

# Reflections on the Reflecting Art Therapy Team in Education and Treatment

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## Abstract

*The reflecting team has been a respected mode of therapeutic intervention since psychiatrist Tom Anderson first proposed the concept in 1985 (Anderson, 1991). The notion of a team observing the therapist conducting a session, the reflecting team reflecting on the session in the presence of the client (either behind a one-way mirror or in person), followed by the therapist and the client reflecting on the reflections, has proven to be highly effective treatment (Anderson, 1991; Friedman 1995). The art therapy literature contains little on incorporating this technique aside from a presentation in 2001 at the AATA Conference (Klijn, Scheller, & Riley). In conversation, some art therapists say they have used this mode of therapy in their work but have not published the results. The purpose of this article is to stimulate interest in the reflecting-team approach in the field of art therapy.*

## Introduction

This paper will report on the use of the reflecting team as an educational aid and a clinical technique. In the master's-level art therapy program in which I teach, a class has been offered for many years that uses the format of client-therapist observation by students who then, after training, become the reflecting team. However, observing an art therapist working with a client was not introduced until 1999. The students have reported that watching an experienced clinician engaged in the art therapy process with a *real* client is one of the most rewarding experiences in their education. Since the client is not role-playing but actually working on his or her issues, the structure and vagaries of the therapeutic process are exposed. The post-modern therapeutic construct of the reflecting team is greatly enhanced when the language of art is integrated into the reflective conversation. The collaboration between therapist, client, and reflecting team is expanded through the art products created by the client and the students, and provides an added dimension to the verbal discourse. It has become clear that the art introduces alternative perspectives for both the client and the observer,

which results in a positive outcome for the therapy and for the educational component.

I will give examples where the synthesis of art and the reflecting-team approach have been used in the education of art therapy master's-level students and in the treatment of clients from an outpatient clinic that is associated with the educational institution and is often the source of referral for clients seen in case conference. Guidelines for the reflecting team, such as language, clinical attitude, and verbal content, will be discussed (Anderson, 1992; Griffith & Griffith, 1994). Attention will also be paid to the issues that accompany the introduction of this mode of collaboration, both for the students who participate and for the clients who engage with the team.

To place a framework around the discussion of this approach, I will give a brief history of the reflecting technique and the philosophy that drives this mode of treatment. The use of the reflecting team cannot be divided from the conceptual climate from which it grew.

## Brief History

Tom Anderson first offered the format for a reflecting team in 1985 (Anderson, 1991). Hoffman (1985) explains:

This method asked a team to share comments on the conversation between therapist and family while the family watched and listened. The family would then comment on the team's ideas in return. This innovation proved to be a great leveler, modifying the use of the one-way mirror, and also changing the language of the therapists, which became simpler, more personal, and more appreciative. (p. xi)

Although an observing mirror had been in use for some time, Anderson felt that, after much experimentation, he was constricted by the hierarchical position of the "superior" therapist in regard to the less powerful client, a top down position. Previously, for example, therapists observed clients through a one-way mirror, but the clients were not privy to their observations. Thus, the client felt that the therapist had the wisdom and that he or she was being "acted upon." Anderson turned to a *heterarchical* position, which can be translated as a relationship with equally important contributors. The observing therapists came out from behind the mirror and were known to the clients.

It was his convictions that brought Anderson (1993) to develop the reflective team as an addition to therapy:

I have come to understand that there is no one certain method or technique to reach alternative definitions of a

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certain problem. Such definitions are reached through the sharing of ideas during conversation. The best way I know to reach the unseen and unheard is to deal quite specifically with various descriptions of the situation. When something new is seen or heard, a new understanding of the situation automatically arises and a new idea about how to handle the situation emerges. (p. 308)

He goes on to say that one person (the therapist) cannot hear all the possibilities in a discourse; therefore, the reflective team can bring many realities to the conversation.

