Identifying Signature Pedagogies for Art Therapy Education: A Delphi Study

by

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Identifying Signature Pedagogies for Art Therapy Education: A Delphi Study

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Abstract

The purpose of this study was to identify signature pedagogies for art therapy graduate education. A Delphi study of *N=18* art therapy educators from the United States, the United Kingdom, Australia, and Asia yielded consensus on three teaching methods that panelists endorsed as unique or essential to the education of art therapists: (a) experiential teaching and learning using art materials, (b) practicum/internship placements, and (c) art-based experiential learning. Qualitative data and consensus findings provided evidence that art therapy educators draw from a common language in describing the methods they use to teach students how to think, practice, and develop the ethics and values to be art therapists. The results also substantiate the claim that art therapy is an integrated profession with teaching methods that differentiate it from related disciplines.

Keywords: signature pedagogies, Scholarship of Teaching and Learning (SoTL), art therapy education, pedagogy, Delphi study.

Dedication and Acknowledgements

I dedicate this dissertation to my parents, Judy and Tom Hogan, and my grandparents, Lorraine and Frank Berg, who each in their own way modeled a value for education and life-long learning. When the writing was most difficult, my mom reminded me that my father would have been "so proud" of me for getting a doctorate degree.

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CHAPTER 1: INTRODUCTION

Problem Statement

For decades, art therapy educators have been focused on determining the content and skills that comprise art therapy education and why they are important to educating future art therapists. However, the equally important question of *how* content and skills are being delivered to students seldom appears in the art therapy literature. Currently, art therapy education is at a critical juncture in its development due to shifts in accreditation and licensing for art therapists and dual-degree art therapists/counselors on both national and state levels. Demands for evidence-based practice in mental healthcare and accountability for student outcomes challenge art therapy training programs to take a broader look at how best prepare art therapy students for 21st century practice. These pressures create immediate needs for thorough study of what constitutes effective art therapy training and how students can translate theory to practice.

The American Art Therapy Association's (AATA) affiliation with the Commission on Accreditation of Allied Health Education Programs (CAAHEP) provides an opportunity for AATA to revise and update educational standards for art therapy training programs. Programs must address foundational and current practice needs and deliver professional competencies as learning outcomes. However, the process by which this learning is transferred into actual practice, as well as underlying assumptions about art therapy education, remain largely unidentified. Therefore, the discourse on foundational pedagogy that underlies curricular decision-making needs research and development.

Background and Significance of the Problem

Since its inception, art therapy education has been at several developmental crossroads. One predominant historical example has to do with how the field has defined its scope. Art therapy has been defined as a profession on one hand and as an idea or modality (i.e. adjunctive to other forms of therapy) on the other (Malchiodi, 2007; Rubin, 2010). This lack of consensus has created identity confusion among art therapists, particularly new professionals just entering the field. It has also created confusion with the public, potential employers of art therapists, professionals in related disciplines, and governmental agencies that create occupational definitions and regulations. How the field is defined greatly influences the development of uniform training and practice standards. Art therapy educators are at the center of these issues due to their critical role in preparing students for practice and socializing them to the profession.

Dual degree art therapy programs (i.e., programs that prepare student in two professions, such as art therapy and professional counseling) have further challenged the perception of art therapy as a profession with discipline-specific education and training. Dual programs arose because art therapy has been regulated in only a handful of states, thus requiring art therapists to train as counselors in order to obtain a professional license. This both-and approach has been embraced by some in the profession and avoided by others. Yet it continues to be a necessity for art therapists to be employed in states that do not license art therapists.

In conjunction with this issue, the counseling profession—to which art therapist licensure has been tied—is undergoing its own process to strengthen counselor identity as separate and distinct from the related fields it once embraced (Urofsky, 2013). This increased differentiation has exerted a significant impact on art therapists who also want to be licensed as counselors, as

well as on the dual-degree education programs. AATA's decision to align accreditation with CAAHEP, which accredits various allied health professions and related professions, rather than the more limiting Council for Accreditation of Counseling and Related Educational Programs, represents an important step in claiming art therapy as a profession rather than a subset of counseling.

An important next step in this development will be to further differentiate art therapy from other professions by identifying the teaching methods and philosophy that are unique to educating art therapists. This information will support curriculum decisions being made and identify the competencies required as outcomes of student learning. Defining the signature teaching methods used in art therapy education will also strengthen art therapist professional identity and help educators examine if these methods are still relevant to prepare students for the needs of current practice.

Conceptual/Theoretical Framework

In this dissertation I will be using the conceptual framework of *signature pedagogies* to examine the teaching methods and philosophy unique to educating art therapists. This construct was initially developed by The Carnegie Foundation for the Advancement of Teaching in their research to identify the pedagogies that mark and differentiate the discipline-specific education of doctors, lawyers, and engineers (Shulman, 2005b). Building on this foundational research, many other professions have studied their signature pedagogies, including those with similarities to art therapy such as clinical mental health counseling, art and design, social work, occupational therapy, and nursing.

The study of signature pedagogies helps educators to identify and examine the teaching methods they use to translate theory into practice and to socialize students into their new profession. A further differentiation can be made between pedagogy that is ubiquitous across disciplines (e.g., classroom lecture or discussion) from pedagogy that is specific to a particular discipline (e.g., critique in the fine arts or casework in the legal profession). Because pedagogy and practice are closely linked, understanding signature ways of teaching also helps a discipline make explicit the thinking, practices, values, and ethics that underlie the philosophy of the profession itself. Hence, identifying signature pedagogies can capture information on the tacit assumptions about professional identity and how that is developed through the education of future practitioners. For a relatively new profession like art therapy that has had to constantly position and re-position itself in a changing healthcare and regulatory system, a differentiating focus on pedagogy may help to identity common ground, create cohesion in theory and practice, and reveal educational goals and aims for the profession as well as its deepest beliefs and practices.

The purpose of my study was to identify signature pedagogies of art therapy education. Three dimensions of signature pedagogies were examined: methods that educators use beyond general principles of good teaching to teach graduate students (a) how to think like art therapists, (b) how to practice like art therapists, and (c) and how to act within the ethics and values that guide them in being a professional art therapist. The term *pedagogy* in this context refers to both teaching methods and foundational teaching philosophy.

In the following chapters I will first situate my study in the larger contexts of the literature, beginning with the history of art therapy education and extending to the present day scholarship on art therapy education, followed by the theoretical framework of signature

pedagogies, and concluding with an examination of art therapy as a profession and art therapist professional identity. The methods chapter describes the Delphi study design and its methodology applied to my study. I present my results in Chapter 4, and conclude with a discussion of the results in Chapter 5.

CHAPTER 2: REVIEW OF THE LITERATURE

My study aimed to identify the signature pedagogies for art therapy that uniquely contribute to the education of art therapists as distinct from other mental health professions. The following review of the literature situates my study in the contexts of the three domains that have a bearing on the professional education in art therapy and the formation of future practitioners. First, I review the relevant history of art therapy education from the founding of the first art therapy graduate programs to the present day scholarship available on art therapy education. This history provides an important context for understanding the developmental progression that has created the possibility for the study of art therapy pedagogy. Second, I describe the scholarship of teaching and learning, and elaborate on the literature of signature pedagogies with respect to their defining elements and characteristic dimensions that apply to art therapy. In the third domain, I discuss the defining characteristics of a profession and critique the historical and contemporary implications of art therapy, particularly for the formation of professional identity in students and new practitioners. The review provides context by elucidating the forces that have influenced the development of the profession and the transmission of values that have guided art therapy education from the beginning.

History of U.S. Art Therapy Education

The first art therapy graduate programs began in the United States in the late 1960s. Hahneman Hospital and Medical College in Philadelphia founded the first art therapy master's degree program in 1967 (Junge, 2010). Prior to the establishment of formal education programs, art therapists were self-taught pioneers and those whose art therapy students trained with them in an apprentice model, usually by the way of clinical training programs, were formed in hospital

settings (Junge 2010; Moon, 2003). Increases in federal funding for community mental healthcare in the 1970s (Shore, 1996) led to increased employment opportunities for art therapists, and art therapy programs grew rapidly as a result. As documented by Junge (2010), the American Art Therapy Association (AATA) defined the first educational guidelines for art therapy training programs in 1973, and in 1975 formed the Education and Training Board that a few years later was tasked by AATA to oversee an educational program approval process. By 1985 there were 32 art therapy graduate programs in the United States; 14 which were AATA-approved. To comply with the AATA educational program approval process, educators began to conduct formal program evaluations that measured their success in preparing students for practice (Dulicai, Hays, & Nolan, 1989).

In the mid to late 1980s and early 1990s, the discourse in art therapy education focused on defining the core curriculum and the requirements necessary for training creative arts therapists (Dulicai, et al., 1989; Lusebrink, 1989; McNiff, 1986). These curriculum discussions were needed, in part, because at the time there were very few published texts to use in teaching and learning art therapy theory and practice. At the same time, occupational licensing changes that began in California were putting pressure on art therapy programs to examine their curricula in preparation for more rigorous standards, particularly in the license-eligible fields of counseling and marriage and family therapy (Wadeson, 1989). Hall (as cited in Wadeson, 1989) predicted at the same time that in order for art therapists to be license-eligible in the future, art therapy programs would need to develop a unified core curriculum with content similar to that of professional counseling programs. Wadeson articulated that these changes had placed art therapy at a crossroads that could anticipate greater divergence in art therapy practice, identity, and education.

Throughout the 1980s and 1990s the U.S. mental healthcare system experienced rapid changes with the rise of managed behavioral healthcare and standards that were building toward the evidence-based practice movement (Bolen & Hall, 2007). Perhaps in response to the pressures of managed care, art therapists began to question the dual identity of artist/therapist in clinical environments. In 1992 Allen wrote a seminal article critiquing what she believed was a "clinification" of art therapy. She asserted that art therapy education programs actually "predisposed the development of the clinification syndrome" (p. 23) by emphasizing clinical knowledge and skills over artistic practice and by privileging clinical identity over an artistic identity. As art therapy education expanded throughout the 1990s, educators needed to address the challenges of ensuring both artistic and clinical competence within very different educational institutions (Feen-Calligan, 2005; Seiden, Calisch, & Henley, 1989). That is, art therapists were training in large public universities, small private colleges, institutes and clinical training programs, and professional and art schools—yet after completing their education, all art therapist needed credentials to meet public policy requirements that regulated their practices.

The mid-1990s to mid-2000s ushered in the challenges of documenting an evidence base for efficacious practice as demanded by the U.S. healthcare system and the insurance industry that was underwriting it. These challenges forced educators to reexamine curricular content and overarching programmatic goals. In her writing on the subject Feen-Calligan (1996) asked: "What should art therapy education comprise in order for our profession to remain vital?" (p.166). In particular the mid-20th century psychoanalytic theories that many educators had been trained in and practiced no longer seemed to fit the clinical and systemic challenges demanded by managed care and evidence-based practice (Spaniol, 2000). Some art therapists practicing within the new paradigm implored educators to prepare students with pragmatically-focused

professional skills needed to survive in the marketplace of the time (Gonzalez-Dolginko, 2000; Gussak & Orr, 2005; Riley, 1996; Stoll, 2000). However, others expressed concern that these marketplace trends should not come to dominate broader educational goals. For example, Kapitan (as cited in Feen-Calligan, 2000) reflected that art therapy educators' responsibilities were "not just to package programs so students get jobs and credentials, but more importantly to inspire and transform the consciousness of our students so the world can benefit from their creative efforts in a much bigger sense than career" (p. 83).

In 2006 AATA published upgraded education standards to more easily conform to requirements for licensing across the United States. These changes ensured that art therapists could continue to be license-eligible in related fields. Ten years later, the educational standards were upgraded again to conform to the competency movement in higher education, which increasingly directed programs to identify their students' learning outcomes based on measurable skills, behaviors, and attitudes. The related professions of marriage and family therapy (Gerhart, 2011) and social work (Cornell-Swanson, 2012) have been moving in this direction as well.

Another concern in the training of today's professionals is the growing diversity of art therapy practice as well as increased standards for multicultural competence in order to serve diverse populations in broader contexts. Art therapy educators over the past decade have repeatedly explicated the need to increase the student diversity in training programs, through focused recruitment, mentorship programs, and all other available means (Awais & Yali, 2013; Doby-Copeland, 2006). Currently, educators are engaged in discourse on art therapy teaching methods and pedagogy that are appropriate for an increasingly diverse student body and address issues of social justice in theory and practice (Gipson, 2015; Talwar, 2010).

Finally, in recent years the profession as has begun to develop the art therapy doctorate as the terminal degree for the profession. As a result, art therapists are able to deepen and broaden their professional knowledge without resorting to earning a doctorate in another field. Access to art therapy doctorate degrees, in turn, provide the profession with discipline-specific research, arguably for the first time. This development dovetails with the goal of growing the research base of the field (Deaver, 2002; Gerber, 2006; Kaiser & Deaver, 2013; Kapitan, 2018).

Scholarship on Art Therapy Education

To date, research conducted on art therapy education has been scant. Even less research has been conducted on art therapy pedagogy. Kapitan (2012) stated, "Surprisingly little has been written about the process of art therapy teaching and transferring learning to actual practice" (p. 148). My initial investigation of the literature identified only 52 books and scholarly articles specifically written on the topic of art therapy education between 1980 and 2016 (see Appendix A). The majority of these (39 articles) were written since 2000. Three special journal issues dedicated to creative arts therapy/art therapy education were identified over the same time period, in 1989, 2000, and 2012. A high-level comparison of the articles in these issues revealed what seems to be a developmental progression in educational concerns from developing training programs, to defining curriculum, and most recently toward identifying pedagogy. The increasing number of journal articles published on art therapy education, particularly since 2008, suggests that the time is ripe, developmentally, to expand the scholarship on art therapy education and pedagogy.

Because there is so little written about pedagogy in the art therapy literature, it is useful to look at how pedagogy is represented in the literature of related fields that have similar external

pressures relative to accreditation and licensure. In a 1998 special edition of the journal *Counselor Education and Supervision* several authors directly addressed the lack of guiding pedagogy and theory in counseling education and advocated for the profession to examine these issues immediately (Fong, 1998; Nelson & Neufeldt, 1998; Sexton, 1998). Fong (1998) urged the counseling profession to define the teaching methods and underlying theoretical models that guide curriculum development. However, it appears that the topic did not gain traction. Sixteen years later, Bracette (2014) acknowledged the "scarcity of literature on teaching pedagogy in counselor education" (p. 37). Simultaneously, Minton, Morris and Yaites (2014) completed a 10-year content analysis of peer-reviewed articles about teaching and learning published in the journals of the American Counseling Association. They found that the majority of articles described course content, specific teaching techniques, and pedagogical practices. However, articles discussing general teaching and learning were rare. The authors specifically looked at the degree to which this discourse was grounded in learning theory or instructional research; only 14.78 % of articles in their analysis (34 out of 230) were clearly grounded in either. Their overall findings recognized a need for grounded theory research on teaching and learning in the counseling profession.

Such foundational research would also benefit the art therapy profession. This challenge was affirmed by Deaver (2012), who stated that "educational theory specific to art therapy has not been articulated" (p. 158) and that even basic assumptions about what makes for effective learning, such as art-making in the art therapy classroom have not been examined or tested. Hahna (2013) also argued for deepening the discourse on foundational teaching theories for creative arts therapies, identifying that a main focus up to this point has been on curriculum development. Scholarship into the teaching methods and pedagogical theories currently used in

art therapy would greatly facilitate an understanding of whether these methods are still relevant to meet student learning outcomes and the demands of future practice.

The Scholarship of Teaching and Learning (SoTL)

The scholarship of teaching and learning (SoTL) is a movement in higher education that began in the late 1990's as a key initiative of The Carnegie Foundation for the Advancement of Teaching in partnership with the American Association for Higher Education (Shulman, 1999). Boyer's (1990/2016) landmark book, *Scholarship Reconsidered: Priorities of the Professoriate*, formed the basis of a new conceptualization of scholarship that integrates the often separated roles of research and teaching and is directly applicable to service professions. SoTL builds upon the tradition of scholarly teaching developed by John Dewy (1904) who believed that teachers should be taught to be students of educational process, bringing a scientific inquiry to their teaching methods. Its roots are also in Ralph Waldo Emerson's practice-based definition of a scholar as someone who actively engages with, learns from, and contributes to the world, rather than relying on apprenticeships or historical models (McQuade, 1987).

Boyer (1990/2016) challenged the academic research paradigm that had become publish-or-perish and advocated for educators to conduct scholarly research that advances the field of teaching within their individual discipline. As SoTL researchers, educators look for evidence in their classrooms that can be examined and used to improve practice and outcomes (Hatch, 2006). This paradigm reflects Dewey's (1904) assertion that practice-based teaching experience needs to be subjected to continual scholarly inquiry. Likewise, Bain (2004) identified that the college teachers in his study conceptualized their teaching as "as an important and serious intellectual (or artistic) act, perhaps even as a kind of *scholarship*" (p. 49, original emphasis).

Similar to the goals of evidence-based practice, educators who conduct SoTL are encouraged to share practices with others in their profession to create a collective body of knowledge that can be used to define and improve teaching on a disciplinary level. In fact, a primary motivation for educators to conduct SoTL has been the desire to investigate the kind of thinking and learning that goes on in a specific disciplinary context (McKinney, 2007; Pace & Middendorf, 2004). According to Boyer (1990/2016), SoTL inquiry is especially relevant for practice-based professions, particularly to those that are by nature creative, interdisciplinary, integrative, and service oriented (Boyer, 1990/2016), like art therapy.

Scholarly teaching can be conceptualized as an iterative process of inquiry similar to that of evidence-based practice. Each cycle involves stepping back from one's teaching, looking for connections between theory and practice, communicating this knowledge to students, and assessing the results (Boyer, 1990/2016). For example, Pace and Middendorf (2004) created a model called *Decoding the Disciplines* to help educators examine the ways of thinking and learning that are hallmarks of their discipline, with the goal of understanding how best to help students master discipline-specific material. Their model consisted of seven iterative questions that instructors can ask themselves: (a) What is a bottleneck to learning in this class? (b) How does an expert do these things? (c) How can these tasks be explicitly modeled? (d) How will students practice these skills and get feedback? (e) What will motivate students? (f) How well are students mastering these learning tasks? and (g) How can the resulting knowledge about learning be shared? (pp. 3–11).

