Critically Analyzing Power in Trauma Informed Practice:

A Retrospective Inquiry of a Participatory Action Research Process

by

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Dedication

I dedicate this work to my sister, Miranda Dykes, who passed away while I was completing my studies. You were and always will be my number one cheerleader and an endless reminder to never, ever give up. Thank you for believing in me. I miss you more than words can describe.

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Abstract

Critically Analyzing Power in Trauma-Informed Care:

Using Reflexivity and Collaborative Dialogue to Promote Transformation

Inequitable power dynamics between client, helping professional, and administration can encumber trauma-informed services delivered within a social service agency. Observation of these dynamics in clinical practice provide the foundation for this research study. This contextual essay and creative portfolio retrospectively outline and examine a multi-year research process that aimed to understand better the role and impact of power dynamics within trauma-informed practice. The contextual essay outlines the research process using an action inquiry framework, from observation of a problem area to developing a participatory action research study, to a reflection on the completed study. The identified problem area is explored and situated within relevant trauma-informed and anti-oppressive literature, systems, identities, and artwork. The creative portfolio, composed of videos, art, and self-reflexive and genealogical examination, illustrates the research process's outcomes. The portfolio grapples with the nuanced and complex concept of power, illustrates the importance of self-reflexivity in art therapy, and demonstrates the use of art as a way of understanding a critical issue. The research process highlights the various perspectives on and experiences with power dynamics in trauma-informed practice, identified problems within this context, solutions for the identified problems, and recommendations for next steps. Implications for practice are discussed. The essay concludes with reflections on the research journey and a call to action.

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CHAPTER 1: INTRODUCTION

Observation of a Problem: Understanding the Impetus

Figure 1: "They See Problems, You See Potential" (2016). Artwork created in response to observations of system dynamics.

Throughout my art therapy career, I continually heard phrases like the following from clients and their caregivers:

"Please don't take me back to juvenile detention!"

"You don't understand my experience."

"My parents said I can't tell you about this."

"We're only doing this because we have to."

"We didn't ask for therapy. We don't need it."

"Who are you again?"

As I work closely with child welfare and juvenile justice systems, families often misconstrued my role as representing those systems. Caregivers and children often believed I would share private information, report to court officials or case managers that the children or family did not meet their court order requirements or provide negative feedback that would influence family reunification. The families frequently thought I had the power to place children in juvenile detention or remove children from homes. These

beliefs often resulted in families and children guarding themselves and becoming resistant to services.

I was also likely one of many service providers working with the family at one time, and there may have been a long line of providers before me. Moreover, court systems could have mandated the services I provided, complicating the therapeutic relationship. Gaining trust was a long and arduous path, often resulting in families rightfully remaining guarded and cautious throughout the therapeutic process.

My identity as a White, middle-class woman complicated this problem since systems, such as child welfare and juvenile delinquency, have histories of disproportionate Black youth involvement. Black youth are four times more likely to be incarcerated in a juvenile facility than White youth (Rovner, 2016). In Wisconsin, Black youth are 8% of the population, but represent 54% of the youth in the child welfare system (Wisconsin Department of Children and Families as cited in Bowman, Hofer, O'Rourke, & Read, 2009). Art therapists providing services within this context may represent, or potentially perpetuate, a network of oppression and trauma.

Understanding Trauma-Informed Practice through an Anti-Oppressive Lens

Many social service programs have adopted a care model known as trauma-informed practice (TIP) to better meet their clients' needs. TIP is a framework for human service providers aiming to be empathetic and respectful of trauma survivors (Blanch, 2003; Knight, 2015). TIP is not an intervention or modality but rather a system-wide understanding of trauma (Blanch, 2003; DeCandia, Guarino, & Clervil, 2014; Harris & Fallot, 2001). TIP provides a lens through which all staff, not just clinicians, can work

when interacting with clients (Blanch, 2003). TIP has many vital components, which I outline in the next section.

I observed that trauma-informed services provided through social service agencies were at risk of becoming encumbered by broader systemic issues, compromising the integrity of TIP. Inequitable power dynamics affecting clients, helping professionals (including therapists, social workers, and case managers), leaders, and systems are one such systemic issue. Power dynamics are a natural component of the relationship between helping professional and client; in fact, these dynamics are inherently imbalanced as the helping professional assumes the expert's role in the relationship (Boyd, 1996).

However, in systems such as child welfare or juvenile justice, "institutional power structures governing rules and regulations for practice" complicate power dynamics (Bundy-Fazioli, Briar-Lawson, & Hardiman, 2009, p. 1448). Involvement with child welfare and juvenile justice systems place agencies and helping professionals in positions of power in that they can profoundly influence situations that would impact an individual's life. For example, a case manager working in child welfare can report on pieces of information within the court process that can quickly shift the case's direction. Therapists, including art therapists, can write letters outlining recommendations on family reunification, probation, sentencing, visitation, competency, and more.

These problematic and inequitable power dynamics illustrate a paradox in care: the helping professional represents power and authority but is also encouraged to collaborate and share power with the client (Bundy-Fazioli, Briar-Lawson, & Hardiman, 2009). These dynamics become increasingly inequitable when compounded with societal power dynamics such as race, socioeconomic class, gender, and ethnicity.

These differences in power between client and agency can impede service delivery and reception, despite the intentions of helping professionals. Power disparities can negatively influence the therapeutic relationship, alter the perception of services and goals of services (Hook, Davis, Owen, Worthington Jr., & Utsey, 2013), and decrease clients' perceptions of treatment success (Hook et al., 2013).

Simultaneously, I observed power dynamics at play within the professional setting. As staff members perceive leaders as those who make the ultimate decisions, they observe a disparity in power between themselves and the leaders. Additionally, helping professionals often work in an environment built on the stress inherent in systems that remove children from homes, impose disciplinary sanctions on children and families, or manage cases involving extreme abuse, impacting their feelings of power within the agency. Individuals working within these environments may have had their voices stifled in the past due to over-taxed supervisors within the same environment (Bloom, 2006).

When interviewing social workers in a social service setting, Arnfjord and Hounsgaard (2015) found that the workers reported feelings of disempowerment, often sharing that they had little managerial support, lack of belonging within their colleague groups, and "experienced a misalignment between the ideologies expressed in the municipal social policies and their implementation in practice" (p. 52). Helping professionals may feel strapped for resources, such as funding for materials, support staff, and training; they may feel that leadership has ownership of these resources. However, I have heard leaders express disempowerment as well. Leaders and helping professionals both asserted that system constraints, such as uncertainty in funding or rigorous regulations, significantly impact their work.

These dynamics situated the clients, helping professionals, leaders, and systems in a nesting doll of inequitable power. The helping professionals held more power than the clients, but the leaders held more power than the helping professionals and clients. However, the system held power over all three groups.

Summary

I made the following observations through my clinical work that spurred my decision to engage in research:

- Clients expressed or displayed hesitancy to engage in services with me due to my association with systems of power.
- My identity as a White, middle-class female influenced my relationship with clients.
- Power dynamics also impacted the relationship between staff members and leadership within a professional setting.
- Leadership also reported feelings of powerlessness due to a lack of control regarding grants, funding, and resources.

These observations distill down to one problem area: the existence of complex and inequitable power dynamics between helping professionals, clients, leaders, and systems impacting the delivery and reception of trauma-informed practice.

My clinical work led me to pursue a doctorate and research the multifaceted concept of power in TIP. After making observations in my practice within community and clinical settings for several years, I often wondered, “Do power dynamics impact my efficacy?”, “Am I complicit in oppressive and traumatic practices as a result of my power?”, and “Am I really being trauma-informed?”. Informal feedback gathered

regarding these questions from clients, colleagues, and leaders affirmed my need to find answers. I intended to understand the impact power can have on trauma-informed practice, and better recognize my role and complicity within practices that had the potential for being oppressive and traumatic.

This contextual essay and creative portfolio intend to outline my journey exploring the concept of power within trauma-informed systems. I frame my research journey within this essay using action inquiry. Action inquiry is cyclic and involves repeated engagement in observation, reflection, preparation, and action stages (Tripp, 2005). This cycle involves a continual examination of both the inquiry's content and the inquiry itself (Tripp, 2005). Action inquiry is much like viewing an art piece in a gallery: it involves zooming in to look at the brushstrokes of an oil painting while subsequently zooming out to see and reflect on the artwork in the context of its space.

I split my research journey into the following action inquiry stages: observing a problem in my clinical work (introduction), reflecting on the observed problem and its context within literature (literature review), preparing and implementing a research project in response to the issue (methodology), analyzing (the creative portfolio) and reflecting on the data (implications). I provide a summary of the process while also providing a critical reflection and critique of the journey itself. In focusing on the process of my research journey rather than solely the outcomes, I provide insight into my personal and professional evolution as an anti-oppressive trauma-informed art therapist.

My creative portfolio is woven into this contextual essay but specifically addressed in Chapter 4. The portfolio includes two video presentations, one highlighting the implemented pilot study and a second that focuses on self-reflexivity and identity.

The portfolio also includes artwork created during the research process. One nonmaterial product of my creative portfolio is my genealogical examination, highlighted briefly in my video on self-reflexivity, conducted as a piece of my research journey. The creative portfolio served as a way for me to understand and represent the findings discovered throughout my research process.

In the next section, I outline relevant literature and use it to contextualize the identified problem. I highlight art therapy literature in addition to literature from the fields of social work and counseling. This literature review provides an examination of literature on trauma-informed practice, anti-oppressive theory, power dynamics, and social justice art therapy.

CHAPTER 2: LITERATURE REVIEW

To more fully understand the problem area, the existence of complex and inequitable power dynamics within trauma-informed practice, I needed to position it within multiple contexts. These contexts included the field of art therapy and relevant literature, theory, and frameworks. I provide context by highlighting the literature gaps I encountered when researching this topic. I also provide relevant background on TIP, social justice art therapy, and anti-oppressive practice (AOP). I then underscore the intersection of AOP and TIP and the benefit of integrating these two frameworks.

Literature as Context

In situating the problem within art therapy, I first began examining the literature for relevant work focused on trauma-informed practice as a formal framework. However, when researching the topic, I discovered that very little art therapy literature provided an in-depth exploration of trauma-informed practice as a formal framework or model (e.g., Malchiodi & Steele, 2012). The available literature does not explicitly examine trauma-informed practice applied organizationally or systemically, nor does it investigate issues of power within trauma-informed practice. However, art therapy literature focused on treating trauma was vast (e.g., Hazut, 2005; Lobban & Murphy, 2017; Lyshak-Stelzer, Singer, St. John, & Chemtob, 2011; Meshcheryakova, 2012; Moon, 2011; Naff, 2014). As I was most interested in the formalized aspects of a TIP model or framework implemented in a social service setting, I looked to other literature fields for source material. As a result, much of the TIP literature I examine comes from social work and counseling.

Art therapy has a growing amount of research surrounding social justice practice (e.g., Gipson, 2015; Hocoy, 2005; Kapitan, 2015; Karcher, 2017; Potash, 2019). Art therapy literature does not explicitly incorporate the framework of anti-oppressive practice into its literature, though it does highlight kindred frameworks such as feminist theory (e.g., Butryn, 2014; Moon, 2000), critical theory (e.g., Nolan, 2013), and critical consciousness, (e.g., Gipson, 2015). As such, I draw from art therapy's body of knowledge regarding social justice practice and move to the field of social work to incorporate research on anti-oppressive practice.

Understanding Power

The concept of power is a complex one that does not allow for a simple definition. As outlined in Lukes (2005), theorists have attempted to explain and understand the concept of power for decades. However, there are still numerous interpretations of what power is and what power is not. These interpretations frequently overlap and weave together.

For example, Okin (1989) views power as a resource or commodity acquired through action. Young (1990) views power in the context of the dominator and the dominated. On the other hand, Hoagland (1988) sees power in a more positive light: it is a means for empowerment. Foucault (1978) and Young (1990) both support the idea of power being a dynamic process operating within relationships. Lukes (2005) views power as a relative force, dependent on the situation and context. Finally, Crenshaw (1991) sees power through an intersectional framework, dependent on multiple identities and their roles within society.

VeneKlasen and Miller (2002a) see power dynamics as the representation of power in the context of a situation, relationship, or system. Visible forces influence these dynamics, such as an individual, organization, or group's decision-making power. Invisible forces also influence power dynamics, such as the power to maintain the status quo through action "behind the scenes." Finally, hidden forces, such as cultural norms, also impact power dynamics. These forces influence the establishing of inequitable power dynamics between groups of individuals.

VeneKlasen and Miller (2002b) also assert that power "can range from domination and resistance to collaboration and transformation." They argue that power should not be reduced to solely negative concepts; instead, there are positive, liberatory aspects of power. In this, they argue that there are four categories of power: power over, power with, power to, and power within. Power over refers to the concept of oppressive or coercive power. Power with focuses on collaboration and forming relationships and alliances between distinct groups or ideas. Power to references the power each individual has within themselves to enact change, while power within focuses on an individual's sense of self-esteem or self-worth.

In this research study, my definition and understanding of power considerably evolved. However, when designing this research, I focused on the concept of "power over" or "oppressive power." I wanted to examine how power, in this definition, impacted the delivery and reception of trauma-informed practice. I was also interested in understanding the participants' perspectives of power, considering their hierarchical position within the client-therapist-helping professional triad.

Situating the Problem in Trauma-Informed Theory

Trauma-informed practice (TIP), as mentioned above, is a structure for human service providers that aims to be empathetic to and respectful of trauma survivors and also understands the impact of trauma on an individual (Blanch, 2003; Knight, 2015; Malchiodi & Steele, 2012). TIP is not an intervention or modality but rather a system-wide understanding of trauma (Blanch, 2003; DeCandia, Guarino, & Clervil, 2014; Harris & Fallot, 2001). TIP provides a lens out of which all staff, not just clinicians, can work (Blanch, 2003).

Trauma-informed practice, at its origin, was a framework based on social justice work. It rejected traditional psychological practice in that it did not operate out of a pathological framework, and it also validated clients' lived experiences, particularly of women (Herman, 1992; Tseris, 2013). Trauma-informed practice shifted clinical practice to space prioritizing collaboration, empowerment, and awareness of an individual's background. Trauma-informed practice "requires movement from a traditional 'top down' hierarchical clinical model to a psychosocial empowerment model that embraces all possible tools and paths to healing" (Salasin, 2011). Trauma-informed practice was revolutionary within psychology and its associated practices for emphasizing this shift from pathologizing individuals' experiences to working collaboratively with the client to understand the impact the experiences had on the client.

