A Practitioner Survey of Interactive Drawing Therapy as Used in New Zealand

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Abstract

This study comprises an anonymous survey of 235 practitioners of Interactive Drawing Therapy (IDT) in New Zealand. Most respondents had only completed the Foundation Course, and reported practising IDT with reasonable confidence and success in a limited proportion of their work. IDT was considered useful across a range of clients (especially children and adolescents) and presenting problems, in getting to core issues and empowering clients to establish goals for change – particularly when used by practitioners skilled in its use and able to manage client resistance. IDT was seen as compatible with a wide range of other modalities.

Introduction and literature background

This article is a companion to the theoretical rationale of Interactive Drawing Therapy (IDT) provided by Russell Withers in the opening article in this Special Section of the *Journal*. From his background in architecture and counselling in New Zealand since the early 1990s, Withers created and developed IDT, used it in his professional practice, and has taught it to over 4000 helping professionals. IDT comprises a 'page-based method of interacting directly with the unconscious in a way that produces insight and psychological resourcefulness, and a detailed model of a process for achieving therapeutic change' (Withers, 2006). In terms of personality theory, IDT draws strongly on analytical psychotherapy (Douglas, 1995), and incorporates the conscious and unconscious, Jungian archetypes (Jung, 1952), the core self, processes of introjection and projection, transitional objects (Winnicott, 1965), and the relationship between left-brain and right-brain functioning (Corballis, 1991). In terms of the process of counselling, the IDT practitioner uses a blank piece of paper to invite the client to draw or write whatever is under consideration. Through a process of association and the use of metaphor, the practitioner accesses the unconscious and core material, inviting the client to explore, understand and integrate him/herself (Withers, 2006).

While both the conceptual and therapeutic paradigms of IDT have been developed over the past 15 years, they have not as yet been subjected to experimental analysis and critique. This survey sets out to initiate the process of assessing the role and usefulness of IDT through a survey of helping professionals who have attended IDT training programmes. The survey investigates practitioners' demographic and training background, and their use of IDT in professional practice – with particular attention to their level of confidence in the use of IDT, the extent of their actual use of IDT, the nature of the clientele and issues to which IDT is applied, the usefulness of various IDT processes, and the compatibility of IDT with other therapy modalities. Apart from providing a baseline overview of current IDT usage, it is hoped that the study will highlight IDT training priorities, and provide foci for research – as illustrated in the article on metaphor in this *Journal* issue (Stone & Everts, 2006).

Methodology

This study represents a collaborative effort between Russell Withers from IDT and Hans Everts from the University of Auckland, with administrative and data analysis help from Sarah Withers. The survey was supported by a grant (#3604421/9215) from the University of Auckland Staff Research Fund, and approved by the University's Human Participants Ethics Committee.

A total of 1200 anonymous surveys were sent in late 2004 to all helping professionals who had attended IDT courses since the mid-1990s and for whom mailing addresses were available. Those surveyed would have completed one or more of five IDT courses: the introductory Units 1 and 2, which make up the four-day Foundation Course; the subsequent ten-day Advanced Course, the occasional one-day Professional Development Courses, and the Supervision Evenings. People surveyed were asked, mostly by open-ended question, about a range of issues: their professional and IDT training; and their use of IDT in terms of their level of confidence (by Likert scale), frequency of IDT use, situations and ways of usage that were considered useful, compatibility with other modalities, and contribution to successful outcomes in therapy (by Likert scale).

The questionnaire was run through a pilot study, and a schema developed and tested whereby qualitative questions could be scored using a variant of grounded theory (McLeod, 2003), in which answers were grouped logically and in mutually exclusive categories. Data analysis was conducted using a computer-based SPSS programme. For most items, scores are given for the total group (T), as well as for two subgroups which differed in terms of the level of IDT training obtained: those who had completed both units of the Foundation Course, referred to as (FC), and those

who had undergone the additional, more in-depth Advanced Course (AC). This allowed an analysis of results according to level of sophistication in the use of IDT. Because of the small numbers involved in the Professional Development and Supervision courses, they were not separated out for systematic analysis. Occasional quotes from respondents are included to illustrate points made.

