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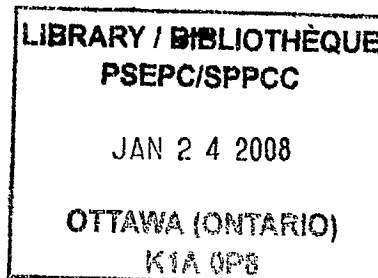
ART THERAPY REVIEW

Submitted to: Correctional Service of Canada
Submitted By: Suzanne Thomson

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SECTION I: INTRODUCTION

Statement of Work

I have been hired on contract by Correctional Service of Canada (CSC) to complete research and prepare the following review regarding art therapy within women's correctional facilities. The review includes an overview of art therapy treatment and effectiveness as well as an examination of the current and future usefulness of art therapy for incarcerated women.

SECTION II: LITERATURE REVIEW

A. Historical Overview of Art Therapy

The different kinds of art therapies that are practised today have developed out of the current psychiatric movement, with particular indebtedness to Freud and Jung, both of whom placed a great significance on symbolization. Art of "insane asylum" inmates had been of interest in the past, particularly in regard to its sometimes unusual qualities.

The use of art expression as a therapeutic modality did not come into its own until the 1940s through the pioneering efforts of Margaret Naumburg (1966). Relying heavily on psychoanalytic theory and practice, she encouraged clients to draw spontaneously and to free associate to their pictures. She was followed in the 1950s by Edith Kramer (1971). Her approach was different from Naumburg's in that she emphasized the integrative and healing properties of the creative process itself, which does not require verbal reflection. This differentiation of emphasis continued in the practice of art therapy, with one extreme placing the emphasis on the art and the other on the therapy.

The term "art therapy" is a general one, covering the use of art expression for many purposes in a great variety of settings. The way art therapy is practiced is an interplay between the conditions imposed by the setting with its particular population and what the art therapist contributes in theoretical approach, technical competencies, and personal style. Goals and structure vary considerably, depending on population and setting.

B. Art versus Art Therapy

The main difference between arts activities and arts therapies is the difference in purpose. "As a general 'rule of thumb', most arts activities have as their main expressed aim an external product, such as a mural, concert, play or mask. In the process of accomplishing this there may be great benefits to the participants, often an increased sense of self-worth and ability to communicate"(Liebmann, 1994).

“Peaker and Vincent outline the personal and therapeutic benefits of arts activities: fostering creativity, encouraging choices and decisions, increasing self-respect and self-esteem, developing self-awareness and understanding, channelling emotions in a constructive way, expressing feelings, concentrating and making an effort”(Liebmann, 1994). “A particular advantage of art education for prisoners is that it is taught by demonstration and practice. It is ‘learning by doing’ and is therefore especially relevant to those who have failed, or who have failed by, academically biased education system. It is clear that several aspects of art education are closely linked with the therapeutic process, in particular those aspects which encourage the growth of an individual’s self-esteem. The relationship of art, art education and art therapy is that of a continuum in which each discipline has its distinct goals” (Liebmann, 1994).

“Arts therapies tend to look more explicitly at the personal processed involved, and have this as their aim. The finished product is secondary, although there are many art therapy sessions where participants are rightly proud of what they have produced. Because the processes are personal ones, there is no external judgement or standard” (Liebmann, 1994). Art therapy focuses primarily on the healing processes and insights which can be generated by the making of visual images and symbols. This process can make denied or unacceptable feelings accessible to a person, so that they can be integrated into the personality. The finished art work and the development of artistic and aesthetic skills are of secondary importance. For the art therapist, a painting is a means to an end, not an end in itself (Liebmann, 1994).

C. Relevant Theories and Practices of Art Therapy

“The concept of creativeness and the concept of the healthy, self-actualizing, fully human person seem to be coming closer and closer together, and may perhaps turn out to be the same thing. (Maslow, 1971) A study by Manheim (1998) showed that there was a high correlation between creative work and self-actualizing growth” (Liebmann, 1994).

Coopersmith (1967) mentions that self-esteem implies characteristics such as the ability to direct behaviour, make decisions and take risks. In essence, he is describing behaviour that constitutes the art making process. Goals of treatment in therapy almost always include enhancing the capacity for self-mastery, individuation, empowerment, assertiveness, and participation within social support systems (Mecca, Smelser and Vasconcellos, 1989). These goals for psychotherapy mentioned typify the art making process and permeate all facets of the art therapy process. Art can become a safe place where the old self can be confronted and the new self rehearsed. Participating in this process, in spite of the personal pathology encountered, gives rise to a sense of accomplishment that can be affirmed by the environment (viewer), other (art therapist), and self (Liebmann, 1994).

Strategies to manage anger and acknowledge shame, both strongly avoided emotions, are key elements in developing self-esteem (Lewis, 1971). Allowing for hidden shame to be seen in the context of the art work fosters safe encounters with a potentially painful subject. Through art, safe psychic and physical distancing form the visual manifestations of shame is available to the client. As the client responds to each new art production, old patterns can be redefined and new attitudes developed which can eventually lead to a sense of personal worthiness.

Schultz, Baun and Klutt (1985) found high levels of creativity in a large percentage of DID patients. Fuhrman (1993) thought that this finding perhaps suggests that those suffering from

DID may use artistic expression as their primary form of self-expression. Bearing in mind that encoded traumatic experiences are not subjected to cortical processing and control and are imprinted in the limbic system as affect and sensations without narrative (van der Kolk, 1994), art work may frequently be the main route to the exploration of traumatic material. Because dissociation is linked to childhood trauma, and traumatic imagery is located primarily in the right brain, as is visual imagery, it is suggested that there might be associated links between visual imagery, right brain functions, and dissociation. It is known that particular emotional states are related to specific areas of the brain. For example, the right hemisphere of the brain has also been associated with emotional expression, depressive affect, in addition to traumatic imagery (Brende, 1984).

Most experts agree that expressive therapies can help in the treatment of adult survivors of childhood abuse who have internalized warnings not to talk about the abuse (Braun, 1987; Coon, 1986; Frye, 1990). Others have argued that expressive therapies can be instrumental in the recovery, integration and exploration of traumatic material (Greenberg & van der Kolk, 1987; Sachs, 1990). It is inherent in the projective quality of art making that unconscious memories or sensations of trauma may be released, and in some cases symbolic attacks on imagery may serve to check the flooding of traumatic memories, which may consist only of isolated visual, tactile, and sensory experience of working with materials to create spontaneous images makes this medium ideal for the gradual processing of memories necessary to master trauma.

D. Research

“The Diagnostic Drawing Series (DDS) is a reliable and valid instrument for art therapists to use in clinical assessment and research. Among the most useful diagnostic tools in the field of art therapy are the projective drawing tests. The Diagnostic Drawing Series, designed by art therapists, is an art interview in which collection and picture analysis is linked to DSM-III and DSM-R diagnoses (APA, 1980, 1987). The protocol for the three-drawing assessment tool incorporates instructions for unstructured, structured and semi-structured drawing tasks (Benjamin, Hopkins, & Nation, 1987; Cohen, 1990; Turkington, 1985; Wade & Tavis, 1987). Evidence accrued that the Diagnostic Drawing Series is a reliable and valid instrument for art therapist to use in clinical assessment and research” (Mills, Cohen, & Meneses, 1993).

Projective drawing test for children Neale, Matt and Rosal The Human Figure Drawing (HFD) was found to be a reliable measure of learning disabilities and predictor on the performance of learning-related behaviours. The House-Tree-Person (H-T-P) was found to be free of cultural bias. The Kinetic Family Drawing (KFD) had solid test-retest reliability and concurrent validity when correlated with achievement measures.

