students to splatter paint on the floor brought up lots of thoughts and feelings (angry defiance and fear around “am I allowed to?”) and initially also made the facilitators self-conscious and awkward in the space (creating a parallel process of “who’s going to stop us?” and “dare we make a mess?”). Again, in hindsight, this could have been a valuable teaching moment to discuss ways to create a sacred space in which to offer art therapy, especially when the setting is less than ideal.

Recommendations

As previously stated, this was a small cohort with a few distinct biases in terms of age, gender, and cultural backgrounds, so further study would be valuable. This could include:

- A formal, pre-study evaluation process to establish a clearer baseline from which change could be measured.

- Larger cohorts or a larger number of cohorts across a variety of professional training programs.
- Cohorts that offered more diversity in terms of age, gender, and cultural background.
- Control groups (hard to create and potentially unethical to offer different training experiences within the same institution).
- Trialing a similar model of supervision across other single-modality training programs (e.g., music therapy, dramatherapy, dance/movement therapy). This would provide an interesting cross-modality comparison, although it would entail re-thinking the PlaySpace portion of the process. Using music, drama, or dance/movement would require a different kind of studio space, different equipment, and would probably require a more facilitated group-based process as opposed to the more individually focused art-making of the current PlaySpace model.
- Trialing a PlaySpace/supervision model for trainees on a multi-modal expressive arts therapy program. As previously stated, very little research has been done around supervision for multi-modal expressive arts therapists and this could be an incredibly interesting and rewarding study proposal. Again, the use of the studio space and equipment required would need to be considered. (At the time of this study, no suitable expressive arts therapy training program was available to research in the Vancouver area, although such a program is being created and due to take in its first cohort in the fall of 2017).

For this last point, Zografou (Chesner & Zografou, 2014) outlines a beautiful and relatively simple model of expressive arts therapy supervision that requires six

people: The *Teller* (who is one of the supervisees who is presenting an issue or case), The *Visual Artist* (who creates a visual response to the narrative), The *Mover* (who creates a dance or movement in response to the narrative), The *Poet/Singer/Storyteller* (who offers a few lines of a poem, song, or story reacting to the cultural context of the narrative), The *Colleague* (who offered insight and experience based on their own clinical work), and The *Supervisor* (who holds the space and the process, and who directs the group's attention to each performance). Hannah Sherbersky & offers a model of expressive arts therapy group supervision where the presenting supervisee is invited to embody and enact their client, and use other supervisees to sculpt a particular scene or family dynamic that the group can then explore (Chesner & Zografou, 2014). Butte' and Hoo & use body-oriented, movement-based therapeutic approaches in their clinical supervision (Chesner & Zografou, 2014). Bainbridge-Cohen (2008) says:

The mind is like the wind and the body like the sand; if you want to know how the wind is blowing, you can look at the sand. Our body moves as our mind moves. The qualities of movement are a manifestation of how mind is expressing through the body at that moment. (p. 4)

These could provide an opening model for research into expressive arts therapy supervision. They could also be used as models of clinical supervision offered to other mental health professionals, such as psychologists, psychotherapists, and psychiatric nurses, who do not typically use expressive arts in their mental health practice, but who might find value in using these approaches to gain different perspectives and insight into their clinical work.

In terms of my recommendations for this site-specific model, I would refine it in several ways. In the first few sessions, I would be more explicit about the intentions for the process. This would include:

- Educating the group more fully about the purpose of PlaySpace as a preparatory process for supervision.
- The use of PlaySpace as a non-directive (or minimally directive) arts-making process to explore professional identity, relationship with creativity, experimenting with art materials, the use of therapeutic studio space, creativity for healing, growth, and self-care, and as a way to explore intra-psychic and interpersonal dynamics.
- The reasons for having opening and closing rituals (and therefore the importance of arriving on time).
- More detailed explanation regarding what clinical supervision is for, how to prepare for it and use it, and the ethical guidelines about the importance of ongoing supervision.
- The differences between PlaySpace/supervision and personal therapy.
- The importance of using creativity to develop a self-reflective practice.