Results

Demographic characteristics

A total of 235 people returned survey questionnaires, representing 20% of the total number of potential respondents. Sixty-four percent of all respondents fall within the 40- to 59-year age-group, 20% are over 60, and 14% are under 40. The gender balance of respondents is overwhelmingly in favour of women (88%). In terms of general academic background, respondents vary greatly. For both those with Foundation-level (FC) and Advanced-level (AC) IDT training, some 60% of respondents give informal or diploma-level qualifications as the highest they have achieved, while 21% have postgraduate qualifications, including doctorates. In terms of IDT training, 72% of respondents have completed the full Foundation Course (FC), while a relatively small number of respondents have completed any one of the follow-on courses, including the Advanced Course (AC) itself (19% of the total sample), 30 for the Professional Development Course (13%), and 20 for the Supervision Workshop (9%). The vast proportion had done so in the three years preceding the survey, though some 20% had completed their first IDT course more than six years prior to the survey.

Confidence level and use of IDT in practice

Respondents were asked to rate their level of confidence in using IDT within their current professional work (Q.5). Within the total group of respondents (T), 61% regard themselves as being reasonably confident or very confident, while 19% regard themselves as having limited or no confidence in their use of IDT (Table 1). When comparing the Foundation (FC) and Advanced (AC) training groups, there is a similar pattern in terms of level of confidence in that both tend towards being more confident. However, respondents in the Advanced group are far more likely to be reasonably confident (56% of the AC group versus 46% of the FC group), and even more likely to be highly confident (34% versus 13%).

Respondents were asked about the percentage of cases in which they use IDT (Q.6). About half (51%) of the total group respondents (T) use IDT in less than 40% of their cases, while about a third (32%) use it in 60% or more of their cases. It is here that

there is a considerable difference between the Foundation (FC) and Advanced (AC) groups. More than half in the Foundation group (55%) tend to use IDT in a minority (40% or less) of their cases, and nearly one-third (30% of the group) use it in very few (less than 20%) of their cases. Towards the other end, 29% of the Foundation group use IDT in most (60% or more) of their cases, with 13% using it in nearly all (80–100%) of their cases. By contrast, almost two-thirds (63%) of the Advanced group use IDT in most (60% or more) of their cases, with nearly half (41%) of them using it in nearly all (80–100%) of their cases.

In similar vein, respondents were asked about the percentage of sessions in which they use IDT for any one case (Q.7). Almost half (45%) of the total sample (T) report using IDT in a minority (up to 40%) of their sessions, while a third (33%) use it in most (60% or more) sessions. As above, there is a marked difference in pattern of usage between the Foundation (FC) and Advanced (AC) groups. Nearly half (47%) of respondents in the Foundation (FC) group use IDT in a minority (less than 40%) of their sessions, with a quarter (25%) of the group using it very infrequently (less than 20% of their sessions). Less than a third of the Foundation group (29%) use IDT in most (60% or more) of their sessions, and 13% of them use it in nearly all (80–110%) of their sessions. By contrast, very few (11%) of respondents in the Advanced group (AC) use IDT in a minority (less than 40%) of their sessions, with only 3% using it infrequently (less than 20% of their sessions). On the other hand, the majority (58%) of them use it in most (60% or more) of their sessions, and more than a third (37%) use it nearly all (80–100%) of the time.

Respondents were asked to rate the extent to which they felt IDT had contributed to successful outcomes in their professional practice (Q.15). The group of respondents as a whole (T) considers that, where used, IDT has made a clearly positive contribution to successful outcomes in their therapeutic work – with 48% rating its contribution as 'great', and a further 31% considering its contribution 'reasonable'. When comparing the Foundation (FC) and Advanced (AC) groups, their pattern of response is similar, except that the latter rated its contribution higher than the former (100% versus 82% for 'reasonable' or 'great').