Salasin (2011) outlines three generations of practice for the healing of trauma. The first generation developed in response to soldiers coming home from the Korean and Vietnam Wars and focused primarily on post-traumatic stress disorder clinical treatment.

This generation of practice mainly used methods such as talk therapy to address post-traumatic symptoms.

The second generation of approaches bore out of clinicians and theorists examining the impact of non-combat traumas, such as trauma due to interpersonal violence, trauma related to refugee status, and trauma related to sexual assault. This second-generation focused on the importance of interpersonal relationships, psychosocial education, and empowerment (Salasin, 2011). This generation of practice used group therapies, support groups, and peer-led models as primary service methods.

The newest generation of trauma theory, trauma-informed practice, developed in the 1990s and 2000s. Clinicians, organizations, and researchers realized that to be most effective, the organizations hosting clinicians providing trauma interventions must also implement trauma-sensitive practices at the system level (SAMHSA, 2014a). Additionally, clinicians began to view clients who experienced traumas as survivors rather than victims. This generation of care focused on the importance of empowerment and partnership with clients to foster healing (Salasin, 2011).

In the 2000s, there was a surge of trauma-focused literature and theory within the fields of art therapy, counseling, and social work. This wave stemmed from the need for trauma-sensitive treatment due to the mental and emotional health impact of 9/11 and Operation Iraqi Freedom (DeCandia & Guarino, 2015). It also arose from increased knowledge regarding neurodevelopment (DeCandia & Guarino, 2015; SAMHSA, 2014a).

Foundations. There are numerous writings on trauma-informed practice outlining various vital principles and tenets. As seen in Figure 2, four fundamental concepts

underly all trauma-informed practice: avoiding re-traumatization (Blanch, 2003; SAMHSA, 2014a; SAMHSA 2014b), understanding the impact of trauma on an individual or groups of individuals (Guarino et al., 2009; Hopper, Bassuk, & Olivet, 2010; SAMHSA, 2014a), understanding the prevalence of trauma (DeCandia, Guarino, & Clervil, 2014; Fallot & Harris, 2009; Levenson, 2017; SAMHSA, 2014a), and putting the knowledge into practice on all levels of an organization (SAMHSA, 2014b).

In understanding the prevalence of trauma, an art therapist can see its broad reach across all cultures. In knowing the impact of trauma, an art therapist can better understand symptoms and detect potential trauma responses (Guarino et al., 2009; Hopper, Bassuk, & Olivet, 2010; SAMHSA, 2014a). By being aware of the potential of re-traumatization, an art therapist can avoid language, actions, or behaviors that might trigger a traumatic memory or memories (Blanch, 2003; SAMHSA, 2014a; SAMHSA 2014b). Trauma-informed organizations also work to implement TIP on all staff levels, not just with mental health clinicians (SAMHSA, 2014a). These principles provide a critical base of understanding on which a clinician can build further trauma-informed knowledge.

TIP tenets. The literature on trauma-informed practice features numerous strategies for its implementation. TIP emphasizes the importance of fostering physical, mental, and emotional safety for clients (Fallot & Harris, 2009; Hopper et al., 2010; Latham-Hummer, Dollard, Robst, & Armstrong, 2010; Levenson, 2017; SAMHSA, 2014a). Additionally, TIP encourages collaboration between client and therapist (Fallot & Harris, 2009; Guarino et al., 2009; Latham-Hummer et al., 2010; Levenson, 2017;

SAMHSA, 2014a) and for client choice (Fallot & Harris, 2009; Guarino et al., 2009; Levenson, 2017; SAMHSA, 2014a).

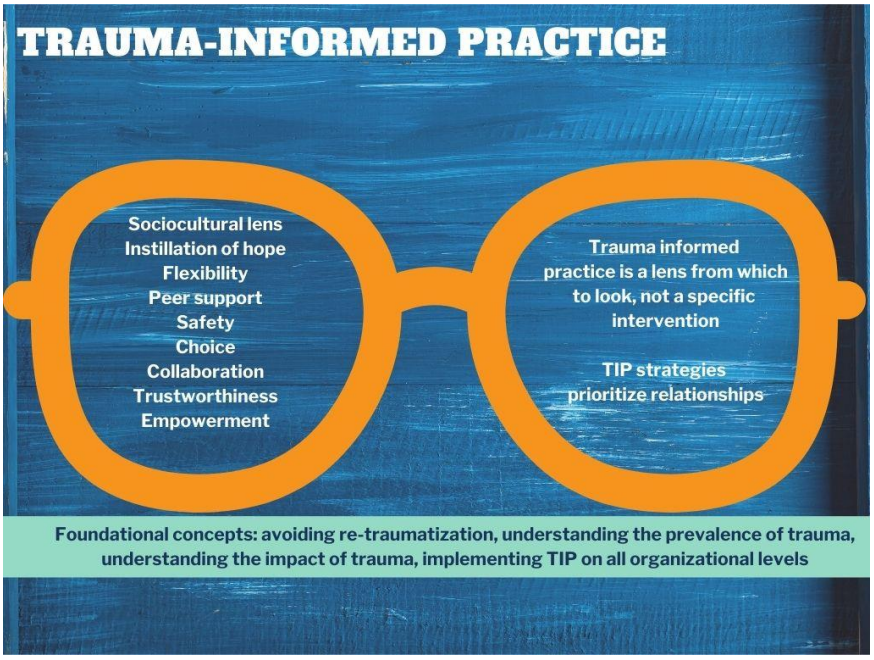

Figure 2: Key concepts and tenets of trauma-informed practice

TIP also promotes peers serving as support to one another (SAMHSA, 2014a). In this way, clients can have space to connect with others of similar lived experiences (SAMHSA, 2014a). TIP highlights the importance of taking a sociocultural perspective in understanding the impact a client's context has upon their trauma experience (Guarino et al., 2009; SAMHSA, 2014a; SAMHSA, 2014b). Trustworthiness is another critical factor of TIP (Fallot & Harris, 2009; Latham-Hummer et al., 2010; Levenson, 2017; SAMHSA, 2014a). For example, an agency can demonstrate trustworthiness by being transparent of initiatives and goals (SAMHSA, 2014a). TIP also highlights the importance of empowering clients (Fallot & Harris, 2009; Levenson, 2017; SAMHSA, 2014a), instilling a sense of hope within them (Guarino et al., 2009; SAMHSA, 2014a) and promoting flexibility (Tullberg, Kerker, Muradwij, & Saxe, 2017).

Critique of TIP. While an excellent framework that revolutionized therapy, social work, and many other fields, TIP is not flawless. In critically analyzing my practice as a trauma-informed art therapist, I experienced cognitive dissonance in that what I experienced contradicted trauma-informed theory. For example, a central tenet of practicing from a TIP lens, avoiding re-traumatization, seemed unrealistic due to my representation of systems of power. Sweeney, Filson, Kennedy, Collinson, & Gillard (2018) write, "less obvious forms of (re)traumatisation include the use of 'power-over' relationships that replicate power and powerlessness by disregarding the experiences, views and preferences of the individual" (p. 322).

Understanding the prevalence of trauma may cause an art therapist to see trauma too frequently and in individuals not displaying trauma symptoms, resulting in over-pathologizing. Clients may not trust due to fear of the art therapist disclosing information to case management teams, court systems, judges, or schools. This dissonance between theory and application spurred my desire to learn more. Could trauma-informed practice avoid these issues? If so, how?

TIP as a Western framework. It is critical to note that TIP is constructed upon a Western psychology framework and does not always consider diverse cultural aspects. Quiros and Berger (2015) contend that contemporary trauma theory stems from the experiences of "White, well-educated, middle-class women and men" (p. 150). As a result, contemporary trauma theory lacks diverse and multifaceted experiences based on varying races, ethnicities, sexual orientations, genders, and socioeconomic statuses.

Tseris (2013) argues that the shift of trauma theory from its original feminist, social justice roots to an increasingly medical model puts the framework at risk for disregarding

the traumatic impact of oppression on individuals. Tseris asserts that trauma work has become "preoccupied with decontextualized symptoms" in that it reduces individuals and their stories down to symptoms and behaviors rather than seeing them in relationship with their context (p. 158).

Situating the Problem Within Social Justice Art Therapy

Social justice research is becoming well established in the field of art therapy (e.g., Borowsky Junge, Finn Alverz, & Kellog, 1993; Gipson, 2015; Hocoy, 2005; Kapitan, 2015; Karcher, 2017; Potash, 2019). Social justice art therapy focuses on the individual client and the community at large (Hocoy, 2005). Golub (2005) asserts that social action art therapy requires collaboration with communities. It requires shared power within a community and serves the community itself, not the art therapist. Additional social justice tenets, including self and system reflexivity, understanding of power and privilege,

Self-reflexivity as a way of contextualizing identity. Self-reflexivity is a self-exploration method found in social justice practice that requires an individual to see oneself in the context of larger systems and societal influences (Baines, 2011; Golub, 2005; Kapitan, 2015; Karcher, 2017; Talwar, 2010). Self-reflexivity is not just about putting a mirror up to oneself; it is about engaging with the reflection and placing it in the systemic contexts of which it is a part. It involves seeing oneself as a piece in a more extensive system and reflecting on one's role. Kapitan (2015) argued, "reflection must go beyond emotional processing to include critical analysis and an understanding of oppression, social change, agency, power, and privilege" (p. 110). Self-reflexivity is critical in that it asks the practitioner to reflect on their own identities, biases, and beliefs (Baines, 2011; Burke & Harrison, 1998; Golub, 2005; Kapitan, 2015; Talwar, 2010).

Self-reflexivity is especially critical for White art therapists in that it forces them to view their own identity in the context of oppression. Art therapists should also critically reflect on the field as a whole, being "aware of theories of whiteness, its history, and the impact of European colonization that continues to influence current values and biases in art therapy" (Kuri, 2017, p. 120). Art therapists can then use this knowledge of self and system to improve their services, advocate for policy changes, diversify from where and whom they receive knowledge, and disrupt practices that promote continued assimilation and colonization.

Art therapy as a Western framework. In implementing reflexivity on a system level, we can reflect on art therapy's history and connection with colonialism, ethnocentrism, and oppression. Napoli (2019) writes, "as a profession that has formed in relation to and in reaction to larger forces within science, psychology, and more, the field of art therapy is not immune to the systems of oppression woven throughout Western culture" (p. 175). Like other fields under the psychology umbrella, art therapy situates itself within Western, White culture and, as such, is bound up with the ideals and norms of this culture (Hocoy, 2002).

A concern with having a foundation within Western, White culture is the risk art therapy has for operating out of an ethnocentric world view. Talwar, Iyer, and Dobey-Copeland write (2004), "the therapeutic practices in art therapy continue to be culture-bound, reflecting a monocultural perspective that is antagonistic and inappropriate to the values and lifestyle of minority populations" (p. 45). As such, art therapy is at risk for promoting Western, White culture as the norm while viewing other cultures as the "other." Talwar writes, "the historic binaries of art therapy practice have only reinforced

the reductive paradigm of normal versus abnormal" (Talwar, 2010, p. 16). This practice perpetuates a neocolonial framework that risks placing the art therapist in a dominating role.

Knowing this background is especially vital for art therapists to "decolonize art therapy systems, research, theory and practice in general" (Napoli, 2019, p. 175). Art therapists need to engage in reflexivity surrounding their practice or risk perpetuating oppressive power (Bookbinder, Freud, Greenall, Penny, & Savoie, 2016). Decolonization can occur when art therapists question the resources and knowledge they consume, question systems of power, and diversify the perspectives and voices they hear.

The importance of an intersectional lens. Intersectionality works in tandem with self-reflexivity in that it encourages seeing identity within its contexts (Talwar, 2010). Intersectionality sees identity as being non-fixed, multi-dimensional, and always evolving (Talwar, 2010). It argues that individuals do not have one identity in isolation from the world but rather a complex web of identities, all interacting with one another and their context (Talwar, 2010). Intersectionality requires an art therapist to identify their social location (Kuri, 2017) to understand themselves in relationship with others. Intersectionality situates components of an individual's identity in context with one another. Taking an intersectional approach highlights an individual's complex identities and what they experience because of these identities.

Understanding power and privilege. Another critical aspect of social justice practice is developing an understanding of privilege (Talwar, 2010). An individual can experience privilege because of financial status, access to higher education, race, sexual orientation, gender, religion, citizenship, or size (Karcher, 2017). Beyond the typical

therapist/client power dynamics of the helping relationship, art therapists representing the majority culture hold significant societal power (Karcher, 2017).

Situating the Problem Within an Anti-Oppressive Framework

The social justice framework anti-oppressive practice (AOP) has yet to be explicitly integrated into art therapy literature. While similar frameworks, such as critical theory (e.g., Nolan, 2013), critical consciousness (e.g., Gipson, 2015), and feminist theory (e.g., Butryn, 2014; Moon, 2000), are represented in the literature, AOP is not. AOP developed out of the field of social work and "provides an approach that begins to match the complex issues of power, oppression, and powerlessness that determine the lives of the people who are recipients of social care services" (Burke & Harrison, 1998, p. 133). Anti-oppressive practice focuses on human relationships, power dynamics, and social undercurrents; it is "a dynamic process based on the complex changing patterns of social relations" (Burke & Harrison, 1998, p. 132).

AOP upholds the aforementioned social justice strategies (self-reflexivity, intersectionality, understand privilege, system reflexivity) as critical aspects of its work. In contrast to the social justice art therapy literature, however, AOP situates itself directly in social service work. AOP explicitly and intentionally focuses on power dynamics and posits that helping systems are complicit in perpetuating systems of power (Curry-Stevens, 2016). Anti-oppressive practice aims to critically examine and transform service systems by promoting macro-level transformations (Morgaine & Capous-Desyllas, 2015, p. 25).

