

# ART THERAPY IN RESPONSE TO NATURAL DISASTERS, MASS VIOLENCE, AND CRISES



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# Humanity and Humility

## *Ethics, Pedagogy, and Art Therapy Contributions in the Response to Natural Disasters*

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*Profound art therapy services are facilitated by the generous support, resources, guidance, commitment, and humanity of many. I am humbly inspired by and grateful to all of the MA Art Therapy students who participated in this worthwhile project and to LASALLE College of the Arts, Singapore, to Today Is the Day, to the various collaborative partners locally and internationally, and of course, to the children and families who participated.*

## HUMANITY AND RESPONSE TO NATURAL DISASTERS

Responding to natural disasters is something that we each do in our own way. We may first learn of impending natural disasters through mass media, and most certainly we are inundated with images, stories, and accounts of the damage, devastation, and trauma during and after the fact. Some of us may feel compelled to take an active response, such as volunteering on humanitarian efforts either in our home country or by traveling overseas as part of larger national or international organized efforts (Chilcote, 2007; Gelo & Gonzalez-Lugo, 2018; Hussain, 2010; Linton, 2017; Mohr, 2014; Potash *et al.*, 2017). Ethics are involved, whether inherent, implied, or mandated through one's professional affiliation and the relevant credentialing authority (American Art Therapy Association, AATA, 2013; Australian, New Zealand and Asian Creative Arts

Therapies Association, ANZACATA, 2020; Art Therapists' Association Singapore, ATAS, 2020; Art Therapy Credentials Board, ATCB, 2019).

How can art therapy contribute to the larger efforts of responding to natural disasters in a systematic, methodical, and ethics-driven manner? In particular, the discussion in this chapter addresses the need for a sophisticated understanding of the complex ethics involved, both in-country and globally, and that there are significant learning opportunities for art therapists and postgraduate art therapy trainees who may be involved in collaborative community arts-based projects just after the natural disaster or years afterwards, as was the case of the project discussed in this chapter.

Written from a practitioner-based retrospective and reflective stance, this chapter considers an international collaborative arts project to illustrate the need for ethics in such projects. As the program leader of the Master of Arts (MA) in Art Therapy degree program at LASALLE College of the Arts in Singapore, and as an internationally credentialed art therapist, I needed to ensure that ethics were prioritized, addressed, and sustained. Engaging in my own art-making, including reflective and reflexive processes, allowed me to creatively and responsibly explore the complexities of my professional and personal responses to my involvement in this project over four years (Lay, 2018a, 2018b; McNiff, 2019).

This multinational and multiphase collaborative arts project involved professionals from Japan, Singapore, and the United States, and included up to 20 children who had lived through the Fukushima series of disasters and nuclear accident that began on March 11, 2011 (Lay, 2018b; World Health Organization, 2012). Today Is the Day, an international body of distinguished artists and practitioners, was the main organizer of this project. It was compelled to respond to the series of events in Fukushima and wanted to champion art and art therapy as a primary means to reach out and inspire those still living within the affected area(s), especially the children.

This project developed over several years, expanding incrementally to involve more collaborators based on the positive response of international communities. It evolved into two main phases that complemented each other. Phase 1 was designed by mental health specialists in Japan and was provided to the children and families still residing in the area. A range of mental health services was supplied to the children and families during the year, including some follow-up material that surfaced during the summer

program in Singapore. Phase 2 was designed and implemented by artists, art therapists, and some of the mental health specialists from Japan, and offered over a two-week period in Singapore. Part of the aim of Phase 2 was to instill a sense of renewed hope and resilience for the future by giving children a chance to visit a new region of the world, engage in new and stimulating activities, develop friendships and opportunities for social activity, and interact with and develop creative aspects of themselves.

It was decided that a fully sponsored, two-week, international, arts-infused retreat in a safe, clean, and healthy region of the world during the summer months, prior to the start of the new school year, was appropriate. In Singapore, the arts retreat consisted of a full schedule of open art studio sessions run by a range of professional artists and art therapy students, visits to museums, tourist attractions, and parks, and visits with local children, host families, and other volunteers. Today Is the Day was responsible for selecting the child participants in Japan, garnering the necessary consents from the parents, and was considered the primary caregiver while in Singapore. The term “retreat” was selected based on its cultural neutrality. The city-state of Singapore was chosen given the requirements of the project as well as the availability of a range of collaborators and project partners, including art therapists and art therapy trainees (Lay, 2018b).

