

**Creative Arts Therapy Programs for Pediatric Oncology Patients:  
A Comparative Case Study**

by  
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**Creative Arts Therapy Programs for Pediatric Oncology Patients:  
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**Abstract**

Hospital offered creative arts therapy programs can help pediatric oncology patients to understand and express their feelings about hospitalization and to better cope with the disease and treatment process. This research seeks to discover what types of hospital offered creative arts therapy programs currently exist, to provide quality of life benefits to pediatric oncology patients and their families. This research project consists of a comparative case study conducted with the Children's Cancer Association's Music Rx program at Doernbecher Children's Hospital in Portland, Oregon and with The Ponzio Creative Arts Therapy Program at The Children's Hospital in Denver, Colorado, a review of creative arts therapy literature, and interviews with the creative arts therapists, program coordinators and one Registered Nurse at The Children's Hospital.

*Keywords*

Pediatric oncology, Expressive therapy, Alternative therapy, Creative arts therapy, Creative arts therapist

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## Curriculum Vita

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**Education: MA Arts and Administration**

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- Practicum at Maude Kerns Art Center in the Education Department

**BA Art History – BA Spanish**

*Santa Clara University: Santa Clara, CA 2003*

- Alpha Phi Sorority Vice President of Recruitment 2002 – 2003
- Associated Students of SCU Freshman/Sophomore 1999 – 2001
- Elementary Teaching Practicum, Gardner Academy Elementary 2000
- Santa Clara University Associated Student Volunteer of the Year 1999 - 2000

**Syracuse University Study Abroad Program**

*Syracuse University: Madrid, Spain 2003*

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**Experience: Adult and College Programs Assistant, Modern & Contemporary Education Assistant, College Advisory Committee Assistant**

*Denver Art Museum: Denver, CO 2007- Current*

- Help to coordinate all adult and college programming, including Life Meets Art and Untitled. Tasks include: ordering materials, program evaluation, instructor coordination, event set-up and take down, booking entertainment and organizing interactive components.
- Provide daily gallery maintenance in each of the Modern & Contemporary galleries.
- Coordinate meetings with College Advisory Committee members and manage museum sponsored events, such as the Student Symposium.

**Special Events Intern**

*Portland Art Museum: Portland, OR 2006*

- Worked as the assistant to the Director of Special Events and helped organize details for the "I'll Take Manhattan" fundraiser and the 2006 Oregon Biennial exhibit opening. Tasks included: meeting with the partnering organization, confirming details with vendors, sending confirmation letters with valet parking tickets, managing the RSVP list, reminding volunteers of their duties, delivering packages to sponsors, organizing a seating chart, creating place cards and writing thank you cards.
- Also provided assistance for specific projects in the Events, Membership, Development, Public Relations and Education Departments.

**Graduate Teaching Fellow**

*Center for Applied Second Languages: Eugene, OR 2005 – 2006*

- Provided assistance to develop NOELLA, an online assessment tool for elementary school children (<http://noella.uoregon.edu>). Assisted with test design, worked with teachers to develop assessment items, conducted pilot studies and conducted validation studies
- Edited MOSAIC, a project created to provide second language teachers with content-based curriculum materials in Spanish (<http://casls.uoregon.edu/mosaic/index.php>).

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Creative arts therapy programs . . .

“ . . . nurture one’s mind, body and spirit regardless of injury, illness,  
ailment, race, religion or gender”  
(A. Cocovich, personal communication, May 4, 2007).

“ . . . demonstrate that good health lies not just in the creative expression of a  
patient, but in the health of a system that recognizes the benefits of  
integrating the extremes of human experience into a sensible, organized,  
hopeful, & perhaps beautiful structure”  
(A. Edelblute, personal communication, April 16, 2007).

“ . . . go a long way to humanizing the bio-medical experience for patients  
and their families”  
(H. Keller, personal communication, April 19, 2007).

“ . . . offer a holistic sense of healing the self: mind, body, and spirit”  
(K. Reed, personal communication, April 26, 2007).

**Chapter I: Introduction to the Study**

According to the National Cancer Institute (n.d.), 9,500 children living in the United States are diagnosed with cancer each year and out of the twelve major types of pediatric oncology, more than half of all new cases stem from different types of leukemia, brain, and various central nervous system tumors (A Snapshot of Pediatric Cancer section, para. 1). Additionally, the Institute reports that 1,500 of these children will ultimately die from the disease, making cancer the leading cause of death amongst American children from infancy to fifteen years of age (A Snapshot of Pediatric Cancer section, para. 1). With such a large number of children seeking treatment for many different types of cancer, many medical facilities are implementing creative arts therapy programs designed to help these children and their families better understand and cope with the disease.

Creative or expressive arts therapies are therapies in which the arts are applied through different techniques as a means of facilitating conversation in such a manner, that healing, both physically and emotionally is promoted. Expressive or creative arts therapy programs can include, but are not limited to, “art, drama, dance movement and music therapies” (Payne, 1993, p. xi), as well as, “poetry/creative writing” therapy (Malchiodi, 2005, p. 2). Creative arts therapy sessions can be conducted on an individual or group basis and programs are typically offered in hospitals, rehabilitative facilities, clinics, mental health centers, hospice programs, schools, daycare centers, shelters, halfway houses, prisons, correctional facilities, substance abuse treatment centers, businesses, senior centers, nursing homes, community centers and private practices (American Art Therapy Association, n.d.; American Dance Therapy Association, n.d.; American Music Therapy Association, 1999; Betts, n.d.; Malchiodi, 2005; National Association for Drama

Therapy, n.d.; National Association for Poetry Therapy, 2006; Payne, 1993; Rubin, 1999). The purpose of this study is to explore the creative arts therapy programs offered to pediatric cancer patients at two hospitals, in order to discover what types of programs currently exist, with the mission of providing quality of life benefits to pediatric oncology patients and their families.

*Statement of the problem and background*

Current creative arts therapy research seems to approach the topic from that of three main perspectives: 1) descriptive, 2) case study, and 3) outcome based. In the descriptive approach, scholars such as Bunt & Hoskyns (2002), Corsini (2001), Malchiodi, C. (2005), Nathan & Mirviss (1998) Rubin (1984, 1999), and Waller & Gilroy (1992), provide a description, definition or historical background to one or all of the creative arts therapies. This approach often takes the shape of an introduction, handbook or guide and provides the reader with a basic understanding of what the creative arts therapies are, what creative arts therapists do and why creative arts therapies are implemented.

In the second approach, researchers are typically practicing creative arts therapists who focus their research on documenting their experiences in the field by applying single and/or multi-case study methods. Bertoia (1993), Kamar (1997), Orton (1994), and Sundaram (1995), for example, frame their research within the context of the single-case study method in order to describe the specifics of their work with a single patient. On the other hand, Prager (1993), Oppenheim, Géricot and Hartman (2002), and Savins (2002), draw from multiple case studies that explain therapeutic work as it relates to the mobility

or temperament of patients, the setting in which therapy sessions take place or the desired outcome of therapy activities.

The final approach to current creative arts therapy research is outcome or benefit based. What this means, is that the work of researchers such as, Abrams (2001), Ho (2005), Lin, Lee, Kemper & Berde (2005), Nainis, Paice, Wirth, Lai & Shott (2006), and H. (2006), seeks to conduct and report findings of research that is focused on the physical and emotional effects that participating in creative arts therapies sessions may produce. Outcome oriented research discusses the potential of the creative arts therapies to produce benefits like relieving anxiety or fear, decreasing nausea and vomiting, helping with pain management, and promoting immune system development.

Describing the creative arts therapies, documenting single/multi-case studies, and recording the outcome of expressive arts therapies, while important, is not enough. When analyzing current arts therapy literature, there is a gap in the research when it comes to describing current creative arts therapy programming trends and in the exploration of the intricacies of these programs. This research seeks to add to the current body of knowledge by identifying current programs and the various components needed to offer these expressive arts therapy programs in a hospital setting. Additionally this research project focuses specifically on two creative arts therapy programs in order to assess and describe what kinds of programs currently exist, where they are being offered and to identify the medical reasons these participants participate in such programs.

#### *Statement of purpose*

The purpose of this research project is to explore various creative arts therapy programs hospitals offered to pediatric cancer patients, in order to discover what types of

programs currently exist, with the mission of providing quality of life benefits to pediatric oncology patients and their families. In order to better understand the components of hospital offered creative arts therapy programs, a comparative case study was conducted with the Music Rx Program offered by the Children's Cancer Association at Doernbecher and Legacy Emanuel Children's Hospitals in Portland, Oregon and with The Ponzio Creative Arts Therapy Program at The Children's Hospital in Denver, Colorado.

*Significance of the study*

Current creative arts therapy research focuses on three main approaches: describing and historically placing each of the creative arts therapies, documenting accounts from creative arts therapists' research with single/multi-case studies, and recording the outcome or benefits of expressive arts therapies sessions. When analyzing creative arts therapy literature, there is a gap in the research when it comes to the concept of programming. Few researchers dedicate their time to exploring the compulsory components needed to offer creative arts therapy programs. This study is significant because it seeks to address the gap in current creative arts therapy literature by closely examining two programs offered to pediatric oncology patients and their families. A comparative case study was conducted in order to identify the various components needed to offer these programs in a hospital setting.

This study provides pediatric cancer patients and their families with necessary information about the offerings and goals of various types of creative arts therapy programs. It also aims to provide interested hospital administrators, medical staff, and creative arts therapists with the opportunity to take a closer look at current examples of expressive arts therapy programming, in order to find out what resources are needed to

offer these kinds of programs within a pediatric medical facility. Additionally, this study helps to foster a greater awareness about creative arts therapies and how they complement the fields of medicine and arts administration. The findings of this research project help to propel expressive arts therapy research and medical research forward into new areas of discovery.

## **Chapter II: Research Design and Methodology**

*Methodological paradigm*

This research project aligns with the critical social science perspective because the researcher believes in “going beyond surface illusions to reveal underlying structures and conflicts of social relations as a way to empower people to improve the social world (Neuman, 2006, p. 532). It is the hope of the researcher that this research will help patients, their families, the medical and creative arts therapy staffs to improve upon current creative arts therapy programs, in order to create better programming for all who are impacted by the effects of cancer. Additionally, in qualitative research, objectivity is not assumed. When working with medical and creative arts therapy staff, the researcher felt it would be inappropriate to simply observe from a distance. The only way for the researcher to truly understand the impact of these programs was to interact directly with those involved in providing these programs and to report findings from both an inward and outward point of view (Neuman, 2003, p. 87).

*Design of the study*

The purpose of the study is to better understand what kinds of creative arts therapy programs for pediatric oncology patients currently exist through an examination of two expressive arts therapy programs. This research compares and contrasts pediatric oncology creative arts therapy programs at Doernbecher Children’s Hospital in Portland, Oregon and at The Children’s Hospital in Denver, Colorado. These two sites were specifically chosen for this research project because of their varied approaches to creative arts therapy programming. Music Rx, the expressive arts therapy program at Doernbecher focuses on music therapy, is offered on an inpatient basis and functions as an extension of a non-profit organization called the Children’s Cancer Association. In

contrast, The Ponzio Creative Arts Therapy Program in Denver is offered as both an inpatient and outpatient program, is implemented by hospital staff, and focuses on applying a combination of multiple expressive arts therapies. A comparative case study addresses a gap in the research by providing an in-depth examination of current approaches to creative arts therapy programming for pediatric oncology patients and their families.

Case studies by their very definition allow for specific cases to be examined in an in-depth manner, over a period of time (McLaughlin & Carolan, 1992; Neuman, 2003; Orton, 1994; Rosal, 1992; Stake, 1995). According to Neuman (2003), “cases can be individuals, groups, organizations, movements, events, or geographic units” (p. 33). Neuman’s definition was important to study because it allowed for the examination of programs and individual participants by way of a case study approach.

The application of a case study method can be found in many types of research, but in creative arts therapy research, case studies are traditionally thought of as an important way to communicate the effect expressive arts therapies can have on a patient (Rosal, 1992, p. 57). Creative arts therapy case studies help to develop an understanding of the treatment process and allows for the evaluation of practices and procedures (Diamond, 1992, p. 98).

Applying a case study method to research can provide the extensive amount of qualitative data needed to accurately describe a specific case. However, limitations can occur with the application of this approach. According to McLaughlin and Carolan (1992), “a primary difficulty in case studies is that there is no basis for determining what the outcome would have been without the specific interventions...little attention is paid

to the threats to external and internal validity or reliability” (p. 53). Diamond (1992) echoed the thoughts of McLaughlin and Carolan by discussing these limitations as they pertain to art therapy research:

*Art therapists have used the case study extensively to validate their various treatment approaches. The primary problem with the case study as an evaluation tool is that it does not rule out the many conflicting explanations for the observed results which can be offered. Add this to experimenter bias and the subjectivity of the observations, and you do not have a strong tool for determining cause and effect (p. 98).*

This is to say, a case study method is an effective means to support a researcher's hypotheses about change causing variables. However, this approach provides limited evidence to prove exactly which variable causes the resulting change.

In addition to the above stated limitations, Stake (1997) found case studies to be limiting because cases cannot be generalized to represent a larger population (p. 8). However, case studies allow for the possibility of lessons to be learned and findings may be applicable to other areas of research.

Many creative arts therapy researchers apply the case study method to their research design (Bertoia, 1993; Kamar, 1997; Orton, 1994; Prager, 1993; Savins, 2002; Sundaram, 1995). In doing so, these researchers began the documentation process by explaining the research topic, defining key medical terms, introducing the specific case or subject, discussing research procedures, concluding with results and research findings. In Orton's (1994) case study of a young mother grieving the loss of her child to Sudden Infant Death Syndrome for example, Orton began by describing parental grief, continued by defining Sudden Infant Death Syndrome, then introduced nineteen year old Ashley as the subject of the study, explained the therapeutic procedures of the study through the application of the Coping Resources Inventory and the Grief Scale, and concluded with

an explanation of the research results. Orton's research document provided an example of how researchers can best apply a case study method in the field of art therapy.

Implementing a comparative case study method in this research design allowed for an in-depth examination of multiple pediatric oncology creative arts therapy programs. In order to identify what types of creative arts therapy programming currently existed, it was essential to begin the documentation process by defining the role of creative arts therapy programming for pediatric cancer patients, describing the specific case study programs, discussing the creative arts therapy practices and procedures each program implements, and to conclude with key findings of the components needed to offer each pediatric oncology expressive arts therapy programs. Approaching the study in this manner allows for comparing and contrasting across program models, in order to make suggestions about what creative arts therapy practices might be applicable in other medical settings for young cancer patients.