## Contemporary Approaches

To work in this manner, it is also important to accept the more contemporary concepts of a therapeutic relationship, a relationship that is based on the notion of co-constructing with the client(s) a solution to problems or difficulties that are not seen as embedded in the person. White and Epston (1990) have said, "The person is not the problem, the problem is the problem" (p. 40). White (1991) utilizes externalizing grammar to separate a person from the problem:

As persons become engaged in these externalizing conversations their identities and the truth of their relationships are no longer transfixed in their lives.... In the space established by this separation persons are free to explore alternative and preferred knowledge of who they might be. (p. 29)

Describing the transformative powers of dialogue, Anderson (1992) says:

Discussion yields other concepts in addition to those which have dominated thought for a long time, including mythos in addition to truth, metaphor in addition to concept, figurative in addition to literal, imagination in addition to reason, rhetoric in addition to logic, and narrative in addition to argument.... Most of all these new discussions introduce the idea that we relate to life based on our perceptions, descriptions, and understanding of the world. We do not relate to life itself, but our understanding of it. (p. 61)

The philosophy that guides postmodern therapy is one that is in harmony with the use of a reflecting team. It is one that embraces an attitude of transparency, positive attribution, curiosity, equality, and, in particular, eliminates the language of pathology. With these principles in mind, there is less fear of the reflecting team intruding on the client's confidentiality, reducing the effectiveness of the therapeutic relationship, and breaking many of the other "rules" of therapeutic practice. These principles are also, in my opinion, the ones that are most integral to the practice of art therapy. The externalization of the problem both in art product and in conversation combines to offer the client, the therapist, and the reflecting team a rewarding therapeutic experience.

## Concepts and Values

The use of a reflecting team as part of teaching and practice can be an experience that is stimulating and chal-

lenging. It may be necessary to reevaluate many of the therapeutic belief systems that have been imposed on most therapists before the advent of postmodern thinking, such as confidentiality, transference, and client privilege. For example, the perception that confidentiality could be compromised by an observing audience, or that the therapeutic relationship would be attenuated, has proven to be false. The therapeutic principles mentioned above need not be abandoned; they can be effectively transformed by accepting the contemporary theories of narrative therapy, relational therapy, and co-constructing therapy with the client. The clients who have been involved in this form of therapeutic format reported that they felt the observing team offered additional beneficial insights. Early in treatment they became comfortable with the contributions made by the team. How these and other issues were considered will be discussed when the structure of the therapist, client, and observing team is discussed.

In addition, I found that modifying the traditional educational approach of lecture, reading, and role-play through the use of observation of a clinical session provided greater freedom to put into practice current theories of art therapy in collaboration with students. There are multiple reasons why this approach is useful. The neophyte therapists can safely experience intense client-therapist interactions in a manner that enlarges the format of art therapy and greatly enhances the educational experience of the learner. The clients they observe and interface with (as a reflecting team) are appreciative and informed by the students' reflections, which also help to confirm the students' new images of themselves as therapists. In the process, change is enhanced for all concerned—for the client, the students, and the therapist conducting the session.

## Suggestions for the Procedure

The physical layout and procedure at the educational institute where I work is described below to aid the reader in visually conceiving a process that has worked well for us.

There are two rooms divided by a one-way mirror. One therapy room contains chairs sufficient for the observing students; the other room is set up with table, chairs, and a cabinet for art materials. There is a sound system that allows the observers to hear what is said in the therapy room, and there is also a stationary video camera mounted on the wall that may be turned on to record the session. Outside the two rooms is a short passageway that is separate from the main hallway. The entire suite is private, with doors that have "in session" signs that discourage any interruption. The time frame for the observation portion of the case-conference class is as follows: 50 minutes for the session with therapist and client, 6 minutes for reflections by observation team, 5 minutes for reflecting on the reflections by therapist and client.

The client and therapist enter the therapy room, which is lighted; the students have already been seated in the darkened observation room. The students can see and hear the therapeutic conversation; the client does not see or hear the student observers during the session. When the 50-minute

therapy session has concluded, the client and therapist withdraw down the hall as the students pass into the lighted room. The therapist and client then enter the darkened room and listen to the reflections. The procedure is reversed after the reflecting team has concluded their 6-minute conversation, and the therapist and client return to the lighted observation room. In the remaining brief time, the therapist and client discuss how the client feels about the reflections and question if new information was introduced. The session is then concluded, and the client leaves.

The hour that follows (without the client) is a major part of the educational experience. The therapist-instructor invites the students' observations and deconstructs the session. The therapist's dilemmas, techniques, successes, and failures are all explored and related to the reading material if appropriate. The students discuss their own participation as a reflecting team and discuss the issues that may be related to that experience. In addition, they learn how to write-up a case summary in a progress report.

