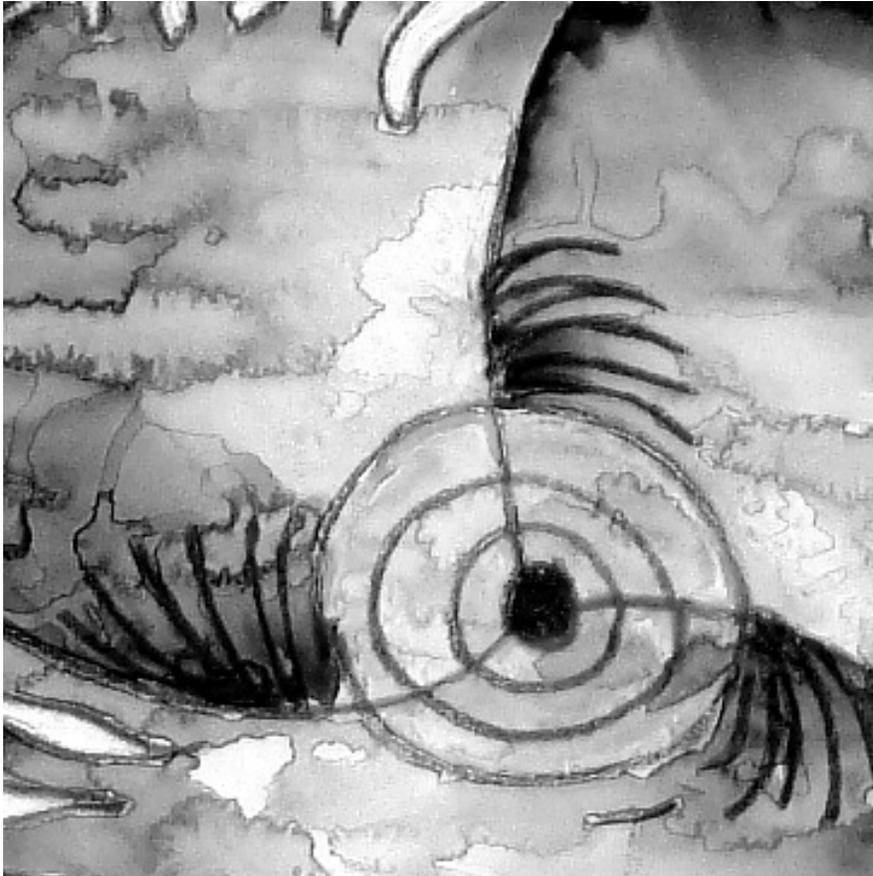


CATA NEWS

THE CANADIAN ART THERAPY ASSOCIATION NEWSLETTER

Volume 6, Issue 2

August 2007



WHEN THE ARTS SHAPE THERAPY: A SHIFT IN ART THERAPY RESEARCH AND PRACTICE - 28th Annual CATA Conference

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President's Message

Last issue I commented about the relatively slow arrival of spring and preparations for new growth. Now that summer has arrived I revel in that experience and I find myself anticipating the coming of autumn and the preparation for the CATA Annual Conference in Calgary.

I am excited by the theme, 'When the Arts Shape Therapy: A Shift in Art Therapy Research and Practice' and by the keynote speakers, Paolo Knill and Stephen Levine. I think that these speakers will help to inspire us and to share with us the excitement and creativity inherent in shaping therapy through the arts. I appreciate the opportunity to explore new perspectives, multifaceted approaches and integration of therapy with other creative modalities such as drama, poetry, music as well as visual art.

I look forward to the conference also because it serves as an opportunity to come together face to face to for new learning and continuing competence, to affirm our sense of passion and to encourage one another. I appreciate the hard work of the conference committee in the preparation for this event. In addition to the workshops and presentations there will be a chance to renew friendships, develop new friendships and partnerships. There will also be an opportunity to learn about and access supervision. We will also have the opportunity to attend the Annual General Meeting and to participate further in the growth of our association.

In other news the executive board has been busy both with routine business and new ventures. Some of the new directions include the creative arts therapies initiatives and partnerships; continued work with other professionals regarding counsellor regulation. I/we have also been in discussion with various provincial art therapy associations and will soon announce a new liability insurance provider to be shared by at least two provincial associations as well as CATA. This partnering will result in lower liability costs to individual members.



