



A Conversation About... Creative Arts Therapy

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Release date: Wednesday 21 August, 2024 on MHPN Presents

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network Podcast series MHPN's aim is to promote and celebrate interdisciplinary collaborative mental health care.

Mark Creamer (00:19):

Hello, and welcome to this episode of MHPN Presents A Conversation About. This is a podcast series in which we have an opportunity to chat informally about a topic of interest to us and hopefully to our listeners as well. My name's Mark, Mark Creamer. I'm a clinical psychologist and professorial fellow in Department of Psychiatry at the University of Melbourne, and I am thrilled to welcome my guest today, my co-conversationalist, as it were, Dr. Kate Dempsey. Welcome, Kate.

Kate Dempsey (00:50):

Thank you, Mark. It's great to be here.

Mark Creamer (00:52):

In this episode, we're going to have a chat about creative arts therapy, what it is, what it isn't, and so on, and who better to do that with, but Kate, who is the CEO of ANZACATA, and we'll hear all about exactly what that is in just a minute. But before we go on to that and to what creative arts therapy is, Kate, can you just say why you think this is an important topic for our listeners?

Kate Dempsey (01:14):

Yes Mark. Okay. So I think we've really learned through the Covid Pandemic just how many people are struggling with mental health issues, and we do need a variety, I think of responses to that. And creative arts therapists are one of the mental health specialists that can help people with any mental health issues that they may have. So they're part of the solution, I think.

Mark Creamer (01:41):

Yeah, absolutely. And we'll come back to that later in our talk, I hope. But as you say, part of the solution is one tool in our toolbox, as it were, of working with mental health. I should say to our listeners that this episode is really designed as a kind of introduction, a kind of overview of creative arts therapy, and if you want to hear more about Creative Arts therapy, what it is and how it contributes to better mental health outcomes, subscribe to or search for the Mental Health in Focus podcast because shortly we'll be releasing a four part series. And in each episode I'll be joined by up to three experts in creative arts therapy, researchers and clinicians to take a close look at this field of practice. So we'll look at areas like the evidence base for creative arts therapy. We'll look at competencies and training, we'll look at different settings and cohorts, and we'll look at some of the innovations and future directions for the field. So please do join me for that. But Kate, today, let us start with some basics. And I have to say I just love this acronym.

Kate Dempsey (02:42):

Oh, the acronym.

Mark Creamer (02:43):

ANZACATA. It's cracking, but what on earth is it and what's your role within ANZACATA?

Kate Dempsey (02:48):

Okay, so I think it is a shocker. Let's face it. So ANZACATA stands for Australian New Zealand and Asian Creative Arts Therapies Association. And what it is is the peak body, and it's a regulatory body as well as a member association for anybody in Australia, New Zealand and the Asia Pacific region who has the necessary qualifications and experience to be a creative arts therapist. It's actually a company limited by guarantee and has a board of directors who are elected members of the association. And it has a very small part-time staff, and I'm the CEO. We all work remotely in our own home offices and we support members, we promote members, we advocate for the profession. We offer webinars and conferences and that sort of thing, but we're also a regulatory body. So that means you can't join ANZACATA unless you have the correct qualifications that we approve. So we work closely with 10 universities which offer specific courses, and then we approve and we audit, and we check that members are all working safely and ethically and that they're keeping current in the field. So that's the sort of regulatory role we play as well.

Mark Creamer (04:15):

Yeah, and that's good. Again, on my list of questions to ask you actually is about training and accreditation. Let's just put that a bit more on hold for the moment. So your role in the organisation is CEO. Those are the kinds of skills you bring, I guess, am I right in saying you are not actually a creative arts therapist?

Kate Dempsey (04:30):

That's right. I'm not. It's probably important to say that I'm not a creative arts therapist, so I guess I'm sort of an organisational psychologist. I suppose my background is in psychology, so what my experience is, is in running associations, doing governance roles, creating policy and procedures, that sort of thing.

So I'm not clinical in my work at all, but I do have a pretty good understanding of what the members do, which I think is important. But yeah, my expertise is in the running of the association,

Mark Creamer (05:04):

Which is so important, isn't it? I think traditionally, perhaps a lot of our professional organisations were run by the professionals, and we may be great therapists, but it doesn't mean we can run an organisation. So I'm glad they've got someone who knows what they're doing there. So let us go then to the next most obvious question, and that is, what is creative arts therapy?