#### *Research questions*

The main research question of this study was, *“What kinds of creative arts therapy programs are hospitals currently offering to pediatric cancer patients, in order to provide quality of life benefits to pediatric oncology patients and their families?”*

Additional sub-questions include:

- *What roles do creative arts therapists play in a pediatric oncology patient's treatment?*
- *What kinds of training do the creative arts therapy programs' staffs have in order to work with pediatric oncology patients and their families?*
- *What kinds of resources are needed to implement a creative arts therapy program within a hospital setting?*
- *How are these creative arts therapy programs designed and implemented within the hospital setting?*
- *How are these creative arts therapy programs paid for and do insurance companies cover some of the cost?*

- *What are the perceived benefits and outcomes of a creative arts therapy program for pediatric oncology patients and their families?*

*Data collection*

This is a comparative case study that examines the creative arts therapy programs offered at Doernbecher Children's Hospital in Portland, Oregon and the Children's Hospital in Denver, Colorado. Formal interviews were conducted with the creative arts therapy staffs and program coordinators at both sites and one Registered Nurse from The Children's Hospital was interviewed as part of this study. The researcher attended a Ponzio Creative Arts Therapy Program staff meeting in order to become better acquainted with the specific hospital setting and therapy facility, as well as to create a general sense of familiarity amongst the staff. This same attempt was made at the Children's Cancer Association and Doernbecher Children's Hospitals facilities, but field observations were not conducted because of their strict no observation policy. Three to five interviews took place with both the Music Rx and The Ponzio Creative Arts Therapy Program's creative arts therapy staffs and program coordinators. The Music Rx staff was interviewed via email and The Ponzio Creative Arts Therapy Staff were interviewed via email and follow-ups were conducted in person at The Children's Hospital. Medical staff members at both hospitals were contacted about their potential involvement in the study and only one medical staff member responded to the invitation. An interview was conducted with this medical staff member who worked at The Children's Hospital as part of the Center for Cancer and Blood Disorders' nursing team via email and a follow-up interview took place over the telephone. Potential participants for the formal interview process were chosen at random. No specific gender, ethnicity, religious or economic background was targeted. The recruitment process for the formal interviews involved a

recruitment letter (see Appendix A) detailing the study, as well as a consent form (see Appendix B) to be signed by each participant.

Once proper consent had been given, formal interviews were conducted in two ways. If possible, members of the medical staff, art therapy staff and program coordinators were interviewed via e-mail. A list of questions was submitted electronically to the medical staff (see Attachment C), expressive arts therapists (see Attachment D) and the program coordinators (see Attachment E). Those who preferred not to be interviewed via email were given the option to be interviewed in a face-to-face manner or via the telephone and those wishing to remain anonymous were offered pseudonyms. Additionally, interviewees were given a chance to read the transcriptions if they chose to do so on the original consent form.

#### *Data analysis*

Once data was collected from the literature review, document analysis, field research and formal interviews, the data was coded. Coding was done initially by each case study site and was then be divided into the three topical areas identified by the initial review of the literature: the reasons for implementing art as therapy, the different types of creative arts therapy methods used in the field and the ways in which expressive art therapies specifically apply to pediatric oncology patients and their families.

#### *Potential risks and benefits of the study*

It is recognized that personal issues may arise as a result of the interview process and participation due to the sensitive nature of this study. Throughout creative arts therapy sessions and the formal interview process, the program and medical staffs could have potentially discussed their thoughts and feelings about the program they were

involved with and their workplace. During this discussion interviewees might have experienced a minimal amount of social risk by feeling nervousness or anxiety at the thought of the use of participants' names, titles and opinions in this final published research document. The interviewees may not have felt comfortable with their colleagues, supervisors, and institution being able to read their personal thoughts and opinions. However, each medical staff and creative arts therapy staff member was asked to consent to the use of his or her name and title in the research project and was given the option to remain anonymous.

On the other hand, it is the goal of these programs the participants are involved with to help, "transform the hospital environment...to aid in the relief of fear, anxiety and pain" (Children's Cancer Association, n.d., Music Rx section, para. 1). The use of art to facilitate conversation for the purposes of this research project, could also have resulted in numerous benefits to all those involved. Conversation about expressive arts therapies could have potentially helped hospital administrators, medical staff, and creative arts therapists to learn the pros and cons of offering a creative arts therapy program, as well as to find out exactly what resources were needed to offer similar programming. Additionally, this study helps to stimulate a greater general awareness about the subject of creative arts therapy and how it intersects with the field of medicine and arts administration.

### *Delimitations*

The core of this research consists of a comparative case study with the Music Rx Program offered by the Children's Cancer Association at Doernbecher and Legacy Emanuel Children's Hospitals in Portland, Oregon and with the Ponzio Creative Arts

Therapy Program at the Children's Hospital in Denver, Colorado. These particular sites were chosen for their location because of their close proximity to the researcher.

Additionally, these two sites were of particular interest to the research topic. By limiting the research to two vastly different programs, it was the hope of the researcher that it would become apparent which strategies and approaches were working and which were not working for the field of creative arts therapy in pediatric oncology. Furthermore, approaching the research from a two case perspective had the potential to help those interested in starting a program to figure out what kind of program would fit best within their specific treatment setting.

#### *Limitations*

Having previously worked with the child life department in a pediatric hospital and as a camp counselor at a summer camp for cancer patients, the researcher brought certain biases to this study. The researcher wholeheartedly believes that creative arts therapy programs can help children to cope with illness, treatment and hospitalization, and that it is essential for all children's hospitals to offer this kind of programming.

#### *Definitions*

Medical terminology and concepts were not directly analyzed due to the researcher's limited knowledge in this area. However, this was not the focus of the research topic and since there is a large pre-existing body of literature dealing with medical terminology, this weakness is minimal.

### **Chapter III: Review of the Literature**

*Art as therapy*

Elinor Ulman, the *Bulletin of Art Therapy*'s first editor in 1961, defined art therapy by stating, "Anything that is to be called art therapy must genuinely partake of both art and therapy" (Rubin, 1999, p. 61). Ulman further defined this term by defining each of its component parts; she defined art as, "a means to discover both the self and the world, and to establish a relation between the two" and the term therapy was defined as, "procedures designed to assist favorable changes in personality or in living that will outlast the session itself" (Rubin, 1999, p. 61).

Leading scholars after Ulman's time have contended that art therapy is a form of non-verbal communication that offers patients a creative outlet for self expression (Bertoia, 1993; Murray & Howard, 2002; Prager, 1993; Rubin, 1984; Savins, 2002; Sundaram, 1995). Riseberg, Kolstad, Bremmes, Holte, Wist, Mella, Klepp, Wilsgaard and Cassileth (2004) described art therapy further as being a "complementary" or "alternative" therapy; one that applies an unconventional approach with the intent of managing symptoms and improving one's quality of life (p. 531). In addition, the British Association of Art Therapists came up with their own definition for the term, which describes art therapy as:

*...a form of therapy in which the making of the visual images (paintings, drawings, models, etc.) in the presence of a qualified art therapist contributes towards the externalization of thoughts and feelings which may otherwise remain unexpressed. The images may have a diagnostic as well as therapeutic function, in that they provide the patient and the therapist with a visible record of the session, and give indicators for further treatment. Art therapists may work with the transference - that is, the feelings from the past which are projected on to the therapist in the session. Such feelings are usually contained by the art work, and this enables resolution to take place indirectly if necessary (Waller, 1992, p. 5).*

With so many circulating variations of the definition of art therapy, it becomes difficult to understand the differences and similarities between each one. Thus, it becomes vital to look back to the origins of the term.

The term “art therapy” is attributed to Adrian Hill, who, in 1942, “painted his way through a tedious convalescence in a tuberculosis sanatorium” (Rubin, 1999, p. 266). During his hospitalization, Hill found that the act of creating art through painting, fully engaged his mind and body, which released a “creative energy” that allowed him to “build up a strong defence against his misfortunes” (Hill in Edwards, 2004, p. 1). Margaret Naumburg, the “mother of art therapy” adopted Hill’s term and began using it as a way to describe her work with patients in a psychiatric hospital (Rubin, 1999, p. 3). Naumburg helped the formal field to emerge through her belief that art was a form of “symbolic speech” which permits the unconscious to communicate through the process of making art, allowing for, “a means of both diagnosis and therapy, requiring verbalization and insight as well art expression” (Rubin, 1999, p. 99).

According to Edwards (2004), to understand historical and current practices of art therapy, both Hill’s definition and Naumburg’s definition must be studied because Hill’s approach advocated for the use of “art as therapy” and Naumburg’s approach supported the use of “art in therapy” (p. 1). From these two definitions, art therapy has traveled down two similar branches of thought “art as therapy and art psychotherapy” (Waller in Edwards, 2004, p. 1). Art as therapy stresses the “healing potential of art” and art psychotherapy underscores “the importance of the therapeutic relationship established between the art therapist, the client and the artwork (Edwards, 2004, p. 2).

When trying to make sense of how healing occurs as a result of creative arts therapy methods, there are two branches of conflicting thought. One branch suggests that the benefits of art therapy are the direct result of the “creative process itself,” and the other specifies that it is due to the “relationship established between client and therapist” (Edwards, 2004, p. 2). Today, many art therapists believe that neither the artwork, nor the relationship between the client and art therapist is more important than the other; rather the importance is placed upon a “triangular relationship” where all three components: artwork, client, and art therapist interact to achieve the desired healing process or therapeutic effect (Edwards, 2004, p. 2). In an art therapy session, triangulation is extremely important because “the interaction between the client and their artwork, or between the client and the art therapist, may be in the foreground or background” at different times during the art therapy session (Edwards, 2004, p. 89).

The idea of triangulation is of significance in hospital offered creative arts therapy programs for pediatric oncology patients because many patients simply do not have the proper medical knowledge needed to fully comprehend their illness and are further limited due to “immaturity” (Prager, 1993, p. 2). For these patients, this may very well be the first time they have heard terms such as cancer, tumor, chemotherapy, and possibly even the word death. Not understanding an illness and undergoing the proper course of treatment can cause anxiety and confusion amongst pediatric patients. Creative arts therapies can assist patients to understand their medical situation by helping to minimize this confused feeling, shedding light on the reality of the patient’s situation in a way that encourages a deeper sense of clarity and self-understanding (Prager, 1993; Savins, 2002). Approaching art therapy triangularly permits the patient’s relationship with their artwork

to take precedence when need be, but also allows for the relationship between patient and art therapist to be of greater importance when it is desirable. Triangulation occurs because the relationship between patient and art therapist is important to the medical explanation of the illness/treatment process and in the overall facilitation of communication. The patient's artwork is a way in which the patient demonstrates their understanding of the illness and provides an outlet for expression which can promote healing to begin.

*Creative arts therapy methods*

Creative arts therapies are therapies in which the arts are the main activity of therapy sessions and are used to facilitate conversation in such a manner, that healing in all its forms is promoted. According to one scholar, creative arts therapies, "in their most enlightened and liberating forms are indicating a new vision of art in society which suggests the restoration of an ancient and archetypal integration of the creative process with healing" (McNiff, 1986, p. 5). The expressive or creative arts therapies include, art, drama, dance movement, music, and poetry/creative writing therapies (Payne, 1993; Malchiodi, 2005). Creative arts therapy sessions can be conducted on an individual or group basis and programs are offered in a variety of locations including: hospitals, rehabilitative facilities, clinics, mental health centers, hospice programs, schools, day care centers, shelters, halfway houses, prisons, correctional facilities, substance abuse treatment centers, businesses, senior centers, nursing homes, community centers, and private practices (American Art Therapy Association, n.d.; American Dance Therapy Association, n.d.; American Music Therapy Association, 1999; Betts, n.d.; Malchiodi,

2005; National Association for Drama Therapy, n.d.; National Association for Poetry Therapy, 2006; Payne, 1993; Rubin, 1998).

This section explores the various creative art therapies: art therapy, drama therapy, dance movement therapy, music therapy, and poetry/creative writing therapy, investigates the similarities and differences between each of the creative arts therapies, and examines the diverse methods and techniques used in the different creative arts therapies.

#### *Art therapy methods*

According to the American Art Therapy Association (n.d.), “Art therapy is an established mental health profession that uses the creative process of art making to improve and enhance the physical mental and emotional well-being of individuals of all ages” by integrating, “...the fields of human development, visual art...and the creative process with models of counseling and psychotherapy” (About Art Therapy section, para. 1-2). Art therapy practices are implemented as a means of providing assessment and treatment, for those who may be in need of, “reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behavior, solving problems, reducing anxiety, aiding reality orientation, and increasing self-esteem” (Betts, n.d., Art Therapy section, para. 2). In order to engage patients in art therapy, therapists must begin by choosing an art making technique (drawing, painting, sculpture and/or other art forms), followed by the specific tools and materials needed for the chosen medium (Seiden, 2001, p. 29). Art making materials can include anything from pencils, crayons and finger paint to paper maché, felt and clay (Rubin, 1984; Seiden, 2001).

One could argue that these art making techniques and materials seem ordinary, something anyone would use when deciding to create visual art. However, it is important to remember that the therapist specifically chooses how to approach the art making guided by a set of predetermined goals based on their client's needs and abilities. For example, an art therapist would not choose sculpting with clay for a patient with a respiratory illness because the particles could cause difficulties in the patient's ability to breathe. Additionally, a pediatric oncology patient in a bone marrow transplant unit is kept in an extremely sterile environment, forcing an art therapist to provide completely new supplies to the patient. Before an art therapy session can take place, art therapists consider factors such as their patient's health, physical mobility, and the desired outcome or goal of each therapy session.

Generally, when preparing to conduct an art therapy session, the therapist must make important decisions about the materials to be utilized, which have implications for the kinds of processes/outcomes that the therapist is striving for with the patient. Pencils allow the patient to create permanent or impermanent marks in a range of gray tones that are considered to be "noncommittal compared to the feeling qualities attributed to most colors" (Seiden, 2001, p. 34). Pens and markers are typically thought of as having an "aggressive potential" and force the patient to make more decisive decisions about the permanence of what they put on the drawing surface (Seiden, 2001, p. 35). While materials like crayons and pastels allow a patient to draw in color, which can reflect human emotion, mood and feeling (Seiden, 2001, p. 77).

Similarly to drawing, painting as a medium offers a wide variety of materials in which to paint with: watercolors, tempera, oils, acrylics, finger paints or gouache to name

a few (Rubin, 1984; Seiden, 2001). According to Robbins and Sibley (1976), “watercolor demands a willingness to be spontaneous; oil offers a more predetermined and exacting challenge”, making it extremely important for an art therapist to choose the appropriate painting materials that are most suitable for patient’s needs (p. 23). When offering painting materials to an art therapy patient, it is vital for an art therapist to notice how the patient approaches and applies the materials to the canvas. Art therapists pay attention to how slowly or quickly a patient works and whether the paint is applied thickly or thinly because these can be indicators of the patient’s mood and/or state of mind (Edwards, 2005, p. 90).