For four years, the MA Art Therapy program at LASALLE provided consultation, input, and leadership over the art therapy aspects of the project. After the first year, the MA Art Therapy program became more involved by: a) hosting the nine-day art therapy component of the art retreat; b) having postgraduate art therapy students plan, design, and deliver the art therapy component; and, c) providing the art therapy supervision to the postgraduate students and to other mental health specialists from Japan. Of the 14 postgraduate students who facilitated the art therapy component over the three years, five provided their reflections; these are included in the “Final thoughts” section below.

Essentially, the postgraduate art therapy students at LASALLE provided daily group open art studio sessions that were informed by the theory and underpinnings of art therapy, art-making, child development, and trauma, with consideration to best practices, ethics, and cultural relevance (Chapman, 2013; Gelo & Gonzalez-Lugo, 2018; Hussain, 2010; Linton, 2017; Mohr, 2014; Potash *et al.*, 2017). A written summary of the art therapy sessions (the open art studio) was completed at the conclusion

of each arts retreat in 2015, 2016, and 2017, and provided to Today Is the Day to assemble into larger reports and feedback to funders. Given the depth and richness of this information alone, and due to the complexities of ethics involved while working with children per international standards and law, this chapter does not include, examine, nor discuss the children involved nor the artwork they created during the art therapy component in Singapore. For ethical reasons, it must also be affirmed that the capacity in which the MA Art Therapy program at LASALLE was involved did not include formal research or documentation of the images, artwork, or clinical case material of any kind or follow-up in Japan.

The essence of this chapter is to champion the *humanity* while responding to natural disasters and to acknowledge the *humility* inherent in the ethical practice of art therapists.

## ETHICS: ART THERAPY PRACTICE, TRAINING, AND PROFESSION

Working with others therapeutically requires a sophisticated understanding of ethics as part of one's professional practice (Moon & Nolan, 2020; Potash *et al.*, 2017; ter Maat & Espinola, 2016). Applying ethics to practice within given contexts first begins within art therapy training, which involves the inculcation of theory and core competencies essential for practice across the life span and in a range of contexts that proactively prepare art therapy trainees for contemporary practice (Moon & Nolan, 2020; ter Maat & Espinola, 2016).

Ethical guidelines have been instituted to protect all those who receive art therapy services; to safeguard and uphold the integrity of those services, as well as the discipline of art therapy itself; and to provide a meaningful framework from which to benchmark decisions, interventions, and a way forward, especially when presented with difficult and challenging dilemmas (Moon & Nolan, 2020; ter Maat & Espinola, 2016). Ethics are dynamic in that they continue to evolve to address new and emerging realities. Art therapy trainees, art therapists, and art therapy itself must adhere to the established ethical codes of the relevant art therapy associations, credentialing authorities, and local and international laws wherever art therapy is provided (Lay, 2018a, 2018b; ter Maat & Espinola, 2016).

It is the ethical responsibility of art therapists to understand, adhere

to, apply, and advocate for best practices as linked to the established ethical codes (Moon & Nolan, 2020; Potash *et al.*, 2017; ter Maat & Espinola, 2016). This also applies to regions where art therapy practice may be new, emerging, or even non-existent (Lay, 2018b; Potash *et al.*, 2017; Reader, 2018). A list of sources for extensive material on ethics as related to art therapy practice, training, and responsibilities to the public is included after the references section of this chapter.

Art therapists make conscious decisions to respond to natural disasters, and in so doing, they must be held accountable for the services they provide as well as the processes involved. Art therapists must engage in practice that is properly and meaningfully informed and based on the actual needs of the situation (Linton, 2017). During the course of this project, and in line with the major ethical codes, including those provided by the ATCB (2019) and ANZACATA (2020), we developed the following questions that should be considered by art therapists prior to engaging in any response to a natural disaster so as to consistently ensure ethical practice:

1. What are my intentions for responding to this natural disaster?
2. What are my skill sets, expertise, competencies, scope, training?
3. What are my roles and responsibilities?
4. Who am I accountable to?
5. How are my work, practice, and art interventions implemented, monitored, evaluated, supported, and culturally relevant and meaningful in this present context?
6. Who has the right and/or consent to write about, photo document, or video document the content of the work/practice/images of the participants, other responders, the setting, and the natural disaster itself? Who owns this material? Who has the right to share this material and/or upload it to online private or public platforms?
7. Are my work, practice, art interventions, and the documentation of these consistent to my regular practice? If not, why not? How might this be rectified?
8. Do I have the necessary, appropriate, and adequate supervision?