I would spend the first few sessions working explicitly with the group around ways to create a safe/sacred space in which to work, personal and group boundaries, trust, vulnerability, and mindfulness. Given that the students interact with each other in multiple ways throughout the week (as peers, co-facilitators on practicum, as participants in experiential groups, as study partners, and, sometimes, as friends), having clear boundaries, explicit expectations, and a good understanding about confidentiality and trust would all help to make the process a valuable learning opportunity. As several students commented in their final evaluation, clearer

expectations and intentions for the process and a balance of directive and non-directive sessions in the first semester would have been helpful.

I would also allow time in the PlaySpace studio for students to share and process their art-making process and product. To me, this seems a more natural way to reflect on their creativity than taking a break and having to move, with their art pieces, to another room for group supervision. I also question the amount of time allocated to each part of the process (4 hours in total). I know, for me, that would be too much time, and I would propose 60–90 minutes for each of the two parts.

A final recommendation (albeit a tentative one) is around creative over-kill or creative burn-out. In the second semester, the cohort divides into small peer groups to work together each week on *The Artist's Way* by Julia Cameron (2016), take a mandatory weekly studio class, and keep a Daily Drawing Journal. (This latter being required throughout the first two semesters.) While I am very much in support of keeping creativity at the heart of the profession, I wonder if there could a way to integrate these requirements so that arts-making remains a valued learning activity and does not become just another graduate school course assignment.

REFERENCES

- Allen, P. B. (1992). Artists-in-residence: An alternative to “clinicification” for art therapists. *Art Therapy: Journal of the American Art Therapy Association*, 9(1), 22–29.
- Allen, P. B. (1995). Coyote comes in from the cold: The evolution of the open studio concept. *Art Therapy*, 12(3), 161–166.
- Allen, P. (2011). The open studio. In Rubin, J. A. (2011) *The art of art therapy: What every art therapist needs to know*. New York, NY: Routledge.
- Bainbridge-Cohen, B. (2008). *Sensing, feeling, and action: The experiential anatomy of body-mind centering*. Northampton, MA: Contact Editions.
- Block, D., Harris, T., & Laing, S. (2005). Open studio process as a model of social action: A program for at-risk youth. *Art Therapy*, 22(1), 32–38.
- Brandoff, R., & Lombardi, R. (2012). Miles apart: Two art therapists’ experience of distance supervision. *Art Therapy*, 29(2), 93–96.
- Cahn, E. (2000). Proposal for a studio-based art therapy education. *Art Therapy*, 17(3), 177–182.
- Cameron, J. (2016). *The artist’s way: 25th anniversary edition*. New York: TarcherPerigee.
- Campanelli, M. (1990). Dialogue letter writing—A collaborative technique for beginning art therapists and their supervisors. *Art Therapy*, 7(1), 43–50.
- Carpendale, M. (2011). *A traveler’s guide to art therapy supervision*. Bloomington, IN: Trafford Publishing.
- Carrigan, J. (1993). Ethical considerations in a supervisory relationship: A synthesis. *Art Therapy*, 10(3), 130–135.

- Chesner, A., & Zografou, L. (2014). *Creative supervision across modalities: Theory and applications for therapists, counsellors and other helping professionals*. London: Jessica Kingsley Publishers.
- Clark, S. M. (2016). *DBT-informed art therapy: Mindfulness, cognitive behavior therapy, and the creative process*. London: Jessica Kingsley Publishers.
- Corey, L. (2006). *Expressive and creative arts methods for trauma survivors*. London: Jessica Kingsley Publishers.
- Deaver, S. P. (2012). Art-based learning strategies in art therapy graduate education. *Art Therapy, 29*(4), 158–165.
- Deaver, S. P., & Shiflett, C. (2011). Art-based supervision techniques. *The Clinical Supervisor, 30*(2), 257–276.
- Dreikurs, S. E. (1986). *Cows can be purple: My life and art therapy*. Chicago, IL: Adler School of Professional Psychology.
- Feen-Calligan, H. R. (2005). Constructing professional identity in art therapy through service-learning and Practica. *Art Therapy, 22*(3), 122–131.
- Feen-Calligan, H. R. (2012). Professional identity perceptions of dual-prepared art therapy graduates. *Art Therapy, 29*(4), 150–157.
- Fish, B. J. (2012). Response art: The art of the art therapist. *Art Therapy, 29*(3), 138–143.
- Fish, B. J. (2017). *Art-based supervision: Cultivating therapeutic insight through imagery*. New York, NY: Routledge.
- Gilroy, A., & McNeilly, G. (2000). *The changing shape of art therapy: New developments in theory and practice*. London: Jessica Kingsley Publishers.
- Greenspoon Linesch, D., Holmes, J., Morton, M., & Stark Shields, S. (1989). Postgraduate group supervision for art therapists. *Art Therapy, 6*(2), 71–75.