Kate Dempsey (05:23):

I guess you could say it was a form of psychology or it's a form of psychotherapy, but members are trained specifically in using particular art-based modalities to work with clients. So rather than it being a talk therapy where the client has to say, yes, this is how I'm feeling, or my emotions are this and this, you can actually work it out of the system in a sense by using some sort of creative method. Often it's art based, it could be working with, it could be dance or movement. We have a range of members who use different modalities, but the idea is if for whatever reason talking about your emotions and your past issues and so on is not easy for you, then you can use these creative modalities to get in touch, I think, with what might be happening.

Mark Creamer (06:22):

So in terms of the therapy, is that a kind of end in itself and I'm thinking now is all I have to do, paint a picture and that's the end of creative arts therapy, or is it built on from there?

Kate Dempsey (06:32):

I guess the easiest thing to say is it's not about the product. Have I made a pleasing piece of art? No, we're not really interested in that. It's about the process. It's about if I'm asked to think about whatever it might be in my childhood or something, what draws me to paint or to draw or to create in a particular way, what am I expressing in that? What do I see when I look at the picture? What does it make me feel like? What inside am I getting into? Why I chose that colour, for example, and why I chose to press so hard on the paper at that particular time? What was going on for me? So the therapist doesn't interpret the art or say, oh, that's an excellent piece of art. The therapist works with you to try to get underneath. I guess, what is it that you're creating and what is it expressing for you and how are you feeling about that? And does it bring up feelings for you or does it calm you? If you do things a little slower, do you feel more calm? That sort of thing.

Mark Creamer (07:40):

As you were talking there, I was thinking about children and certainly in the trauma area where children may find it very difficult to vocalise.

Kate Dempsey (07:47):

Correct.

(07:47):

Arts is a good thing, but it's not only children, presumably adults.

(07:51):

No. Oh no. So members work across the spectrum and in many different settings. But it probably is true to say that if you've got ADHD, if you've got autism spectrum disorder, if you are nonverbal, if you've had a stroke, perhaps if you've got dementia for all of those reasons and more, if being verbal around your particular issues and concerns is difficult, then creative arts therapy really comes into its own in those clients.

Mark Creamer (08:21):

And the idea is really as a mental health intervention, that's the key. You don't work with other treatment goals.

Kate Dempsey (08:28):

It can be, for example, some members work with kids on the NDIS who have say cerebral palsy and find motor control quite difficult. So sometimes members work with those populations as well in terms of how to slow that down and focus on, say, drawing a circle, just focus and what does that feel like? So that's possible too, but generally speaking, it's probably fair to say most members work mainly with mental health issues.

Mark Creamer (08:59):

So you've kind of answered this question, but I do want to go back briefly to this idea of not everybody can just be a creative arts therapist and stick their hand up and say, I can paint pictures so I can be a creative arts therapist.

Kate Dempsey (09:10):

Actually, they can, which is a bit of a worry because there is no government regulation in Australia or any of our other countries that we cover. There's a thing called protected title, and that means if you are a psychologist, for example, or a GP or some sort of medical professional, you can't just call yourself that without having been registered and showing your credentials. But unfortunately, because arts therapy is not government regulated, then yes, there is no law. And anybody who's done a weekend course really could call themselves an art therapist. And no law is really broken.

Mark Creamer (09:55):

Which is really where I assume your organisation comes in. If I want to get a creative arts therapist, I should be looking for someone who is accredited by your organisation.

Kate Dempsey (10:06):

Correct. That's the key way for the public to know that we only accept those who have specific training. The bulk of our practicing members actually have a specific master's degree from a specific university in creative arts therapy. So if you're looking for an arts therapist and you're wondering, how do I know whether they're really qualified or not, then you would say, are you a member of ANZACATA? And then, yes, I'm a practicing member of ANZACATA means that you've done those qualifications, you've got that experience, and it also means that the person you are using has voluntarily put themselves into a regime where they are monitored and they are regulated, and they have to keep current in the profession and so on. They're voluntarily doing that. The members of ANZACATA.

Mark Creamer (10:59):

To maintain the standards of their profession really, isn't it?

Kate Dempsey (11:02):

Correct.

Mark Creamer (11:02):

Okay. So ongoing professional development is part of the deal. If you want to keep your accreditation.

Kate Dempsey (11:07):

They have to do 25 hours a year and they pay for it themselves. That's their commitment. They make sure they have 25 hours of ongoing professional development each year. And also we require them to do clinical supervision also each and every year, and we will audit them to make sure they are doing that.

Mark Creamer (11:25):

Good. Clinical supervision, regardless of our profession is so important, isn't it? It's a critical part of our professional development, I think. Okay. So we're talking predominantly master's level qualifications, and I suppose people would've come into the master's from a range of different undergraduate courses?