9. How do I maintain my own integrity, safety, and professional demeanour and stance?
10. What do I do if there is no recognition of art therapy, if there are no professional standards or established best practices or ethical codes in the region in which I may be responding?

Proactively addressing these questions helps ensure that ethical practice is prioritized; unfortunately, challenges do arise and solutions may be difficult if laws do not exist in that region to address any ethical violations. Art therapists represent and are ambassadors for the profession. Art therapists must be fully aware of the ethical guidelines that inform their practice, so that they are better equipped to assert and ensure best practices, and that these are sensitively addressed, explained, and advocated for with any other collaborators and professionals that the art therapist may be engaged with (ANZACATA, 2020; ATCB, 2019).

When art therapists respond to natural disasters, it is imperative that they maintain their ethical stance and that their services continue to strictly adhere to best practices and to the necessary and relevant ethics codes and guidelines (ANZACATA, 2020; ATCB, 2019). It is during times of intensified stress, anxiety, fear, trauma, unpredictability, and the unknown that strong ethical decisions and practices are needed the most. During times of chaos, the structure and framework of ethics sustain, guide, and direct our work regardless of what we may encounter throughout our response. While it may not be business as usual, our ethical practice and understanding will allow us to continue to make sound judgments, effective interventions, and to uphold the sanctity of humanity.

## ARTS RETREAT IN SINGAPORE: A COLLABORATIVE PROJECT

In March 2011, a series of events seriously impacted the lives of many people in Fukushima, Japan, and around the world, leaving them devastated, destitute, and in disbelief (Iwasa *et al.*, 2019; Maeda & Oe, 2017; World Health Organization, 2012). The psychological impact of the earthquake, tsunami, and nuclear accident and their aftermath was complex and undeniable (Chilcote, 2007; Gelo & Gonzalez-Lugo, 2018; Iwasa *et al.*, 2019; Linton, 2017; Maeda & Oe, 2017; Orr, 2007).

Some immediate response efforts were aimed at providing psychosocial support and mental health first aid. Others were designed to address the various needs of children and families still living in the area, aiming to offer hope for the future, resilience in the here-and-now, and opportunities for creative self-expression.

Recognizing the psychological and traumatic impact experienced by the children especially, a multinational, multiphase, multiyear arts retreat in Singapore was designed and implemented by various national and international collaborators, initiated by Today Is the Day. Aspects of the project were conducted throughout the year in Japan by various mental health professionals, artists, and volunteers; the arts retreat in Singapore was facilitated by a range of local and international collaborators during the two-week retreat. Preparations for the Singapore components took place prior to the retreat and there was follow-up with parents, caregivers, the child participants, and other specialists in Japan afterwards.

Art therapy anchored the arts retreat in Singapore and this was a significant rationale for seeking and securing multiyear funding by Today Is the Day. The arts retreat included a range of child-friendly and age-appropriate activities, events, and arts practices with art therapy in the form of structured open art studio sessions. The daily open art studio sessions were hosted at LASALLE College of the Arts, which houses the first and only postgraduate art therapy training in Southeast Asia. Since 2005, this training has become a driving force in advancing the discipline of professional art therapy in Singapore and the region (Kelly, Levey, & Lay, 2017; Lay, 2018a, 2018b).

As the program leader of this postgraduate art therapy training, I readily accepted an invitation to collaborate on this project for three reasons:

1. I envisioned an opportunity to assert LASALLE's position as an art therapy leader in Asia.
2. I understood the critical need to ensure that ethics and ethical guidelines were considered, addressed, and adhered to (Kelly *et al.*, 2017; Lay, 2018a, 2018b).
3. It would be a creative and innovative teaching and learning opportunity for postgraduate art therapy students, which could



incorporate intentional challenges into the conventions of traditional or typical art therapy services within clinical contexts (Backos & Carolan, 2018; Kapitan, 2012; Reader, 2018).

Leading up to the three arts retreats that we participated in during the summers of 2015, 2016, and 2017, I provided consultation and input into the planning and practicalities of the first arts retreat and facilitated some specialist discussions on the project's aims and intentions.