Shaun McNiff states there is a new and explicit emphasis on research goals and methods within the art therapy literature over the course of the past 10 years. Rosal (1992) has presented illustrations of a spectrum of qualitative and quantitative studies that have been conducted by art therapists. In addition, Cohen (Cohen, Mills, & Kijak, 1994), Gantt (Williams, Agell, Gantt, & Goodman, 1996) and Silver (1996) are among those who are in the process of developing a body of research related to art therapy assessment.

An assessment such as the Person Picking an Apple From a Tree (PPAT) (Gantt, 1990) or the Diagnostic Drawing Series (DDS) (Cohen, Hammer, & Singer, 1988), or the (Ulman, 1964) is also more cost-effective than a battery of psychological tests. Gantt states the patterns of

symptoms which distinguish the classic psychiatric illnesses (major depression, mania, schizophrenia, and organic mental disorders) seem to be reflected in the formal aspects of art, with specific symptoms having graphic equivalents which can be reliably measured.

E. Proven Effectiveness and Usefulness of Art Therapy with Offenders, Particularly Women Offenders

The interplay between freedom of expression, raw emotions and a highly organized structure account for much of the therapeutic benefit of the creative arts therapies in prisons. Through the use of the arts, singing of songs, playing of instruments, drawing, imagining, sculpting and talking, Cheney gives an account of his unique ways of helping prisoners not only outlive their sentences but develop coping skills and insights to find direction and meaning in their lives.

Creative activity interrupts a pattern; one of self-destruction, self-deprecation, meaninglessness or 'boredom'; and replaces it with a dialogue. One is taken out of oneself and put into the material; this can be disowned and treated as 'something out there'; until the individual is ready to own its connection to her. In art therapy, an experience is offered for safe ventilation of feelings normally projected outwards in the form of offending behavior. This initiates the possibility of a change of attitude on behalf of the woman, who determines her own ventilation process through her art.

A study of the Arts in Corrections program in four northern California prisons demonstrated the advantages of the creative arts in prisons. In 1983, political science professor, Larry Brewster of San Jose State University found that fewer disciplinary reports were written on inmates who participated in the program; in one institution the reduction was 80%. A more recent study conducted in 1987 (California Department of Corrections) revealed a more successful parole outcome for those participating in the Arts in Corrections program, showing an 88% favourable outcome within 6 months, and 69.2% after two years conducted. Art therapy is especially helpful in this environment, given the low level of education and, or illiteracy, organicity, and other obstacles to verbal communication.

"Dorrie Gussak describes her psychiatric hospital's multi-disciplinary approach using a variety of creative arts therapies to help their mentally ill patients learn how to rejoin their communities, the staff trains them in much needed social skills. Through these therapies, inarticulate and isolated patients are reached, socialized and their feelings and needs are expressed. Gussak relates how prison inmates build rigid defenses and put on 'masks' ensuring survival in the correctional subculture. In "Breaking through Barriers," he illustrates how art therapy goes behind these masks, unbeknownst to the prisoners, and allows them to resolve many of their conflicts on paper, without engaging in verbal therapy"(Gussack & Virshup, 1997).

Pip Cronin in her article 'Ways of Working Art Therapy with Women in Holloway Prison' states the materials and images function in a 'holding capacity' for the fears and anxieties that arise as women engage in the therapeutic relationship. This is particularly useful where previous relationships have been experienced as destructive and lacking in security." Joyce Laing (1984) contributed a chapter on art therapy in prisons to the first British art therapy book, *Art as Therapy* (Dalley, 1984). She and Christopher Carrell completed a more comprehensive book (Carrell and Laing, 1982) on their work in the Special Unit, Barlinnie Prison. Marian Liebmann contributed examples of her work at a day centre for ex-offenders to Tessa Dalley's book and also to *Art Therapy for Groups* (Liebmann 1986). These were concerned with using art therapy

with offenders in a group setting. In *Art Therapy in Practice* (Liebmann, 1990) she wrote a chapter on individual work with offenders on probation. In *Advances in Art Therapy* by Harriet Wadeson (1989) includes a chapter on "Making Art in a Jail Setting" by Day and Onorato. Day and Onorato discuss how art is able to engage withdrawn and depressed individuals who might otherwise feel too frightened by the jail environment to respond well to verbal therapeutic modalities. As such, it can provide an immediate cathartic experience in which the art object becomes a container for powerful, potentially destructive emotions.

Art therapy can make important therapeutic contributions to jail settings, as it addresses the inmates "here and now" issues of incarceration. Though art therapy is frequently a pleasurable experience, it does more than distract inmates from the monotony of prison life. By valuing the inmate's creative process, the art therapist makes emotional contact with the individual. The inmate's experience is thereby validated, and she has the opportunity to move forward emotionally. Tendencies to become disruptive, destructive, or overwhelmed by the experience of incarceration can be replaced by creative expression (Day & Onorato, 1989).

Judge Stephen Tumim in Marian Liebmann's *Art Therapy with Offenders* states, "The making of art in prison provides an 'enabling space' for the prisoner overwhelmed by the clutter and disruption of prison life" (Liebmann, 1994).

Marian Liebmann, in *Art Therapy with Offenders* notes that art therapy can help clients identify the sequence of events leading up to their offences. "This gives them more control over the choices they make. It can provide a space to explore personal issues many find hard to do verbally. Its concreteness enables therapist and client to discuss the products together, in a non-threatening way" (Liebmann, 1994). As clients draw their pictures, they include themselves as actors at the center of the story rather than as victims of circumstances. They begin to see themselves as responsible people, who have some control over their actions, including their offending, and their future (Liebmann, 1990).

Stephen Ropjcewicz discusses how creative arts therapies promote an integration of basic raw emotions with a highly organized structure, allowing primitive feelings and impulses to be placed in perspective, mastered and expressed in a more constructive manner. Through the creative arts therapies, the client develops self-worth, handles some critical conflicts non-verbally and symbolically, and increases overall functioning. If someone is channelling raw emotions and critical conflicts into the structure of creative art, he or she is not acting out, regressing, or even standing still, but is constructively working on underlying problems, a major contribution to the overall treatment plan.

Demonstrating the value of poetry therapy with offenders, psychiatrist Stephen Ropjcewicz shares how poetry has been effective not only in helping inmates gain insight and motivation for change, but recognizing and accepting responsibility for what led to their incarceration.

Nancy Hall speaks as to how the consequences of releasing emotion through making art are far more rewarding than the consequences of angry violence or emotional collapse. They are also less disruptive to the orderly progression of life in prison. The use of art making by individual inmates help channel and discharge strong emotion was a positive force in the environment. David Gussack talks about how by its nature alone, art exposes and explores the three components that are most feared to address in a prison setting; aggression, sexuality and escape.

The art therapist has the dual potential to help the institution while helping the inmates. Art making alleviates the urgency on the system to contain volatile individuals by providing inmates an appropriate vehicle for the expression of powerful emotions. Art therapy can offer an alternative method for inmates to voice their feelings while still maintaining control over their own behaviour.

The institution's strict control over inmates can thus be lessened. For example, the necessity for restraints or isolation may be minimized as a result of fewer incidents of inappropriate verbal or physical behaviour when art therapy techniques are used to allow emotional ventilation.

Art therapy has been used with inmates in solitary confinement to provide a cathartic experience, allowing acceptable expressions of powerful emotions. These inmates were found to have a lower incidence of violent or disruptive behaviour as compared to a control group (Rylander, 1979).

Beth Merriam in her article "To Find a Voice: Art Therapy in a Women's Prison" in Judy Harden and Marcia Hill's *Breaking the Rules Women in Prison and Feminist Therapy* states "Art therapy is based on a process of creating visual images through drawing, painting, or clay modelling, in order to evoke self-awareness. It provides an alternative language for examining one's view of the world, both inner and outer, and can be a powerful medium for integrating different aspects of the self and human experience (Rubin, 1984)" (Gussak & Virshup, 1997).