Anti-oppressive practice has several key concepts, some of which align with previously discussed social action practices. According to Clifford (1995), these concepts include:

- Understanding social differences that exist due to power disparities between the dominant and the dominated,
- See the personal as political; contextualize identity in relation to systems,
- Take into account historical and geographical positioning as this provides meaning,
- Engage in reflexivity and mutual involvement; always reflect on the impact of power on social relations
- Understand that power is a social construct that dictates access to resources

These factors lay the groundwork for a greater understanding of the complex dynamics underpinning social systems.

Integrating AOP into TIP

As AOP has not been integrated into art therapy literature, no work combines AOP with TIP. However, as discussed above, TIP's roots lie within social justice practice. Through integrating anti-oppressive and trauma-informed practice models, art therapists could potentially alleviate the problems mentioned within TIP, such as the potential for re-traumatization. Additionally, AOP would challenge TIP's association with Western paradigms and force critical reflection on these paradigms in the context of TIP.

CHAPTER 3: RESEARCH METHODOLOGY

Weaving in and out of the hairball of research, I navigate my path into uncharted territory. I am suiting up for the big jump, envisioning a transformation. No one has been here before. I cut through this land, riding slowly, getting caught up in the interconnectedness of it all. I jot down notes in my field journal and illustrate my work in complex diagrams. I want to make sense of it. But can I?

Figure 3: "Envisioning a Transformation" (2020). An artistic distillation of project methods and my experience planning and executing the research design.

Having contextualized the identified problem area- complex and inequitable power dynamics between helping professionals, clients, leaders, and systems impacting the delivery and reception of trauma-informed practice- in the literature, trauma-informed, and anti-oppressive structures, and my identity, I will highlight the next stage of the action inquiry: preparation. In this stage, I developed my research aims and objectives for my pilot study, as seen in Figures 4 and 5. Once I did so, I selected a

research framework that would best fit the aims and objectives. From there, I designed a research study. This section summarizes my efforts in the preparation stage.

Development of a Research Study

Distilling my observations and reflections down into a research project proved to be a complicated and challenging task. I used art-making (see Figure 3) to process the challenges I experienced. I saw the identified problem area clearly in my head but danced around it, struggling to find a spot to land. I cycled through numerous concepts, frameworks, and research modalities. I tweaked and re-tweaked. As my artwork shows, I felt as though I was repeatedly making U-turns. I believe these difficulties were due, in part, to the complex and nuanced nature of the problem area I was examining. I reflect more on this in a later section.

Eventually, after a significant amount of time spent processing the identified problem, I developed an aim and objectives for my research (see Figures 4 and 5). I intended to disrupt and problematize a framework, trauma-informed practice, and analyze the power dynamics within. The research asked, “does power impact the delivery and reception of services? If so, how? And how do we make things better?” As highlighted above, the TIP framework has revolutionized clinical and social work practice. However, that does not mean it is perfect, nor does it mean clinicians and social workers should not critically examine it.

This research process pays homage to TIP’s roots in social action and justice theory and practice by employing an anti-oppressive research design, inviting critical discourse, and problematizing the framework to improve it and best meet the needs of the

clients. Through the critical analysis of power, I hoped to infuse anti-oppressive practices in TIP and bridge the gap between the two methods.

Figure 4: Aims of the research.

The partnering agency where I conducted the research specialized in trauma-informed practice and trained all its staff members in this model. I planned to employ a critical discourse between clients, helping professionals, and partnering agency leaders. I intended for the participants to discover any issues that arose within the delivery and reception of services due to the power dynamics and brainstorm solutions for these issues. I then intended to share the information learned to improve art therapy and clinical services.

Figure 5: Objectives of the research.

Selecting a Framework

To fully understand the role power plays in trauma-informed services, I needed to select a method that captured the perspectives of clients, helping professionals, and leaders while also being anti-oppressive and trauma-sensitive. Spaniol and Bluebird (Spaniol & Bluebird, 2002; Spaniol, 2005) conducted a research project similar in scope and nature to the project I was planning, using participatory action research. Participatory action research (PAR) is a form of anti-oppressive research that intentionally and directly brings in community members and those affected by the research topic as participants and critical decision-makers, guides, and informants (Hacker, 2013; Kapitan, 2018; McIntyre, 2008). PAR's goal is to create change within the context of a community, discipline, or practice area (Hacker, 2013; Kapitan, 2018; McIntyre, 2008; Spaniol, 2005).

Spaniol and Bluebird's study laid the groundwork for what I hoped to do in that it allowed for collaborative dialogue between clients and mental health practitioners. In participatory action research, the participants are active in finding solutions to the

problem (Kapitan, 2018). In the PAR framework, the participants influence the direction of the work, shape key themes and ideas, and, perhaps most importantly, provide feedback. The participants also assist in making decisions on the dissemination of the findings.

I aimed to employ a PAR approach and incorporate the participants into the research as co-researchers as fully as possible. However, this proved difficult for several reasons. First and foremost, I served as the primary researcher, as this study was a piece of my doctoral work. Additionally, I had difficulty in recruiting participants to engage in the study. When working with the participants, many had limited time availability. I did not want to overburden individuals with increased responsibility in the study. As a result, despite my intentions, the research lost some of its participatory components.

My study aimed to raise the critical consciousness of its participants through reflection, dialogue, and action. I also intended to help research participants locate their personal power, specifically the clients, by providing them an opportunity to authentically engage with individuals they have traditionally not had access (leaders and helping professionals). As Kapitan (2018) writes, “disenfranchised or marginalized communities are emerging as leaders in this paradigm, premised on the fact that those who have been marginalized within their societies often know the most about the social problems that exist and their effect on people’s lives” (p. 249).

Building a Design

PAR involves four research phases, including questioning an issue, reflecting on and examining the problem, developing an action plan, and implementing this plan. These phases are entwined with one another and require constant reflection, refinement,

investigation, and development; often, the stages influence one another and may require movement forward and backward between phases (McIntyre, 2008).

My research design included three phases aligned with the initial three stages of participatory action research (McIntyre, 2008). The first phase of this research project, Questioning, included audio-recorded and peer-led semi-structured interviews to question and identify issues. The second phase, Witnessing, involved the participants' critical reflections and responses. This phase served as a form of examination of a problem. The third phase, Engaging, included a group dialogue process, which some scholars refer to as collaborative or participatory dialogue (Bluebird, 2000; Spaniol, 2005). I intended for this phase to identify solutions to the issues detected in phases one and two. The fourth portion of participatory action research, implementation of action steps (McIntyre, 2008), was outside this research project's scope and may be completed in future years within the partnering agency.

Data collection and data analysis processes occurred cyclically and, at times, concurrently, within the research. Designing data collection and analysis to happen in this fashion allows the researcher to dynamically shape the research throughout the study (Miles & Huberman, 1994). Additionally, concurrent data analysis and collection "can be a healthy corrective for built-in blind spots; and it makes analysis an ongoing, lively enterprise that is linked to the energizing effects of fieldwork" (Miles & Huberman, 1994, p. 49).

The research objectives, highlighted in Figure 5, line up with the PAR model and drill down further to the main points I hoped to achieve in this research. First, I aimed to facilitate critical discussions on power in trauma-informed services. Next, I hoped to

identify issues that arise in trauma-informed services, specifically related to power. I then hoped to formulate solutions to these issues and a plan for implementing these solutions. Finally, I wanted to share the knowledge discovered with a broader audience to impact services on a larger scale.

Selecting Participants

I opted to recruit two leaders, two helping professionals, and two former clients from the partnering agency to engage in this research process. A key piece of participatory action research is the participants' inclusion in the research study as active collaborators. To that end, the participants would serve as co-researchers in my research, helping to identify themes of the research, brainstorm solutions to problems, and determine the next steps based on the solutions.

I hoped to include art therapists solely in this study; however, due to the few art therapists who met the selection criteria at the participating agency, I could not do so. I also faced challenges in recruiting non-art therapist clinical staff. As a result, I recruited helping professionals outside of the clinical field. I also selected former clients rather than current clients to avoid impacting any existing therapeutic or professional relationships.

Designing this research project proved challenging, frustrating, and complicated. The design process involved several layers and phases to best capture the voices of the research participants. However, as shown below, when I discuss the implementation phase, the numerous phases and points of data analysis and collection will serve as continuous check-in points for the participants.

Acting: Implementing

Despite efforts to keep the research neat and orderly, it quickly became a dynamic and ever-evolving web of data analysis and collection. In this project, while working closely with the participants, the research became a living and breathing system that grew larger and larger each day. The phases, formerly distinct and clear cut, quickly bled into one another, and although chaotic at times, the process felt vibrant and alive.

Although exciting and yielding compelling conclusions and perspectives, this dynamic process leads to challenges in outlining the work. Articulating the process in writing has been like translating a three-dimensional art piece into two dimensions; it is difficult, time-consuming, and may not allow for all the facets to show through despite all attempts at doing it justice.

Recruitment

After I drafted the design and obtained the necessary Institutional Review Board approval, I began to engage in the recruitment and selection of participants. I found it challenging to obtain participants. As a result, the recruitment process lasted significantly longer than anticipated. Once I successfully recruited my participants, I started engaging them in the first phase of research.

Phases

Phase 1: Questioning. The first phase, Questioning, took place throughout January, February, and March of 2020. This phase of research included a semi-structured peer-led interview process, which was audio recorded. I intended this phase to foster critical discussion regarding power in trauma-informed practice. The peer-led interview allowed the participants to share their authentic perspectives without the risk of my influence as the researcher.

In this process, the participants interviewed one another in dyads according to their role (helping professional, leader, or client). Unfortunately, due to time constraints and logistical issues, the client participants did not interview one another; instead, I interviewed them separately using developed semi-structured interview questions (see Appendix B). The helping professional participants interviewed one another, and the leader participants interviewed one another.

I chose to use semi-structured interviews as they provided some form to the interviews but allowed flexibility in the discussion direction (Hardin, 2019). I provided semi-structured interview questions (see Appendices C and D) to the helping professional dyad and the leader dyad. The dyads asked one another the interview questions and were also allowed to ask clarifying questions and engage in additional discussion related to the interview topics.

Phase 2: Witnessing. In the Witnessing segment, all available participants gathered in one room and listened to the edited audio recordings as a group. This phase intended to reflect on the audio recordings and identify any issues within the delivery of services based on the recordings. Unfortunately, only one of the client participants attended this phase by phone. This participant had to exit early due to a scheduling conflict. As a result, he only could listen to a small portion of one recording and did not participate in any of the discussions. The second client participant was unable to attend. Due to this, the only participants in the group discussion were helping professionals and leaders. After listening to the audio recordings, the available participants reflected on the interviews and had the opportunity to write down any notes they had.

Phase 3: Engaging. In the third phase, the available participants, including the two helping professional participants and the leader participants, remained gathered to discuss both the original semi-structured interview and reflections. The client participants were unable to attend this portion of the research. I framed the dialogue as an opportunity to discuss trauma-informed practice, their responses in the initial phases, and brainstorming strategies for utilizing the research that may inform or impact future models of care.

I facilitated the discussion, asked clarifying questions, and assisted with the flow of the session. The discussion focused on ways in which perspectives were similar or dissimilar. The attending participants concentrate on areas of incongruence between phase one interviews. The participants then identified ways to solve problems that might arise due to this incongruence. Participants also had the opportunity to share their reflections on the two previous research phases. I offered prompts as needed or desired.

From here, participants were encouraged to discuss and identify the next steps in response to the findings. Again, I aimed for this phase to identify ways to improve clients' services, increase communication between clients, professionals, and supervisors, and generate ideas for disseminating the material and enacting change. This portion was not audio recorded, and I simply took notes.

Validity and Limitations

Accurately capturing the views and perspectives of clients, helping professionals, and leaders was critical to me. As Hardin (2019) wrote, “validity is a concept that should permeate every aspect of methodology and methods” (p. 113). As a result, I involved the participants in the data analysis process. Participant involvement in reviewing data can be

crucial in ensuring validity (Miles & Huberman, 1994). Between phases, participants had an opportunity to screen the audio to consent to and approve their contributions. Participants were also encouraged to share feedback regarding the direction of the research. In this way, participants served as validity checkers as they provided feedback and ensured that I was conveying their perspectives accurately. Participants also had the opportunity to review final concepts, ideas, and themes.

As recommended by Hardin (2019), throughout the research process, I kept clear notes throughout my research and made notes that outlined specific decisions and justification for these decisions. During the third phase of data collection, I also reviewed and summarized the shared perspectives within the group to ensure that I was accurately recording information. Additionally, after the third phase of data collection, the highlights and main points of the research and data analysis were shared with the research participants. Participants had the opportunity to share their perspectives on the results, identify any discrepancies, and communicate any concerns.

Limitations

There are six possible limitations to this research and its results. One first potential limitation is the small sample size involved in the study. I maintained a small sample size to keep the project a manageable size. However, a larger group of participants would have provided a more significant number of perspectives that could have further enriched the discussion.

Another potential limitation concerns the participants. Each of the participants represented different programs, both therapeutic and non-therapeutic. Due to the difficulty in recruiting individuals to participate, I selected participants from across

various programs. Additionally, none of the participants employed by the agency identify as art therapists. Having multiple programs represented may have resulted in each of the participants having very different views on the topics due to their diverse experiences. However, I viewed this as an unintended positive consequence as it allowed for diverse and lively discussion external to my personal experience.

A third limitation is the potential introduction of bias in semi-structured interviews with clients. One of the client participants was a former client of mine. I also conducted a semi-structured interview with this client, which may have unduly influenced her responses. However, having worked with the client also meant that I had a relationship with her. The second client also had a long gap between his time using services in the agency and engaging in the research study, resulting in his perspectives being skewed or shifted. This client was also a minor when he received services, which could have affected the power dynamics he experienced differently from an adult. I also engaged in the interview process with him, rather than having a peer engage in it, due to scheduling conflicts and difficulties. The interview process change could have impacted what he shared with me, the researcher, compared to what he might have shared with a peer.

A fourth limitation involves the lack of client participant participation in the second and third phases of research. Due to difficulties in scheduling and recruiting, the timeline for the research project became more limited. As a result, we had to fuse the second and third phases of research. Additionally, both clients had varied schedules and were from diverse locations. This factor made scheduling the second and third phases complicated. As a result, only one client could participate in the second phase and only

for a short period. No clients participated in the third phase, and thus, their perspectives were not included in identifying strategies to improve services. Though not ideal, it did allow for my observation and study of the helping professionals and leaders' responses and exhibition of power dynamics.

