

# newsletter

## INSIDE

### EDITORIAL STAFF REPORT — JEANETTE DELALLA, ATR-BC, LMHC, EDITOR

**G**reetings from the editorial staff! Cheers to reviving your artistic and professional selves in this new season. We are committed to continually growing and developing the *Newsletter* both in content and format. Our goal is to provide you with feature-focused editions that are population specific, regionally diverse, and progressive.

We are pleased to present the spring *Newsletter* edition focused on work with Veteran populations and service personnel. In this edition you will find an international focus on Canadian art therapists. Other highlights include our growing mentor program and scholarship committee development. We are grateful to the professionals who contributed and hope that you find this information inspiring and useful. ■

### WALTER REED ARMY MEDICAL CENTER'S INPATIENT PSYCHIATRY ART THERAPY PROGRAM

MELISSA S. WALKER, MA, ART THERAPIST, WARD 54

**W**alter Reed Army Medical Center's Ward 54 is an acute inpatient psychiatric unit treating active duty and retired servicemen and women, and occasionally dependents, from all military services. Commanders refer military members to Ward 54 who demonstrate abnormal behavior or are deemed to be a danger to themselves or others. While on the unit, patients take part in a multidisciplinary treatment plan overseen by a team composed of psychiatrists, nurses, social workers, psychologists, psychiatry technicians,

mental health specialists, and milieu therapists including an art therapist, occupational therapist, exercise therapist, and recreational therapist. Art therapy is an integral part of the patients' treatment and recovery, and is used to work through symptoms and clarify diagnoses.

A wide variety of diagnoses are treated on Ward 54. Common psychiatric illnesses seen include Adjustment Disorder, Major Depressive Disorder (MDD), Bipolar Disorder, Schizoaffective Disorder, Schizophrenia, Psychosis NOS, Substance Abuse Disorder,

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various Personality Disorders, and Post-Traumatic Stress Disorder (PTSD). While some mental illness is thought to be brought about by traumatic stress while deployed, many of the patients are predisposed to these illnesses due to biological (genetic) and environmental circumstances. In these cases, the development of the illness is triggered once the military member is exposed to a traumatic event, or to the general stress military life creates. In addition, patients admitted to the

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### ART THERAPY FOR THE TREATMENT OF PTSD — JEFFREY STADLER, MA, LPC

In efforts to better address issues of Post-Traumatic Stress Disorder (PTSD) in Veterans, the VA Palo Alto system has instituted pilot programs known as the PCT (PTSD Clinical Team), comprised of a psychologist, social worker, and art therapist. The PCT offers trauma-focused therapies, and is unique in its multidisciplinary approach, involving traditional (i.e., verbal) evidence-based therapies that are complemented by the right brain (i.e., creative) interventions of art therapy. As the combination of these left- and right-brain approaches has demonstrated improved treatment efficacy, the VA has made strides in supporting creative arts therapies as legitimate treatment modalities.

Art therapy serves a number of functions in

this type of treatment that cannot always be successfully achieved using solely traditional psychotherapy. Art serves as a non-verbal means to express unresolved memories and feelings, which have often been suppressed or avoided since the time of the trauma. In Figure 1, this Vietnam Veteran powerfully characterized in this cut-out image how it feels to be traumatized. For many with PTSD, traumatic memories and distressing emotions are too difficult to talk about. Creating visual imagery works using the right brain and results in concrete, external representations of those internal experiences, which are often nebulous, abstract, and overwhelming. Many Veterans find imagery more accurate than words in

conveying how they think and feel, and less threatening to talk about than the thoughts/feelings themselves.



Figure 1

*continued on page 11*

## INTERNATIONAL SPOTLIGHT

This *Newsletter* features two Canadian art therapists who share their diverse and interesting experiences, careers, and perspective.



Susan R. Makin

**SUSAN R. MAKIN, PHD, ATR-RCAT, AKA DOCSUSAN, [www.DocSusan.com](http://www.DocSusan.com) HEART THERAPIST AT LARGE, THÉRAPISTE DE COEUR ET EN ARTS, SANS FRONTIERS**

Once an art therapist, always an art therapist, regardless of detours from conventional clinical practice. When art fills the heART, it leads us to where we are supposed to go. Excited that the American Art Therapy Association chose me to be apart of their Canadian spotlight, I hope experiences and discoveries I can share here prove inspirational and informative.