Increasingly, examples of SoTL research can be found in disciplines related to art therapy. For example, in the field of clinical mental health counseling Brackette (2014) conducted a self-study of her teaching strategies to reflexively examine how they supported the

goal of transforming students into professionals. She identified four goals upon which her teaching was directed, (a) to strengthen the profession, (b) to understand how students best learn and how they perceive teaching practices in their education, (c) to help other educators build on current knowledge about effective pedagogical practices/approaches and test new ones, and (d) to strengthen instruction and curriculum in her field's programs. Similarly, in art therapy, Deaver (2012) examined how educators utilized art making in their art therapy classrooms, which surfaced their goals of (a) learning course content, (b) developing clinical sensitivity and skill, and (c) developing self awareness (pp. 163–164). Practice-led research studies such as these can build much needed evidence on what constitutes effective teaching and learning in the profession of art therapy.

Conceptual Framework of Signature Pedagogies

An outgrowth of the Scholarship of Teaching and Learning (SoTL) movement was research by Shulman and colleagues (as cited in Haynie, Chick, & Gurung, 2012) who systematically studied the pedagogical practices that are unique to the professions of medicine, law, and engineering and revealed clear differences in the pedagogical approach for each. For example, medical doctors are trained by doing "rounds," whereby a group of residents and medical students teach and learn at the bedsides of patients; lawyers are trained in the classroom using case-dialogue method, which is a more rigorous, inquisitorial style of Socratic dialogue; engineers practice hands-on learning via a design studio model (Calder, 2006; Chick et al., 2009; Shulman, 2005a). Shulman (2005b) concluded that each profession develops its signature ways of teaching that prepare students for responsible and skilled practice in their new profession. Signature pedagogies provide a stabilizing function and are generally pervasive across the profession. They also play a critical role in shaping a profession's character and symbolizing the

aspirational qualities that will guide the profession toward its future. Calder (2006) stated that the pedagogical choices reflected in signature pedagogies "disclose important information about the personality of a disciplinary field—its values, knowledge, and manner of thinking—almost, perhaps its total worldview" (p. 1361). In short, signature pedagogies function to socialize novices (Hassel & Nelson, 2012) and to help identify the unique culture and worldview of the profession.

A disciplinary focus is central to education in the professions, in that educators must evaluate whether student learning reflects how seasoned practitioners might think and do things (Chick et al., 2009). In his study of a sample of college teachers who were identified as "the best" by their students, Bain (2004) found that the most effective teachers help students to engage with their subject as if the students themselves were scholars or practitioners of the discipline. However, in preparing students for actual professional practice, a conceptual understanding is insufficient. Professional pedagogies must continually make connections between theory and effective practice; the process of knowledge acquisition is directly related to what a student can *do* (Calder, 2006; Shulman, 2005a). Schön (1987) stated that the demands of practice in the professions make the curriculum organized around generic competencies "radically incomplete" (p. 15). Discipline-specific teaching requires making explicit the pedagogical goals and techniques required to transmit practice-based knowledge (Chick et al., 2009; Pace & Middendorf, 2004). The process of seeking and identifying signature pedagogies thus may help educators define implicit assumptions about what makes for good teaching and learning in their particular profession, especially as distinct from what could be defined as good teaching and learning in any other profession (Schaber, 2014).

Three Dimensions of Signature Pedagogies: To Think, To Perform, To Act with Integrity

Shulman (2005b) defined three dimensions inherent to professional work that provide a framework for conceptualizing and identifying signature pedagogies: "to *think*, to *perform*, and to *act with integrity*" (p. 52, original emphasis). He also named these three dimensions as "habits of mind, habits of practice, and habits of the heart" (Shulman, 2008, p. 8). Sullivan et al. (2007) alternatively conceptualized the dimensions as three types of apprenticeships that exist within professional education: intellectual or cognitive apprenticeship, expert practice apprenticeship, and moral apprenticeship. Regardless of how they are worded—dimensions, habits, or apprenticeships—each aspect of a signature pedagogy is uniquely developed in accordance with the demands of the particular discipline.

Intellectual or cognitive apprenticeship (i.e., to think; the habits of mind) emphasizes core knowledge, skills, ways of thinking, and research. This apprenticeship builds on Schön's (1987) assertion that students must develop *professional knowing*, that is, "thinking like a" [lawyer, doctor, art therapist] (p. 39), in conjunction with learning professional knowledge. In art therapy education, intellectual or cognitive apprenticeship might encompass much of what is done in classroom activities, incorporating didactic and experiential learning related to the therapeutic use of art and artistic ways of knowing as a conceptual understanding of the therapeutic enterprise. Expert practice apprenticeship (i.e., to perform; the habits of hand) involves learning through experience in the field and developing the ability to make judgments under typical practice conditions that may be uncertain. For art therapy, expert practice apprenticeship would be conducted through various practicum, field work, and internship experiences guided by various supervisory arrangements. Moral apprenticeship (i.e., to act with integrity; the habits of heart) refers to developing a professional identity in line with the values of the profession and

conducting oneself accordingly. It also emphasizes the social and ethical responsibility inherent to professional practice. For art therapy, moral apprenticeship might incorporate professionalism as part of an art therapist identity, and the modeling of responsible professional behaviors (i.e. how to "be" like an art therapist).

Key Aspects of Signature Pedagogies

Signature pedagogies (SPs) have a discernable difference in how they look and feel in practice compared to standard modes of teaching that are ubiquitous across disciplines, such as lectures, exams, and readings. They have been described as pedagogies of visibility, accountability, and interactive engagement (Shulman, 2008). For example, a signature pedagogy does not permit students "to be disengaged, invisible, unaccountable, or emotionally disconnected" (Shulman, 2005a, p. 24). Generally speaking, the qualities of SPs are similar to what constitutes good teaching in general. What makes them signature is the way that they are applied within a disciplinary context. Key aspects of signature pedagogies are described below, with examples from the art therapy education literature.

Visibility and vulnerability. Signature pedagogies engage students in a way that makes them feel highly visible and vulnerable (Shulman, 2005a). These methods do not allow students to be anonymous. They are approaches that hold students accountable to their own learning and accountable to co-creating the learning environment. A related feature of SPs is "accountable talk" (Shulman, 2005a), which are interactions that require students to engage with, respond to, and build off of others in the classroom, and not just say what they want, when they want. In the art therapy classroom students become highly visible through the art-making done individually or in groups. A common approach is for students to create art to explore and respond to course

material, then share and discuss their artwork with each other in small groups or the larger class. This form of sharing, often called *processing*, makes students accountable as they talk about their holistic experience of creating the artwork (e.g., their step-by-step process, choice of art materials, sensations, thoughts, emotions, perceptions, and insights) as well as the final product and the meaning it holds for them. In terms of vulnerability, Deaver's (2012) study revealed that "while making art in the classroom, students experience heightened awareness of their instructors and may feel anxious about the potential for their art to reveal personal matters, especially to faculty" (p. 163). Specifically, one student in her study reflected, "If you are creating art in a class or workshop, and you are walking around and looking at the artwork, it kind of makes you want to hide it. You don't want to be too exposed." (p. 163).

Risk taking and adaptive anxiety. Signature pedagogies inherently involve risk taking as students "try-on" disciplinary ways of thinking and acting in front of their peers and instructors. This experimentation creates a certain amount of anxiety, which must be managed by each student, the teacher, and the collective to stay within useful limits (Shulman, 2005a). Ideally, adaptive anxiety (i.e., that which challenges the student and enhances their growth without being paralyzing) leads to more accountability, connection, and increased learning. The existence of anxiety in the learning environment means that students have an "emotional investment" in the learning process (Shulman, 2005a, p. 22), without which learning will not occur. Palmer (1998/2007) similarly defined an effective learning environment as one that creates a space that is safe, even hospitable (Kolb, 2015), yet encourages risk taking.

Anxiety and risk taking have been discussed in the literature as expectable aspects of learning to become art therapists. Robbins and Sibley (1976) stated that "learning art therapy demands a good deal of openness and self-confrontation… this mode of learning is alien to

[students'] entire sense of privacy and control" (p. 11). McNiff (1986) and Moon (2003) have both stated that a crucial role of art therapy educators is to manage students' anxiety, support emotional risk taking, model openness, and believe that the educational process itself is worthwhile. Miller and Robb (2017) identified risk taking, which they defined as "taking emotional risks through disclosure, vulnerability, and exposure to shame" (p. 15), as critical to clinical growth in group supervision.

Conditions of uncertainty. Preparing students to practice in conditions that go beyond rote or routinized activities and are therefore dynamic and unpredictable is another key aspect of signature pedagogies. Shulman (2005a) alternatively defined SPs as "pedagogies of uncertainty" because they are intended to replicate or simulate similar conditions of unpredictability and surprise that mirror that of professional practice, such as when students create and share their artwork in the classroom or in group supervision. Promoting situations of uncertainty, paradox, and "productive unpredictability" (Bruner, 1960) in the classroom has been advocated as good teaching by educators such as Dewey (1904), Bruner (1960), Schön (1983), Eisner (1991), Palmer (1998/2007), and Kolb (2015).

The provision of learning experiences that are designed to mirror the uncertainties of a particular discipline's practice is what makes signature pedagogies distinct. In the field of art therapy, educators have noted the importance of preparing students for conditions of uncertainty they will experience in their practice, such as facing the inherent uncertainty of the therapeutic encounter (McNiff, 1986), holding multiple frames of reference simultaneously (Kapitan & Newhouse, 2000), and adapting to an ever-changing health-care marketplace (Riley, 1996). As an example, Johnson, Salisbury, Deaver, Johansson, and Calisch (2013) created an art therapy simulation environment prior to fieldwork that utilized *standardized patients* (i.e., individuals

who are trained to simulate behaviors associated with specific clinical presentations) to prepare students for their first client interactions. Students reported that this experience, though anxiety-provoking at first, felt "realistic" and reduced their anxiety about seeing actual clients (p. 79).

Signature Pedagogies as Teaching and Learning Performances

Signature pedagogies are also considered to be "pedagogies of performance" (Shulman, 2008) because as part of their training, students are required to publicly perform their learned skills in ways that mirror the public performance of their future profession (p. 9). As noted by Monk, Ruter, Needland, and Heron (2011), many educational theorists and practitioners have conceptualized the process of teaching and learning as performance, including Vygotsky, Gardner, Kolb, Boal, and Friere. For example, Freire (1970) and Boal (2000) used performance-based actions as social justice pedagogy to address oppression.

More directly related to art therapy, educators in the visual arts have created pedagogy based on performance art that uses the inherent personal, communal, sensual, and performative aspects of art making to address specific learning goals. Garoian (1999) drew inspiration from Freire (1970) to create pedagogy founded on performance art within studio art education with the following aims: to empower students to be fully visible in the classroom, give significance to their personal and cultural experiences, and disrupt the dominant narrative. Similarly, Grushka (2009) created a studio art model called visual performance pedagogy that privileges the performance aspect of visual art making and fosters an environment of socio-cultural learning.

In art therapy Moon (2012) and Moon and Kapitan (2008) articulated their conception of art therapy education as a form of performance art. They drew comparisons to key elements of performance art by noting how space (classroom), time (scheduled class time), the performer's

body, and relationship between performance and audience could be leveraged for an immersive classroom experience. These elements can be intentionally used to enable improvised, spontaneous, and relational interactions that foster both personal and collective knowing. Moon (2012) described the results as a highly interactive learning environment that "plunges [students] into artistic, academic, and clinical experiences that stretch the intellect, engage the body, stir emotions, and push each student to develop as a professional art therapist" (p. 195).

Although Moon (2012) and Moon and Kapitan (2008) did not reference Shulman, their conception of teaching and learning as performance matches the latter's delineation of the pedagogy's key components, which are the performance, the setting, and the interactions. The concept of pedagogy as performance is of particular relevance in art therapy education due to the intrinsic nature of art therapy that holds an interrelationship between the performance of art making and the therapeutic relationship. The performance of art therapy is bounded by a specific time (set aside for a client or group of clients) and place (appropriate for art-making) that enables specific types of interactions to occur (those that are designed to be therapeutic). Art therapy pedagogy simulates these components to provide a bridge between theory and practice.

The performance. This component can be defined by answering questions such as: "What is the teaching for or about? What are the problems, topics, and issues that define the field of study? What are the understandings, performances, and types of formation toward which the teaching and learning aim?" (Shulman, 2008, pp. 9–10). In art therapy, educators have advocated that art making is, or should be, the primary performance in art therapy education. Deaver (2012) investigated this assumption and found that art therapy educators in her study used art-based learning across the curriculum to support various educational goals, including "knowledge of specific course content, clinical sensitivity and skill, and self-awareness" (p. 164). Therefore, art

making as pedagogy is used throughout the training program to help students think, practice, and develop the self-knowledge and professional identity needed to become art therapists. Moon and Hoffman (2014) expanded on these goals, stating, "In art therapy education, art practice can be a component of any learning experience, regardless of subject matter, as a way of identifying questions, reflecting upon practice theory, and demonstrating understandings of course material" (p. 173). Fish (2008) specifically highlighted the use of response art in supervision as investigative imagery to process clinical work and practice self-care. Elkis-Abuhoff, Gaydos, Rose, and Goldblatt (2010) highlighted the use of art making to explore students' perceptions of how they saw their clients and how their clients saw them in order to track their professional identity growth.

The setting. Setting answers questions like: "In what contexts, or settings does the teaching take place? What configurations of space, furnishings, participants, and artifacts constitute the contexts in which learning regularly takes place?" (Shulman, 2008, pp. 9-10). In art therapy education, one discussion regarding setting has been the role of the art studio environment in supporting educational goals. For example, Cahn (2000) proposed a studio-based educational structure for art therapy similar to the model used in architecture education, where students are immersed in studio learning throughout their training. A former architect, Cahn discussed the benefits of integrating existing coursework within an art-centered environment to consistently integrate theory with artistic practice.

The interactions. Interactions of teaching and learning as performance answers these questions: "What kinds of interactions between teacher and students are characteristic of the pedagogical encounters? What is the dynamic of participants and interchange?" (Shulman, 2008, pp. 9–10). In the education literature, Freire (1970), Palmer (1998/2007), Boyer (1990/2016),

and Bain (2004) all defined the interactional dimension of successful teaching as a dynamic and communal process where students are co-investigators in the pursuit and transformation of knowledge. In examining elements of good teaching in general, Bain (2004) identified that the best college teachers engaged with students in ways that: (a) developed a relationship of trust, (b) showed an investment in their students' learning by holding them kindly accountable, (c) attempted to understand their students' cultural backgrounds and personal experiences, (d) made transparent the challenges of their own intellectual journey, and (e) exhibited humility. The theoretical framework of signature pedagogies takes these concepts further to define what interactional encounters are emblematic of the specific discipline. Notably, the elements described by Bain above are similar to those of a good therapeutic relationship.

The interactive component has been identified as particularly important for the training of art therapists because the process of therapy itself is a highly interactive, interpersonal endeavor (Moon, 2003). McNiff (1986) described the kind of interactions that he felt exemplified and modeled the ideal teaching and learning environment:

> [T]his type of environment is characterized by an *energy*, or collective feeling, that promotes introspection and expression. The teachers whom [students] admire are capable of creating this energy within groups effortlessly, through attitudes of acceptance, empathy, and ability to understand and conceptualize situations and problems, the capacity to teach through example, and an actual demonstration of the healing process, personal openness to transformation and learning, active participation in the therapeutic process, and, most importantly, total commitment to the principles and process that are being taught. (p. 203, original emphasis)

McNiff's perspective of the art therapy classroom gives a flavor of the interactions that might be seen as unique to the training of art therapists. The classroom interactions in other professions, such as law or engineering, would clearly look and feel different.

Structural Dimensions of Signature Pedagogies

Shulman (2005b) additionally identified three structural dimensions of signature pedagogies: surface structure, deep structure, and implicit structure. Examining pedagogical choices through these structural dimensions reveals the foundational assumptions and beliefs that undergird the more visible aspects of training. These are, in other words, the philosophical aspects of pedagogy that are often unarticulated and unexamined. What is seen as art making in the art therapy classroom, for example, is only the tip of the pedagogical iceberg. Using the metaphor of the iceberg, Shulman's three structural dimensions could be compared to Freud's early "topographic" model of the mind (Rubin, 2016b, p. 73), which includes the conscious surface, the underlying preconscious, and deeply unconscious structural elements. In terms of pedagogy, Shulman's *surface structure* is what is actually visible in the classroom and consists of the "observable, behavioral features of the training" (Day & Tyler, 2012, p.186); this structure is similar to the "conscious." *Deep structure* involves the underlying disciplinary assumptions about how best to impart specialized knowledge and skills to learners, which usually involves intentions, rationale, and theory (Day & Tyler, 2012); this structure is akin to the "preconscious," in that it lies just below the surface of what is seen the classroom. *Implicit or tacit structure* is a set of disciplinary beliefs that include "beliefs about professional attitudes, values, and dispositions" (Shulman, 2005b, p. 55); this structure could be seen as similar to the "unconscious," as in unarticulated pedagogical drives and motives. Identifying these structural

dimensions—surface, deep, and implicit—can help educators examine the foundational worldview that their chosen teaching methods tacitly convey to students.

Abasa's (2014) study of the structural dimensions of signature pedagogies in art museum education provides one example of how these structures play out in an educational context. She found that surface structure included inquiry-based learning strategies (e.g., a practice known in the field as Visual Thinking Strategies); deep structure was revealed to be the museum educator's reliance on expert authority; and implicit structure centered on a belief in the art museum as the "locus of enlightenment" and a place of "deep scholarship and aesthetic refinement" (p. 276). In occupational therapy education Schaber, Marsh, and Wilcox (2012) acknowledged that this third structure may appear in the differences between what they called the implicit and explicit curriculum. They defined the explicit curriculum as the actual courses, curriculum sequences, teaching methods, and field experiences, where as the implicit curriculum encompasses elements that could be defined as the culture of the program: its "rituals, rites, patterns of relating, artifacts, spaces, and social organization" (p. 193).

Sullivan et al. (2007) added the *shadow structure* dimension to the discourse, defined as a pedagogy that is absent in a particular discipline or only minimally exists. Shadow structure represents a "growing edge" where the discipline may need to look outside itself to find pedagogies used in other professions to address what is weak, undeveloped, or absent (Day & Tyler, 2012). For example, Day and Tyler (2012) noted that the field of forensic psychology relies heavily on an apprenticeship model but lacks a pedagogy to help students to develop problem-solving skills in action. Hence, the authors advised that forensic psychology training could benefit from the pedagogy of Problem Based Learning (PBL), used in medicine and allied health professions. In art therapy education one potential shadow area is pedagogy that

particularly supports the needs of culturally diverse students (Awais & Yali, 2015; Doby-Copeland, 2006). Research is another area where further examination may be required to identify a pedagogy suited to deliver master's-level research competencies (Abrams & Nolan, 2016; Brennan, 2011; Kaiser et al., 2006).