Usefulness of IDT with different types of client

Respondents were asked to describe situations in which they found IDT useful and ones in which it was not useful (Qs. 9 and 10). Some of their answers concern types of client; these are summarised in Table 2. Some concern the issues which clients bring to counselling; these are summarised in Table 3. In terms of the type of clients for which IDT is seen as useful, children and adolescents account for more than half

Table 1: Counsellor confidence in and use of IDT in practice

Confident with IDT	Very confident	Reasonably	Okay	Limited	Not at all	Total replies	No reply
Number of respondents	T 39 (17%)	101 (44%)	47 (20%)	42 (18%)	3 (1%)	232	2
	FC 16 (13%)	56 (46%)	31 (26%)	16 (13%)	2 (2%)	121	1
	AC 14 (34%)	23 (56%)	3 (7%)	1 (2%)	0	41	2
% of cases using IDT	80–100%	60–79%	40–59%	20–39%	0–19%	Total replies	No reply
Number of respondents	T 38 (18%)	31 (14%)	37 (17%)	46 (21%)	66 (30%)	218	17
	FC 15 (13%)	18 (16%)	18 (16%)	29 (25%)	35 (30%)	115	7
	AC 17 (41%)	9 (22%)	10 (24%)	2 (5%)	3 (7%)	41	2
% of sessions using IDT	80–100%	60–79%	40–59%	20–39%	0–19%	Total replies	No reply
Number of respondents	T 42 (21%)	25 (12%)	44 (22%)	45 (22%)	46 (23%)	202	33
	FC 21 (20%)	10 (9%)	25 (23%)	24 (22%)	27 (25%)	107	15
	AC 14 (37%)	8 (21%)	12 (32%)	3 (8%)	1 (3%)	38	5
Contribution	Greatly	Reasonably	Somewhat	Little	Nothing	Total replies	No reply
Number of respondents	T 105 (48%)	69 (31%)	30 (14%)	12 (5%)	4 (2%)	220	15
	FC 52 (46%)	41 (36%)	14 (12%)	5 (4%)	1 (1%)	113	9
	AC 31 (76%)	10 (24%)	0	0	0	41	2

(52%) of responses given by the group as a whole (T). Groups and adults account for a further 23% of responses. A wide range of other types of client are mentioned (women, couples, Maori, ones with religious affiliations, men, disabled, and migrants), but no one type features prominently. This same pattern of responses is echoed in both the Foundation (FC) and the Advanced (AC) groups. The latter rate IDT as also useful with couples, more so than the former, but the number of responses on which this rating is based is small.

Respondents say much less about client types for whom they do not find IDT useful, and the findings should be seen as highly tentative. Both the group as a whole and the two subgroups cited some difficulty in using IDT with a range of client types, with couples somewhat more prominent than others.

Usefulness of IDT for different types of issue

As with different types of client, it is noteworthy that respondents cite a wide range of issues for which they have found IDT useful (Table 3). For the group as a whole (T),

Table 2: Client types for which IDT is either useful or not useful

Client useful	Child Adol	Adult	Group	Couple	Maori	Migrant	Men	Women	Disabled	Religious	Total reply
No. of Rs	T 85	14	24	7	6	1	6	8	4	6	161
	(52%)	(9%)	(14%)	(4%)	(4%)	(1%)	(4%)	(5%)	(3%)	(4%)	
	FC 36	5	10	1	2	1	5	4	2	2	68
	(53%)	(7%)	(15%)	(1%)	(3%)	(1%)	(7%)	(6%)	(3%)	(3%)	
	AC 13	3	5	5	1	0	0	2	1	3	33
	(40%)	(9%)	(15%)	(15%)	(3%)			(6%)	(3%)	(9%)	

