

Exploring Perspectives Toward Establishing a Creative Arts Therapies Association

Alicia M. Altass

Mount Saint Vincent University

A thesis submitted to the faculty of Mount Saint Vincent University in partial fulfillment of the requirements for the degree of Master of Arts (Child and Youth Study)

September 2013

© 2013 Alicia M. Altass  
ALL RIGHTS RESERVED

## **Abstract**

Creative arts therapies [CATs] represent a collection of techniques utilizing one or several elements of creative arts as the main tool within the therapy and are becoming a popular alternative to traditional therapies and medications for a variety of conditions. This thesis examines the awareness of creative arts therapies within a community, and the interest level in the establishment of a practitioner association by gathering data from practitioners in related fields. Sixteen practitioners in the community of focus completed an interview or survey. Two sets of questions were designed; one set for participants specifically engaging in creative arts therapies for their work, and one set for those who utilize elements of the creative arts in their work without therapeutic intent. Participants answered between 16 and 19 questions about their work-based affiliation to CATs, their knowledge of creative arts therapies, and their potential interest in an association for practitioners. Results indicated the majority of participants were unaware of services available in the community, and were unable to fully define the term creative arts therapies. All but one participant indicated some level of interest in a practitioner association, yet most expressed concerns or conditions to accompany their interest.

### Acknowledgements

The topic of creative arts therapies is not only an interesting one for me, but an important one. I would like to graciously thank those participants who took the time to fill out surveys and to those who met with me for interviews. Research participation is integral in the development of every field but particularly so in a young field such as this.

I would also like to thank my family and friends, who have been a constant source of support through this process. Their support and encouragement have been immeasurably important to me.

Finally, I would like to give many, many thanks to Dr. Donna Varga, my thesis supervisor. From her interest in my research topic to her endless encouragement (and also her endless corrections), Donna has been the driving force behind the completion of this thesis. My sincerest, and deepest thanks go to Donna for her help, and for her humour along the way.

-Alicia

**Table of Contents**

<b>Chapter 1: Introduction.....</b>	<b>1</b>
<b>Chapter 2: Literature Review.....</b>	<b>4</b>
<b>Chapter 3: Methodology.....</b>	<b>11</b>
Participants.....	11
Methods of Data Collection.....	12
Privacy and Confidentiality.....	14
Dissemination of Results.....	14
Method of Analysis .....	14
<b>Chapter 4: Results.....</b>	<b>17</b>
Participant Characteristics .....	17
Defining Creative Arts Therapies.....	19
The Creative Arts in Practice.....	21
Thoughts about a Practitioner Association.....	22
Concerns about Establishing a Practitioner Organization.....	24
Funding.....	25
Community Saturation.....	27
Networking, or its lack.....	28
Continued Growth of CATs.....	29
Summary.....	31
<b>Chapter 5: Discussion.....</b>	<b>34</b>
The Role of Regional Specificity in Participant Concerns.....	38

PERSPECTIVES TOWARD ESTABLISHING A CATS ASSOCIATION

Limitations.....	40
Suggestions for Future Research.....	42
<b>References.....</b>	<b>46</b>
Appendix A.....	49
Appendix B.....	50
Appendix C.....	51
Appendix D.....	52
Appendix E-1.....	54
Appendix E-2.....	56
Appendix F.....	58

## **Chapter 1**

### **Introduction**

Creative arts therapies [CATs] have become an increasingly popular means of improving quality of life for individuals by bolstering the communication and socialization skills of those who have cognitive and social deficits and for those who struggle with a variety of mental, physical and emotional conditions. Creative arts therapies in general represent a collection of techniques utilizing one or more elements of the creative arts as the main tool of intervention. Four of the primary elements are music, art, drama and dance/movement. The aims of creative arts therapies tend to be wide-ranging. Ultimately the goal is to improve the quality of life for individuals (Dileo & Bradt, 2009). Therapy endeavours can involve working with persons who have developmental delays such as autism, a terminal illness, depression, ADHD; are victims of sexual abuse; are recent immigrants; are troubled youth; or are prison inmates. Quality of life may be improved through alleviating symptoms, increasing communicative abilities, and expanding social networks, or providing an outlet for individuals to express emotions (Dileo & Bradt, 2009; Donnell, 2007). CATs are effective for a variety of conditions due to their ability to foster social growth and communication through a structured, yet flexible, medium and without relying on verbal skills (Aldridge, Gustorff, & Neugebauer, 1995; Lu, Petersen, Lacroix, & Rousseau, 2009).

All domains of creative arts therapies utilize non-verbal communication to encourage skills that are the building blocks of verbal communication. For example,

music therapy encourages children to develop and enhance their communicative abilities through instrumentation (Donnell, 2007). Verbal skills may be underdeveloped or even nonexistent but a child can communicate with the therapist by banging on drums, or taking turns on the piano. The reciprocity between therapist and child mirrors every day verbal interactions except that the interactions are between a drum and a piano, or other instrument pairings. The therapist is observant of the child's musical tone and patterns and responds similarly. The child feels understood and is thus willing to continue the interaction. When these interventions are effective these patterns begin to emerge outside of the clinical setting (Donnell, 2007). Mirroring, a common term in dance/movement therapy, refers to non-verbal "dialogue" between clinician and child (Meekums, 2008). The therapist observes a child's movements, interprets them and engages in the same motions. The therapist will also initiate a movement in attempt to have the child observe and interpret their contributions (Meekums, 2008). Crayon conversations, which are shared and reciprocal pieces of artwork, are an art therapy version of this concept (Elkis-Abuhoff, 2008).

The need for CATs programs often exceeds available resources. This highlights the necessity of a CATs association for practitioners. An association would serve to bring interested parties together, showcase the types of services available and facilitate information sharing and knowledge exchange. In the region of this study, it appears that there may be a significant amount of undocumented CAT work happening in a variety of settings. Very little is established in terms of formal, CAT specific organizations. Despite this, there are activities encompassing the fundamental principles of CATs happening within communities. Based on informal discussions with community members and

preliminary research, there are yoga classes for children with special needs, nurse practitioners engaging in creative activities with their elderly patients, and guidance counsellors and speech language pathologists encompassing a broad range of techniques including the use of art, music and drama in their practices. Beyond reviewing the influence and importance of CATs, an essential element of this research has been identifying individuals engaging in CATs and determining whether or not a CATs association for the region would be a useful tool for further developing and engaging the community in these endeavours.

In addition, developing an understanding of established community practitioners and programs from gathered survey and interview data inform a set of recommendations within my thesis. These participants will provide input on what is happening, where it is happening, how their programs and services benefit individuals, and their particular areas of need. It was anticipated that the majority of programs and services would be operating outside the title of “creative arts therapies,” and that it would be important to note the differences in how labelled and “un-labelled” services offered, who they are offered by, and whom are the primary users. Based on preliminary research and personal experience within these fields health care and education have been selected as major areas of investigation. There appeared to be a wealth of activity in these areas operating without a formal label, but still achieving important and noteworthy results.

## **Chapter 2**

### **Literature Review**

Given the range of areas in which CATs are used, it is helpful to review research from several of its domains to develop a clear perspective on how CATs operate. Concepts of music, art, dance, and drama therapy have been around for decades (Stoll, 2005; [www.thesah.org](http://www.thesah.org)) with their formal emergence into the field of intervention noted as early as the 1940s (Lu et al., 2009). There has been a relatively slow development of CATs research. Research that is being conducted is promising and is being implemented in many larger cities ([www.kidscancentre.com](http://www.kidscancentre.com)). The ways in which CATs have been studied vary, but ultimately they utilize qualitative methodologies that rely heavily on researcher observations. The data collected is often interesting, but the results can be case-specific, and this often means non-generalizable. The flexibility and responsiveness that characterizes CATs interventions makes each session unique and as a result impossible to replicate measure-by-measure. The researcher often doubles as the therapist, which eliminates the possibility of reporting truly unbiased research.

The basic principle of drama therapy is the systematic use of drama processes to achieve therapeutic goals of symptom relief and emotional and physical integration ([www.nadt.org](http://www.nadt.org)). The processes used, and underlying goals, vary depending on the needs and skills of each client but the overarching theme of drama as a vehicle through which to achieve change remains constant. It is this vehicle that has been praised by interventionists, parents and participants alike as being the reason for its success. For

example; a mother of an adolescent with Asperger's syndrome happily reports that her daughter's involvement in a drama group was instrumental in evoking aspects of her personality they rarely saw elsewhere ([www.nadt.org](http://www.nadt.org), 09/11/2009).

Peter (2003) has introduced the notion of play-drama intervention [PDI] through which children with complex needs are engaged in a structured approach designed to motivate them to participate more fully in their world. PDI allows participants to develop their social awareness and their symbolic competencies. Typically, those with severe learning needs lack the motivation to actively find opportunities for interactions with others, and within their environments (Peter, 2003). Peter suggests that the definitive structure of PDI play situations creates a sense of security in which children feel liberated to make creative decisions; a security that may not be as readily available in a free-play context. This combination of structure and freedom is an ideal balance between the rigidity of many traditional socio-behavioural interventions and the complete freedom in a standard free-play scenario.