While signature pedagogies provide an important stabilizing function, they must also adapt to societal changes, such as economics, technology, public policy, and occupational trends (Shulman, 2005a). There may be a tendency to hold onto signature pedagogies in situations when adaptive change is required (Shulman, 2005b). External pressures can challenge a profession to step outside of its pedagogical comfort zone in order to move the profession forward and ensure that its future practitioners can serve those in need. The process of identifying signature pedagogies can help educators make explicit the stabilizing and aspirational qualities of current pedagogy and highlight areas where change may be needed to address marketplace demands (Day & Tyler, 2012; Sullivan et al., 2007).

Studies of Signature Pedagogies for Professions Related to Art Therapy

There is no one consistent method that has been used to identify signature pedagogies (SPs) in the literature. Each profession or discipline has used a different approach, some have examined SPs more formally than others and include literature reviews, meta-analysis of research studies, and self-study of teaching methods to identify SPs. Although the purpose of studying SPs is to define what is unique to a discipline, Chick et al. (2009) recommended that educators examine SPs in related disciplinary groups because the habits, methodologies, issues, and exercises practiced in one field can overlap with those of similar disciplines. Based on this recommendation, I examined (described below) studies of SPs in fields that are related to art

therapy: creative arts and design, clinical mental health counseling, social work, nursing, and occupational therapy. By highlighting their pedagogical similarities and differences we might see where art therapy can be differentiated through its teaching methods as a distinct profession.

The Creative Arts and Design

Klebesadel and Kornetsky (2009) conducted a review of the SoTL literature in the arts to further explicate the pedagogical goals of the *critique*, which they identified as a signature pedagogy that spans all creative arts disciplines—including visual (fine arts and design fields), performing, and written arts. They defined critique as a pedagogy aimed at improving performance, increasing artistic literacy, teaching disciplinary points-of-view, and facilitating both creative and critical thinking. The critique is meant to give students an experience of the kind of feedback they will receive as professionals from the public and to test their ability to undergo scrutiny (Klebesadel & Kornetsky, 2009; Meacham, 2009; Motley, 2017; Sims & Shreeve, 2012). Particular to the visual arts, the classroom is conceived as an experiential studio environment for students to work on their projects and engage in ongoing, interactive critiques with peers and faculty. Kolb (2015) defined studio art pedagogy as a cycle of "demonstration–practice–production–critique" (p. 294). In their review of the visual arts and design SoTL literature in the UK, Sims and Shreeve (2012) identified the studio environment itself as an important SP for art and design education and also identified the *brief* (creating a product from given parameters), the *sketchbook* (to facilitates visual thinking and reflection); *research* (into source materials, context, and market/end user), and *dialogue* or discussion (formal and informal) to develop artist ways of thinking.

Clinical Mental Health Counseling

In the field of clinical mental health counseling, Brackette (2014) conducted a self-study to discover the SPs she used, which revealed six possibilities: (a) didactic instruction with assessment, (b) group and experiential exercises, (c) role plays, (d) case studies, (e) field experience/service learning, and (f) journals/reflection papers (p. 38). She correlated her analysis with a literature review of teaching pedagogies to identify those that most closely matched the practices in counselor education. Brackette concluded that signature to clinical mental health counseling is an integrative approach that "combines an opportunity for students to create knowledge and understanding based on group, experiential, and self-reflective exercises enhanced with technological, social, and service-learning components" (Brackette, 2014, p. 42). She also identified that her teaching methods aligned closely with constructivist pedagogy. The constructivist approach to teaching counselors has been documented and endorsed by other counselor educators (e.g., Guiffrida, 2005; Nelson & Neufeldt, 1998) and by art therapy educators as well (Cahn, 2000; Deaver & McAuliffe, 2009; Gerber, 2016).

Social Work

In the field of social work the Council on Social Work Education declared field instruction as their signature pedagogy, though seemingly without a process of research or consensus building (Holden, Barker, Rosenberg, Kuppens, & Ferrell, 2011; Wayne, Bogo, & Raskin, 2010). As a result, several social work educators conducted research specifically to examine this claim. Holden, et al.'s (2011) meta-analysis of social work research on field instruction found insufficient evidence in the literature to support the claim of field work as signature pedagogy. Earls Larrison and Korr (2013) posited that field work failed to meet the following criteria to qualify as a signature pedagogy: (a) is unique to social work, (b) includes teaching and learning that happens in the classroom, and (c) gives overall responsibility to

educators who are part of the training program (rather than to field supervisors who may or may not provide a quality training experience). The authors identified two questions for future research that also have relevance to identify SPs in art therapy: "What educational practices shape and socialize emerging [practitioners] into the profession?" and "What is characteristic of and central to how we educate developing practitioners for competent practice?" (p. 197).

Nursing

The Carnegie Foundation for the Advancement of Teaching funded a 2010 study into the pedagogy of nursing education that recommended substantial changes in nursing pedagogy to address current practice needs (Long et al., 2012). Subsequently, nurse educators began examining SPs to identify new approaches to prepare students for contemporary nursing practice. Nursing has been interested for some time in multiple ways of knowing that define, understand, and integrate the important elements that comprise competent, ethical care. These include: empirical knowing, aesthetic knowing, personal knowing, ethical knowing, and emancipatory knowing (Chinn & Kramer, 2011). Recognizing that a focus on medical-based pedagogy and empirical knowing creates an imbalance, nurse educators recently have been looking to other disciplines for pedagogy that more effectively address multiple ways of knowing. Emerging SPs for nursing are problem-based learning and narrative pedagogy, both of which engage students' imagination, help them to develop empathy, and give them tangible situations from which to develop clinical judgment (Chan, 2008; Long et al., 2012).

Occupational Therapy

Like nursing, occupational therapy (OT) has historically been aligned with the medical model and is recognizing that current practice necessitates changes in signature pedagogy. Schaber, Marsh, and Wilcox (2012) analyzed the OT educational literature from the 1920s to

present day in an effort to identify SPs used over time and to map them to the needs of current practice. They identified that OT's signature pedagogies have been designed to teach students affective, relational, and communication skills. These include: *small-group learning*, *problem-based learning*, *case-based learning*, and *cooperative* methods, as well as *fieldwork* and *service learning* (Schaber et al., 2012). Traditionally, training sites have been located within or in close proximity to hospitals, which makes these person-to-person, interactive pedagogies possible. However, OT education is being challenged by such trends as community-based practice, increased online enrollment, and use of satellite campuses. Therefore, OT training programs are incorporating video instruction and technology-enhanced pedagogies that would have previously been seen as opposing OT's foundational "high touch" pedagogies (Schaber, 2014; Schaber et al., 2012).

Study of Signature Pedagogies for Art Therapy

The signature pedagogies identified by each of these fields may have overlaps and connections with SPs for art therapy. However, there are important differences that suggest that art therapy is a unique discipline with distinct teaching methods and pedagogical foundations. A study of SPs for art therapy may confirm these signatures and support art therapy's unique place within the professional geography of mental health and allied health. Additionally, such an examination will help to settle a long-standing debate among art therapists regarding the claim that art therapy is a profession and related questions of professional identity.

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Defining Characteristics of a Profession

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Although art therapy has been described as a field (Gussak, 2000), modality (Malchiodi, 2007; Rubin, 2010) and even more broadly as an "idea" (McNiff, 2000), public policy has evolved in its recognition of art therapy as a profession with a professional scope of training.

Professions are distinguished from other work designations based on several criteria. First, the work of the professional must be skilled and grounded in a specific body of theoretical and practice-based knowledge (Shulman, 2005a) that serves to advance the field (McGlothlin, 1964). Second, a formative process that produces a professional orientation toward work is required. According to Moore (1970), a professional is someone who strongly identifies with a particular profession, has the persistence to pursue the required training, accepts the norms of practice, and identifies with professional peers. Palmer (2007) likened the professional to someone who makes a "profession of faith" (p. 212) by practicing their specialized skills from a firm base of integrity and identity. The third criterion is that a profession holds a social contract with the public and commitment to ethical public service (Shulman, 1998; Sullivan, 2005). Accordingly, the public holds professionals accountable to a higher standard of ethics, competence, regulation/oversight, and responsibility for the public good (Moore, 1970; Sullivan, 2005). Professionalism is therefore an interrelationship between the professional, the profession, and society.

Gardner and Schulman (2005) have also defined criteria that support the definition of art therapy as a profession. They identified six characteristics common to all professions: (a) a commitment to serve, (b) a body of theory and professional knowledge unique to that profession, (c) a set of specialized "skills, practices, and performances" that are identified with the profession, (d) a capacity to make judgments and act with integrity under conditions of "uncertainty," both skill-related and ethical, (e) an organized approach to learning the profession and growing new practice-based knowledge (i.e., praxis), collectively and individually, and (f) a development of professional communities of practice that are responsible for overseeing and monitoring the quality of practice and education, which can include educational and training standards, and licensure (p. 14). Art therapy meets each of these characteristics as follows:

Service ethic

A commitment to serve is one of the key reasons that art therapists are drawn to this profession rather than making a career in the visual arts. Often people decide to train as art therapists based on their own experience of using art as a form of healing and want to offer its benefits to others. Vick (2000) emphasized that service is central to the field of art therapy, as did Allen, Block, and Gladiel in their service-oriented studio model of art therapy (Allen, 2016). An art therapy service ethic can be seen in direct art therapy service to clients, community and social justice work, supervision to students and new professionals, and activities to advance the field such as leadership in professional organizations.

Unique body of theory and professional knowledge

The history of the art therapy profession follows a developmental arc from its early pioneers sharing their innovative ideas and practices to a proliferation of founding art therapy programs, followed by the first professional journals and textbooks in the 1970s and 1980s (Junge, 2010). Vick (2000) elucidated that despite differences of opinion, there are philosophical beliefs and practices that are hallmark, as well as a consistent knowledge base and terminology that differentiate art therapy from similar disciplines. For example, art therapists have asserted an overarching belief that the creative process will lead the way in the therapeutic endeavor, often stated as *trust the process*, and art therapy-specific terminology such as *art directives*, *art experientials*, and *response art*.

Skills unique to the profession

Art therapists can be distinguished from other mental health professionals by their skilled use of art media to address therapeutic issues and concerns of the clients. Moreover, it is not

uncommon to find references to art therapy as distinct from "talk therapy" or "verbal therapy" (e.g., Junge, 2014; Robbins, 1982), which suggests that art therapists themselves view their skillset as uniquely grounded in art media and non-verbal creative processes. Kapitan (2018) identified the primary method used by art therapists as one of activating "the process of creation followed by critical reflection" (p. 52) in the therapeutic context, which she asserted is what differentiates art therapists from other artists as well as from other kinds of therapists.

Practice under conditions of uncertainty

Unlike work that is conducted with highly routinized or fixed problems, a professional must use a range of judgment calls to meet a given situation and respond effectively. Conditions of uncertainty are fundamental to the processes of making art and the therapeutic relationship. The artist selects materials and begins, but must remain open to what emerges from the relationship between their materials, skills, and ideas. Similarly, the therapist must maintain a general state of openness to the client's artistic process as well as their relationship with the client. This inherent uncertainty requires art therapists to make skill-related and ethical judgments about the best treatment within each unique situation.

Organized approach to learning the profession and growing practice-based knowledge

Particularly today, in an environment of public pressure to ensure that art therapy practice is grounded in efficacy, art therapy educators are committed to practice-based and research knowledge that is taught to future art therapists. One example of a collective commitment to learning knowledge and skills necessary to practice is the development of educational standards and educational program accreditation through CAAHEP (Accreditation Council for Art Therapy Education, 2016). Another example is national credentialing as Registered Art Therapists (ATR)

and Board Certified Art Therapist (ATR-BC). The recent discourse on identifying a collective research agenda for art therapy (Kaiser & Deaver, 2013) is a third example.

Community of practice

Art therapy become organized in the United States and United Kingdom in the 1960s and 1970s with the professional associations, association-sponsored scholarly journals, and early education and training programs (Junge, 2010). Art therapists today are highly connected via social media and have abundant opportunities to renew their professional affiliations through national and regional venues. These organizational affiliations provide members with networking events, educational seminars, conferences, publications (previously newsletters, now websites), and information about governmental affairs that impact the field. The art therapist's membership in a community of practice is considered important because it helps art therapists connect with other practitioners to share ideas and maintain a professional identity (Kapitan, 2018). Often art therapists work in environments where they are the only art therapist, which can lead to isolation and questioning of professional identity (Allen, 1992). Engaging with a community of practice provides connection to those with similar training and worldview and thereby reinforces their commitment to the profession.

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Critique of Art Therapy as a Profession

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Despite the fact that art therapy meets the above criteria for being a profession, the notion that art therapy should be so designated has been contested by some art therapists. Although pioneer art therapists such as Naumburg and Landgarten described art therapy as its own discipline and the art therapist as the primary therapist (Ullman, 2016), Kramer considered the art therapist to serve in an "adjunctive" capacity (Ullman, 2016, p. 111). Accordingly, art therapy has been practiced as both a primary mode of therapy and adjunctive to psychotherapy or

healing. Those art therapists who align with Kramer's historical view of practice may be less inclined to view art therapy as its own discipline.

Other art therapists have been ideologically opposed to the notion of professionalization altogether. At the end of the 20th century, an argument was put forth that being designated as a profession would obscure art therapy's inclusive idea that art making is a healing, life affirming, and spiritual endeavor (Allen, 2000; Malchiodi, 2000). Art therapy was felt to be an innovative idea around which like-minded people have organized and professionalized; therefore, art therapy itself should not be defined as a profession (Gussak, 2000; McNiff, 2000). Riley (1996, 2000) accepted art therapy as a profession, provided that such definition would not become restrictive to its practice.

Some art therapists have also felt that professionalization limits access to art therapy services for underserved populations due to increased educational requirements that make it more difficult for a diversity of art therapists to enter the field. Early in the field's history, art therapy pioneers Lucille Venture, Wayne Ramirez, and Cliff Joseph argued that the master's level educational requirement would potentially exclude minority practitioners, as would the process of professionalization (Potash, 2005; Potash & Ramirez, 2013; Riley-Hiscox, 1997). Awais and Yali (2015) recently identified barriers that prevent students of color from entering art therapy education programs, including educational preparation required for admission, financing, lack of knowledge about the profession, occupational status, and lack of diversity in students and faculty (p. 114).

In contrast to these views, Bellmer, Hoshino, Schrader, Strong and Hutzler (2003) argued for the need to define art therapy clearly as a unique profession in order to obtain public recognition and growth of the field. They were concerned that professionals in related fields may

not see art therapy as a distinct discipline that requires specialized training and credentialing. This confusion was evident in the Standard Occupation Classification of art therapist by the U.S. Bureau of Labor and Statistics, which until 2017 had misclassified art therapists as recreation therapists, which created serious job-related difficulties including failure to be recognized and reimbursed by insurance companies for providing mental health services (American Art Therapy Association, 2017). Today it appears that the need for recognition as a profession has prevailed as evidenced by the current commitment by the AATA to pursue independent art therapy licensing in all 50 states (Short, 2017).

Another contributing factor that may have led some art therapists to reject art therapy as a profession may be the historical distrust that stemmed from a "crisis of confidence" in professional knowledge during the 1960s and 1970s, which led to a period of de-professionalization (Schön, 1983, p. 13). At that time, the hegemony of empirical paradigm characterized professions by scientific rigor (i.e. medicine, law, engineering), whereas other professions (i.e., social work, education, divinity) were relegated to minor status because their work was considered too "ambiguous" (Schön, 1983, p. 46). Fields like social work tried to legitimize themselves and gain "full professional status" by attempting to develop a body of scientific knowledge (Schön, 1983, p. 25). It is possible that both of these historical trends—the desire to align with scientific knowledge and the subsequent rejection of those who claim such knowledge—cast a negative light on the idea of art therapy being a profession that continues to this day.

It can be argued that this history has been superseded by new definitions of what it means to be a profession and to be a professional that incorporate ideals that art therapists would embrace. For example, Gardner and Shulman's (2005) criteria above identify ambiguity as one

of the defining aspects of a profession rather than a reason to exclude it, and Palmer's (2007) conceptualization of the professional is someone who authentically lives out their ideals through their work. Art therapists might confidently step into this broader definition of profession without the perceived restrictions of previous eras.

Recent discourse on the definition of art therapy has brought forth additional questions of whether a re-definition of art therapy is needed, especially if it is understood to be a unique discipline (as a profession or not). Timm-Bottos (2016) envisioned art therapy as existing outside the boundaries of counseling and psychotherapy in the future, and suggested that art therapists tolerate the "messy margins" of current and future practice (p. 160). Bucciarelli (2016) argued for a new conceptualization of art therapy as being transdisciplinary (rather than interdisciplinary, as previously described), which she proposed aligns better with the core competencies taught in art therapy training programs and enables additional skills and knowledge to be continually integrated.

Bucciarelli's perspective, though valid, does not appear to acknowledge art therapy as an innovative and integrated discipline in its own right, however. Moving toward such integration, Potash, Mann, Martinez, Roach, and Wallace (2016) conducted a meta-analysis of the art therapy literature from 1983–2014 to determine the historical and current spectrum of practice. Their findings propose to extend the definition of art therapy published by AATA with language that they believed would more accurately portray the integration and diversity of current practice (italics indicate their additions to the current AATA definition):

> Art therapy is an integrative mental health profession that combines knowledge and
> understanding of human development and psychological theories *with training in* visual
> arts to provide a unique approach for improving *physical, mental, and community health*.

Art therapists use art media, *creative processes, imagination,* and verbal *reflections* of

produced imagery, to help people resolve problems, *foster expression,* increase self-

awareness, manage behavior, reduce stress, *restore health, promote creativity, support*

resiliency, enhance well-being, achieve insight, develop interpersonal skills, and *build*

community. (Potash et al., p. 124, edited from AATA n.d., para. 1; original emphasis)

This definition reveals art therapy as its own distinct discipline that is integrative in nature and

rich with diversity, without need of qualifiers such as inter- or trans-disciplinary. Junge (2014)

also proposed that art therapy is "deeply integrated" (p. 29) and a "*separate and wholly new*

field, different from all others in the mental health arena" (original emphasis, p. 28). This recent

discourse seems to indicate that art therapists are now claiming art therapy as a distinct

profession in its own right.