I purposefully invited the senior cohort of postgraduate art therapy students to participate in this project, thus allowing them to proactively plan, prepare, and lead art therapy services that were appropriate to the context (Furman & Boeve, 2018; Liou, 2018; Smith, Jennings, & Lakhani, 2014). They were challenged to consider theories related to child development, art and art-making, trauma, and culture as linked to short-term art therapy and the aims of the project itself (Linton, 2017; Mohr, 2014; Orr, 2007). The planned sessions strategically involved opportunities for the children to develop skill sets to enhance communication and creative self-expression, promote social interaction and friendships (many of the same children, including their siblings, returned year after year), and to allow the children to become familiar with sharing their narratives in ways that were safe and preparatory for any clinical follow-up in Japan (if necessary).

Opportunities presented themselves to further address and discuss best practices and ethics, especially in regard to facilitating an art therapy service for international child participants who were from another culture, who spoke another language that required the use of interpreters, and whose culture-specific meanings and associations to images created, verbal and non-verbal communication being expressed, and overall norms, traditions, and customs of the culture were not well known to the art therapists. Likewise, the children's intersubjective reactions and responses to us (Furman & Boeve, 2018; Liou, 2018; Potash *et al.*, 2017; Smith *et al.*, 2014) could also be harder for us to interpret.

After each open art studio session, I facilitated a debriefing with the art therapy students and the mental health specialist collaborators with an art therapist in the United States, who was of the same culture as the child participants and had traveled to Japan as part of the follow-up mental health services in that country. The debriefing with the art therapy students was held after everyone else had left our classroom for the

day. We explored the artwork, dynamics, exchanges, experiences, and ethical dilemmas encountered during each session and acknowledged that this line of work is draining and exhausting, regardless of how exhilarated and excited we were to be contributing our services to this important effort (Kapitan, 2012).

Often, supervision led to more questions, and some of these had no easy or straightforward answers. Questions about ownership of the images and confidentiality were raised given that many of the contributors were taking photographs throughout the sessions, even though privacy and consent had been discussed at length. These questions extended beyond the sessions, when various collaborators were interviewed or wrote documents or reports on what transpired within the open art studio sessions. In an effort to streamline our participation and what we were ethically comfortable with, we agreed that we would not take any photographs ourselves, and that we would consult each other prior to being interviewed for any publicity on the project.

Other questions rested on the potential manifestation of “evidenced” trauma in the artwork and what to do when there were conflicting perspectives on what is and is not trauma, how to document this, and how this (possibly misinterpreted) information may be used. We viewed this as quite serious and advocated for the rights of the children, their artwork, and what could reasonably be expected from children who had traveled overseas (most for the first time) to participate in an arts retreat without their parents or caregivers in a foreign and unfamiliar environment, where interpreters were often needed, and where most of their movements were photographed and video-documented. As part of their training, our art therapy students were prepared to address trauma should it surface and be warranted at that time. Our open art studio sessions were informed by research on trauma and its application to child contexts (Chapman, 2013; Chilcote, 2007; Linton, 2017; Orr, 2007). We understood the need to provide summary reports and documentation of various aspects of the project, and insisted that this be carefully thought through and considered within reasonable limits; after all, we were providing an open art studio approach rather than one that leaned towards clinical underpinnings.

Discussions about sensationalism, intrusion, and retraumatization also surfaced during supervision, as well as how to remain objective, respectful, and sensitive. The intent of the daily open art studio sessions

as part of the art therapy component of the two-week arts retreat was to provide strategic opportunities for the children to engage with art, media, and art-making, and to begin to develop self-expressive skills to help work through any potential trauma, loss, or related manifestations of the disaster in Fukushima on their return to Japan and in follow-up work with qualified mental health specialists there. This is critical to acknowledge, as our time was rather limited and the reality was that the children would return to their home communities.

As a collaborator on this multinational project, I experienced a full range of emotions, conflict, and frustration, which I intentionally worked through in my own art and art-making. One ethical issue that arose involved photo and video documentation. Regardless of my attempts to set boundaries and safeguard the art therapy sessions, it was insisted that the art therapy be photographed and video-documented daily. Despite my misgivings, I finally agreed to having a designated photographer and videographer; however, other individuals involved (interpreters, volunteers, and other mental health specialists) continued to take photographs throughout the sessions with their own mobile phones despite daily briefings against this. By explaining that what transpires in art therapy is bound by the parameters of confidentiality and that privacy must be maintained, I shifted the overall paradigm of what was being referred to as “art therapy” to “open art studio sessions informed by the theory and underpinnings of art therapy.” This helped to establish a workable framework from which my art therapy students could develop their sessions with the children in ways that were meaningful, relevant, and appropriate to the given context.