"Art therapy provides incarcerated women with a voice when they have otherwise lost their ability to verbalize their emotions because of trauma. This makes art therapy particularly beneficial to women with a history of trauma, because an inability to describe and discuss trauma creates tremendous obstacles for therapeutic intervention" (Merriam, 1997). "At the most basic level, spontaneous art brings choices and decisions, extends the arena where these can be played out – the opposite of restriction and limitation. The tools for self-communication are in the prisoner's own hands – now she has the power. Each mark she makes confirms her identity and uniqueness. In making a symbol for her experience, she is speaking of it indirectly, in images rather than words, and in so doing she affords herself the opportunity to look at it rather than denying it. In this way personal and inner experience can be brought into focus" (Liebmann, 1994). Not only is visual art a suitable alternative language for nonverbal acting-out self-mutilators, it also provides opportunities to exercise the same destructive and integrative urges that underlie their self-abuse.

SECTION III: RESEARCH FINDINGS

A. Design of Questionnaire

The Art Therapy Review Survey was used to collect the perspectives of staff and residents regarding the use, and effectiveness, of art therapy within correctional facilities for women. Accordingly, two similar but distinct surveys were employed, both of which collected data grouped within three categories:

- respondent demographics
- opinions regarding the roles and responsibilities of correctional services with incarcerated women
and
- opinions on therapy and specific perspectives about art therapy.

Staff respondents were a mix of correctional and mental health practitioners while women respondents were selected from each correctional facility being surveyed.

The purpose of gathering demographic data is to examine the correlation(s) between personal characteristics and opinions regarding correctional service, therapy in general, and art therapy in particular. The survey also examined the roles and responsibilities of corrections in order to present an ideological portrait of some of the thinking that guides our service delivery within correctional services. And finally, the last section of the survey examined expressive arts approaches within therapy. It is this data that offers us a snapshot of the current state of affairs within our correctional facilities and the staff teams that operate their services with respect to these non-traditional helping modalities.

B. Data Collection Process

The interviewer had a contact person with each institution. This person was pre-selected by CSC to expedite the interview process. The interviewer contacted this person and requested interviews with five staff members and one inmate. The staff members were to consist of a Psychologist, Primary Worker/Correctional Officer, Art Therapist/Art Program Facilitator, Program Facilitator/Co-ordinator, and other (e.g.) Warden, Day Care Provider, Behavioural Science Technician, Nurse, Teacher, and Parole Officer. The contact person then found interviewees who were willing to participate with the survey. The respondents consisted of the following: nine women, nine Program Directors; ten Psychologists; nine Correctional Officers, five Art Therapy respondents, and thirteen in the other category. The contact person then gave the interviewer names and contact numbers. Each contact person was supplied with the surveys and an accompanying letter detailing the nature of the survey (see Appendix). These documents were to be distributed to the interviewees prior to the interview so that they could be familiar with the interview process. The interviewer contacted each person and set up dates and times to interview each individual.

C. Confidentiality of Findings

Each survey had an identity code specifying the institution, the staff's position (in the case of the women there was no position), and date of data collection. This code was adapted to ensure confidentiality of respondents and allow for compilation of data by the interviewer.

D. Summary of Findings:

SURVEY FOR ART THERAPY REVIEW

STAFF SURVEY

RESPONDENT'S DEMOGRAPHICS:

1. Male or Female

Program Directors: Twenty percent of the respondents were male and eighty percent were female.

Psychologists: One hundred percent of the respondents were female.

Correctional Officers: Sixty-seven percent were females and thirty-three percent were males.

Art Therapist or Art Facilitator: One hundred percent were females.

Other: Ninety-two percent were females and eight percent were male.

2. Are you comfortable in giving me your age? If not, could you please indicate which of these age categories do you fall within:

20 – 29 30- 39 40 - 49 50 - 59 60 - 69

Program Directors: The average age category of the respondents was between thirty and thirty-nine.

Psychologists: The average age category of the respondents was between forty and forty-nine.

Correctional Officers: The average age category of the respondents was between thirty and thirty-nine.

Art Therapist or Art Facilitator: The average age category of the respondents was between fifty and fifty-nine.

Other: The average age category of the respondents was between forty and forty-nine.

3. What is your title or position?

Program Directors: Program Director, Program Co-ordinator, Personal Development Officer, Deputy Warden, and Director of Open Living Unit.

Psychologists: All the respondents had the title of Psychologist.

Correctional Officers: The respondents had the following titles: Program Delivery Officer, Primary Worker, Correctional Officers, and Correctional Supervisors.

Art Therapist or Art Facilitator: The respondents had the following titles: Therapist, Art and Wellness, Art Therapists, and Co-ordinator of Art Expression Program.

Other: The respondents had the following titles: Nurse, Teacher, Warden, Psychiatric Nurse, Parole Officer, Teacher Co-ordinators, Day Care Director, Chief of Health Services, and Behavioural Science Technologist.

4. (a) How many years have you worked within CSC:

under 2 2 - 5 6 - 8 over 8

Program Directors: The average amount of time that the respondents worked for CSC ranged between two to five years.

Psychologists: The average amount of time that the respondents worked for CSC ranged between two to five years.

Correctional Officers: The average amount of time that the respondents worked for CSC was over eight years.

Art Therapist or Art Facilitator: The average amount of time that the respondents worked for CSC was under two years.

Other: The average amount of time that the respondents worked for CSC ranged between two to five years.

(b) How many years have you worked with women offenders?

under 2

2- 5

6 – 8

over 8

Program Directors: The average amount of time that respondents worked with women offenders ranged between two to five years.

Psychologists: The average amount of time that respondents worked with women offenders ranged between two to five years.

Correctional Officers: The average amount of time that respondents worked with women offenders ranged between six to eight years.

Art Therapist or Art Facilitator: The average amount of time that respondents worked with women offenders ranged between two to five years

Other: The average amount of time that respondents worked with women offenders ranged between two to five years.

5. Aside from CSC training, what other training and/or education have you received?

Program Directors: The average level of education was an Honours Bachelor of Arts.

Psychologists: The average level of education was a PhD in Psychology.

Correctional Officers: The average level of education was an Honours Bachelor of Arts accompanied by diverse and varied experience.

Art Therapist or Art Facilitator: The average level of education was a Masters or its equivalent in either education or art therapy.

Other: The average level of education was an Honours Bachelor of Arts.

6. Do you see a difference between art programs and art therapy programs? If yes, please explain.

Program Directors: Eighty nine percent see a difference between an art program and an art therapy program. The remaining eleven percent did not know the difference between the two programs. Those who did see a difference stated that an art program is recreational and an art therapy program is a therapeutic approach for people to express emotions and explore issues that create suffering in their lives. One respondent stated "...when I see the art of the women, I see them put their rage on the page".

Psychologists: Ninety percent see a difference between an art program and an art therapy program. The remaining ten percent did not know the difference between the two programs. Those who did see a difference stated that an art program is recreational which can be therapeutic but not rehabilitative. An art therapy program has different goals to address emotional concerns, conflicts and rehabilitation. As one respondent states, "...the process is emphasised not the product".

Correctional Officers: Eleven percent did not see a difference and the remaining eighty-nine percent did see a difference between art programs and art therapy programs. Those who did see a difference saw an art program as a relaxing activity to learn "...techniques to being creative". An art therapy program was described as "...an avenue for people to release who can't verbalize" and "...as a vehicle for people to work on self-awareness and recovery issues".

Art Therapist or Art Facilitator: Twenty percent stated they were not knowledgeable enough to tell a difference between the two programs and the remaining eighty percent did see a difference between art programs and art therapy programs. Those who did see a difference saw an art program for leisure with the focus on making a product. An art therapy program was described as process oriented with the goal to evoke feelings, insight and reflection. In addition, it was described as a way for a client to look at issues.