British by birth, Canadian by residency, and American through education, I am grateful for the unique opportunities, and the positive results industry and perseverance bring. I arrived in Canada in 1981, a language assistant with a French/Sociology BA and Post Graduate Certificate in Education. Though I'd studied at *Goldsmiths College* (a hub for art therapy in Britain), I had no knowledge of art therapy's existence then.

Fast forward to the early 90s. I initiated a visual arts program for a Toronto French middle school. Instruction was in French, but images some students produced made me realize, in plain English, that art as therapy was intriguing. Next, after developing Art FIT (Fun, Interest and Therapy) workshops at *Canyon Ranch* (a leading US health spa), I decided to pursue formal art therapy training. From *Dr. Martin Fischer's* Toronto Art Therapy Institute (which is no more) to *Lesley College* (now University), to the *Union Institute* (now Institute and University), I credentialed and built my career.

The American Art Therapy Association Annual conferences and an Art Therapy delegation to China helped prompt encounters with leaders and mentors like Simone Alter-Muri, Linda Klein, Edith Kramer, Cathy Malchiodi, Shirley Riley, Janie Rhyne, Judith Rubin, Harriet Wadeson, and Diane Waller (now OBE: Order of the British Empire). I traveled far to learn, grow, and connect. Four books followed: *A Consumer's*

*Guide to Art Therapy* (1994), *Poetic Wisdom: Revealing and Healing* (1998), *More Than Just a Meal: The Art of Eating Disorders* (2000), *Therapeutic Art Directives and Resources: Activities and Initiatives for Individuals and Groups* (English edition, 2000; Hebrew edition, 2006; Korean edition, 2009).

Then, as the 20th century drew to a close, so did my seven years' pioneering clinical practice at *Toronto General Hospital*. Not only did I succeed in developing a premier arts therapies program for inpatients with eating disorders, I also shared generously with students, visitors, and colleagues, many incorporating my tools as their own. On-the-job learning there demonstrated how professional art therapists thrive when supervision, respect, teamwork, and boundaries are healthy. Otherwise, challenges arise that jeopardize progress and purpose.

The year 2000 heralded my transition to "heART-therapist-at-large": a private practice that melded personal coaching and creative arts problem-solving techniques. Today, however, it takes second place to a burgeoning fine art vocation. In 2006, after four years of intense studio practice, I graduated from the *School of the Museum of Fine Arts* (Boston) with a Fine Arts Diploma. Then, in 2007, I accepted the invitation to exhibit at the *Florence Biennale* (on behalf of Canada) with a 20-canvas installation entitled "Buon Appetito!" Following this, a personal visual arts-making mission seems to have spontaneously evolved: to help stimulate positive surroundings and bring smiles. No matter how gray the day, my unconscious keeps life on track with imagery that elevates mood.

Over the years, importing to Canada knowledge and enthusiasm acquired abroad has been an important goal. I love this country, but there are drawbacks. Disappointing but true, not one of my books has ever appeared on a Canadian art therapy training program reading list. Paintings (even offered for free) have also been impossible to place locally (in Toronto). But, as donor-artist with Boston's Art Connection (since 2006), three dozen plus artworks of mine have been chosen by close to two dozen non-for-profit organizations. Giving as well as gleaning has proven more rewarding in the US. Celine Dionne, Michael J. Fox, William Shatner, and David Altmeld set other artistic examples.

Noticing appreciation shown for my artwork in New England's public spaces, licensing imagery has made sense. An innovative arts and technology company, *Artaic*, added me



*Blueberries, Mosaic Tile, from Susan's Florence Biennale Collection (2007), shown in vitreous glass, by Boston based Artaic, 2010*

to their "featured artist" roster this year, and I look forward to more collaborations like this. In Boston, my original artwork is displayed at 450 Harrison Avenue (Terry Levin's Studio: 415A), in the SOWA District. Boston Art also represents it.