Art Therapist Professional Identity

Given that professionalism is an interrelationship between the professional, the

profession, and society (Sullivan, 2005), the formation of an art therapist as a professional will

involve an educational process of socialization into art therapy and the establishment of a

professional identity, both of which are impacted by external societal conditions. However, the

relationship between the field's history and art therapist identity also has been complex and

contested (Junge, 2014; Talwar, 2016), perhaps reflecting the challenges of defining the

profession described above. Not only have art therapists questioned their roles and identity

throughout the profession's history, Gonzalez-Dolginko (2000) observed that "nearly every

conference, journal, and business meeting…has given time to this matter" (p. 90). Indeed, Junge

(2014) recently published an entire book on the subject of art therapist identity.

Due to the historical discourse on practice, some art therapists identify more with the element of art in their practice, whereas others emphasize the influence of psychology. However, it appears that these dichotomous identities are viewed as fixed in history, as well as unrepresentative of current and historical spectrums of practice (Potash et al., 2016; Spooner 2016; Wadeson, 2002). For example, Talwar (2016) commented that, "despite the richness of the conversation, the dominant framework in which art therapy has remained trapped is the dichotomy of art as therapy versus art psychotherapy" (p. 116). This history continues to influence how art therapists see their professional identity and integrate it with their professional practice.

Another challenge to art therapist identity has been the constantly changing regulatory and health environment that have required art therapists in many states to achieve dual training and dual credentials. Students and new professionals continue to face challenges to their art therapist identity as they navigate cross-credentialing as registered art therapists and licensed counselors or marriage and family therapists (Greenstone, 2016; Junge, 2014; Kapitan, 2005, 2012; Malchiodi, 2015). Dual credentialing often means that art therapy programs must coordinate their curriculum to meet the licensure requirements of related fields, which may have a negative impact on students' professional identity and career commitment (Jue & Ha, 2018). One implication for art therapy educators is a search for ways to help students in dual-degree programs form an integrated identity as they develop a skillset that straddles the worldviews of two professions (Feen-Calligan, 2012).

It should be noted that struggles with professional identity are not unique to art therapy. Perhaps due to the same public policy pressures and changing healthcare system in the U.S., other professions have had similar difficulty defining their identity, including, clinical mental

health counseling (Reemer, Omvig, & Watson, 1978; Smith & Robinson, 1995; Spruili & Fong, 1990), social work (Gitterman, 2014), occupational therapy (Ikiugu & Rosso, 2003), and dance/movement therapy (Vulcan, 2013). Schön (1983) identified multiplicity of practice as another difficulty in the process of defining professional identity. He found that in social work and psychotherapy, the complexity and variety of practice—and strong individual voices defining what "practice" should look like—made defining a unifying professional identity extremely challenging. As explored above, the profession of art therapy has similar dynamics: complex and varied practice and practitioners with strong opinions about what constitutes art therapy.

Professional identity can be seen as "an organizing mechanism" to synthesize students' personal values with the skills and worldview of the profession they are entering (Orkibi, 2014, p. 509). A profession's signature ways of teaching are intended to facilitate that process. However, a discipline's chosen pedagogy may or may not promote this intended integration, especially as a discipline's signature pedagogies tend to stay fixed and unquestioned over time, while professional practices change in relation to marketplace conditions and internal changes in the profession itself (Shulman, 2005b). Additionally, each generation of students entering the field bring with them a worldview that may be very different from that of their instructors or the profession at large. They also bring their own cultural realities, developmental experiences, personal concerns and motivations (Deaver, 2014), and even ideas for what art therapy should be. Kapitan (2012) surmised that "ultimately students who become our future practitioners must somehow reach an understanding of art therapy that is congruent with their personal self-constructs and therefore feels authentic to them" (p. 149). Thus, the congruence between a

student's worldview and their experience in the art therapy classroom can have a lot to do with the successful development of a cohesive art therapist identity.

Supervision and the supervisory relationship are other important integrating factors in developing an art therapist identity (Elkis-Abuhoff et al., 2010; Miller & Robb, 2017). Elkis-Abuhoff et al. (2010) found that a strong supervisory connection helped students navigate the formation of their professional identity by providing an initial safety net while simultaneously challenging their perceptions and facilitating the development of self-awareness regarding their clients. Adding art making to group supervision provides additional support for students as they navigate the feelings of vulnerability and the need for connection that are hallmarks of the transition to being a new professional (Robb & Miller, 2017).

Schön (1983) identified that professional crisis can occur when there is a "mismatch" between how a profession has done things traditionally and increasing awareness that these will not serve future or current practice needs. A profession's need to adapt to current practices can impact professional identity as well. Sullivan et al. (2007) described this mismatch as the shadow structure of a profession, and claimed that the process of identifying signature pedagogies can help explicate the need for change and provide a context from where to address it. Often what appears to be pedagogical blind spots in a field are not so blind; moreover, they are areas where evidence from different constituencies need to be considered in order to be able to see the problem from a new perspective.

As an example of the dynamism at play, art therapy educators have previously identified the inadequacy of current pedagogy to address the needs of students of color (Awais & Yali, 2015; Doby-Copeland, 2006; Gipson, 2015; Talwar, 2010). Johnson's (2017) study corroborated this deficiency with heuristic research on the graduate school experience of art therapy students

of color. Her results suggest that both curriculum and pedagogy changes are needed to address the feelings of disconnection and affective disruptions experienced by being students of color in a predominantly white educational institution who are preparing to enter a predominantly white profession. One of her findings was that cultural competency in the classroom can be a catalyst for strengthening art therapist identity for these students.

Surrounding this important research are several unknowns that could help educators make necessary changes. What pedagogy (teaching methods and/or theory) is currently being used to foster cultural competency? What assumptions underlie those pedagogical decisions? A study of signature pedagogies in art therapy could explicate these pedagogical assumptions and teaching methods. Without such information it is difficult to know what to change.

As illustrated in the above example, students can be caught in the profession's shadow structures without being given the pedagogical tools to negotiate them, which could lead them to question whether they are a fit for the profession. Therefore, it is necessary to identify the signature ways of teaching for a discipline so that these can be examined in relation to the needs of current practice, changes in the profession's internal view of itself, and the needs of current and prospective students. Students will define the future of the profession as much as they are also impacted by its history. Their identification with the profession and feeling that they belong determines whether they will stay or leave. Defining signature pedagogies for art therapy can help educators to understand the educational culture in which students form their professional identity and examine if this culture truly serves them as they transition into contemporary practice (Fletcher & Djajalaksana, 2014).

CHAPTER 3: METHOD

Delphi Study Methodology

As a comparatively young profession, art therapy does not have sufficient published scholarship on its educational practices to conduct a study of signature pedagogies based on a meta-analysis or review of literature as other professions have done. However, there exists a valuable base of expertise among the educators who are teaching and directing art therapy programs and who have been through the developmental changes in art therapy education described in the review of the literature. Given that art therapy graduate programs have been in existence for fewer than 50 years, and the field of art therapy has experienced rapid growth, there are educators who have been teaching almost since the inception of art therapy education who can offer historical perspectives as well as newer educators who have begun teaching at different points in the profession's development. I reasoned that tapping into this range of expertise would provide a baseline of the pedagogy used currently in art therapy education and, ideally, evidence of a common language across educational practice.

Kapitan (2018) recommended the Delphi methodology for uncovering shared understandings among a homogenous community with similar concerns, such as art therapy educators. The Delphi method aims at producing consensus by soliciting opinions from a selected group of experts and then collating, collapsing, and categorizing their responses to send back to the experts for additional rounds of review and consensus-forming results (Deaver & Kaiser, 2013; Edgren, 2006; Keeny, Hasson, & McKenna, 2011). Typically, the first round of questions is open-ended and aimed at qualitative responses and statements. After collapsing responses into commonly held statements, the entire set of statements is re-distributed to each

respondent in a second round, which they rank order and also provide additional comments and possible corrections. The third round asks for ratings of the results from round two for verification and re-ranking if needed. Three rounds of data collection are the number of rounds recommended to achieve adequate consensus in a classical Delphi study, while minimizing attrition (Keeny et al., 2011).

The main premise of the Delphi method is that consensus built from a group process is more valid and reliable than consensus built from gathering individual opinions (Keeny et al., 2011). Whereas in other group methods, such as focus groups or curriculum committees, strong personalities may dominate and influence the responses of others (Edren, 2006; Hsu & Sandford, 2007; Keeny et al., 2011), the Delphi method protects the anonymity of participants from each other to enable them to share their perspectives equally, which is a key benefit of the design. Delphi studies have been used in healthcare and education to identify training and practice competencies (Toronto, 2016), establish research priorities (Dimmitt, Carey, McGannon, & Henningson, 2005; Kaiser & Deaver, 2013), define a competency-based core curriculum (Edgren, 2006), identify core pedagogical principles (McLeod, Steinert, Meagher, & McLeod, 2003), and identify teaching practices for a specific discipline (Kloser, 2014).

The studies addressing pedagogy and teaching methods conducted by McLeod et al. (2003) and Kloser (2014) provided the most relevant models for my study. McLeod et al. (2003) used the Delphi method to address a practitioner–teacher knowledge gap in medical education. These authors surveyed education experts to identify important pedagogical principles, concepts, and theories that, if understood and used by clinical practitioners, could enhance their teaching. Kloser (2014) used Delphi technique to identify a set of core teaching practices for science education. The study revealed important elements of current teaching practices, such as

promoting interaction and dialogue in the classroom, and identified the need for a common language around what makes for successful teaching. The researcher stated that the results laid important groundwork for further defining and examining core teaching practices to improve the delivery of science education.

Participants

The literature on the Delphi method states that choosing appropriate and qualified participants for the sample is the most important part of the methodological process (Hsu & Sandford, 2007; Keeney et al., 2011). Although no set criteria or standards for participant selection are defined in the Delphi study literature (Hsu & Sandford, 2007), researchers are cautioned to carefully consider parameters for inclusion. Qualifications within a specialty area should be determined with respect to training, competence, reputation, leadership, and stakeholder interest (Hsu & Sandford, 2007). Unlike other survey methods, the Delphi method emphasizes expertise over representativeness (Kapitan, 2018). Participants, called "panelists," should have direct experience in the subject of the study.

Selection Criteria

Participants selected for this study were art therapy educators who teach in programs within and outside the United States. Qualification for the study was defined by specific criteria; however, exceptions were made on a case-by-case basis, as discussed below. Selection criteria included: (a) teaching as core faculty in art therapy education programs for at least three years, and (b) publishing on topics of art therapy education in peer-reviewed literature and/or (c) presenting on art therapy education at American Art Therapy Association conferences.

Participants were sought from graduate-level art therapy training programs housed in a variety of colleges, universities, specialty schools, and institutions with undergraduate, graduate, and/or doctoral programs. To lower the risk of institutional bias in the results, participation on the panel was limited to one educator for each school represented, unless educators in the same institution had specialized experience relevant to the study or a unique viewpoint to contribute. Because the focus of this study was on graduate-level training, educators who were mainly teaching undergraduate-level students were excluded. Adjunct professors were generally excluded due to their limited role in overarching programmatic decisions. However, graduate-level adjunct professors were included if they had presented, published, or conducted research on art therapy education. The rationale was that these criteria constituted sufficient expertise given the small number of art therapists presenting, publishing, or doing research on topics of art therapy education.

Because of the small number of art therapy programs in higher education, this study aimed for no more than 20 participants as a feasible sample. Hsu and Sandford (2007) and Keeny et al. (2001) suggested that a smaller number of participants, such as 10 to 15, is sufficient if the sample is homogeneous, which was the case for my study. Kloser (2014) cited precedent in the Delphi literature that suggested that panels of over 30 participants elicited little new information. Delphi studies similar to my study with a homogenous sample had participant numbers of 13 (McLeod et al., 2003), 16 (Kaiser & Deaver, 2013), 21 (Dimmitt et al., 2005), 24 (Kloser, 2014), and 26 (Edgren, 2006).

Recruitment

To locate potential participants with the appropriate expertise, I reviewed the art therapy education literature from 1980–2017, as well as the abstracts of American Art Therapy Association conferences from 2014 to 2017, for presenters who had presented on topics related to art therapy education. I also used a snowballing approach, asking members of my doctoral committee to identity qualified participants. Approval from the Institutional Review Board at Mount Mary University was obtained for the study design and prior to participant recruitment.

I sent a formal invitation letter to each prospective participant that described the study in detail (Appendix C). After they agreed to be in the study they were next sent a confirmatory email thanking them and a consent form for review (Appendix D). The consent form was also included in the welcome page of the online survey, accessed via email link. Each participant was allowed access to the survey only after verifying their identity and indicating that all consent procedures were read and agreed to. Participants were informed that they could withdraw from the research study at any time.

Invitations for this study were sent to 34 art therapy educators; 22 agreed to be in the study. Of these, 21 educators completed the first survey and 18 completed all three survey rounds. This attrition (3 participants between the start and end of the study) is low for a Delphi study; attrition is usually higher due to the amount of time it takes for several rounds of data collection.

Procedures

The survey design I chose was based on the classic Delphi design described in the literature, which I modified to take advantage of email and on-line survey technology (Keeny et al., 2011). Electronic delivery enables researchers to draw from a wider and more diverse pool of experts (Kaiser & Deaver, 2013) and decreases participant attrition due to faster response time

and email reminders. The classic Delphi design begins with open-ended questions to gather qualitative data, followed by rounds of consensus building. My research goal was to identify signature pedagogies for art therapy and therefore I designed the initial open-ended survey questions based on that conceptual framework. To obtain well-rounded data, I asked for responses to three questions aimed at the three domains of signature pedagogies: what teaching methods did the panelists use to help graduate students *think*, *practice*, and *develop the values and ethics* of art therapists. A final question asked panelists to identify an overarching signature pedagogy they believed was unique to art therapy, which was the item I expected would gather summary consensus. The survey procedure included three rounds of data collection.

e-Delphi Design

My study used the internet-based survey program to create and disseminate the surveys, and to collect and analyze the data. Survey Monkey® is a password protected, secure electronic platform. I designed the surveys and provided participant email addresses. The Chief Technology Officer at my workplace managed the survey process for all three rounds to ensure the data would be kept secure and allow me to analyze them objectively. Participant names and other direct identifiers (including email address used to send out the survey link) were separated from the data by assigning a code number for each survey entry. Data were distributed to me in documents free of identifying information.

I allotted approximately two weeks for each survey round. Given the e-Delphi design, less response time was needed. However, I anticipated the need to send reminders to those who had not responded after one week, and again to those who had not responded after two weeks. I also planned to further extend the deadline, by no more than 3-4 days, in order to reduce attrition.

Round 1 Data Collection

For the initial survey, developed as Round 1, participants were asked for demographic information. Following the demographic questions, they were asked to respond to four open-ended prompts or questions:

1) Describe the kinds of teaching methods you usually use to teach graduate students how to think like art therapists.

2) Describe the kinds of teaching methods you usually use to teach graduate students the skills needed to practice as art therapists.

3) Describe the kinds of teaching methods you usually use to teach graduate students the ethics and values needed to be art therapists.

4) Considering that in the field of medicine, the standard pedagogy is rounds, in law Socratic case dialogue, and in engineering the design studio, what pedagogy would you say is key or unique to the training of art therapists?

The first three open-ended prompts paralleled the three dimensions of signature pedagogies conceptualized by Shulman (2005a): specifically, thinking (Question 1), practice (Question 2), and ethics/values (Question 3). These three prompts were intended to gather data that would further inform the consensus reached in the final question. Participants were also provided with an open text field for questions and additional comments.

Reminders were sent to panel members who had not responded after one week. Additional reminders were sent via email after the initial response deadline had passed, which lengthened the time it took to complete Round 1 of data collection. However, the additional reminders resulted in a low rate of attrition.

Round 1 Data Analysis

After all participants had returned their surveys, I reviewed their responses to all four

prompts and then collated and collapsed responses, attempting to use the original phrases and

wording as much as possible. For example, I kept the specific wording of *exploratory materials-*

driven sessions (e.g., learning about the impact of materials on emotion; being alert to own

responses to materials) rather than collapsing all these words into *exploration of art materials*.

As a validity check, I attempted to limit my influence by preserving the originally worded

responses as much as possible in order to have the panel respond directly to what was described

by other panel members (Edgren, 2006). I also sent the data to two volunteers who independently

collated and collapsed responses as well as identified key themes and patterns. These individuals

were not art therapists, which I felt offered a more objective view of the data because they would

not be influenced by content related to their own training. Perhaps due to giving them direction

that was too broad, their analysis turned out to be qualitative summaries that did not aid in

collapsing specific items to include in Round 2. However, these summaries did confirm that I

was capturing and collapsing items that fit within major themes in the data. Their analyses

became more useful in relation to the final results of the study as they identified broader themes

and patterns.

Round 2 Data Collection

Only participants who completed Round 1 were sent a survey for Round 2. This second

survey asked participants to rate and rank order the collated and condensed responses from

Round 1. Rank ordering is a customary technique to build consensus in Delphi studies (Keeny, et

al., 2011). However, it is not recommended for longer lists of data (Toronto, 2016). Therefore, a

4-point Likert rating system was used for the first three survey prompts, which had generated too

many items for rank ordering. Participants were asked to rate a list of categories collated from the responses to the first three open-ended questions using a scale of 1–4 (4 = extremely important, 3 = very important, 2 = somewhat important, 1 = not important). A 4-point scale was chosen because it forces discrimination on either side of a middle point and is the scale used in similar studies (Dimmitt et al., 2005; McLeod et al., 2003). The designation of *extremely important* was included to identify what participants found to be essential items (Toronto, 2016).

The final prompt, an open-ended question (*What pedagogy would you say is key or unique to the training of art therapists?*), was the main research question around which I wanted to gather consensus. Because the question generated fewer collapsed items than the first three questions, participants were asked to rank order the Round 1 responses to this final question. Participants were also provided with an open-text field to add key pedagogies they felt were missing from the list as well as an open-text box for comments and questions.

Round 2 Data Analysis

For the first three survey prompts I reviewed the overall weighted scores as well as items that panelists had rated extremely important. After examining the data in both ways, I decided to focus on items that were rated as extremely important rather than on the overall weighted score. My rationale was that items rated as extremely important revealed the highest consensus because panelists could rate as many items as they wanted for this category. I chose to share in Round 3 those items that over two-thirds of panelists had rated as extremely important. This cut-off point showed the highest consensus while also providing a rich range of response data. Providing items that received less than two-thirds agreement would have muddled the consensus; providing

only items that received, for example, 85–100% agreement, would have made the data too sparse for panelists to comment meaningfully in Round 3.

For Question 4, which was ranked rather than rated, I looked for the point at which the consensus dropped off significantly and only included in Round 3 the items that were above that point. This cut-off point happened to be a weighted score of 5.56. There were 7 items out of the original 11 items that were clearly differentiated by their weighted score.