- Gussak, D. E., & Orr, P. (2005). Ethical responsibilities: Preparing students for the real art therapy world. *Art Therapy*, 22(2), 101–104.
- Halprin, D. (2008). *The expressive body in life, art, and therapy: Working with movement, metaphor and meaning*. London: Jessica Kingsley Publishers.
- Hass-Cohen, N., & Carr, R. (2008). *Art therapy and clinical neuroscience*. London: Jessica Kingsley Publishers
- Hawkins, P., & Shohet, R. (2012). *Supervision in the helping professions*, (4th ed.). London: Open University Press.
- Henley, D. (2002). *Clayworks in art therapy: Playing the sacred circle*. London: Jessica Kingsley Publishers.
- Hogan, S. (2001). *Healing arts: The history of art therapy*, London: Jessica Kingsley Publishers.
- Ireland, M. S., & Weissman, M. A. (1999, February). Visions of transference and counter-transference: The use of drawing in the clinical supervision of psychoanalytic practitioners. *American Journal of Art Therapy*; 37, 3.
- Jones, P., & Dokter, D. (2008). *Supervision of dramatherapy*. London: Routledge.
- Kapitan, L. (2006). Opening and closing: Transitional times in art therapy. *Art Therapy*, 23(1), 2–3.
- Kapitan, L. (2012). Educating the future practitioner of art therapy. *Art Therapy*, 29(4), 148–149.
- Kapitan, L. (2013). Contemplative art therapy and its trajectory of awareness, reinvention, and critical reflection. *Art Therapy*, 30(4), 140–141.
- Kapitan, L. (2014). Beyond self-inquiry: Does art-based research produce real effects in the world? *Art Therapy*, 31(4) 144–145.

- Knill, P. J., Levine, E. G., & Levine, S. K. (2004). *Principles and practice of expressive arts therapy: Towards a therapeutic aesthetics*. London: Jessica Kingsley Publishers.
- Knill, P. J., Nienhaus Barba, H., & Fuchs, M. N. (2004). *Minstrels of soul: Intermodal expressive therapy*. Toronto: E.G.S. Press.
- Lahad, M. (2009). *Creative supervision: The use of expressive arts methods in supervision and self-supervision*. London: Jessica Kingsley Publishers.
- Levine, E. G., & Levine, S. K. (2006). *Foundations of expressive arts therapy*. London: Jessica Kingsley Publishers.
- Levine, E. G., & Levine, S. K. (2017). *New developments in expressive arts therapy: The play of poiesis*. London: Jessica Kingsley Publishers.
- Levine, P. K. (2008). *Healing trauma: A pioneering program for restoring the wisdom of your body*. Louisville, CO: Sounds True Books
- Levine, P. K. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. Berkley, CA: North Atlantic Books.
- Levine, S. K. (2009). *Trauma, tragedy, therapy: The arts and human suffering*. London: Jessica Kingsley Publishers.
- Lahad, M. (2000). *Creative supervision: The use of expressive arts methods in supervision and self-supervision*. London: Jessica Kingsley Publishers.
- Malchiodi, C. A. (1999). Artists and clinicians: Can we be both? *Art Therapy, 16*(3), 110–111.
- Malchiodi, C. A. (2003). *Handbook of art therapy*. New York: Guildford Press.
- Malchiodi, C. A. (2006). *Expressive therapies*. New York: Guildford Press.
- Malchiodi, C. A. (2014). *Creative interventions with traumatized children*. New York: Guildford Press.