Rousseau et al. (2007) examined the use of drama therapy with a group of immigrant and refugee adolescents as a means of aiding their transition into Canadian culture, a new community and the school system. Nine weekly sessions of 75 minutes each included group storytelling and re-enacting real-life events that were particularly challenging or traumatic for the adolescents in order to find positive connections between past events and present circumstances, and to empower the adolescents with enhanced communication skills and confidence in their past and in their new world. Each session was conducted by a team of six persons with a variety of psychology and creative arts

therapies backgrounds. There were 136 participants between the ages of 12 and 18 involved in the workshops.

Several pre and post tests were conducted to determine the efficacy of the sessions. The Strengths and Difficulties Questionnaire [SDQ] was completed by the adolescents and their teachers. The adolescents also completed the Self-Esteem Questionnaire. Grades from first and last report cards of the school year were analyzed. The focus of this intervention was to prevent emotional and behavioural problems related to immigration and to enhance school performance. The researchers found no statistical evidence of the drama workshops enhancing the students' well-being. However, according to the adolescents' results from the SDQ Impact Supplement section there was a general perception of decreased impairment after the completion of the workshops. The researchers noted that traditional trauma study research focuses on the number of symptoms rather than on how symptoms affect everyday life. This observation is interesting as it highlights a major consideration when reviewing the ways CATs are studied. Specifically, the effect of symptoms on everyday life is an important topic for research, one that is often overlooked in quantitative studies. CATs research is beginning to seek answers to such qualitatively rooted questions. The research by Rousseau et al. is important because it was able to capture CATs in action using a large sample size, and generate quantitative data to support efficacy. As will be highlighted in some of the following examples, these research conditions in CATs studies are often difficult to arrange.

Aldridge, et al. (1995) posit that communication is one of the core concepts within music therapy, and that it aids in developing successful interpersonal skills because it

fosters important conversational characteristics through musical concepts like turn-taking, call and response, rhythm, articulation and pitch. They also argue music therapy sessions are not necessarily designed to evoke a particular response, or to work on a target behaviour. Rather, the point is to engage in shared music making, and there can be a number of positive developmental outcomes. Musical improvisation is the primary method of interaction between the therapist and the child. Donnell (2007) argues that this improvisation is essential because clinical goals are encased within this musical dialogue.

Donnell (2007) gathered case studies to investigate her work as a creative arts therapist. The research involved observing and recording the sessions of three children with autism spectrum disorder. Donnell utilized phenomenological, naturalistic and collective case study methods and presented her research in a narrative style. Acting as both therapist and researcher, Donnell took audio and video recordings of several sessions with clients in her music therapy practice. She condensed similar data, and coded the behaviours, vocalizations, and interactive movements. The methods within each music therapy session remained flexible to properly suit the needs and dispositions of each client, as Donnell explained that following a strict therapeutic session disregards the client's individuality and their varying needs on a day-to-day basis. The results of the study were presented in vignettes, and successes of the therapy are found within these episodic descriptions. Donnell begins her discussion of the results section by explaining how she engages clients in a dialogue, and how this varies depending on the child's developmental and communicative abilities. In the case of Jonathan, the therapist sang a simple, repetitive and rhythmic song with his name to encourage engagement. During the process, she paused to wait for a response, and he entered the musical dialogue by

striking a drum. The therapist then altered her rhythm to match his, and they continued the dialogue together. Donnell indicates in her narration of the event, that she believes success with Jonathan was achieved the longer he stayed engaged in their dialogue.

In another description, Donnell recounts an episode where she began to sing a song based on a particular toy a child had chosen from a box. As she sang, the child appeared relatively uninterested, so upon its completion Donnell began a new song and activity. The child then quietly vocalized a phrase from the first song, so Donnell incorporated the first into the second song. In apparent recognition and appreciation of this adaptation, the child laughed.

As Donnell discovered various ways to connect with clients and encourage their participation and involvement, success was assessed as having been achieved. No hard data was presented to prove or disprove the influence of music therapy. Results are to be interpreted based on the case studies, which are based on Donnell's interpretation of the sessions.

Dance/Movement therapy [DMT] utilizes the body as a form of communication. Reciprocity is a primary feature within DMT and, similar to music therapy, allows the therapist and child to observe and interact without verbal communication. Caf, Kroflic and Tancig, (1997) investigated the influence of systematic movement activities on the classroom behaviours and creativity of students who had a variety of learning difficulties, many related to speech and overall communication impairment. The researchers found that after four months of weekly movement sessions all hypoactive subjects became

increasingly active and showed communication improvements as assessed by their classroom teachers.

Meekums (2008) also employed DMT in her study of six children with a range of behavioural and emotional issues who were referred by teachers for participation in the study. These issues included being withdrawn, self-harming, or aggressive. The length and specific type of therapy (group vs. individual) varied depending on when the child was referred. All children were between the ages of four and seven years old. As in the majority of creative arts therapy scenarios, the sessions were child-centered. In Meekum's study, she mirrored the movements of each child and occasionally initiated a new movement to see if the child would reciprocate. Assessment of change was based on observational data gathered from her notes, teacher feedback, a focus-group session and a teacher-rated child behaviour score sheet gathered before, during and after therapy. Meekums found that all the children involved in the study showed an increase in one or more of the following: general social function, self-esteem and expression of emotions. Teachers were also asked to identify specific goals for the children depending on individual needs. These goals were grouped into the categories of: self-esteem, emotional expression and social function. Teachers and therapists jointly assessed the children's progress and the achievement of outlined goals. The achievement of these goals indicated therapeutic success, and from the entire group all but one of the goals were met.

Of the studies investigated for this literature review, the most comprehensive research is that by Lu, et al. (2009), who investigated the benefits of sandplay for children with autism. This 25-week project involved twenty-five children between the ages of 7 and 12 years old and of various ethnicities who were diagnosed with having autism

spectrum disorder. The need levels of the children varied with some children being highly communicative, some using mainly echolalia for communication, and some with no verbal ability. Each child was provided with a personal sand tray and materials. Toys and figurines were added throughout the sessions to build complexity of play scenarios. The process incorporated the gradual inclusion of interaction between teachers, therapists and other children after establishing comfort and familiarity with the play program. One child who had been completely nonverbal throughout initial sessions eventually said “bye-bye” to his sand tray at the end of later sessions. Some more verbal children engaged in symbolic play, and unprompted joint-attention in a creative activity with their peers.

As indicated previously, it is important to note all of the places in which elements of creative arts therapies are utilized in the community of interest. Being aware of how and when these interventions are utilized and beginning a dialogue between practitioners will aid in the regional growth and development of the field. Information sharing amongst close-knit community members is essential for business and program success, and step one of that process is being aware of what other work is happening.

## **Chapter 3**

### **Methodology**

The intention of my research is to help provide an understanding of the current capacities of CATs in Atlantic Canadian communities, where there is need for, and interest in, a comprehensive, practitioner-based organization. An organization such as this would streamline the efforts of many practitioners in different fields working towards the same goal. It is an important building block in the establishment of creative arts therapies to assess the nature of work currently conducted as well as the remaining need in smaller, rural communities.

#### **Participants**

##### *Recruitment*

Persons recruited for this research study were those in an Atlantic Canada region who were identified as either (a) explicitly engaging in creative arts therapies with children/youth, or (b) whose educational and/or therapeutic engagement may contain elements of the creative arts, but not necessarily as defined by the principles of CATS. It was intended that the latter group could include teachers, speech language pathologists, dance/yoga/art/music/drama teachers, play therapists, psychologists, nurses, elderly-care workers and early childhood educators.

Data from this range of persons was intended to support the research objective by identifying the potential practitioner interests, ideas, and concerns of both those who are specifically engaged in creative arts therapies as well as those who are peripherally engaged. In addition, information would be revealed regarding the level of CATs

practice, the diversity of such practice, and where it is occurring. This information is necessary for determining the interest level and need for an association of practitioners. A comprehensive list of 32 potential participants was created through the researcher's own knowledge of the field, and from public listings of practitioners. All potential participants were contacted by telephone to request their participation and to determine whether their preference was for an interview or to complete a survey. After contacting each via telephone, a follow up email was sent two weeks after the initial contact to remind participants of the study, of their rights as participants, and an invitation to contact the researcher should they have any questions or hesitations regarding their participation.

#### **Method of Data Collection**

Two sets of questions were created for data collection. Set "A" was developed for those utilizing creative arts in their work but not specifically following CATs principles (see Appendix A). Set "B" was designed for those explicitly engaging in CATs (see Appendix B). Interview questions were the same as those on the surveys (See Appendices C and D). Data was collected from individual participants through the completion of either a qualitative survey, or participation in a semi-structured interview.

Two participants identified as creative arts therapists, one of whom responded to the survey questions set out in Appendix "B" and the other answered the interview questions set out in Appendix "D". Of the other 14 participants, ten completed the survey questions set out in Appendix "A" and four answered interview questions set out in Appendix "C". Those who selected an interview were provided with the letter of consent

upon meeting. The letter set out the intentions of the research, the methodology for information collection, outlined potential benefits and any perceived risks anticipated with involvement in the research. Finally, the letter outlined the participant's right to withdraw from the research at any point should they change their mind regarding participation and provided contact information should they have any questions throughout their involvement (see Appendix E). Participants first read the letter; it was then reviewed with the researcher and signed after any questions or concerns were clarified. Each interview participant signed the consent form. The majority of interviews took between 45 minutes and one hour; two took 2 hours. All interviews were conducted in a setting of the participant's choice. Where consent was given, for three of the five interviews, the interviews were recorded onto mp3 files using a digital recorder, and later transcribed. For the other two interviews written notes were made. A transcript of each individual's interview was provided to those who wished to review it and make changes before the analysis was undertaken.