Round 3 Data Collection and Consensuses

Participants who had returned their responses to Round 2 were sent a Round 3 survey. Participants were provided with the top rated items for review and also were invited to share their thoughts or impressions of the data. The list included only those items that over two-thirds of respondents had rated as *extremely important*. Percentages were listed next to each item. I chose to share percentages rather than the total weighted score for each item to provide the most meaningful comprehension. Each percentage was rounded to the nearest whole number for ease of reading. This same procedure was followed for each of the first three survey prompts. Participants were provided with an open text box after each set of data to (optionally) share thoughts or impressions of the data. For the final survey question, participants were provided with the top results of the rank ordering from Round 2 and then asked to re-rank those items. They were also provided with an open text box to share comments. After Round 3 data was analyzed I sent out a final communication that listed results of the final ranking, thanked participants for their time, and invited them to share any final comments on the study.

Ethical Considerations

To insure anonymity of the data, the Chief Technology Officer at my workplace handled all aspects of the e-Delphi survey process. I designed each questionnaire and then gave her the information to create, test, and send. She alone had access to the Survey Monkey® data. After data had been collected for each round she sent it to me in reports that were cleared of any identifying information. These procedures were followed for all rounds of survey collection, including the reporting of Round 3 results and gathering of final comments.

I took similar precautions during data analysis. I carefully avoided including any wording or specific concepts that might identify participants to their peers. For example, I used only American English spellings in collapsing and collating items for Round 2, despite having panelists who used British English spellings, for consistency and anonymity. I also did not include specific terms that would identify individuals based on what they had published or their institutional setting. In reporting the results, I generalized or did not include potentially identifying information.

CHAPTER 4: RESULTS

The results from this Delphi study on signature pedagogies for art therapy revealed a significant amount of consensus among the panelists on the teaching methods they use to teach students how to think, practice, and develop the ethics and values to be art therapists. Three teaching methods in particular received 100% consensus. Taken broadly, these results indicate that there is a shared language among art therapy educators that can be further examined to uncover a deeper understanding of art therapy as a unique, integrated profession. This chapter presents the results from all three rounds of the study, beginning with demographic data gathered in Round 1, followed by he quantitative and qualitative results from Rounds 1, 2, and 3. The chapter concludes with a summary that recaps the key findings and offers an emerging picture of possible signature pedagogies for art therapy, discussed in the final chapter.

Demographics

Participant demographic information gathered was limited to what was most relevant to this study: job title, teaching status (e.g. full- or part-time), years of art therapy teaching experience, average number of courses taught per academic year, and information about the institutional context of teaching (type, geographic location, academic levels of art therapy programs, and art therapy degree titles offered by that institution). Participants' level of education was gathered from their public biographies prior to inviting participation.

Of the 21 educators who completed Round 1, the majority (80%) had full-time teaching positions. The remaining 20% taught part-time or were retired. The majority of educators (14) had doctoral degrees, the remaining 7 had master's degrees. However, two of the master's level participants were enrolled in doctoral programs at the time of the study. The level of teaching

experience was high: 80% had over 10 years of teaching experience, and of these panelists approximately 10% had between 20–25 years of teaching experience. Over 30% had 25 years or more of teaching experience. In terms of department leadership, eight participants reported job titles that included either Program Director, Programme Convenor, or Chair. Faculty rank included: Professor, Associate Professor, Assistant Professor, Course Coordinator, and Lecturer. Two participants identified that they were in temporary or adjunct roles.

Demographics on course load indicated that 40% of participants taught between five and six courses per academic year, 24% taught between three and four courses, 19% taught between seven and eight courses per year, and the remaining 19% taught between one or two courses per year. The variance in these numbers could be attributed to the number of experienced faculty who have administrative and leadership responsibilities as compared to newer faculty who may carry a larger course load.

Institutional demographics indicated that over 80% of participants taught at universities, nearly 14% taught at colleges, and 5% taught at institutes. Geographic locations of institutions where participants taught are as follows: U.S. East (9), U.S. Central (7), U.S. West (2), Asia (1), Australia/New Zealand (1), and United Kingdom (1). Over 90% of participants indicated that their institution offered graduate (M.A. or M.S.) level programs; graduate-level art therapy education was the focus of this study. Over 30% indicated their institutions also had a baccalaureate (B.A.) level program, 19% had a doctoral program, and the remainder described programs that did not fit precisely into these degrees.

Round 1

Twenty-one panel members responded to the Round 1 survey with thick qualitative descriptions about the methods they used to teach students how to think, practice, and act

ethically as art therapists, and also identified those methods they felt were key or unique to the

training of art therapists. All 21 panelists answered each survey prompt with a range of diverse

responses and rationales—from short lists of individual teaching methods to detailed paragraphs

that described methods in depth. Not all of the responses could be considered teaching methods,

however. For example, some panelists provided details about specific assignments used, desired

behaviors and skills, and educational content. Some panelists described the application of

teaching methods with step-by-step examples of how they are carried out in the classroom. Many

of the longer narratives included thinking about broader teaching philosophy or the worldview of

art therapy.

Question One: Teaching students how to think like art therapists

Responses to the first survey prompt revealed that to think like an art therapist the student

needs to interact with art materials, ideas, theories and experiential, hands-on learning activities.

The importance of learning by doing came up again and again. However, according to these

panelists, art therapy education seems to be primarily rooted in experiential learning gained

while using art. As one panelist stated, "the emphasis on using art in the teaching of art therapy is

what sets art therapists apart from other mental health professions." Closely related wording that

described the use of art in the classroom included *art based experientials* (a term used among art

therapy educators to mean a defined art activity geared toward learning goals) and *experiential*

directives (a term art therapists use to describe a therapeutic art activity given to clients). When

the word "experiential" was used, it was implicitly understood to include art. One panelist said,

"Almost every class in the [master's] program has an experiential component…all experientials

involve art materials." The term *immersion* also was used to describe deep engagement in an

experiential, art-based process (e.g., "immersion in the creative process") designed to help students embody the learning and become alert to their own responses to art materials.

Methods that were not based in art making were also highlighted as important. Writing was identified as a way to help students integrate their experiential learning and develop the critical thinking necessary to hold multiple views in relation to future client work. Lecture, discussions, and group work were mentioned as being used to introduce theory, encourage inquiry and self-reflection, and reinforce art therapy as a process of meaning making.

The importance of fostering self-reflection was stated multiple times as a crucially important element of art therapy training. The use of art in the process of self-reflection was described as the element that makes art therapy training distinct from related professions. In particular responsive art making or *response art* (making art in response to a specific topic or experience), was cited as a key method used to help students explore, problem solve, self-reflect, and incorporate key concepts into their understanding of art therapy practice. Response art was defined by one panelist as a way to "connect with the language of art/art making and keep the importance of self-reflection and self-awareness active." Another panelist explained the relationship between the art product and self-reflection: "I encourage [students] to make explicit connections between their images (subject matter, formal elements, symbols) and their reflections in order to make sure that their ideas stick to the image and are grounded in the image." This statement reflects the belief that to learn how to think like art therapists, students must remain focused on the visual and symbolic information provided in the artwork, rather than going into a reflective process that does not include or directly reference their created art image.

Self-reflection, intra-personal processing, and introspection seem to be inherently valued in teaching students to think like art therapists. The term *self-reflection* was used frequently by

panelists. By contrast, the term *self-reflexivity*, which connotes a process of critical reflection (Kapitan, 2015) rather than only self-reflection, was mentioned by only one panelist. That panelist wrote, "I intentionally focus on self-reflexivity through art making, journaling, discussion, and longer paper writing . . . focused in developing thinking of self-narratives." This panelist also emphasized the need for educators to help students "complicate [their] thinking." That is, students should be exposed to alternate perspectives that challenge their habitual assumptions and worldview.

Panelists also gave importance to helping students engage in artistic ways of thinking and knowing. Specifically identified were engaging students in the "language of art making" and "artist ways of knowing," teaching them to think aesthetically, and emphasizing the "art of art therapy." Value was also placed on encouraging student to engage with multiple ways of knowing, specifically described by one panelist as "thinking, imagining, feeling, intuiting, [and] sensing."

Art making and experiential learning in the classroom were frequently inferred as essential to developing authenticity of practice, based on the idea that art therapists should not ask clients to do something they have not done themselves. One participant stated: "Most of all, by the use of image making, student therapists experience the numerous ways that content can be expressed and explored in the same way that we ask clients to engage in the use of art in therapy."

Respondents also implicated a developmental approach to training. One panelist explicitly discussed how developmental considerations are made for stages of training (beginning, middle, end), maturity of students (individually and collectively), and movement from extrinsic to intrinsic learning. Thus, learning to think like an art therapist may be

understood as a developmental process that builds on itself over the course of training and must be somewhat individualized for each student. Part of learning to think like an art therapist is "socialization" into the profession; one panelist wrote that students are told from the start that they are training to become members of the art therapy profession.

Question Two: Teaching students how to practice like art therapists

Responses to the second survey prompt elicited many of the same methods as the first question. In fact, several respondents wrote "same as the above" and then added additional items. This result suggests that *learning by doing* helps students learn to think as well as to practice, so much so that thinking and practicing are perceived as closely related and perhaps inform one another. Practice aspects that students were guided to experience were based on developmental building toward engaging with clients. For example, in the beginning of training the focus might be more on theory, the intermediate stage techniques and self-awareness, and the final stage elements of practice and self/other awareness. Experiential art processes, individually and in groups, were identified as ways to experience the potential experience of clients and to practice applications of that experience for different population groups. Building interpersonal and relational skills, personal reflection, and self-awareness were also emphasized as methods on which to build future practice knowledge and skills.

One panelist specifically highlighted that how the pedagogy of art making is different depending on the stage of learning:

> In the beginning of the education I might rely more on theory, which is external, and also include some responsive art to the theory. In intermediary classes I would use artwork to explore different techniques, case examples and students' responses to those techniques,

while in more advanced classes, we might use artwork more for self-reflection and

learning about countertransference.

Early classes rely more on theory because students have not yet developed the mental models

derived from practice. But gradually, after more exposure to the realities of practice, the art

therapy educator can use artwork making and viewing to promote theory and practice integration

by surfacing insights connected to practice.

Field placement (either *practicum* or *internship*) was highlighted as essential to building

student's practice skills. These hands-on clinical experiences were described ideally as structured

and closely supervised, with progressively increased responsibility. Field experiences with a

credentialed art therapist was cited as ideal but unachievable in many locations. Encouraging

students to begin formulating their individual style of practice was highlighted as a value related

to both fieldwork and supervision. The need for building self-care skills was an additional item

mentioned that was related to clinical placements.

Supervision groups were cited as another essential pedagogy for skill building. A key

theme from several panelists was the importance of interpersonal interactions with fellow

students, both in terms of providing and getting feedback. As stated by one panelist:

In practicum, specific skills such as learning how to talk about art with others, witnessing

art, activating relational aesthetics are all focused on through making art in a group and

discussion/performance. Students learn through stumbling over words with each other

and then sharing and receiving information about artwork too in order to develop a style

of communication about artwork and process.

A frequently mentioned pedagogy used in conjunction with supervision was personal reflection

on clinical experiences through *visual journaling* (also called internship journals). Also identified

was making and discussing response art and a related methodology known as *process painting* (Miller & Robb, 2017).

Question Three: Teaching students the ethics and values needed to be an art therapist

Responses to the third survey prompt highlighted themes of what it means to be an ethical practitioner and the pedagogical avenues to get there. One prominent finding was the importance of weaving topics of ethics throughout the program, mentioned directly by two panelists and inferred by several others. Methods to develop self-awareness and critical thinking were also strongly emphasized, as was the ethical responsibility to integrate cultural competency throughout training. Panel members also consistently highlighted the importance of teaching the content of ethics codes (as disseminated by AATA, the Art Therapy Credentials Board, and the American Counseling Association).

A theme not seen in responses to the first two survey prompts was the importance of instructor *authenticity*. One panelist stated: "A large part of teaching ethics and values is the ability to walk the talk and maintain authenticity with one's students." The value of authenticity was not only mentioned related to teaching ethics, but also for modeling an overarching value of art making. As one panelist stated, "if they see that I value of art-making as a way of engaging the world, then they will follow suit in their own work and with their clients." This statement may reflect an aspirational value embedded in the art therapy worldview. It also reflects what panelists put forth in the first two questions about teaching students how art is a way of knowing and seeing the world.

Question Four: Signature teaching methods that are key or unique to art therapy

The fourth, and final, survey prompt was a question to elicit responses about signature teaching methods that are key or unique to art therapy. The responses to this question

incorporated some of the themes found in responses to earlier prompts in the survey. The strongest theme that emerged was *experiential learning using art materials*, mentioned specifically by over half of the panelists. Panelists described experiential learning through art making and the *use of creative processes* in the classroom as essential and unique to the training of art therapists. Art making was described as an alternate form of communication and a vehicle for self-exploration. Specifically, the coupling of *experiential art* with *self-reflection*, *self-exploration*, and/or *self-awareness* was seen as critical. One panelist stated:

> If we are to look at pedagogy in the context of art therapy, I think the "experiential" to my mind is a unique tool in providing "hands-on experience" in training, where one is able to work through the creative process and group dynamics in gaining awareness both of the self as well as very often the populations we work with. The experiential space thus takes on the form of a mirror becoming the potential key to reflect both on the inside as well [as] on the outside, providing the learner significant learnings and understanding both in using oneself as material in relation to others.

The panelist's response above reflects a particular challenge found throughout these results that could impede the identification of signature pedagogies, however. Many panelists responded with a lack of specificity when they used the term *experiential*. In the above response the term seems to be used both as experiential learning through art making and as an overall experiential form of group learning environment that mirrors aspects of the therapeutic process. The comment also shows how experiential learning—using art or setting an experiential learning environment—is a bridge between the classroom and the field work where students begin their practice with actual clients.

Response art was cited as a specific art-based pedagogy, particularly because it combines experiential art making and self-reflection. One panelist stated: "I would consider responsive art making (students making their own art in response to a client or case) to be a key feature, in that it involves self-reflection and an experiential component to our teaching methods." Another panelist offered a broader definition: "Response art is the unique pedagogical practice in art therapy. It is an art-based method that supports deep understanding and communication about the complex theories, methods, and experience of art therapy."

Round 2

Round 2 consisted of 19 panelists who were asked to rate 51 items on a 4-point Likert scale (*4 = extremely important, 3 = very important, 2 = somewhat important, 1 = not important*) derived from the total qualitative responses from question one, 45 items from question two, 29 items from question three; for question four they were asked to rank order 11 items (Tables 1–4). Each individual panelist rated an item according to its importance as a pedagogy unique to art therapy.

Table 1. *Collapsed responses to Question One: Describe the kinds of teaching methods you usually use to teach graduate students how to think like art therapists*

1. Didactic presentations

2. Experientials involving art materials

3. Lectures

4. Assigned readings

5. Written and verbal processing of academic and experiential exercises

6. Discussions (formal, informal, large group, small group)

7. Processing/reviewing experiential sessions in pairs, trios, or whole class

8. Exploratory materials-driven sessions (e.g., learning about the impact of materials on emotion; being alert to own responses to materials)

9. Academic paper writing (APA style, research, critical analysis of art therapy literature)

10. Out-of-class research assignments (encourage development of research skills)

11. Art-making as single activity or series of activities

12. Deconstructing complicated text by creating prose, poetry, and art responses

13. Reflection paper writing

14. Use of creative process as entry-point and primary-mode of learning about any new construct, process, or idea

15. Role play

16. Mock scenarios

17. Student presentations

18. Use of internet to socialize students to the profession (e.g., AATA website)

19. Tests and quizzes

20. Case examples from practice (with or without client art)

21. Sharing first-hand narratives

22. Exploring materials related to clinical applicability

23. Art-based assignments

24. Journaling (visual and word)

25. Encouraging art therapist thinking-in-practice (as if students are already art therapists)

26. Technology-assisted learning (online discussion boards, file-sharing of art, audio and video commenting)

27. Use of spontaneity in the classroom

28. Use of dialogue to explore the relationship between the artist and scientist in understanding art therapy

29. Engage students in multiple ways of knowing (e.g., thinking, imagining, feeling, intuiting, sensing)

30. Socratic methods of dialogue that support reflection

31. Processes that inspire internal as well as external dialogue

32. Instructor modeling

33. Methods that emphasize the importance of culture (as a lens and also as a ground for knowing)

34. Movies about special populations or books (novels)

35. Videos of art therapy practice and historical figures

36. Response art (especially noted: creative responses to didactic material)

37. Methods to build awareness, understanding, and exposure about diverse applications of art therapy in the field (open minds to new possibilities of practice)

38. Art-based learning (in general, many forms)

39. Group/collaborative art-making

40. Art psychotherapy groups (analytic group format)

41. Problem-based learning (especially use of art in problem-solving)

42. Field experience (observing an art therapist in practice)

43. Tiered learn-by-doing approach: dissemination of information, opportunity for application, follow-up discussion

44. Service-learning

45. Use of the Expressive Therapies Continuum

46. Processes of art as a way of knowing (e.g. set an intention, create art freely about it, reflect on it in writing/discussion)

47. Relational-learning (e.g., facilitate attunement between students and instructor; between students and students)

48. Experience of own personal therapy (the student's)

49. Make explicit connections between images (subject matter, formal elements, symbols) and student reflections to make sure ideas are grounded in the image

50. Art therapy large experiential groups (e.g., a whole cohort plus staff; over 100 people)

51. Presentations and reflexive explorations about the wider field of art

Table 2. *Collapsed responses to Question Two: Describe the kinds of teaching methods you usually use to teach graduate students the skills to practice like art therapists*