The fifth limitation is that I did not define power or helping professional to the research participants. In not having a standard definition for these two terms, participants may have had varied responses, and it could have contributed to a loss of cohesiveness of the results. However, I see this as also having a positive impact on the study as it encouraged each participant to contemplate and form their definition of power.

The sixth limitation is that I did include the participants in all aspects of the project. Ideally, I would have included the participants in the study's design and been more intentional in my inclusion of the participants throughout the research process. However, I did not want to tax their time and assume that they wanted to engage in all aspects of the research process. A potential solution to this issue in future studies could include inviting a peer participant to engage in data analysis alongside the primary research. Additionally, future studies could include the use of increased member checking.

Summary

This study used a PAR framework and enlisted participants to engage in the research as active co-researchers. The PAR design allowed participants to have more influence and control of the study itself and the outcomes of the study. I intended the research to illuminate the differences in power in relationships within trauma-informed practice and better understand how these differences may disrupt intended services. In the

next chapter, I highlight my findings through a creative portfolio. This portfolio served not only as a way to disseminate knowledge gained in the research process but also became an active component of the research process.

CHAPTER 4: THE CREATIVE PORTFOLIO

Figure 6. "Tales from the Field" (2020). Artwork depicting my cycle through data analysis.

My creative portfolio- comprised of two videos, artwork, and self-reflexive and genealogical examination- served as a way for me to name, interact with, and understand my research. It is a multi-modal representation of my findings. With the videos and artwork hosted on a web-based platform and the self-reflexive and genealogical examination outlined in this essay, this portfolio also functioned as a vehicle for me to disseminate the knowledge I gained through this research process. Below, I highlight and describe each of my creative portfolio components, beginning with my self-reflexive and genealogical examination.

Self-Reflexive and Genealogical Examination

I often tell my students that to begin understanding others, one must be on the journey to understand themselves. This understanding must be rooted in a self-reflexive process. Self-reflexivity is critical for an art therapist clinician as it is an opportunity for the clinician to understand themselves in relation to the client. This is also true for the art

therapist researcher: self-reflexivity allows the researcher to understand themselves in relation to the participants and the data. By exercising self-reflexivity, the art therapist can understand the impact their identity may have on the client (Karcher, 2017) or the research process. It also allows for an opportunity to reflect on ways the clinician may inadvertently harm the client if the clinician were to engage in behaviors that might be oppressive or retraumatize a client (Karcher, 2017) or how an individual might impose their own cultural beliefs upon an individual (Kapitan, 2015). Self-reflexivity, infused in trauma-informed practice, helps avoid the risk of re-traumatization by encouraging a more deliberate and conscious practice that does not perpetuate oppression. Additionally, when infused in the research process, self-reflexivity allows for the researcher to understand the impact the process may have upon its participants. It encourages the researcher to engage in ethical and equitable research practice.

Engaging in self-reflexivity required me to enter a vulnerable, uncomfortable state and forced me to manage a wide range of emotions, including personal feelings of guilt related to power and privilege (Hernandez-Wolfe & McDowell, 2012). These emotional consequences can deter art therapists from engaging in a self-reflexive practice. However, it is critical to note that evasion of these emotional consequences is not an excuse for avoiding self-reflexive practice.

My reflexive journey implicates others from similar backgrounds. As reflexive processes expose an individual's identity, in all its complexity, it thus reveals the identities of those in tandem to the individual (Alexander, 2011). Ethnographer Bryant Alexander writes that:

> reflexivity is not just an act that is private and personal but public and plural; an outing of the self that implicates others: implicates others not only in their orientation to the self as cultural familiars, but the ways in which uncovered truths tell on others; and hopefully empowers them to articulate their own identities as equipment for living, for writing, for research. (p. 105)

As a result, the reflexive process is not only a vulnerable act in that it exposes oneself, but it is risky in that it also exposes others.

This process is critical to practicing as an anti-oppressive and trauma-informed art therapist and proved vital in understanding my research topic. I will highlight my self-reflexive practice over the past four years, which included engagement in genealogical research and identity and context exploration. I will then situate the findings of my self-reflexive journey into a sociopolitical framework examining my privilege and power. I then outline the impact my power and privilege have upon practice as an art therapist and how these concepts inform my research process.

This section also provides the foundation for the video included in the creative portfolio, titled "Understanding Self so as to Know Others: Finding Your Authenticity in the Context of Equity." This video demonstrates the importance of reflexive practice to form relationships with others. The video highlights the importance of knowing oneself authentically before authentically and genuinely knowing someone else.

Genealogical Work as Self-Reflexive Practice

My process of knowing myself began with genealogical research. I have long held assumptions regarding my ancestry and the history of my family. Before this research journey, I never thought deeply about my background as a White woman. This inaction to

critically reflect on my background may be a symptom of my privilege. However, I now wish to understand who I am by understanding those who came before me.

Genealogy is a reflective process in that it does not require critical examination. To take part in a reflexive process, I needed to place my findings within the context of history, systems of power, and structures of oppression. I intended to problematize and politicize my genealogical background. I wanted to understand my identity in the oppression-laden context of the United States of America. Inspired by the work of the organization Coming to the Table, which connects the descendants of former slave owners with the descendants of former slaves as a form of reconciliation (Coming to the Table, 2019), I wanted to understand my family's relationship to oppression.

Figure 7: Genealogical findings

Discoveries. Before I could contextualize my family's history within the history of the United States, I needed to trace my lineage. You can see a small part of my genealogical findings in Figure 7. I found that portions of my maternal grandmother's family have resided in the United States or Canada significantly longer than other

members of my family. I learned that her roots lay in Ireland, England, the Isle of Man, and Scotland. My maternal grandfather's family is primarily from Luxembourg, Belgium, and the Netherlands. My father's family has a much greater depth of research already conducted (e.g., Ebben, 1996), making the genealogical process much more straightforward. I found that my paternal grandfather's family primarily came from Bohemia, in an area that is now Austria, and Germany. My paternal grandmother's family is mainly of Dutch descent.

Connections to slavery. A goal of my genealogical work was to contextualize my family history into the history of the United States. I did not uncover any direct ties to the Trans-Atlantic Slave Trade or slavery in the United States, but this does not guarantee my family was not complicit. In much of my lineage, I am only a fourth or fifth-generation citizen of the United States, which means that my ancestors arrived in this country after slavery. However, I wonder about my ancestors' role in Europe, particularly those from The Netherlands or England. The Dutch and the British both played a significant role in the Trans-Atlantic Slave Trade. The British transported 3.1 million Africans across the Atlantic, of which only 2.7 million survived (The National Archives, n.d.). The Dutch transported around 550,000 to 600,000 (African Studies Center, 2020). I wondered if my ancestors became involved in this slave trade or profit from this slave trade. What would that mean for me?

Genealogical work as an act of privilege. I would be remiss in writing on genealogical work as an act of self-reflexivity without mentioning the privilege involved in examining one's history. As a White descendent of European immigrants, my history is mostly well-documented. For many descendants of those forcibly taken from their

lands, this is likely not the case. Genealogical work also has a complicated history in its implications with eugenics (e.g., Baker, 2014). Throughout history, individuals have used genealogy as a tool for proving "bloodlines" and "purity" of background. Despite these factors, I see the use of genealogical research to better understand my complicity in the United States' history of racist and oppressive practices as an act of liberation.

Layers of Identity in the Context of Intersectionality

As illustrated in the video on identity (Appendix A), my identity does not end with my genealogy. I have countless other features that intersect and layer, impacting one another. My identity is complicated and, at times, contradictory. I am a White, middle-class female whose parents raised her in a blue-collar household. I have multiple degrees, but I am a first-generation college student. I grew up in a small town but now live in a metropolitan area. I am an art therapist and educator. I live in a gentrified, primarily White neighborhood in one of the nation's most segregated cities (Frey, 2018).

My identity has multiple levels of power and privilege, which I outline below. In contrast, many of the clients I serve have multiple, intersecting identities subject to oppression. As highlighted earlier, intersectionality provides a lens to view identity. Employing an intersectional framework allows an art therapist to see others and themselves as complex, whole persons whose identities cannot be defined in a few short sentences (Samuels & Ross-Sheriff, 2008). As Samuels and Ross-Sheriff (2008) state:

> Sorting through the layers and levels of oppressions and privileges and understanding them collectively without fracturing them as additive and separate components are crucial if we are to appreciate fully the shared and unique experiences of women as whole beings in their diverse roles and identities.

(p. 8)

Intersectionality highlights the importance of understanding both privilege and oppression as complex, layered concepts. Intersectionality emphasizes the importance of seeing the relationship between privileges and oppressions and understanding how they come together. My intersectional identity is primarily layered privileged identities; however, my identities as a female and first-generation college student involve levels of oppression. However, many of the clients I work with experience oppression on many more levels, such as gender, race, and socioeconomic status. As a clinician, I must see how these oppressions impact one another rather than seeing my clients as siloed, isolated individuals. Doing so is critical because it allows me to better witness the client's experience within the world. I can also better see them in relation to my power and privilege.

Privilege and Power

It is no surprise that my identity holds a significant amount of power and privilege. When reflecting on my therapeutic practice, I frequently wondered how power impacted the therapeutic relationships. I have had clients tell me that I do not understand their struggles as I do not experience their oppression. This is accurate. I perceived times when clients shifted languages and behaviors in my presence, demonstrating assimilation to the dominant society and an accommodation of my identity as a White woman. I also suspect that clients have dropped out of therapy due to my power, privilege, and representation of potentially oppressive systems. Complex issues of power inherently embed themselves in the therapeutic relationship because the therapist is often seen as the "expert." The connection is further complicated when the therapist is associated with an agency

providing child welfare or delinquency services or when the client has had a previous negative experience with a mandated reporter.

I similarly wondered about ways I was at risk for inadvertently perpetuating oppression and trauma. I became concerned that I was engaging in other oppressive practices, such as microaggressions, due to a lack of personal awareness. In the clinical world, microaggressions represent a type of therapeutic alliance rupture in which the client feels as though the therapist has attacked a piece of their identity (Davis et al., 2016; Sue et al., 2007). Davis et al. (2016) found that when interviewing minority clients about the issue, the majority had experienced a microaggression in a counseling session. Hook et al. (2016) report that microaggressions, though not overt forms of racism, significantly affect the therapeutic relationship. They report that the two most frequent microaggressions in the counseling setting related to the clinician's denial or lack of understanding of biases and their avoidance of discussing these biases. In reflecting on these two microaggressions, I could identify many times when I may have engaged in these behaviors.

My privilege and power influence the way I interact with the world and, as a result, influence my professional practice. In engaging in reflexive practice as a piece of my inquiry into understanding power, I became more aware of the traumatic and oppressive practices I was re-perpetuating and the subconscious biases I held.

Creative Processes as a Means for Understanding

Art-Making Journey

Throughout my research process, from my initial work identifying my research problem to analyzing the data in my research, I engaged in art making as a form of sense-

making and knowing. Frequently, art-making was an exercise to understand my identity in relation to those that I serve. Art-making also served as a process to better understand my identified problem. My artwork also evolved throughout my research journey, both in content and in form.

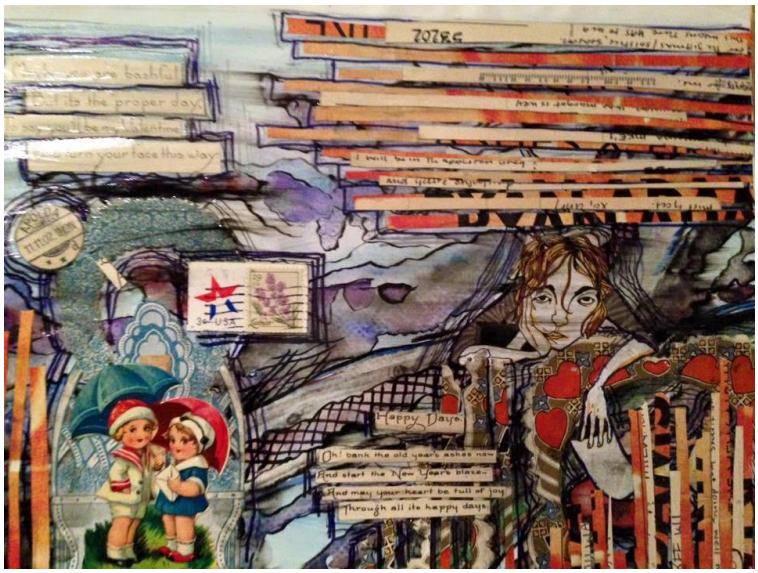

Figure 8: "Happy Days" (2014). Artwork created in response to work as a community-based therapist.

I created "Happy Days," seen in Figure 8, before I began my doctoral studies. Produced in response to my ongoing work as a community-based therapist, I highlighted the weariness and disempowerment I felt in my everyday practice. I was still new to the field, and I felt disillusioned due to the system dynamics I encountered. For the first time in my life, I witnessed the systemic oppression experienced daily by many clients.

Figure 1, included earlier in this essay, features an artwork created in 2016 that I completed over four months. Each piece represents a different layer of my clinical experience. At the time, I worked primarily with youth involved in juvenile justice, and the work reflects the perceptions others had of my clients. Often, my clients were labeled and misunderstood due to their involvement with the justice system. This led to my

clients' feelings of disempowerment. As I worked closely with the juvenile justice system, my clients often assumed I would also label and misunderstand them.