The members of the reflecting team (particularly if they are new therapists) must be coached in the concepts and values of reflection and the rules of the procedure. The preparations listed below are fully explored before the reflection team participates in the therapeutic encounter. Griffith and Griffith (1994) summarized these guidelines:

1. Speculations are restricted to the conversations that have taken place in the session.
2. Ideas are presented tentatively, with qualifiers such as "I was wondering," "perhaps," "possibly," or "it's just an idea...."
3. Comments are formed as positive or logical connotations as opposed to negative attributions or blaming.
4. Team members maintain eye contact with one another, without being discourteous, maintaining the separation between the listening and talking positions.
5. Perceptions are shared as "consultants," thoughts, images, or imaginings are more emphasized than evaluating, judging or explaining what was observed.
6. Reflections attempt to present both sides of a dilemma, moving from the "either-or" position to a "both-and" position. (p. 161)

The rationale for explaining these procedures to the team members before they reflect with clients is multimotivated. First, the procedural guidelines protect the client from well meaning but inappropriate contributions from an unskilled reflection team. Second, to give the reflection team structure and safety provides them with the opportunity to engage in the therapeutic process with minimum risk to the client. Learning is enhanced when the team appreciates how much impact their comments can have on the client. Third, after coaching has provided the positioning that is needed in the beginning, the observing students can gradually find their own voices.

White (1991) dislikes the use of interventions in reflections as he believes it continues the imbalance of power between client and therapist. Therefore, there is an agreement that interpretations are not welcome in any form, either of the client's art or the client's comments.

Further, White sees the purpose of the reflection team as an opportunity to support clients in their examination of the unique outcomes that they have developed and that have touched the lives of those watching them. This statement has been reinforced for me when I sit with clients behind the mirror and hear them verbally agree with a team member. For example, clients have said, in effect, "I identify with some of the team members' observations and with their unique contributions." Multiple realities are often experienced by the client when listening to the teams' reflections. This safe encounter behind the mirror enriches the therapeutic landscape for the client as he or she listens to how the therapeutic conversation elicited multiple reactions from the team. Often clients have not considered the variety of "truths" embedded in their situations, and the experience of listening to diverse reflections opens additional vistas of possible solutions.

How the reflecting team synthesizes and interfaces with the art therapy language has become new territory. Art therapists who are willing to be observed must also be willing to share their experience in the session and to discuss the process and deconstruct the session in detail. Teaching art therapists to be good therapists is the goal that all art therapy educators strive to achieve. I suggest this is one approach that has proven successful.

## Teaching Art Therapy in Conjunction with the Reflecting-Team Structure

Learning how to practice art therapy is usually provided by text assignments, role-plays, and discussions in class or in supervision. However, those more distant forms of education cannot, in my opinion, compare to in vivo observation of an art therapist actually conducting a session. Preparing to meet the client, introducing the language of art, conducting the session, and, after the session, deconstructing the therapy hour is quite different if it is live. When actual participation in the clinical process is added, the learning opportunity becomes a powerful experience. My department has created some guidelines for an art therapy reflection-team class that incorporates the principles quoted above with the language of art to add another dimension to the curriculum.

To reiterate some of the basic principles that most art therapists agree upon:

- Image-making offers the client and therapist an advantageous means to achieve therapeutic goals.
- Art therapy invites personal metaphors into the conversation and allows the client to make changes safely within the art product, explore alternative stories, and give voice and visible illustrations to inner narratives. The language of metaphor leads to satisfactory therapeutic outcomes.
- The art teaches therapists to listen (with their ears and their eyes) as participant-witnesses and to appreciate the multiple modes of communication possible when observing art products and listening to the clients' interpretations of their work.

Peggy Penn (2001) describes listening in this manner: "We could think of listening as having its own language both inside the listener and the other speaker. This language is made of silent gestures, small noises, queries, glances, and changes in the listener's bodily posture" (p. 43). Art therapists add the skill of observing the art product and process through educated lenses. I question how the new art therapist could better learn to listen and encourage visual expression without being included in this experience of being observer and contributor.

With the introduction of the technique of observing an art therapist working with a client, many of the questions about doing art therapy are answered. For example: How do you introduce art therapy to the client? How much art should be done in each session? What happens if the client doesn't want to do art? How do you know what to ask about the art product? Does the art therapist talk? These and many more questions that are worrisome to the beginning art therapist can be answered by watching how the client and art therapist interact. What seems mysterious and challenging becomes understandable and part of the evolution of treatment.

As a profession, we have only a limited number of training videos available, and a tape is set in time, whereas a live session has unexpected turns and deviations that are not predictable. Art therapy is an action therapy and should be taught through an active learning experience. Theoretical textbooks are useful, but they cannot convey the movement and process of a creative therapeutic relationship using the language of art. With the addition of the reflective component, the new art therapist is more deeply involved than if he or she had stayed solely in the role of an observer. As an active participant, the student's attempts to integrate all the components of a therapeutic session are reinforced.