Participants who selected the survey were electronically mailed packages that included a letter of consent identifying the nature of the research, participant's rights, and contact information (see Appendix F) and the applicable survey questions. Return of the completed survey indicated participatory consent in place of a signature. Two weeks from the time the material was emailed, participants were contacted to ensure the packages arrived and that there were no troubles with file attachments, and to answer any questions. Surveys were returned to the researcher's email address from which the electronic packages were initially sent.

### **Privacy and Confidentiality**

Participants were made aware that they would not be identified in the thesis or resulting publications or presentations by name or any description that could identify individuals or the specific community where they reside. All hard and electronic data was coded for identification purposes with the code maintained in a secure place apart from participant's names, and the information will remain confidential. Electronic data that is pertinent to the study has been stored on flash drive. Hard data and digital storage mechanisms have been kept in locked areas accessible only to the researcher and thesis supervisor. Five years after the thesis is completed all hard data and flash drive with the data will be destroyed.

### **Dissemination of Results**

Participants were given the option to request a written and oral summary of the findings should they have interest in the results, and advised that the completed thesis will be available through digital library access.

### **Method of Analysis**

The data was investigated using qualitative analysis. All interview data and survey responses were reviewed thoroughly and divided into four general themes or codes:

- CATs definitions.
- Primary/Secondary benefits to clients of participants work.
- Thoughts on an organization.
- Funding.

Following this initial division, data was reviewed again and subdivided for deeper thematic analysis. CATs definitions were separated into one of three categories: complete, partial or incomplete. Data covering thoughts on an organization were separated into "for" and "against". Similarly, any data on funding issues was organized into positive and negative groupings.

CATs serve as a vehicle through which to elicit developmental progress or change as well as a way to increase personal communication and social growth. We often see the added benefit of the creative art itself becoming an important feature in the lives of developmentally challenged children and youth. Research repeatedly highlights the merits of creative arts therapy programs (Aldridge, et al., 1995; Christon, et al., 2010; Elkis-Abuhoff, 2008; Lu et al., 2009). These programs are considered an effective intervention tool for children with developmental challenges because of their ability to foster social, emotional, and intellectual growth. Additionally they provide a safe environment for exploration into the creative arts that simultaneously aids in achieving important developmental milestones. Children and youth of all ability levels and varying strengths can benefit from exposure to the creative arts, and having a trained professional willing to meet the child in a safe creative space allows communication and rapport to build together. Families, practitioners and researchers are experiencing the benefits of CATs, particularly in larger city centers with access to more programming and resources. A key component to further developing CATs in smaller regions is exploring what is currently known among practitioners in these regions regarding CATs. The survey and interview questions included were designed to gather practitioner perspectives on their

## PERSPECTIVES TOWARD ESTABLISHING A CATS ASSOCIATION

fields, their networks and their thoughts on the potential development of a practitioner association.

## **Chapter 4**

### **Results**

The term "creative arts therapies" generally represents a collection of techniques utilizing one or more elements of the creative arts as the main tool of intervention. In this field creative arts are used intentionally as a therapeutic tool in the same way talking and playing are utilized in talk and play therapy. It is understood that involvement in, or exposure to, the creative arts generally and without therapeutic intent can sometimes result in positive psychological effects even when that is not the purpose for the arts involvement (Camic, 2008; Nicholson, et al., 2008). It was for this reason that practitioners outside of the CATs profession were invited to participate in this research. For my research, determining whether or not practitioners had witnessed unintentional, or secondary benefits of arts exposure and exploring the awareness of CATs among practitioners in periphery fields were important goals. Awareness of CATs is the first and most integral step in determining whether or not there is interest in, and need for, a practitioner association.

#### **Participant characteristics**

Sixteen individuals participated, two of whom identified as creative arts therapists. The remaining 14 were comprised of teachers, early childhood educators, nurses, and community group leaders. Three of the 16 participants were male and 13 were female. This male to female ratio is reflective of the larger group of individuals asked to participate. This difference could be a result of the types of occupations to which individuals of each gender tend to be drawn.

Teachers and nurses made up the majority of participants.

Twelve of the 16 participants work as nurses in mental health settings or as educators within the public school system. Six were nurses, five were public school teachers and one was a school psychologist. Participants had been involved in their line of work between one and 30+ years. Five identified as having been in their field for over 30 years, while another five identified being involved for less than five years. The remaining participants fall somewhere in between this range.

Of the two participants who identified as creative arts therapists, both had been in their field of work for between five and 10 years. They identified the typical population they work with as being any age. One responded by saying, "there is no typical population in my line of work", the other explained clients can be anywhere between the ages of "0-100". This broad range was not typical of any other participants, all of whom identified as working with a specific age group. These age groups ranged from pre-kindergarten to senior citizens.

Work settings tended overwhelmingly to be office-based; the two early-childhood educators were the only participants who indicated using the outdoor space regularly.

In order to protect anonymity within such a small sample, any potentially identifying information such as gender, number of years worked and field of practice have been mentioned with discretion throughout the results. In the case of gender there were no clear parallels between it and other responses therefore it has not been necessary to identify such in the following discussions. Similarly, the number of years worked was not closely connected with other responses. Field of practice aligned more closely with

responses to other questions so was used when differentiating responses but without other revealing information.

### **Defining creative arts therapies**

Participants were asked the question, "What does the term creative arts therapies mean to you?" in order to assess level of knowledge. Generally, the spectrum of definitions provided for the term was broad. The two who explicitly engage in CATs, answered most succinctly. The five who were either peripherally, or directly involved in the arts though not for their line of work, had a good understanding of the term, however their definitions tended to be less concise than those of the creative arts therapists. Eight participants who were mental health nurses or early childhood educators had no, or very limited understandings of the term. This difference in knowledge provides evidence of the need for communication about creative arts therapies to those outside the arts therapy disciplines.

The two creative arts therapists gave definitions that described the approach as being an "untraditional" therapeutic process. One stated "It's using untraditional therapeutic tools that will benefit therapeutic process. It's safe. It doesn't just work on mental and emotional states, but also physical and spiritual. It focuses on the whole self." The other responded, "CATs mean to me that we are working with a client in a different manner than the 'traditional' therapies. We are using the inner creativity of the client (and therapist) to explore deeper meaning, issues, and bring out the best in the client."

A response from an Early Childhood Educator was that CATs entails "using activities to stimulate both the mind and body without predetermining the results." This

participant gave an example of CATs being, "A craft that is not done the 'proper' way, but the methods of making the craft, such as cutting and gluing, are developed." The example posits that CATs is about developing skills in the creative arts rather than highlighting the process of utilizing the creative arts to aid with non-arts related concerns and issues.

One mental health nurse believed that it entailed, "using drama or artistic approaches to confront psychological issues".

These responses demonstrate that there are limited understandings of creative arts therapies and their function. They indicate that outside of CATs practitioners, opportunities for utilizing CATs and the ability to see when and where they would be applicable and useful are likely to be overlooked.

Four participants who were from the nursing field indicated they had no idea what CATs meant. Of these, two stated simply, "Not sure"; two others stated that they had never heard of it before and looked it up on the Internet. A fifth respondent who is a facilitator for an arts-based rehabilitative community program, stated, "I don't know" but then also replied, "It's not what I do." The belief that CATs was not something the participant engaged in, despite being unable to provide a meaning for the term, indicated having a preconceived idea of creative arts therapies. Interestingly the community program for which this participant worked fits very well into a creative arts therapy mandate, because of its focus on improving quality of life through creative, non-verbal interactions. This serves as an example as to how there is still much work to be done in terms of CATs advocacy and knowledge dissemination, even among those practitioners so closely aligned with the field it could be assumed they already know about the CATs

field and spectrum of benefits. The limited awareness of CATs is demonstrated further by the frequency of arts use by practitioners and awareness of arts use as noted in participant responses.

### **The Creative Arts in Practice**

The original participant recruitment list was developed to include individuals whose backgrounds and work were in fields that directly and potentially indirectly utilized elements of creative arts therapies. Although teachers, nurses and early childhood educators are not explicitly practicing creative arts therapies, they were identified as a subgroup that might use elements of the creative arts in their work, who might notice the benefits to students involved in their programs, and who could benefit from a practitioner association designed to provide background information and applicable resources to a variety of practitioners as well as a vehicle for networking within and between groups. The majority of participants (nine) did not identify the creative arts as being an intentional, primary focus of their work. This could be the same reason that half of the individuals approached for participation declined, as they did not see a connection between their work and the topic of creative arts.

While seven of the 16 participants identified elements of the creative arts as present in their lives and work, only two explicitly identified themselves as being creative arts therapists. They described the nature of their work as utilizing one specific modality of the creative arts to elicit increased communication, self-confidence and quality of life for younger clients and pain-reduction, memory-building and improving quality of life for elderly clients.