Sculpture is an important art therapy method because it allows patients to create in a three dimensional space using materials like pipe cleaners, clay, modeling dough, wire, string, paper maché, and cardboard (Rubin, 1984; Seiden, 2001). Rubin (1984) indicates that, “clay can stimulate feelings of disgust as well as feelings of pleasure; it can seem cold and unyielding, as well as soft and manipulable” (p. 11). On the other hand, Seiden (2001) points out that modeling or sculpting with a material like clay allows a patient to turn a malleable material into something permanent by firing or baking; this process increases the object’s value in such a way that it is directly related to the patient’s self esteem (p. 104).

Some art therapists prefer to use puppets because it offers patients a safe environment in which they can express their feelings and emotions indirectly (Rubin, 1984; Savins, 2002; Sundaram, 1995). Other art therapists find the use of metaphor may enable a patient “to talk about things that are complex and not easily described. Finding image in words, play or drawing can be comforting - a way of feeling understood and

connected. Metaphors and images reach a part of the brain that words alone cannot” (Savins, 2002, p. 16). When conducting art therapy sessions with children, researchers suggest that combining art and play can facilitate the therapeutic processes because play is central to a child’s emotional, physical, and social development (Sundaram, 1995; Walker, 1988).

With such a wide variety of media, mediums, and processes to choose from, it is imperative that an art therapist selects art making materials in which, “the challenge of materials equals the skill level of the artist” (Seiden, 2001, p. 31). Rubin (1984) suggests that art therapists tend to lean toward simple materials and processes because the more unstructured the medium is, “...the more an individual can project upon it. Since all art therapists hope to evoke personally meaningful creations, it would make sense that they would not wish to impose in any way on the patient’s own natural imagery” (p. 7). Having said that, it becomes apparent that it is extremely important for art therapists to choose the art making activity and art making materials with extreme thoughtfulness, the patient and therapeutic goal or outcome must be at the center of their decision.

#### *Drama therapy methods*

Similarly to art therapists, drama therapists apply the arts (in the case drama, as opposed to the visual arts) to therapy sessions in order to achieve individualized therapy goals (National Association for Drama Therapy, n.d., What is Drama Therapy section, para. 1). The National Association for Drama Therapy (n.d.) describes drama therapy as being both, “active and experiential” (What is Drama Therapy section, para. 2). Approaching therapy in this manner allows a patient, “to tell his or her story to solve a problem, achieve a catharsis, extend the depth and breadth of inner experience,

understand the meaning of images, and strengthen the ability to observe personal roles while increasing flexibility between roles” (Betts, n.d., Drama Therapy section, para. 1). According to Landy, drama therapy is centered around the idea of helping people to find a balance between opposition by playing roles that contradict each other, “such as that of the victim and the survivor” (Landy, 2005, p. 96). In order to achieve this understanding in a drama therapy session, a drama therapist may apply one or more methods which include: theater games, storytelling, improvisation, role play, performance, dramatic ritual, sociodrama, and psychodrama (Blatner, 2001; Landy, 2005; Nathan & Mirviss, 1998; National Association for Drama Therapy, n.d.).

Theater games or as Landy (2005) refers to them “dramatic play”, are considered to be the first and most basic step in drama therapy (p. 99). Dramatic play is an important place to begin because it helps to foster, “...spontaneity and interaction within a group, and often form the basis for other group work” (Nathan & Mirviss, 1998, p. 145).

Playing theater games serves as a warm-up activity allowing participants to become comfortable with those around them and helps to build a certain amount of trust within the group (Landy, 2005, p. 99). Drama games are a typical instructional progression for dramatic learning, but in the instance of drama therapy, a drama therapist is extremely thoughtful about which games are in keeping with their specific therapeutic goals.

After dramatic play, a drama therapist may switch to a method known as “scenework” (Emunah in Landy, 2005, p. 99). Scenework encourages the participants to work with pre-existing works of fiction in an improvisational manner (Landy, 2005, p. 99). This method offers a more introspective approach for the participants because after they have worked through the story or play, they discuss their thoughts, feelings,

reactions, and are encouraged to find the parallels between the fictional work and their own life and the world around them (Landy, 2005, p. 99).

Scenework prepares the participants for the next step in drama therapy, known as “role play” (Emunah in Landy, 2005, p. 100). Role play is a method that is “used to work on changing behaviors or introducing new ones” (Nathan & Mirviss, 1998, p. 145). The participants are encouraged to act out real life situations and to “...examine specific problems or issues in their lives such as losing a job, expressing disappointment to a friend, or completing an unfinished conversation with a parent” (Landy, 2005, p. 100). Participants may perform a role from their own point of view, but more importantly, are expected to act out the role of the antagonist as well; an approach that helps patients to understand multiple viewpoints, varied reactions, and to brainstorm possible solutions to the problem at hand (Landy, 2005, p. 100).

Once each of the individuals’ roles has been realized, performance or “culminating enactment” promotes a deeper understanding of the key issues surrounding the characters (Emunah in Landy, 2005, p. 100). The culminating enactment method allows participants to explore the role of the individual as it relates to the group and in turn, fosters a better understanding of an individual’s role or place in society (Landy, 2005, p. 101).

The last method used in drama therapy is known as “dramatic ritual” (Emunah in Landy, 2005, p. 101). Dramatic ritual is applied as a final step in drama therapy because it functions as a transitional point linking the, “dramatic reality to that of everyday reality, from the safety and support of the therapeutic group to the more unpredictable social interactions of the outside world” (Landy, 2005, p. 101). Dramatic ritual enables

participants to move forward with their lives by taking what they have learned from drama therapy and applying it to everyday life.

Each of the techniques used in drama therapy can be approached from different viewpoints and can address individual struggles or situations that are common to each member of the group. In role play for example, the focus of the therapy session may shift away from a fictional world, to that of each of the participants' individualized realities (Landy, 2005, p. 100). Nathan and Mirviss (1998) refer to this as "psychodrama" because it, "centers on one person's problems and aims to help that person reach a deeper understanding of his/her behavior and/or a resolution of emotional conflicts" (p. 146). On the other hand, the group may use role play as a way to discuss common problems, feelings and/or behaviors, which is known as "sociodrama" (Nathan & Mirviss, 1998, p. 145). Both techniques, psychodrama and sociodrama, are important to drama therapy sessions because they encourage participants to see problems from multiple viewpoints, help participants to realize that certain situations and feelings are common to all human beings and encourage a more constructive approach to problem solving.

#### *Dance movement therapy methods*

The National Coalition of Creative Art Therapies Associations (n.d.) asserts that "dance is the most fundamental of the arts" because it involves "direct expression through the body", which makes dance a highly expressive and extremely important vehicle with which to practice therapy (Betts, n.d., Dance/Movement Therapy section, para. 1). The American Dance Therapy Association (n.d.) further defines dance movement therapy as, "...the psychotherapeutic use of movement as a process which

further the emotional, social, cognitive, and physical integration of the individual” (Who We Are section, para. 7). Movement is an important means of non-verbal communication because the way in which an individual navigates their body through space is a reflection that is unique to each individual human being (Higgins, 1993, p. 139).

A common technique dance movement therapists use is called “movement exploration” (Nathan & Mirviss, 1998, p. 224). Movement exploration applies a progressive problem solving approach to teach body control and spatial awareness, as well as, to improve physical strength and endurance (Nathan & Mirviss, 1998, p. 224). Movement exploration encourages the examination of the, “fundamental patterns of physical activity - both locomotor (e.g., running, skipping, walking) and non-locomotor (e.g., bending, pushing, pulling)” (Nathan & Mirviss, 1998, p. 224). Participants may be asked to move through the space as small, big, light, heavy or as silly as possible (Nathan & Mirviss, 1998, p. 226). No matter what activity the participants are presented, each movement exploration based activity is grounding by the goals of improving hand-eye coordination, balance, strength, body image, endurance, visual focus, and/or self-confidence (Nathan & Mirviss, 1998, p. 224).

In a dance movement therapy session, a dance movement therapist may also apply a method known as “mirroring” or “attunement”, which is a technique that allows the therapist and patient and/or patient and patient to communicate non-verbally through the use of their bodily movements (Loman, 2005; Nathan & Mirviss, 1998). The dance movement therapist interprets the participant’s movements and responds in a similar fashion by having one participant lead the movements and the other follow or repeat the

movements (Nathan & Mirviss, 1998, p. 220). The mirroring or attunement method allows the therapist to assist the participant in, “broadening, expanding, and clarifying” both their non-verbal and verbal communication skills (Levy in Loman, 2005, p. 72). Mirroring or attunement combines the use of a non-verbal dialogue through movement and a verbal dialogue through discussion, in order to create an environment in which both patient and therapist communicate harmoniously.

In addition to mirroring, dance movement therapists also apply an “integrated developmental approach” in which therapists, “observe developmental phases in movement and help clients work through developmental blocks, regressions, and delays” (Loman, 2005, p. 73). Knowledge of the basic human development process enables dance movement therapists become familiar with the way the human body navigates through space and how the body reacts or communicates in different social situations (Loman, 2005, p. 73). In turn, the knowledge helps therapists to use movement in such a way that their patients gain a better understanding of their own development, which has the ability to yield a better sense of self-awareness.

Lastly, dance movement therapists use an approach called “authentic movement” in which one person lays on the ground and moves as if reenacting early life experiences, while another person watches the process as the “witness” (Chodorow in Loman, 2005, p. 73). The participant on the floor moves their body in a way that helps them to better understand a personal experience felt in their own life, while the witness internalizes their movements and interprets their meaning for both participants (Loman, 2005, p. 74). The authentic movement method allows those involved to use their bodies

to communicate without words, a process that allows them to better understand the world around them.

*Music therapy methods*

The American Music Therapy Association (1999) describes music therapy as, “an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. Music therapy improves the quality of life for persons who are well and meets the needs of children and adults with disabilities or illnesses” (What is Music Therapy section, para. 1). Music therapists apply music to therapy sessions both instrumentally and vocally, in such a way that allows them to assess a patient’s emotional, physical, and social state through individual or group therapy sessions (American Music Therapy Association, 1999; Betts, n.d.; Nathan & Mirviss, 1998). More specifically, music therapists center therapy sessions on “conceptual development”, “body image and body awareness”, “gross and fine motor skills”, “tactile discrimination”, “auditory memory”, “auditory sequencing”, and “socializing” (Nathan & Mirviss, 1998, p. 203). Music therapists are able to do this by applying various methods, including anything from song writing to lyric discussion to performance.

Depending on a music therapist’s specific goals for a therapy session, a variety of methods can be applied to the situation, including “improvisation” (Bunt & Hoskyns, 2002; Forinash, 2005; Nathan & Mirviss, 1998). According to Bunt and Hoskyns (2002) improvisation is the, “action product of our musical imagination and intuition, or ‘intuition in action’” (p. 47). Improvisation as a process can occur on an individual level when a person makes up music by themselves or on a group level when music is created

in a collaborative environment (Forinash, 2005, p. 48). A music therapist may choose improvisation as a method guided by their goal of, “providing nonverbal communication; promoting self-expression; exploring relationships; enhancing intimacy; acquiring group skills; encouraging creativity; spontaneity, and playfulness; stimulating the senses; and developing cognitive skills” (Forinash, 2005, p. 48).

Additionally, music therapists may apply the method of a “recreative experience”, which encourages the use of a pre-existing composition of music (Bruscia in Forinash, 2005, p. 48). The recreative experience allows the patient and art therapist to work together to perform, interpret, or reproduce a musical piece, with the possibility of helping the patient improve their attention span and memory, as well as to promote sensorimotor development (Forinash, 2005, p. 48).

Similarly to the recreative experience, a “receptive experience” encourages the use of a pre-existing body of music, but takes it one step further by allowing a patient to respond to the music via another art form (Bruscia in Forinash, 2005, p. 48). The patient listens to live or recorded music and may respond to the piece through drawing or poetry, this method aids in relaxation, stimulation, and promotes receptivity (Forinash, 2005, p. 48).

In addition to using pre-existing compositions, music therapists also encourage their patients to write their own music. This method is known as a “composition experience” (Bruscia in Forinash, 2005, p. 48). Composition experience includes writing lyrics, music or a combination of the two and is believed to promote organization skills, problem solving strategies and self-reliance (Forinash, 2005, p. 48).

When combined, the methods of improvisation, recreative experience, receptive experience, and composition experience help those involved in music therapy to, “promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication and promote physical rehabilitation” (American Music Therapy Association, 1999, What is Music Therapy section, para. 2).

*Poetry/creative writing therapy methods*

Poetry therapy and creative writing therapy are also known by the term bibliotherapy, in which the word “biblio” is defined as, “books and, by extension, literature” and the definition of the term therapy is, “to serve or help medically” (Betts, n.d., Poetry Therapy section, para. 1). Together, the terms poetry therapy, creative writing therapy, and bibliotherapy are defined as the, “intentional application of the written and spoken word” to promote “growth and healing” (Gorelick, 2005, p. 117). Poetry therapists do this by embracing “all forms literature and the language arts”, in a way that unites a love of words and a “passion for enhancing the lives of others” and themselves (National Association for Poetry Therapy, 2006, Welcome section, para. 2). Poetry therapists use stories, fables, fairytales, myths, chants, and other forms of poetry, “to help their clients discover the truth of their own existence, enhance their creative and problem-solving abilities, communicate and relate better to others, and experience the healing properties of beauty” (Gorelick, 2005, p. 117-118).

Poetry or creative writing therapy methods include analyzing pre-existing texts which, “provoke and evoke self-understanding” as well as, the creation of original works which, “promote clients’ self-discovery via their own creative self-expression” (Gorelick, 2005, p. 118). These poetry therapy methods are applied in order for a poetry therapy

session to evolve through each of the four main poetry therapy stages: “recognition”, “examination”, “juxtaposition” and “application to self” (Hynes & Hynes-Berry in Gorelick, 2005, p. 128). “Recognition” gives the patient time to take in the literary work and think about the meaning, “examination” allows a patient to explore and analyze the text, “juxtaposition” permits various patients or participants to compare and contrast their reactions to the literature and the last stage, “application to the self” encourages the patient to apply their own life experiences to the work in such a way that they learn something about themselves and/or the world around them (Gorelick, 2005, p. 128).