Client: not useful	Child Adol	Adult	Group	Couple	Maori	Migrant	Men	Women	Disabled	Relig.	Elder	Total reply
No. of Rs	T 3	2	3	7	0	0	5	2	2	0	5	29
	(10%)	(7%)	(10%)	(25%)			(17%)	(7%)	(7%)		(17%)	
	FC 3	2	2	2	0	0	2	1	0	0	0	12
	(24%)	(17%)	(17%)	(17%)			(17%)	(8%)				
	AC 0	0	1	3	0	0	1	0	1	0	1	7
			(14%)	(44%)			(14%)		(14%)		(14%	

stress is most prominent, with personal development, grief and professional development also strongly noted. Spirituality, abuse and depression are noted less often, while anger and relationships receive some mention. The number of responses for the Advanced (AC) group is too small to allow definitive comparisons between the subgroups, but the pattern of responses is roughly similar for both. If anything, stress and personal development rate more prominently in the Foundation group, while professional development and abuse rate more prominently in the Advanced group.

Respondents have rather more to say about issues for which they do not find IDT useful than they do about clients for whom they do not find IDT useful. The group as a whole (T) regard stress as the most tricky issue, to about the same degree as they rate it positively. Crisis situations and, to a lesser extent, alcohol and drug issues are also prominent as ones where IDT is not found useful – neither of the latter feature at all among issues where respondents have found IDT useful. All the other mentioned issues present some difficulty to at least some of the respondents. The low level of

Table 3: Issues for which IDT is either useful or not useful

Issues: useful	Stress	Depr	Grief	Anger	Abuse	Relat	Pers devel	Prof devel	Spirit	Crisis	A+D	Total reply
No. of Rs	T 40	13	24	9	14	6	28	20	15	0	0	169
	(24%)	(8%)	(14%)	(5%)	(8%)	(4%)	(17%)	(12%)	(8%)			
	FC 24	7	14	5	5	15	24	13	10	0	0	117
	(21%)	(6%)	(12%)	(4%)	(4%)	(13%)	(21%)	(11%)	(8%)			
	AC 5	1	4	0	5	5	2	6	2	0	0	30
	(17%)	(3%)	(13%)		(16%)	(16%)	(7%)	(21%)	(7%)			
Issues: not useful	**Stress**	**Depr**	**Grief**	**Anger**	**Abuse**	**Relat**	**Pers devel**	**Prof devel**	**Spirit**	**Crisis**	**A+D**	**Total Reply**
No. of Rs	T 25	8	1	4	3	6	3	4	6	23	12	95
	(27%)	(8%)	(1%)	(4%)	(3%)	(6%)	(3%)	(4%)	(6%)	(25%)	(13%)	
	FC 9	5	1	2	1	3	2	3	3	10	7	46
	(19%)	(11%)	(2%)	(4%)	(2%)	(7%)	(4%)	(7%)	(7%)	(22%)	(15%)	
	AC 10	2	0	0	0	1	0	0	2	9	0	24
	(42%)	(8%)				(4%)			(8%)	(38%)		

responses from the Advanced group does not permit definitive comparison between the subgroups. However, it is noteworthy that the Advanced group has a smaller range of issues where they find IDT not useful than the Foundation group, and they find IDT comparatively less useful with stress and crisis issues than the Foundation group.

Usefulness of IDT in terms of the processes or ways in which it is used

Respondents were asked to list ways in which they used IDT that they found particularly useful (Q.10) and not useful (Q.11). This information has been summarised in Table 4. The group as a whole (T) lists a wide range and large number of processes for which they find IDT particularly useful. Particularly useful are the visual nature of IDT, and the way in which it enables access to the inner and affective world of the client. To a somewhat lesser extent, respondents value its ability to provide insight (wisdom, integration, clarity) and its general helpfulness to the counsellor. It also contributes to engaging clients, unblocking stuckness or conflict, getting a sense of