Five participants who identified elements of creative arts in their lives and work were primarily teachers of, or community group leaders for, arts-focussed programs. They identified the creative arts as often the primary focus of their work, but without a therapeutic intent. Two of these who were teachers shared stories of moments when they observed secondary, or unintentional therapeutic benefits of their work, such as the increased self-esteem of a student involved in music, and of renewed confidence, accomplishment and healthy living in a student involved in dance.

While I had anticipated that elements of creative arts would be present in the fields of early childhood education, and even in nursing, those participants did not report utilizing these approaches. While it could be that no elements of the arts were used in their practices, it could also be that CATs type approaches were indeed used by them, though not recognized as such. Examples of this could include imaginative play, role play, music for calming effect, or art work for stimulating healing, or relaxation. It might be the case that these practitioners are not defining what they do as within the creative arts therapy realm.

The spectrum of definitions provided for creative arts therapies raises interesting questions regarding community readiness for a practitioner association in this field as well as the development of the field itself. These questions will be considered further in the discussion section.

### **Thoughts About a Practitioner Association**

A primary aim of this research was to investigate the interest level amongst practitioners in creative arts therapies and related fields in a regional association.

Questions were not asked regarding details of such an association to avoid imposing a particular format for such an organization and in order to solicit a variety of thoughts on what this could be like. Responses regarding the establishment of a practitioner association were fairly wide-spread. Fifteen participants directly answered the question "Do you think creation of a practitioner association would be beneficial?"

- Eleven thought that it would (three nurses, two CATs, two ECEs, two arts instructors, one teacher, and one psychologist).
- One arts instructor (a survey respondent) provided a direct and unexplained "no".
- Three were unsure (two nurses and one teacher/arts instructor).

The one participant (an interview respondent) who did not provide a direct answer stating neither yes nor no, instead identified concerns and questions about what an organization of this nature would aim to be, and how it would achieve its objectives.

Those who thought it would be beneficial suggested it would be so through its providing opportunities for professional development, sharing of information, and enabling opportunities for practitioners to "bounce ideas off" each other. Five thought that increased education and awareness of CATs would be a helpful aspect, particularly among teachers, ECEs, and other individuals who might utilize elements of CATs without any direct or specific affiliation and/or intent. Interestingly, while 11 participants were in support of a practitioner organization, only five of those people could define creative arts therapies. The remaining six participants indicated support for an organization without understanding the core premise of the field. Only one participant who could define CATs expressed hesitancy in a practitioner organization.

One CATs practitioner suggested ways in which an association could be beneficial by identifying several key features of such an association including advocacy, education and professional designation. It was also argued that such an association could act in the role of "gatekeeper" to ensure unqualified persons were not working in the field. In many fields the role a practitioner or professional association plays is one of upholding and maintaining standards of practice and ensuring professional designation. The same respondent explained that the use of creative arts and counselling therapies evoke powerful emotions and it can be extremely dangerous and counterproductive to have someone administering creative arts therapies without proper training. This participant also noted that an association would have to be something more than simply a support for practitioners, stating: "A true association would be a strong one that can also advocate not just for the profession but for the clients you're seeing.... It would be very important for the association to bring the community together for standards of practice."

The three who were unsure explained that their lack of knowledge about CATs made them reluctant to answer whether or not such an association would be useful. Another wanted to avoid the "politics" that an association might create within the field. When asked to elaborate, the respondent reported a lack of interest in collaboration or information sharing with other service providers.

### **Concerns About Establishing a Practitioner Organization**

The concerns and potential negative consequences of a practitioner association identified by respondents fall into three main categories: funding, saturation of community resources, and a disinterest in networking.

**Funding.** While I did not ask participants about funding issues, 12 of the 16 brought up the topic. One believed that it could be obtained through "donations, grants, volunteering, dues and the determination of the body of professionals who are a part of it." This one hopeful perspective was the exception as the general feeling towards funding for an organization of this nature was less than positive.

Eleven thought that a probable lack of supportive funding would be a problem in either the establishment or continuation of an association. Groups that are often affected by funding availability and budgetary changes include early childhood educators, teachers, nurses, and individuals involved in community programming. Those who mentioned funding concerns primarily did so citing their own experiences regarding its lack. They made reference to a shared history of struggling to receive financial support and program funding and this underscored a general lack of optimism regarding the creation of a practitioner association. One participant thought, "I doubt the government would give money out for this project right now." This hesitancy was shared by others, who gave comments such as: "Where would funds come from, when we don't have funds in health available at this time?" "I believe mental health issues are still stigmatized and not given the funding as much as needed." Even one of the participants, who although responding fairly positively to the idea of a practitioner association, thought: "No one would want to do it for free if there is no funding." This participant, an arts instructor in the public sector and a facilitator for a private arts organization, noted a lack of funding available within public sector positions. This participant credited working with an arts-based organization that utilizes the core components of CATs as providing better resources than the public sector job. The public sector position is the participant's primary

work and source of income, yet the demands of the job were not met with adequate resources, so the participant sought additional work and resources outside of this position to be better prepared. The participant thought that it was not even worthwhile to request additional financial support within the public sector position "because there was just no budget for it."

This awareness of financial constraints and a certain resignation to the status quo were both repeated themes throughout interview and survey data. This general feeling further indicates support for an organization of practitioners could be difficult to come by in this area, particularly if these feelings are shared beyond the population of study here, as is anticipated.

Another instructor of the arts made the point that often arts services are not viewed in the same way as are others. They might be referred to as having a natural 'gift' or 'talent' rather than a learned skill warranting payment. The participant noted that people often request classes but then indicate they do not have money to pay for this service. This respondent raised the topic of funding repeatedly throughout the interview. Although the participant indicated that there has been a considerable amount of support from the community, this is rarely present in a financial way: "The power of the arts success stories are everywhere. But it has to be funded somehow. People find that a little difficult."

Regardless of career and length of time in the field, funding concerns made an appearance from the spectrum of participants. While not all mentioned it, at least one

from every sector included in the study had funding on their minds, indicating that it as an essential consideration for potential organization establishment.

**Community saturation.** Another concern mentioned was community saturation. Numerous participants thought the arts community to be 'tapped out' and suggested new organizations may face difficulties not only because of limited funding possibilities, but also in terms of sustainability. One participant acknowledged the high volume of arts involvement in the area on participatory, organizational and advocacy levels. Comparative to the relatively small population in the region the level of involvement is high. "I would caution as to whether it's feasible on the grounds of sustainability." Noting that with high support for the arts comes an increased number of related organizations, but it is often the same small number of individuals who find themselves in leadership roles. The participant's primary concern regarding the development of an association was the potential oversaturation of resources -- not financial or material resources but specifically in terms of human capital: "I sort of feel like the arts community [here] is tapped out. For a small region, we have a large per capita involvement."

It could be that associations with inactive organization and membership that might result from this saturation could do more harm than good. An inactive association could be counterproductive as the public might seek information, find an outdated website or pamphlet and project what is an inactive association to mean it is an inactive field generally. One participant who identified as a CATs practitioner and a member of provincial and national creative arts therapies organizations, indicated several of these associations have been primarily inactive. No doubt many organizations are formed with great intentions and fall by the wayside for a variety of reasons such as the two discussed

above. Not surprisingly then, a common response amongst participants was a general hesitancy when the question of an organization arose, for these reasons, among others.

**Networking, or its lack.** Only four participants noted any type of networking with other service providers. Both creative arts therapists acknowledged their involvement with service providers from a variety of backgrounds, as well as two participants who were each involved as both educators and community group leaders. It was as a result of their duality as practitioners that they were involved with service providers from at least two groups. It seems the lack of financial resources and saturation of human resources stems from a reluctance to engage in the sharing of ideas and resources that would be a key component of a practitioner organization. For a community that relies heavily on personal connections for job opportunities, program support, and growth and development, a small but surprising theme of protectiveness, possessiveness and an unwillingness to share was noted in three participant responses. These participants indicated they thought there to be an unwillingness toward information and resource sharing, as well as networking from one or several other practitioners in similar fields. The participants who noted this unwillingness indicated their own openness to sharing and networking but had found limited opportunities to do so with others given this resistance. In their experiences, practitioners in the same and similar fields were simply not interested in sharing and exchanging information. There was, however, one respondent, who despite a history of active involvement in various creative arts programs, was quick to indicate a personal disinterest in networking and was unapologetic in the reason: "It's not something I'm interested in. There's no politics here" (indicating self). When asked to elaborate, it was explained that the lack of interest was because the

participant's program was unique from others, indicating there was no basis for sharing ideas or resources.

Another participant, who had similar arts program involvement, supported a professional association, but highlighted the view of there being a problem of sharing resources in the community, as being one of competition: "The unspoken truth is that people are afraid of you stealing their business. It's unfortunate because people could be using each other, and helping kids... It's not 100% true that people don't want to share the wealth, but in a small un-wealthy place there is a bit of reluctance."

### **The Continued Growth of CATs**

Eight individuals who have been working in their fields between nine and 32 years noted an impressive shift in the region in terms of acceptance, use, and interest in the creative arts generally, and as a therapeutic resource. All comments specifically regarding the growth of the arts scene both creatively and therapeutically were positive. Despite noting this positive growth, a general perspective among those familiar with creative arts therapies was that there remains significant work to be done to make creative arts therapies more prevalent in the region's communities, schools and hospitals.