Poetry therapy, like all of the creative art therapies, is lead by a trained therapist who applies their knowledge of the arts and therapy, in order to achieve specific therapeutic goals or outcomes. Poetry therapy focuses on the individual or self; a factor that separates it from traditional writing workshops, which are centered on the merits of the specific literary work (Lerner, 2001, p. 478). According to Gorelick (2005), poetry therapy offers, “a mirror, a disguise, a bridge. Poetry is continuity, it is change. It is large in its smallness. It embraces and transcends conflict; it is both/and rather than either/or. Poetry is individual and communal. It is thought and action. Its wordplay makes masks and penetrates disguises and invites intimacy” (p. 137). Poetry or creative writing therapy offers patients an escape to another time or place, in such a way that encourages thought and discussion about the literary work’s relevance or irrelevance to their own world, environment and/or individual life.

#### *Expressive arts therapies and pediatric oncology*

The following section analyzes the specific reasons for which the various creative arts therapies: art therapy, drama therapy, dance movement therapy, music therapy, and

poetry/creative writing therapy, are applied to a pediatric oncology patient's treatment regimen. It also examines pre-existing studies that indicate the healing capabilities of the creative arts therapies on both a physical and emotional level.

According to Prager (1993), children are cognitively limited in their ability to understand illness and hospitalization as a result of immaturity and this can often cause confusion to occur between fantasy and reality (p. 2). An ill child's immaturity can often produce two main types of understanding an illness "(a) the medical version, which is repeated verbatim; and (b) the private version, which is revealed through art" (Prager, 1993, p. 2). Creative arts therapy programs can help pediatric patients to communicate their feelings about hospitalization, treatment, and the disease, in a way that encourages a deeper understanding and helps them to cope with their current condition (Bertoia, 1993; Oppenheim, et. al., 2002; Prager, 1993; Sundaram, 1995). These types of programs can also provide pediatric oncology patients a positive activity to look forward to when everything else seems to be negative (Murray & Howard, 2002, p. 4). Oppenheim, Géricot and Hartman conclude that art therapies provide:

*...children with a creative way to explore their experience of cancer. It has helped them recognize their value, and provided them with a way to express their sense of humor, fantasy, creativity, fear, and beauty - all things that belong to the world of childhood and that the experience of cancer can destroy (Oppenheim, et. al., 2002, p. 345).*

Creative arts therapies most notably provide patients with the ability to cope with the mental and emotional stresses related to cancer. However, current research now indicates that the programs have also been found to promote healing and can help relieve the physical pains and traumas that come with the disease and its treatment process. In her book *Art Therapy: An Introduction*, Judith Rubin (1999) describes a study done in

which a researcher asked participants to visualize and draw their T-cells multiplying (p. 275). Slides of the participants' blood before and after the drawing activity indicated that the art making helped to significantly increase the participants' number of T-cells (Rubin, 1999, p. 275). Similarly, Deforia Lane, an American Cancer Society volunteer used a saliva test to measure the amount of immunoglobulin A (plays an important role in the functioning of the immune system) present in pediatric oncology patients who were involved with a music therapy program (Dakutis, 1991, p. 9). Her research indicated that children who received music therapy treatments had higher levels immunoglobulin A, than those who did not participate in a music therapy program (Dakutis, 1991, p. 9). Additionally, other music therapy studies indicate that the act of listening to music alone can increase "blood levels of the immune agent interleukin-1" (a protein that drives the immune system) and may help to decrease "blood levels of the stress-related immune antagonist, cortisol" (Abrams, 2001, p. 2). Rubin (1999) describes studies such as these, as providing evidentiary support of, "the power of mental and artistic imagery to strengthen the human immune system" (p. 278).

In addition to the suggested healing capabilities of creative arts therapies, the National Coalition of Creative Art Therapies Associations (n.d.) asserts that creative arts therapies can "make the difference between chronic pain and comfort" by providing arts experiences that "distract people from pain and facilitate needed relaxation" (Betts, n.d., NCCATA Fact Sheet section, para. 6). These programs also "promote rehabilitative goals" as well as "teach cognitive, motor, and daily living skills" (Betts, n.d., NCCATA Fact Sheet section, para. 9-10). This assertion was made about the healing qualities of creative arts therapies in a general manner. However, current creative arts therapy

research indicates the truth of this assertion when creative arts therapies are used as part of an oncology patient's treatment.

Research findings from a study about art therapy and cancer patients implemented by Northwestern University's Feinberg School of Medicine, suggest that art therapy may reduce anxiety, depression, drowsiness, pain, and can potentially improve appetites and shortness of breath (H., 2006, p. 48). Similarly, research about dance movement therapy with cancer patients indicates that dance movement therapy can help to, "decrease fatigue, improve vigor and tension, and reduce anxiety and depression" (Serlin, Classen, Frances, & Angell in Ho, 2005, p. 89). Additionally, music therapy has been found to ease the discomfort caused by the side effects of cancer treatments such as chemotherapy, by reducing the amount of nausea and vomiting (Abrams, 2001, p. 1). Studies also indicate that music therapy can help with pain management, lessening fear and anxiety for pediatric oncology patients receiving treatments like bone marrow transplants (Abrams, 2001, p. 1-2).

Being hospitalized and diagnosed with cancer can be extremely frightening and anxiety inducing for even the bravest of adults, let alone for young children. Being repeatedly poked and prodded, attached to a machine, losing tufts of hair, and the constant feeling of nausea can be enough to dampen the spirit, something that is desperately needed in the battle against this terrible disease. Creative arts therapy programs help to invigorate a pediatric oncology patient's spirit by offering therapeutic techniques that promote both physiological and psychological benefits (Abrams, 2001; Betts, n.d.; Dakutis, 1991; H., 2006; Rubin, 1999; Serlin, Classen, Frances, & Angell in

Ho, 2005). Creative arts therapies aid in the healing process by enhancing medical treatments, in such a way that healing of both the body and mind are promoted.

## **Chapter IV: Findings**

*Case study organizations and programs*

In the following section, the Children's Cancer Association's Music Rx program and the Children's Hospital's Ponzio Creative Arts Therapy Program are both profiled. This section presents the various components of these programs including the organizational backgrounds, mission and goals, program offerings, program participants, volunteers, staff, training, and funding.

*The Children's Cancer Association and Music Rx*

The Children's Cancer Association is a not-for-profit organization that was established in 1995 by Cliff and Regina Ellis, in memory of their daughter Alexandra (E. Hoffmann, personal communication, April 24, 2007) who passed away after battling cancer for two and a half years (Children's Cancer Association, n.d., About CCA section, para. 3). The Children's Cancer Association was born out of the Ellises desire to create an organization that would provide families like theirs with the, "resources and support that had been" previously "unavailable or inaccessible" (E. Hoffmann, personal communication, April 24, 2007). The Children's Cancer Association functions as a support network for those whose lives are directly impacted by pediatric cancer and other serious illnesses and is dedicated to offering, "award winning programs, along with information, advocacy and support that help enrich the quality of life for seriously ill children and their families" (Children's Cancer Association, n.d., About CCA section, para. 3).

The Ellises have commemorated their daughter's spirit through their work with the Children's Cancer Association and have honored Alexandra's name in all that the organization represents. Alexandra's memory is central to the organization's operations

and this is evident through the tagline, “When families need support, Alexandra’s there” (Children’s Cancer Association, n.d., About Alexandra section, para. 3). The Children’s Cancer Association’s logo was created from a drawing of a vibrant heart, which Alexandra drew in May of 1995 (Children’s Cancer Association, n.d., About Alexandra section, para. 3). By keeping Alexandra’s life at the center of all that the Children’s Cancer Association does, the Ellises have found a way to turn their negative and sorrowful experience into a positive experience for others.

The organization consists of medical professionals, families, community leaders and other individuals who are committed to improving the quality of life of seriously ill children, and each year their efforts reach thousands of children nationwide (Children’s Cancer Association, n.d., About CCA section, para. 3). One of the ways that the Children’s Cancer Association is able to reach so many children is through their numerous program offerings. One of these programs is known as Music Rx.

Music Rx is a unique, one of a kind program that transforms the hospital environment and provides therapeutic music to pediatric patients and their families at Doernbecher Children’s Hospital and Legacy Emanuel Children’s Hospital in Portland, Oregon (E. Hoffmann, personal communication, April 24, 2007). The idea to create a music therapy program stemmed from Cliff and Regina Ellis’ numerous hospital stays with Alexandra, during which, “...they had brought family and friends into the hospital to play music. They realized the music was soothing to not only their family, but the staff and other children as well” (E. Hoffmann, personal communication, April 24, 2007). Music Rx offers hospitalized children an escape from the typical hospital environment by providing them with the tools for musical expression.

The Music Rx staff and volunteers are able to help their patients cope with cancer and other serious illnesses and express their thoughts about living with the disease through their utilization of, “the scientifically proven, therapeutic benefits of music to create a soothing escape, a way to express anger, joy and frustration and a way to simply be a kid” (Children’s Cancer Association, n.d., Music Rx section, para. 1). By participating in the creation of music, children express their pain, hopes, fears, happiness, sadness, as well as, their uneasiness about the disease, hospitalization, and treatment process. Music also provides patients with a distraction, a way to forget about their disease and to help them feel like a “normal” kid, if only for a few moments.

One of the ways in which the Children’s Cancer Association is able to impact so many pediatric patients’ lives is by offering a program that is driven by an organization with a defined purpose and is guided by a predetermined set of goals. According to Emily Hoffmann, the Director of Music Rx, their primary goal is what she describes as being “simple” in nature; Music Rx strives to “bring the joy of music to seriously ill children and their families” (E. Hoffmann, personal communication, April 24, 2007). By providing numerous therapeutic musical experiences for pediatric patients and their families at both Doernbecher and Legacy Emanuel Children’s Hospitals, it seems as though this “simple” goal, is easily achieved. However, Music Rx is also focused on meeting various program sub-goals. These program sub-goals are listed as follows:

- *Provide hospitalized children with relaxation, pain management, diversion, and fun.*
- *Increase a child’s ability to express emotions regarding their illness and hospitalization using music in a non-threatening way.*
- *Cultivate joy, laughter, creativity and silliness through music making in the often isolated, painful and difficult confines of a child’s hospital room* (E. Hoffmann, personal communication, April 24, 2007).

The main goal of the program is to simply deliver musical experiences in a hospital setting to pediatric patients and their families. While the sub-goals are all benefits or outcomes of Music Rx's offerings for those directly and indirectly involved with the program. In order to better understand how Music Rx sets out to achieve these sub-goals, it is useful to look more closely at Music Rx's programming.

Like many programs, Music Rx was born from a modest beginning. According to Emily Hoffmann, the Director of Music Rx, the program started out as a, "Kids' Cart Tune program" and was staffed by a single volunteer who went through the hospital hallways playing music for the patients and their families in each of patients' rooms (E. Hoffmann, personal communication, April 24, 2007). The Kids' Cart Tune program grew and expanded into Music Rx, a program which supercedes the original program in both staff/volunteer numbers, as well as in the amount of therapeutic offerings. Instead of being staffed by one lone person, Music Rx is now run by a team of, "four highly trained Music Therapists, Therapeutic Music Specialists and Music Thanatologists" and is supported by the efforts of roughly sixty volunteers (E. Hoffmann, personal communication, April 24, 2007). Unlike the Kids' Cart Tune program which only offered the single experience of listening to music, Music Rx is a multiple option program comprised of various musical offerings.

One of the main offerings of this program is a mobile music cart library. The mobile music cart library is equipped with hundreds of items, including "state-of-the-art" music technology like rap/DJ machines, karaoke devices, keyboards, and a SoundBeam MIDI system (Children's Cancer Association, n.d.; Hoffmann, 2007). The cart also provides instruments such as, pianos, electronic drums, marimbas, harps, guitars, and

other musical toys (Children's Cancer Association, n.d.; E. Hoffmann, personal communication, April 24, 2007). There is even a listening library with various musical offerings and comes complete with iPods and CD players (Children's Cancer Association, n.d.; E. Hoffmann, personal communication, April 24, 2007).

The Music Rx staff and volunteers provide patients with one-on-one therapeutic music sessions; they also are involved in facilitating weekly group meetings for both adolescents and children (Children's Cancer Association, n.d.; E. Hoffmann, personal communication, April 24, 2007). The Music Rx team offers support in the area of rehabilitation, by "incorporating neurologic music therapy<sup>1</sup> techniques to address sensory motor, speech, language and cognitive training" (E. Hoffmann, personal communication, April 24, 2007). Additionally, Music Rx offers "24/7 on-call palliative music" comfort and care for terminal children of all ages, including infants, adolescents, teens, and their families (E. Hoffmann, personal communication, April 24, 2007).

There are also monthly karaoke parties that provide patients and their families with "a hilarious escape" from illness, treatment procedures, and hospitalization (Children's Cancer Association, n.d., Music Rx section, para. 1). If a patient dislikes karaoke and prefers to perform their own original musical creation, there is also a monthly "make your own music session" as an alternative (E. Hoffmann, personal communication, April 24, 2007).

Lastly, patients that do not wish to participate or do not feel well enough to participate in any of Music Rx's various offerings, can still receive the therapeutic benefits of music. The Music Rx program provides musical experiences through the coordination of cultural music performances which are offered each month in

collaboration with the hospitals' school curriculums, and live soothing music is played several hours a day throughout the hallways of the pediatric floors (Children's Cancer Association, n.d.; E. Hoffmann, personal communication, April 24, 2007).

Music Rx has come a long way from the Kids' Tune Cart program and many are beginning to take notice. In April of 2005, The Children's Cancer Association was honored by the Society of Arts in Health Care with the Blair Sadler Award (Children's Cancer Association, n.d., International Recognition section, para. 1). The one thousand dollar award honors the organization's efforts to "close the gap between the arts and healthcare", an award that distinguishes Music Rx as "one of the premier programs in the country" (Children's Cancer Association, n.d., International Recognition section, para. 1-2). The Children's Cancer Association has established Music Rx as a "premier program" by offering a comprehensive music therapy program that is centered on the needs of pediatric patients and their families. Music Rx's multiple option approach to programming spans the entire spectrum of a patient's music therapy needs. This program has something for the most outgoing patient, the most introverted patient and for those patients somewhere in-between.

It would be easy to assume that the Music Rx program would be offered strictly to pediatric cancer patients being as it is an extension of the Children's Cancer Association. However, this is not the case. According to Hoffmann, "the program serves the general pediatric units, pediatric ICU, the oncology clinics, dialysis, burn unit, adolescent psychiatric units, and the neonatal unit at Emanuel Children's Hospital and the general pediatric units, oncology clinic, pediatric ICU, and neonatal unit at Doernbecher Children's hospital" in Portland, Oregon (E. Hoffmann, personal communication, April

24, 2007). Hoffmann adds that Music Rx, “caters to the needs of each hospital. It is based on how much service and support a hospital wants” from the Children’s Cancer Association (E. Hoffmann, personal communication, April 24, 2007).