Thank you to those who submitted interesting articles and information to share with other CATA members. Our Newsletter is designed to stimulate networking and communication through announcements, articles, profiles, workshop summaries, and other information of interest to Canadian art therapists. Consider sharing information about art therapy programs, student thesis abstracts, research endeavours, poetry, and various art therapy experiences. Submit to mmagnuson@shaw.ca

DrawBridge: An Arts Program for Homeless Children - Zimbabwe Story by Gloria Simoneaux - Founder/Executive Director www.drawbridge.org

Harare International Festival of the Arts (HIFA) 2007 had ended, and 28 remarkable street children had successfully created three magnificent painted installation pieces that were being displayed at the National Gallery of Zimbabwe. Pardon, one of the older boys said, "Through art everyone can understand you. Art is a language." Another very gifted boy, Ngoni, said, "I bumped into art. I am happy."



Most of the boys had never painted before. Fanuel, another street child said: "The whole week was tremendous, really exciting, interesting and educative. This was absolutely great. Before I only used pencils, so we learned to mix colors. I'm proud because I didn't expect that we could behave like this in a group. This is the best thing that we ever did and I hope we can come back together next year and do this." Over the course of one week a group of beaten down, hardened children became soft and their humanity shone brilliantly.

After the festival, I led a weekend training for students of family therapy titled, "The use of Expressive Arts and Play Therapy Techniques to Deepen Communication with Traumatized Children", sponsored by CONNECT (the only Psychology Institute/degree program in Zimbabwe). I was also training caregivers, social workers, counsellors and orphanage staff at several local NGO's. The situation in Zimbabwe is dismal and continues to deteriorate. The inflation rate is the highest in the world and 30% of the population has AIDS. The need for training in psychosocial support interventions is immense.

Exactly a year ago, in between teaching and working with children, I had a day off. I told Clever, my driver that I wanted to visit the paediatrics unit at the largest hospital in Harare. I felt such a strong urge, as though I NEEDED to make that trip. Driver was not happy about that plan; he wanted to take me shopping, the choice of most tourists. The extent of suffering is so enormous and I imagine that Clever would not choose to spend the afternoon in a children's hospital...surrounded by even more suffering. Reluctantly he took me to the Parirentyatwa Hospital in downtown. When we arrived, he told me to wait in the car and he ran inside to get information. He arrived back at the car ten minutes later in a more relaxed mood, and said, "Visiting hours are over. We cannot enter the hospital." I said, "Come with me. I want to see for myself."

The grounds of the hospital (particularly the large grassy areas) are filled with sleeping and resting people, lying in the sun waiting to visit sick family and friends. We had to walk over and around large groups (mostly women) as we made our way to the entrance of the imposing building. I approached the reception area and said, "Good afternoon. I work in a California hospital and I would like to visit your paediatrics unit to see if there is anyway that we can assist one another." It was pretty clear that they thought I was a doctor because I was received very enthusiastically and before long my driver and I were accompanied to the paediatrics ward. As we were approaching the ward, I began to worry that a medical emergency would occur and I would be called upon to operate. Luckily, that didn't happen.

But what did happen, gave me a shock. Standing alone at the door that marked the entrance to the ward was a tall, thin girl of about ten years old. Her face was disfigured by a black growth that grew the entire length (top to bottom) and covered almost half of her face. It was the most hideous disfigurement that I had ever seen on a human being and I

automatically gasped and stared in horror. Clever was beside himself, and I told him to go sit in the waiting room. As it turns out, that afternoon meeting was very significant for me. Sbongila, the young girl, is the reason that I needed to visit the hospital and we have become close friends.



Sbongi is an orphan from a distant rural area near the Zambian border. When we met, she had been in the hospital for a year and a half. Her grandmother had managed to bring her for treatment and had left her there alone. She had no visitors.

I tried to collect information about her condition, prognosis and history but that wasn't an easy task. In Zimbabwe (and the other African countries that I have visited and worked in) bureaucracy is excruciating. I was never able to find out the name of her illness, however I finally met with the "Matron" of paediatrics who gave me official permission to spend time with Sbongi, bring art supplies, food and clothing for her. She needed the most basic things...underwear, shampoo and protein. Children are not fed nourishing meals and so they are not eligible for surgery or any extensive procedures because they are not nourished. It is a wild vicious cycle.