Coinciding with Vancouver's 2010 Olympic Winter Games, I participated in a *Portrait Society of Canada* show pairing athletes and artists. Unfortunately, the honor of painting

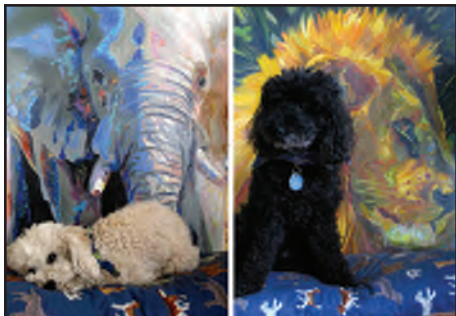


*Portrait Society of Canada Show: Canadian Olympic Athletes: A Dialogue in Art: Nathalie Lambert, Gold Medalist and Canadian Team Leader, Vancouver 2010 Olympic Winter Games: Diptych, 2 x (8 x 8 in), oil on canvas, 2009, Alex Baumann, Gold Medalist and Chief Technical Officer of Canada's Own the Podium: Triptych, 3 x (7.5in x 7.5 in), oil on maple, 2010*

Nathalie Lambert (Canadian Winter Games Team Leader) and Alex Baumann (Chief Technical Officer for Canada's Own the Podium) was eclipsed by underwhelming marketing, interest, and attendance. Ultimately, funds raised from my athletes' portraiture will go to Earthquake Disaster Relief via the *Child Art Foundation*. However, to date, not one show sale has been made (from 34 artist/athlete pairings).

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Recommendations: If you can't get support locally, or from expected sources, approach other communities (and countries) or go on-line, and peruse alternatives like the International Art Therapy Organization (IATO). Don't let politics or personalities dampen enthusiasm. Favor reciprocity and harmony over competitiveness and limited perspectives.



*Poodle Pals Lev and Sage, protecting Susan's Artwork, Animal Magic Series, 2008*

None of my accomplishments would be possible without my faithful Poodle Pal companions, Lev (black mini, aged 13) and Sage (champagne toy, aged 10): co-therapists, studio assistants, and editors.



*Julia L. Oliver*

**PIONEERING  
COMMUNITY-BASED  
ART THERAPY IN  
CANADA**

JULIA L. OLIVIER,  
MA, ATPQ, ATR

**A**s I graduated from the Concordia University in 1992 I was well aware of the

inevitability of having to pioneer the profession of art therapy. Little did I know that this work would take place in a small community mental health centre called *Expression LaSalle* (LaSalle because it is located in this borough of the city of Montreal, Quebec).

*Expression LaSalle* was founded in 1990 as a *self-help* centre with an alternative, non-medical approach to helping people help themselves. Guided by the Centre's founding director and art therapist, Colleen Gold, several volunteers offered a variety of self-help, educational and therapeutic groups to adults who were living in the community with mental health problems. In an environment of openness and support, the Centre made it possible for individuals to share their emotional difficulties, seek respite and receive on-going support. When a considerable number

## AMBASSADOR PROGRAM

**Do you have any formal training in working with the media?**

**If so, we need you to participate in our new Ambassador Program!**

We welcome your involvement in helping to communicate to the public, the media and others about the importance of the field of art therapy. The Ambassador's Program is a database of art therapists who will serve as media contacts in their particular area of expertise or specialization.

Please send your resume and specialty area/s to [ambassador@arttherapy.org](mailto:ambassador@arttherapy.org). Note that Ambassadors must be a licensed ATR-BC. Media requests are matched with Ambassadors according to geographic location and area/s of expertise. If selected to address an issue, you will be provided with information regarding the request and appropriate contact information.

We hope that this new program provides you with an opportunity to gain visibility for your expertise and the profession of art therapy.

**Please let us know if you'd like more information by sending an email to [ambassador@arttherapy.org](mailto:ambassador@arttherapy.org).**

of people participating in the services were women who were sexual abuse survivors, it became clear that while self-help groups were beneficial, what was really needed were psychotherapeutically oriented individual and group therapies.

