

# THE ART OF AND IN SUPERVISION

**American Art Therapy Association 2016 Annual Conference  
Baltimore, MD  
Thursday July 7, 2016  
1-2:30pm**

EILEEN MISLUK-GERVASE, ATR-BC, LPC, LMHC

JEANNINE CICCIO BARKER, PSYD, ATR-BC

COURTNEY WILLIAMSON, MA

HERRON SCHOOL OF ART AND DESIGN, IUPUI

# SUPERVISION AS A SIGNATURE PEDAGOGY

- (a) engagement occurs during the dialogue between supervisor and supervisee;
- (b) uncertainty is pervasive because the outcome of the activities are unclear to the participants
- (c) formation occurs when the thought processes of the supervisee becomes clear to the supervisor and they use this knowledge to engage the supervisee in shaping their identity.

“SUPERVISION... BECOMES A  
MODIFIED FORM OF THE  
THERAPEUTIC PROCESS,”

(BERNARD & GOODYEAR, 2014, P.27).

Remember:  
Frustration IS a GIFT!



A MULTICULTURAL APPROACH TO SUPERVISION:  
AWARENESS OF AND EXPLORATION OF  
THERAPIST'S IDENTITY

# WHY SHOULD WE AS ART THERAPISTS CARE ABOUT THIS?

## ***Our Ethics Code:***

### **7.0 MULTICULTURAL AND DIVERSITY COMPETENCE**

*Multicultural and Diversity Competence in art therapy refers to [the capacity of art therapists to continually acquire cultural and diversity awareness of and knowledge about cultural diversity with regard to self and others](#), and to successfully apply these skills in practice with clients. Art therapists maintain multicultural and diversity competence to provide treatment interventions and strategies that include awareness of and responsiveness to cultural issues.*

7.1 Art therapists do not discriminate against or refuse professional service to anyone on the basis of age, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

7.2 Art therapists take reasonable steps to ensure that they are sensitive to differences that exist among cultures. They strive in their attempts to learn about the belief systems of people in any given cultural group in order to provide culturally relevant interventions and treatment.

7.3 [Art therapists are aware of their own values and beliefs](#) and how these may affect cross-cultural therapy interventions.

7.4 Art therapists obtain education about and [seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, gender, gender identity, sexual orientation, class, age, marital status, political belief, religion, and mental or physical disability](#).

7.5 Art therapists acquire knowledge and information about the specific cultural group(s) with which they are working and the strengths inherent in those cultural groups. They are sensitive to individual differences that exist within cultural groups and understand that individuals may have varying responses to group norms.

7.6 When working with people from cultures different from their own, art therapists engage in culturally sensitive supervision or education, seek assistance from members of that culture, and make referrals to professionals who are knowledgeable about the cultures when it is in the best interest of the clients to do so.

7.7 Art therapists are guided by the American Art Therapy Association's Art Therapy Multicultural and Diversity Competencies.

# ADDRESSING MODEL

- Developed by Pamela Hays
- For use by clinicians to consider the dynamic and overlapping cultural influences in the lives of their patients
- Definition of culture from Hays, 1996:
  - “All of the learned behaviors, beliefs, norms, and values that are held by a group of people and passed on from older members to newer members, at least in part to preserve the group.”
  - This definition focuses on the *interpersonal and socially constructed aspects of culture* (p. 333).
- The ADDRESSING framework focuses on 9 cultural factors
- Can be used: a) “to raise awareness of and challenge one’s own biases and areas of inexperience” and b) “to consider the salience of multiple cultural influences on clients of minority cultures.” (Hays, 1996, p 334).

# ADDRESSING FRAMEWORK

- **A**ge
- **D**isability (developmental disabilities)
- **D**isability (acquired physical/cognitive/psychological disabilities)
- **R**eligion and spiritual orientation
- **E**thnicity
- **S**ocioeconomic status
- **S**exual orientation
- **I**ndigenous heritage
- **N**ational origin
- **G**ender

# PRIVILEGED GROUPS

## Cultural Area

Age  
Disability  
Religion  
Ethnicity  
SES  
Sexual Orientation  
Indigenous Heritage  
National Origin  
Gender (Gender Identity)