I managed to spend time with her everyday for the remainder of the two-week visit. She was very withdrawn and didn't smile. She understood some English and spoke softly and rarely. We drew and painted together and she was very tentative and shy with the materials.

One day as I was walking to the hospital I ran into Masimba, a young artist who had attended my art therapy talks at the Harare Arts Festival 2006. Masimba had been the most enthusiastic and interactive attendee. He said, "Teach me art therapy. I have researched it on the Internet and I know it works. Please take me as your student."

When I noticed Masimba walking down the street, I said, "Masimba, come with me, I have an idea." As we walked to the hospital, I gave him some background about Sbongi and our relationship...I tried to prepare him. When he saw her for the first time he gave her a hug and then talked with her in Shona as the three of us sat on her bed and she drew hearts with glitter pens.

We arranged to have Masimba visit her in the hospital on a weekly basis and bring art materials and food (that I provided) and I agreed to train and supervise him via the Internet. I also offered to pay him for spending time with her, but he said, "I am your student. I'm not ready to be paid." Masimba is a man of great integrity.

Pretty soon he was making art with a whole group of children every Saturday, and then the hospital's paediatric oncologist (the only one in the entire country) noticed the impact that Masimba was having and requested that he also work with the child cancer patients. The patients have no stimulation or emotional support, and many of them have no parents and no visitors. The survival rate on the ward is 15%. It is dismal...no medicines, no radiation equipment, no nothing. Masimba quickly became the Pied Piper of Parirenyatwa. The children adored him.



Meanwhile, I had returned to California on a mission. I was intent on finding a plastic surgeon that would volunteer to help my sweet Sbongi, and several doctors (friends of friends) expressed interest. I was encouraged and wrote to staff at the hospital involved in her case, offering to bring her to the states for reconstructive surgery. Time went on...and on...and on...and I was sent cryptic messages indicating that Sbongi would be well cared for in Zimbabwe and that permission for her to travel to the states was denied. "We can take care of our own" was the translation.

After the HIFA festival 2007, I excitedly planned my first visit back to the hospital in more than a year. With great anticipation, and laden with clothes, art supplies, wristwatch, sunglasses and food I went with Masimba to visit Sbongi. She was waiting for us and ran up to embrace Masimba. Tentatively she gave me a little smile and a hug. Her face had changed dramatically and the black growth that had taken over her face was gone. She looked a million times better than last year. But even so, the doctors had done a terrible job with the surgery and had butchered her. She had been in the hospital for two and a half years, nobody appeared concerned about her future and nothing seemed to be happening quickly. I felt sick.

We spent some wonderful days together. Sbongi was ecstatic with her new clothes and smiled easily. She posed in front of the camera, something that she would have never done a year ago. I let her and the other children use my cameras and they ran around the ward taking pictures of posing nurses, orderlies and mothers. Another young patient also really caught my attention. Innocent, a four-year old orphan has been living in the hospital for more than eight months. Masimba is his only visitor and when we appeared, Innocent smiled, grabbed onto Masimba's leg and wouldn't let go. He has a terrible condition on his face, almost as dreadful as Sbongi's. The day that we presented him with a brand new Spiderman shirt, he squealed with delight and ran around showing it off, laughing and screeching with happiness.



I watched Masimba play and create with the children and I felt in awe of his abilities. He was sitting with eight children at a table filled with markers, different colored papers, glitter paints, scissors and stickers. One of the boys ripped a piece of white paper into the shape of a hat and held it up to his head. Masimba also ripped a piece of paper into a hat and held it up to HIS head. It was a brilliant response to the little boy, because non-verbally Masimba JOINED the child in his playful space. The child understood that someone was paying attention to him, encouraging him and even accepting him. I thought to myself, "Many people go to school for years to learn how to work with children, and they couldn't do as well." He has a natural ability and I'm thrilled to see him in action. During those weeks

I trained additional volunteers and officially hired Masimba as a DrawBridge International facilitator. He is now being paid. We have also discussed the possibility of training some of the older street boys as volunteers. That would be an ideal partnership. I am still 100% committed to finding additional care for Sbongi, and nothing will stop me.