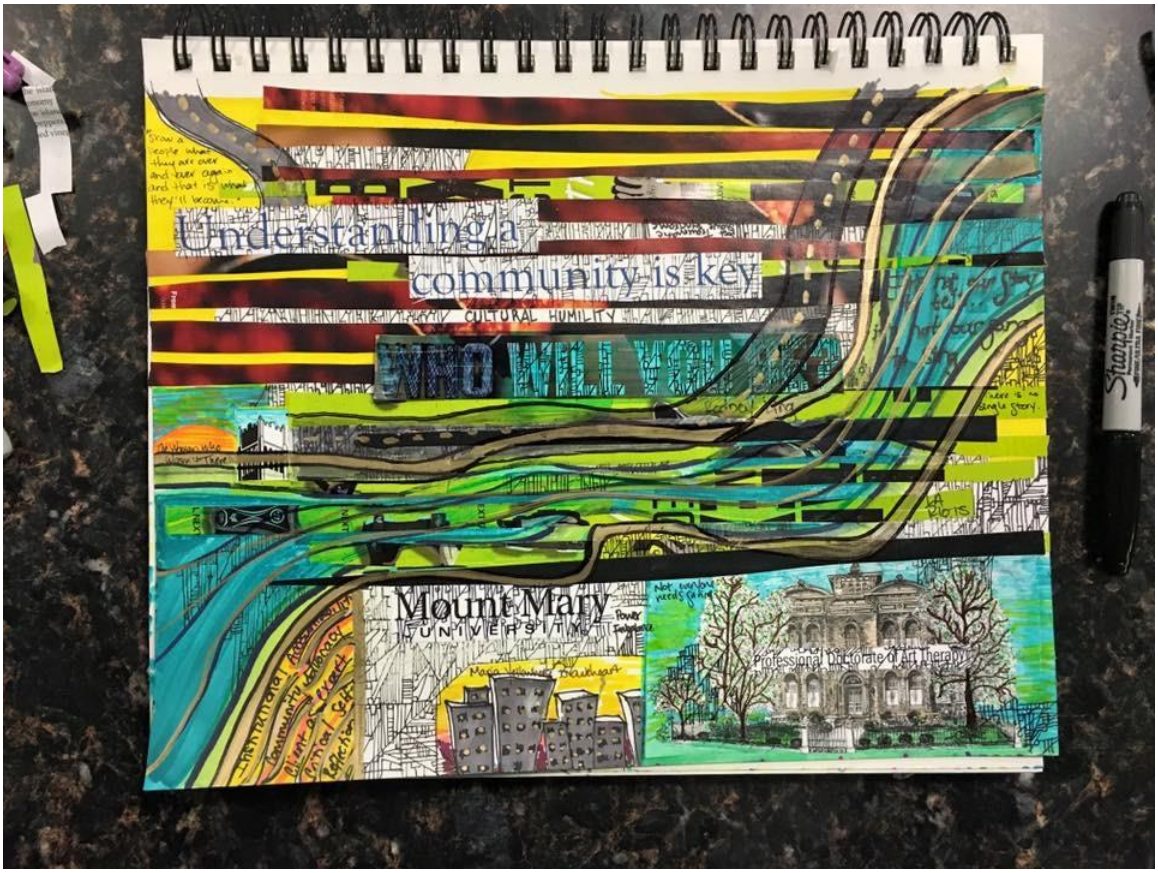

Figure 9: "Understanding a Community is Key" (2016). Artwork created highlighting the importance of mental health services.

I created the piece in Figure 9 while in the application process for the doctoral program. In it, I reflected on the importance of mental health services within historically oppressed communities, particularly communities of color. This piece represents the early stages of my evolution as an anti-oppressive and social justice-oriented art therapist. I recall assuming I could serve as the art therapist in these communities rather than a person of color who better represented the communities. In critically reflecting on this piece, I now see the exceedingly problematic nature of that assumption. In being

challenged in my clinical work, engaging in self-education, and practicing self-reflexive practice, my perspectives and clinical approaches have evolved since creating this piece.

Figure 10: "Act You Will" (2016). Artwork reflecting social justice work.

The image in Figure 10 illustrates the first pieces of art made as a piece of my doctoral studies. Created on plexiglass during my initial residency, I focused on my relationship with clients and the community. Each piece of plexiglass layered on top of one another, illustrating the complexity of the problems I encountered. The piece includes the phrase, "Act you will," illustrating my yearning to engage in social action work.

Figure 11: "Untitled" (2016). Artwork created in response to community uprisings.

I produced the piece in Figure 11 in response to local uprisings after a Black man was shot and killed by police. In the piece, a city is burning while a bird sits perched, delivering a message. When viewing this piece now, I see threads of neocolonialism and white saviorism. In the art piece, I metaphorically situated myself within the burning city when, in fact, the area I lived in was not burning. My property was not at risk. I was safe. This reflection is poignant and critical, as this piece represents one of the most segregated cities in the country (Frey, 2018). These reflections forced me to see my role differently and critically reflect on who I am in relation to the city I live in.

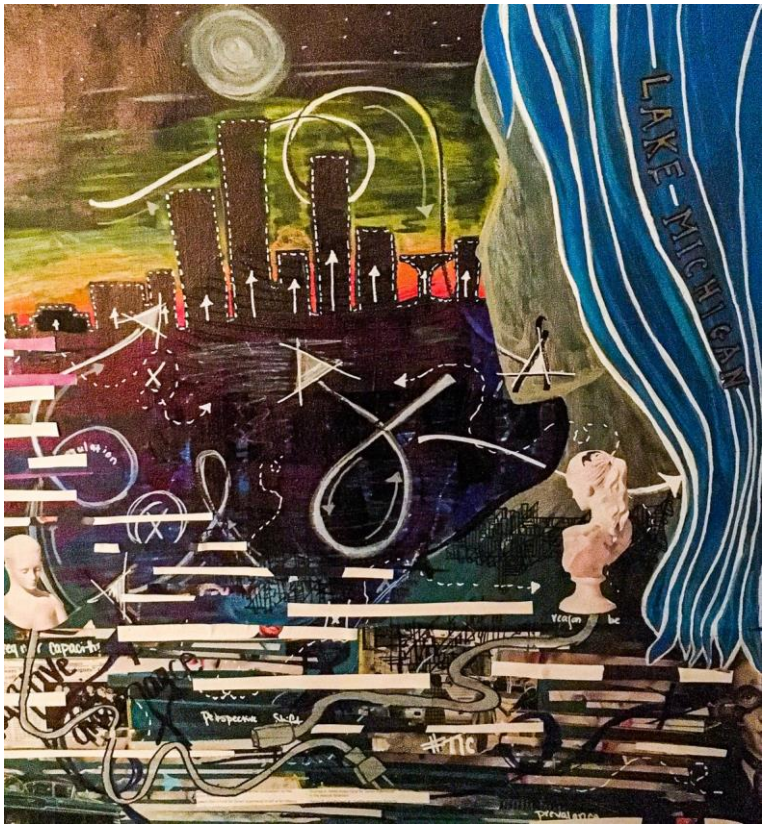

Figure 12: "Untitled" (2016). Artwork created illustrating identity in context of clinical practice.

Figure 12 further illustrates my journey as an anti-oppressive trauma-informed art therapist. In this piece, I show the contextualization of my identity within my work. In

this image, a female figure looks on to a city from afar. Lines zigzag and move around her as she contemplates the steps she needs to take to better serve her clients. She wonders about her role and ways in which she might be doing more harm than good. She reflects on her privilege and how that influences her work and her clients.

Figure 13: "The Road" (2020). Artwork illustrating the research journey.

The image in Figure 13 reflects my total research journey. In it, I highlight the personal shifts I experienced while engaged in the doctoral program. From my wedding, to my sister's death, to a global pandemic, and my son's birth, this art piece helped me make sense of my research in connection with my life. I situated my humanness in context with my research. In creating this work, I could also process the challenges I experienced in articulating my research.

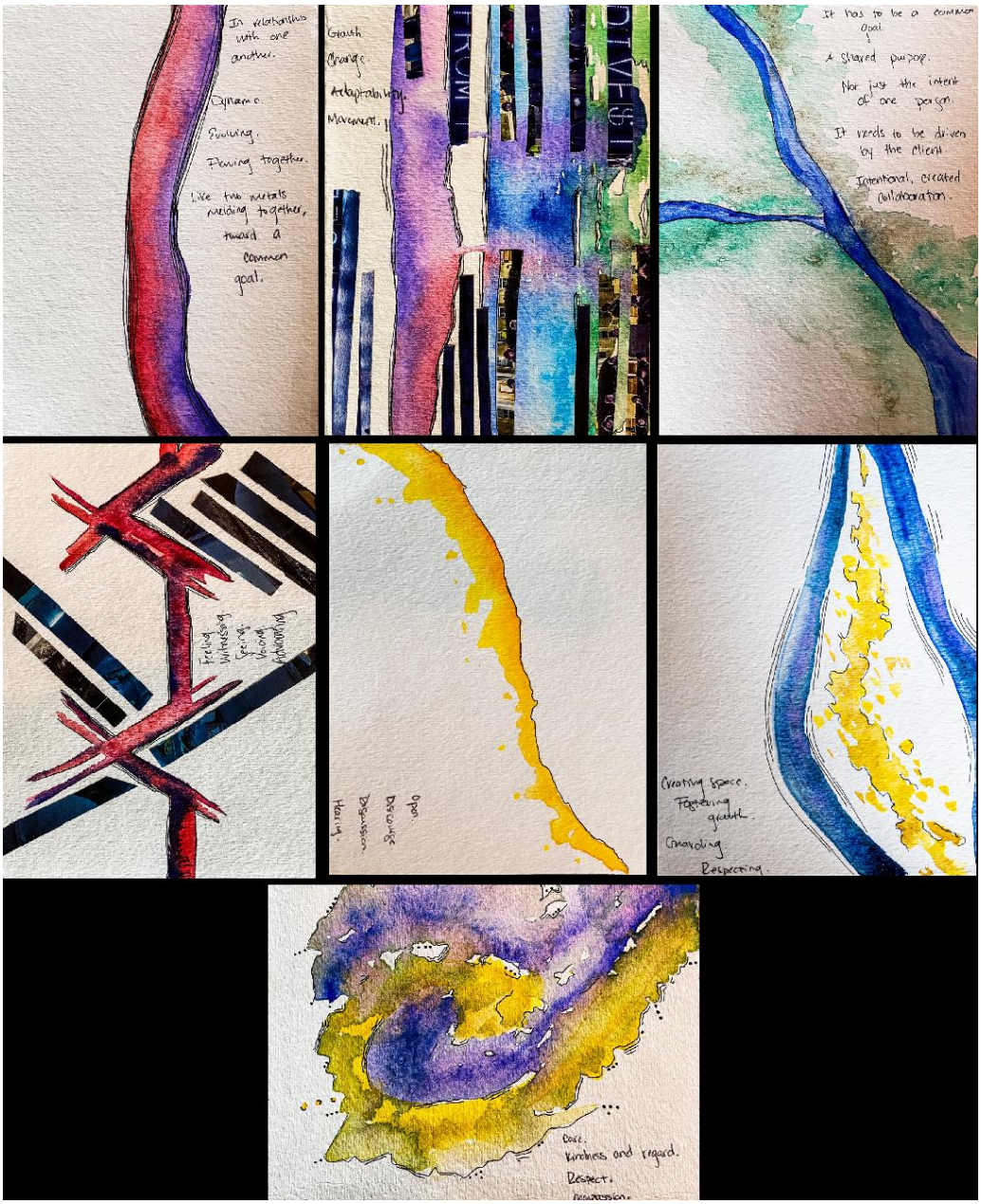

Figure 14: Artwork created processing the seven identified themes. Top row: relationship, flexibility, and collaboration. Middle row: advocacy, listening, and safety. Bottom row: compassion

I created the images in Figure 14 as I strived to better understand my research data and outcomes. Based on the thematic and comparative analyses completed during all research phases, seven themes emerged that may positively impact or improve their experiences. These themes include practicing with compassion, collaboration between clients, helping professionals, and leaders, promoting emotional, mental, and physical

safety, being flexible in practices, fostering a relationship between clients, helping professionals, and leaders, advocating with clients, and authentically listening.

The watercolor pieces allowed me to re-engage with the research findings in a way that allowed me to examine them from a new vantage point. I engaged in brief freewriting on each of the themes as a way of further processing. I chose the color, shapes, lines, and overall composition of the watercolor images in response to my interpretation of the theme.

The Use of Video

In much the same way as I used art to make sense of my research process, I also used video. Video making has been a critical component of my sense-making process throughout my research journey. I first began engaging in video making in the initial residency, using video to understand my identified problem. This creative portfolio highlights two videos, one focusing on self-reflexivity and one outlining and understanding the research process and data, that helped me articulate what I was observing and translate that into a tangible, visible product.

Video as Tool for Self-Reflexivity.

As highlighted earlier, the video titled "Understanding Self so as to Know Others: Finding Your Authenticity in the Context of Equity" highlighted my journey into self-reflexive and genealogical examinations. In this video, I process what my identity means beyond superficial labels and examine the context behind my identity. I highlight ways in which our experiences and families of origin shape identity. Additionally, I discuss ways to build up a knowledge of ourselves to better understand those with whom we interact.

Video as a tool for outlining and understanding research data. I also used video to outline my research process visually and better understand the data uncovered in the research journey. The video titled “Critically Analyzing Power in Trauma-Informed Practice: Using Reflexivity and Collaborative Dialogue to Promote Transformation” serves as an examination of my research journey. I share the impetus behind this research journey, key concepts to understand the research, and an overview of the participatory action research study. Additionally, the video-making process allowed me to extract and arrange my data in a meaningful way. Distilling down the data of a complex and dynamic process is challenging. Within the video-making process, I realized I could arrange the research study outcomes to align with the research objectives (see Figure 5). I organize the findings as follows:

- findings on power from critical discussions (Objective 1),
- identified issues that have arisen or may arise, specifically related to power (Objective 2),
- pinpointed solutions to the issues (Objective 3),
- a plan for dissemination (Objective 4).

Below I will highlight the findings which were outlined in the video.

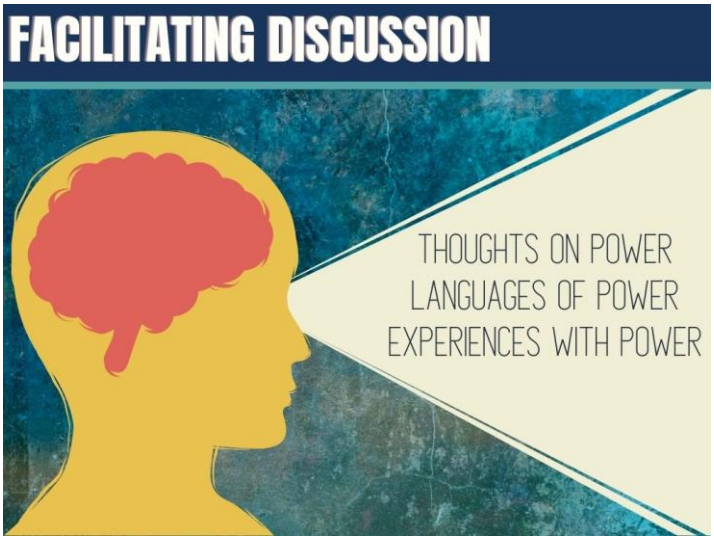

Figure 15: Video slide focusing on facilitating discussion on power

Findings on power from critical discussions. Critical discussion on power and its impact occurred throughout the research process. From the first phase, when participants had the opportunity to share their perspectives on power in trauma-informed practice in peer-led interviews, to the last, when participants identified ways to share the research findings, we wove power into all aspects of the research.