Kate Dempsey (11:40):

Yes. Well, there's 10 universities that offer these courses, so they all have slightly different undergrad expectations. Mostly they require some sort of counselling or behavioural science, undergrad or art undergrad, something like that, before they will allow you to do their master's degree.

Mark Creamer (12:01):

So we're going to talk about this a lot more in the first episode of our upcoming series. But one thing, to be quite honest with you that I would like to be reassured about as it were, is whether we've actually got any evidence for the efficacy of creative art study.

Kate Dempsey (12:14):

Yes, it's frustrating for us in ANZACATA, yes, there is evidence, but often we hear, is there evidence for this? It seems very alternative, but it's not. It is a mainstream form of psychotherapy, psychology, and there is evidence, and we have actually put together a document which summarises the key evidence, and it's called the proven efficacy of creatives arts therapy, what the literature tells us, and that summarises for anyone who wants to look, and it's on our website, it summarises the key very large scale, scientifically randomly controlled trials and meta analysis at a very high level that have been done over the last 10 or 15 years. And it doesn't even include everything. We're doing a second edition because there's even more evidence coming. So I really like to say to people, no, there is evidence. Just have a look.

Mark Creamer (13:19):

Yeah, look, that's very good advice, very good advice. And I can imagine how frustrating it is to be kind of lumped in, I'm going to offend somebody here, but still to be lumped in with crystals and whatever,

that actually, this is something that is based in some solid empirical support and theoretical models. I'm sure.

Kate Dempsey (13:35):

It is. Absolutely. Yeah. And it's actually been around for quite some time, so it's been around for more than 50 years. People think, oh, did it only just appear yesterday? No, it's actually been around for a long time. Less so in shorter time period in Asia and in Australia and New Zealand, but still we've got one of our universities at University of Queensland in July. It's having a celebration for its 20th anniversary. It has a course called Master of Mental Health / Art Therapy, and it's been running that for 20 years.

Mark Creamer (14:11):

Well, that is interesting. Yes. Yeah. I confess that I didn't know that. One of the things that I guess makes it difficult to do solid research I suspect, is that the term creative arts in the general kind of conversation covers a whole range of different modalities and activities. So is that true for creative arts therapy? Are we looking at different modalities?

Kate Dempsey (14:33):

Yes, we are. So we take members who have qualifications in dance and movement as a therapy and in art directly and also in drama as a modality. So those members are well qualified, but they do use quite different ways of interacting with clients to get them to best express their concerns and issues.

Mark Creamer (14:57):

And generally speaking, would a therapist tend to have their particular favoured modality, so they work with dance and this other person works with that?

Kate Dempsey (15:04):

Yes, they do. Yes, they do. Yes. And if they want to do something different, they will do some extra training around that, generally speaking.

Mark Creamer (15:12):

Yeah. So we'll pick up this more when we talk about the empirical evidence, but I would be interested to know whether some are more efficacious than others, but let's not get into that little can of worms just for a moment. One obvious modalities, music therapy. Do you cover music therapy?

Kate Dempsey (15:27):

No, we don't. In quite a number of countries that's considered the same, and it's part of the suite of modalities. It's just a story that in Australia, there's the Australian Music Therapy Association, and we work closely with them and their members, and I talk of them as our cousins. So it's just historic that they have a separate association, but very similar work, and they have quite a solid evidence base for music in particular.

Mark Creamer (15:56):

In fact, just for the benefit of our listeners, we recorded a three-part podcast series on music therapy recently that MHPN have released under the conversation about series. So if you're interested in music

therapy, have a listen to that. It was a great series, and again, I learned a lot. But what we're saying is that regardless of organisations and so on, it is generally considered to be a creative arts therapy.

Kate Dempsey (16:18):

Yeah, I think you could say that. Yeah, I think one day it'll be fantastic. Maybe once I'm dead and gone for all of us to be connected in one larger organisation, I think that'd be great. And just historically, there's been different organisations as momentum has grown in the different modalities,

Mark Creamer (16:38):

Is there a bit of sort of turf war, the musicians fighting against the dancers?

Kate Dempsey (16:45):

No, I have to say I think we all work really, really well together. So I have regular meetings with the CEO of AMTA, which is Australian Music Therapy Association, and I have great connections with the New Zealand counterparts, and so we all work together and we share information. I think it's really, it's a very positive and friendly relationship that we have with each other, and we try to work together on things, and sometimes we put a submission in together, for example, to government if there's some issue.