Manzil – a Therapeutic Art Program by Mehdi Naimi

What is involved in setting up a therapeutic art program? How much does it cost? Space? Materials? Staff? Insurance? Maybe transportation? Once you start thinking about the idea, it seems to keep growing bigger and bigger until nagging thoughts, insurmountable challenges, and a serious headache sets in. It always seems like doing something that is really needed and appreciated by a lot of people in the community would cost a lot of money and involve a lot of paperwork. Does it, really?

In a recent trip to India, I came across a program in Delhi. Manzil, it was called, meaning Destination. And it did seem like one for a lot of the kids and young people who came to it every night. It was a magnet and hub for the creative souls that hungered for a container to pour out their contents.

It had started ten years earlier as a modest invitation to the poor neighbourhood kids who needed some tutoring in math and English. The original intention was to balance the disadvantage these children faced for the sole reason that they were born into a 'servant family'. Knowing English could help them move up in the world. But then there was more. The children had hidden talents; in music, art and drama.



The door to Manzil in a busy upscale shopping centre

At Mazil there are ongoing classes in music, theatre, dance and painting, all on student initiatives. Ravi, the founder of Manzil states:



“Our intention is to provide a space within which Education, understood holistically, goes beyond academic learning, to include a child’s motivations, aspirations, dreams and unique talents and qualities”.

Some of the students have succeeded in pursuing their unique talents in music, film-making, web-designing etc. and have managed to get “some very good and respectable jobs, based solely on their capability and determination”.



Boys learning new chords from a newcomer in the courtyard at Manzil. The door on the right opens to the kitchen, and the one on the left to the classroom where art, music, tutoring and discussions take place.

Manzil's philosophy is one of participation; in learning, doing, and in life in general. The goal here is to create an environment that is attuned and responsive to the process and provides an experiential context for all learning. So, art, drama and music become vehicles of learning about life and relationships. Manzil House tries to draw out individual potentialities into the social context of the group. This is a courageous endeavour given the backdrop of the dominant culture in India, where individuality is systematically prohibited and suppressed by family and social values and mechanisms.

So, back to the original question: what does it take to set up an environment that allows the creativity of individuals to find expression for healing and growth, and for overcoming life challenges? Having had the fortunate opportunity to volunteer overseas as well as closer to home, I say it does not take much. Not much money to stock up on paint, paper, and clay. And not much paperwork to bring in fun-and-people-loving volunteers who have skills to share. It does not need much space, as the environment can be created around a picnic table with a supply room that fits inside a backpack. People at Manzil on the other hand, demonstrate so clearly in practice the need for a clearly articulated philosophy. It is the thoughts that form the decisions that bring projects to life. In my experience, so many "youth centres" fail because the original intention was not scrutinized through the lens of a context-sensitive and responsive framework. Sometimes a drop-in centre can be as attractive a proposition as the purchase of funky lawn furniture. On second thought, who needs it? Who would use it and why? Should we get it because all the people in the surrounding towns have? The desire to create an environment that serves creativity and growth begins with a responsive treatment of the idea or the wish itself.

Updates from CATA members

Presently I'm working with various ages of adult clients. One of these is a young female (age 28) who was originally diagnosed with Encephalitis, and was in a coma prior to being referred to art therapy. For the first six weeks it was more art as rehabilitation as she had difficulty getting her hand to the page (an assistive device constructed on the job helped).

It was exciting to help her and the whole team worked with her to assist in her progress. I have also had invaluable feedback from others in art therapy. For example, Judith Wald sent me her paper on the use of art therapy with the Brain injured patient. The internet has also been useful in finding that Queens Nassau is a large center for helping brain injured patients and they use art therapy.

I am currently working on an article in which I attempt to demonstrate this young woman's courage and the determination of the team in assisting her to recover what capabilities are possible

for her. She presently can speak with some slurring, is in a wheel chair and working with a physiotherapist (using a walker), along with others who are assisting her with relearning. She now can demonstrate her fears, losses hopes and happiness through the art therapy process and she may progress to the re-entry stage. My goal with her is for her to use the art to work through some of her past issues (she has a good memory except for the first few weeks after coming out of the coma), and to reach her potential in which she can make use of her present day capabilities.