Experiences of power. The helping professionals, leaders, and clients all had different encounters with power dynamics. These encounters varied not only between each participant but also within each participant's experience. The helping professionals generally felt that clients had considerable power or authority in a case as they could decide whether to engage in services or not. One helping professional highlighted the impact power had on making decisions and that helping professionals often do not have the authority to do so, which can impact a case. The helping professional stated, "I have to wait for somebody else's approval and then probably someone else's approval. And it can't just happen as quick as everybody wants it."

The leaders discussed at length power related to their titles in leadership roles. They reported times when their title influenced a situation. They discussed ways to use that power to advocate for their staff. As one leader said, “unfortunately, if a worker says something and I can back it up, it sometimes means more.”

The leaders also discussed ways to use their power to advocate for clients, seek out resources for them, and provide referrals. One leader shared that she could connect clients to resources that she thinks would be beneficial and meaningful. However, the leader stated that it is ultimately the family that has to follow through with the service.

The leaders also focused on areas in which they do not have power. The leaders discussed times when they or their staff felt powerless, mainly when interacting with external systems. One leader shared how she and staff create plans for and provide services to families involved with child welfare, but ultimately, it is the court system that has the final say in the outcome of the case.

One client participant felt that she could use her voice and advocate for herself. However, she also highlighted times that she worked with professionals external to the partnering agency she perceived as holding power. These professionals, in her perspective, seemed to look down on her. This experience resulted in the client disengaging from services. The client highlighted how the helping professional appeared to not be on the same level as the client, which impacted the therapeutic relationship. The second client participant focused more on his struggles to feel empowered in services when he shared, “I didn't know what advocating for myself was really.”

Thoughts on power. Beyond the personal experiences of power, participants discussed their overall thoughts on power related to trauma-informed practice.

Perspectives on power within trauma-informed practice varied between participants, and, at times, participants shifted their perspectives. One helping professional shared that she did not feel a connection between power and the trauma-informed practice framework. The helping professional stated, “just because you have power doesn't mean you can't be trauma-informed. It's all about how you present your position to the client.”

The participants additionally considered the perception of power in their discourse. The participants discussed how clients might perceive the helping professional or leader as having power, despite whether the helping professional or leader has power. The participants discussed how, despite the helping professional or leader's intentions, this might negatively impact the relationship.

Language of power. Throughout the research process, the participants had divergent language for the term “power.” I discovered that the participants often vacillated between different languages for power, depending on the context or situation they discussed. At times, they discussed situations where they had power in a situation but did not use the word “power” to describe it. One such variance was the identified difference between “power” and “professional influence.” The helping professional participants reported that they often felt that they did not have power but, instead, had influence within their work.

Identified problems. The research project's second objective was to identify issues regarding power in trauma-informed services using critical discourse. The participants discussed these issues in the second and third rounds of research; unfortunately, this indicates that these discussions only included the helping professionals and leaders. As a result, these problem areas are skewed towards staff perspectives. The problem areas

include the perception of power, communication about trauma-informed services, re-traumatization, ignoring client voices, and disempowerment with external systems, as seen in Figure 15.

Figure 16: Video slide focusing on the identification of problem areas.

As mentioned above, the participants concentrated on how the perception of power can impact the delivery and reception of trauma-informed services. As discussed, often, clients perceive a helping professional or leader as having power or control over a situation when, in fact, they do not. This perception can negatively impact the relationship between client, helping professional, and leader.

Additionally, the participants expressed concern about re-traumatizing clients by referring them to mental health services within the agency providing child welfare agency. The participants argued that this could construct a dual relationship between the client and agency - one being more compliance-based through child welfare and the other more therapeutically based through mental health services. The participants wondered what would happen if the court system terminated the client's parental rights. Would they still feel comfortable going to the same agency for mental health services?

Moreover, participants discussed at length the significance of not disregarding and not stifling client perspectives and opinions. This discussion highlighted times when messaging from the agency concentrated solely on positive outcomes. In inviting clients with various agency and system experiences to share their perspectives, the agency would demonstrate a willingness to authentically dialogue and collaborate with clients. Including varied experiences would hopefully lead to methods to improve services and client outcomes.

The participants then reviewed times when their ideas and suggestions, particularly within the court system, may be viewed as "enabling" clients. The participants discussed the need to find a balance between providing accommodations and not making excuses for individuals. The participants also highlighted instances when they were successfully able to advocate for clients within larger systems and, as a result, claim a share of power.

A final area of concern identified within the participant group was the feeling of powerlessness. Both the helping professionals and leaders identified times when they had felt disempowered providing services. Typically, these scenarios involved external systems or stakeholders whom the helping professionals or leaders viewed as holding the ultimate power. The helping professionals and leaders discussed how they worked through these situations to best advocate for their clients or, in some instances, their staff.

Key points. As mentioned above, when discussing my art-making process, I identified seven themes that may further positively impact or improve their experiences. These themes include practicing with compassion, collaboration between clients, helping professionals, and leaders, promoting emotional, mental, and physical safety, being

flexible in practices, fostering a relationship between clients, helping professionals, and leaders, advocating with clients, and authentically listening.

Next Steps. After the third phase of the research project, I reviewed the data once more and distilled down feedback from the participants into established "next steps." These next steps highlighted outcomes that the participants wanted to see in response to the research. Once formed, I reviewed these next steps with the participants. In sharing the next steps with the participants, I provided an opportunity for the participants to provide feedback and, if necessary, note any discrepancies. The next step action items include:

- Increased training and education for internal and external parties, particularly on trauma-informed services
- Increasing the ability and willingness for collaboration between helping professionals, leaders, and clients as well as working to incorporate clients into discussions on services, identifying best matches for providers, treatment planning, amongst others
- Increasing the ability for flexibility, whether this be decreasing rigidity in the timelines for cases, allowing helping professionals and leaders to be creative in their interventions, or being flexible in expectations
- Highlighting the stories of all individuals involved in services, regardless of their experience, and inviting them to share their perspectives with staff

The next steps highlight a crucial piece of the research process in that they serve as action items that can be disseminated and shared. This process also invited the participant into the study as a fact-checker, empowering them to engage in the research process on a

deeper level. I will share these next steps with the partnering agency and encourage their implementation.

Summary

This creative portfolio provided not only a means of dissemination of my research findings but, earlier in its development, a way of making sense of my research. It allowed me to continually reexamine my research process, finding points of relevance, and poignancy. It also allowed the opportunity for the personal to impact the research- it provided a space for my humanness to show up in the research, much the same way my humanness shows up in my clinical work.

In the next chapter, I will share my reflections on my research journey and the future implications of the research. I will share my thoughts on power and its role within the process, discuss the omnipresent fourth component, and provide a call to action for art therapists. Additionally, I will emphasize the challenges I experienced while engaged in the research.

CHAPTER 5: REFLECTIONS AND IMPLICATIONS

From the moment I began observing problems within my clinical practice and systems to the conclusion of data analysis, this research process challenged me in ways I never thought possible. I have learned about my roles as an art therapist, research, academic, and leader. Below I highlight additional thoughts and reflections on the research process. First, I examine the concept of power. Then I highlight the omission of the fourth component, systems, within the research process. I provide an overview of future areas for research and changes I faced in this process. Finally, I highlight my personal transformation through engagement in this project.

Unraveling the Concept of Power

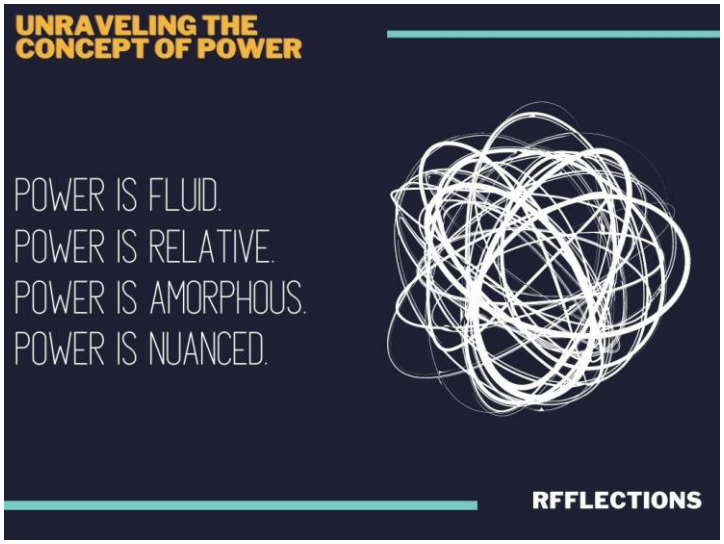

Figure 17: Slide on unraveling the concept of power.

When listening to, transcribing, editing, and analyzing the pilot research study's recorded interviews, I quickly realized I would not discover simple answers regarding power dynamics in trauma-informed practice. Upon reflecting on these findings, I realized that my naivety resulted from my reduction of power into a flat, two-dimensional concept. Instead, I began to see power for what it is: a tangled web of complex and

ambiguous concepts. I discovered that power is relative to each individual and situation. Power is amorphous in that it is an abstract social construct lacking a consistent definition. Power is fluid in that it evolves over time and responds to social cues, events, and situations. Power is nuanced, multi-faceted, and complicated.

When I began this research, I saw power as a one-dimensional continuum- an individual's level of power resulted from their location on the continuum. I had a "flat" view of power in that I saw it purely in the context of "power over." However, I now see power as far more nuanced than that. Power is multi-dimensional and flexible. Power can also be liberating.

The Exhibition of Power Dynamics in the Research

While discussing the power dynamics present in trauma-informed practice, these same dynamics played out within the research process itself. The research saw limited client engagement, potentially representing their feelings of powerlessness within the overall process. Additionally, the research witnessed the helping professionals and leaders identify solutions to identified problems, despite the clients not being physically present in the space. They discussed working to hear the clients authentically, but the clients were notably absent from the discussion. Even the difficulty in recruiting participants could indicate a cautiousness to engage in research discussing power as it requires vulnerability, honesty, and potentially admission of holding power over. Finally, clients may have also not wanted to participate due to concerns over not feeling heard.

Power as Liberation

Despite the research focusing on oppressive power or power over, I realized upon its conclusion that power can also be liberating. The research created a space for the

participants to claim a stake of power and share their authentic perspectives, enacting change. It aimed for the participants to see the power within themselves as agents of change and movement.

This research process also allowed me to own my power and reclaim my sense of identity as an art therapist. I began to be re-engaged with the art making process, which I had lost in bits and pieces throughout my career. I experienced firsthand the power that art had for sensemaking and understanding. I began to re-imagine my clinical work creatively, working to bring arts-based components into my everyday work.

The Omnipresent Fourth Component

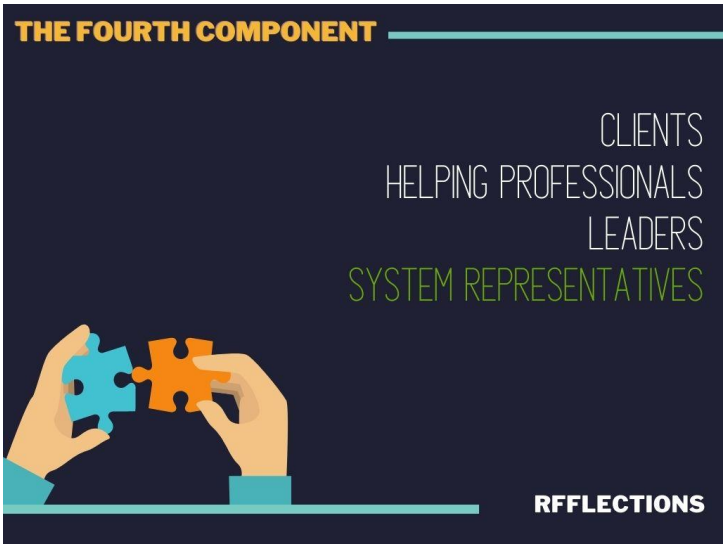

Figure 18: Video slide highlighting the fourth component.

Upon completing my data analysis, I recognized that my research process omitted a fourth component: system representatives. Frequently in the research, the participants, including the leaders, discussed times when they experienced feelings of powerlessness. They then cited external sources, such as court systems or legal parties, as holding significantly more power than them. Based on the research, it is clear that these systems

play a significant role within the power dynamics in TIP. However, these systems were physically missing from the research discussions.

However, despite representatives from these systems being absent from the research, the presence of these systems was still felt by the participants in the study. This presence was evidenced by the frequent referencing of these systems throughout the research. In this way, the systems represented an omnipresent source of power and, as a result, were represented.

I would be interested in the impact physically bringing system representatives, such as judges, police officers, school administrators, or prosecutors, would have upon the research. Would it foster a rich collaborative dialogue that would highlight all levels of power? Would it foster efforts to repair relationships between systems, agencies, and clients? Or would it limit the authenticity of the dialogue and hinder honest opinions? As the locus of power kept moving from client to helping professional to leader to an external system, where would it next land? I question if the system representatives would report feelings of powerlessness and relegate the locus of power to another external force, such as the government or political leaders. This process then begs the question: where does this pushing off of power end, and do we, as a helping organization, need to take accountability for the power we *do* have?