Other: Fifteen percent stated they were not knowledgeable enough to tell a difference between the two programs and the remaining eighty-five percent did see a difference between art programs and art therapy programs. Those who did see a difference saw an art program as a leisure activity where one could learn different art skills whereas an art therapy program was described as a treatment approach that gives the women a way to express their thoughts and feelings through art expression.

RESPONDENT'S PERSPECTIVE ON ROLES/RESPONSIBILITIES OF CORRECTIONS:

7. (a) **What do you believe should be the main goal of a correctional facility for women offenders? Please begin your statement with "To do good work with women offenders the facility needs to _____." (please fill in the blank)**

Program Directors: Respondents contend that to do good work with women offenders the facility needs to provide programming to deal with issues which brought the women into corrections. The consensus is to have programs focus on the individual treatment needs to prepare the women for reintegration with society.

Psychologists: Respondents contend that to do good work with women offenders the facility needs to "...provide women with opportunities to address issues that would reduce their recidivism". The consensus is to have programs address the criminogenic factors to rehabilitate the women.

Correctional Officers: Respondents contend that to do good work with women offenders the facility needs to "...attempt to address the underlying issues that brought the women into the facility". The consensus is to have "...enough programs in place to address needs and criminogenic factors".

Art Therapist or Art Facilitator: Respondents contend that to do good work with women offenders the facility needs to "...provide opportunities for education, therapy, and reintegration into the community".

Other: Respondents contend that to do good work with women offenders the facility needs to "...ensure they provide necessary programs and treatment to ensure their safe integration to the community as early as possible".

- (b) **What in your opinion is the best way to achieve this goal?**

Program Directors: To achieve this goal respondents believe a needs assessment should be conducted to address the criminogenic factors through a functional analysis of their behaviour. In addition, the consensus is to offer a variety of programs to meet the women's needs.

Psychologists: To achieve this goal respondents believe a needs assessment should be conducted to address the criminogenic factors.

Correctional Officers: To achieve this goal respondents believe programming that reflects that different needs of the women should be implemented within the institutions.

Art Therapist or Art Facilitator: To achieve this goal respondents believe a good assessment procedure should be in place to find out the needs of the women. In addition, the consensus state that the women say "...I want to be treated as a human being because I'm capable of changing", consequently, they contend that a safe and supportive environment needs to be in place for the women.

Other: To achieve this goal respondents believe the women should be provided with appropriate programs to address their diverse needs.

RESPONDENT'S VIEW OF THERAPY:

8. Do you think therapy helps incarcerated women? Please explain. What has made come to this conclusion?

Program Directors: One hundred percent of respondents state that therapy helps women who are motivated to gain insight into their issues or problems. One person says "...it enables them to locate the source of the problem and to investigate ways of changing attitudes and behaviours arising from the problem's source".

Psychologist: One hundred percent of respondents state that therapy helps women who are motivated to change, however, they state it is important to have the particular treatment model match client's needs. This conclusion has been derived through observation and research.

Correctional Officers: One hundred percent of respondents state that therapy helps women who are motivated to change. This conclusion has been derived through observation and women's testimonies.

Art Therapist or Art Facilitator: One hundred percent of respondents state that therapy helps women who are motivated to change. This conclusion has been derived through observation and women's testimonies.

Other: One hundred percent of respondents state that therapy helps women who are motivated to change and that "...most of the females commit offences based on what happened in their personal life".

RESPONDENT'S VIEW OF ART THERAPY:

9. Have you heard of art therapy? If yes, how did you hear about it? If no, what do you imagine art therapy to be?

Program Directors: Everyone has heard of art therapy either through colleagues or through career experience.

Psychologists: Everyone has heard of art therapy through colleagues, personal experience or through career experience.

Correctional Officers: Eleven percent has not heard about it and ninety percent have heard of art therapy either through colleagues or through career experience

Art Therapist or Art Facilitator: Everyone has heard of art therapy through colleagues, career experience or through professional development.

Other: Everyone has heard of art therapy through colleagues, personal experience or through career experience.

10. How would you rate your knowledge of art therapy on a scale rated from none, little, satisfactory, good, and excellent? In other words, how familiar are you with the workings of art therapy?

Program Directors: Seventy eight percent rate themselves as having little knowledge of art therapy and twenty two percent rate their knowledge as satisfactory.

Psychologists: Everyone rates their knowledge base between average and good.

Correctional Officers: Everyone rates their knowledge base between little and satisfactory.

Art Therapist or Art Facilitator: Everyone rates their knowledge base between average and good.

Other: Average knowledge base is little.

11. What do you think art therapy does for people? Do you think it is more suited for men and/or women? Please explain.

Program Directors: Respondents state art therapy "...gives them another way to express their feelings when they can't do it verbally". In addition, the consensus is that it "...provides them with a different vehicle for expression and release anger inside. Eighty nine percent said it was suited for both and eleven percent said it was better suited for women. One respondent stated "...men should do it too it might open them up more".

Psychologists: Respondents state art therapy "...permits healthy management of emotions and provides them a way to express themselves non-verbally". In addition, the consensus is that it "... helps them deal with underlying issues and allows more senses to express and feel their emotions". One hundred percent said it was suited for both.

Correctional Officers: Respondents state art therapy is "...a way for the women to deal with their issues and help them find a way other than verbally express emotions". In addition, the consensus is that it "...gives the women a non-defensive way to express themselves and explore how they feel inside". Seventy eight percent said it was suited for both and twenty two percent said it was better suited for women. One respondent stated "...I think it would serve the same purpose for both genders".

Art Therapist or Art Facilitator: Respondents state art therapy "...helps the women understand in a visual way what they have not been able to verbalise" and "...it allows them to explore parts of themselves that maybe too difficult". In addition, the consensus is that it "...provides a way to communicate with themselves". One hundred percent said it was suited for both genders. One respondent stated "... in corrections, men keep their feelings in so it would be good".

Other: Respondents state art therapy "...allows them to express their emotions and behaviours" and "...for some it may be the only way for them to express themselves". In addition, the consensus is that it "...helps them express what they can't say in words". Eighty five percent said it was suited for both and fifteen percent said it was better suited for women.

12. Can you offer two characteristics of a woman who you feel would be a suitable candidate for art therapy? Please explain.

Program Directors: The general consensus is a woman who has experienced trauma and a woman who has a great difficulty expressing herself verbally.

Psychologists: The general consensus is a woman who is constricted in her emotional expression and a woman who has a great difficulty expressing herself verbally.

Correctional Officers: The general consensus is a woman who is withdrawn and a woman who has a great difficulty expressing herself verbally.

Art Therapist or Art Facilitator: The general consensus is a woman who is quiet and withdrawn and a woman who demonstrates a lot of moods and behaviours and is not able to explain them.

Other: The general consensus is a woman who does not know how to express her emotions and a woman who can "...use the art to express their rage rather than hitting someone or hurting themselves".

13. (a) Is art therapy used with women in your facility? If no, then go to (b).

Program Directors: Fifty-six percent say yes.

Psychologists: Fifty percent say yes.

Correctional Officers: Thirty-three percent say yes.

Art Therapist or Art Facilitator: Sixty percent said yes.

Other: Forty-six percent said yes.

(b) Would you like to have an art therapy program within your facility? Please explain then go to #29.

Program Directors: One hundred percent said they would like art therapy in their facility. They believe it would be helpful to the women, however, before commencing a program they would like information and education on art therapy for their staff.

Psychologists: Eighty percent want art therapy as long as the person is a trained art therapist while another twenty percent need to know more about it before making a decision.

