

## President's Report

by Debora Broadhurst

The June 19 & 20, 2004

AGM was a great success. Thank you to all the members that attended and the volunteers who contributed their time and energy. Total attendance was 34 people over the weekend, including non-BCATA members. Presentations by Bruce Tobin and Gabor Maté were both inspiring and enjoyable. Financially we fared well, with a loss of less than \$50.00.

We accepted nominations and voted into the executive Lesley (Holm) Bruun as Recording Secretary, and Rebecca Christofferson as Corresponding Secretary.

Following the AGM we welcomed Angelica Djamtork as Registration Chair and Bruce Tobin as Ethics Chair. We are currently seeking a volunteer to chair the Professional Development committee, as well as student representatives from VATI, KATI and BCSAT.

On June 25 we assembled a team of volunteers to service a booth at the Trauma Conference in Vancouver. Seven members volunteered to educate attendees and answer questions about Art Therapy. 24 people signed up to receive notice of BCATA workshops and information.

## Building Community Organizations Initiative

In early September, BCATA's application to the BC Organization Development Network (BCODN) was accepted and we were chosen as a non-profit project. Every year they undertake free organizational development projects with non-profits to work on organizational issues. They will be assisting us to develop a strategic plan and strengthen board capacity.

To learn more about BCODN please visit: <http://www.bcodn.org> For more information about the BCO Initiative click on the "Business & Community" tab.



Visit  
BCATA's website:  
[www.arttherapy.bc.ca](http://www.arttherapy.bc.ca)

## Contact Us

### Mailing Address

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### Phone

(604) 878-6393



## Inside

|   |      |
|---|------|
| BCATA Executive.....                            | 2    |
| Mailing Addresses.....                          | 2    |
| Registration Information.....                   | 2    |
| Insurance Information.....                      | 2    |
| Annual General Meeting: Review and Summary      |      |
| Dr. Bruce Tobin.....                            | 3-4  |
| Discussion Groups.....                          | 4-5  |
| Dr. Gabor Maté.....                             | 6-8  |
| Proposed College of Counselling Therapists..... | 9    |
| Upcoming Workshops.....                         | 9-10 |
| Website Directory.....                          | 10   |

## BCATA Executive Members

### Elected

#### President

Debora Broadhurst  
BA, DVATI (until June 2005)  
(604) 899-4226

#### Vice President

Liina MacPherson  
MA, RCC (until June 2005)  
(604) 987-7212

#### Recording Secretary

Lesley (Holm) Bruun  
BA, DVATI (until June 2006)

#### Corresponding Secretary

Rebecca Christofferson  
BFA, DVATI (until June 2006)  
*info@arttherapy.bc.ca*

#### Membership

Michelle Gilligan  
BA (Hon.) MA (until June 2005)  
(778) 386-6633

#### Registration

Angelica Djamtorki  
BFA, RCAT, BCATR (until June 2005)  
(604) 988-6975

#### Treasurer

Joyce Chong  
BA, ECE, DVATI (until June 2005)

#### Ethics

Dr. Bruce Tobin  
Ph.D., ATR, RCC (until June 2006)  
250-652-6425

### Appointed

#### Professional Development Committee

Shawna Paul  
Kathleen Lightman  
Nicole Miller (registration)  
\*We need another volunteer willing to lead this committee

#### Membership Committee

Cori Devlin

#### Newsletter Editor

Tessa MacKinnon  
*newsletter@arttherapy.bc.ca*

#### Administration/Webmaster/

#### Bookkeeper

Merle Miedzygorski

#### Task Force for College of Counselling Therapist

Kay Collis  
Michelle Oucharek-Deo

#### Supervision Consultant

Colleen Gold

#### Adler Student Rep

Carrie George

#### BCSAT Student Rep

Vacant - if you are interested in this position, please contact us

#### KATI Student Rep

Vacant - if you are interested in this position, please contact us

#### VATI Student Rep

Vacant - if you are interested in this position, please contact us

### Insurance Information

Professional and Registered Professional Members of BCATA are eligible to purchase professional liability insurance through the Mitchell & Abbott Group.

The insurance year runs parallel to our membership year (May 1 - April 30), with premiums ranging from \$340 - \$565 per year, depending on the level of coverage.

These amounts are pro-rated if you happen to purchase your insurance after the beginning of the year.

For more information, please contact Brad Ackles at Mitchell & Abbott Group:  
*backles@mitchellabbottgrp.com*,  
or call toll-free 1-800-461-9462

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### Membership Registration Deadlines

Please note that the deadlines to submit applications for registration to obtain BCATR status are:

January 30

May 30

September 30

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### Newsletter Submissions

If you are interested in submitting an item to the newsletter, please send as a word attachment or in the body of an email to:

*newsletter@arttherapy.bc.ca*

We welcome articles on summaries of workshops, speakers, book reviews, etc.