In addition to this I work with my own art (acrylics, watercolour and some oils) and hope to have a showing in the late fall. I would like to contribute to Cancer research if it goes well in memory of my late husband who had Cancer.

I love art therapy and enjoy working with all age groups and with various approaches depending upon the circumstances and needs of the clients.

Orythia Johnston

ANNOUNCEMENT FROM THE TORONTO ART THERAPY INSTITUTE

The Toronto Art Therapy Institute is pleased to announce that our program is not closing as was previously announced. We have a new program and a new location. For more information you can call (416) 924-6221 or see our website at: www.tati.on.ca.

The Toronto Art Therapy Institute would very much like all our graduates who recently picked up their TATI copies of their thesis to return these copies to TATI. We will pay for the postal costs if you send them C.O.D. to: TATI, 66 Portland Street, Ste. 103, Toronto, Ontario, M5V 2M6. We apologize for the inconvenience but hope that future TATI students will be able to benefit from your valuable research. Contact TATI at (416) 924-6221 or www.tati.on.ca if you have further questions and thank-you in advance for taking the time to send your thesis back to TATI, Sincerely, Helene Burt, D.A., RCAT, ATR, Executive Director, TATI

THE TORONTO ART THERAPY INSTITUTE SILENT AUCTION

The Toronto Art Therapy Institute is please to announce a fundraising event in support of our program and its students. We've all got something we never use sitting in the basement, shed or storage which someone else would treasure. We are looking for donated items of some value to auction in a silent auction set to start September 1st, 2007. Examples of items which could be donated are: household items, antiques, artwork, jewellery, Aeroplane miles, etc.

To donate your item(s), please send an electronic photograph of the item to: heleneburt@sympatico.ca. It will be added to the web page and you will receive a tax deductible receipt once the item has sold for the value it sold for (if more than \$15.00). Buyers are responsible for the costs of shipping. The Silent Auction will take place on September 22, 2007 at a special combination opening for our new site/fundraising event from 4:00 pm to 9:00 pm at 66 Portland Street, Suite 103 in Toronto.

The Toronto Art Therapy Institute Silent Auction is in full swing! Check out our website (www.tati.on.ca) and don't forget to donate your items and make your bids now!"

Announcing: Prairie Institute of Expressive Arts Therapy Calgary, Alberta

Prairie Institute of Expressive Arts Therapy has been created to offer both clinical services and professional training in Expressive Arts Therapy. Prairie Institute is now accepting applications for the Post Master's Diploma in Expressive Arts Therapy for the summer of 2008. Please contact Carmen Richardson MSW, RSW, RCAT at 245-5553 ext. 15 for further information. Watch for the new website in fall 2007.

Prairie Chapter – CATA AGM 2007

The Prairie Chapter CATA met April 28, 2007 in Edmonton for their first AGM. Present left to right were Carmen Richardson, Marilyn Magnuson, Theresa Zip, Karen Nielsen, Tracy Dudar, Tricia Hoffart, JoAnn Hammond-Meiers, Kim O'Leary, and Jean Tait. Members shared their professional and student activities and a new executive was chosen. Organizing the 2007 CATA Conference has taken much of the chapter's attention. After the conference the chapter will renew committee work and the development of a chapter manual. The chapter hopes to have a winter or spring workshop in Edmonton. All CATA members living in the prairies are invited to join the chapter. Please contact JoAnn at joannhm@telusplanet.net

2007-2008 Executive:

Chairperson: JoAnn Hammond-Meiers

Vice-chairperson: Tracy Dudar

Secretary: Tricia Hoffart

Treasurer: Karen Nielsen and Carmen Richardson

Chapter Liaison: Jean Tait



WellWriting by Ellen Taliaferro MD

Review by Karen Nielsen

Writing as a healing tool is not a new idea. Over the years, there have been several articles and books written about writing as a therapeutic tool (a few of which are: Nye, 1997; Smyth, Stone, Hurewitz, & Kaell, 1999; DeSalvo, 2000; Pennebaker, 2004 and Hudson Jones, A., 2006). Overall the research has demonstrated the positive effects of writing in dealing with negative and harmful emotions associated with past trauma.