1. Assigned readings

2. Discussions (small group, large group)

3. Demonstrations (by instructor or other professionals)

4. Demonstrations of a particular art therapy approach/skill/activity (instructor or students)

5. Modeling art therapy process/skills by how instructor runs the class

6. Teaching videos of art therapy in practice

7. Direct field observation of art therapist in practice

8. Individual and group art-making in classroom

9. Students take therapist role within context of class work

10. Group didactic experiences

11. Video recording of mock-sessions

12. Video recording of actual client work

13. Closely supervised experience with progressively increasing responsibility

14. Group session run by students in their class

15. Practice art therapy sessions in pairs or trios

16. Role play

17. Mock scenarios

18. Socratic discussions

19. Problem-based assignments

20. Reflection papers

21. Academic writing assignments

22. Practice skills: interviewing, conducting assessments, treatment planning

23. Student writing, presentation, and discussion of case material

24. Writing transcripts of art therapy sessions

25. Practicum/internship placements

26. Experientials linked specifically to populations students are encountering in practicum work

27. Supervision classes in small groups (encourage peer interactions as professionals)

28. Methods that encourage students to begin formulating their individual therapeutic style

29. Clinical writing assignments (note taking, documentation)

30. Tiered learn-by-doing approach: dissemination of information, opportunity for application, follow-up discussion

31. Service-learning

32. Response art (especially noted: related to application, e.g., internship work)

33. Performance (as art response)

34. Self-reflective exploration/inquiry (intrapersonal processes)

35. Lectures and seminars on topics specific to professional practice

36. Art experientials based on contemporary art, museum exhibits, and artist talks

37. Studio environment that emphasizes commitment to personal art practice

38. Visual internship journals (shared and explored in internship class or turned in to the instructor)

39. Use of artwork to explore countertransference

40. Critical analyses of art therapy peer-reviewed literature

41. Process painting (ongoing attachment with one artwork throughout internship/practicum)

42. Relational-learning (e.g., attunement between students and instructor; students and students)

43. Skill-building through heuristic inquiry

44. Group experiences that teach leadership skills of facilitation, keeping art, and materials management

45. Field work projects (e.g., based on field work readings as examples of practice approaches)

Table 3. *Collapsed responses to Question Three: Describe the kinds of teaching methods you usually use to teach graduate students the values and ethics required to be art therapists*

1. Methods for students to identify and reinforce self-care skills

2. Role play (especially of ethical and professional dilemmas and case scenarios)

3. Problem-finding exercises

4. Collaborative group work

5. Videos

6. Writing assignments (individual and group)

7. Assigned readings (in particular a comprehensive ethics book)

8. Lecture

9. Discussions of contemporary issues

10. Critical analyses of peer-reviewed art therapy literature

11. Review of professional ethics codes (specifically cited: AATA, ATCB, ACA, and local/state)

12. Service-learning

13. Narrative, visual art, and poetry reflection on challenging case scenarios

14. Supervision (as a value throughout the program)

15. Encouragement to seek personal therapy

16. Response art (especially noted: for self-reflection and awareness; examining ethical dilemmas)

17. Reflection papers

18. Technology-assisted learning

19. Field experience (prior to internship)

20. Art-based experientials with verbal processing that promotes critical thinking

21. Problem-solving group work

22. Interviewing practicing art therapists

23. Ethics examination or seminar directly prior to starting internship/placement

24. Journaling

25. Poetry writing

26. Assignments specifically designed to make links with what art therapists value

27. Instructor modeling of values and ethics: walk-the-talk and maintain authenticity

28. Instructor modeling the value of personal art-making as a way of engaging the world

29. Interweaving topics of ethics and values through every stage of training

Table 4. *Collapsed responses to Question Four: What pedagogy would you say is key or unique to the training of art therapists? (Items for rank-ordering.)*

1. Art-based experiential learning

2. Response art

3. Clinical art therapy internships/placements with an art therapist

4. The art studio (studio style context for experiential learning)

5. Art-based research methods and inquiry

6. Constructivist and art-based learning

7. Service-learning

8. Learner-centered pedagogy based off theory of multiple intelligences

9. Hybridity of pedagogies (not just one kind; interdisciplinary)

10. Art therapy theory-based case conceptualization

11. Pedagogy that emphasizes both the nature of the therapeutic relationship and the nature of art

Question One Round 2 Results: Teaching students how to think like art therapists

Table 5 (below) shows the items for Question One that received endorsement in two ways: (a) they were rated by two-thirds of panelists as *extremely important*, and (b) they also received an average weighted score between 1.00 and 1.50. As described in the Methods chapter, panelists were only provided with items that had been endorsed as *extremely important* by two-thirds of panelists, as these were considered to have gained the most consensus. However, viewing the weighted average scores provides a more comprehensive picture of the teaching methods used. A comparison of the two reveals the relative importance given to particular

methods while also showing those likely to be regularly used even though not rated as extremely important.

Of the top rated items, six involved methods of art-based learning (i.e., experientials involving art materials, exploratory materials-driven sessions, art-making as a single activity or series of activities, art-based learning, art-based assignments, and response art). While these items could all fall under one broad category, the subtleties between them provided more information on exactly how art is used uniquely in the context of art therapy pedagogy as compared to other professions. The item that received 100% consensus—experientials involving art materials—perhaps indicates a preferred term to describe an overarching category.

Top rated items that did not involve art materials included: (a) engaging students in multiple ways of knowing, (b) methods that emphasize the importance of culture, (c) discussions, (d) processes that inspire internal as well as external dialogue, and (e) methods that build awareness, understanding, and exposure about diverse applications of art therapy in the field. These responses indicate important relationships between art processes and materials, self, others, culture, and application. Diversity and multiple viewpoints are implied as important values.

Table 5. *Question One: Highest Rated Items (N =18)*

Item	Extremely Important % (*n*)	Weighted Average
Experientials involving art materials	100 (18)	1.00
Engaging students in multiple ways of knowing (e.g. thinking, imagining, feeling, intuiting, sensing)	88.89 (16)	1.11
Exploratory materials-driven sessions (e.g. learning about the impact of materials on emotion; being alert to own responses to materials)	83.33 (15)	1.17

Methods that emphasize the importance of culture (as a lens and also as a ground for knowing)	83.33 (15)	1.22
Discussions (formal, informal, large group, small group)	76.47 (13)*	1.24
Art-making as single activity or series of activities	72.22 (13)	1.33
Processes that inspire internal as well as external dialogue	66.67 (12)	1.33
Methods to build awareness, understanding, and exposure about diverse applications of art therapy in the field (open minds to new possibilities of practice)	66.67 (12)	1.33
Art-based learning (in general, many forms)	72.22 (13)	1.33
Art-based assignments	61.11 (11)	1.39
Response art (especially noted: creative responses to didactic material)	72.22 (13)	1.39
Assigned readings	61.11 (11)	1.44
Written and verbal processing of academic and experiential exercises	55.56 (10)	1.44
Processing/reviewing experiential sessions in pairs, trios, or whole class	61.11 (11)	1.44
Academic paper writing (APA style, research, critical analysis of art therapy literature)	55.56 (10)	1.44
Out-of-class research assignments (encourage development of research skills)	61.11 (11)	1.44
Processes that facilitate art as a way of knowing (e.g. set an intention, create art freely about it, reflect on it in writing/discussion)	61.11 (11)	1.44

Note. * = item with a total of 17 responses

Question Two Round 2 Results: Teaching graduate students how to practice like art therapists

Table 6 (below) shows the top-rated items for question two—methods that teach students to practice like art therapists. Of the highest rated items, internship placements and supervision top the list. Art-based methods also appear but are less prominent and rated lower overall than in question one. Only three top-rated items involve art making: response art, use of artwork to explore counter-transference, and individual and group art making in the classroom. Learning through instructor modeling and field observation are included as top items. Also included are methods that encourage students to develop their own therapeutic style and to develop the practice-related skills of interviewing, conducting assessments, clinical writing, and treatment planning.

Table 6. *Question Two: Highest Rated Items (N =18)*

Item	Extremely Important % (*n*)	Weighted Average
Practicum/internship placements	100 (17)*	1.00
Supervision classes in small groups (encourage peer interactions as professionals)	88.89 (16)	1.11
Closely supervised experience with progressively increasing responsibility	83.33 (15)	1.17
Practice skills: interviewing, conducting assessments, treatment planning	77.78 (14)	1.22
Methods that encourage students to begin formulating their individual therapeutic style	72.22 (13)	1.28
Response art (especially noted: related to application, e.g., internship work)	83.33 (15)	1.28
Use of artwork to explore countertransference	77.78 (14)	1.28
Discussions (small group, large group)	61.11 (11)	1.39
Direct field observation of art therapist in practice	72.22 (13)	1.39

Student writing, presentation, and discussion of case material	61.11 (11)	1.39
Clinical writing assignments (note taking, documentation)	61.11 (11)	1.39
Self-reflective exploration/inquiry (intra-personal processes)	66.67 (12)	1.39
Modeling art therapy process/skills by how instructor runs the class	61.11 (11)	1.44
Individual and group art-making in classroom	72.22 (13)	1.44
Group experiences that teach leadership skills of facilitation, keeping art, and materials management	55.56 (10)	1.44

Note. * = item with a total of 17 responses

Question Three Round 2 Results: Teaching students the ethics and values needed to be an art therapist

Table 7 (below) shows the top-rated items for question three. For this question no single items received 100% consensus. The highest rated item was review of professional ethics codes. However, this item represents content, not pedagogy. Of the remaining highest-rated items, there is a theme of values and ethics being woven throughout every stage of training. Instructor modeling of ethics and professional values was also rated highly. Also of note is that response art was given a higher rating here than for the previous two questions.

Table 7. *Question Three: Highest Rated Items (N =18)*

Item	Extremely Important % (*n*)	Weighted Average
Review of professional ethics codes (specifically cited: AATA, ATCB, ACA, and local/state)	94.44 (17)	1.06

Interweaving topics of ethics and values through every stage of training	88.89 (16)	1.11
Supervision (as a value throughout the program)	83.33 (15)	1.17
Response art (especially noted: for self-reflection and awareness; examining ethical dilemmas)	77.78 (14)	1.22
Instructor modeling of values and ethics: walk-the-talk and maintain authenticity	77.78 (14)	1.22
Art-based experientials with verbal processing that promotes critical thinking	76.47 (13)*	1.24
Discussions of contemporary issues	77.78 (14)	1.28
Methods for students to identify and reinforce self-care skills	61.11 (11)	1.39
Reflection papers	61.11 (11)	1.44
Instructor modeling the value of personal art- making as a way of engaging the world	77.78 (14)	1.44

Note. * = item with a total of 17 responses

Question Four Round 2 Results: Signature teaching methods that are key or unique to art therapy

Table 8 (below) shows the rank ordering (weighted scores) for question four—the most key or unique pedagogy for art therapy education. Art-based experiential learning received the highest ranking, with a weighted score of 9.56, which was 1.45 points higher than the second ranked item. Pedagogy that emphasizes both the nature of art and the therapeutic relationship was the second highest ranked item, followed closely by clinical art therapy internships/placements with an art therapist. The next three items were grouped closely in ranking: response art, art therapy theory-based case conceptualization, and the art studio. These were followed by art-based research methods and inquiry. The lowest-ranked items were: hybridity of pedagogies (i.e., interdisciplinary), constructivist and art-based learning, learner-

centered pedagogy based of theory of multiple intelligences, and service-learning. Of note, these lowest ranked items did not specifically rely on art as part of the pedagogy and, additionally, are pedagogies that could be used by other disciplines and, therefore, not signature.

Table 8. *Question Four: Rank Order Weighted Scores (N =19)*

Art-based experiential learning	9.56
Pedagogy that emphasizes both the nature of art and the therapeutic relationship	8.11
Clinical art therapy internships/placements with an art therapist	8.00
Response art	6.76
Art therapy theory-based case conceptualization	6.65
The art studio (studio-style context for experiential learning)	6.29
Art-based research methods and inquiry	5.56
Hybridity of pedagogies (not just one kind, interdisciplinary)	4.53
Constructivist and art-based learning	4.06
Learner-centered pedagogy based of theory of multiple intelligences	3.76
Service-learning	3.17

Viewing the individual rankings that placed first, second, and third reveals a fuller picture of how panelists valued each item (Table 9). Art-based experiential learning was rated first by 50% of panelists. The next highest rating was clinical art therapy internships. Items that received the highest second place ranking were pedagogy that emphasizes both the nature of art and the therapeutic relationship, art-based experiential learning, and response art. Items that were ranked third in importance were closer to each other in ranking, with the highest item being art therapy theory-based case conceptualization, followed by the art studio, and pedagogy that emphasizes both the nature of art and the therapeutic relationship. However, when viewing the data in this way, it is important to note that not all 19 panelists chose to rank each item, which slightly skews the results. The only item that was rated by all 19 people was pedagogy that emphasizes both the

nature of art and the therapeutic relationship. Three items were ranked by 18 people: art based experiential learning, art-based research methods and inquiry, and service-learning. The remaining items were ranked by 17 people.

Table 9. *Question 4: Top Three Rankings (N =19)*

Item	Ranked 1st % (*n*)	Ranked 2nd % (*n*)	Ranked 3rd % (*n*)
Art-based experiential learning	50 (9)	22 (4)	5.56 (1)
Pedagogy that emphasizes both the nature of art and the therapeutic relationship	5.26 (1)	36.84 (7)	15.79 (3)
Clinical art therapy internships/placements with an art therapist	23.53 (4)	5.88 (1)	11.76 (2)
Response art	11.76 (2)	17.65 (3)	5.88 (1)
Art therapy theory-based case conceptualization	0 (0)	0 (0)	23.53 (4)
The art studio (studio-style context for experiential learning)	0 (0)	0 (0)	17.35 (3)
Art-based research methods and inquiry	5.56 (1)	0 (0)	5.56 (1)
Hybridity of pedagogies (not just one kind, interdisciplinary)	11.76 (2)	0 (0)	5.88 (1)
Constructivist and art-based learning	0 (0)	5.88 (1)	5.88 (1)
Learner-centered pedagogy based of theory of multiple intelligences	0 (0)	11.76 (2)	0 (0)
Service-learning	0 (0)	0 (0)	5.56 (1)

Following the ranking process for question four, participants were provided with an open text box and asked to provide any key pedagogies they felt were missing from the list. However, only 7 out of 19 panelists responded to this question and no additional items were brought forth that required consensus.

In summary, complete consensus (100%) was reached on two items: (a) experientials involving art materials (in question one) and (b) practicum/internship placements (question two). All participants who rated those items identified them as *extremely important* in teaching students to think and practice like art therapists.

Round 3 (Consensus)

The third and final round was completed by 18 people. Panelists were provided with the endorsements achieved for all four questions. For questions one through three these were identified as items that more than two-thirds of panelists rated as *extremely important* and the percentage of panelists who had endorsed them (rounded to the nearest whole number). Panelists also were provided with an open text box and invited to comment on these results. An analysis of the comments will be presented below. For question four, the top seven of the rank-ordered items were presented without the weighted scores or percentages. Panelists were asked to re-rank these items and were provided with an open text box for comments. (See Appendix B for the entire Round 3 survey provided to the panelists.)

Consensus on Question One: Teaching students how to think like art therapists

Several panelists confirmed the overall endorsements in their comments. For example: "as expected, this is what makes art therapy education unique," "Sounds like an art therapy classroom," "I agree with this ranking," and "seems about accurate." Specific consensus items are presented as follows:

Experientials involving art materials. In Round 2, experientials involving art materials received 100% consensus. Two panelists specifically confirmed this endorsement: "I am so glad to see that experientials top the list. I am one of those practitioners who believe it is key to art therapy teaching," and "Experiential learning is essential to art therapy education. Imperative!"

These responses show a potential assumption of experiential learning in art therapy education as synonymous with experientials involving art materials. Because all experiential items endorsed by two-thirds of panelists as extremely important also involved art materials, it appears that experientials using art materials and experiential learning could be blended in the comments above, which provides insight into the unique pedagogical assumptions for art therapy. Panelists did not seem to be referring to the formal Experiential Learning Theory developed by Kolb (2015) in their endorsements or comments. An additional panelist commented that "I also expected art-based learning to be more frequently rated as being extremely important," which further suggests that similar-sounding terms and methods (e.g., art-based learnings vs. experientials involving art materials) may or may not be differentiated in the minds of art therapy educators.

Methods that emphasize the importance of culture. Responses confirmed the consensus regarding methods that emphasize the importance of culture as extremely important. For example, panelists stated: "I am also very happy to see culture as a lens getting precedence" and "openness and awareness of the factor/s of culture is critical to an ethical mindset and practice." One panelist felt that consensus for this item should have been even higher, stating: "I find myself a bit disappointed that methods emphasizing culture is only 83% as culture is always relevant." Another panelist noted that culture should not be a separate item because it should be integrated into all teaching methods, stating: "I find it difficult to separate the importance of culture from any activity or assignment in and out of class." Despite this consensus, specific definitions or examples of what is meant by the term culture—and what is important about it— was not explicity stated by any of the panelists. Vague terms like "culture as a lens" seem to function as shorthand for larger ideas and concerns that were clearly important to panelists but

not defined in any of the survey responses. There seemed to be an implicit assumption that what is meant by the term culture would be universally understood.

Consensus on Question Two: Teaching students how to practice like art therapists

       Practicum/internship placements and supervision. For question two, panelists reached the consensus that practicum/internship placements are extremely important (100%). Two panelists noted that the majority of highest-rated methods are closely linked or can be "directed back" to practicum/internship experiences. Additionally, panelists agreed that supervision, the second highest-rated item, was important and critically interwoven with practicum/internship placements. Related to both field placements and supervision, two panelists cited the need for observation of students in their placements and/or video review, which was a method not represented in the top ratings. One panelist commented that given the importance of these top two items, they were "disheartened" that AATA's new educational standards (Accreditation Council for Art Therapy Education, 2016) do not offer specific guidance; for example, the student-supervisor ratio for supervision is not made explicit.

       Self-reflective inquiry. A common area of concern was that self-reflective inquiry was not rated higher. In fact, four panelists were "surprised" (a word used by all four) by the rating of 67%. One panelist explained that self-reflective inquiry is "so important in developing a student's inner awareness." This method was also described as a critical component of the experiential art making process by one respondent who commented that "art therapy is not only about making art, but about creating art with intention and engaging in meaningful reflections to make sense of the image and creative processes in light of the presenting intention, challenge, or

situation." However, despite this consensus no specific definition was put forth about what is meant by self-reflective inquiry or reflective practice (mentioned by one panelist) as teaching pedagogy, indicating that these terms may be assumed to be universally understood. There was also no specific connection made between these terms and existing pedagogical theory such as Schön's Reflective Practitioner theory.

Consensus on Question Three: Teaching students the ethics and values needed to be an art therapist

Ratings for this question elicited comments of agreement from panelists, such as "these are all important" and "well rounded teachings." Other comments revealed the following consensus:

Authenticity and interweaving. Comments seemed to validate and further endorse the importance placed on interweaving topics of ethics and values through every stage of training as well as the importance of instructor authenticity in modeling values and ethics.

Art therapist identity. Concerns that came out in the open-ended comment section for question three were related to issues linked to values and ethics that impact art therapist identity, such as state licensure, political issues, advocacy, and related professional challenges. One panelist specifically stated that advocating for professional art therapy licenses should be an "ethical imperative" for educators. This person felt that dependence on counseling licenses (and the related ethical codes) "blur[s] art therapy with counseling" and leads to "diffusion of professional identity."