However, it is important to acknowledge that this program is offered as a collaborative effort between each of the hospitals and the Children’s Cancer Association. This arrangement allows the Children’s Cancer Association to uphold its high standards of service in program offerings and to maintain and manage staff and volunteers who function independently from that of the hospitals’ own staff and volunteer base (E. Hoffmann, personal communication, April 24, 2007). It also allows for pediatric medical team at each hospital to manage and decide which patients should participate in Music Rx before others.

Each day, the Music Rx team receives a “census” of patients which has been compiled by hospital staff members such as, nurses, child life specialists and social workers (A. Cocovich, personal communication, May 4, 2007; H. Keller, personal communication, April 19, 2007). The census is essentially a list of all the hospitalized children with recommendations “regarding children who would benefit the most from therapeutic music” (E. Hoffmann, personal communication, April 24, 2007). The music therapists and therapeutic music specialists will then go from room to room according to the census and will offer music therapy in the form of lullabies, interactive sing-alongs, guitar lessons, and drum circles to name a few (H. Keller, personal communication, April 19, 2007).

Music Rx is available to both in-patients and out-patients and the staff makes a concerted effort to include “as many families as possible each day” (E. Hoffmann,

personal communication, April 24, 2007). Patients can participate in Music Rx in a variety of locations, including patient rooms, pediatric playrooms, pediatric hallways, hospital classrooms, treatment areas, and waiting rooms (E. Hoffmann, personal communication, April 24, 2007).

In order to offer each of Music Rx's program components to pediatric patients and their families at two different hospitals, the Children's Cancer Association relies on the support of a large volunteer base and a highly trained therapy staff.

According to the Director of Music Rx, Emily Hoffmann estimates there are roughly sixty volunteers involved with the program (E. Hoffmann, personal communication, April 24, 2007). About fifty of those volunteers are musicians, who use their musical talents in order to provide patients and their families with live musical performances in the hospital hallways (E. Hoffmann, personal communication, April 24, 2007). The remaining ten volunteers are charged with supporting and maintaining the numerous offering of the mobile music cart library (E. Hoffmann, personal communication, April 24, 2007).

There are four paid staff positions with the Music Rx program and these positions are currently held by one therapeutic music specialist, one music thanatologist<sup>2</sup> and two music therapists (E. Hoffmann, personal communication, April 24, 2007). Three of the four Music Rx staff members were interviewed as part of this study.

Heather Keller, Music Rx's Therapeutic Music Specialist, has been involved with the program for seven years and came to Music Rx with an undergraduate degree in Music and a graduate degree in Spiritual Psychology (H. Keller, personal communication, April 19, 2007). Keller has also been certified as a Teacher of

Improvisation from the Music for People Music and Leadership training and is additionally a Certified Thanatologist with the Association of Death Education and Counseling (H. Keller, personal communication, April 19, 2007). In her work as a Therapeutic Music Specialist and Certified Thanatologist, Keller has “witnessed a crying baby relax, her heart rate slow and her oxygen saturation rise” she has also seen “exhausted parents fall asleep in their chairs to the sound of the harp” (H. Keller, personal communication, April 19, 2007). Keller’s main role with Music Rx is to provide pediatric patients with one-on-one therapy, group therapy, and on-call palliative care, which predominantly takes the form of live harp intervention for, “critically ill children on the intensive care unit”, “Neonatal intensive care unit”, and during “the removal of life support of a dying child” (H. Keller, personal communication, April 19, 2007).

For the past year, Alison Cocovich has worked as a Music Therapist with the Music Rx program (A. Cocovich, personal communication, May 4, 2007). Alison has an undergraduate degree in Music Therapy, in which the coursework has provided her with a background in music, psychology, and music therapy (A. Cocovich, personal communication, May 4, 2007). As part of her degree program, Cocovich participated in a twelve hundred hour clinical internship at Whidbey General Hospital where she worked with, “a number of adult patients through the home health and hospice department”, “three kids in the rehabilitation department”, as well as with, “inpatients on the medical/surgical unit” (A. Cocovich, personal communication, May 4, 2007). Working for the past year as a Music Therapist with Music Rx, Cocovich has seen the benefits of music therapy firsthand through her work with an extremely ill infant:

*“I watched while the doctor handed the upset baby to the parents to rock and stroke and lay him down to try to ease his ailments so that the doctor could properly examine him. While it was the father’s turn to hold and rock the baby, I began playing soothing music for the baby while using music therapy techniques. The baby stopped crying and was focused on the gentle guitar playing and singing. When the doctor came back in (after I was done) the baby actually laughed and smiled as she (the doctor) examined him”* (A. Cocovich, personal communication, May 4, 2007).

Similarly to Keller’s role, Cocovich also offers one-on-one music therapy session, as well as group sessions such as an, “Adolescent Psych Group, Produce Your Own Music Group, Karaoke” and an “Infant/Toddler Group” (A. Cocovich, personal communication, May 4, 2007). On a daily basis, Cocovich is also charged with meeting and organizing the various volunteer musicians that play music throughout the pediatric hallways (A. Cocovich, personal communication, May 4, 2007).

Emily Hoffmann, the Director of Music Rx is not only the program’s Director, but is also a Board Certified Music Therapist (E. Hoffmann, personal communication, April 24, 2007). Hoffmann has been involved with the Children’s Cancer Association’s Music Rx program for the past six and a half years (E. Hoffmann, personal communication, April 24, 2007). Before coming to the Children’s Cancer Association, Hoffmann received a certification in Music Therapy from Duquesne University and a Bachelor of Music from Ithaca College (E. Hoffmann, personal communication, May 14, 2007). Additionally, she had an internship at Oregon State Hospital in Geropsychiatric Treatment where she helped to implement a, “circuit wellness program utilizing techniques from Music Therapy, Occupational Therapy, and Recreation Therapy” (E. Hoffmann, personal communication, May 14, 2007). Her position at the Children’s Cancer Association is challenging in the sense that she must juggle two completely

different roles, the role of Music Therapist and the role of Program Director. Hoffmann embraces this balancing act wholeheartedly because of the quality of life benefits this program offers to patients and families, she believes, “the Music Rx program is a unique one-of-a-kind program that transforms the hospital environment. It is the most comprehensive music program that I have seen in a children’s hospital” (E. Hoffmann, personal communication, April 24, 2007). Hoffmann states that as part of this juggling act, roughly thirty-five percent of her time is devoted to “providing direct service with the children in the hospitals” and the remaining sixty-five percent is allocated to tackling administrative duties, one of which includes participating in fundraising activities (E. Hoffmann, personal communication, April 24, 2007).

Music Rx functions as a program of the Children’s Cancer Association and is provided to the Doernbecher and Legacy Emanuel Children’s Hospitals patients and families free of charge (E. Hoffmann, personal communication, April 24, 2007). The Children’s Cancer Association is able to fund Music Rx entirely through the solicitation of grants, donations, and general fundraising campaigns (E. Hoffmann, personal communication, April 24, 2007). The organization’s fundraising efforts for Music Rx are part of an ongoing process geared towards implementing new program innovations, increasing service to both hospitals in an effort to serve more children, acquiring new instruments, and maintaining staff salaries (E. Hoffmann, personal communication, April 24, 2007).

#### *The Children’s Hospital and The Ponzio Creative Arts Therapy Program*

The Children’s Hospital in Denver, Colorado was founded in 1908 as a private, not-for-profit hospital, focused specifically on pediatrics (The Children’s Hospital, n.d.,

About Us section, para. 1). Being a non-profit organization, a mission statement was necessary and hospital administrators agreed that The Children's Hospital's mission statement would be, "To improve the health of children through the provision of high-quality, coordinated programs of patient care, education, research and advocacy" (The Children's Hospital, n.d., What Makes the Children's Hospital All Better section, para. 1).

Today, the Children's Hospital employs over 2,400 people on a full-time basis, including over 1,000 specialists in the field of pediatric medicine (The Children's Hospital, n.d., About Us section, para. 3). The main hospital campus provides total pediatric care and is augmented by a host of other facilities, including two different emergency locations, three community care sites that provide after hours medical treatment, nine specialty centers, and over four hundred outreach clinics offered in three different states (The Children's Hospital, n.d., About Us section, para. 5).

When the Children's Hospital first opened, there was little in the way of a Creative Arts Therapy program. However, around the year 2001, the Children's Hospital began applying various creative arts therapy methods in three different departments: Psychiatric Day Treatment, Medical Day Treatment, and the Bone Marrow Transplant/Hematology/Oncology Clinic (The Children's Hospital, 2004, Therapy Helps Children Through Art section, para. 1-8). Art therapy was being used in the Psychiatric Day Treatment program and Michele Turek, an Art Therapy Intern was offering individual and group sessions, as well as hosting an open art studio on a weekly basis (The Children's Hospital, 2004, Therapy Helps Children Through Art section, para. 3). Similarly, Music Therapist Anthony Edelblute began conducting music therapy sessions

in Psychiatric Day Treatment, the Inpatient Unit, and Medical Day Treatment (The Children's Hospital, 2004, Therapy Helps Children Through Art section, para. 6).

Creative Arts Therapist Pat Rutter, and Registered Nurse/Certified Pediatric Nurse Practitioner Jennifer Madden, offered creative arts therapy session, focusing specifically on dance movement therapy techniques to bone marrow transplant, hematology, and oncology patients (The Children's Hospital, 2004, Therapy Helps Children Through Art section, para. 7).

Dance movement therapy sessions began at the Children's Hospital Center for Cancer and Blood Disorders when Madden received the Luke Fernie Nursing Research Grant by way of The Children's Hospital Nursing Research Committee (The Children's Hospital, The Creative Arts Therapy (CAT) Project: A Pilot Study section, para. 10). The grant helped to fund a study Madden was conducting, which examined the ways in which creative arts therapies impact quality of life for pediatric patients receiving chemotherapy in the hospital's infusion room (J. Madden, personal communication, April 26, 2007). Madden's research included a randomized approach where the focus was specifically on brain tumor patients and a non-randomized approach in which creative arts therapies were offered to all children in the Infusion Center (J. Madden, personal communication, May 3, 2007). Additionally, Madden surveyed the patients' emotional reactions in the infusion room using the Pediatric Oncology Quality of Life Questionnaire, as well as providing the nurses with an open ended questionnaire designed to collect their thoughts and observations of the creative arts therapies being offered in the Infusion Center (J. Madden, personal communication, May 3, 2007).

In May of 2004, a year into her dance movement therapy research, Madden wrote an article that was published in *The Children's Hospital News*, one of the hospital's many publications. The article, "Therapy Helps Children Heal Through Art", detailed the work of the creative arts therapists at the hospital and described how these therapies complement medical treatments in such a way that the healing process is promoted. The article closed with Madden's contact information for those who wanted to learn more about the hospital's creative arts therapy offerings (The Children's Hospital, 2004, *Therapy Helps Children Through Art* section, para. 11). After reading Madden's published article, Craig Ponzio, a hospital board member called the listed extension to see how he could best help to sustain these programs and others like them (K. Reed, personal communication, March 27, 2007). Shortly there after, he decided to help "beef up" the current creative arts therapy programming by making a generous a two million dollar donation and thus began the Ponzio Creative Arts Therapy Program (K. Reed, personal communication, March 27, 2007).

The Ponzio Creative Arts Therapy Program is a comprehensive creative arts therapy program that offers patients at The Children's Hospital an opportunity to be involved with art therapy, music therapy, dance movement therapy and/or yoga therapy<sup>3</sup>. The Ponzio Creative Arts Therapy Program's team apply the creative arts as a way of helping, "children work through their problems, deal with pain, and express themselves and their position in the world" (The Ponzio Creative Arts Therapy Program brochure, *Express Create Heal* section, para. 2). By complementing medical treatments with creative arts therapy sessions, The Ponzio Creative Arts Therapy Program offers pediatric oncology patients and their families a variety of outlets for communication and self expression.

Patients are able to choose what types of therapies they are involved in, which allows them to find a therapy that best suits their own personality and interests, provides them with the tools to cope with cancer, understand the disease, manage their pain, and to normalize their entire experience.

According to Katherine Reed, Director of The Ponzio Creative Arts Therapy Program, each component of the program is guided by the following mission, “The Ponzio Creative Arts Therapy Program provides clinical excellence to connect, to transform, and to nurture the healing process. We contribute to The Children’s Hospital, our professions, and the community through clinical collaboration, research, and education. And everything creative, cool, and fun” (K. Reed, personal communication, March 27, 2007).

Additionally, The Ponzio Creative Arts Therapy Program is focused on three main points of work, “connecting, holding/nurturing and transforming” (K. Reed, personal communication, March 27, 2007). Art therapy, music therapy, dance movement therapy, and yoga therapy all have the potential to connect, transform, and nurture a patient and each one of these therapies are offered and integrated throughout the hospital setting.

Similarly to the Music Rx program, The Ponzio Creative Arts Therapy Program began modestly and quickly developed into a substantial program. Initially, The Children’s Hospital decided to start the program with a skeleton staff of four fulltime therapists, two art therapists, one music therapist, and one yoga or dance movement therapist (K. Reed, personal communication, March 27, 2007). The hospital also decided to offer two part-time positions, a program coordinator and research coordinator, which

they hoped would be filled by one person (K. Reed, personal communication, March 27, 2007). Instead, The Children's Hospital hired Katherine Reed in 2005 as a part-time program coordinator and part-time art therapist and the Chief of Psychology, Lisa Kaley-Isley became a part-time yoga therapist and part-time research coordinator (K. Reed, personal communication, March 27, 2007). Since then, The Ponzio Creative Arts Therapy Program has also added an additional full-time music therapist and art therapist, as well as a part-time art therapist, dance movement therapist and yoga therapist, yielding seven staff members total (K. Reed, personal communication, March 27, 2007). Four of the seven creative art therapists participated in this study.

Anthony Edelblute is the program's full-time Music Therapist and began working at The Children's Hospital four years ago. Edelblute, a graduate of Naropa University, received a Masters in Transpersonal Counseling Psychology with a concentration in Music Therapy (A. Edelblute, personal communication, April 16, 2007). Having both a graduate degree and music therapy concentration permitted him to take, "the national music therapy boards (the MT-BC credential), as well as practice as an MA-level psychotherapist", additionally Edelblute "has also earned the Licensed Professional Counselor credential, which entailed post-grad supervision & work experience" (A. Edelblute, personal communication, April 16, 2007). Edelblute's extensive music therapy background has led him to a certain set of beliefs about the specific skill sets and training needed to work with pediatric oncology patients and their families:

*"My training is psychotherapeutic, and I think that all of that training comes into play when working with that population. Needs vary from the patient's need for distraction, pain management, being emotionally met during a challenging time, etc.; all the way to family systems understanding, working to improve the quality of life for families, and helping work thru family conflict. From a bereavement & transpersonal*

*point of view, this is also a time that tends to stir up existential crisis in individuals (patients as well as family members), which can occur as anything from a spiritual unfolding (celebrating the patient and their families) to bringing out sometimes-hidden dynamics in family systems. An understanding of music's effect on all these processes, including affect regulation, social skill building, neurobiology, and non-verbal communication also needs to be understood” (A. Edelblute, personal communication, April 16, 2007).*

With The Ponzio Creative Arts Therapy Program, Edelblute works predominantly with groups of patients the Psychiatric Department, typically twenty hours of his week (A. Edelblute, personal communication, April 16, 2007). In addition, Edelblute also receives individual referrals from the Psychiatric and Medical Departments and spends roughly four hours running individual music therapy sessions (A. Edelblute, personal communication, April 16, 2007).