Table 4: Therapeutic processes where IDT is either useful or not useful

Process: useful	Visual	Engage	Access	Unblock	Insight	Direction	Empower	Healing	Helps counlr	Total replies
No. of Rs	T 149	27	128	46	97	50	50	15	69	631
	(25%)	(4%)	(20%)	(7%)	(15%)	(8%)	(8%)	(2%)	(11%)	
	FC 75	15	65	28	52	31	23	1	25	315
	(23%)	(5%)	(21%)	(9%)	(17%)	(10%)	(7%)	(0%)	(8%)	
	AC 30	8	33	7	21	9	15	2	22	147
	(20%)	(5%)	(22%)	(5%)	(15%)	(6%)	(10%)	(1%)	(16%)	

Process: not useful	Resists drawing	Resists counsg	Counsellr skill lack	Client ability	Art distracts	Never not useful	Aspects of IDT process	Total replies
No. of Rs	T 88	37	108	8	2	46	12	301
	(29%)	(12%)	(36%)	(3%)	(1%)	(15%)	(4%)	
	FC 44	18	58	4	1	30	5	160
	(27%)	(11%)	(37%)	(2%)	(1%)	(19%)	(3%)	
	AC 22	5	22	3	1	10	1	64
	(34%)	(8%)	(34%)	(5%)	(2%)	(15%)	(2%)	

direction and purpose, enhancing client empowerment and self-esteem, and fostering general healing or growth. In looking at the pattern of responses from the Foundation (FC) and Advanced (AC) groups, the former list on average 2.6 aspects of process which they find useful and the latter list on average 3.4 such aspects. The pattern of responses across the two subgroups is rather similar.

There are a number of processes in IDT, or ways in which they use IDT, that respondents do not find useful, and there are a fair number of comments given – though far fewer than the positive comments made. For the group as a whole (T), the most common problem mentioned (36% of responses) involves respondents' own lack of skill, followed by client preference for talking rather than drawing (29%) and a general resistance to counselling (12%). Of a minor nature are non-specified aspects of the IDT process, client ability, and clients being distracted by the act of drawing. It is noteworthy that 15% of responses state that there is nothing about the IDT process that respondents find non-useful. Both Advanced (AC) and Foundation groups (FC) are in general agreement in their pattern of response to this question.

Other modalities with which IDT mixes well or does not mix

Respondents were asked to list other counselling modalities with which they found that IDT did or did not mix well (Qs. 13 and 14). They listed a wide range of such modalities (Table 5), with far more reference to instances of good rather than bad mix. By contrast with the previous question regarding aspects of process, respondents were more sparing in their comments and provided less than an average of one comment per respondent. Among the best-matching modalities cited by the whole group (T) are CBT (Cognitive Behaviour Therapy, 22% of responses), Gestalt/TA and Narrative Therapy (each 19%), Creative and Client-centred Therapy (each 13%), and Psychotherapy (10%). Cultural (including Maori), Psycho-educational, and Relationship Therapies received minor mention, and Spiritual Direction received none. The broad patterns of response given by the Foundation (FC) and Advanced (AC) groups vary little, except that the former rate the mix with CBT higher.

The rate of response to the question regarding bad mixes with IDT is very low for all groups. The single most striking comment from most (data for the Foundation group was not available) is that IDT mixes well with all modalities. It is also noteworthy that CBT is rated as the modality which is the best as well as the worst mix for IDT, and that Psychotherapy is the only other modality rated strongly as a poor mix for IDT.

Table 5: Modalities with which IDT either mixes well or does not mix well

Mods: good mix	Creativ	Client-centred	Gestalt TA	Narrat	CBT	Relats	Psych	Psych-educ	Cultur	Spirit		Total reply
	T 23	23	35	35	39	1	18	2	5	0		181
	(13%)	(13%)	(19%)	(19%)	(22%)	(0%)	(10%)	(1%)	(3%)			
No. of Rs.	FC 13	16	22	23	30	1	11	0	5	0		121
	(11%)	(13%)	(18%)	(19%)	(25%)	(1%)	(9%)		(4%)			
	AC 10	7	13	12	9	0	7	2	0	0		60
	(17%)	(12%)	(22%)	(20%)	(14%)		(12%)	(3%)				
Mods: bad mix	**Creativ**	**Client centrd**	**Gestalt TA**	**Narrat**	**CBT**	**Relats**	**Psych**	**Psych-educ**	**Cultur**	**Spirit**	**All mix**	**Total reply**
	T 0	1	3	3	6	3	6	1	0	0	23	
No. of Rs	FC 0	1	3	3	4	1	3	1	0	0	NA	
	AC 0	0	0	0	2	2	3	0	0	0	6	