- Marano Geiser, R. (1990). Through the looking glass: II. Impact on the artist self. *Art Therapy*, 7(3), 110–113.
- McGraw, M. K. (1995). The art studio: A studio-based art therapy program. *Art Therapy*, 12(3), 167–174.
- McNiff, S. (1992). *Art as Medicine: Creating a therapy of the imagination*. Boulder, CO: Shambhala Publications
- McNiff, S. (1995). Keeping the studio. *Art Therapy*, 12(3), 179–183.
- McNiff, S. (1999). The virtual art therapy studio. *Art Therapy*, 16(4), 197–200.
- McNiff, S. (2013) *Art as research: Opportunities and challenges*. Chicago, IL: Intellect.
- McNiff, S. (2015). *Imagination in Action: Secrets for unleashing creative expression*. Boulder, CO: Shambhala Publications.
- Miller, A. (2012). Inspired by El Duende: One-canvas process painting in art therapy supervision. *Art Therapy*, 29(4), 166–173.
- Moon, B. L. (1990). *Existential art therapy: The canvas mirror*. Springfield, IL: Charles C. Thomas Publishers Ltd.
- Moon, B. L. (1992). *Essentials of art therapy training and practice*. Springfield, IL: Charles C. Thomas Publishers Ltd.
- Moon, B. L. (1997). *Art and soul: Reflections on an artistic psychology*. Springfield, IL: Charles C. Thomas Publishers Ltd.
- Moon, B. L. (2002). *Working with images: The art of art therapists*. Springfield, IL: Charles C. Thomas Publishers Ltd.
- Moon, B. L. (2006). *Ethical issues in art therapy*. Springfield, IL: Thomas Books.
- Moon, B. L. (2010). *Art-based group therapy: Theory and practice*. Springfield, IL: Thomas Books.

- Moon, B. L., & Hoffman, N. (2014). Performing art-based research: Innovation in graduate art therapy education. *Art Therapy, 31*(4), 172–178.
- Moon, C. H. (2002). *Studio art therapy: Cultivating the artist identity in the art therapist*. London: Jessica Kingsley Publishers.
- Odell-Miller, H., & Richards, E. (2008). *Supervision of music therapy: A theoretical and practical handbook*. London: Routledge.
- Orr, P., & Gussak, D. E. (2005). Getting tangles in the web: A systems theory approach to supervision. *Art Therapy, 22*(3), 161–163.
- Payne, H. (2009). *Supervision of dance movement psychotherapy: A practitioners' handbook*. London: Routledge.
- Ramseyer, J. (1990). Through the looking glass: III. Exploring the dark side through post-session artwork. *Art Therapy, 7*(3), 114–118.
- Rappaport, L. (2009). *Focusing-oriented art therapy: Accessing the body's wisdom and creative intelligence*. London: Jessica Kingsley Publishers.
- Rappaport, L. (2013). *Mindfulness and the arts therapies*. London: Jessica Kingsley Publishers.
- Riley, S. (2004). Reflections on the reflecting art therapy team in education and treatment. *Art Therapy, 21*(2), 88–94.
- Rogers, N. (1997). *The creative connection: Expressive arts as healing*. Mountain View, CA: Science and Behavior Books.
- Rogers, N. (2011). *The creative connection for groups: Person-centered expressive arts for healing and social change*. Mountain View, CA: Science and Behavior Books.
- Rubin, J. A. (2001). *Approaches to art therapy: Theory and technique*. New York: Routledge.

- Rubin, J. A. (2011). *The art of art therapy: What every art therapist needs to know*. New York, NY: Routledge.
- Salom, A. (2013). Art therapy and it's contemplative nature: Unifying aspects of image making. *Art Therapy, 30*(4), 142–150.
- Schaverien, J., & Case, C. (2007). *Supervision of art therapy: A theoretical and practical handbook*. Hove, UK: Routledge.
- Schreibman, R., & Chilton, G. (2012). Small waterfalls in art therapy supervision: A poetic appreciative inquiry. *Art Therapy, 29*(4), 188–191.
- Schuck, C., & Wood, J. (2011). *Inspiring creative supervision*. London: Jessica Kingsley Publishers.
- Stull, O. A. (2016). *Mindfulness-based art therapy eight session manual: For clinical application and research*. CreateSpace Independent Publishing Platform.
- Sutherland, J. (2016). *Insight into Adlerian art therapy: Through the lens of individual psychology*. Chicago, IL: Adler University Press.
- Tselikas-Portmann, E. (1999). *Supervision and dramatherapy*. London: Jessica Kingsley Publishers.
- van der Kolk, B. (2006). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. Boulder, CO: Guildford Press.
- van der Kolk, B. (2014). *The body keeps score*. New York: Viking Press
- Vick, R. (1996). The dimensions of service: An elemental model for the application of art therapy. *Art Therapy, 13*(2), 96–101.
- Wadson, H. (1990). Through the looking glass: I. When clients' tragic images illuminate the therapist's dark side. *Art Therapy, 7*(3), 107–110.