## Privileged Group

Adults  
Able bodied  
Christian  
European descent  
Upper Class  
Heterosexual  
Non-native  
American born  
Male (also, can be broadened to  
cisgendered persons)

# OPPRESSED GROUPS

## Cultural Area

Age  
Disability  
Religion  
Ethnicity  
SES  
Sexual Orientation  
Indigenous Heritage  
National Origin  
Gender (Gender Identity)

## Oppressed Groups

Older adults  
People with disabilities  
Religious minorities (Muslim, Hindu, etc)  
Ethnic minorities  
People of lower SES  
Sexual minorities (non hetero)  
Native peoples  
Refugees, immigrants, international students  
Women, also trans, gender queer, gender nonbinary individuals

# SUPERVISION GROUP REFLECTION ASSIGNMENT PROMPTS

1. Considering your own addressing framework, reflect upon your areas of privilege and power; as well as your areas of non-privilege in society. What are your reactions (cognitive, emotional, etc.) to this?
2. What does it mean to be a human being in this world with your experiences/areas of multiculturalism/diversity (per the ADDRESSING framework, for example)? Consider experiences you have had in the past or present.
3. What does it mean to be an art therapist with these experiences/areas of multiculturalism/diversity (per the ADDRESSING framework, for example)?

# SUPERVISION GROUP REFLECTION ASSIGNMENT PROMPTS

4. What would it be like to work with someone different than you on the dimension of race? sexual identity? nation of origin status/immigrant status?
5. What is the influence of society on these domains? What is the influence of society on how you identify on these domains? On how you relate to yourself? Others? Clients?
6. What tensions exist between these domains internally? Internally and externally? In relationships? In the therapy room?
7. What about all of this, if anything, do you wish you could change? Is there a way to change it? What would this look like? What are the challenges to this? What is your role in this as a human being? As an artist? As an art therapist?