Mark Creamer (17:15):

Good. Okay. So moving on to the way in which creative arts therapy is used in practice, and I guess more and more, particularly in many treatment settings, a multidisciplinary approach is kind of the norm now. So what about creative arts therapy? Where does it sit within the broader context of health and mental health care? Does it fit in as part of that?

Kate Dempsey (17:34):

Yes, it does. Yes, it does. So we know that our members, we have 2000 members, and they work across a range of settings. So they can work in schools, they can work in aged care, they work in public hospitals and in private mental health facilities as well. And 50% of them also work with their own studio. They work, they have their own studio, and they get clients to come in there. So if they're working in, say, a public hospital or a private hospital or a GP, allied Health clinic, something like that, then they will tend to be part of a multidisciplinary team that might have, say, an occupational therapist in it, might have a psychologist in it, might have a speech pathologist in it, and they're part of that team. And so they work with those other allied health professionals.

Mark Creamer (18:29):

And they, well get referrals from them, I guess.

Kate Dempsey (18:31):

Correct.

Mark Creamer (18:32):

And indeed refer back to them back.

Kate Dempsey (18:33):

Yes. That happens so often, say a psychologist, we often see this as psychologists. We're working with someone who's a young child, say 10, and they're not terribly engaged in the psychology. They're not terribly verbal. So they'll say, I wonder if art therapy might help them. Let's see if that works better than them working with me. And so there'll be a referral.

Mark Creamer (18:56):

Certainly, many years ago, I had a lot to do with treatment programs for veterans with post-traumatic stress disorder, PTSD around the country. And I know that many of those programs did incorporate things that we would call creative arts therapy, art therapy, and music therapy and so on as part, again, of this multidisciplinary team approach.

Kate Dempsey (19:14):

Yeah, there's pretty good evidence that it actually works really well with veterans and with emergency service personnel. I'm not sure why, but it seems to resonate quite well with them. I often think of a veteran as saying, I'm not doing any art. I'm no good at drawing. But of course, it's not about how good you are at drawing, but it does seem to be a helpful way for people with PTSD to get in touch with what's happening for them.

Mark Creamer (19:41):

But that is an interesting point. I quite agree. It's a bit counterintuitive that these kind of mostly men, tough men would be into this kind of thing, but maybe it is because it's something so different that that allows them to.

Kate Dempsey (19:52):

Well, they bypass, I think in a sense they bypass that cognitive sense of, no, this is not going to help me. And we work in other ways, and that helps to free them, I think, in some way.

Mark Creamer (20:02):

Yeah, exactly. Exactly. Certainly the point that you made there, but you also made earlier, I can imagine many potential clients, patients saying, but it won't work for you. I can't paint. I can't do anything.

Kate Dempsey (20:13):

Yeah. I'm sure that's true. I mean, I haven't sat in on a clinical situation, but I'm sure people do say that. So it's quite important to understand that it's about the process. It's not about the quality of the art. And I know my members are, for example, quite protective of the art that their clients do. They don't want it to be seen. They don't want it to be published. It's very personal, and sometimes, I mean, it's not a pretty piece of art. Sometimes it's quite painful, and it could be aggressive. It could be quite dark. It could be just scratching on the paper. Do you know what I mean? It is not about creating a pretty piece of art. It's about what feelings am I getting out via this process? The art is very private to that person, and it's about the process and what they learn about themselves by doing it.

Mark Creamer (21:07):

Very good point. Very good point. A completely different thing really. But of course, there's a very famous art collection here in Melbourne called the Cunningham Dax Collection.

(21:15):

Which is, I think, internationally recognised of paintings by people with severe mental illness. But that's slightly different, perhaps it wasn't specifically in the context of a creative arts therapy. So creative arts therapy has been around for a long time. We live in a changing world. Approaches to treatment are changing, and hopefully we're getting better at helping people with mental health problems. I'm not always convinced that we are. But anyway, hopefully we're heading in the right direction. So I'm wondering whether you feel that creative arts therapy has a future as we move forward?

Kate Dempsey (21:47):

Oh, absolutely. Without a doubt. I think that we are looking all the time for new and innovative ways to assist people with mental health issues. And it may not be for everyone. That's okay. But I think it really, really adds another way of helping people to access difficult issues, particularly traumatic issues. So it's part of the mix, for sure.