## Description of a Reflective Art Therapy Class

The class in our program is offered to first year graduate students, a few of whom have had clinical placements in the first semester but most of whom will not be placed until the second semester. The class is 3 hours, once a week, for the entire school year. The clients are recruited through the clinic associated with the school and understand that observation, videotaping, and reflections are incorporated in the art therapy. They also understand that the therapy is limited to the school year and that referrals will be available at the end of that period if needed. The client meets with the therapist before the class starts, completes the intake process, signs a release form, and views the room where he or she will meet weekly with the therapist. The client and the therapist also walk through the ritual of exchanging places behind the one-way mirror.

In the first meeting, the client is introduced to the classroom where the reflecting team sits, explores the one-way mirror, and is fully informed how a reflecting team works. He or she (or the family) also learns how advantageous it is to have many voices offer reflections rather than to be limited to the repetitive familiar script. In addition,

the art therapist reinvestigates with the client if this mode of treatment is acceptable and if there are any major objections to the format of the class and the therapy. The client also understands that he or she has control over whether the reflecting team enters the room every session. Personal and therapeutic considerations are always dominant, and the class understands that there may be situations where the client is not able to tolerate the usual format. In this introductory session, the client asks about art therapy and is invited to consider if the therapist is one with whom he or she can work. The client knows that he or she will be considered a collaborator in the therapeutic process. The initial meeting of the class is one that is predominantly informative. The client may be observed, but not interacted with. The instructor explains the function of the reflecting team, the procedure, and the therapeutic philosophy. The limitations are clearly enunciated and the rationale for a positive connotative framework is clarified. A great emphasis is placed on confidentiality, which is broadened to include not only the material from the client but also all conversations and situations that arise in class. If there is a need to teach appropriate transparency, there is an equal need to provide a safe environment for all concerned. Many instances of identification or countertransference will be elicited by parallel occurrences in the client's therapy and the observers' lives. Confidentiality is the bedrock of learning in this class.

Because most of the students are in the process of gaining their basic theoretical knowledge in classes in the Marriage and Family Therapy portion of the program—as well as learning how to integrate therapeutic systems and art therapy approaches—there is an in-depth academic experience that serves as a backdrop to the case-conference class. The reflecting-team technique is offered in a year-long class; therefore, the first several meetings of the team observing the client are carefully monitored with the understanding that there needs to be time for growth and learning.

## Personalizing the Experience of Being Observed

Before the client is observed, I prepare the students in the following manner. To give the students an experience of how clients might feel being observed, I take each student into the room in front of the one-way mirror and do a simple interactive art therapy exercise such as a conversational drawing on paper. The other members of the class observe from the classroom side of the mirror. The class then practices as a team giving feedback to the student "client" and myself. Each student in the class of seven is exposed to this experience. In addition, the students are asked to do a drawing that reflects how they experienced being observed and then reflected upon. The lesson is that we should not ask the client to do what we are not willing to do ourselves. Generally the students experience anxiety, both as to their performance and their self-image, which leads to pertinent speculation about how the client might feel.

This experiment motivates a discussion of how to conduct a nonpejorative approach to interacting with clients (both in language and in attitude) and of the advantages

and limitations of a collaborative-conversational mode of conducting therapy. I believe it is not useful to be married to one way of seeing a therapeutic system; therefore, a variety of approaches can be integrated into the reflection-team procedure. However, the reflection-team method breaks down if pathology and interpretations are the basis of the observations and are introduced in the team reflections.

In line with reducing the barriers between the “superior” therapy team and the “inferior” client (as mentioned earlier in this paper), I bring the client into the classroom side of the mirror at the beginning of treatment. I briefly introduce the students without naming them and encourage them to briefly greet the client. From that time on they will not refer to the client as “he or she” when reflecting; they will use the client’s proper name and show respect at all times. They are also asked to dress conservatively as befits a professional in the therapeutic field.