Correctional Officers: One hundred percent wants it and believes it would be an asset and would attract a lot of women.

Art Therapist or Art Facilitator: One hundred percent want it.

Other: Eighty-six percent said they would like an art therapy program and stated they believed it would benefit the women. Fifteen percent did not know enough about art therapy.

14. Have you ever referred someone to an art therapy program? If yes, what made you choose this form of therapy for this person(s)? Were there options available other than art therapy?

Program Directors: Twenty five percent have referred someone and there were other options. Art therapy was chosen for two reasons: low self-esteem and an opportunity to deal with their inner self.

Psychologists: One hundred percent have referred someone and there were other options. Art therapy was chosen because in some cases it was more effective for women since it was "...less confrontational when dealing with emotions" and some women did not enjoy talking.

Correctional Officers: Thirty three percent have referred someone and there were other options. Art therapy was chosen for "...a repeat violent offender who kept bringing up a lot of emotional issues".

Art Therapist or Art Facilitator: One hundred percent have referred someone and there were other options. Art therapy was chosen for women with high needs and women were extremely troubled.

Other: Twenty percent have referred someone and there were other options. Art therapy was chosen for women to have a vehicle to express their emotions.

15. How does the referral process work?

Program Directors: Eighty nine percent of the time it takes place through a multi-disciplinary team and the other eleven percent of the time through the psychologist.

Correctional Officers: It takes place either through the psychologist or the multi-disciplinary team.

Art Therapist or Art Facilitator: Referrals take place through one of the following: the psychologist, self-referral, the multi-disciplinary team or the art therapist/art facilitator.

Other: Referrals take place through one of the following: the psychologist, self-referral, the multi-disciplinary team or the art therapist/art facilitator.

16. Who delivers the art therapy program within your facility?

Program Directors: They identified the following people: Sally Fischer, Nellie Ironquill, Irene Tootosis, Beth Merriam, and Christene Sandeson.

Psychologists: They identified the following people: Sally Fischer, Reka (last name unknown), Beth Merriam, and Christene Sandeson.

Correctional Officers: Sally Fischer, Beth Merraim and Christene Sandeson.

Art Therapist or Art Facilitator: Three individuals were identified: Sally Fischer, Beth Merriam, and Irene Tootosis.

Other: They identified the following people: Sally Fischer, Nellie Ironquill, Beth Merriam, and Christene Sandeson.

***17. What are the facilitator's qualifications? Do you know whether, or not this person is a trained art therapist?**

Program Directors: Two stated they were art therapists and two did not know if they were art therapists.

Psychologists: 3 Trained in visual arts; 2 trained art therapists; believe one is (Christene)

Correctional Officers: All three did not know.

Art Therapist or Art Facilitator: Two art therapists were identified: Sally Fischer and Beth Merriam.

Other: 2 are art therapists and one is an artist and Bed, did not know

***18. Are you aware of the format used for art therapy sessions within your institution? Is it individual, group or some other form? If you are not aware of the format used, please go to # 23.**

Program Directors: Fifty percent facilitated individual sessions only and fifty percent facilitated both individual and group sessions.

Psychologists: Ten percent facilitated individual sessions only, forty percent facilitated group sessions only, and fifty percent facilitated both individual and group sessions.

Correctional Officers: Thirty three percent facilitated individual sessions only and sixty seven percent facilitated both individual and group sessions.

Art Therapist or Art Facilitator: Thirty five percent facilitated individual sessions only and sixty five percent facilitated both individual and group sessions.

Other: Seventy two percent facilitated individual sessions only and twenty eight percent facilitated both individual and group sessions.

***19. Do you know which form of art therapy is most often used: individual, group or other. Could you give me an approximate percentage for each form? If there are no groups, please go to # 21.**

Program Directors: Fifty percent facilitated individual sessions only and fifty percent facilitated both individual and group sessions.

Psychologists: Ten percent facilitated individual sessions only, forty percent facilitated group sessions only, and fifty percent facilitated both individual and group sessions.

Correctional Officers: Thirty three percent facilitated individual sessions only and sixty seven percent facilitated both individual and group sessions

Art Therapist or Art Facilitator: Seventy two percent facilitated individual sessions only and twenty eight percent facilitated both individual and group sessions.

Other: Seventy two percent facilitated individual sessions only and twenty eight percent facilitated both individual and group sessions.

***20. Do the art therapy groups focus on one particular issue (ie.) substance abuse, sexual abuse, etc... This is to say, is there an agreed upon focus that is common to each art therapy program?**

Program Directors: One respondent described the process as a “two- pronged with content and process where content involves looking at a particular area and process is an opportunity for interactions”.

Psychologists: Everyone said no.

Correctional Officers: They did not know.

Art Therapist or Art Facilitator: One respondent is starting a group for women with mental health issues. Another ran special needs groups and another group that focused on life skills

Other: They did not know

***21. Generally, what is the length of each art therapy session at your institution?**

Program Directors: The average length is one and a half hours.

Psychologists: The average length an individual session is one hour and the average length of a group session is two hours.

Correctional Officers: The average length an individual session is one hour and the average length of a group session is two hours.

Art Therapists or Art Facilitators: The average length is one hour.

Other: The average length is one hour.

***22. Generally, how long can someone participate in art therapy?**

Program Directors: Indefinite period of time.

Psychologists: It is either dependent on the contract or for an indefinite period of time.

Correctional Officers: Indefinite period of time.

Art Therapist or Art Facilitator: It is either dependent on the contract or for an indefinite period of time.

Other: It is either dependent on the contract or for an indefinite period of time.

***23. What materials are used in art therapy? Please elaborate. If you do not know, please go to**

25.

Program Directors: Some of the art materials they are aware of are: crayons, chalk, oil pastels, markers, paint, clay, collage, and construction materials.

Psychologists: Some of the art materials they are aware of are: crayons, chalk, oil pastels, markers, paint, clay, collage, and construction materials. paints, fabrics, clay , collage, oils drawing materials, sandbox

Correctional Officers: Some of the art materials they are aware of are: pastels, paint, clay, and felt.

Art Therapist or Art Facilitator: The art materials are: crayons, chalk, oil pastels, coloured pencils, markers, acrylic paint, water colors, tempera paint, clay, beadwork, mixed media, collage, silk painting, computer scanner, and construction materials.

Other: Some of the art materials they are aware of are: pastels, markers, paint, clay, collage, and construction materials.

***24. (a) Are there art materials or equipment not being used that you would see as beneficial?**

Why?

Program Directors: Everyone said it was fine with the exception of one who suggested a ceramic shop.

Psychologists: The following materials were suggested: clay; soap stone carving, leather, and cabinet making.

Correctional Officers: Everyone said it was fine with the exception of one who suggested a ceramic shop.

Other: The following materials were suggested: pottery, water colors, fingerpaints, and moulding materials like clay.

(b) If yes, how do you see them as beneficial for the women?

Program Directors: Some responded that it teaches them a skill.

Psychologists: Some responded that it was three-dimensional; created an opportunity to mould materials in any shape; and develop new interests.

Correctional Officers: Some state pottery was more hands-on.

Other: Some responded that it was three-dimensional and gave the women an opportunity to work with their hands.

***25. Has the effectiveness of art therapy with women in your facility been evaluated? If yes, how**

has it been evaluated?

Program Directors: One stated a rating scale was implemented as an evaluation tool.

Psychologists: Everyone said no. However, some stated that they have had presentations where it was clear through the presentation the impact on the woman's healing.

Correctional Officers: They did not know.

Art Therapist or Art Facilitator: Respondents replied through testimonials, treatment summaries, and the evaluation of goals.

Other: Everyone said no.

26. Do you see art therapy as beneficial for the women?

Program Directors: One hundred percent say yes.

Psychologists: One hundred percent say yes.