The Ponzio Creative Arts Therapy Program's part-time yoga therapist, Michelle Fury, began working with the program in 2005 as an intern and was hired as a staff member in May of 2006 (M. Fury, personal communication, April 2, 2007). Fury has degree in psychotherapy, is a Registered Yoga Teacher with the Yoga Alliance, has a certification from Yoga Ed for children's yoga and is currently working toward becoming a Licensed Professional Counselor (M. Fury, personal communication, April 2, 2007). As a participant, Fury has been doing yoga for over fifteen years, she has, “been teaching adult yoga for eleven years” and “kids yoga for almost two years” (M. Fury, personal communication, April 2, 2007). As one of the program's yoga therapists, Fury spends ten hours a week with groups of inpatients involved with various units in the Psychiatric Department (M. Fury, personal communication, April 2, 2007). Additionally, Fury spends two hours a week administering individual sessions with patients who are

suffering from psychiatric and medical ailments such as, post traumatic stress disorder, colitis, and kidney failure (M. Fury, personal communication, April 2, 2007).

For the past year, Tisha Adams has been working as The Ponzio Creative Arts Therapy Program's part-time art therapist (T. Adams, personal communication, April 2, 2007). Adams has an undergraduate degree in Psychology and Sociology, as well as a graduate degree in Art Therapy (T. Adams, personal communication, April 2, 2007). Before coming to The Children's Hospital, Adams worked for fourteen years as an art therapist at National Jewish Medical and Research Center, a hospital specializing in pediatric "respiratory illnesses/diseases, immune deficiencies, allergies, and skin disorders" (T. Adams, personal communication, April 2, 2007). Adams' background as an art therapist, who practiced art therapy and psychotherapy with patients with medical diagnoses helped her to be a natural fit for The Ponzio Creative Arts Therapy Program's expansion into the medical units. In her work as an art therapist with The Ponzio Creative Arts Therapy Program, Adams has witnessed the positive effects her art therapy sessions have had with patients in the Oncology Unit. For example, Adams:

*"worked with a young female patient who just found out that her cancer relapsed. Her parents were present and had explained that their daughter had gone through so much in her prior treatment of cancer. The patient said that she cried for twenty minutes when she found out that the cancer was back. In our session she and her mother made a puppet together. The patient was focused on her project and wanted to use every scrap of art supplies that I brought to finish her puppet. The parents appeared to be trying very hard to stay in control of their emotions. They seemed happy that I was working with their daughter. The patient was creative, focused and seemed to need the diversion from the intensity of the situation"* (T. Adams, personal communication, April 2, 2007).

Adams spends twelve hours per week divided between group and individual sessions predominantly with patients in the Center for Cancer/Blood Diseases, Kidney Center, and

Cystic Fibrosis Center (T. Adams, personal communication, April 2, 2007). Adams runs an art therapy group in the Oncology/Hematology Infusion Clinic, conducts individual sessions for patients in the various medical units, and runs a one day summer camp for the siblings of cancer patients who are receiving treatment at The Children's Hospital (T. Adams, personal communication, April 2, 2007).

Katherine Reed, The Ponzio Creative Arts Therapy Program's Coordinator and Art Therapist, has been working with the program since June of 2005 (K. Reed, personal communication, April 26, 2007). Reed has an undergraduate degree in Fine Arts, a K-12 teaching certificate and worked as an art teacher in the public school system for eight years (K. Reed, personal communication, April 26, 2007). After teaching, Reed attended the Art Institute of Chicago, where she received a graduate degree in Art Therapy and shortly thereafter, the credentials to become a Licensed Professional Counselor (K. Reed, personal communication, April 26, 2007). While in Chicago, Reed practiced art therapy in a variety of locations which include, "a psychiatric hospital for adults and children, a homeless shelter for women, and at the juvenile detention facility of Cook County" (K. Reed, personal communication, April 26, 2007). Reed's training and practical experience in art therapy has instilled her with the belief that creative arts therapy programs offer pediatric patients, "the chance to express complex emotions that are difficult to describe with words; the ability to channel those emotions through art, music, or movement to release the pain and frustration they may cause by being unexpressed; the ability to communicate with family and friends in a different way; the opportunity to discover interests and talents" (K. Reed, personal communication, April 26, 2007). With two positions with The Ponzio Creative Arts Therapy Program, Reed must split her time

between administrative tasks such as grant writing and program evaluation with clinical tasks like art therapy groups and individual art therapy sessions (K. Reed, personal communication, April 26, 2007). Reed typically devotes ten hours of clinical time to the facilitation of art therapy groups and two hours to individual patient sessions (K. Reed, personal communication, April 26, 2007).

Unlike Music Rx, The Ponzio Creative Arts Therapy team functions independently and does not require a volunteer base to fulfill programming efforts. However, as stated previously, the program does offer creative arts therapy graduate students with the opportunity of becoming involved with The Ponzio Creative Arts Therapy Internship Program. Interns shadow and assist the creative arts therapy staff with all functions pertaining to art, music, dance movement and yoga therapies.

A staff of seven therapists and five graduate interns all trained in four different therapies, allows The Ponzio Creative Arts Therapy Program to offer an expansive list of creative arts therapy programming opportunities throughout the entire Children's Hospital campus. Art and music therapy groups are offered on a weekly basis in the Eating Disorder Unit, Medical Day Treatment, Psychiatric Day Treatment, Child and Adolescent Psychiatric Units, and Psychiatric Special Care, while weekly yoga therapy groups are only offered to patients in the Psychiatric Day Treatment and Eating Disorder Units (K. Reed, personal communication, March 27, 2007). Weekly creative arts therapy programming also takes place in the Oncology Clinic, Kidney Center, Inpatient Units, and Cystic Fibrosis Unit. Additionally, individual art, music, and yoga therapy sessions are provided on a referral basis throughout the medical and psychiatric units (K. Reed, personal communication, March 27, 2007).

The Ponzio Creative Arts Therapy Program staff collaborates with other hospital staff members in order to provide various creative arts therapy group sessions. Art and music therapists work with nurses, mental health professionals, and social workers three times a week to offer “multi-family dinners” to patients and their families who are involved with the Intensive Outpatient Psychiatric Unit, Child and Adolescent Psychiatric Units, and the Eating Disorder Unit. Art and music therapists collaborate with HIV counselor/psychologists as part of the CHiP Program, which works with families that are affected by HIV (K. Reed, personal communication, March 27, 2007). Various social workers and the bereavement coordinator pair with art therapists to facilitate a weekly sibling and parent grief group for families who have lost a child in the previous two years (K. Reed, personal communication, March 27, 2007). The creative arts therapy staff also partners with child psychiatrists and the intensive psychiatric outpatient staff to administer creative arts therapy focused family support groups (K. Reed, personal communication, March 27, 2007). In addition, the program’s part-time art therapist works with child life specialists from the Inpatient Oncology Unit to offer a two session, one day, sibling camp for the brothers and sisters of pediatric cancer patients undergoing treatment at the Children’s Hospital (T. Adams, personal communication, April 20, 2007).

The Ponzio Creative Arts Therapy Program also places an importance in creating exhibits around the artwork their patients’ create during art therapy sessions. These exhibits are displayed in the hallway of the Emergency Department and are developed in conjunction with the local Art Council (K. Reed, personal communication, March 27,

2007). The exhibits rotate each month and may display the work of one individual, but are typically group shows.

The Ponzio Creative Arts Therapy Program remains dedicated to education through the internship program, which provides creative arts therapy graduate students with training and clinical experiences. Additionally, the staff also provides creative arts therapy trainings throughout the hospital for child life specialists, cystic fibrosis specialists, nursing directors and other members of the clinical team (K. Reed, personal communication, March 27, 2007).

The Ponzio Creative Arts Therapy Program operates differently than the subcontracted Music Rx program because it is an in-house, hospital offered program. The hospital offered approach allows therapists to offer programs on a consistent basis, resulting in a sense of familiarity between the therapists, hospital staff, patients, and their families. This format also enables patients to participate in creative arts therapies on more of a long term basis, directly resulting in a more comprehensive treatment plan. The creative arts therapists do receive referrals from doctors, nurses and child life specialists, but they also see specific patients individually and as part of groups on an individual basis. Being a part of the hospital staff also helps the therapists to reach more patients and families throughout The Children's Hospital's various treatment centers and units.

Families and patients receiving psychiatric and/or medical treatment are all eligible to be involved with the Ponzio Creative Arts Therapy Program's offerings. However, the creative art therapists are designated to work with specific units and a patient outside of the designated units would need to be referred if they wished to

participate in the program. Each of The Ponzio Creative Art Therapy staff members spends sixty percent of their time focused directly on clinical client contact each week, translating to approximately one hundred and eight hours of creative arts therapy clinical hours per week (K. Reed, personal communication, March 27, 2007). These hours, plus the additional creative arts therapy research hours in the Center for Cancer and Blood Disorders, translates to a total of one hundred twenty-one and half creative arts therapy hours<sup>4</sup>, which are dedicated to assisting pediatric patients with self-expression and pain management in order to achieve, “a holistic sense of healing the self: mind, body, and spirit” (K. Reed, personal communication, April 26, 2007). The Ponzio Creative Arts Therapy Program’s staff is able to dedicate this significant amount of time directly to patient contact because they are supported by the hospital infrastructure, which affords the program a certain amount of financial security.

Program funding is probably where the two programs are the most similar. The Ponzio Creative Arts Therapy Program is offered as an extension of a non-profit organization. However, in this instance the not-for-profit entity is a privately owned hospital. The majority of The Ponzio Creative Arts Therapy Program is funded by the generous two million dollar donation from Craig Ponzio, but additional fundraising is also required. Instead of the therapists having to focus the bulk of their time to soliciting funds, The Children’s Hospital Foundation takes on the task of fundraising in numerous way, one of which is educating the public through the distribution of program brochures indicating the program’s need for support in the form of monetary donations, musical instruments, and general art making supplies (The Ponzio Creative Arts Therapy Program brochure, The Ponzio Creative Arts Therapy section, para. 1). Occasionally, the

program's staff undertakes their own fundraising efforts, one of which is a modest music festival put on by Music Therapist Anthony Edelblute's band and other local musical talent.

Where these two programs are dissimilar, is in their cost to the patient. Unlike Music Rx, The Ponzio Creative Arts Therapy Program is not always free of charge to patients and families. If program participants are considered to be inpatients or part of a day treatment offering, the program is free of charge (K. Reed, personal communication, March 27, 2007). However, patients and families participating in outpatient programming are typically charged by the hospital and insurance companies may or may not be billed for the therapy session (K. Reed, personal communication, March 27, 2007). Only those creative art therapists, who are also licensed professional counselors, are able to bill insurance companies for their services. Licensed professional counselors do this under the psychotherapy heading and in this instance insurance companies will typically cover a portion of the cost (K. Reed, personal communication, March 27, 2007). Being able to bill patients for creative arts therapy related services is an important step forward for creative arts therapists because it helps to remove negative labels placed by medical professionals and insurance companies like "complementary" or "alternative" medicine and promotes the creative arts therapies as viable opportunities for healing.

The Ponzio Creative Arts Therapy Program at The Children's Hospital in Denver, Colorado is a comprehensive creative arts therapy program that is integrated throughout both the psychiatric and medical hospital units. The support of the hospital staff and administrators has helped this program to become recognized by patients and their families as a vital component of the overall treatment process. At The Children's

Hospital, patients and their families are provided with an overall creative arts therapy experience, which offers individuals and groups and outlet for expression, promoting the healing process to begin. Art therapists, music therapists, dance movement therapists, and yoga therapists are focused on the needs of their patients and offer programming opportunities accordingly.

**Chapter V: Summary and Discussion**

Recent research conducted by the Society for the Arts in Healthcare, the Joint Commission on Accreditation of Healthcare Organizations, and Americans for the Arts indicates that more than twenty-five hundred hospitals nationwide are implementing the arts into hospital programming as a way to, “create healing environments, support patient mental and emotional recovery, communicate health information, and foster positive working conditions” for their staffs (The Society for the Arts in Healthcare, 2005, Reports section, para. 4). By conducting a comparative case study with the Music Rx program offered at Doernbecher and Legacy Emanuel Children’s Hospitals in Portland, Oregon and The Ponzio Creative Arts Therapy Program offered by The Children’s Hospital in Denver, Colorado, this study provides a small snapshot into the programming efforts of the nation’s numerous medical facilities that are currently embracing a healing environment infused by the arts.

### *Similarities*

The Music Rx program and The Ponzio Creative Arts Therapy Program are both expressive arts therapy programs offered in children’s hospitals, which directly results in various programming similarities. The *Study of Arts and Humanities in U.S. Hospitals* conducted by the Society for the Arts in Healthcare, the Joint Commission on Accreditation of Healthcare Organizations, and Americans for the Arts, indicates that seventy-eight point six percent of all hospital offered creative arts programs have paid arts coordinators (The Society for the Arts in Healthcare, 2005, Reports section, Monograph Highlights, para. 6). Both Music Rx and The Ponzio Creative Arts Therapy Program are no different than these research findings. Each program has a paid arts coordinator that also functions as a part-time creative arts therapist. Additionally, the

same study reports that seventy-seven point six percent of hospital offered creative arts programs are implemented by arts therapists (The Society for the Arts in Healthcare, 2005, Reports section, Monograph Highlights, para. 3). These two programs further validate those findings being as both programs' paid staff members are all arts professionals with degrees ranging from the creative arts therapies to transpersonal counseling psychology to thanatology, to name a few.

In addition, the main similarities of these two programs stem from the fact that they are both administered by not-for-profit entities. The Music Rx program is offered by the Children's Cancer Association, a non-profit organization that brings its services and staff to the children's hospitals, making it an established agreement between the two organizations. On the other hand, The Ponzio Creative Arts Therapy Program is directly offered by The Children's Hospital, which is a private not-for-profit medical facility. Both programs are offered a little differently, but their not-for-profit status is what keeps them similar on an organizational level.