Of the 16 participants, the one with the longest history of CATs practice in the region noted "[the field] has come leaps and bounds. When I first started it was a struggle to make a living... it has been an amazing transition." This practitioner attributes part of this to an increasing awareness on a national and international level of creative arts therapies. Additionally, there has been a significant amount of work within the region during the last ten years to inform residents, policy-makers and health and education

workers about creative arts therapies and their merit. The respondent happily noted that this has resulted in a shift in perspective, exclaiming: "They stopped calling it voodoo!" Three educators and arts instructors who have been working for over 12 years as well as the one other creative arts therapist also noted the positive trend in terms of recognition and uptake of arts and creative arts therapies in the region. The remaining eleven did not comment on changes in the field since the beginning of their involvement.

As noted, the positive comments regarding progress in the field were not without the disclaimer that there is still a significant amount of work remaining. One CATs practitioner identified a resistance to change as a major barrier for the field of music therapy to fully develop in the region. In particular this participant identified a degree of skepticism and hesitancy regarding the merit of CATs from policy makers, funding agencies and health professionals in the region. The general experience of this participant had been that traditional treatment methods and approaches were valued and trusted much more than creative arts therapies and as a result CATs work was not forefront for decision makers as a viable healthcare and treatment option.

It is unfortunate that [locals] are not keen on trying something "new" despite the fact that using creative methods to reach children and youth has been done long before the official title of Creative Arts Therapies had been coined. I find that prescriptions for medications are being dispersed much more frequently and are more accepted than referring a client to therapy.

This response indicates not only a geographical resistance to alternative therapeutic approaches, but alludes to the concern of possibly over-medicating patients

rather than utilizing other approaches. The same participant also noted there being a sense of skepticism among non-CATs interventionists in the region regarding the work, and essentially the merit, of creative arts therapists.

### **Summary**

One of the goals of this research was to discover what practitioners from a variety of fields know about creative arts therapies. In retrospect, providing a clear definition of the concept of CATs would have aided in getting a more complete picture of practitioners thoughts on an association. With fewer than half of the participants providing a complete definition of creative arts therapies, it seems any questions regarding a practitioner association were out of place without contextualizing a potential association by first providing a complete definition of terms. Understanding that creative arts therapies is an umbrella term encompassing drama, art, dance and music therapies, is helpful in recognizing the value of an organization for practitioners for both information dissemination within and between groups as well as networking opportunities across professions and specialties. These opportunities are applicable to practitioners who either directly or peripherally utilize creative arts in their work.

In this research study, length of time practicing was not related to perspective on a CATs practitioner organization. The lack of connection between length of time in the field and perspectives on a CATs organization can most likely be attributed to a lack of overall understanding of CATs. It would be interesting to compare these results to those from a study where participants fully understand the field of CATs, or where all of the participants are creative arts therapists.

Ultimately, while 11 of the 16 respondents thought a practitioner association would be a useful organization there were major concerns regarding funding, sustainability, and questions regarding the overall structure and mandate of such an organization. As one succinctly put it, "It would really have to be working for people, otherwise why hasn't there been one started?"

The thought captured in the quotation above is striking. If an association could or should be created, then it would already exist and since it does not yet, there must be a reason it has not happened. Despite any positive thoughts toward a practitioner association this underlying thought sets a tone of negativity and distrust in an association and is this participant's predominant thought. With the exception of one very positive response from a CATs practitioner regarding the development of an association this theme of hesitance and even pessimism was prevalent among the responses. While there was only one outright "No" response regarding an association, each "yes", "maybe", and "I don't know" response came with conditions, concerns and reasons why an association could flounder rather than flourish.

Among the findings within this research, the lack of networking reported by non-CATs participants is crucial to note and understand. While the lack of openness and sharing is problematic when considering the development of a practitioner association, this lack of networking is also problematic on a very general level for the field of creative arts therapies. In an area with limited awareness and support for the CATs field, communication, information sharing and collaboration are particularly important for the field's growth and development. If the few who are involved choose to alienate their practice as a means of protecting their work, this could instead result in a stagnant CATs

community and limited opportunities for practitioners. Interestingly this lack of sharing was noted only amongst practitioners who did not identify as creative arts therapists. Both CATs practitioners indicated an interest in an association given the correct conditions. As noted earlier there seems to be a fear of others stealing business, a fear that seems to be the root cause for the lack of sharing. In a field so new and underexposed collaboration of any kind would do more good than harm and these fears -- whether founded or unfounded -- serve only to stifle growth and expansion of services and options for individuals in need and practitioners in the area.

Just as the exposure to creative arts therapies inevitably influenced CATs practitioners' thoughts on an association, the lack of exposure to creative arts therapies for non-CATs practitioners similarly influenced participant thoughts on an association. Given that this sample was composed primarily of non-CATs practitioners the resulting data reflected this. While this off-balance ratio presents an accurate representation of the number of CATs versus non-CATs practitioners in the area, it would be interesting to compare the results from a group having equal parts CATs and non-CATs practitioners.

## **Chapter 5**

### **Discussion**

Creative arts therapies are part of an expanding field of alternative therapies and treatments (Christon, Mackintosh & Myers, 2010, Daykin et al, 2008, Stoll, 2005). Additionally, CATs, or rather the creative arts in general lend themselves to being a preventative treatment for issues in mental and emotional health (Putland, 2008). We do not take medicine before we get sick, but if we live healthfully -- eating proper foods and keeping active -- we can oft times avoid becoming sick. Similarly, several researchers posit that by engaging in arts activities, therefore establishing support networks, building self-esteem and coping and resilience skills (Daykin et al, Meekums, 2008, Rousseau et al.2007), we develop abilities necessary to successfully troubleshoot and respond to adverse circumstances that may arise (Putland, 2008). Some of our earliest interactions in life, and in particular some of the earliest ways in which babies form positive attachments with their parents is through music, storytelling and art (Nicholson et al, 2008). According to The Global Alliance for Arts & Health ([www.thesah.org](http://www.thesah.org)) the arts contribute to what it means to be human, particularly in times of illness. The constant need for new research and changing methods of care and treatment to meet increasing demands puts the field of creative arts therapies in a position of huge potential growth.

In recent years CATs research has grown exponentially (McDonagh, 2008). Social and cultural change, be it groundbreaking research, new music or fashion trends, starts in larger centers and trickles out to periphery locations. The community examined in this research is the quintessential peripheral location. A trickle of information has just

started to permeate the region of study, and as I expected, there is still much to be done in terms of advocacy and information dissemination to both the public and to practitioners.

As noted in the results, there was a wide spectrum of definitions for the term creative arts therapies given by the practitioners. In general, there was a lack of understanding of the term, and the field of work. Additionally, participants who were not directly involved in creative arts therapies rarely made connections between their own work and the work being done in the CATs field. It seems as though elements of the arts are either elevated in status (Camic, 2008) to a degree where people feel disconnected from their relevance and usefulness (the ballet; the opera; Shakespeare) or so commonplace and ingrained in society they go unnoticed (a painting in the doctor's office; music in the children's ward at the hospital). There seems to be a day-to-day disconnect between people and the arts. For this reason, a specific set of definitions provided within the research study might have enabled participants to more easily see this connection.

Interesting themes of protectiveness and an unwillingness to share were noted from several participant responses. One participant noted that others in the arts community were sometimes unwilling to share their work and ideas for fear of losing business. Some participants referenced the protectiveness of other practitioners. Other participants commented on their own disinterest in any sort of networking, outreach or sharing. This was specifically to say they were not interested in a practitioner association. This protectiveness may also be in part responsible for the lack of participant uptake in this research as detailed later in this chapter.

There was also an incongruity between participants indicating while they themselves were supportive of having an association they thought others in the community would not be interested. This perceived antipathy of *others'* allowed for a lack of commitment based on the expectation that it was unrealistic to think most people would be interested.

In one interview, oversaturation of community resources, the size of the community, and levels of required involvement were presented as concerns regarding the feasibility of an association. This collection of concerns presents important points to consider regarding the development of an association. It becomes paradoxical to consider the development of an association at this point. Associations, practitioner networking and basic promotion of services and cultivating CATs awareness are implicit in the development of the field. A lack of any provincial association for any of the creative arts therapies on the East coast region was presented as an argument citing the need for greater and better resources. Yet, at the same time it was noted that hastily creating an association in a location without enough people to properly support and lead it could be detrimental to the field, in that it would drain resources and practitioners who are already heavily involved in arts activities. Proper development of CATs and a related practitioner association thus requires a careful balance of resources, interest and advocacy.

Although considerable advocacy has been undertaken in the region over the past ten years, the lack of information, and the degree of misinformation, presented by participants regarding CATs, was evident. When asked if there were any anticipated negative consequences of a practitioner association, participants indicated a number of potential concerns. However, while the data shows 11 out of 16 participants listed

negative consequences of a practitioner association, their concerns were not the result of an association existing (a consequence) but rather a general concern about the practice of CATs independent of the existence of an association. This sheds a different light on the meaning of the responses with concerns regarding CATs practice independent of an association could actually be addressed and alleviated through the existence of an association, while negative consequences could not.