My initial altruistic response to this disaster was challenged by the complicated realities involved with collaborating with others, each having their own ideas and intentions on what and how the collaboration should be or progress. I was disillusioned by the seeming disregard of what art therapy is and the need for art therapy interventions to be aligned to established international best practices and ethics (Lay, 2018b). Being neither fully satisfied nor settled on this experience, I presented a paper at an international arts therapies conference and then wrote the article, “Community, compassion and integrity: Consideration to ethics within art(s) therapy community projects” (Lay, 2018a). Although not necessarily customary in an Asian context, I remained transparent with my art therapy students and openly discussed the

challenges I encountered, optimizing these as learning opportunities for my trainees and their own professional development and insights regarding the realities of working collaboratively (Kapitan, 2012; McNiff, 2019).

Experiencing a cathartic release by returning to my artwork, I created a retrospective and reflective series of my experiences as collaborator on this project. Acknowledging powerful emotions can be debilitating; however, it can also be liberating, as the emotions are released, expressed, expunged, and perhaps even reframed.

Sitting with myself, I was able to consider other perspectives, and come to terms with how others may have viewed the collaboration, and that I can only control aspects within my own purview. In this case, I was only responsible for the art therapy component of the project hosted at LASALLE and, as such, I was able to guide, mentor, and supervise the art therapy trainees in ways that were informed, benchmarked to international and expected best practices, ethics, and standards, and within reasonable and realistic parameters of the context (Backos & Carolan, 2018; Kapitan, 2012; Lay, 2018b; Potash *et al.*, 2017; Reader, 2018).

Maintaining the focus of our intentions and rationale for responding to natural disasters is critical to ensure that our services remain professional, on track, and relevant, and of course, ethically grounded. Art-making allowed me to recalibrate and remain mindful that we were providing a significant and life-enhancing service through art and collegial art-making, informed by art therapy theory and underpinnings, to children who were living through the aftermath of a destructive and devastating series of disasters (Linton, 2017; McNiff, 2019).

Ethics within practice, and indeed within multinational collaborative projects such as this one, are complex, layered, and necessary. Safe practices and safe spaces must be consistently provided, especially to minors and those who have lived through disaster and other related traumatic events (Chilcote, 2007; Linton, 2017; Mohr, 2014; Orr, 2007). Inviting postgraduate art therapy trainees into projects with the profession further contributes, augments, and stimulates their teaching and learning in provocative ways (Backos & Carolan, 2018; Furman & Boeve, 2018; Kapitan, 2012; Liou, 2018; Smith *et al.*, 2014). Art therapy trainees gain invaluable experience and opportunities to practice and

refine professional competencies guided by international best practices, ethics, and standards.

## FINAL THOUGHTS: HUMILITY AND NATURAL DISASTERS

The art therapy trainees were instrumental in the success and endurance of the collaborative project during their three years of facilitation. They evidenced great humility as they wrestled with some very real ethical dilemmas while providing effective, safe, and age-appropriate interactions with art materials and directives. Their comments below, as related to the unique ethics involved in such an international project with children from another country, reflect their own experiences of co-leading an arts retreat.

Weng Pixin, one of the art therapy student facilitators in 2015, reflected:

...the importance of making time and effort to discuss and understand intentions, motivations, and goals between two persons/organizations. Differences are to be expected, and the discussion just has to be: what do we do when we disagree on something? What are our strategies in sorting out challenges that arise due to our differences? That was a key lesson I took from time spent at the Miracle Kutchie Experience. (personal communication, October 28, 2020)

Kelly Reedy, an art therapy student from 2016, noted:

It was a very meaningful learning experience to have had the opportunity to design and facilitate a series of therapeutic workshops for Japanese children. Under the guidance of our supervisors, my two classmates and I discovered how mindfully one must approach cross-cultural work with children who have lived through a natural disaster, as well as its ongoing challenges in their community. I was deeply moved by how we could communicate without speaking the same language and create a warm and friendly group bond so quickly through the simple art-making processes of drawing, clay work, and puppet making. (personal communication, October 29, 2020)

From the art therapy trainee team of 2017, Chen YongLiang Ezra stated:

The Miracle Kutchie Experience 3 project was an encounter between me and the lovely children from the nuclear disaster zone of Fukushima. My encounter with the children left an indelible mark in my life through the experiences of facilitating the art-making sessions... it is also in appreciation of the partnering of the local art therapy program at LASALLE that held a safe, creative, and nurturing support for the children participants. (personal communication, October 30, 2020)