Consensus on Question Four: Signature teaching methods that are key or unique to art therapy

Finally, panelists were asked to re-rank the top 7 items from question four. Although there was not 100% consensus on any one item, the three highest-ranked items remained the same between Round 2 and Round 3: *art based experiential learning*, *pedagogy that emphasizes both the nature of the therapeutic relationship and the nature of art*, and *clinical art therapy internships/placements*. The only change was that in Round 3, pedagogy that emphasizes both the nature of the therapeutic relationship and the nature of art was ranked slightly higher than art-based experiential learning (Table 10). In Round 2 it was ranked second. However, when looking at only the first-place rankings for Round 3 (Table 11), art-based experiential learning was still ranked highest (by 8 people), indicating its overall prominence among panelists.

Clinical art therapy internships/placements with an art therapist remained third in ranking for both rounds. However, in Round 3 this item's weighted score was further away from the top two rated items than it was in Round 2, providing further evidence for prominence of the top two items. Of the remaining items, *art therapy theory-based case conceptualization* was ranked fourth, followed by *response art* and *art-based research methods and inquiry*. The *art studio* was ranked lowest.

Table 10. *Question 4: Rank Order Weighted Scores (N =18)*

Pedagogy that emphasizes both the nature of the therapeutic relationship and the nature of art	5.56
Art-based experiential learning	5.5
Clinical art therapy internships/placements with an art therapist	4.72
Art therapy theory-based case conceptualization	3.67
Response art	3.06
Art-based research methods and inquiry	2.94
The art studio (studio style context for experiential learning)	2.56

Table 11. *Question 4: Top Three Rankings (N =18)*

Item	Ranked 1st % (*n*)	Ranked 2nd % (*n*)	Ranked 3rd % (*n*)
Pedagogy that emphasizes both the nature of the therapeutic relationship and the nature of art	27.78 (5)	16.67 (3)	44.44 (8)
Art-based experiential learning	44.44 (8)	22.22 (4)	5.56 (1)
Clinical art therapy internships/placements with an art therapist	5.56 (1)	44.44 (8)	11.11 (2)
Art therapy theory-based case conceptualization	5.56 (1)	11.11 (2)	5.56 (1)
Response art	11.11 (2)	0 (0)	5.56 (1)
Art-based research methods and inquiry	5.56 (1)	0 (0)	11.11 (2)
The art studio (studio style context for experiential learning)	0 (0)	5.56 (1)	16.67 (3)

As with the previous questions, panelists were provided with a text box to make comments and several took this opportunity to clarify their rankings. The item that received the most clarifications was clinical internships/placements with an art therapist. Two panelists stated that they ranked this item lower than they might have due to the lack of availability of art therapy supervisors (in one case) and the value of being exposed to site supervisors from other disciplines when working in the field (in the other case). No further consensus data was revealed.

Summary

Overall, results reveal that there is consensus and a common language around teaching methods used in art therapy education for the panelists in this study. Languaging of items was important for the consensus-building process. Some of the highest rated terms seemed to be art

therapy-specific (e.g., *response art*) or used differently in the art therapy context than in other

contexts (e.g., *experientials*). Although some definitions for these were put forth in the

qualitative responses, panelists overall seemed to assume that certain key terms are universally

understood, at least among peers. One participant noted the use of "our" art therapy-specific

language in the study as compared to the use of standard pedagogical language. A few panelists

commented on the need for terms to be defined for clarification and specificity.

The main consensus finding of this study is the primacy of experiential learning,

specifically hands-on pedagogy that utilizes art materials and processes. A variety of similar

terms were used by respondents (e.g., *art-based learning* and *art making*), but *experiential*

received the highest consensus in in the study: 100% consensus in question one (experientials

involving art materials) and first place endorsement in question four (experiential art-based

learning). *Experientials involving art materials* and *art-based experiential learning* (to use the

consensus terms) are used in the classroom to help students think like art therapists, are

interwoven with activities that support training such as supervision and exploration of

countertransference, and are employed to promote critical thinking around values and ethics. If

the top two consensus items for question four had been combined into one statement, it appears

that experiential art-based learning is used pedagogically in art therapy education to integrate the

nature of art and the nature of the therapeutic relationship.

Experiential learning, broadly speaking, was the basis of many highly endorsed items.

For example, practicum/internship placements, exploratory materials-driven sessions,

supervision classes, and interactive group discussions all involve experiential learning. The art

studio environment was also seen by panelists as a component of experiential learning. This

strength of endorsement was validated in the lack of consensus for non-experiential items

described by panelists such as teaching demonstrations, lectures, and guest presenters. Readings, papers, and other assignments seemed to be viewed as an extension of, or preparation for, experiential learning. The experiential art-based method of response art—a top rated item in all four questions—seemed to be deployed as an important bridge used to understand and reflect upon didactic information and client work, and to promote critical thinking around issues of values and ethics.

Practicum/internship placements and supervision classes in small groups received the most consensus as being methods used to teach students to practice like art therapists. Panelists indicated that these two items are interrelated and supported by the rest of the highly endorsed items for question two. Clinical art therapy internships/placements with an art therapist was ranked third in consensus for teaching methods that are key or unique to art therapy. However, some panelists stated that placements with an art therapist specifically were not widely available and that there is value in students working with related professionals in their placements.

Another key finding is the importance given to developing inner awareness through self-reflection. This theme was endorsed throughout the study, in both the qualitative responses and consensus. Specifically, in Round 3 some panelists stated their "surprise" that self-reflective inquiry had not been more highly endorsed in the Round 2 ratings. Self-reflection was endorsed frequently, whereas self-reflexivity was mentioned only once. This finding was noted by one panelist who questioned whether there was too much emphasis being placed on intra-personal reflection and not enough on looking outward to examine inter-personal interactions.

An overarching concern about issues related to *culture* is an additional finding of this study. This construct needs to be more closely examined as it was used by participants in vague but confident terms, as if there was an assumed shared understanding for what it means (e.g.,

cultural competency, culture as a lens, factors of culture, importance of culture). Perhaps in relation to this concern, some panelists endorsed anti-oppressive pedagogical theories such as feminist pedagogy, social justice pedagogy, and queer pedagogy. These endorsements could indicate a need to incorporate more anti-oppressive teaching methods in the classroom and to train students in these concepts.

A lesser but noteworthy finding was the value placed on *authenticity* in question three, teaching methods that teach students the values and ethics to be art therapists. Authenticity was rated highly in the consensus process; despite being mentioned by only one panelist in Round 1. Authenticity meant "walking the talk" as well as modeling the use of art as a way of engaging the world. In other words, authenticity models what could be described as an art therapist worldview. The latter dovetails with the consensus on the importance of art-based experiential learning as a signature pedagogy combined with the consensus regarding the importance of the therapeutic relationship. Both the nature of art and the nature of the therapeutic relationship require authenticity.

Looking toward the future, one panelist in Round 3 identified the need for a next step of critiquing how current ways of teaching are preparing students for contemporary practice:

> What is missing or not being identified is the evaluative or the "critique" of *how have* and *how are* these methods and approaches working for our students and our field? Are these tried-and-true-methods still relevant for contemporary students and contemporary teaching material, theory and interdisciplinary ideas? What are our outcomes? That makes a pedagogy move in depth and forward, I think. Occasional challenges, additions, and subtractions to keep it vital. (original emphasis)

This comment potentially highlights a need for conducting Scholarship of Teaching and Learning (SoTL) research on the outcomes of art therapy education.

These results offer an emerging picture of possible signature pedagogies in art therapy. *Art-based* and *experiential* are the two predominant consensus terms that seem to exemplify a pedagogical ideal. Self-reflection was additionally identified as an important element of training, especially when combined with art-based processes. These possible pedagogical signatures will be discussed in the next chapter with an eye to what they may imply for art therapy education and the profession.

CHAPTER 5: DISCUSSION/CONCLUSION

This Delphi study to identify signature pedagogies for art therapy education produced a rich array of preferred teaching methods and responses to four prompts or questions that reflect the breadth of the field and the central values inherent to practice. Consensus was reached on three teaching methods that panelists endorsed as either unique to the field or essential components of training: (a) experientials involving art materials, (b) practicum/internship placements, and (c) art-based experiential learning. This consensus provides evidence that art therapy educators are drawing from a common language in describing the methods they use to teach students how to think, practice, and be art therapists. Further, these results help to substantiate the claim that art therapy is an integrated profession with signature teaching methods that differentiate it from related disciplines.

The results of this study raise many points that are of interest to art therapy educators. However, in this chapter I limit the discussion to the most significant consensus findings and their implications for art therapy education and the profession. These are: (a) art-based experiential learning, (b) practicum/internship placements, (c) supervision, and (d) self-reflection. I also discuss two topics that were missing or insufficiently addressed by panelists: culture and research. In the remainder of this chapter I present my assessment of the study's limitations, the implications of its findings for the field of art therapy, and my recommendations for further research.

Signature Pedagogies in Art Therapy

Art-based experiential learning

Art-based experiential teaching methods achieved the most consensus among the panelists in this study. This finding may come as no surprise to art therapy educators or to their

students. The literature on art therapy education emphasizes the importance of the use of art in art therapy training (Deaver, 2012). However, until now there has not been research to determine whether this pedagogy is regarded as unique to educating future art therapists. The study results indicate that art-based teaching methods likely are deeply integrated into the pedagogical ideals of the profession and may be differentiated from art-based methods used in related fields, such as studio art education.

Pedagogical differentiation can be readily identified through the discipline-specific languaging of art-based teaching methods used by panelists in this study. For example *experientials* (directed art-based activity) and *response art* (reflective art making) were frequently used terms without explanation, and revealed an assumption that other panelists would know what these terms meant. And that was indeed the case. Although two panelists commented that the terms should be specifically defined, there was not a lack of understanding as to their meaning.

Another point of differentiation is seen in descriptions of the signature ways that art-based experientials are used to engage students in multiple ways of knowing and self-reflection, as well as for exploration of self/other interactions. However, the key distinguishing aspect of art-based learning in art therapy education seems to be its deep integration into all signature dimensions of training—thinking, practice, and developing ethics and values. So much so that unique teaching methods such as *response art* received top endorsements for all four questions.

This signature pedagogy can be brought into view by framing art-based learning through Shulman's (2005b) structural dimensions—surface, deep, and implicit/tacit. For example:

1) *Surface structure* (i.e., what is seen visibly in the classroom): experientials using art materials.

2) *Deep structure* (i.e., underlying disciplinary assumptions): experiential art-based learning is used to integrate the nature of art and the nature of the therapeutic relationship.

3) *Implicit or tacit structure* (i.e., beliefs about professional attitudes, values, and disposition): Art-based learning is used to develop key professional attributes of self-awareness, self/other awareness, and authenticity.

The following comment from one panelist reveals all three structural dimensions of art-based experiential learning:

> I think if we are to look at pedagogy in the context of art therapy, I think that the "experiential" to my mind is a unique tool in providing "hands on experience" in training [*surface structure*, i.e., art making and experiential learning], where one is able to work through the creative process and group dynamics in gaining awareness of both self as well as very often the populations we work with [*deep structure*, i.e., integrating the nature of art and the nature of the therapeutic relationship]. The experiential space thus takes on the form of a mirror, becoming the potential key to reflect both on the inside as well as on the outside, providing the learner significant learnings and understanding both in using oneself as material in relation to others [*implicit/tacit structure*, i.e., self and self/other awareness].

Based on the consensus findings and exemplified in the above comment, a signature to art therapy education seems to be art-based experiential learning woven through the entirety of the educational endeavor.

Practicum/internship placements/fieldwork

It also may be unsurprising that practicum/internship placements received 100% consensus among the panelists when asked how students are taught to practice like art therapists.

Historically, and as a human services profession, art therapy has always included field-based practice as a key element of training (Junge, 2010; Moon, 2003). In the beginning of the field, art therapy pioneers articulated insights into their own ways of practice with people they served. These practices were as varied as the personalities of the people who created them, leading to the complexity and variety of art therapy practice seen in the field today, whether in studio-based milieu treatment, primary therapist psychoanalytic models where the art therapist was the primary therapist, group models in-patient psychiatric settings, community-based practice, and/or adjunctive treatment to other forms of therapy. The next generation apprenticed themselves to these founders; in some cases they followed the models of their mentors while in other cases they created their own ways of practice. When training became more standardized, practice learning was still conducted in the fieldwork setting. Subsequently, many graduate programs introduced theoretical learning as a prelude to practice in the mode of Dewey (1904). But practice learning was always included.

One observation from the study results is that the nature of art therapy pedagogy in the studio or classroom that is provided alongside practicum/internship placements may be unique to art therapy. Other mental health professions also require field placements; however, teaching methods that provide students with the artistic means for internalizing and processing their field experiences to deepen their understanding (such as self-reflective visual internship journals, response art in supervision, and process painting) do, in fact, seem to differentiate art therapy training from other disciplines.

These findings are important in relation to the discourse of related professions that have identified fieldwork as a critical pedagogy. For example, social work defined field work as a signature pedagogy, but some social work educators contended it gives a false impression that

that classroom training is incidental and that the responsibility for training lays outside the purview of the program (Earls et al., 2013). Perhaps fieldwork as a signature pedagogy in art therapy education has less to do with the internship/practicum placement itself and more with the unique teaching methods that are primarily art-based. There may be a signature pedagogy in how fieldwork is engaged in or enriched through experiential art-based learning. These methods meet the criteria of signature pedagogies in that they make students visible, vulnerable, and accountable, and give programs the responsibility for training rather than leaving responsibility with the sites. Based on these findings, I contend that a signature pedagogy in art therapy is the entire package of practicum, supervision, and art-based learning that combine to teach students how to think and practice like art therapists.

Supervision

Panelists tended to view supervision, the second highest rated item for question two, as interwoven with internship/practicum placements. In the art therapy literature Deaver (2002) asserted that supervision is a "crucial aspect" (p. 26) of art therapy training and practice, and the results of this study seem to validate her claim. McNiff (1986) argued that supervision in art therapy is akin to the critique in fine arts pedagogy. This analogy is interesting in light of the performative aspect of signature pedagogies. As art therapy educators have begun to elaborate upon supervision methods for their students, art-based teaching methods such response art and visual journaling are being adopted as important in supervision (Deaver & McAuliffe, 2009; Fish, 2008). The study findings suggest that art-based supervision may be a signature pedagogy for art therapy.

Self-reflection

Reflection as a critical part of the experiential art making process was clarified by one respondent who commented that "art therapy is not only about making art, but also about creating art with intention and engaging in meaningful reflections to make sense of the image and creative processes in light of the presenting intention, challenge, or situation." Panelists endorsed this view by giving items related to self-reflection high ratings in each of the first three questions. In question one it showed up in the top endorsements as *being alert to own responses to materials* and *processes that inspire internal dialogue*; in question two as *self-reflective exploratory inquiry*; and in question three as *response art for self-reflection and awareness*.

One observation about these results is that each of the terms used by panelists related to reflection, though similar, have different meanings and purposes, for example, *self-reflection* and *self-reflective exploratory inquiry*. It is also interesting that panelists did not mention in their comments needing clarification on any of these terms. Hence, these concepts might be assumed to have consensual meaning but that meaning may be quite subjective. In their review of the literature on the nature of reflection Kember, Wong, and Yeung (2001) found in that "in spite of the wide interest in reflection and the volumes written about it…the concept is ill-defined" (p. 8). The authors created a framework to identify the context, orientation, outcomes, and principal writers on reflection in education, finding that there are many different types and models of reflection and that terminology is extremely relevant in differentiating between them. Thus, as a part of art therapy's signature pedagogies, it would be useful to conduct a review of the art therapy education literature to analyze the specific terminology, context, and purposes when the term self-reflection is used.

Topics missing or not sufficiently addressed by panelists

The importance of both culture (specifically pedagogy that supports the needs of culturally diverse students) and research has been discussed frequently in the art therapy education literature. However, panelists in this study either excluded the term (in the case of research) or provided few specifics (in the case of culture). These findings suggest that culture and research may be a shadow structure of signature pedagogies (Sullivan et al., 2007), meaning that the pedagogy is absent or only minimally exists despite its professed value. The shadow structures of discipline-specific pedagogy often reveal the profession's growing edge or areas that need to be strengthened or developed (Day & Tyler, 2012).

Culture. The importance of attracting, retaining, and meeting the needs of culturally diverse students has been discussed with increasing frequency in the art therapy education literature. Both practitioners and educators have repeatedly called attention to the need for greater diversity of students and faculty in art therapy training programs and increased focus on multicultural competency in curriculum (Awais & Yali, 2013; Calisch, 2003; Gipson, 2015; Hocoy, 2002; Robb, 2014; Talwar, Iyer, & Doby-Copeland, 2004). Educators have indicated that truly supporting diversity in art therapy graduate programs would mean creating a pedagogical framework that includes "diversity in values, interactional styles, and cultural expectations" (Talwar, Iyer, & Doby-Copeland, 2004, p. 46). Panelists in this study confirmed the assertion that "culture" is a critical issue in educating future practitioners, despite that only one item related to culture was included in the top endorsements: *Methods that emphasize the importance of culture (as a lens and also as a ground for knowing)*. This item was rated by 83% of panelists as extremely important. However, as noted in the vague wording of this item, no specific teaching method or pedagogy was put forth. This result suggests that methods and pedagogy for

cultural inclusivity still need to be developed and would be an important direction for further research.

Research. Art therapy educators over the years have consistently advocated for master's-level training programs to place more emphasis on research as critical to expand the profession (Abrams & Nolan, 2016; Brennan, 2011; Deaver, 2002; Julliard, Gujral, Hamil, Oswald, & Testa, 2000; Kaiser, St. John, & Ball, 2006; Kapitan, 2018; Linesch, 1992; Wadeson, 1989). However, the panelists in this study rarely mentioned research in their endorsements of methods that teach students to think, act, and be like art therapists. When research was mentioned (by two panelists in Round 1), it was in relation to students being able to critically analyze the research/peer-reviewed literature. The only research item that was put forward for consensus was art-based research methods and inquiry (in question four, which asked for signature pedagogy that is key or unique to art therapy). In the final rankings this item was ranked second to last. Related to the final rank ordering, one panelist commented, "While I think that art-based research methods and inquiry are important, these are less so in graduate education. In doctoral education this would be near the top." Also noteworthy is that methods involved in culminating capstone/research projects were not mentioned by any of the panelists.

One reason that research has not gained traction in graduate education may be that it is seen as related to evidenced-based practice and thus perceived by art therapists as restrictive. Another possibility is that one of the values in teaching research is critical thinking; as evidenced in the study results, art therapists may be more predisposed to reflective thinking than critical thinking. A third possibility is that views of research are stuck in similar dichotomous territory (i.e., between quantitative and qualitative research paradigms) as other historical issues in art therapy. Recently, Kapitan (2018) proposed that the wide variety of research methods now

available makes it easier for art therapists to "authentically" step into the role of researcher (p. xxi).