Correctional Officers: One hundred percent say yes.

Art Therapist or Art Facilitator: One hundred percent say yes.

Other: One hundred percent say yes.

(a) If yes, do you know a women offender who attended art therapy and benefited from it?

How?

Program Directors: Everyone could readily give examples of women who benefited from art therapy. These were some of the examples: women who were angry, sense of accomplishment, special needs women who have difficulty socialising, and women who were in segregation who destroyed ranges.

Psychologists: Everyone could readily give examples of women who benefited from art therapy. These were some of the examples: “one could see changes and growth in her art”; “in cases shows more self understanding if they are not particularly verbal or insight oriented”; “one woman has never come back and originally had a very serious long-term sentence”; and “women who were low functioning; and women who increased their self-esteem”.

Correctional Officers: Everyone could readily give examples of women who benefited from art therapy. These were some of the examples: native offenders; women who were angry; women with mental health issues; a repeat violent offender; an offender who went on and got an education; noticeable change in their demeanour; low-functioning women who derived pride in their work; and serious sexual abuse issues.

Art Therapist or Art Facilitator: Everyone could readily give examples of women who benefited from art therapy. These were some of the examples: “I can think of one who did incredible work around sexual abuse, she was in and out of institutions and since her work she has not returned”; “more clarity about behaviour”; and “someone who is schizophrenic on medication deteriorated had a lot of hallucinations but was able to focus on her art work”.

Other: Everyone could readily give examples of women who benefited from art therapy. These were some of the examples: women who are depressed; women who self-harm; women with severe mental health issues; women who are illiterate and mentally ill; women who are withdrawn and isolating themselves; and women who began to experience hope and had something to look forward to at the institution.

(b) If no, how and why do you believe it falls short of helping women in correctional facilities?

27. How could art therapy assist you in your work with the women?

Program Directors: These were some of the comments: “It’s crucial to have the art therapist as part of the treatment team”; “assists us in knowing the women better and identifying the service they require”.

Psychologists: These were some of the comments: “working with another medium allows for more work with the unconscious”; “a lot of our women have abuse histories”; “less intrusive and

a medium that can respect woman's own self-pacing"; and "self-expression that leaves them feeling good".

Correctional Officers: It was the general consensus that information from the art therapist helps the team in working with the women.

Art Therapist or Art Facilitator: These were some of the comments: breaks down barriers; "gives me a view of their inner world"; and "good for building rapport for people who don't want to really share too much about themselves".

Other: These were some of the comments: "good for hypochondriacs or substance abusers"; "exert emotions through positive medium such as art"; "helps expedite release"; and "they'll progress with other issues".

28. Would you like to see the art therapy program expanded? If yes, describe what you would like to see implemented in terms of these services?

Program Directors: Three out of four said yes and the other had to see. These were some of the comments: "art assessor"; "more individual"; "research project at intake"; "an art therapist at intake assessment"; and "assessment needs to be strengthened".

Psychologists: Four out of five said yes and one felt their program was sufficient. These were some of the comments: "more individual"; and "explore group work".

Correctional Officers: These were some of the comments: "group programs"; "more intense group therapy"; "for segregated women"; and "art therapy should be written into the Correctional Treatment Plan".

Art Therapist or Art Facilitator: These were some of the comments: "I would like to see art therapy become part of the Correctional Service Treatment Plan"; "I would also like to see more groups that are more focused and fall under the Correctional Treatment Plan (e.g.) cognitive skills, anger management, trauma, and parenting skills".

Other: These were some of the comments: "a more structured program"; "more funding"; and "group therapy".

29. (a) Are there obstacles to implementing art therapy within your correctional facility? If yes, what is the largest obstacle? Are there any others?

Program Directors: The following obstacles were identified: funding; space; people willing to participate; and finding someone who is trained to do it.

Psychologists: The following obstacles were identified: space; funding; competing programming; finding someone who has the credentials and is suitable to work with the women; women's instability (e.g.) in and out of segregation.

Correctional Officers: The following obstacles were identified: lack of space; funding; "old school staff who wouldn't encourage it"; and need for education component with staff and women.

Art Therapist or Art Facilitator: The following obstacles were identified: funding; communication between myself, staff and inmates; short staffed; can't see women in segregation if only one staff on; and officers see it has a leisure activity.

Other: The following obstacles were identified: space; more funding; finding someone; low number of women; security issues; a lot of programming; staffing issues; and "staff who say she's bad and can't come".

(b) What is in place in your facility that favours implementing art therapy?

Program Directors: "A lot of creativity is in the environment..." and staff support favour the implementation of art therapy.

Psychologists: Respondents state a "Positive experience of it..." and strong staff support favour the implementation of an art therapy program.

Correctional Officers: Respondents state strong staff support in rehabilitating the women.

Art Therapist or Art Facilitator: The women express a desire for art therapy and there are a lot of women with special needs and mental health issues.

Other: A lot of women have mental health issues and are abusing drugs.

30. Do you have any concerns about art therapy programs?

Program Directors: "It is important that person does not work in isolation and is part of a team".

Psychologists: The general consensus is that "...there needs to be standards or qualifications" because "...these days people don't know".

Correctional Officers: "Someone who is trained..." and ensuring that there are safeguards in place for aftercare.

Art Therapist or Art Facilitator: "The person is qualified..." and concern was voiced that art therapy would be pushed into a recreation program.

Other: Only safety issues for fear of potentially volatile women.

31. Are there any questions you would like to ask?

Program Directors: No

Psychologists: No

Correctional Officers: Half of them expressed an interest in knowing whether or not an art therapy program was going to be implemented in their institutions. Some of them would like information on art therapy. A couple of them expressed eagerness at having an art therapy program.

Art Therapist or Art Facilitator: Sixty percent requested a copy of the report.

Other: One person asked if "... this a pretty common form of therapy?"

32. Is there anything that you want to say?

Program Director: The consensus was that it was important to educate staff as to the individuals who would benefit from art therapy.

Psychologist: They state that a number of people have requested art therapy and that it is difficult to serve low-functioning women.

Correctional Officers: "I enjoy working here and anything that makes it more positive." "Sounds great seems to me therapies are moving into a more holistic approach to healing". "I would be an advocate to get it going; not as intrusive as someone sitting in front of you".

Art Therapist or Art Facilitator: These were some of the comments: "More money spent on rehabilitation rather than keeping people incarcerated"; "I don't want to be replaced"; "biggest problem is getting accepted by staff and inmates as a therapy rather than recreation"; "women are not interested in programs that don't help them get out"; "would like art therapy to count and be acknowledged by their Correctional Treatment Plan"; "research needs to be done"; and "need to educate staff parole board, nurses, psychologists".

Other: These were some of the comments: “great program”; “something women really enjoy”; “Christene is doing really great work; everyone really likes her”; “I really like Sally she is doing really good work”; “art therapy really helps the girls settle down”; “native offenders especially need it because it was part of our cultural teachings and a lot of people remember their past”; “helps them find their self-identity”; “Beth could give a presentation at a Warden’s meeting making it tangible to the wardens, making it real and how is this going to assist them with the women with their limited resources”; “I would support it because of the needs I see ;needs to express their feelings because so many have gone through so much trauma”; and “I would like more information about art therapy”.

33. Is there anything that you expected me to ask you about art therapy that I have not asked?

Program Directors: No

Psychologists: No

Correctional Officers: No

Art Therapists and Art Facilitators: No

Other: No

ART THERAPIST RESPONDENT

34. In art therapy, a directive is a structured exercise initiated by the facilitator. Are directives used within the context of art therapy within your facility?

One respondent uses them half of the time; another only when women are repeating themselves; and the other engages them with the creation of stories.

35. (a) If yes, what kinds of directives are used and how are they used?