“WellWriting”, by Taliaferro builds on the research. It is a small but useful “self help” book primarily for victims of violence. It would also be useful for therapists and health care providers who work with victims of trauma to prevent vicarious traumas. Its thesis is, “you can write yourself well” (p. 29)

The book is organized around what the author describes as the 5 ways that help victims and survivors of abuse and trauma to find the way back to good health; to move from victim or survivor to victor. The five ways are: well writing, managing anger, living well with stress, engaging in healing emotions and finally, doing what you can with what you have.

Each section or “way” begins with a short narrative which sets the stage and guides the reader into the writing section. The writing section is in fact several sections, each of which builds on the section before. The sections are focused for the writer by a question or statement. For example, Way 2, Managing Anger, begins with a discussion about anger. The first writing section begins with the statement, “write about a past time when you became angry and that anger inspired change that caused you to be healthier”(59). The next statement in this section requests the reader to write about anger they have now and explore how they might harness it to channel that anger. The pattern repeats with more discussion, more statements or questions designed to get the reader writing. It ends, as do all the sections, with a piece on learnings.

“WellWriting” is a practical book which contains many tips, exercises and suggestions to help the reader become master of their own life, in short become a victor. It is written with clarity and avoids professional jargon.

Ellen H. Taliaferro, MD, is an author, speaker and expert witness in the area of the medical response to intimate partner violence. In addition to “WellWriting for Health after Trauma and Abuse”, she has co-authored the “Physicians Guide to Domestic Violence”. She is also a speaker and expert witness in the area of the medical response to intimate partner violence.

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- A poet of witness in a time of war By Brooks Robards - July 5, 2007
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Stephen K. Levine, "Song the Only Victory: Poetry Against War." E.G.S. Press, Toronto Canada, 2007. 98 pages. \$15.95 Reprinted with permission, copyright 2007, The Martha's Vineyard Times.

Stephen K. Levine, a regular Vineyard visitor since 1971, wears many hats. He is a York University (Toronto, Canada) professor emeritus, a dean of the European Graduate School at Saas Fee, Switzerland, editor of the journal *Poiesis*, a philosopher, and a poet and - to lighten up this impressive mix - a clown. His new book of poetry, "Song the Only Victory: Poetry Against War" engages all these roles.

As fellow poet Elizabeth Gordon McKim writes in the preface to Levine's book, the author is "a poet of witness in a time of war." Levine has chosen to place the very first poem, "Abu Ghraib" outside the four-part formal structure of book. This poem's isolation lets the reader experience the full shock of witnessing.

Abu Ghraib's black-hooded prisoner, who riveted the public eye when his photograph was disseminated, is re-imagined verbally by Levine in the poem. First he becomes the poet's father, his brother, his son, and then his role as an icon is most deeply felt in the poem's final stanza, when Levine writes: "I am inside the dark cover./I cannot look out./I stand here waiting to be seen." Our participation in the horror of torture through these short, almost staccato lines is complete.

Not all of the poems in this collection have such dark themes. The first section, "Invocations," speaks to healing. The redemptive power of the natural world, referenced by the poet through the Vineyard, reverberates in "This Day," where he writes, "I wake up and go out/to feed the birds,/ this ordinary act in which/ I once again marvel/at the stillness of Chilmark hills." As devastating as acts of war like those at Abu Ghraib may be, simple pleasures can lift the spirit.

"Poiesis" provides the title for the second section of "Song the Only Victory" as well as for the journal of arts and communication edited by Levine. The etymological root of poetry, this term comes from the Greek and roughly translates as "to make." Here the poet groups five mostly longer poems that examine the role of words, poetry, and sound in staving off darkness, despair and, in "The Precious Hours," "the moment before the killing starts."

The heart of Levine's book comes in its third section, "Testimony," where many of the poems take as their theme the death of Rachel Corrie, to whom "Song the Only Victory" is dedicated. A peace activist, she was 23 years old when she was crushed by an Israeli bulldozer in the Gaza strip on March 16, 2003. The circumstances of Corrie's death are still disputed.