One of the ways in which the non-profit status affects these programs on an organization level is through the way in which they are funded. The Music Rx program is paid for out of the Children's Cancer Association's operating budget and The Ponzio Creative Arts Therapy Program receives funds from The Children's Hospital's general budget. Once again, the not-for-profit status of each program creates a similar reliance on outside fundraising. In order to offer these programs, the Children's Cancer Association and The Children's Hospital depend on a variety of fundraising efforts, which include fundraising campaigns, grants, and donations. Both programs rely heavily

on donations, not just to fulfill their monetary needs, but also for general supplies, musical instruments, as well as for art making materials.

Additionally, having a non-profit status means following a certain set of operational guidelines, one of which is a mission statement and both programs are driven by a similar set of guiding principles. In their mission statement, the Music Rx program uses words like relaxation, pain management, diversion, fun, and expression of emotion, while The Ponzio Creative Arts Therapy Program is focused on words such as connecting, holding, nurturing, and transforming. Each program used different words to express the same goal. Both Music Rx and The Ponzio Creative Arts Therapy Program implement the creative arts therapies in order to promote psychological and physiological healing amongst pediatric patients and their families.

Being driven by comparable mission statements directly results in the programs' capability to reach a similar population of patients and in their ability to provide quality of life benefits for pediatric patients and their families. Both Music Rx and The Ponzio Creative Arts Therapy Program exist to serve pediatric patients and their families, and are able to do so by offering multiple option programs in children's hospitals. Due to their similar program goals and objectives, patients and family members participating in the creative arts therapies benefit from pain management techniques, diversion, communication, expression, understanding, and relaxation.

### *Differences*

Music Rx and The Ponzio Creative Arts Therapy Program are extremely similar in more ways than one. Music Rx is a program that is an established agreement between the Children's Cancer Association and the children's hospitals, whereas The Ponzio

Creative Arts Therapy Program is a program offered directly by The Children's Hospital, which creates just as many differences between the two programs as there are similarities. These differences affect the consistency of program offerings and their ability to branch out into various hospital units.

Music Rx functions as an extension of the Children's Cancer Association and is offered at two separate children's hospitals. The program's staff is not at the same hospital all day everyday, unlike the therapists working with The Ponzio Creative Arts Therapy Program who even spend their administrative hours at The Children's Hospital. This distinction is important because the Music Rx team must rely on their relationship with the hospital staff in order to identify which patients need music therapy sessions more than others. They must also obtain permission from hospital administrators in order to increase or expand their programming efforts. Whereas, The Ponzio Creative Arts Therapy Program's staff is part of the hospital's staff, which creates more of a familiarity of the program and staff amongst medical staff, patients, and families, as well as allowing for therapists to meet with the same patients on a consistent basis. Additionally, the dissimilarity between these relationships impacts where and what these programs are able to offer.

At Doernbecher Children's Hospital, Music Rx currently provides programming in the way of one-on-one services with the mobile music cart, karaoke parties, live music throughout the hallways, and the like to patients and families in the general Pediatric Units, Oncology Unit, Oncology Clinic, Pediatric ICU, Neonatal Intensive Care Unit, and Pre Operative Area. The Ponzio Creative Arts Therapy Program offers a similar variety of programming efforts, but this translates to an additional three creative arts therapies.

In addition, The Ponzio Creative Arts Therapy Program is a hospital offered program, making it much easier for them to reach a larger population of patients admitted to a wider variety of hospital units, such as the: Eating Disorder Unit, Psychiatric Day Treatment, Medical Day Treatment, Adolescent Psychiatric Unit, Child Psychiatric Unit, Neuropsychiatric Special Care Unit, Intensive Outpatient Unit, Bereavement Group, Oncology, Cystic Fibrosis, Kidney Center, Rehab/Neurotrauma, and Outpatient Clinic. The therapists with The Ponzio Creative Arts Therapy Program are also able to offer a variety of consistently offered creative arts therapy support groups to parents, siblings and patients in the medical and psychiatric units.

On a surface level, the most obvious difference between the two programs revolves around their creative arts therapy program offerings. Music Rx focuses on providing patients and families with a variety of music therapy offerings, while those involved with The Ponzio Creative Arts Therapy Program receive the therapeutic benefits of one or more creative arts therapies, which include: art, dance movement, music and yoga. Both of these programs are extremely comprehensive in their program offerings, but by offering one form of therapy, as opposed to four different therapies, Music Rx's need for staffing is completely different from that of The Ponzio Creative Arts Therapy Program.

In order to implement their program, Music Rx relies on three paid therapy positions, one paid coordinator position, as well as on the efforts of roughly sixty volunteers. On the other hand, The Ponzio Creative Arts Therapy Program requires a paid staff of seven creative arts therapists, one paid program coordinator, one paid research coordinator, and five interns. However, the interns are not integral to the

sustainability of the program, but rather function as an extension of the program's commitment to continuing education.

Another difference between these programs is in their cost to the patient. The Children's Cancer Association funds one hundred percent of this program, allowing it to be free of charge for all patients and families. Similarly, The Ponzio Creative Arts Therapy Program does not charge for programming efforts that reach patients and families involved as in-patients or with day treatment. On the contrary, the program is not free of charge for those receiving treatment at the hospital on an outpatient basis. These patients are typically seen by Licensed Professional Counselors, who bill insurance companies for psychotherapy sessions. The ability to charge patients for creative arts therapy sessions is important because it helps to shift medical professionals' and insurance companies' perceptions of these therapies as being merely "complementary" or "alternative" forms of medicine and legitimizes the healing capabilities of the creative arts therapies. Having said that, this study focuses specifically on creative arts therapy programs for pediatric oncology patients and their families none of which participate in The Ponzio Creative Arts Therapy Program as outpatients.

*Looking toward the future of creative arts therapy programs*

Music Rx and The Ponzio Creative Arts Therapy Program are but two programs nationwide that are implementing the arts into hospital programming, as a way of offering an effective, all encompassing form of therapeutic treatment to pediatric patients and their families. These programs assist in a pediatric oncology patient's development on an emotional, physical, and social level. Music Rx and The Ponzio Creative Arts Therapy Program encourage patients and their families to embrace art, music, dance,

movement, and yoga as forms of therapeutic expression, as a way of relieving the stresses caused by cancer. Through their involvement with these programs, patients and their families gain a greater sense of understanding about what has happened to them, allowing them to feel a sense of mastery over their feelings regarding the illness and treatment process. Music Rx and The Ponzio Creative Arts Therapy Program empower pediatric patients and their families in such a way that when they are no longer involved with these programs, they are able to continue to use the arts as a vehicle for facilitating conversations not only about cancer, but as way to express themselves and problem solve their way through the rest of their life struggles.

However, the only way pediatric patients and their families are able to receive the positive benefits of these programs is by continuing to offer similar programming throughout the country. While twenty-five hundred programs seems a relatively large number, there are nearly seven thousand five hundred and sixty-nine hospitals nationwide (U.S. Census Bureau, n.d., Facts for Features section, para. 3), which indicates that roughly two thirds<sup>5</sup> of hospitals in the United States do not currently offer arts implemented programming. Researchers need to keep documenting different types of creative arts therapy programs, as well as continuing to conduct studies that gather scientific proof of the benefits of creative arts therapies. This type of research is important to the longevity of creative arts therapy programs because not only will it help to create a sense of familiarity around the topic, but it will also educate people about the healing capabilities of these therapies. Additionally, further research will dispel the notion that creative arts therapies are merely a type of “complementary” or “alternative”

therapy, instead, research will report the necessity and importance these therapies play in the overall psychological and physiological healing for all patients everywhere.

**Appendixes**

Appendix A : Recruitment Letter

Rachelle L. Montanaro

Date

Name

Address

City/State/Zip

Dear <POTENTIAL INTERVIEWEE>:

You are invited to participate in a research project titled *Art Therapy Programs for Pediatric Oncology Patients: A Comparative Case Study*, conducted by Rachelle Montanaro, a graduate student from the University of Oregon's Arts and Administration Program. This research is being conducted as partial fulfillment of the requirements needed to obtain a graduate degree from the University of Oregon. The purpose of this study is to explore various art therapy programs hospitals offer to pediatric cancer patients, in order to discover what might be an ideal model of an art therapy program to improve quality of life for pediatric oncology patients and their families.

When analyzing current and historical art therapy literature, there appears to be a gap in the research when it comes to describing the various components needed for an art therapy program. This research will focus specifically on art therapy programming and seeks to describe and assess what kinds of programs are currently being offered, where they are being offered, and will identify the types of participants in these programs. Additionally, the importance of this research will be to gain a better understanding of the basic components and resources needed to offer an expressive art therapy program within the hospital setting. The findings of this research project will help to propel art therapy and medical research forward into new areas of discovery.

You were selected to participate in this study because of your leadership position with <NAME OF RELEVANT CASE STUDY ORGANIZATION> and your experiences with and expertise pertinent to art therapy with pediatric cancer patients in <CASE STUDY CITY>. If you decide to take part in this research project, you will be asked to provide relevant organizational materials and participate in an email interview, lasting approximately one hour, during the winter of 2007. If you prefer, interviews can be conducted in person or over the phone. For those of you who wish to be interviewed in person, interviews will take place at <NAME OF ORGANIZATION>, or at a more conveniently located site. Interviews will be scheduled at your convenience. For face-to-face and telephone interviews I will be taking handwritten notes and with your

permission, I will use an audio tape recorder for transcription and validation purposes. You may also be asked to provide follow-up information through phone calls or email.

You do have the option of remaining anonymous, in which case a pseudonym will be used. However, non-confidentiality is preferable and participant identities would be used as a way to establish validity and reliability within the study. It may be advisable to obtain permission to participate in this interview to avoid potential social or economic risks related to speaking as a representative of your institution. Your participation is voluntary. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty and withdrawing will not affect your relationship with the University of Oregon or the Arts and Administration Program. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission.

If you have any questions, please feel free to contact me at [rcolquho@uoregon.edu](mailto:rcolquho@uoregon.edu), or Dr. Lori Hager at 541.346.2469. Any questions regarding your rights as a research participant should be directed to the Office for Protection of Human Subjects, University of Oregon, Eugene, OR 97403, (541) 346-2510.

Thank you in advance for your interest and consideration. I will contact you shortly to speak about your potential involvement in this study.

Sincerely,

Rachelle L. Montanaro

Appendix B: Consent Form

Research Protocol Number: X3 62 - 07

## **Art Therapy Programs for Pediatric Oncology Patients: A Comparative Case Study**

Rachelle Montanaro, Principal Investigator  
University of Oregon Arts and Administration Program

You are invited to participate in a research project titled *Art Therapy Programs for Pediatric Oncology Patients: A Comparative Case Study*, conducted by Rachelle Montanaro, a graduate student from the University of Oregon's Arts and Administration Program. This research is being conducted as partial fulfillment of the requirements needed to obtain a graduate degree from the University of Oregon. The purpose of this study is to explore various art therapy programs hospitals offer to pediatric cancer patients, in order to discover what might be an ideal model of an art therapy program to improve quality of life for pediatric oncology patients and their families.

When analyzing current and historical art therapy literature, there appears to be a gap in the research when it comes to describing the various components needed for an art therapy program. This research will focus specifically on art therapy programming and seeks to describe and assess what kinds of programs are currently being offered, where they are being offered, and will identify the types of participants in these programs. Additionally, the importance of this research will be to gain a better understanding of the basic components and resources needed to offer an expressive art therapy program within the hospital setting. The findings of this research project will help to propel art therapy and medical research forward into new areas of discovery.

You were selected to participate in this study because of your leadership position with <NAME OF RELEVANT CASE STUDY ORGANIZATION> and your experiences with and expertise pertinent to art therapy with pediatric cancer patients in <CASE STUDY CITY>. If you decide to take part in this research project, you will be asked to provide relevant organizational materials and participate in an email interview, lasting approximately one hour, during the winter of 2007. If you prefer, interviews can be conducted in person or over the phone. For those of you who wish to be interviewed in person, interviews will take place at <NAME OF ORGANIZATION>, or at a more conveniently located site. Interviews will be scheduled at your convenience. For face-to-face and telephone interviews I will be taking handwritten notes and with your permission, I will use an audio tape recorder for transcription and validation purposes. You may also be asked to provide follow-up information through phone calls or email.

Any information that is obtained in connection with this study will be carefully and securely maintained. Your consent to participate in this interview, as indicated below, demonstrates your willingness to have your name used in any resulting documents and publications and to relinquish confidentiality. If you wish, a pseudonym may be used with all identifiable data that you provide. It may be advisable to obtain permission to participate in this interview to avoid potential social or economic risks related to speaking as a representative of your institution. Your participation is voluntary. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty and withdrawing will not affect your relationship with the University of Oregon or the Arts and Administration Program. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission.

I anticipate that the results of this research project will be of value to the medical and art therapy community as a whole. However, I cannot guarantee that you personally will receive any benefits from this research.

If you have any questions, please feel free to contact me at [rcolquho@uoregon.edu](mailto:rcolquho@uoregon.edu), or Dr. Lori Hager at 541.346.2469. Any questions regarding your rights as a research participant should be directed to the Office for Protection of Human Subjects, University of Oregon, Eugene, OR 97403, (541) 346-2510.

Please read and initial each of the following statements to indicate your consent:

I consent to the use of audiotapes and note taking during my interview.

I consent to my identification as a participant in this study.

I consent to the potential use of quotations from the interview.

I consent to the use of information I provide regarding the organization with which I am associated.

I wish to have the opportunity to review and possibly revise my comments and the information that I provide prior to these data appearing in the final version of any publications that may result from this study.

I wish to maintain my confidentiality in this study through the use of a pseudonym.

Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you have received a copy of this form, and that you are not waiving any legal claims, rights or remedies. You have been given a copy of this letter to keep.

Print Name:

Signature:

Date:

Thank you for your interest and participation in this study.

Sincerely,

Rachelle L. Montanaro

e: [rcolquho@uoregon.edu](mailto:rcolquho@uoregon.edu)

Appendix C: Formal Interview: Medical Staff

1. What is your name and how long have you been working at this hospital?
2. What kinds of cancer are typically treated at this hospital and what is the range of ages treated in the pediatric department?
3. What role do you play in a pediatric oncology patient's treatment?
4. Does your role intersect with that of other medical staff, art therapists or child life specialists? If so, how do these roles intersect?
5. Are there specific kinds of training and skill sets needed to work with pediatric oncology patients and their families?
6. What kinds of treatment programs are typically offered to pediatric oncology patients at this hospital?
7. What kinds of steps do you think are important to take when treating a pediatric cancer patient?
8. How do you feel about alternative therapy treatments such as art therapy, music therapy, dance movement therapy and yoga therapy?
9. What is your overall opinion about The Ponzio Creative Arts Therapy Program at this hospital?
10. Have you discussed this program with any of your patients? If so, what were their thoughts about the program?