Discussion of results

Provisos associated with the results of this survey

The findings of this survey are limited by a number of important considerations. In the first place, they are based only on comments by IDT practitioners. Thus, these findings cannot say anything definitive about the experience of IDT clients, and there is no way of verifying the extent to which respondent comments are matched by actual results 'out there'. While practitioner comment is valid, it must be confirmed from these other perspectives before firm confidence can be placed on the findings of this survey. Secondly, the low response rate, while not uncommon in large-scale retrospective postal surveys of this kind, is disappointing and indicates that any surmises made from our findings cannot be assumed to hold true for all those who have attended IDT training over time. With these provisos, the following discussion points are made.

The relationship between generic professional training and IDT

It is clear that IDT as a modality appeals to a wide range of helping professionals – to those with limited prior academic and professional training (many) as well as to those already highly trained (some); to ones recently qualified (many) as well as those with considerable practical experience (some). For all of them, the Foundation Courses provide an introduction and sampler. The fact that there is a dramatic fall-off in those who continue onto the Advanced Courses, however, raises questions which our findings do not readily answer. Is IDT only of marginal relevance to most helping professionals or to most client issues? The positive tenor of findings from this survey does not suggest so. Does this say something about the way in which advanced IDT training is presented that diminishes its attractiveness as a prospective specialisation – in terms of training content, time, cost or presentation? Further and more specific research is needed to answer this question, but it obviously raises this issue as a training challenge for IDT.

Counsellor confidence and IDT usage

The results of this survey indicate that many respondents have had an introductory level of training in IDT, and report using it with reasonable confidence in a limited proportion of their work. Where they have used it, they consider that IDT has made a significant contribution to the successful outcome of therapy. While these results may be regarded as promising, they are also modest and must be treated with caution – especially when taking into account the large number of people who did not reply to the survey. As posited by Withers (2006), IDT has the capacity to contribute significantly to therapeutic effectiveness, especially when used in a thoughtful and flexible

manner. For that to occur, it would appear that more than Foundation training is required. As one respondent noted:

> *I realise it is a powerful tool. I would hate to use it through ignorance – I tend to be a bit tentative.*

This calls for careful consideration of what the Foundation Courses can and should aim to achieve – so that trainees are not disappointed by apparently modest learnings, or emboldened to try to achieve greater therapeutic change than is safe and reasonable to expect on the basis of limited training. It also reinforces the above call for a careful consideration of how the Advanced training programme can best follow through from the Foundation training, and be provided for those helping professionals and those clients where IDT as a specialist modality is likely to have the greatest impact – issues that are explored further below.

Usefulness of IDT for different types of client and issue

IDT has been reported as particularly useful with children and adolescents, and to a lesser extent in group work. This may be a reflection of the way in which IDT is presented, or perhaps the aims of many people who seek training in IDT:

> *I work as an RTLB. I am not a counsellor. However, I have found this process to be extremely useful in my work with troubled children.*

Either way, it certainly confirms that these are areas of application which warrant highlighting in training, perhaps in more generic form at Foundation level, and as areas of specific applied focus at Advanced level. Beyond that, IDT has been noted as useful with quite a wide range of client types. While this is potentially promising in terms of the range of clients for which IDT is applicable, the fact that such references are infrequent indicates that hard data is required to confirm that such applicability is true. IDT practitioners working with, for example, women, couples or Maori can easily be invited to record and submit evidence in support of IDT's relevance:

> *I counsel a lot of Maori women and find pictures a very good model as generally they are very visual.*

Such evidence can then also be used with confidence at both Foundation and Advanced levels of IDT training. While the way in which such applications are put into action in an integrated manner has not been explored in this survey, it is clear that a combination of training and supervision experiences is necessary to ensure that effective change takes place in an ethical manner. It is here that more specific research

is needed to test and validate the findings of this survey – using focal case studies, and seeking systematic and objective client feedback. The present survey findings provide a good basis on which to plan such investigations.