Levine takes on one of a poet's most difficult challenges in "A Very Regrettable Accident - Remembering Rachel Corrie." The facts, or testimony, of an event like Corrie's death, distressing as they may be, lend themselves too readily to prose. The poet uses repetition to transform them into poetry: "The body of a young girl is buried in/ the dirt of Gaza./The land of Gaza shall be her land./The people of Gaza shall remember her./This poem shall be a home for her." Language becomes chant.

Levine returns to the subject of Corrie's death five more times. In "To an Israeli Friend," he asks, "Who am I to write of Rachel Corrie/when your family lives in fear?" That poem is paired with "To a Palestinian Friend," where he asks, "My friend, will you still love me/when I write about the murder of Jews/returning from the Wall?"

Other poems in this section, like "Eye-raq," take a less solemn approach to the current war, spoofing George W. Bush and blending the joke with such literary allusions as e.e. cummings' "how do you like/your blue-eyed boy now,/Mr. Death?" To this reviewer the humor seems tragic and forced. In "Hail America!" the antic clown starts out, "I like America. She's number one..." but by the end of the poem intones "Atone/Atone/Atone."

The collection's final section, "Coda," turns to the power of words, the presence of nature, the question of who is blessed and concludes, "Mourning is coda for the end." The final poem does not end there, but on a more optimistic note: "Appropriate ré before/ the beat resumes."

This powerfully felt collection does not go down easily, but "Poetry Against War," as Levine subtitles his book, should not find easy answers or consist of rosy visions. Levine has collaborated with his wife and colleague Ellen G. Levine, whose strong, often poignant paintings illustrate the collection in vivid primary colors.

The 28th Annual Canadian Art Therapy Association Conference

When the arts shape therapy! A shift in art therapy research and practice
October 12-14, 2007

To be held in Calgary Alberta at Greenwood Inn

3515 – 26 Street N.E. Calgary, Alberta T1Y 7E3

Tel: (403) 250-8855 Fax: (403) 250-8050

Keynote speakers/presenters:

Paolo Knill, Ph.D., Dr. h.c., A.T.R., CMT, is Provost of the European Graduate School and Professor Emeritus, Lesley University, Cambridge, MA. He is one of the founders of Expressive Arts Therapy and initiated the International Network of Expressive Arts Therapy Training Centers. As a teacher, musician, performing artist and innovator in the area of community art-making, he has traveled and worked extensively in international contexts. He is the author of *Minstrels of Soul: Intermodal Expressive Therapy, Ausdruckstherapie, Medien in Therapie und Erziehung* and co-author of *Principles and Practice of Expressive Arts Therapy: Toward a Therapeutic Aesthetics*.

Stephen K. Levine, Ph.D., D.S.Sc., REAT, is Vice-Provost and Dean of the Doctoral Program in Expressive Arts: Therapy, Education, Consulting and Social Change at the European Graduate School. He is Professor Emeritus at York University and Co-Director of ISIS-Canada. Author of *Poiesis: The Language of Psychology and the Speech of the Soul*, co-author of *Principles and Practice of Expressive Arts Therapy*, co-editor of *Foundations of Expressive Arts Therapy* and editor of *POIESIS: A Journal of the Arts and Communication*, he is an educator, therapist poet and clown. His new book of poetry is, *Song the Only Victory: Poetry Against War*.

Art therapy is one of a continuum of expressive and creative therapies leading the way in the counselling field and in other helping professions. The 2007 CATA Conference theme is one of shifting and shaping in the arts therapies. An aesthetic approach to therapy requires us to *think from the arts* in the change process rather than reduce them to psychological categories. This conference welcomes Paolo and Stephen as leaders in aesthetic therapies, bringing new ways of thinking and practicing.

This exciting conference features a broad array of the arts in therapy and we welcome all applicants for presentation of theory, practice and research.

CATA MEMBERSHIP

There are four types of membership: Registered, Professional, Associate and Student. Relevant documentation is required when applying for membership in any category. *Annual fees applicable in each category.

Registered: member of CATA for six months plus other requirements. Fee for registration package is \$35. Annual registration fee is \$95.

Professional: completed Art Therapy studies - fee \$70.

Associate: those interested but not art therapists - fee \$50.

Student: enrolled in an Art Therapy program - fee \$25.