By the spring of 1994, I became the new director and was given a *clinical* mandate by the Board of Directors (comprised of a majority of users) to develop psychotherapeutic programs and therapies at the Centre. To be sure, other art therapy graduates from Concordia University and Vermont College of Norwich University were also breaking ground in other community-based settings at the time. Nonetheless, the practice of *therapy* in community mental health settings, especially art therapy, was relatively uncommon. Moreover, even today there are at best a dozen community organizations that offer art therapy programs in the Montreal city area.

The first goal of my mandate was to continue the art therapy program that was offered by the first director, however I was also eager to expand our services to include other alternative and innovative methods of therapy. With increased provincial government funding, I hired another art therapist to lead additional art therapy groups and develop services specifically on the theme of sexual

abuse. Other mental health professionals joined the team on a part-time basis to offer discussion groups, relaxation, meditation and writing workshops. However, at the core of my art therapist's heart, was a deep desire to transform *Expression LaSalle* into a community centre that privileges and specializes in the *Creative Arts Therapies*.

For the last 10 years, I have been fortunate to gradually expand our therapy programs to include the fields of drama therapy, dance/movement therapy and music therapy. We currently have three art therapists (including myself), one music therapist and one drama therapist working on staff. Regrettably, we have not been able to offer dance/movement therapy on a regular basis due to financial restrictions and the unavailability of trained dance/movement therapists. Currently, there are no graduate dance/movement therapy training programs offered in Canada.

In addition, *Expression LaSalle* has been able to offer a diversity of therapeutic programs because it is a lively training centre for numerous students from the disciplines of the creative arts therapies, social work, psychoeducation and counseling psychology. Each year the Centre welcomes five to

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six students and provides a rich training opportunity to work with diverse clientele and a knowledgeable dynamic team of therapists – much of who are creative art therapists!

Since its founding 19 years ago, *Expression LaSalle's* reputation has grown considerably within the Montreal mental health network. Each year we gain respect and recognition among our network partners for our distinctive and innovative creative arts therapy programs. The Centre is now synonymous to a safe haven for individuals as they manage their psychological and emotional difficulties through the use of different *artistic* processes. Today the majority of our programs use creative processes as a primary mode of communication with the goal to help people reach a greater wellbeing and better equip themselves to live in the community with their mental health problems.

Taking part in an art therapy group is empowering and meaningful. Our members feel less isolated and establish important bonds. They improve their self-esteem and increase their independence. They express and work through tough emotions and manage difficulties associated to psychiatric malaises such as bi-polar disorder, depression, suicidal ideation and sexual abuse. Art therapy can make a huge difference in the lives of individuals who are suffering with severe and persistent mental health problems. As the director and art therapist of *Expression LaSalle*, I am committed to helping our members reintegrate into the community, prevent hospitalizations and pursue activities such as contributing to family life, volunteering, completing studies, and returning to work.

For more information on Expression LaSalle, you may visit our website at [www.expressionlasalletherapies.ca](http://www.expressionlasalletherapies.ca).

Ms. Olivier is a graduate of Concordia University Art Therapy Program, the only Canadian graduate art therapy program recognized by the American Art Therapy Association. She is a professional member of the *Association des art-thérapeutes du Québec* (ATPQ), as well as a credentialed professional member of the *American Art Therapy*

*Association* (A.T.R.). She received an Honorary Life Membership to the AATQ in 2008; in recognition of her many years of service to the Quebec art therapy community. ■

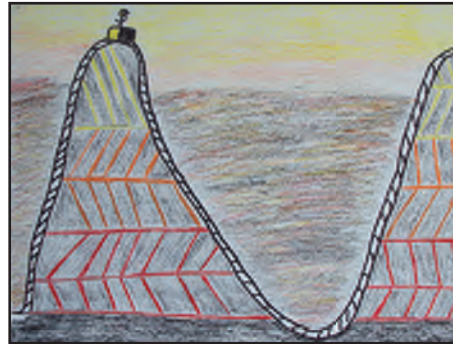


Figure 1: A roller coaster of emotions.



Figure 3: Asking for help when it all gets too much.



Figure 2: Hiding, feeling safe, but alone.



Figure 4: A survivor's prison: Hear, speak and see no evil.



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