JEANNINE CICCIO BARKER, PSYD, ATR-BC

**Group Supervisor**











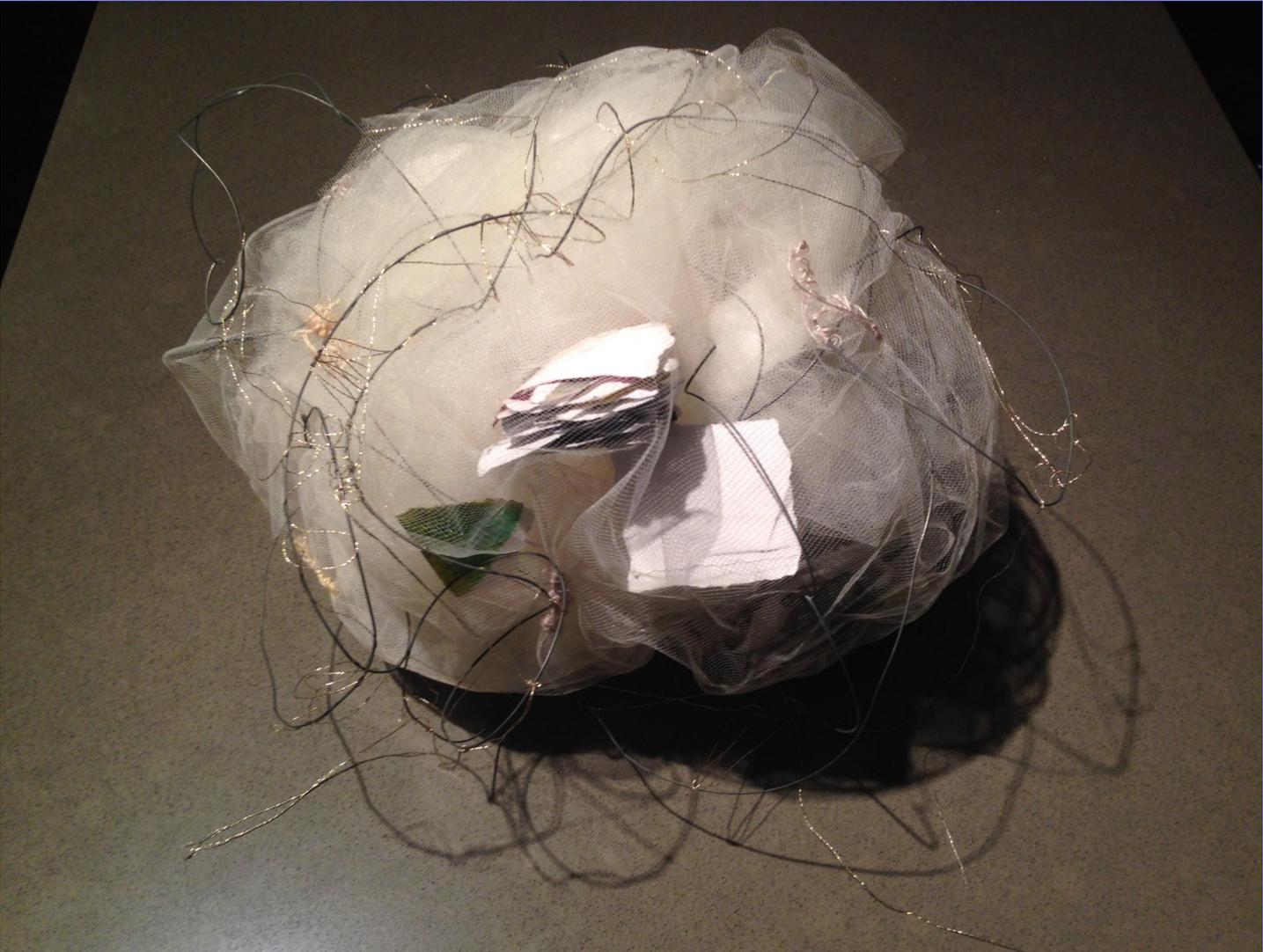




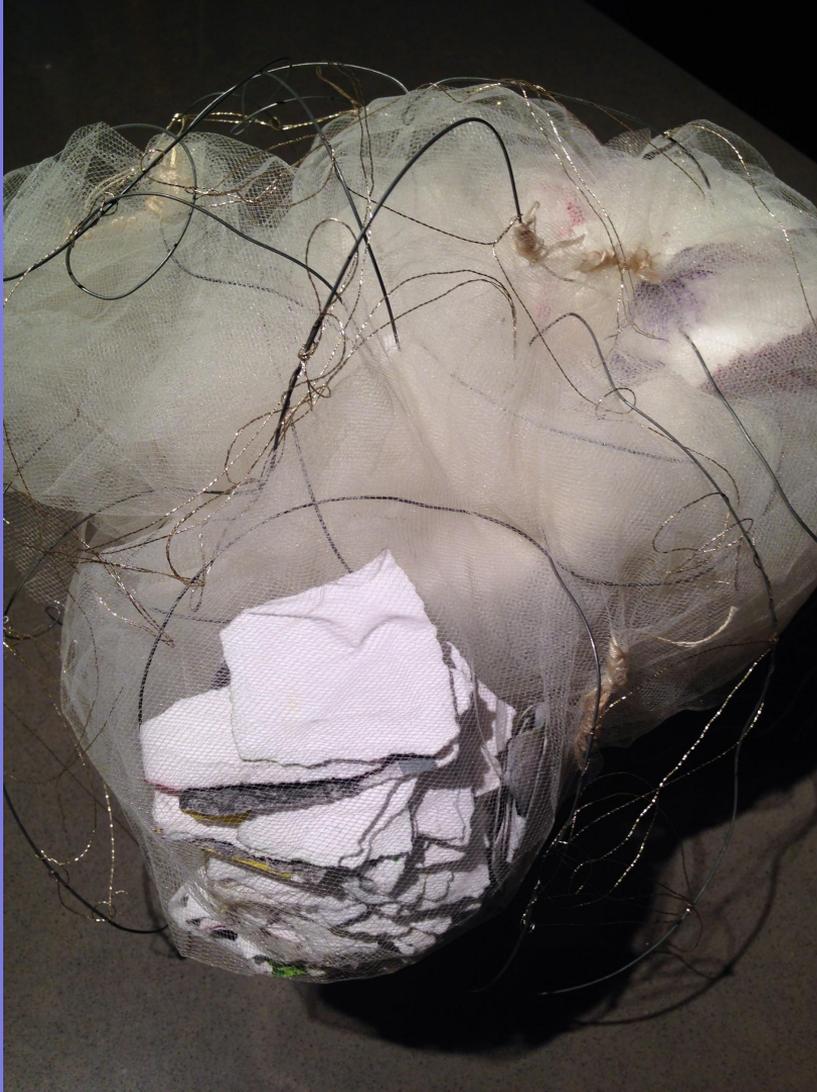