One art therapist used specific directives to address: responsibility, release preparation, parenting issues, treatment goals, and directives pertinent to the women’s state of mind.

(b) If no, how is art therapy initiated once a session begins?

Another approach by an art therapist is to let the women do spontaneous art work where the women always have a choice with what she wants to address.

36. Are there confidentiality guidelines for art therapy within your facility? Please explain.

The confidentiality guidelines are the same as with other therapies with the exception of permission requested to document art work for the purposes of sharing information with the multi-disciplinary team.

37. Are you knowledgeable about diagnostic tools used in art therapy? If yes, what tools are used and how are they used.

One art therapist was not familiar with diagnostic tools and the other used the Diagnostic Drawing Series as part of the intake assessment.

38. Have you used diagnostics in your institution? For what purposes and for which client groups did you use diagnostics? What supports did you have in making the diagnostics?

One art therapist uses diagnostics for all of her women for the purposes of an intake assessment as well as giving feedback to the psychology team. Psychologists have been impressed by the assessment reports and "...saw it as an opportunity for them to learn more about art therapy as well as give them more of a rounded picture of the women".

* particular attention given to the answers of the art therapist

SURVEY FOR ART THERAPY REVIEW

WOMEN'S SURVEY

RESPONDENT'S DEMOGRAPHICS:

- 1. Are you comfortable in giving me your age? If not, could you please tell me which of these age categories you fall within:**

The women were between thirty and thirty-nine years old.

- 2. Could you tell me your education?**

The average level of education was grade twelve.

- 3. How long have you been in this institution?**

The average length of stay was nineteen months.

- 4. Do you see a difference between art programs and art therapy programs? If yes, please explain.**

Seventy-eight percent of respondents saw a difference, eleven percent did not know whether or not there was a difference and eleven percent did not see a difference between art programs and art therapy programs.

Women described an art program as recreational where "...somebody tells you what to do". They described an art therapy program as a process with a therapeutic goal in mind and an opportunity for women to express their emotions and their experiences of trauma. One woman said it was a way to "...recognize the inside of you".

RESPONDENT'S PERSPECTIVE ON ROLES/RESPONSIBILITIES OF CORRECTIONS:

5. (a) What do you believe should be the main goal of a correctional facility for women offenders? Please begin your statement with "To do good work with women offenders the facility needs to _____." (please fill in the blank)

The women consistently state that correctional facilities need to "...look at underlying issues that brought us into conflict with the law" and create more choices for women to work with these issues.

- (b) What in your opinion is the best way to achieve this goal?

Women say "...don't just treat obvious manifestations of bigger underlying issues (eg.) low self-esteem and history of abuse". They ask us to try to understand them from a holistic approach and take into consideration where they want to go after prison.

RESPONDENT'S VIEW OF THERAPY:

6. Please complete the following sentence. "Mental health therapy is _____."

Women state that mental health therapy "... encourage(s) women to learn and practice healthy choices in all aspects of daily living". As one woman says, "... once you get straight in your head you can make positive choices in your life".

7. Do you think therapy helps incarcerated women? Please explain. What has made you come to this conclusion?

All the women agree that therapy helps incarcerated women. They have witnessed the impact of therapy on both themselves and other inmates. One woman states "...taking responsibility not only for my crime but my everyday conduct". While another says therapy "...helps them deal with their issues and teaches them different ways to deal with their issues instead of being destructive being constructive".

RESPONDENT'S VIEW OF ART THERAPY:

8. Have you heard of art therapy? If yes, how did you hear about it? If no, what do you imagine it to be? If you answered no, please go to #10.

Seventy-eight percent heard about it either through first-hand experience or by reading about it. Eleven percent had not really heard about it and the remaining eleven had not heard about it.

9. (a) Have you ever done art therapy? Where? What made you decide to go?

Women who had done art therapy had taken it within institutions. The reasons they participated was to address anger management, to have a safe environment to talk and to express themselves without using words.

(b) What was your experience like? What materials did you use? Are there other materials you would have liked to use? How come?

All the women expressed that it was a positive experience. As one woman states, "...I saw an extension of me although I didn't like myself much, I liked what I did". Art therapy offered them an opportunity to experience pride in themselves and witness their development through their art work.

(c) Did art therapy help you? If yes, what issues did it help you with? How?

Everyone said art therapy had helped them. In most cases, it helped them deal with past traumas in their lives. Art therapy provided a container for them to work with difficult emotions. As one woman says it assisted her in expressing "... all the words and feelings that I was keeping bottled up". Another woman stated that "...art therapy has let me connect with pain I disassociated from and let me see new strengths, interests and values".

10. What do you think art therapy does for people? Do you think it is more suited for men and/or women? Please explain.

Women state that it is a soothing form of therapy where one can put "...hard to verbalise feelings into visible form and that expression allows for understanding" specifically with respect to emotions and trauma.

Everyone concurred that art therapy is suited for both genders except one woman who was unsure.

11. Who do you think is best suited for art therapy? Do you think art therapy is more suited for women who have been recently incarcerated and/or women who have been incarcerated for a long time? Please explain.

All the women stated everybody is suited especially someone who is motivated to change or anyone who has suffered a trauma.

12. Is art therapy available here in your facility? How did you find out it is available? If art therapy is not available, please go to #16.

Forty-four percent said they did not have an art therapy program. Fifty-six percent stated they had one and the breakdown was that eleven percent had just sponsored an art therapist through their peer support group, thirty-four percent had art therapists and eleven percent had experienced a workshop.

13. Do you know how you would get into the art therapy program?

All the women say yes.

14. Who gives the art therapy program within your facility?

They could all identify the person.

15. Would you like to see the art therapy program expanded? If yes, how would you like it expanded? Please go to #17.

Everyone wanted the program expanded to accommodate more sessions and a greater length of time for each session. In some cases, they requested a quieter space.

16. Would you like to have an art therapy program within your facility?

Women who did not have an art therapy program stated that they would "love one", with the exception of one who was interested in finding out information regarding what art therapy is. One woman who had it at another institution said she missed the safety of her art therapy sessions to "...express the abuse I had to keep in without worrying there was a consequence".

17. Are there any questions you would like to ask?

One woman asked to have information sent about art therapy and asked what steps would need to occur in order to have it put in place at her institution.

18. Is there anything that you want to say?

The women voiced gratitude for being included in the review. In addition, they expressed appreciation that other approaches were being considered to address their needs.

19. Is there anything that you expected me to ask you about art therapy that I have not asked?

SECTION IV: DISCUSSION

Practically all the respondents see a difference between art programs and art therapy programs. The main difference that people identify is that an art program is recreational learning to use different skills and techniques and art therapy is a treatment modality where the client uses the arts to give expression to their internalized emotions and issues.

The general consensus is that CSC should address the women's individual needs in order to reintegrate them back into the community as effectively as possible. A thorough assessment of each women's needs should be conducted with respect to addressing the criminogenic factors resulting in their unlawful behavior. Appropriate programs should be offered to assist the women with successful reintegration into society.

Everyone concurs that therapy helps incarcerated women especially if they are motivated to change. The majority of the respondents are somewhat familiar about the workings of art therapy.

In several cases there is confusion as to whether or not they have an art therapy program at their institution. Often times respondents from the same institution have conflicting beliefs.

Respondents are varied in their thoughts regarding who is an appropriate client for art therapy, however, there are some consistencies that stand out. Suggestions for potential referrals are people who experience difficulty expressing themselves verbally, special needs groups and, or people with mental health issues. A consistent understanding of art therapy is that it is an effective treatment approach to work with trauma and an excellent tool to explore women's emotions.

Everyone who has witnessed a women offender's participation in an art therapy program had only positive comments. The comments were consistent in that art therapy offers the woman a unique form of therapy where she experiences an increase in her self-esteem, release and understanding in her emotional life and a more positive outlook for her future.