Future Areas of Study

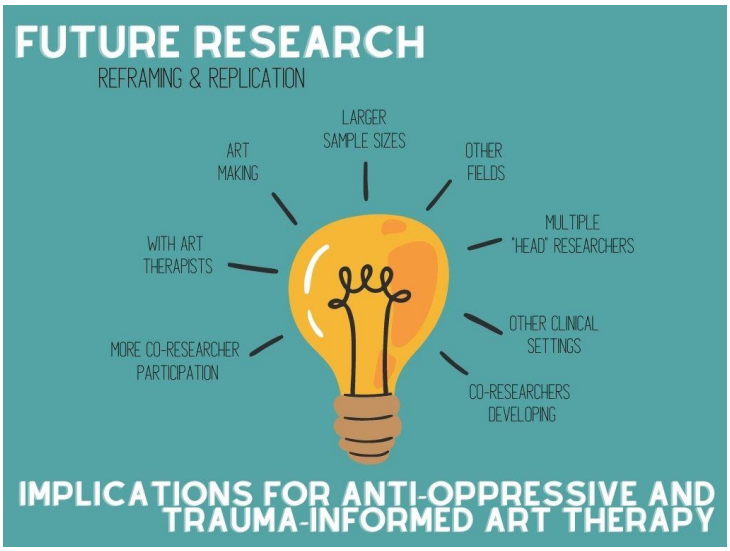

Figure 19: Video slide focusing on areas of future research.

In thinking about the "fourth component," I begin to wonder what future research projects might contain. This research project served as a small-scale pilot study that presents an opportunity for development and expansion. In looking to future research, I would prioritize the inclusion of art therapists in the research project. Unfortunately, due to difficulties in recruitment, this was not an option for this particular study. I also believe that incorporating artwork into the research process could be transformative.

I also would like to more fully engage the participants as co-researchers in line with participatory action research. In wrestling with my understanding of the research, my participant engagement suffered. I also felt guilt and worry about over-burdening my participants. It would also be interesting to have the co-researchers help develop a study or serve as "head" researchers.

Finally, I think replicating this study in other clinical settings, such as inpatient mental health, would reveal different findings. This study could be replicated outside of psychology and beneficial in police work, justice systems, or political arenas. This study could help promote critical reflection and dialogue in areas where it is most needed.

Challenges

I found this research journey to be incredibly challenging. For months, I thought critically about my research topic, attempting to figure out what I wanted to know. For many more months, I contemplated my research design. I would then circle back to the original questioning of my research topic. Even after implementing my research design, I engaged in an endless loop of "what am I looking for?" and, subsequently, "so what?". Articulating this process and my findings was tiresome and extraordinarily challenging.

I see these challenges as a direct result of my research topic's complex and intricate nature. As I have discussed and revealed in the research study, power is a complicated and nuanced issue. It is difficult to define, and it was ambitious to try to understand. However, I still think grappling with it is necessary. Though abstract, amorphous, and always evolving, engaging in "naming" power helps increase its visibility. By doing so, I fostered critical consciousness within myself and my research participants to "name" power themselves with what words they thought appropriate.

Personal Implications

Over the four years that I conceptualized and engaged in this research, my perspectives as an anti-oppressive and trauma-informed clinician have been both challenged and validated. I engaged in critical reflection and examined my biases, beliefs, and attitudes. I explored my identity in the context of this research and the context of my clients. In retrospect, I can identify times, both early in my career and more recently, when I held on to biased notions or preconceptions regarding clients and clinical practice. I can also pinpoint moments when I operated out of a neocolonial, White savior framework. Even within the research process, I see several times when the research

became more about my intentions and less about the clients my work serves. These identifications serve as a piece of critical reflection and have forced me to adjust and shift the way I think, practice, and act.

My research process also provided fodder for additional initiatives within my professional and personal lives. This process greatly informed my clinical abilities as I have increasingly adopted a critical lens in my clinical work. The findings influenced how I engage with clients and my ability to see them within their contexts. This research journey forced me to become comfortable asking difficult questions. I intentionally problematized a framework, trauma-informed practice, that I respect and admire. I always viewed TIP as being an infallible gold standard of practice. While still revolutionary and an excellent framework within art therapy, I now understand areas requiring further development.

I have also developed a feeling of ownership and, as a result, confidence in my work. Professionally, I took on new clinical roles and initiatives. In my role as an educator, I began teaching new classes, developing new course material, and collaborating with other educators in the classroom setting.

Personally, it encouraged me to gain a better understanding of my genealogical background and identity. I now know who I am in the context of my lineage and ancestry. I can connect on a deeper level to those who came before me and paved the way for me to be at this station in life. Additionally, I can continue to reflect on my background's role on the level of power and privilege I hold.

My research also encouraged me to become involved in local and national advocacy groups, attend training, and engage in new initiatives. I engaged in and began

organizing for these advocacy groups. I educated myself on local sociocultural dynamics and worked to be a better resident of my community. In recent months, in the rise of the Black Lives Matter movement in mainstream society, I reflected on my role as a new parent and committed to applying my anti-oppressive and trauma-informed framework to motherhood.

In the next section, I highlight a call to action for art therapists, incorporating much of what I learned in this research process. The call invites art therapists to learn and apply anti-oppressive and trauma-informed practices within their practice. It encourages collaboration with clients and stakeholders, knowledge of power and privilege, prioritizing safety, highlighting advocacy with and not for, and, finally, engaging in self and system reflexivity.

Calling in Art Therapists

Being in a therapeutic relationship with another human being is an incredible privilege that carries significant responsibility. It requires that the art therapist be vulnerable, transparent, and compassionate. I want this work to serve as a call to action for art therapists and other human service professionals to take their role as clinicians and change agents seriously. Below I outline recommendations for all engage in human service work, highlighting an integrated anti-oppressive and trauma-informed approach.

Collaborative Dialogue

An overarching recommendation that I have for art therapists and other human service providers, based upon my research findings and the research journey, is to engage in collaborative dialogue. Collaborative dialogue allows for cooperatively identifying issues, troubleshooting problems, and developing new initiatives. A challenging and

vulnerable process, collaborative dialogue, specifically on issues related to power and privilege, is incredibly critical.

Acknowledge Power and Privilege

Discussions on power and privilege can and should occur within the therapeutic relationship. Mayor (2012) asserts that the discussion of privilege, specifically racial privilege, does not occur frequently enough in the therapeutic relationship. Potash (2019) contends the importance of engaging in these discussions to promote therapeutic growth. Potash writes, "such discussions are necessary for developing a therapeutic alliance and being honest about the impact of discrimination on client welfare, opportunity and choices" (p. 207).

Additionally, White clinicians must initiate the dialogue about oppression and privilege since the societal expectation is generally that non-White individuals are responsible for this discourse (Mayor, 2012). The clinician must acknowledge differences in power within the therapeutic setting or risk not adequately serving the client. In acknowledging power differences, the therapist and the client can discuss the construct of race and its impact on the client and society.

A level of self-disclosure regarding identity is not only appropriate but needed. Art therapists should work to be comfortable with being vulnerable. Dee Watts-Jones (2010) asserted that it could be beneficial for the clinician to disclose information about their social position, such as race, ethnicity, gender, class, sexual orientation, or religion, to discuss how the clinician's privilege might impact the therapeutic relationship. When clinicians ignore the differences in "lived experiences" between themselves and their impoverished clients, there "is a greater likelihood of misunderstanding and

disconnection" (Appio, Chambers, & Mao, 2012). To better understand clients who have experienced oppression, therapists need to listen and be present with the clients authentically, ensure that they treat clients as the experts in their own experience, and advocate with them (Appio et al., 2012).

Self and System Reflexivity

Additionally, art therapists need to engage in continual self-reflexive practices to build and maintain critical consciousness. However, art therapists need to ensure that this reflexivity is not performative. It is relatively easy to hide behind the screen in the digital age and "say" one engages in authentic self-reflexive practice. Art therapists need to be reflexive, not as an act of show or a way to recruit clients but to understand themselves genuinely.

This reflexivity should also extend to the systems and organizations the art therapists represent. Additionally, the reflexivity should not be limited solely to the art therapists. Trauma-informed organizations need to engage in organizational reflexivity and reflect on what they represent to their clients. Trauma-informed organizations need to prioritize this reflexive process to avoid re-traumatizing clients. Additionally, in engaging in the reflexive practice, the organization would model and promote critical self-reflection to staff.

Prioritizing Safety

Art therapists must prioritize creating safe spaces for their clients, physically, emotionally, and mentally. Art therapists should be aware of what their physical location represents to a client. In what neighborhood is it located? Do the clients have to travel far to get there? What else does the building house? Art therapists also need to work towards

emotional and mental safety for the client by authentically listening to the client, learning their story, and avoiding practices that risk re-traumatizing the client.

The art therapist must be critically aware of the language that they use oppressive language and how this could potentially oppress or traumatize an individual, even if unintentional. Suppose the art therapist inadvertently engages in these behaviors; in that case, they must acknowledge that the behaviors took place and collaborate with the client to discuss ways to repair any damage done to the therapeutic relationship.

On this same token, art therapists need to listen to their clients authentically. They need to be receptive when clients provide feedback, even if it is uncomfortable. White art therapists should not be offended if a client of color does not want to work with them. Moreover, White art therapists should promote their colleagues of color and diversify their referral network to include clinicians of color.

Advocating *with* and not *for*.

Art therapists also need to be mindful of advocating *with* and not *for* clients. Though this may seem semantic, art therapists need to be aware of not overpowering their clients or assuming their clients have the same goals as art therapists. “Advocating for” puts the art therapist in a position of power over the client. Art therapists need to remember that they are not a voice for the voiceless- all clients have voices. It is critical to remember that some voices might not be heard or acknowledged by systems of power.

Challenging the Status Quo

Finally, art therapists should be open to challenging the status quo and critically reflecting on issues that they discover. Art therapists should not accept practice at face value. Challenging the status quo does not require the art therapist to become hostile or

aggressive; instead, it requires dialogue with those in power to encourage reflection and growth. Art therapists should "re-politicize" issues they see within the therapeutic space and work to understand the context out of which their clients operate (Baines, 2011).

Generalizing to Other Areas

These calls to action do not just apply to art therapists working in clinical settings. These skills can be generalized within and outside of the field of art therapy. I would challenge educators, legal parties, judges, case managers, police officers, and politicians to take up these calls to action and incorporate these practices into their work. In our current sociopolitical climate, engaging in anti-oppressive practice should be a top priority for all involved in human-facing professions.

Concluding Statement

This essay and creative portfolio provided an overview of an action inquiry examining my research process from 2016 to 2020. In it, I highlighted the observations I made while engaged as an art therapist and what I discovered in my work with clients. I discussed my process in identifying a problem in my work- inequitable power dynamics between clients, helping professionals, and leaders within a trauma-informed practice. I then illustrated the reflexive and reflective processes I engaged in making sense of this problem. I situated the issue within the literature and in relationship with my identity. I discussed the development of the formal research framework and the implementation of that research process. Finally, I discussed my findings, reflected on the process, and proposed a call to action for art therapists.

Within our current sociopolitical climate, this research is especially timely. Engaging in reflexive practice and collaborative dialogue regarding power and oppression could foster significant societal change. In understanding our perspectives, we

can better understand the perspectives of those being served. Additionally, when we take the time to listen to those from different backgrounds and experiences, we gain new perspectives and understandings. This practice provides an opportunity for individuals to challenge their own internalized worldviews and concepts.

This research process does not end with the submission of this essay. It will continue with the sustained dissemination of the research results. The results will be shared with the partnering agency and hopefully incorporated into the agency's work. Additionally, the research process lives on within each of the participants as well as myself. I hope this research sparked a feeling of power within them and a craving to engage in further critical discussions with others.

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Appendix A

INFORMED CONSENT DOCUMENT

The School of Natural and Health Sciences at Mount Mary University wants to make sure that people participating in research are protected. You can choose if you want to participate in this research project. If you join, you can leave the project at any time. If you leave the project, you will not be disciplined. If you decide not to join, you will also not be disciplined.

You are being asked to participate in research looking at relationships in trauma informed services. This research is in three parts. The first part includes videotaped interviews. The second part includes meeting with the researcher. The last part includes a large group discussion with all participants. As a participant, you are encouraged to give your ideas and ask questions.

Personal risks include being reminded of trauma. If you are reminded of a trauma, you may feel uncomfortable. You may also feel uncomfortable if you hear another individual talking about a trauma. If you feel uncomfortable during the project, you can choose to take a break, ask to start over, or leave the project. You will be given the telephone number of an available therapist in case you need immediate help as a result of your participation.

Participation in this research allows you a chance to share your ideas regarding trauma informed services and advocate for improved services. Benefits from this research may include increased communication and awareness of relationships in trauma informed services as well as overall improved trauma informed services provided to clients.

If you share information about abuse against a child in your care, the researcher is required to report this by law to the state in which it occurred. You will be notified if this occurs. If you make a threat to yourself or others, the researcher may be required to report this by law.

After this project ends, the videos will be shared with other agencies to encourage discussion about care in their organizations. Viewers may be able to identify you as someone who has experienced trauma and/or mental health diagnoses and received services through a social service agency.

Your identity will not be private in this project; however, the researcher will not share any specific information that you do not want her to share. You will view and approve all information included in the film and report. Unedited video recordings will be kept for one year on a computer with a password and on a protected cloud database. After that year, the unedited recordings will be erased. The final film will be kept on a computer with a password and only given out with the permission of the researcher. Any information you wish to not have in the report or film will not be included.

If you have any questions or concerns you may contact me, Melanie Heindl, at [redacted]. You can also contact my advisor Emily Nolan at [redacted].

If you sign this form, it means that you are agreeing to be included in this research. If you have any questions regarding your rights as a participant in this research, please contact the Mount Mary University IRB Chair, Dr. Tammy Scheidegger at [redacted].

"I have read this information and state that this project has been explained to me, including any possible risks or benefits. I have been given a chance to ask any questions I had about the procedures and possible risks involved. I understand the potential risks involved. I report that I am enrolling in this project voluntarily. I understand that I can leave the study at any time without being disciplined."

_____ _____

Participant Date

Appendix B

Interview Guide for Clients

Thank you again for your willingness to engage in this study! Please see the following instructions below regarding your interview of one another.