### Principles and Conditions for Establishing an Art Therapy Reflection-team Class

The following demonstrates some of the learning opportunities that become available for the students in the class. In doing therapy, I usually am able to engage the client in the art therapy process; however, I consider when and if an art expression will be of use to the client. Often the new art therapist feels like a failure if the client resists doing art. This may happen with the client I am working with. The students can relate to that situation. How I do art therapy differs with each client and is composed of a variety of methods to make clinical issues visible. I practice therapy with the client who is being observed in the same manner as I would with anyone to whom I have made a therapeutic contract; there are no special concessions because it is therapy that is being observed. The difference is that I allow myself, in the period following the session (after the client has left), to be transparent to the class about the process I just experienced in the therapeutic hour. I also listen to their speculations and projections. The students are free to question me, and I make it a point to unpack the session with full attention to my dilemmas, hesitations, conjectures, and excitement, if there is a successful joining. I feel it is my responsibility to connect the actions that they observed with the thought processes behind the conversation with the client, a conversation that may have been either verbal or visual.

In the hour after the session has concluded, the students also practice reflecting back to me how they responded to the client’s art and the client’s verbal contributions. I structure with them how to use language that opens possibilities and refrains from interpretations. We dwell on the use of metaphor, how it invites fresh meaning by giving the client a new language to describe his or her world. We focus on how artwork often is the path to finding a personal metaphor.

Mittelmeir and Friedman (1993) say in reference to their use of metaphor with the reflection team: “Rather than making pronouncements about progress, we generate metaphors that capture the client’s attention and seed ideas”

(p. 159). Unexpected information that emerges in the artwork invites a metaphor that acknowledges a fresh insight but makes no attempt to transform it from the language of the art to verbal expression. Penn (2000) feels, “A metaphor can unpack meanings slowly, *indirectly* allowing us to absorb new meaning at an appropriate rate, just as a time capsule releases its contents” (p. 46). This reference to metaphor seems to me to be the heart of art therapy’s strength.

### Class Becomes a Reflecting Team

To summarize, after the third session observing the client, the students, if they are ready, are invited to go in front of the mirror and share their reflections. The client and I listen to their reflections in the observing position (the darkened room). Then we return to the therapy room and the client is requested to reflect on the team’s reflections. The entire process takes about an hour: 50 minutes to interact with the client, 6 minutes for the team’s reflections, and the remaining time for the closing reflections. After the client leaves, the teaching continues as mentioned above. As the class finishes deconstructing the session, they create a reflective drawing that becomes a statement of their reactions and personal involvement with the process. These reflections are saved as a record of the class.

### Art as a Contribution from the Team

Art expressions from the team have been used in various ways for the benefit of the client. My preference is to have the class, as a whole, offer a conceptual drawing only when it seems appropriate or at certain points in the therapeutic process when it seems apparent that the situation requires some activation. For example, the class created a large drawing of a path at a crossroad, which was placed on the wall of the therapy room before the client arrived. This drawing was created as a testimony that the class appreciated where the client was at that point and that she was having difficulty making a decision. It was a pictorial tool that pleased the client and provided us with an active session in which she experimented with how it felt to be at different points on the road and to decide which branch in the road to take. The client was pleased that the team gave the time and energy to create an image for her. This same type of contribution has been used several times when it seemed the client needed some form of acknowledgment. On every occasion, the art-image offering was tailored for the particular client and agreed upon by the team and myself before the presentation.

A colleague invented another form of art contribution. She had the students draw their reactions during observation and then present them to the client during their time in front of the mirror (Takasumi, personal communication, 2001). Since the reflecting team is not a new technique, it is by the addition of art expression that it can be re-created according to the individual therapist’s style.

As the team becomes more comfortable with the skills of reflecting change in a positive and connotative manner, they are also able to safely admire messages revealed in the

client's art and to explore its symbols during the class time. Only those self-interpreted messages that the client has discussed in the session are remarked upon during the reflective time. At no time are the students to interpret the art or project meaning onto it. The procedure is to stay with the client's process and his or her discovery of alternative ways to punctuate change; only speculate on how the client has developed ways to cope with challenges in a unique manner.

Teaching how to use language that is without a critical bias is one of the main gains in this form of teaching; we help each other refrain from negative evaluations. When the team models an affirmative manner of speaking during their time in front of the mirror, the client becomes very comfortable and more eager to listen to the team. Often the students begin to apply a more accepting vocabulary toward themselves as well. In turn, the team learns to see their own difficulties in a new way.

Very often the client will extract alternative views from the team's dialogue and pursue a suggestion made by a member of the team on his or her own time. As I sit with the client on the other side of the mirror as the team reflects, the client is often talking to the team as though he or she could be heard. Clients have said such things as "She understands my culture," "He said what I tried to say," "I can't believe that they heard me so well," "They like my art!" A form of relationship builds that is valid even though it is separated by the mirror.