One creative arts therapist indicated concerns about individuals taking the practice and execution of CATs seriously. The participant indicated there could be possible safety concerns if CATs practices were not being assessed and monitored. This concern is legitimate, but it seems to refer more to individual practice rather than the association itself. Ideally, the existence of an association would be much more likely to help eradicate potential safety concerns because it would aid in holding individuals accountable to established standards of practice.

Additionally, participants listed concerns regarding funding an association of this nature, of over-saturating community members already active in the arts scene, and the sustainability of an association. These are legitimate concerns, but, again, are not actually negative consequences of having an organization. They are instead concerns regarding the establishment and success of a practitioner association. Lack of funding is not a negative consequence of a practitioner association existing, but a detriment to its establishment and maintenance.

### **The Role of Regional Specificity in Participant Concerns**

While participant concerns did not seem to identify any consequences of an association, their concerns were important to note. Upon first review, concerns seemed to be quite diverse and wide-ranging. However, it seems that most, if not all of these separate themes, could be the result of one larger issue. The limited funding availability, the territorial nature towards program delivery and the general lack of information on creative arts therapies can be, at least in part, attributed to the size of the region, specifically the scope of services currently available and the hesitancy (perceived or otherwise) to embrace and support alternative treatments. The limited funding available to practitioners within the region of focus was a prevalent theme in the data. With limited funds come limited services, and thus a lack of experience with, and exposure to, alternative treatments. Additionally in smaller regions with limited exposure to alternative treatments services that may be more prevalent in larger centers (inevitably locations with more people will demand and utilize more services) have not yet been introduced to peripheral regions. Traditional treatments, methodologies and values remain mainstream in smaller regions in a way that is not likely in larger areas.

To contextualize this point it is helpful to identify where other CATs organizations exist and in what size communities they function. Across Canada there are practitioner associations in a variety of CATs disciplines, with provincial music therapy organizations being at least twice as prevalent as provincial associations for either art, drama or dance. Music therapy has six provincial chapters representing every province in Canada except those in Atlantic Canada (<http://www.musictherapy.ca/en/provincial-associations.html>). The East coast of Canada has one organization designed to represent

all of the Atlantic provinces in a division of the Canadian Association for Music Therapy. The Atlantic Association for Music Therapy (<http://www.atlanticmusictherapy.ca>) covers all four Atlantic provinces and lists events, resources and registered music therapists across the entire region. While the existence of a regional chapter is positive, an organization spanning four provinces rather than covering only one clearly reflects the numbers and demand, or lack thereof, within the region. The North American Drama Therapy Association (<http://www.nadta.org>) has four regional chapters, one of which is the "Canadian Region" with one Quebec-based representative for all of Canada. The website for NADTA lists a total of four drama therapists in their Canada-wide directory (in contrast with 34 listed in the U.S.). There are three provincial art therapy associations, and zero provincial dance/movement therapy associations.

Despite a relatively low profile in the East coast of Canada, practitioner organizations are not uncommon. What makes the idea of the practitioner association proposed in this research unique is that it would encompass several core CATs groups as well as periphery fields that could benefit from information sharing. The majority of existing organizations have been built around one specific CAT. Therapeutic specificity aside, the mandates and core principles of the existing organizations align well with what a more broad practitioner association would aim to encompass. These things include increasing access to high quality CATs services, promoting education, research and development in the field, and to serve as an organizing agency for its members. The organizations exist to share information about their respective fields, to identify local practitioners and to provide background information and supporting resources to share with anyone interested.

## **Limitations**

This research study was limited in several areas. The survey tool itself was problematic. The survey questions seemed to eliminate potential responses by unintentionally using unfamiliar wording and phrases. The responses gathered from interview data were more complete and specific, whereas the survey tool left room for misinterpretation and responses that were lacking important data. It seems clear now that while most participants preferred the survey tool the interview provided a better opportunity for discussion and most importantly, clarification.

Recruiting participants proved to be more difficult than anticipated, primarily because practitioners from a variety of backgrounds did not recognize their own participation in, and utilization of, the creative arts. A total of nine participants declined participation specifically because they did not see a place for themselves in this research and believed their perspective would not be useful. Potential participants had been identified as such because of the researchers awareness of the scope of their work activities. Even without completing a survey or interview it was clear that those individuals who opted to not take part would have been ideal research participants, they simply did not view themselves as being a good fit for creative arts therapy research even before fully understanding the term. Additionally, many of those who did participate but who did not see any use of arts in their work may have benefitted from explicit definitions of arts and examples of arts use in practice. In addition to the nine practitioners who declined participation, there were seven others who were non-responsive following initial communication. These individuals simply stopped responding following an initial conversation regarding the research objectives and the

request for their participation. In all of these cases, individuals indicated an initial interest in participating and then ceased communication.

Of sixteen total participants ten were able to provide a definition of CATs and of those definitions only five fully covered the nature and scope of CATs accurately. While creative arts is a blanket term meant to encompass multiple forms of art (music, dance, drama, and fine art), some participants seemed to misinterpret 'creative arts' to exclusively refer to 'fine arts' (thus eliminating any performance arts, and the subtle ways art can be a part of daily life). This interpretation furthered the thinking that individuals may not be useful participants for the research and may explain the small number of responses to the request for participation. Future research of this nature would benefit from providing a complete definition of creative arts therapies for potential participants if the goal was to investigate what activities of this nature were happening.

Despite having two separate survey tools -- one for practitioners explicitly utilizing creative arts therapies and one for practitioners who may utilize elements of creative arts without therapeutic intent -- the majority of participants often struggled to see a place for themselves in this research. A more balanced set of responses including those who are not using creative arts in their practice as well as those who do so, even to a limited degree, would have helped inform the survey results and present a more complete picture. Individuals often engage in creative arts in their practice without realizing the extent to which they are using them. This category of practitioners represents an entire group of people who could benefit significantly from an organization of CATs, yet they seem to see no place for themselves in this potential organization. Due

to the lack of responses from individuals in these subgroups, the research results are limited and the complexity of the data is relatively shallow.

A concept, or a methodology cannot be integrated into the roster of therapeutic practices if the basic meaning raises confusion. What is concerning to me is that the practitioners who are in a position to utilize these types of therapies, even if only by referring clients to a source, appear to be unaware of such options. If the individuals best suited to incorporate elements of creative arts therapies within their daily work, or to recommend those services to their clients are not aware of the benefits, or the definition of creative arts therapies, it is unlikely that the general public will be aware of what services and programs are available and their wealth of benefits. It will be very difficult to advocate for a profession, and for a body of practitioners and the development of an association if those who would most likely be utilizing the approach from it are unable to define the core premise.

### **Suggestions for Future Research**

A general lack of understanding of CATs terminology was one of the major findings of this research study. If it is the intention of the research to explore the perspectives of CATs from individuals who are not active CATs practitioners, the language used in the survey tool should reflect this. Future studies would benefit by taking a more plain language approach to questions within the survey as well as with the study title itself. By including the term "creative arts therapies" in the title of this research study a number of individuals opted out of participation by incorrectly assuming they were not the appropriate candidates for this research. Additionally, questions within the

survey were misinterpreted by several participants, thereby providing skewed answers for the data. This reinforced the benefit of conducting interviews rather than using a survey tool. The interview option allowed for clarification of terms, if anything was incorrectly interpreted the first time. The majority of participants were interested in the survey option as it presented minimal disruption in their daily activities.

Across participants there seemed to be a separation between the work individuals are doing in practice (rarely viewing themselves as utilizing elements of CATs), and the meaning of creative arts therapies. There are standards of practice and specific training for each creative art therapy to adhere to, so while it was reassuring to find that individuals were not identifying their work as something beyond their certification or training it was also noteworthy to realize that individuals were not able to see how closely aligned their practices are with elements of CATs, and subsequently how much they could benefit from an association of practitioners. This information is extremely useful in identifying areas of need for increased advocacy and information dissemination. Understanding the areas of need is an essential step in building a community, particularly when practitioners may already be so closely aligned with a community without knowing it. Increasing awareness of services as well as understanding how and why the creative arts can be used as therapeutic tools is integral to opening the field to practitioners from peripheral fields who will utilize it for referring clients, promoting alternative therapies as well as understanding and maximizing the work they do.

Future research should focus on a deeper exploration of what fields are utilizing the creative arts and who could most benefit from additional information, or the existence of an association. By changing the language in the survey tool and asking questions in a

more direct manner, researchers may obtain more complete responses. Rather than asking, "Do you use creative arts in your work?" consider asking, "Do you use role playing, drawing, or listening to music in your work?" The clarification is simple, yet it ensures the participant is understanding fully the intention of the question.

It would also be interesting to explore the success rates and activity levels of current associations. While current associations were briefly reviewed for this study it was not a core component of the research. Interviewing practitioners who organize and run current associations would bring insight to the benefits and potential issues behind forming and running an association. There also seems to be a lack of research regarding the uptake of practitioner associations. Knowing this, future research could explore the levels of uptake and frequency of usage by practitioners from a non-organizational standpoint to examine what works, what does not work, and how effective associations are for practitioners.