Jiancong (Eric) Zhang, also from the 2017 trainee team, said:

Regardless of the culture, children hold a special place in all societies. Typically, the care of children falls to parents, teachers and relatives. However, following a disaster, normal routines and roles are disrupted, schools, temples or churches may be destroyed or unavailable and often the familiarity and routines they bring are lost as a result. What I have learned from my involvement in this uniquely special community project is to draw up concrete plans, structures, and strategies to help them re-establish new routines, safety, and predictability. (personal communication, October 30, 2020)

Completing this set of art therapy trainee reflections from 2017 is Lay Choo Jennifer Lim, who stated:

The close interaction that I had with the children made me realize that children in crisis or children facing trauma had to grow up very quickly and sometimes too fast for them. They still displayed their childlike innocence but they were expected to and most of them actually did deal with their situation with an adult-like wisdom that even some adults cannot handle. (personal communication, October 30, 2020)

It is apparent that participating in the arts retreat was an important and significant opportunity for each of the art therapy trainees for different yet similar reasons (Furman & Boeve, 2018; Liou, 2018; Smith *et al.*, 2014). Being a part of something beyond the convention of formal art therapy training allowed the trainees an invaluable opportunity to enhance their overall learning and student experience, as their various interactions modeled effective ways to design, implement, and evaluate their own collaborative projects (Furman & Boeve, 2018; Kapitan, 2012). As their program leader, lecturer, and supervisor, I have witnessed their incredible growth and development in the years since. Each prioritizes ethics

in their practice and effectively demonstrates their understanding of the importance of ethical practice for those to whom they provide services.

There are many clinical, professional, and ethical implications that art therapists can derive from this layered discussion. In addition to the ten questions to ask when considering responding to natural disasters and becoming a contributing partner of a collaborative project, I encourage art therapists and art therapy students to:

- evaluate their intentions of responding to crisis and natural disasters
- determine and access the resources needed, as well as any associated costs and limitations
- understand and state the scope of their involvement, including their level of expertise, competencies, and skill sets
- develop a memorandum of understanding (MOU) that details roles, responsibilities, scope of practice/collaboration, as well as any risk and response plans, including scope, documentation, follow-through, and follow-up
- identify the relevant best practices, ethics, standards, and laws associated with their involvement before, during, and after the response
- determine who has ownership of any material generated throughout the collaboration (photos, artwork, images, clinical material)
- consider what is needed to ensure self-care throughout the experience and processes.

Collaborative arts projects in response to disasters that are informed by the theory and practice of art therapy can be complex yet effective, meaningful, and relevant when those involved maintain the intent of the project (Lay, 2018b; Linton, 2017; Mohr, 2014; Orr, 2007). Understanding the intent, purpose, and scope of the project and revisiting these on an ongoing basis ensures the centrality of ethics and ethical practice. During the process of our response, we may become distracted or misguided, and, therefore, we must return to the original intent, purpose, and scope to remain focused and on track. Natural disasters

are by definition unpredictable with devastating and long-lasting effects; however, one's professional demeanour, attitude, and perspective must be kept in check. This is critical given the vulnerable groups of people to whom we provide therapeutic services, as well as the responsibility we assume as qualified, credentialed, and competent art therapists and educators. Engaging in a purposeful reflective process involving visuals and one's own artwork not only validates professional practice but also facilitates invaluable insight (McNiff, 2019). Natural disasters will continue to be experienced, and it is the duty of the art therapist and art therapy trainee to be proactively prepared.

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## WEBSITES OF ART THERAPY ASSOCIATIONS AND CREDENTIALING AUTHORITIES WITH ETHICS

American Art Therapy Association (AATA): [www.arttherapy.org](http://www.arttherapy.org)

Australian, New Zealand and Asian Creative Arts Therapies Association (ANZACATA): [www.anzacata.org](http://www.anzacata.org)

Art Therapists' Association Singapore (ATAS): [www.atas.org.sg](http://www.atas.org.sg)

Art Therapy Credentials Board (ATCB): [www.atcb.org](http://www.atcb.org)

British Association of Art Therapists (BAAT): [www.baart.org](http://www.baart.org)

Health and Care Professions Council (HCPC): [www.hcpc-uk.org](http://www.hcpc-uk.org)