SECTION V: RECOMMENDATIONS

Based on the above research I have the following recommendations for CSC:

- 1) To implement art therapy programs in all of the institutions. The programs should commence on a small scale initially so that research can be implemented to evaluate the work done with the exception of the two art therapy programs, Burnaby and Prison for Women, which should both be evaluated and expanded based on the exceptional work being implemented in both institutions.
- 2) Research with valid instruments should be conducted to evaluate the effectiveness of art therapy with various populations within the institutions.
- 3) Art therapy should be one of the treatment modalities offered through the psychology department so that staff understand as well as inmates that it is a valid form of therapy. To have it as part of any other program leads to confusion as to whether or not it is a valid form of treatment.
- 4) Art therapy should be part of the Correctional Service Treatment Plan.
- 5) Art Therapy diagnostic tools such as the Diagnostic Drawing Series should be used in initial assessment of inmates upon arrival to the institution.
- 6) Before implementing an art therapy program, staff need to be educated regarding art therapy.
- 7) Art programs need to be differentiated from art therapy programs both for staff and inmates.

APPENDIX

SURVEY FOR ART THERAPY REVIEW

STAFF SURVEY

Identity Code:

Institution / Position / Date

eg. PW/S/219

RESPONDENT'S DEMOGRAPHICS:

1. Male or Female

5. Are you comfortable in giving me your age? If not, could you please indicate which of these age categories do you fall within:

20 - 29

30- 39

40 - 49

50 - 59

60 - 69

3. What is your title or position?

4. (a) How many years have you worked within CSC:

under 2

2 - 5

6 - 8

over 8

(b) How many years have you worked with women offenders?

under 2

2- 5

6 - 8

over 8

6. Aside from CSC training, what other training and/or education have you received?

6. Do you see a difference between art programs and art therapy programs? If yes, please explain.

RESPONDENT'S PERSPECTIVE ON ROLES/RESPONSIBILITIES OF CORRECTIONS:

10. (a) What do you believe should be the main goal of a correctional facility for women offenders? Please begin your statement with "To do good work with women offenders the facility needs to _____." (please fill in the blank)

(b) What in your opinion is the best way to achieve this goal?

RESPONDENT'S VIEW OF THERAPY:

11. Do you think therapy helps incarcerated women? Please explain. What has made come to this conclusion?

RESPONDENT'S VIEW OF ART THERAPY:

12. Have you heard of art therapy? If yes, how did you hear about it? If no, what do you imagine art therapy to be?

10. How would you rate your knowledge of art therapy on a scale rated from none, little, satisfactory, good, and excellent? In other words, how familiar are you with the workings of art therapy?

14. What do you think art therapy does for people? Do you think it is more suited for men and/or women? Please explain.

12. Can you offer two characteristics of a woman who you feel would be a suitable candidate for art therapy? Please explain.

13. (a) Is art therapy used with women in your facility? If no, then go to (b).

(b) Would you like to have an art therapy program within your facility? Please explain then go to #29.

15. Have you ever referred someone to an art therapy program? If yes, what made you choose this form of therapy for this person(s)? Were there options available other than art therapy?

15. How does the referral process work?

16. Who delivers the art therapy program within your facility?

*17. What are the facilitator's qualifications? Do you know whether, or not this person is a trained art therapist?

*18. Are you aware of the format used for art therapy sessions within your institution? Is it individual, group or some other form? If you are not aware of the format used, please go to # 23.

*19. Do you know which form of art therapy is most often used: individual, group or other. Could you give me an approximate percentage for each form? If there are no groups, please go to # 21.

*20. Do the art therapy groups focus on one particular issue (ie.) substance abuse, sexual abuse, etc... This is to say, is there an agreed upon focus that is common to each art therapy program?

*21. Generally, what is the length of each art therapy session at your institution?

*22. Generally, how long can someone participate in art therapy?

*23. What materials are used in art therapy? Please elaborate. If you do not know, please go to # 25.

*24. (a) Are there art materials or equipment not being used that you would see as beneficial? Why?

(b) If yes, how do you see them as beneficial for the women?

*25. Has the effectiveness of art therapy with women in your facility been evaluated? If yes, how has it been evaluated?

26. Do you see art therapy as beneficial for the women?

(a) If yes, do you know a women offender who attended art therapy and benefited from it? How?

(b) If no, how and why do you believe it falls short of helping women in correctional facilities?

27. How could art therapy assist you in your work with the women?

28. Would you like to see the art therapy program expanded? If yes, describe what you would like to see implemented in terms of these services?

30. (a) Are there obstacles to implementing art therapy within your correctional facility? If yes, what is the largest obstacle? Are there any others?

(b) What is in place in your facility that favours implementing art therapy?

30. Do you have any concerns about art therapy programs?

31. Are there any questions you would like to ask?

32. Is there anything that you want to say?

33. Is there anything that you expected me to ask you about art therapy that I have not asked?

ART THERAPIST RESPONDENT

34. In art therapy, a directive is a structured exercise initiated by the facilitator. Are directives used within the context of art therapy within your facility?

35. (a) If yes, what kinds of directives are used and how are they used?

(b) If no, how is art therapy initiated once a session begins?

36. Are there confidentiality guidelines for art therapy within your facility? Please explain.
37. Are you knowledgeable about diagnostic tools used in art therapy? If yes, what tools are used and how are they used.
38. Have you used diagnostics in your institution? For what purposes and for which client groups did you use diagnostics? What supports did you have in making the diagnostics?

* particular attention given to the answers of the art therapist

SURVEY FOR ART THERAPY REVIEW

WOMEN'S SURVEY

Identity Code:

Institution /Date

eg. PW/219

RESPONDENT'S DEMOGRAPHICS:

2. Are you comfortable in giving me your age? If not, could you please tell me which of these age categories you fall within:

20 – 29

30- 39

40 - 49

50 - 59

60 - 69

2. Could you tell me your education?
3. How long have you been in this institution?
13. Do you see a difference between art programs and art therapy programs? If yes, please explain.

RESPONDENT'S PERSPECTIVE ON ROLES/RESPONSIBILITIES OF CORRECTIONS:

14. (a) What do you believe should be the main goal of a correctional facility for women offenders? Please begin your statement with "To do good work with women offenders the facility needs to _____." (please fill in the blank)

(b) What in your opinion is the best way to achieve this goal?

RESPONDENT'S VIEW OF THERAPY:

15. Please complete the following sentence. "Mental health therapy is _____."

16. Do you think therapy helps incarcerated women? Please explain. What has made you come to this conclusion?

RESPONDENT'S VIEW OF ART THERAPY:

17. Have you heard of art therapy? If yes, how did you hear about it? If no, what do you imagine it to be? If you answered no, please go to #10.

18. (a) Have you ever done art therapy? Where? What made you decide to go?

(c) What was your experience like? What materials did you use? Are there other materials you would have liked to use? How come?

(c) Did art therapy help you? If yes, what issues did it help you with? How?

19. What do you think art therapy does for people? Do you think it is more suited for men and/or women? Please explain.

20. Who do you think is best suited for art therapy? Do you think art therapy is more suited for women who have been recently incarcerated and/or women who have been incarcerated for a long time? Please explain.

21. Is art therapy available here in your facility? How did you find out it is available? If art therapy is not available, please go to #16.

13. Do you know how you would get into the art therapy program?

14. Who gives the art therapy program within your facility?

15. Would you like to see the art therapy program expanded? If yes, how would you like it expanded? Please go to #17.

16. Would you like to have an art therapy program within your facility?

17. Are there any questions you would like to ask?

18. Is there anything that you want to say?

19. Is there anything that you expected me to ask you about art therapy that I have not asked?

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