- Wadeson, H. (2003). Making art for professional processing. *Art Therapy, 20*(4), 208–218.
- Wilson, L., Riley, S., & Wadeson, H. (1984) Art therapy supervision. *Art Therapy, 1*(3), 100–105.
- Wix, L. (1995). The intern studio: A pilot study. *Art Therapy, 12*(3), 175–178.
- Wix, L. (1996). The art in art therapy education: Where is it? *Art Therapy, 13*:3 174–180
- Wix, L. (2010). Studios as locations of possibility: Remembering a history. *Art Therapy, 27*(4), 178–183.
- Yalom, I. D. (1975). *The theory and practice of group psychotherapy*. New York: Basic.

APPENDIX A

Play Space/supervision evaluation

Quantitative evaluation questions

On a scale of 1-5, where 1 is 'this does not apply to me' and 5 is 'this totally applies to me', please rate your responses to the following statement:

The Play Space/supervision sessions have helped develop my professional identity as an art therapist.

Not at all	Not really	Undecided	Somewhat	Very much
1	2	3	4	5

The Play Space/supervision sessions have helped develop my identity as an artist/creative person.

Not at all	Not really	Undecided	Somewhat	Very much
1	2	3	4	5

The Play Space/supervision sessions have helped me to work therapeutically with a variety of art media.

Not at all	Not really	Undecided	Somewhat	Very much
1	2	3	4	5

The Play Space/supervision sessions have supported my understanding of counselling and art therapy theories.

Not at all	Not really	Undecided	Somewhat	Very much
1	2	3	4	5

The Play Space/supervision sessions have supported my understanding of counselling and art therapy practices.

Not at all	Not really	Undecided	Somewhat	Very much
1	2	3	4	5

I have used these sessions to reflect on clinical experiences in Open Studios and SJP's.

Not at all	Not really	Undecided	Somewhat	Very much
1	2	3	4	5

These sessions have supported my ability to be self-reflective.

Not at all	Not really	Undecided	Somewhat	Very much
1	2	3	4	5

I have used the Play Space sessions to self-soothe or to 'step away' from my clinical experience for a few hours.

Not at all	Not really	Undecided	Somewhat	Very much
1	2	3	4	5

Play Space and group supervision has helped me to manage differences of clinical opinion and/or interpersonal tensions more effectively

Not at all	Not really	Undecided	Somewhat	Very much
1	2	3	4	5

I find the Play Space sessions being non-directive helpful.

Not at all	Not really	Undecided	Somewhat	Very much
1	2	3	4	5

Qualitative feedback

As fully as you can, please respond to the following questions relating to your experiences in the Play Space and group supervision sessions since the beginning of your first year to the present:

In what ways has the Play Space/supervision process helped or hindered:

- Your developing professional identity as an art therapist?
- Your identity as an artist/creative person?
- Your ability to work therapeutically with a variety of expressive arts media?
- Your understanding of counselling and art therapy theories?
- Your understanding and use of counselling art and therapy practices?

In what ways have you used these sessions to reflect on your **clinical experiences** in Open Studio sessions and social justice practicum (SJP)?

In what ways have these sessions supported your ability to be **self-reflective**?

In what ways have you used the Play Space sessions for **self-soothing** or to ‘step away’ from challenging issues for a while?

Reflecting back on the first two semesters of your training, what has most challenged your ability to use the Play Space and supervision sessions effectively?

How did you work with those challenges?

How have you experienced the concept of **Radical Hospitality** in the Play Space? (e.g. nurturing? supportive? dis-empowering?)

The Play Space sessions are largely **non-directive**. Has this been a helpful approach? If not, what guidance would be helpful?

How have you experienced the **opening and closing rituals** of the Play Space?

How have you experienced the facilitators' presence and holding of the space and the process?

Play Space and the supervision group are intended to be parts of one process of clinical supervision. What differences have you noticed between starting with the Play Space session and then going into supervision versus starting with supervision and then moving into the studio?