A similar pattern of responses is found in relation to the types of issue for which respondents consider IDT to be useful. It is noteworthy that IDT is perceived as relevant for very different types of issue, ranging from very general ones like stress and personal development through specific ones like grief, depression and sexual abuse, to the actual professional development of respondents. In the responses, emphasis is also placed on both the treatment of problematic issues and the pursuit of wellness:

> *Clients who have experienced sexual abuse in childhood relate well to visual expression in drawings.*
> *IDT has continued to be an amazing help in my own personal journey.*

Between them, those respondents who chose to complete the survey suggest that IDT has very wide relevance as a modality. The fact that respondents noted far fewer issues for which they considered IDT not to be useful supports that suggestion. However, a caution must be sounded here. Firstly, survey respondents typically give far more positive that negative responses, especially when they are enthusiasts who have taken the trouble to complete the questionnaire. In addition, the fact that two of the issues (stress and depression) are rated as both useful and not useful issues of application by respondents again highlights that the relevance of IDT depends on both conceptual relevance and on sufficient and sound training. This is especially true when dealing with a rather amorphous issue like stress, or a potentially dangerous one like depression. The answer to this issue lies beyond this survey. While the Foundation Course clearly provides many helping professionals with an understanding of and enthusiasm for IDT, translating understanding and enthusiasm into confident and competent professional practice requires sufficient and sound training. This survey thus provides a good basis for the next research challenge – if IDT is useful for a range of specific and important issues, as indicated by our respondents, it is now necessary to provide the evidence to support such claims (from both clients and counsellors), and ascertain what training it takes to be successful.

The usefulness of IDT in relation to aspects of the counselling process

IDT is clearly seen by respondents as useful in facilitating different aspects of the counselling process. Its visual nature is an obvious asset to clients:

> *I work with youngsters who are inarticulate or who have experienced such trauma that words cannot explain it. This is where IDT works well.*

Awareness gained through IDT seems to get imprinted on the mind more permanently. Somehow clients seem to remember pictures better than words.

As Withers (2006) suggests, this enriches the ways in which clients experience the therapeutic process and, for some, provides a powerful alternative when talking is difficult. As such, IDT is also seen as a modality that is helpful for the counsellor in terms of facilitating change through most phases of the counselling process (Egan, 2002). It helps in accessing and getting insight into issues which clients bring, in unblocking clients who are stuck, in clarifying change goals, and in generally empowering clients. Thus IDT connects more with the inward phase of the counselling process, with emphasis on the symbolic and less conscious inner experiences of the client (Withers, 2006):

IDT effectively accesses the subconscious without the long-term work of psychotherapy.

By contrast, it connects less with the outward or behaviour-change phase of the counselling process. The lack of respondent comments on behaviour management strategies bears this out.

It is significant that respondents report that IDT does not work well when the counsellor lacks skilfulness in its use, when clients want to talk, or when clients are resistant to drawing or to counselling in general:

[IDT is] not useful when a person just needs to talk and be heard by someone.
IDT is not useful when I give a drawing cue which is from a different stage in the process to where the client is at – when I get in the way of the client's process.

Thus IDT should not be seen as an easy tool or an automatic guarantee of success – a point that once again relates to the issue of the level and depth of training. In order to be effective in using IDT to facilitate various phases of counselling process, counsellors need to be well-trained (and presumably well-supervised) in its use:

It requires rigorous attendance by the client to their own processes. It has engaged my creativity as never before.
I used IDT when I'd first done the [Foundation] course but don't use it at all now. I think this is because I have no supervision in it.