Finally, it would be advantageous for current practitioners in creative arts therapies fields to use this information and focus on information dissemination, myth dispelling and developing succinct and informative campaigns advocating for CATs use. While there is a considerable amount of research already in this field, there remains much "pioneering" to be done (McDonagh, 2005). Despite the vintage of McDonagh's article regarding forging new ground in the field, it seems to remain true even eight years later. Acceptance and use of creative arts therapies has been steadily increasing in larger cities across Canada with Montreal having a steady stream of CATs practitioners coming from the drama, art and music therapy programs at Concordia and L'Université du Québec à

Montréal (McDonagh, 2005). This concentration of CATs practitioners and activities is both exciting for the field, and promising for practitioners from smaller communities.

Ideally there will be continued growth and support for creative arts therapies at both regional and national levels so CAT resources can eventually be utilized as a mainstream approach to healthcare rather than a loosely-substantiated, alternative approach.

## References

- Aldridge, D., Gustorff, D., Neugebauer, L. (1995). A preliminary study of creative music therapy in the treatment of children with developmental delay. *The Arts in Psychotherapy*, 22, 189-205.
- Caf, B., Kroflic, B., Tancig, S. (1997). Activation of hypoactive children with creative movement and dance in primary school. *The Arts in Psychotherapy*, 24, 355-365.
- Camic, P.M. (2008). Playing in the mud: Health psychology, the arts, and creative approaches to health care. *Journal of Health Psychology*, 13 (2), 287-298.
- Christon, L.M., Mackintosh, V.H., Myers, B.J. (2010). Use of complementary and alternative medicine (CAM) treatments by parents of children with autism spectrum disorders. *Research in Autism Spectrum Disorders*, 4 (2), 249-259.
- Daykin, N., Orme, J., Evans, D., Salmon, D., McEachran, M., Brain, S. (2008). The impact of participation in performing arts on adolescent health and behaviour. *Journal of Health Psychology*, 13 (2), 251-264.
- Denzin, N.K., Lincoln, Y.S. (2008). *The Landscape of qualitative research*, 3<sup>rd</sup> Ed. Sage Publications: Los Angeles.
- Dileo, C., Bradt, J. (2009). On creating the discipline, profession and evidence in the field of arts and healthcare. *Arts & Health*, 1 (2), 168-182.
- Donnell, N.E. (2007). Messages through the music: Musical dialogue as a means of communicative contact. *Canadian Journal of Music Therapy*, 13 (2), 74-99.
- Elkis-Abuhoff, D.L. (2008). Art therapy applied to an adolescent with Asperger's syndrome. *The Arts in Psychotherapy*, 35, 262-270.
- Kids CAN, (2010). Retrieved from  
<http://kidscentre.com/home/about-us/>
- Langton, N., Robbins, S.P., Judge, T.A. (2010). *Organizational Behaviour*, (5<sup>th</sup> Ed.).

Toronto, Ontario: Pearson Education Canada.

- Lu, L., Petersen, F., Lacroix, L., Rousseau, C. (2009). Stimulating creative play in children with autism through sandplay. *The Arts in Psychotherapy, 37*, 56-64.
- McDonagh, P. (2005, October). The art of creative arts therapies. *University Affairs*. Retrieved from <http://www.universityaffairs.ca/the-art-of-creative-arts-therapies.aspx>
- Meekums, B. (2008). Developing emotional literacy through individual Dance Movement Therapy; A pilot study. *Emotional and Behavioural Difficulties, 13*, 95-110.
- Murray, M., Gray, R. (2008). Health psychology and the arts. *Journal of Health Psychology, 13* (2), 147-153
- National Association for Drama Therapy, (2009). Retrieved from [www.nadt.org/faqs.htm](http://www.nadt.org/faqs.htm)
- Nicholson, J.M., Berthelsen, D., Abad, V., Williams, K., Bradley, J. (2008). Impact of music therapy to promote positive parenting and child development. *Journal of Health Psychology, 13* (2), 226-237.
- Peter, M. (2003) Drama, narrative and early learning. *The British Journal of Special Education, 30* (1), 21-27.
- Putland, C. (2008). Lost in translation: The question of evidence linking community-based arts and health promotion. *Journal of Health Psychology, 13* (2), 265-276.
- Rousseau, C., Benoit, M., Gauthier, M., Lacroix, L., Alain, N., Rojas, M., Moran, A., & Bourassa, D. (2007). Classroom drama therapy program for immigrant and refugee adolescents: A pilot study. *Clinical Child Psychology & Psychiatry, 12*(3), 451-465.
- Society for Arts in Healthcare, (2010). Retrieved from: [www.thesah.org](http://www.thesah.org)

PERSPECTIVES TOWARD ESTABLISHING A CATS ASSOCIATION

Stoll, B. (2005). Growing pains: The international development of art therapy. *The Arts in Psychotherapy*, 32, 171-191.

**Appendix A:** Survey questions for practitioners engaging in creative arts, without an intentional therapeutic approach

**Thank you for your willingness to participate in this research.**

1. Please describe the primary activity and aims of your work.
2. Please describe how long you have been in this field.
3. Have you seen any major changes during your involvement? If so, please describe.
4. Please describe the typical population with whom you work.
5. Please describe the environments in which you typically work (e.g. indoor, outdoor, office, home-based).
6. Do you consider there to be any secondary or unintentional benefits to your clients/ from your work with them? If yes, please describe. If no, please discuss.
7. Please explain what the term Creative Arts Therapies means to you.
8. Please discuss your background in creative arts and speak briefly to whether you come from a process or product oriented school of thought.
9. Do you intentionally engage in CATs in your work? If so, please describe.
10. Is there a particular Creative Art your work focuses on? If so please explain why. If no, please discuss your general use of CAs.
11. Do you engage in CATs in conjunction with any other service providers?
12. Do you think that a unified organization of CATs (and related) practitioners in your province would be a useful association? If yes, please explain how. If no, please discuss.
13. Do you think that creating such an organization is feasible? If yes, please discuss. If no, please explain why not.
14. Do you have ideas/suggestions for what the focus of such an organization should be?
15. If there was support for such an organization how do you think you might like to be involved?
16. What do you think might be negative consequences of having such an organization?
17. Is your work unique to other services available in your community? If so, please describe how. If no please discuss why.
18. Do you feel your work is strongly supported and that there is significant community uptake?
19. Is there anything else you would like to add or discuss?

**Thank you for your participation.**

**Appendix B:** Survey questions for practitioners explicitly engaging in CATs

**Thank you for your willingness to participate in this research.**

1. Please explain what the term, Creative Arts Therapies means to you.
2. Please discuss your background in creative arts and speak briefly to whether you come from a process or product oriented school of thought.
3. Please describe how long you have been engaged in CATs practice.
4. Have you seen major changes in ideas about CATs intervention during your involvement? If so, please describe.
5. Please describe how you currently use CATs in your work.
  - What is your primary client basis?
  - What are their primary needs?
  - What environments to you typically work in (e.g. indoor, outdoor, office, home-based)?
6. What do you consider to be the primary benefits to your clients of your CATs work with them?
7. Do you consider there to be any secondary or unintentional benefits to your clients/ from your work with them? If yes, please describe. If no, please discuss.
8. Do you engage in CATs in conjunction with any other service providers? If yes, please describe. If no, please discuss why not.
9. How would you describe the level of interest or support by non-CATs interventionists for CATs?
10. Do you think this level of interest/support has consequences for the field in your province?
11. Do you think that a unified organization of CATs practitioners in your province would be a useful association? If yes, please explain how. If no, please discuss.
12. Do you think that creating such an organization is feasible? If yes, please discuss. If no, please explain why not.
13. Do you have ideas/suggestions for what the focus of such an organization should be?
14. If there was support for such an organization how do you think you might like to be involved?
15. What do you think might be negative consequences of having such an organization?
16. Is there anything else that you would like to add or discuss?

**Thank you for your participation.**

**Appendix C:** Interview questions for practitioners engaging in creative arts without an intentional therapeutic approach

**Thank you for your willingness to participate in this research.**

1. Please describe the primary activities and aims of your work.
2. Please describe how long you have been in this field.
3. Have you seen any major changes during your involvement? If so, please describe.
4. Please describe the typical population you work with.
5. Please describe the environment in which you typically work (e.g. indoor, outdoor, office, home-based).
6. Do you consider there to be any secondary or unintentional benefits to your clients/ from your work with them? If yes, please describe. If no, please discuss.
7. Please explain what the term Creative Arts Therapies means to you.
8. Please discuss your background in creative arts and speak briefly to whether you come from a process or product oriented school of thought.
9. Do you intentionally engage in CATs in your work? If so, please describe.
10. Is there a particular Creative Art your work focuses on? If so please explain why. If no, please discuss your general use of CAs.
11. Do you engage in CATs in conjunction with any other service providers?
12. Do you think that a unified organization of CATs (and related) practitioners in your province would be a useful association? If yes, please explain how. If no, please discuss.
13. Do you think that creating such an organization is feasible? If yes, please discuss. If no, please explain why not.
14. Do you have ideas/suggestions for what the focus of such an organization should be?
15. If there was support for such an organization how do you think you might like to be involved?
16. What do you think might be negative consequences of having such an organization?
17. Is your work unique to other services available in your community? If so, please describe how. If no please discuss why.
18. Do you feel your work is strongly supported and that there is significant community uptake?
19. Is there anything else you would like to add or discuss?