How have the Play Space and group supervision sessions supported you to effectively manage interpersonal challenges in the group and/or differences of clinical opinion between you and your peers/colleagues, and you and your supervisors?

How does Play Space experience affect:

- Your ability to engage in the group supervision process?
- Your confidence or anxiety in using the group supervision?
- Your confidence in working with clients?
- Your skills in case conceptualization?
- Your ability to use a range of interventions and strategies with clients
- Your ability to self-care outside of supervision?

What areas of **diversity** might you have a deeper understanding of, as it relates to your personal identity and/or your clients, since the beginning of the supervision course?

How has your SJP impacted you and your perception of **social justice**?

How comfortable were you in Play Space and supervision to share your feelings, thoughts & insights?

Do you have any recommendations to improve the course to be more inclusive of issues relating to difference and diversity?

Given that this is the first year this model of supervision has been trailed, what feedback would you give to the university about the overall experience? What would you like to see changed or modified?

APPENDIX B

Informed consent form

Keith Thurlow-Bishop, MA, MSc, PhD(c), RCC
Registered Clinical Counsellor, and Expressive Arts Therapist
Cell: 647-629-4770 Email: glissart@gmail.com Website: www.thewidlowood.org

Informed consent to use information provided in the PlaySpace/supervision evaluation forms as part of a doctoral thesis

Background:

I am a Registered Clinical Counsellor with the British Columbia Association of Clinical Counsellors (www.bc-counsellors.org). I have been working in the field of mental health since 1990 and have been facilitating expressive arts therapy groups since 2009. I am currently working on my PhD in Expressive Arts Therapy with the International University for Professional Studies (www.iups.edu).

You are being asked to complete this evaluation for the PlaySpace/supervision groups for two reasons. One is so that Adler University Vancouver can review the efficacy of the process and develop it based on your feedback. The second reason is that the data and feedback you provide will contribute to my doctoral thesis.

I ask for your consent to use your responses provided in this evaluation for my research. Any data or feedback you provide will be used anonymously and your identity and confidentiality will be assured. You are being asked to put your name on the evaluation form so that Adler University Vancouver can ensure all students complete this process. Your name and any other identifying details will not be included in this doctoral thesis or any publications produced that are based on it. You have the absolute right to decline this request and doing so will not affect our working relationship in any way.

Informed Consent agreement:

I (name of group participant)

_____ understand the intentions for this evaluation process. I **DO / DO NOT** (*delete as appropriate*) give consent for Keith Thurlow-Bishop to use my evaluation of the PlaySpace/supervision process as part of his doctoral thesis and any related publications and I understand that my confidentiality will be guaranteed:

Group participant's signature:

Date:

Keith Thurlow-Bishop:

Date:

Director of Adler University Vancouver MCP: Art Therapy program: Dr.
Duanita Eleniak, PhD

Director's signature:

Date:

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BIOGRAPHICAL SKETCH

Keith Thurlow-Bishop gained a BA (Honours) Degree in Archaeology and Anthropology in 1990 from the University of Cambridge, England (MA awarded in 1994), and worked in mental health for 7 years before starting postgraduate clinical training in London in 1997. He graduated in 2004 with a Master's Degree in Integrative Psychotherapy from the Metanoia Institute/Middlesex University, and completed post-qualifying diplomas in working with addictions and eating disorders. He trained as a clinical supervisor at the Psychosynthesis and Education Trust in London. Before starting his PhD in Expressive Arts Therapy with the International University of Professional Studies in 2014, he completed a foundation program in art therapy with the British Association of Art Therapists, and a 2-year professional training program in body-oriented, movement-based psychotherapy with Dr. Ruella Frank at the Center for Somatic Studies in New York City.

He has worked as a Registered Psychotherapist, Registered Clinical Counsellor and Expressive Arts Therapist in a variety of settings, including a community mental health center and an HIV/AIDS organization in London, with staff and students in university settings, and in specialist treatment centers in the UK and Canada for people recovering from addiction issues, eating disorders, and concurrent disorders such as trauma, mood disorders, and personality disorders. He currently works with homeless youth with complex mental health issues.

Keith Thurlow-Bishop trained in fine art (drawing, painting, and ceramics) at The Art Students League in New York City, Morley College (London), and Toronto School of Art. In addition to being a visual artist, he is also a gardener, yogi, and classically trained harpist.