This is particularly true, according to respondents, when the counsellor runs into client resistance. Having a non-verbal means of self-expression, especially one that lends itself to symbolic expression, may encourage client creativity (Withers, 2006) but does not dissolve resistance; rather, resistance and ways of working with it are a

necessary part of such counselling. Thus, the use of IDT increases expectations of the counsellor – to work skilfully, sensitively and flexibly across the modalities clients use to express themselves. Again, noting that respondents regard IDT as useful in facilitating various challenging aspects of the counselling process, it behoves us as researchers to provide documentary evidence on how this occurs, and client feedback to indicate that this is effective in helping them change their lives.

The compatibility of IDT with other counselling modalities or perspectives

IDT is seen to be compatible with a wide range of counselling approaches. This is true of approaches that are quite different in their underlying philosophy, like CBT, Narrative Therapy, Gestalt/TA, Person-centred Counselling, and various creative therapies. This highlights the essential nature of IDT as a modality, rather than a distinctive philosophy or theory of counselling. It is an affirmation that respondents consider IDT to be a modality which augments what different counselling theories, together with their attendant strategies, are able to offer:

> *I believe, however, that its effective use requires that practitioners are already well qualified in a number of modalities, as each 'stage' required specific skills, which are not taught in the IDT training course.*

Explicitly and implicitly, Russell Withers' article (2006) illustrates this. Because drawing as a medium lends itself to the use of symbols and metaphor (Stone & Everts, 2006), Withers has drawn strongly on Psychodynamic (especially Jungian) and TA theory to address them. At the same time, his emphasis on the quality of the therapeutic relationship in facilitating the counselling process highlights the compatibility between IDT and Humanistic theory. IDT's emphasis on self-actualisation, and allowing the client's story to evolve, links IDT with Narrative and Gestalt therapy, and with cultural counselling:

> *IDT moves things along and allows clients to find wise solutions from their own knowledge which is hugely empowering.*

With personalised self-exploration and cognitive goal-setting as an empowering process, the basis is laid for effective behaviour change and its reinforcement. However, IDT focuses more on intrapersonal dynamics than on a behavioural learning paradigm and contingency management. This may account for the struggle some respondents have with mixing IDT and CBT. If all these connections are relevant, it is necessary for IDT to have a well-reasoned eclectic or integrative framework. According to Withers (2006), this is true in IDT as he conceptualises it.

However, it is one thing to assert that such compatibilities exist. To articulate in some detail how they operate requires detailed consideration, both at the level of theoretical constructions and in terms of practical application. While both Withers (2006) and the present survey provide positive indications on that issue, further evidence is required – either in the form of critically evaluated case studies, or specific research projects in which objective case data is augmented by comments from both counsellors and clients. Along with such investigation, it is necessary to ascertain how the match between IDT and different counselling theories is expounded in the Foundation courses, so that an appropriate understanding ensues. On the basis of that, it is important to see how that understanding is translated into effective action in the Advanced courses – so that training processes match professional practice.

Conclusions

All findings need to be treated with caution on account of the low level of survey returns. However, the results obtained indicate that up until now IDT has been taken on mainly by older helping professionals, especially women, with undergraduate qualifications completed within the last several years. A large preponderance of respondents completed only the four-day Foundation Course. With that proviso, most use IDT with reasonable confidence and success, in a limited proportion of their work. While IDT is found useful with a wide range of client types, it is seen as especially useful with children and adolescents. IDT is seen to be useful for a wide range of presenting issues, in getting to the heart of client concerns, and in helping empower them to set new goals – particularly when practitioners are sufficiently skilled in its use, and able to deal with client resistances. Both of these factors highlight that intending practitioners should undertake more advanced training, as currently provided. IDT is seen as compatible with a wide range of approaches to counselling.

The results of this survey indicate that a range of issues warrant further exploration, with emphasis on developing the rationale and specific applications of IDT, and the ways in which training is sequenced and integrated. Some of these issues are addressed in the other two articles presented in this issue of the *Journal.* Others await the knowledgeable practitioner or the discerning researcher.

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