Because art-based inquiry was put forth as a possible pedagogy that is unique to art therapy, this finding could be investigated as a possible signature pedagogy specifically for master's capstone or thesis projects. Moon and Hoffman's (2014) example of a capstone project using performance art as inquiry is one possible model for investigating art-based research as a signature pedagogy for research at the master's level. Deaver (2012) additionally recommended that students' personal art making be endorsed as an appropriate masters' thesis focus.

Limitations

There are four main limitations in the study in the following areas: possible rater fatigue, the procedure to reach final consensus, formation of the questions and their terms, and the sample itself. The first limitation arose from the large number of items panelists were required to rate in Round 2. Presented with a list of over 50 items to rate (as was the case in question one), it is possible the the first dozen or so items could have received higher ratings than those lower on the list due to rater fatigue. However, upon further analysis of the data I found that the highest-rated items were distributed throughout the lists, and therefore concluded that rater fatigue was not likely to have impacted the results.

The second limitation is related to a procedure used for the final round, Round 3. Because I was concerned about rater fatigue from having to rate or rank order a large number of items, I decided not to have the panelists rank order the top items for questions one, two, and three. Instead, I provided them with the top-rated items and gave them an opportunity to comment on these results. By doing so, I missed a potential opportunity to build further consensus. However,

the comments I received for these questions did provide valuable qualitative consensus information.

The third limitation regards the language I used in the construction of the survey and the survey questions. I did not explicitly define the term *pedagogy* for participants, which I believe created considerable variation in their responses. Instead, in each of the four questions I used the more general term "teaching methods," reasoning that it would enable me to gather thick, detailed data in Round 1. In conceptualizing the study my use of the construct of *pedagogy* meant both teaching methods and their theory. One panelist noted a confusion between teaching methods and *pedagogy*, which she defined as a theory of teaching: "I do not understand how 'response art' is a teaching pedagogy? I find all these as more teaching methods…" While the lack of definition of *pedagogy* dogged the study design, it is possible that my lack of clarity also may reflect the absence of pedagogy in the consciousness of art therapy educators.

Another difficulty was that wording of final question ("Considering that in the field of medicine, the standard pedagogy is rounds, in law Socratic case dialogue, and in engineering the design studio, what pedagogy would you say is key or unique to the training of art therapists?") confused three panelists, either because they did not know what rounds or Socratic case dialogue were or they thought their answers needed to be mapped to these pedagogies. I had included these examples from other disciplines in thinking that they would help to clarify what I was looking for, that is, pedagogy specifically unique to the field of art therapy. This confusion was evident only in Round 1, however. When participants got to subsequent rounds they were able to see and understand these items based on how other panelists had responded. Also, the wording of "key" or "unique" was pointed out to by one panelist as having potentially different meanings. I decided to keep this wording throughout all three rounds for consistency rather than to change it.

For Round 3 I added for clarification: "i.e., pedagogy that differentiates the training of art therapists from the training in related disciplines." Again, with this statement I did not define pedagogy, and therefore may not have provided sufficient clarification or focus for the panelists.

The fourth potential limitation was that the sample was comprised mostly of art therapists living or working in the U.S. Although the results produced clear consensus points, a different sample might have produced different consensus. Future research with a different sample and with greater international representation may be needed to confirm the study's results about art therapy education and its signature pedagogies.

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Implications

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The results of this study have implications for art therapy education as well as for the profession overall. I believe that the key implication is that the study further differentiates art therapy from other professions by providing evidence that art therapy has teaching methods and philosophy that are identifiably unique to the education of graduate level art therapists. Further, based on consensus across the sample, art therapy appears to be an integrated profession with a common language that suggests commonly held cultural values and worldview, despite differences of opinion and diversity of practice. The identification that art therapy has signature teaching methods and philosophy will potentially strengthen art therapist professional identity. Further differentiation also supports the relevance of current efforts to pursue art therapy licensure in all 50 states.

For art therapy educators, the implications are more direct and immediate. The consensus results of this study can be used toward supporting curriculum decisions being made and further identifying the desired competencies as required for newly developed accreditation requirements. These results provide a foundation for additional research to determine if art therapy teaching

methods described by the panelists are relevant to prepare students for the needs of current practice, as discussed below.

Recommendations

As discussed in the review of literature, the conceptual framework of signature pedagogies emerged from the movement of the Scholarship of Teaching and Learning (SoTL), where communities of educators have committed to conducting scholarly research on their educational practices in order to advance disciplinary knowledge. The current study can be conceptualized as SoTL research for art therapy education. I chose this topic for my doctoral research after reading Deaver's (2002) suggestion that "educational programs could use research to improve teaching and evaluation method, strengthen curriculum, and increase their ability to meet student's needs" (p. 26). For further study, I recommend SoTL research that examines signature pedagogies related to current practice needs and to define a foundational education theory for art therapy. As part of this effort, focus groups to analyze the study's results could be facilitated. In addition, I recommend developing a community of practice of art therapy educators from which SoTL research could be collaboratively conducted.

Conduct additional research on signature pedagogies for art therapy

More examination is needed on *why* these teaching methods are used and if they are relevant for contemporary practice and the needs of a new generation of students. One critical area of emphasis should be to examine whether and to what extent art therapy pedagogies are culturally inclusive. Important questions need addressing, such as: What aspects of our signature teaching methods are exclusionary? Whom does our current pedagogy privilege? Kapitan's (2015) model for developing cognitive complexity as an outcome of self-reflexivity combined with direct cultural experience could provide direction. Moreover, students might collaborate to

conduct SoTL research using participatory action methods, based on the premise that inclusion of students' perspectives on what and how to study art therapy would be as important as the research itself. For example, Johnson's (2017) study on the graduate school experience of art therapy students of color gave voice to students' experience of an issue that had been identified by educators for years. This heuristic study yielded student perspectives that would be difficult for educators to understand without the personal experience of coming up against institutional walls and having to "[inhabit] spaces that do not give you residence" (Ahmed, 2012, p. 176).

Conduct research toward a foundational education theory for art therapy

This study of signature pedagogies for art therapy education was focused primarily on a definition of *pedagogy* as it presents in teaching methods rather than grounded in pedagogical theory. Indeed, the questions posed to panelists were specifically worded as "teaching methods," which limited the results to some extent. However, some panelists recognized that identification of a foundational theory was missing from the results. For example, one panelist mused that all consensus items were important but incomplete, especially in light of a search for distinctness or uniqueness. The comment suggested, firstly, a desire to identify a foundational education theory for art therapy and secondly, a need to define *pedagogy* more specifically.

Although this study offers one step toward developing a foundational theory for art therapy education, I echo Deaver's (2012) assertion that much research must be conducted. Two implications emerge from the study results that could give direction toward such research. One is the primacy of experiential learning. Kolb's (2015) Experiential Learning Theory could provide a theoretical framework and additional language around what art therapy educators are doing in discipline-specific ways. The second is the strong emphasis placed on reflection. Schön's (1982, 1987) Reflective Practitioner model would be one avenue to explore and could even help in

defining what is meant by "reflection" in the context of art therapy education. His model additionally recognizes artistic ways of knowing as professionally rigorous and therefore would be consistent with an art therapist worldview. In addition, research could incorporate Gerber's (2016) theoretical paradigm for art therapy education that she called "a creative dialectic intersubjective approach" (p. 794).

Develop a community of practice for art therapy educators

The low rate of attrition for this study and the overall enthusiasm I received in comments from panelists indicated that there might be interest in forming a stronger, more collaborative community of practice for art therapy educators. Kapitan (2018) recommended the forming of communities of practice within art therapy based on a common sense of purpose and a shared knowledge base from specific areas of practice. Art therapy education may have evolved to a place where such a community of practice for educators could dynamically emerge. Supporting this recommendation, attendees at the Coalition of Art Therapy Educators meeting at the 2017 AATA conference indicated a desire for increased collaboration and sharing of ideas among educators, despite inherent competition between programs. Strengthening community makes sense, given that art therapy educators share common concerns, such as how to meet the increased rigor required for CAAHEP accreditation requirements and other developmental challenges such further defining professional competencies and related student learning outcomes (D. Elmendorf, personal communication, November, 2017). Education-related presentations at recent AATA conferences offer insight into topics that are of concern to all educators, including ethical issues in art therapy education, definition and differentiation of the three educational levels of art therapy education (i.e., bachelors, masters, doctorate), meeting the needs of students of color, and developing students' multicultural competency.

Conclusion

This study to identify signature pedagogies for art therapy yielded initial consensus data on teaching methods that are unique to the profession and provides evidence that art therapy may be conceived as an integrated profession that is differentiated from other disciplines. However, more research must be done to confirm these findings and to determine if these pedagogies are relevant for contemporary practice and serve the needs of diverse students. This research could be conducted using the SoTL model within a collaborate community of practice for art therapy educators. It is clear from the low attrition in this study, the time taken by panelists to provide rich qualitative data, and enthusiasm about the opportunity to participate, that more collaboration on the topic of signature pedagogies would be welcome. Most importantly, further understanding, development, and refinement of art therapy pedagogy will support the needs of the future generation of art therapists, who will define the profession going forward.

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APPENDIX A

Literature on Art Therapy Education from 1980-2016

Literature on Art Therapy Education from 1980-2016

Year	Author/Date/Title/Publication	# of sources
1980-1985	None identified	
1986	McNiff, S. (1986). *Educating the creative arts therapist: A profile of the profession.* Springfield, IL: Charles C Thomas.	1
1987	None identified	
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APPENDIX B

Round 3 Survey

Round 3 Survey

Ratings from Question 1: "Describe the kinds of teaching methods you usually use to teach graduate students <u>how to think like art therapists</u>."

Two-thirds of Round 2 respondents rated the following items "extremely important":
- Experientials involving art materials 100%
- Engaging students in multiple ways of knowing (e.g., thinking, imagining, feeling, intuiting, sensing) 89%
- Exploratory materials-driven sessions (e.g., learning about the impact of materials on emotion; being alert to own responses to materials) 83%
- Methods that emphasize the importance of culture (as a lens and also as a ground for knowing) 83%
- Discussions (formal, informal, large group, small group) 76%
- Art-based learning (in general, many forms) 72%
- Response art (especially noted: creative responses to didactic material) 72%
- Processes that inspire internal as well as external dialogue 67%
- Methods to build awareness, understanding, and exposure about diverse applications of art therapy in the field (open minds to new possibilities of practice) 67%

Thoughts or impressions (optional)
[Open text box]

Rated responses from Question 2: "Describe the kinds of teaching methods you usually use to teach graduate students the <u>skills to practice like art therapists</u>."

Two-thirds of Round 2 respondents rated the following items "extremely important":
- Practicum/internship placements 100%
- Supervision classes in small groups (encourage peer interactions as professionals) 89%
- Closely supervised experience with progressively increasing responsibility 83%
- Response art (especially noted: related to application, e.g. internship work) 83%
- Practice skills: interviewing, conducting assessments, treatment planning 78%
- Use of artwork to explore counter transference 78%
- Methods that encourage students to begin formulating their individual therapeutic style 72%
- Individual and group art-making in classroom 72%
- Direct field observation of art therapist in practice 72%
- Self-reflective exploratory inquiry (intra-personal processes) 67%

Thoughts or impressions (optional)
[Open text box]

Rated responses from Question 3: "Describe the kinds of teaching methods you usually use to teach graduate students the <u>values and ethics required to be art therapists</u>."

Two-thirds of Round 2 respondents rated the following items "extremely important":

- Review of professional ethics codes (specifically cited: AATA, ATCB, ACA, and local/state) 94%
- Interweaving topics of ethics and values through every stage of training 89%
- Supervision (as a value throughout the program) 83%
- Response art (especially noted: for self-reflection and awareness; examining ethical dilemmas) 78%
- Instructor modeling of values and ethics: walk-the-talk and maintain authenticity 78%
- Discussions of contemporary issues 78%
- Art-based experientials with verbal processing that promotes critical thinking 76%

Thoughts or impressions (optional)
[Open text box]

Below are the 7 items (out of 11) that received the highest rankings for Question 4: "What pedagogy would you say is key or unique to the training of art therapists?" (In order, highest to lowest.)

1. Art-based experiential learning
2. Pedagogy that emphasizes both the nature of the therapeutic relationship and the nature of art
3. Clinical art therapy internships/placements with an art therapist
4. Response art
5. Art therapy theory-based case conceptualization
6. The art studio
7. Art-based research methods and inquiry

In order to build further consensus around these 7 items, you will be asked to rank order them on the next page.

Rank order the items below according to pedagogy that you feel is most key or unique to the training of art therapists—i.e. pedagogy that differentiates the training of art therapists from the training in related disciplines. (1 being most unique, 7 being least unique):

Art-based experiential learning
Art-based research methods and inquiry
Art therapy theory-based case conceptualization
Clinical art therapy internships/placements with an art therapist
Pedagogy that emphasizes both the nature of the therapeutic relationship and the nature of art
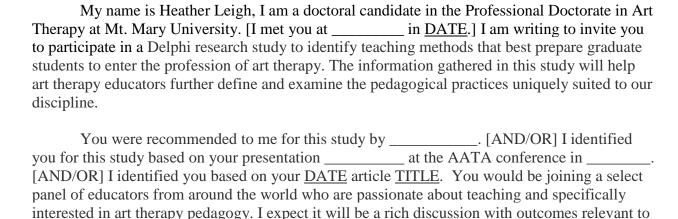Response art
The art studio (studio style context for experiential learning)

Comments (optional):

APPENDIX C

Letter of Invitation

Name,

My name is Heather Leigh, I am a doctoral candidate in the Professional Doctorate in Art Therapy at Mt. Mary University. [I met you at _____ in DATE.] I am writing to invite you to participate in a Delphi research study to identify teaching methods that best prepare graduate students to enter the profession of art therapy. The information gathered in this study will help art therapy educators further define and examine the pedagogical practices uniquely suited to our discipline.

You were recommended to me for this study by _____. [AND/OR] I identified you for this study based on your presentation _____ at the AATA conference in _____. [AND/OR] I identified you based on your DATE article TITLE. You would be joining a select panel of educators from around the world who are passionate about teaching and specifically interested in art therapy pedagogy. I expect it will be a rich discussion with outcomes relevant to all art therapy educators.

The Delphi methodology used for this study aims to produce consensus by soliciting opinions from a selected group of experts, and then collating, collapsing, and categorizing their responses to send back to the experts for additional rounds of review. In the first survey round, you would be asked to provide brief demographic information related to your role as an educator. You will then be asked to respond to open-ended questions about the teaching methods you usually use. It is estimated that it will take you 20 minutes to complete this first survey. In additional rounds, you will be asked to rank order the collated and categorized responses from the entire panel of participants. It is estimated that each subsequent round will take less than 20 minutes to complete. All data will be gathered electronically via Survey Monkey®. Links to the surveys will be sent to your preferred email address.

The expected length of participation is 3 months, which includes three rounds of data collection, separated by time for me to analyze responses and redistribute for additional review. The first survey round will go out in June, with subsequent rounds distributed in July and August. The Delphi methodology is designed to protect anonymity of participants from each other to enable them to share their perspectives equally.

I hope that you will be interested in joining this study. I know that you have an important perspective to contribute that will add to its quality. If you would like to participate, I will email you a consent form to review, which has additional information. If I can answer any questions that would help your decision, please contact me at [email] or [phone]. Thank you for your time and consideration.

Sincerely,
Heather Leigh, ATR-BC, LPAT, LPCC
Doctoral Candidate, Professional Doctorate in Art Therapy
Mt. Mary University, Milwaukee, WI

APPENDIX D

Informed Consent

Informed Consent

A Research Study to Identify Signature Pedagogies for Art Therapy Education

Heather Leigh, ATR-BC, LPAT, LPCC

Research goals and procedure

The purpose of my research study is to identify art therapy-specific teaching methods that educators use to transmit the thinking, practices, ethics, and values that prepare students to enter the profession of art therapy.

I will be conducting the research using the Delphi Study methodology. The Delphi method produces consensus by soliciting opinions from a selected group of experts, and then collating, collapsing, and categorizing their responses to send back to the experts for additional rounds of review.

You have been asked to take part because you have been identified as an experienced art therapy educator with an interest in pedagogy.

Description of involvement and expected length of participation

If you agree to take part in this study, you will be expected to provide your opinion in response to open-ended questions related to art therapy pedagogy in an initial round of data collection via Survey Monkey. In additional rounds, you will be asked to rank order responses from the entire panel of participants that have been collated and collapsed into similar themes, and to make comments on them.

It is estimated that each survey round will take participants approximately 20 minutes to complete. The expected length of participation is 2 to 3 months, which includes three rounds of data collection, separated by time for the investigator to analyze responses and redistribute for additional review.

Research participation is voluntary and you may withdraw from participation at any time. Should you withdraw, qualitative data gathered prior to withdrawal will remain part of the aggregated survey response set; however, demographic information and links to this data will be destroyed.

Risks and benefits

No potential risks related to physical discomfort, harassment, invasion of privacy, physical activity, dignity and self-respect, nor psychological, emotional or behavioral risk would result from this study. The Delphi study methodology is designed to protect anonymity of participants from each other to enable them to share their perspectives equally.

The information gathered will help art therapy educators further define and examine pedagogical practices that prepare students with the thinking, practice, ethics and values needed to become art therapists.

Privacy for collected information and participant anonymity

Participants will enter data electronically into a survey program such as Survey Monkey®. The data will be separated from identifying information used to send out the survey link (email address).

I will ask for your informed consent via a clickable online form that you will be able to access after you have assented to be in the study. You will receive a password for entry after indicating your consent. You may withdraw from the survey at any time.

As the principle investigator, I will store the data in a password-protected file in order to be able to subsequently analyze them for trends with respect to geographic or institutional differences and similarities. Stored data will have safeguards against theft, borrowing, or hacking, and will be stored in a secure location with limited access.

As a participant, your responses will be known to me, but will remain anonymous to all other participants throughout the duration of the study. You will not be identified in the dissemination of results.

Researcher contact information

Questions about this research should be directed to the principle investigator, Heather Leigh, ATR-BC, LPAT, LPCC, Doctoral Candidate, Professional Doctorate in Art Therapy, Mount Mary University: [email] or [phone].

If you wish to speak to my supervising faculty you may call Lynn Kapitan, PhD, ATR-BC, at 1+ (xxx) xxx-xxxx. If you have concerns regarding your privacy and rights, you may contact Dr. Maureen Leonard, Internal Review Board Chair, Mount Mary University, at 1 + (xxx) xxx-xxxx.