**Thank you for your participation.**

**Appendix D:** Interview questions for practitioners explicitly engaging in CATs

**Thank you for your willingness to participate in this research.**

1. Please explain what the term, Creative Arts Therapies means to you.
2. Please describe your background in creative arts and speak briefly to whether you come from a process or product oriented school of thought.
3. Please describe how long you have been engaged in CATs practice.
4. Have you seen major changes in ideas about CATs intervention during your involvement? If so, please describe.
5. Please describe how you currently use CATs in your work.
  - What is your primary client basis?
  - What are their primary needs?
  - What environments do you typically work in (e.g. indoor, outdoor, office, home-based)?
6. What do you consider to be the primary benefits to your clients of your CATs work with them?
7. Do you consider there to be any secondary or unintentional benefits to your clients/ from your work with them? If yes, please describe. If no, please discuss.
8. Do you engage in CATs in conjunction with any other service providers? If yes, please describe. If no, please discuss why not.
9. How would you describe the level of interest or support by non-CATs interventionists for CATs?
10. Do you think this level of interest/support has consequences for the field in your province?
11. Do you think that a unified organization of CATs practitioners in your province would be a useful association? If yes, please explain how. If no, please discuss.
12. Do you think that creating such an organization is feasible? If yes, please discuss. If no, please explain why not.
13. Do you have ideas/suggestions for what the focus of such an organization should be?
14. If there was support for such an organization how do you think you might like to be involved?

PERSPECTIVES TOWARD ESTABLISHING A CATS ASSOCIATION

15. What do you think might be negative consequences of having such an organization?

16. Is there anything else that you would like to add or discuss?

**Thank you for your participation.**

## **Appendix E-1: Free and Informed Consent Form (Interview Participants)**

### **Practitioner perspectives on the current state of creative arts therapies**

I am Alicia Altass, a graduate student in the Department of Child and Youth study at Mount Saint Vincent University. As part of my Master of Arts thesis, I am conducting research under the supervision of Dr. Donna Varga. I am inviting you to participate in my study, “Practitioner perspectives on the current state of creative arts therapies”.

The purpose of the study is to examine the frequency of use, interest in and awareness of creative arts therapies in a variety of settings with children and youth. The study will examine where and how creative arts are used as well as if and when they are being utilized with therapeutic intent.

Data will be collected through a semi structured interview. Participants will be interviewed individually and in a private location of their choice, on a single occasion. Interviews will be tape-recorded (if consent is provided) and transcribed, and are anticipated to take 120 minutes to complete. The completed thesis will be electronically available through the Mount Saint Vincent University library. Participants wishing a copy of the results will be provided with a summary.

Your participation is completely voluntary. You may withdraw from this study at any time without penalty. There are no anticipated risks of participating in this study. Assumed benefits are participants’ potential to inform practices through communication of their experiences. Please note that although these benefits are assumed there is no guarantee they will be achieved. No incentive for participation will be provided.

Participants will not be identified by name or any description in the thesis or resulting publications that could identify them individually. Transcriptions will be coded with only the researcher having access to the code key. Electronic data that is pertinent to the study will be stored on a flash drive. Hard data and digital storage mechanisms will be kept in locked areas accessible only to the researcher, and my thesis supervisor. After five years, all hard copies and the digital storage devices will be destroyed.

If you have any questions about this study, please contact myself at [alicia.altass@msvu.ca](mailto:alicia.altass@msvu.ca) and [REDACTED], or Dr. Donna Varga, 902-457-6325, [donna.varga@msvu.ca](mailto:donna.varga@msvu.ca). This research activity has met the ethical standards of the University Research Ethics Board at Mount Saint Vincent University. If you have any questions or concerns about this study and wish to speak with someone who is not directly involved with this study, you may contact the University Research Ethics Board, by phone at 902-457-6350 or by e-mail at [research@msvu.ca](mailto:research@msvu.ca).

---

**By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this study.**

---

**Participant's signature**

---

**Date**

---

**Researcher's signature**

---

**Date**

**Do you wish to receive a summary copy of the report?   YES                      NO**

**If you indicated YES please provide an address (home or email) to forward the report summary**

*One signed copy to be kept by the researcher, one signed copy to the participant.*

---

## **Appendix E-2: Free and Informed Consent Form (Interview Participants)**

### ***Audio Recording***

#### **Practitioner perspectives on the current state of creative arts therapies**

I am Alicia Altass, a graduate student in the Department of Child and Youth study at Mount Saint Vincent University. As part of my Master of Arts thesis, I am conducting research under the supervision of Dr. Donna Varga. I am inviting you to participate in my study, "Practitioner perspectives on the current state of creative arts therapies".

The purpose of the study is to examine the frequency of use, interest in and awareness of creative arts therapies in a variety of settings with children and youth. The study will examine where and how creative arts are used as well as if and when they are being utilized with therapeutic intent.

Data will be collected through a semi structured interview. Participants will be interviewed individually and in a private location of their choice, on a single occasion. Interviews will be tape-recorded (if consent is provided) and transcribed, and are anticipated to take 120 minutes to complete. The completed thesis will be electronically available through the Mount Saint Vincent University library. Participants wishing a copy of the results will be provided with a summary.

Your participation is completely voluntary. You may withdraw from this study at any time without penalty. There are no anticipated risks of participating in this study. Assumed benefits are participants' potential to inform practices through communication of their experiences. Please note that although these benefits are assumed there is no guarantee they will be achieved. No incentive for participation will be provided.

Participants will not be identified by name or any description in the thesis or resulting publications that could identify them individually. Transcriptions will be coded with only the researcher having access to the code key. Electronic data that is pertinent to the study will be stored on a flash drive. Hard data and digital storage mechanisms will be kept in locked areas accessible only to the researcher, and my thesis supervisor. After five years, all hard copies and the digital storage devices will be destroyed.

If you have any questions about this study, please contact myself at [alicia.altass@msvu.ca](mailto:alicia.altass@msvu.ca) and [REDACTED], or Dr. Donna Varga, 902-457-6325, [donna.varga@msvu.ca](mailto:donna.varga@msvu.ca). This research activity has met the ethical standards of the University Research Ethics Board at Mount Saint Vincent University. If you have any questions or concerns about this study and wish to speak with someone who is not directly involved with this study, you may contact the University Research Ethics Board, by phone at 902-457-6350 or by e-mail at [research@msvu.ca](mailto:research@msvu.ca).

---

**By signing below, you are consenting to the interview being audio-recorded.**

---

**Participant's Signature** \_\_\_\_\_ **Date**

*One signed copy to be kept by the researcher, one signed copy to the participant.*

---

## **Appendix F: Free and Informed Consent Form (Survey Participants)**

### **Practitioner perspectives on the current state of creative arts therapies**

I am Alicia Altass, a graduate student in the Department of Child and Youth study at Mount Saint Vincent University. As part of my Master of Arts thesis, I am conducting research under the supervision of Dr. Donna Varga. I am inviting you to participate in my study, “Practitioner perspectives on the current state of creative arts therapies”.

The purpose of the study is to examine the frequency of use, interest in and awareness of creative arts therapies in a variety of settings with children and youth. The study will examine where and how creative arts are used as well as if and when they are being utilized with therapeutic intent.

Data will be collected through a 17-question survey. Participants will be mailed survey data as well as a stamped return envelope in which to return the completed survey. Participants will be contacted two weeks afterwards to confirm materials have been received. The completed thesis will be electronically available through the Mount Saint Vincent University library. Participants wishing a copy of the results will be provided with a summary.

Your participation is completely voluntary. You may withdraw from this study at any time without penalty. There are no anticipated risks of participating in this study. Assumed benefits are participants’ potential to inform practices through communication of their experiences. Please note that although these benefits are assumed there is no guarantee they will be achieved. No incentive for participation will be provided.

Participants will not be identified by name or any description in the thesis or resulting publications that could identify them individually. Transcriptions will be coded with only the researcher having access to the code key. Electronic data that is pertinent to the study will be stored on a flash drive. Hard data and digital storage mechanisms will be kept in locked areas accessible only to the researcher, and my thesis supervisor. After five years, all hard copies and the digital storage devices will be destroyed.

PERSPECTIVES TOWARD ESTABLISHING A CATS ASSOCIATION

If you have any questions about this study, please contact myself at [alicia.altass@msvu.ca](mailto:alicia.altass@msvu.ca) and [REDACTED], or Dr. Donna Varga, 902-457-6325, [donna.varga@msvu.ca](mailto:donna.varga@msvu.ca). This research activity has met the ethical standards of the University Research Ethics Board at Mount Saint Vincent University. If you have any questions or concerns about this study and wish to speak with someone who is not directly involved with this study, you may contact the University Research Ethics Board, by phone at 902-457-6350 or by e-mail at [research@msvu.ca](mailto:research@msvu.ca).

---

**Please note that completion of this survey and its return implies your consent and agreement to the terms outlined above.**

**Do you wish to receive a summary copy of the report?   YES                      NO**

**If you indicated YES please provide an address (home or email) to forward the report summary**

*One signed copy to be kept by the researcher, one signed copy to the participant.*

---