Appendix D: Formal Interview: Creative Arts Therapy Staff

1. What is your name and how long have you been working with this program?
2. What kind of creative arts therapy do you practice and please briefly describe your training before becoming involved with this program.
3. What role do you play in a patient's treatment?
4. How many patients do you typically see during a day and approximately how long do you work with each one?
5. Please briefly describe what a typical work day is like for you.
6. Does your role intersect with that of other creative arts therapy staff, child life specialists or medical staff? If so, how do these roles intersect?
7. Are there specific kinds of training and skill sets needed to work with pediatric oncology patients and their families?
8. Do you find there to be certain commonalities between creative arts therapists' personalities, temperaments and training? If yes, please explain.
9. What are the perceived benefits and outcomes of a creative arts therapy program for pediatric oncology patients?
10. Could you please provide both a positive and negative experience you have witnessed a patient have with creative therapies?
11. What is the one thing you would like people to know about your program?
12. Finish this sentence, "Creative arts therapy programs..."

Appendix E: Formal Interview: Creative Arts Therapy Program Coordinator

1. What is your name and how long have you been working with this program?
2. In addition to being the Program Coordinator, are you also a Creative Arts Therapist? If so, what kind and are you able to participate in the program as both a Coordinator and Therapist?
3. When did this program start and how did it come to be?
4. Where does the funding for this program come from and is there still a need for fundraising? If so, what are some of the things you do raise program funds?
5. How many people are on the program's staff and what are their roles?
6. Is your staff paid or volunteer based?
7. How is this creative arts therapy program designed and implemented within the hospital setting?
8. What is the goal or mission of this creative arts therapy program?
9. Please briefly describe the various program offerings.
10. What do patients pay for this program or is it free? If the patients pay for the program, do the insurance companies cover some of the cost?
11. What kinds of resources are needed to implement an expressive arts therapy program within a hospital setting?
12. On what kind of basis is the program offered (in-patient, out-patient, etc.) and how are the patients selected to participate in the program?
13. Where is the program offered, in the patients' rooms or is there a specific location?
14. What is the most common question people ask you about the program?
15. What is one thing you would like people to know about this program?

Appendix F: List of Participants

Tisha Adams, MA, ATR, LPC  
Art Therapist, The Ponzio Creative Arts Therapy Program, Denver, CO  
Interview date: April 2, 2007

Alison Cocovich, MT-BC  
Music Therapist, Music Rx, Children's Cancer Association  
Interview date: May 4, 2007

Anthony Edelblute, MA, LPC  
Music Therapist, The Ponzio Creative Arts Therapy Program, Denver, CO  
Interview date: April 16, 2007

Michelle Fury, MA  
Yoga Therapist, The Ponzio Creative Arts Therapy Program, Denver, CO  
Interview date: April 2, 2007

Emily Hoffmann, MT-BC  
Music Therapist, Director  
Music Rx, Children's Cancer Association  
Interview date: April 24 and May 14, 2007

Heather Keller, MA, CT  
Therapeutic Music Specialist, Music Rx, Children's Cancer Association  
Interview date: April 19, 2007

Jennifer Madden, RN, CPNP  
Pediatric Nurse Practitioner, The Children's Hospital, Denver, CO  
Interview date: May 3, 2007

Katherine Reed, MA, ATR  
Art Therapist, Director  
The Ponzio Creative Arts Therapy Program, Denver, CO  
Interview date: April 26 and March 27, 2007

## References

- Abrams, B. (2001). Music, cancer, and immunity. *Clinical Journal of Oncology Nursing*, 5(5), 1-3.
- American Art Therapy Association. (n.d.). Retrieved May 19, 2007 from:  
<http://www.arttherapy.org>.
- American Dance Therapy Association. (n.d.). Retrieved May 19, 2007 from:  
<http://www.adta.org>.
- American Music Therapy Association. (1999). Retrieved May 19, 2007 from:  
<http://www.musictherapy.org>.
- Bertoia, J. (1993). *Drawings from a dying child insights into death from a jungian perspective*. New York, NY: Routledge.
- Betts, D. (n.d.). National Coalition of Creative Art Therapies Associations. Retrieved May 19, 2007, from: <http://www.nccata.org>.
- Blatner, A. (2001). Psychodrama. In Corsini, R.J. (Ed.), *Handbook of innovative therapy* (pp. 535-545). (2nd ed.), New York, NY: John Wiley & Sons, Inc.
- Bunt, L., & Hoskyns, S. (2002). *Handbook of music therapy*. New York, NY: Brunner Routledge.
- Children's Cancer Association. (n.d.). Retrieved May 19, 2007, from:  
<http://www.childrenscancerassociation.org>.
- Children's Health at Doernbecher. (n.d.). Retrieved May 19, 2007 from:  
<http://www.ohsудоernbecher.org>.
- Corsini, R.J. (Ed.). (2001). *Handbook of innovative therapy* (2nd ed.). New York: John Wiley & Sons, Inc..
- Dakutis, P. (1991). Deforia Lane explores the power of music and finds plenty... *Cancer News*, 45(1), 9.
- Diamond, P. (1992). The single-case study. In H. Wadeson (Ed.), *A guide to conducting art therapy research* (pp. 97-108). Mundelein, IL: The American Art Therapy Association, Inc.
- Edwards, D. (2004). *Art therapy*. Thousand Oaks, CA: Sage Publications.
- Forinash, M. (2005). Music therapy. In C. Malchiodi, *Expressive therapies* (pp. 46-67). New York, NY: The Guilford Press.

- Gorelick, K. (2005). Poetry therapy. In C. Malchiodi, *Expressive therapies* (pp. 117-140). New York, NY: The Guilford Press.
- H., S.N. (2006). Paint away pain. *Prevention*, 58(5), 48.
- Higgins, L. (1993). Movement assessment in Schizophrenia. In H. Payne, *Handbook of inquiry in the arts therapies: One river, many currents*. London: Jessica Kingsley Publishers.
- Ho, R. (2005). Regaining balance within: Dance movement therapy with Chinese cancer patients in Hong Kong. *American Journal of Dance Therapy*, 27(2), 87-99.
- Kamar, O. (1997). Art therapy with a patient with Alzheimer's disease. *American Journal of Art Therapy*, 35(4), 118-125.
- Landy, R. (2005). Drama therapy and psychodrama. In C. Malchiodi, *Expressive therapies* (pp. 90-116). New York, NY: The Guilford Press.
- Lerner, A. (2001). Poetry therapy. In Corsini, R. (Ed.), *Handbook of innovative therapy* (pp. 472-479), 2nd ed., New York, NY: John Wiley & Sons, Inc.
- Loman, S. (2005). Dance/movement therapy. In C. Malchiodi, *Expressive therapies* (pp. 68-89). New York, NY: The Guilford Press.
- Lin, Y., Lee, A., Kemper, K., & Berde, C. (2005). Uses of complementary and alternative medicine in pediatric pain management service: A survey. *Pain Medicine*, 6(6), 452-458.
- Madden, J. (2005, Summer). Pilot study. *Caring for Our Future*. Retrieved March 9, 2007, from The Children's Hospital Web site:  
<http://www.thechildrenshospital.org/news/publications.cfof/2005/cat.aspx>.
- Malchiodi, C. (2005). *Expressive therapies*. New York, NY: The Guilford Press.
- McLaughlin, D., Sr., & Carolan, R. (1992). Types of research. In H. Wadeson (Ed.), *A guide to conducting art therapy research* (pp. 49-54). Mundelein, IL: The American Art Therapy Association, Inc.
- McNiff, S. (1986). *Educating the creative arts therapist*. Springfield, IL: Charles C. Thomas Publisher.
- Murray, L., & Howard, B. (2002). *Angels and monsters: A child's eye view of cancer*. Atlanta, GA: American Cancer Society.
- Music-Thanatology Association International. (n.d.). Retrieved May 10, 2007, from Music-Thanatology Association International's Web site:  
<http://www.music-thanatologyassociation.com/>.

- Nainis, N., Paice, J., Wirth, J., Lai, J., & Shott, S. (2006). Relieving symptoms in cancer: Innovative use of art therapy. *Journal of Pain & Symptom Management*, 31(2), 162-169.
- Nathan, A., & Mirviss, S. (1998). *Therapy techniques: Using the creative arts*. Ravensdale, WA: Idyll Arbor, Inc.
- National Association for Drama Therapy. (n.d.). Retrieved May 19, 2007 from: <http://www.nadt.org>.
- National Association for Poetry Therapy. (2006). Retrieved May 19, 2007 from: <http://www.poetrytherapy.org>.
- National Cancer Institute. (n.d.). Retrieved May 19, 2006, from: <http://www.cancer.gov>.
- Neuman, W. L. (2003). *Social research methods* (5th ed.). New York: Pearson Education.
- Oppenheim, D., Géricot, C., & Hartmann, O. Creative spirits. *Lancet*, 360(9329), 345.
- Orton, M. (1994). A case study of an adolescent mother grieving the death of her child due to sudden infant death syndrome. *American Journal of Art Therapy*, 33, 37-44.
- Payne, H. (1993). *Handbook of inquiry in the arts therapies: One river, many currents*. London: Jessica Kingsley Publishers.
- Prager, A. (1993). The art therapist's role in working with hospitalized children. *American Journal of Art Therapy*, 32(1), 2-12.
- Rhyne, J. (1992). How ideas are generated for research. In H. Wadeson (Ed.), *A guide to conducting art therapy research* (pp. 13-21). Mundelein, IL: The American Art Therapy Association, Inc.
- Risberg, T., Kolstad, A., Bremmes, Y., Holte, H., Wist, E.A., Mella, O., Klepp, O., Wilsgaard, T., & Cassileth, B.R. (2004). Knowledge of and attitudes toward complementary and alternative therapies: A national multicentre study of oncology professionals in Norway. *European Journal of Cancer*, 40(4), 529-535.
- Robbins, A. & Sibley, L. (1976). *Creative art therapy*. New York, NY: Brunner/Mazel, Publishers.
- Rosal, M. (1992). Illustrations of art therapy research. In H. Wadeson (Ed.), *A guide to conducting art therapy research* (pp. 57-65). Mundelein, IL: The American Art Therapy Association, Inc.

- Rubin, J. (1999). *Art therapy: An introduction*. Levitton, PA: Brunner/Mazel, Publishers.
- Rubin, J. (1984). *The art of art therapy*. Levitton, PA: Brunner/Mazel, Publishers.
- Savins, C. (2002). Therapeutic work with children in pain. *Pediatric Nursing*, 14(5), 14-17.
- Seiden, D. (2001). *Mind over matter the uses of materials in art, education and therapy*. Chicago, IL: Magnolia Street Publishers.
- Stake, R. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications, Inc.
- Sundaram, R. (1995). In focus: Art therapy with a hospitalized child. *American Journal of Art Therapy*, 34(1), 2-9.
- The Center for Biomedical Research in Music. (n.d.). Retrieved June 3, 2007, from: <http://www.colostate.edu/dept/cbrm/>.
- The Children's Hospital. (n.d.). Retrieved May 19, 2006, from: <http://www.childrenshospital.org>.
- The Children's Hospital. (n.d.). *The Ponzio Creative Arts Therapy Program* [Brochure]. Denver, CO: Author.
- The Children's Hospital. (2004, May). Therapy helps children heal through art. *The Children's Hospital (TCH) News*. Retrieved March 9, 2007, from The Children's Hospital Web site: [http://www.thechildrenshospital.org/news/publications/tchnews/2004/art\\_therapy.aspx](http://www.thechildrenshospital.org/news/publications/tchnews/2004/art_therapy.aspx).
- The Children's Hospital. (2006, March). Creative arts therapy reaches new heights. *The Children's Hospital (TCH) News*. Retrieved March 9, 2007, from The Children's Hospital Web site: [http://www.thechildrenshospital.org/news/publications/tchnews/2006/creative\\_arts.aspx](http://www.thechildrenshospital.org/news/publications/tchnews/2006/creative_arts.aspx).
- The Society for the Arts in Healthcare. (2005). Retrieved May 23, 2007, from: <http://www.thesah.org>.
- U.S. Census Bureau. (n.d.). Retrieved June 4, 2007, from: <http://www.census.gov/>.
- Walker, C.L. (1988). Use of play and play therapy in pediatric oncology. *Journal of the Association of Pediatric Oncology Nurses*, 5(1), 34.
- Waller, D. & Gilroy, A. (1992). *Art therapy: A handbook*. Bristol, PA: Open University Press.

**Footnotes**

<sup>1</sup> According to Colorado State University's Center for Biomedical Research in Music (n.d.), "Neurologic Music Therapy is defined as the therapeutic application of music to cognitive, sensory, and motor function due to neurologic disease of the human nervous system" (Training Institutes section, para. 1).

<sup>2</sup> Thanatology is typically thought of as the study of death, dying, and the grieving process and more specifically, Music-Thanatology is described as being a "field whose practitioners provide musical comfort, using harp and voice at the bedside of patients near the end of life" (Music-Thanatology Association International, n.d., What is Music-Thanatology section, para. 1).

<sup>3</sup> It is important to note that yoga therapy is implemented at The Children's Hospital as a "psychological intervention" and is not a replacement for physical therapy (M. Fury, personal communication, April 2, 2007).

<sup>4</sup> The program hours and designated psychiatric and medical areas receiving creative arts therapies breaks down as follows: seventeen hours with the Eating Disorder Unit, fifteen hours with Psychiatric Day Treatment, six and a half hours in the Medical Day Treatment Unit, twenty-one hours with the Child Psychiatric Unit, twenty hours with the Adolescent Psychiatric Unit, five hours in the Neuropsychiatric Special Care Unit, eight hours in the Intensive Psychiatric Outpatient Unit, two and a half hours with bereavement groups, seven and a half hours with the Oncology/Hematology Center, four and a half hours at the Cystic Fibrosis Center, three and a half hours at the Kidney Center, two hours with Rehab/Neurotrauma patients, six hours of creative arts therapy in the Outpatient Clinic and three hours of yoga research (K. Reed, personal communication, March 27, 2007).

<sup>5</sup> This number may or may not be slightly different because The Society for the Arts in Healthcare, the Joint Commission on Accreditation of Healthcare Organizations, and Americans for the Arts only received responses from seventy-seven percent of hospitals surveyed in their *Study of Arts and Humanities in U.S. Hospitals* (The Society for the Arts in Healthcare, 2005, Reports section, Monograph Highlights, para. 1).