Mark Creamer (22:14):

Do you think your therapist would use technology? I'm thinking things like drawing apps on iPads, and -

Kate Dempsey (22:19):

They do. They do. Yeah, they do. Some of them who work in rural or remote areas also use telehealth, and so they work on Zoom with members, and they might use the whiteboard facility on Zoom to do some drawing with clients. So yeah, they're quite innovative in that way of using new and interesting ways, anything that helps the client to be able to express their issue.

Mark Creamer (22:48):

And I can imagine some of your drama therapists perhaps using video, for example.

Kate Dempsey (22:52):

Absolutely. Yeah. Yeah, they do.

Mark Creamer (22:53):

Okay, so it's going to be around for a while to come.

Kate Dempsey (22:55):

Oh, it's growing. It's growing.

Mark Creamer (22:59):

Yeah?

Kate Dempsey (22:59):

Well, we are growing. When I started nearly five years ago, we had a thousand members, and we now have 2000. And that's not really because so many more people are doing it. It's not so much that, but it's really that ANZACATA is working so hard to provide support for members and to advocate for the profession that people who perhaps didn't bother joining us are now joining us. And also, pretty much every student at the 10 universities is joining us. So we are really seeing significant growth, and we think there is more and more interest in trying a different way, particularly as I said earlier, with those people

for whom just expressing their issues is really not going to work for them. So it's really, really useful for those populations.

Mark Creamer (23:53):

Fascinating. And an optimistic note there. Would you have any advice for someone who's thinking perhaps about a career in creative arts therapy? What would you want to say to them?

Kate Dempsey (24:02):

I would say to them, I think it's a very rewarding career, but I would say to them they need to get the right qualifications. And because it's therapy with very vulnerable groups, so it's difficult and complex work. So I think that you need to have your own issues sorted and dealt with, and you know what they are. And then you go on and do the training. For many of our members, it's a second career, and so they might have been an art teacher or perhaps a nurse or something like that, and they've gone, oh, I really just want to do more to help people. So they go back and do a master's degree. So yes, it's not for the faint hearted. I think you have to know yourself quite well in order to do the work. And yes, then you have to do one of our recognised qualifications, and they're all on our website, which ones we recognise. And then you need to be a member of ANZACATA so that you are proving to anyone who refers to you or any clients that are thinking of using you, that you are qualified, you are experienced, you are a safe and ethical practitioner. I think that's really important. It's a badge of honour to be a member of ANZACATA. So promote that.

Mark Creamer (25:18):

Isn't it? Isn't it? Absolutely. And it does so much, I think to boost the credibility of the profession, the trust that people have in the profession to know that that's right, you're properly trained. Okay, good. So you're encouraging people to go into it, but to do so with their eyes open.

Kate Dempsey (25:31):

Correct.

Mark Creamer (25:31):

To know what they're going into. That's it. Yeah.

Kate Dempsey (25:34):

If I can just say also, because it's not a government regulated profession, it's not easy necessarily to get clients or to find work. I mean, most of our members are working two days here, two days there. Clients aren't knocking down the door to get in because they can get subsidised sessions with a psychologist, which they can't get with creative arts therapists because we're not regulated. So you have to be prepared to be a little bit entrepreneurial and think about how you're going to market your particular skills and experience as well.

Mark Creamer (26:07):

Yes, very good point. And also, presumably to look for opportunities within broader teams where they might be looking for someone.

Kate Dempsey (26:14):

Yes, correct. Yes. And be prepared, I think, to go, okay, this hospital's looking for a mental health clinician. That's me. I can do that. I'll convince them that art therapy is the way to go once I get in there and get the job. It's great.

Mark Creamer (26:29):

Great. Okay. Well, that's a good note to end on, I think, Kate, and we have run out of time, but thank you so much again for agreeing to have this chat with me. It's really a great conversation. And I have to say that it's really wetted my appetite for the four episode series with a whole bunch of researchers and clinicians in the areas. That's definitely something that we are looking forward to. And those episodes will be coming out on the Mental Health in Focus podcast show, so make sure you search for that and subscribe to Mental Health in Focus to make sure that you don't miss any of those episodes when they come out. And of course, to our listeners, thank you very much for joining us. If you want to learn more about Kate or myself, our bios and our links to relevant resources can be found on the landing page of this episode. You'll also see the link to the feedback survey. So please let us know how you found this episode and provide some suggestions for future MHPN podcasts to stay up to date with future podcasts. Make sure you subscribe to MHPN presents. But for now, thank you very much again to my guest, Dr. Kate Dempsey.

Kate Dempsey (27:36):

Thank you, Mark, it's been a pleasure.

Mark Creamer (27:38):

And to all of you out there for listening, thank you very much. Bye for now.

Host (27:44):

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