Instructions:

1. Please be sure to turn the recorder to "on"
2. Complete a test recording
    a. Hit "Record"
    b. It will say "Please Wait" until it begins recording
    c. Say something brief into the recorder
    d. Hit "Record" again
    e. Hit "Play" to ensure that the audio recorder is working
    f. After confirming, press the trash can icon at the bottom of the recorder
    g. Hit "Delete" to delete the test recording. Hit "Menu" to select "delete." Confirm delete by selecting "Yes" using the "Fast Forward" or "Rewind" buttons. Confirm "Yes" by using the menu key.
3. It may be helpful to have a backup recorder through a smartphone just in case.
4. Identify one person to be "interviewer A" and one person to be "interviewer B". I ***do not*** need to know which of you takes "A" and which of you takes "B."
5. You will be taking turns interviewing one another. "A" will ask each question of "B". Complete all questions before "B" begins interviewing "A". **Feel free to take notes as desired but it is not necessary!**
6. Once you are ready to begin, hit "Record." Make sure it is recording before beginning the interview.
    a. "Interviewer A" asks questions of "B"
    b. Once "A" is finished, "Interviewer B" asks questions of "A"
    c. Once both interviews are complete, finish up with any thoughts regarding trauma-informed care and services!
7. Hit "Record" to stop recording.
8. Contact Melanie to pick up the recording device and any notes taken.
9. Melanie will then reach out for next steps.

Side Notes:

- Feel free to add any other questions or relevant information in that might be helpful or pertinent. These questions may not cover your entire experience providing trauma-informed care!
- It may be helpful to have a backup recorder through a smartphone just in case.
- There is a manual and power cord in the box in case it is needed.

Interview Questions

Interviewer A" asking questions, "B" responding

1. Can you define trauma-informed care services?

2. What was your experience with the agency?

3. Tell me about your experience receiving trauma-informed care services.

4. How long did you receive these services?

5. What are your feelings regarding your experience receiving trauma-informed services?

6. How do you think clients would define trauma informed services?

7. How do you think other helping professionals would define trauma informed services?

8. If you could change anything about the services you received in the past, what would it be?

9. What are things that the agency does well in terms of trauma informed services?

10. What are areas the agency could improve upon in terms of trauma informed services?

11. Tell me about a time- if any- when you shared your perspective on services provided or how services are provided with your worker, therapist, administration?

12. Tell me about a time you felt "heard" or "listened to" when talking about services with your worker, therapist, administration?

13. Tell me about a time when you felt empowered to talk with your worker, therapist, administration to advocate for a change in how the agency provides services. How was that received by your worker, therapist, administration?

14. Do you feel like you could advocate for yourself when in services?

15. Do you feel like you do not have enough power in services? Like you couldn't make your own decisions, had little input, etc.

16. If you feel like you do not have enough power in services, who do you feel holds the power?

17. Do you feel like you hold equal power to the worker/therapist/administration in services?

Interviewer "B" asking questions, "A" responding

18. Can you define trauma-informed care services?

19. What was your experience with the agency?

20. Tell me about your experience receiving trauma-informed care services.

21. How long did you receive these services?

22. What are your feelings regarding your experience receiving trauma-informed services?

23. How do you think clients would define trauma informed services?

24. How do you think other helping professionals would define trauma informed services?

25. If you could change anything about the services you received in the past, what would it be?

26. What are things that the agency does well in terms of trauma informed services?

27. What are areas the agency could improve upon in terms of trauma informed services?

28. Tell me about a time- if any- when you shared your perspective on services provided or how services are provided with your worker, therapist, administration?

29. Tell me about a time you felt "heard" or "listened to" when talking about services with your worker, therapist, administration?

30. Tell me about a time when you felt empowered to talk with your worker, therapist, administration to advocate for a change in how the agency provides services. How was that received by your worker, therapist, administration?

31. Do you feel like you could advocate for yourself when in services?

32. Do you feel like you do not have enough power in services? Like you couldn't make your own decisions, had little input, etc.

33. If you feel like you do not have enough power in services, who do you feel holds the power?

34. Do you feel like you hold equal power to the worker/therapist/administration in services?

Appendix C

Interview Guide for Staff

Thank you again for your willingness to engage in this study! Please see the following instructions below regarding your interview of one another.

Instructions:

10. Please be sure to turn the recorder to "on"

11. Complete a test recording

    a. Hit "Record"
    b. It will say "Please Wait" until it begins recording
    c. Say something brief into the recorder
    d. Hit "Record" again
    e. Hit "Play" to ensure that the audio recorder is working
    f. After confirming, press the trash can icon at the bottom of the recorder
    g. Hit "Delete" to delete the test recording. Hit "Menu" to select "delete." Confirm delete by selecting "Yes" using the "Fast Forward" or "Rewind" buttons. Confirm "Yes" by using the menu key.

12. It may be helpful to have a backup recorder through a smartphone just in case.

13. Identify one person to be "interviewer A" and one person to be "interviewer B". I ***do not*** need to know which of you takes "A" and which of you takes "B."

14. You will be taking turns interviewing one another. "A" will ask each question of "B". Complete all questions before "B" begins interviewing "A". **Feel free to take notes as desired but it is not necessary!**

15. Once you are ready to begin, hit "Record." Make sure it is recording before beginning the interview.

    a. "Interviewer A" asks questions of "B"
    b. Once "A" is finished, "Interviewer B" asks questions of "A"
    c. Once both interviews are complete, finish up with any thoughts regarding trauma-informed care and services!

16. Hit "Record" to stop recording.

17. Contact Melanie to pick up the recording device and any notes taken.

18. Melanie will then reach out for next steps.

Side Notes:

- Feel free to add any other questions or relevant information in that might be helpful or pertinent. These questions may not cover your entire experience providing trauma-informed care!
- It may be helpful to have a backup recorder through a smartphone just in case.
- There is a manual and power cord in the box in case it is needed.

Interview Questions

Interviewer A" asking questions, "B" responding

1. Tell me about your experience providing trauma-informed care services.

2. How long have you been in your current role? Any previous roles providing trauma-informed services?

3. What are your feelings regarding your experience providing trauma-informed services?

4. Imagine you are meeting someone who does not know what trauma-informed services are. How would you define trauma informed services?

5. How do you think clients would define trauma informed services?

6. How do you think other helping professionals would define trauma informed services?

7. If you could change anything about the services you provide or have provided in the past, what would it be?

8. What do you think the clients' experiences are with this agency?

9. What are things that the agency does well in terms of trauma informed services?

10. What are areas the agency could improve upon in terms of trauma informed services?

11. Tell me about a time- if any- when you shared your perspective on services provided or how services are provided with administration (your supervisor or above).

12. Tell me about a time you felt "heard" or "listened to" when talking about services with an administrator (your supervisor or above).

13. Tell me about a time when you felt empowered to talk with administration to advocate for a change in how the agency provides services. How was that received by administration (your supervisor or above)?

14. Tell me about a time when you received a request from a client that services being provided shift or change in some way. How was that received?

15. Do you feel like you have too much power working with clients to provide true trauma-informed services?
    a. For example, you have significantly more power than clients or other stakeholders to make decisions that may impact the clients or affect outcomes of a case.

16. Do you feel like you do not have enough power working with clients to provide true trauma-informed services?
    a. For example, you feel like you have limited power to make any decisions with or for the client. You feel like another entity holds more power than you to make decisions in working with clients.

17. If you feel like you do not have enough power working with clients providing trauma-informed services, who do you feel holds the power?

18. Do you feel like you hold equal power to the client in the outcome of a case or in making decisions regarding the case?

19. Do you feel like you hold equal power to administration in the outcome of a case or in making decisions regarding the case?

Interview Questions

"Interviewer B" asking questions, "A" responding

1. Tell me about your experience providing trauma-informed care services and working for an agency that provides trauma-informed care services.

2. How long have you been in your current role? Any previous roles providing trauma-informed services?

3. What are your feelings regarding your experience providing trauma-informed services?

4. Imagine you are meeting someone who does not know what trauma-informed services are. How would you define trauma informed services?

5. How do you think clients would define trauma informed services?

6. How do you think other helping professionals would define trauma informed services?

7. If you could change anything about the services you provide or have provided in the past, what would it be?

8. What do you think the clients' experiences are with this agency?

9. What are things that the agency does well in terms of trauma informed services?

10. What are areas the agency could improve upon in terms of trauma informed services?

11. Tell me about a time- if any- when you shared your perspective on services provided or how services are provided with administration (your supervisor or above).

12. Tell me about a time you felt "heard" or "listened to" when talking about services with an administrator (your supervisor or above).

13. Tell me about a time when you felt empowered to talk with administration to advocate for a change in how the agency provides services. How was that received by administration (your supervisor or above)?

14. Tell me about a time when you received a request from a client that services being provided shift or change in some way. How was that received?

15. Do you feel like you have too much power working with clients to provide true trauma-informed services?
    a. For example, you have significantly more power than clients or other stakeholders to make decisions that may impact the clients or affect outcomes of a case.

16. Do you feel like you do not have enough power working with clients to provide true trauma-informed services?
    a. For example, you feel like you have limited power to make any decisions with or for the client. You feel like another entity holds more power than you to make decisions in working with clients.

17. If you feel like you do not have enough power working with clients providing trauma-informed services, who do you feel holds the power?

18. Do you feel like you hold equal power to the client in the outcome of a case or in making decisions regarding the case?

19. Do you feel like you hold equal power to administration in the outcome of a case or in making decisions regarding the case?

Appendix D

Interview Guide for Supervisors

Thank you again for your willingness to engage in this study! Please see the following instructions below regarding your interview of one another.

Instructions:

19. Please be sure to turn the recorder to "on"

20. Complete a test recording

    a. Hit "Record"
    b. It will say "Please Wait" until it begins recording
    c. Say something brief into the recorder
    d. Hit "Record" again
    e. Hit "Play" to ensure that the audio recorder is working
    f. After confirming, press the trash can icon at the bottom of the recorder
    g. Hit "Delete" to delete the test recording. Hit "Menu" to select "delete." Confirm delete by selecting "Yes" using the "Fast Forward" or "Rewind" buttons. Confirm "Yes" by using the menu key.

21. It may be helpful to have a backup recorder through a smartphone just in case.

22. Identify one person to be "interviewer A" and one person to be "interviewer B". I ***do not*** need to know which of you takes "A" and which of you takes "B."

23. You will be taking turns interviewing one another. "A" will ask each question of "B". Complete all questions before "B" begins interviewing "A". **Feel free to take notes as desired but it is not necessary!**

24. Once you are ready to begin, hit "Record." Make sure it is recording before beginning the interview.

    a. "Interviewer A" asks questions of "B"
    b. Once "A" is finished, "Interviewer B" asks questions of "A"
    c. Once both interviews are complete, finish up with any thoughts regarding trauma-informed care and services!

25. Hit "Record" to stop recording.

26. Contact Melanie to pick up the recording device and any notes taken.

27. Melanie will then reach out for next steps.

Side Notes:

- Feel free to add any other questions or relevant information in that might be helpful or pertinent. These questions may not cover your entire experience providing trauma-informed care!
- It may be helpful to have a backup recorder through a smartphone just in case.
- There is a manual and power cord in the box in case it is needed.

Interview Questions

Interviewer A" asking questions, "B" responding

1. Tell me about being a supervisor at a trauma-informed agency. What do you enjoy the most? Enjoy the least?

2. How long have you been in this role?

3. What are your feelings regarding your experience supervising in a TIC agency?

4. Imagine you are meeting someone who does not know what trauma-informed services are. How would you define trauma-informed services?

5. How do you think clients would define trauma-informed services?

6. How do you think helping professionals would define trauma-informed services?

7. If you could change anything about the services you provide, what would it be?

8. What do you think the clients' experiences are with this agency?

9. What do you think the helping professionals' experiences are in delivering services for this agency?

10. If you could change anything about the services your department provides or has provided, what would it be?

11. What do you think the clients' experiences are with this agency?

12. What are some things the agency does well in terms of trauma-informed services?

13. Are there any areas you hope the agency continues to grow in regards to trauma-informed services?

14. Tell me about a time you felt that you were able to really listen to a need of a helping professional. Were you able to meet that night/advocate for the helping professional?

15. Tell me about a time you felt that you were able to really listen to a need of a client. Were you able to meet that night/advocate for the client?

16. Tell me about a time when you received a request from a helping professional that a change be made in a process or services. How was that received?

17. How do you feel power influences your role as a supervisor facilitating trauma-informed services?

18. Do you feel like you do not have enough power working with clients to provide true trauma-informed services?
    a. For example, you feel like you have limited power to make any decisions with or for the client. You feel like another entity holds more power than you to make decisions in working with clients, such as court systems, judges, police, etc.

19. Do you feel like you have staff have too much power to provide true trauma-informed services?
    a. For example, you feel as though agency staff have significantly more power than clients or other stakeholders to make decisions that may impact the clients or affect outcomes of a case.

20. If you feel like you do not have enough power working with clients providing trauma-informed services, who do you feel holds the power?

Interview Questions

"Interviewer B" asking questions, "A" responding

21. Tell me about being a supervisor at a trauma-informed agency. What do you enjoy the most? Enjoy the least?

22. How long have you been in this role?

23. What are your feelings regarding your experience supervising in a TIC agency?

24. Imagine you are meeting someone who does not know what trauma-informed services are. How would you define trauma-informed services?

25. How do you think clients would define trauma-informed services?

26. How do you think helping professionals would define trauma-informed services?

27. If you could change anything about the services you provide, what would it be?

28. What do you think the clients' experiences are with this agency?

29. What do you think the helping professionals' experiences are in delivering services for this agency?

30. If you could change anything about the services your department provides or has provided, what would it be?

31. What do you think the clients' experiences are with this agency?

32. What are some things the agency does well in terms of trauma-informed services?

33. Are there any areas you hope the agency continues to grow in regards to trauma-informed services?

34. Tell me about a time you felt that you were able to really listen to a need of a helping professional. Were you able to meet that night/advocate for the helping professional?

35. Tell me about a time you felt that you were able to really listen to a need of a client. Were you able to meet that night/advocate for the client?

36. Tell me about a time when you received a request from a helping professional that a change be made in a process or services. How was that received?

37. How do you feel power influences your role as a supervisor facilitating trauma-informed services?

38. Do you feel like you do not have enough power working with clients to provide true trauma-informed services?
    a. For example, you feel like you have limited power to make any decisions with or for the client. You feel like another entity holds more power than you to make decisions in working with clients, such as court systems, judges, police, etc.

39. Do you feel like you have staff have too much power to provide true trauma-informed services?
    b. For example, you feel as though agency staff have significantly more power than clients or other stakeholders to make decisions that may impact the clients or affect outcomes of a case.

40. If you feel like you do not have enough power working with clients providing trauma-informed services, who do you feel holds the power?