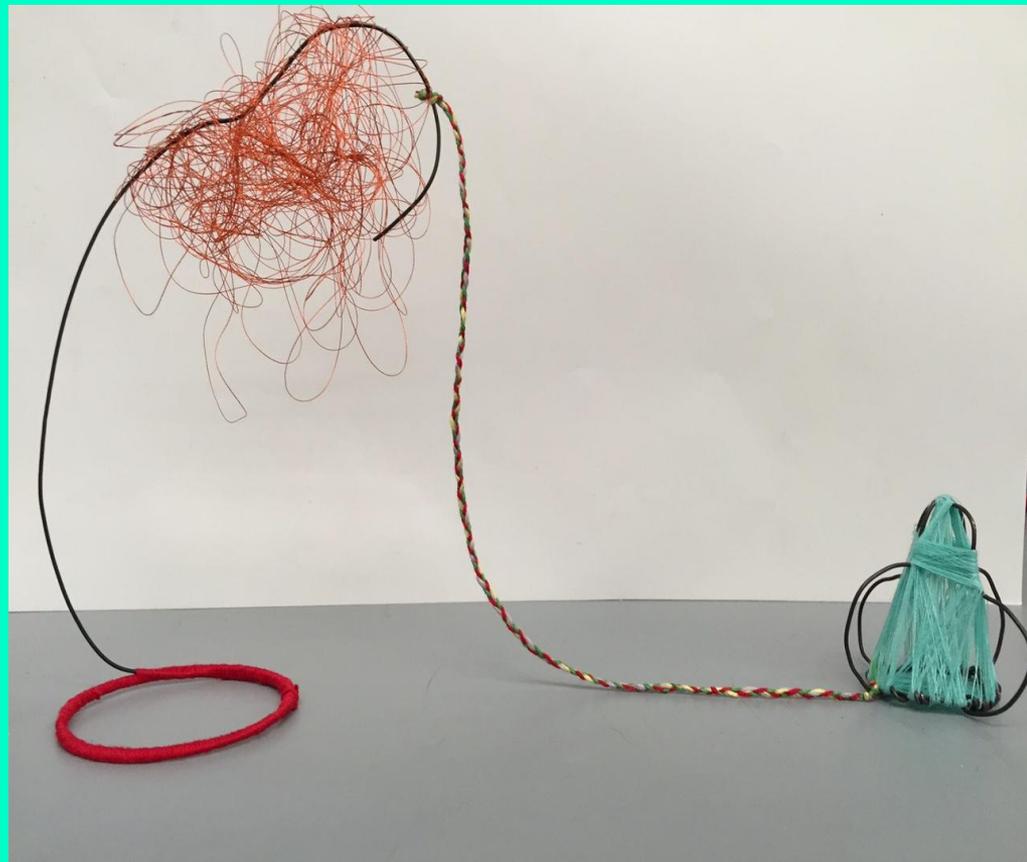
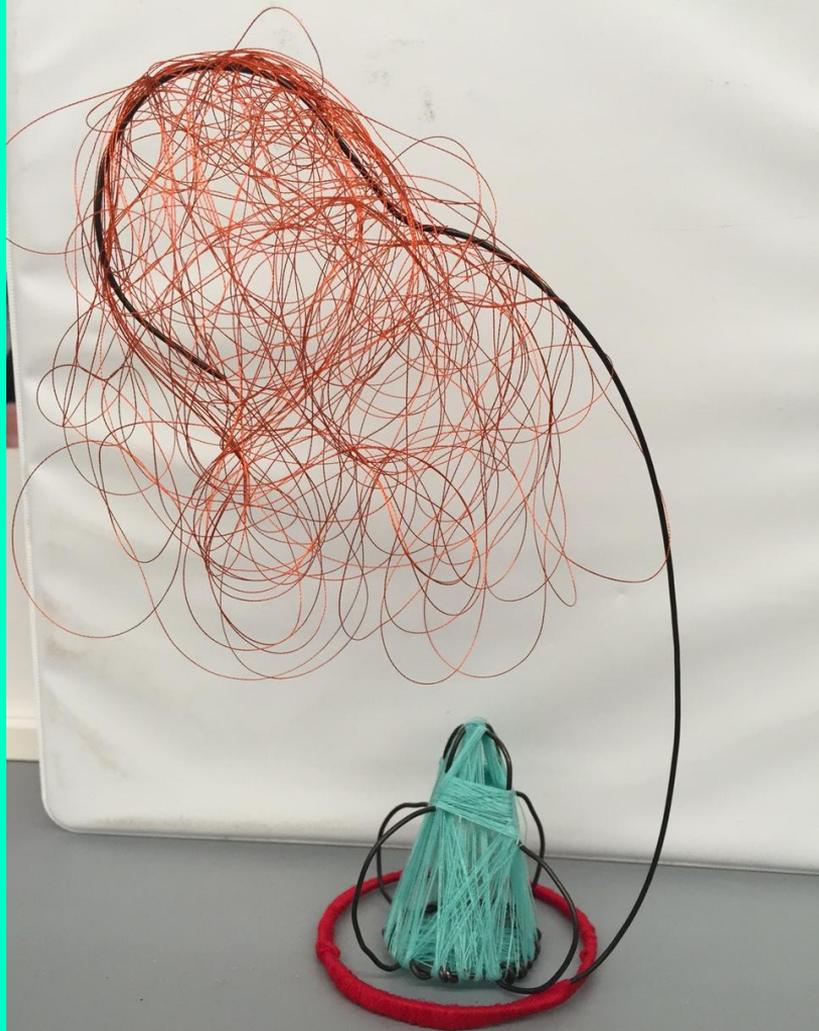