CATA WEB DIRECTORY

Add Your Name So People Can Find You.

Visit the CATA web site www.catainfo.ca to list yourself in the *Dynamic Web Directory*

CATA Bursaries

**LOOK Out for newly eStablished Bur\$aries for Art
Therap¥ Students\$ & Re\$earcher\$ in our upcoming
Journal & Web Site**

INSURANCE

Announcing a New Insurance Program

We are very pleased to announce that CATA has successfully negotiated a new insurance program for its members. We've combined our purchasing with other Art Therapy groups to come up with a program that offers better coverage at significantly lower rates. As of renewal, October 31st, our new insurer will be Economical Insurance, and the program is designed and administered by The Mitchell & Abbott Group in Ontario. Our contact is Brad Ackles, Vice President. His contact numbers are:

Phone: (905) 385-6383 or toll free 1-800-461-9462

Fax: 905-385-7905

E-mail: backles@mitchellabbottgrp.com

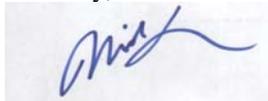
The group renewal date will be April 30th of every year. An application and pertinent information will be sent to each CATA member in September (by e-mail with attachments unless otherwise requested) For CATA members to enroll, they can soon complete the application indicating the date coverage is required, mail it with payment to the address shown at the top of the forthcoming application. If paying by Visa, one can also fax the application.

The premiums shown on the application are annual, April 30, 2007 - 2008. To calculate your Professional Liability premium for the limit selected, pro-rate the premium based on the number of months from when coverage is required to expiry April 30, 2008. For example, if your coverage is due for renewal October 31st, you would pay exactly 6/12ths or 50% for coverage from November 1/07 to April 30/08. On April 30th, you will renew for 12 months.

If you want to add the Commercial General Liability, the premium of \$100 is fully earned regardless of when you require coverage and not pro-rated.

We hope you will be pleased with the results. This is an excellent opportunity for our members to obtain comprehensive coverage at a much lower rate than most of us have been paying. We hope all our members will support this initiative.

Sincerely,



Nick A. Zwaagstra

Sunnybrook Health Sciences Centre

Fully Affiliated with the University of Toronto

Vacancy Exists For:

Art Therapist

SM-07-1649	Location:	Aging & Veterans Care
Temporary Full Time September 2007 to September 2008	Department :	<i>Recreation and Creative Arts</i>
\$26.370- \$32.974	Union:	Non Union
Flexible Work Hours. (Evening and Weekend work required)		

Summary of Duties:

Responsible for the planning, implementation and evaluation of Art Therapy Program for residents in Aging and Veterans Care.

Qualifications/Skills

- Post Graduate Diploma/Degree in Art Therapy required
- Degree in Psychology, Fine Arts or Social Sciences preferred
 - Registered Art Therapist status preferred
- Membership with an Art Therapy professional association required
- Previous experience working with geriatric and cognitively impaired elderly preferred
- Working knowledge of photography, Adobe Photoshop, scanners, and digital cameras preferred
 - Well developed communication and interpersonal skills
- Ability to work effectively with a multi disciplinary team as well as independently
- Knowledge of and support of the concept of Patient Focused Care as the principles of Aging

Please forward your resume to the following address and ensure to quote the competition # SM-07-1649 in your application.

**Sunnybrook Health Sciences Centre
Human Resources Department, Room C1 45
C/O Siobhan Molloy
2075 Bayview Avenue**

Toronto, Ontario

M4N 3M5

▪ **ADVERTISING**▪

The CATA Newsletter is a great place to let other Art Therapists know about your services for referral purposes, to notify other CATA members of job postings in your community, workshops, etc. Prices will vary according to size of the advertisement.

For more information please contact: Marilyn Magnuson, editor, at

mmagnuson@shaw.ca or (403) 201-4315

***We would like to hear what you have to
say...
www.catainfo.ca***

Questions? Comments? Concerns? Please contact us by mail at:

CATA
7028 Chebucto Road
Halifax, Nova Scotia
B3L 1M8

The intent of this newsletter is to disseminate relevant information to members of the Canadian Art Therapy Association, and to other interested art therapists across the country



www.catainfo.ca