In one situation, the client was in conflict over reconciling the Old World customs of her family with her desire to live in the culture of her friends here in the States. In a series of art tasks, she and I had dealt with this first generation tension; we had mapped strategies and had made some progress toward her goals. This was greatly enhanced when, by coincidence, our team had several members with similar generational situations in their families. When they reflected on how they had experienced many of the same cultural conflicts, the client felt understood. It shifted the therapy because she identified with the women on the team who were about her age and were culturally in the same situation. I could not help her as they did, since I was not of her generation or her culture and had never been a first generation child of immigrants. These fortunate happenings are one of the unforeseen benefits of a reflecting-team interaction.

## Termination

At the time of termination, I have found it has been possible to take collaborative therapy into the final meetings of the treatment. The week before termination the class decides how to create an art statement that summarizes their respect and involvement with the client. One example was the "termination gift" made for a female client who had worked very hard to regain her stability and who, after a series of traumas, had recommitted herself to her career as a photographer. This step to reestablish her profession was a signal that she was going to get on with her life. To reinforce this major decision, the team created a final visualization of her progress for the termination ses-

sion. First, each member of the student-team made his or her personal art statement about the client's growth and positive change. The students then mounted the individual drawings on a long strip of black paper that imitated a strip of film. This team project visually demonstrated that they saw how she had redefined herself from trauma victim to creative photographer. The project condensed the many months of therapy by recognizing progress and reinforcing her return to her profession.

The client joined us for the last session in the classroom side of the observation room. The strip of "film" was laid on the floor, and each student explained his or her contribution. It is hard to describe how much this impacted the client. Her feeling of self-worth was reinforced in a unique manner, and the verbal exchange was memorable. The client left with tears of gratitude in her eyes, clutching her gift, and we all felt we had summed up a positive interaction in a manner that could not have been so meaningful with words alone.

With each client the class has observed, the final summation of progress and strengths has been concretized with an art expression. I have been impressed with how important these drawings have been to clients. They saw them as a confirmation of their commitment to change and a support statement from a team that had witnessed their efforts. Without exception, the clients have wanted to take the artwork home and have said they would cherish it as a tribute to their involvement with the team.

## Summary

The introduction of a reflecting team as part of the education of an art therapist novice, as well as of the more advanced practitioner, is of great value for several reasons. This paper has pointed out how the concepts of contemporary approaches to the therapeutic process synthesize successfully with imagery, metaphor, and collaborative language to provide the client with an optimum therapeutic experience. When adding a reflecting team to the clinical observation class, however, many issues need to be explored. Clear rules of procedure, along with limiting negative interpretations and interventions, keep both the client and the team safe and receptive to new learning.

Learning how to manage the time and the physical space gives the therapist-instructor an opportunity to teach and to learn in a flexible format that suggests possibilities for alternative outcomes. The collaborative language of positive connotation can be demonstrated and many questions of how to proceed with a client using art as the mode of communication can be answered with an *in vivo* observation of a real session. The enthusiasm of the clients generated by the multiple opportunities for feedback on their progress enhances the desire of the students to learn and the clients to maintain their commitment to the therapy.

Art contributions as part of the reflecting team's conversation can be individually tailored for each client and have been well appreciated. Although the technique of using a reflecting team has been researched since the late 1980s, there has not been a general move on the part of art

therapy educators to incorporate this approach into their curricula. The purpose of this paper has been to simulate interest in using this powerful form of therapeutic reinforcement and to invite other art therapists to experiment with a reflecting team.

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## Calendar of Events

### November 10-14, 2004

American Art Therapy Association, Inc. (AATA) 35th Annual Conference  
*Creative Fire: Identity, Passion, Professionalism*  
 Town & Country Hotel, San Diego, CA  
 Contact: 1-888-290-0878 or e-mail: [info@arttherapy.org](mailto:info@arttherapy.org)

### November 16-20, 2005

American Art Therapy Association, Inc. (AATA) 36th Annual Conference  
 Hilton Atlanta, Atlanta, GA  
 Contact: 1-888-290-0878 or e-mail: [info@arttherapy.org](mailto:info@arttherapy.org)

### November 15-19, 2006

American Art Therapy Association, Inc. (AATA) 37th Annual Conference  
 Hotel to be announced, New Orleans, LA  
 Contact: 1-888-290-0878 or e-mail: [info@arttherapy.org](mailto:info@arttherapy.org)