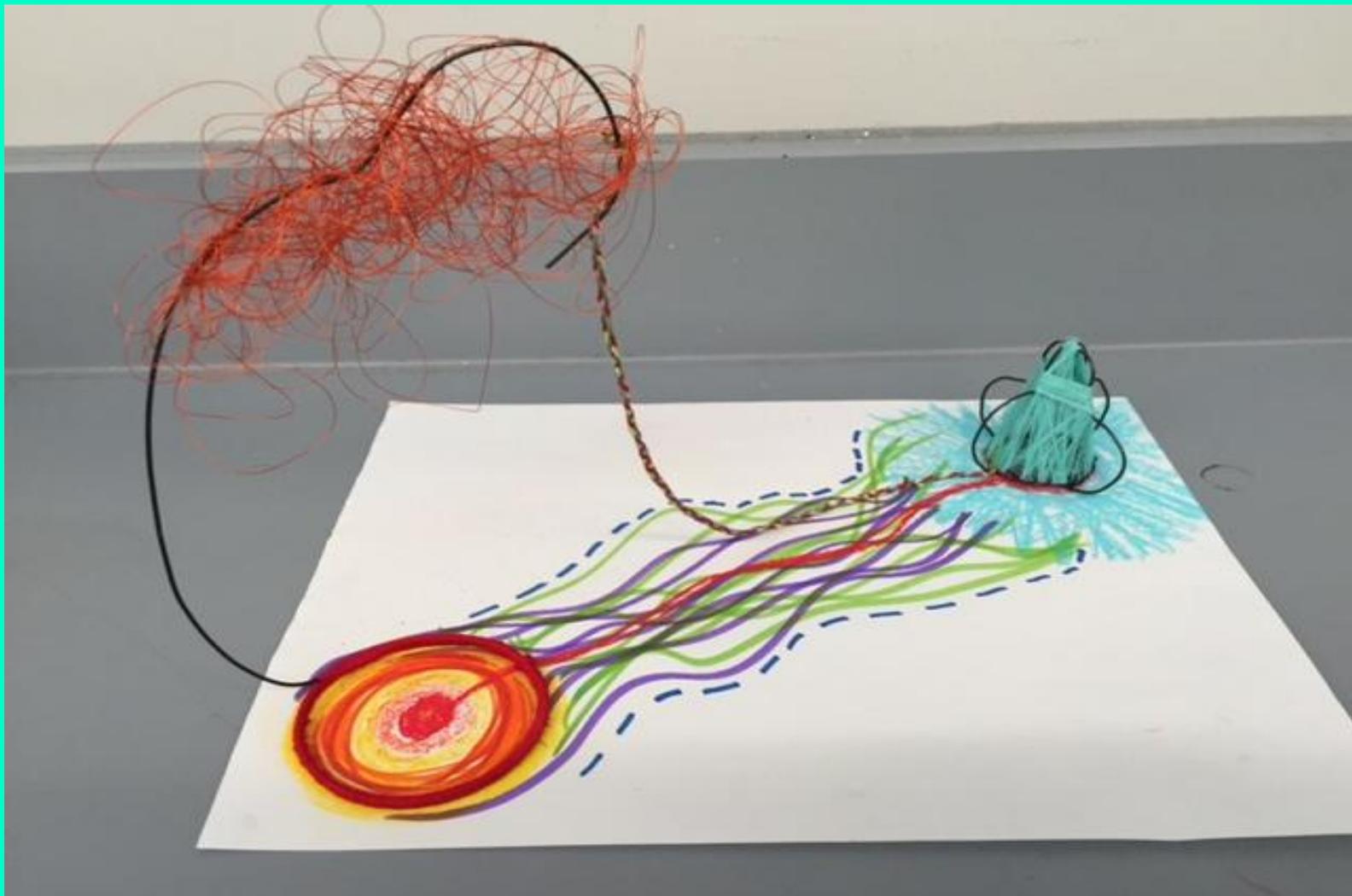




COURTNEY WILLIAMSON

**Former Graduate Student/Adult Services Therapist**







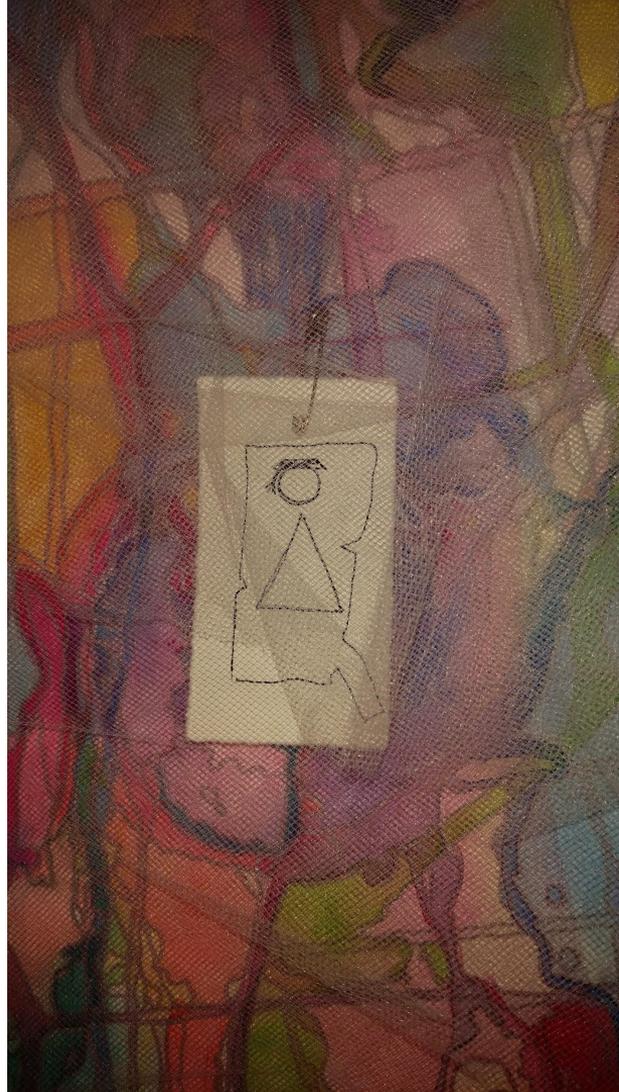






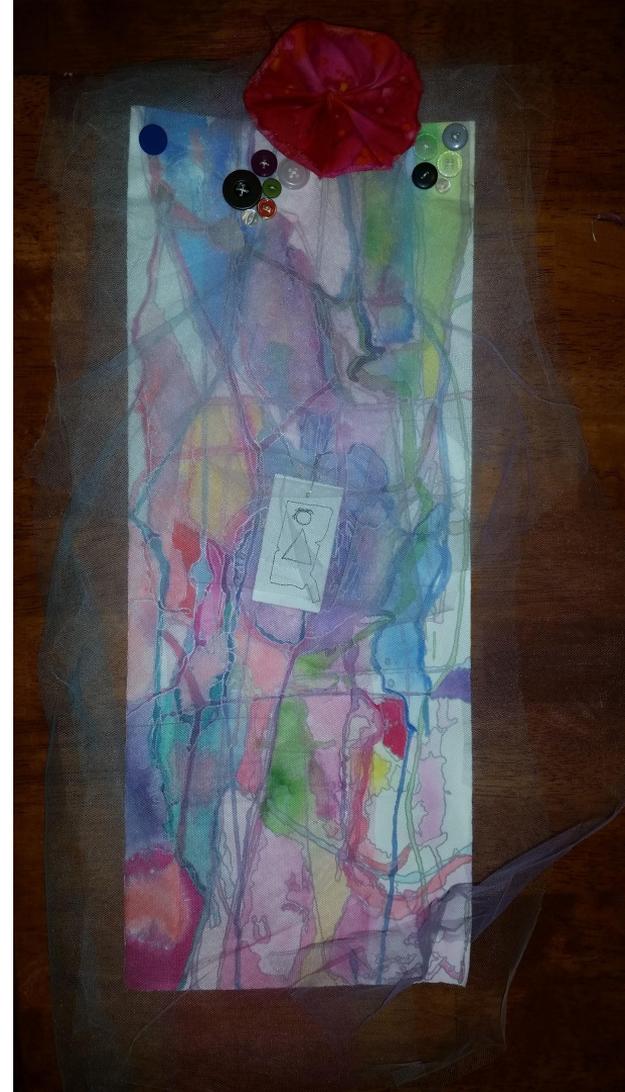
# EILEEN MISLUK-GERVASE

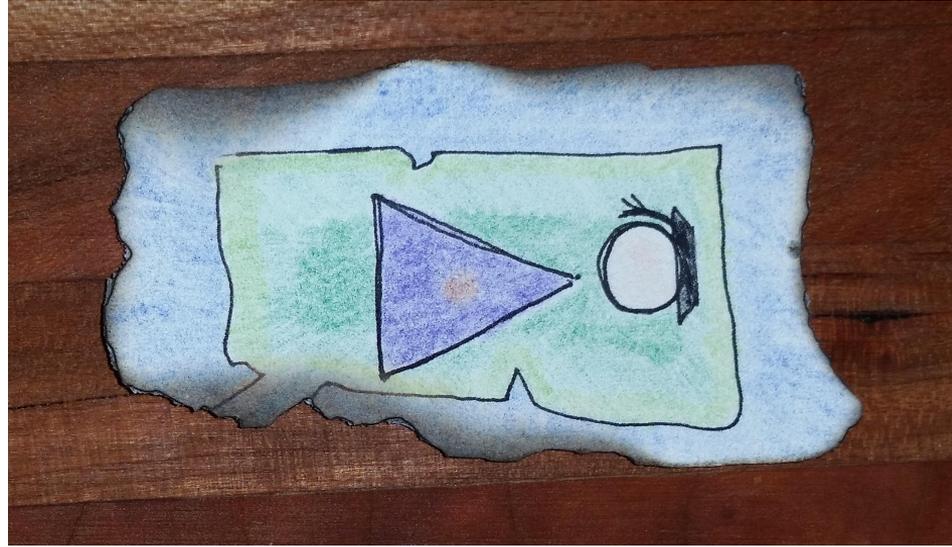
**Individual Supervisor**





## **Discarded and Salvaged Selves**





**To Be Human**



**Stability  
&  
Purpose**



# Consummation, Deconstruction, & Reconstruction





**The Final Piece:  
Maintaining the  
Balance**

# **“State” of Indiana**



Eileen Misluk-Gervase, ATR-BC, LPC, LMHC  
emisluk@iupui.edu

Jeannine Cicco Barker, PsyD, ATR-BC  
cicco@upenn.edu

Courtney Williamson, MA  
courtney.williamson@centerstone.org