Articles must be no longer than 1000 words maximum, and may be edited for length and content.

## Annual General Meeting: Review and Summary

June 19 &amp; 20, 2004

## Dr. Bruce Tobin:

**Where have we come from and where are we going?***By Sophie Brunet, BFA, DVATI*

This year's BCATA Annual General Meeting followed a discussion stimulated by guest presenter Dr. Bruce Tobin, an art therapist, workshop facilitator, and the first Vice President of the BCATA exactly twenty-five years ago. He is presently working as an art therapist for individuals and couples, is a senior counselor and art therapist for several middle schools for children with behavioral difficulties, works with the First Nations, and is a practicing sculptor.

Tobin's passion for art therapy was clear as he shared his personal journey. He considered himself a failed artist, despite being a group therapist for youth when he first stumbled upon an Art Therapy workshop. While he told us his story, he pointed out the paintings lining the wall behind him, paintings that he had produced at that workshop.

This was an experience that changed the course of his life as he realized he had found what was missing. He reflected the audience's passion for the work of art therapy, because we know that it worked for us, and we see how effective it is in our work with our clients.

Tobin relates to art therapy not just as a way to connect with people, but as a way of being in the

world. Art therapy inspires peace, mindfulness, spontaneity, poetry, and myth to our lives and to our clients' lives.

Tobin referred to our role as Art Therapists with the metaphor: "we are climbing a ladder that is sinking under us." He means that while art therapy is slowly making progress in becoming more recognized and effective as a method of treatment, the social forces are working against us. Art (whether art programs or art therapy services) is the first service to be cut in economic down times. How, he asked, will we survive over the next quarter century?

To answer this question, provoke thought, and provide brainstorming material, Tobin introduced four ideas. The first was that we could collaborate with other expressive therapists (eg. dancers, musicians, dramatists, play therapists). Rather than focusing on our differences, we could focus on our com-

monalties and in so doing, embrace the whole spectrum of art. He paralleled this idea to sharing a dialogue with our extended family and having monthly family reunions.

Tobin's second idea was to reach out through the spectrum of psychotherapy. In the last thirty years, there have been many new developments in cognitive behavioral theory and family systems theory. Not only could familiarity with these new developments enrich our palate and enhance our work with our clients, but it would offer an opportunity to share our knowledge. Insurance and funding sources pay first for the more mainstream psychotherapy, which is, according to Tobin, in need of what art therapy has to offer—a connection between the head and the heart and soul.

Tobin's third suggestion was that we enhance our place in "the educational rainbow" by reaching out to the more mainstream education systems and asking them to



## Annual General Meeting: Review and Summary

June 19 &amp; 20, 2004

teach art therapy. He said that because art therapy is an alternative therapy, most of us have studied through private institutions.

Although our qualifications are at the Master's level, the Diploma or ATR does not earn us the recognition we deserve. We are understood within the art therapy world to be competent and professional, but not in the world of social services. Where, he asked, should we choose to position ourselves? Should we remain a misunderstood minority and sacrifice our economic viability, or perhaps students considering a career in art therapy should pursue an MA in counseling psychology with a specialization in art therapy?

Tobin's final thought was that we could take more political initiative. He mentioned Dr. Martin Fisher, an art therapist and teacher who created a connection between the art therapy communities of Toronto and the West Coast. This integration needs to continue; with limited funding in social services, we need to join forces of provincial and national organizations.

Tobin encouraged us to reach out to create professional unity with purpose, and pushed us to envision representing the interests of all creative and expressive therapists, and other psychologists. Through our system of ethics, workshops that benefit all, and embracing inclusiveness, we can have a greater influence in our community and the



world at large.

These ideas provoked and stimulated many ideas and fears. In the discussion, some members expressed the feeling that while an MA is becoming required for recognition, down the line, we'll need a doctorate. Kathleen Collis, introduced by Bruce Tobin as his first teacher and as the mother of art therapy, raised a concern that although students are trained in art therapy, they often aren't given a strong enough base in professional counseling, which is dangerous for them and their clients.

We debated the choice we seem to be facing—doing what we love versus being economically viable. Registering under different organizations was discussed, as well as the need to wear many hats to survive, given the economy. It was suggested that we need to lobby for

funding to open a private clinic through so all professionals can refer clients to our service.

After this discussion, we formed several small groups to identify specific action steps that we could take to provide greater effectiveness and fulfillment in our position as art therapists—both for those seeking work opportunities, and for those with employment.

## Discussion Groups

*Recorded by Rebecca Christofferson*

Following Dr. Bruce Tobin's inspiring speech on the history and future of art therapy as a profession, the participants formed discussion groups. They voiced their hopes and needs in the future of art therapy and action steps. The discussion was broken into five questions (and

## Annual General Meeting: Review and Summary

June 19 &amp; 20, 2004

groups) concerning the Association's role in facilitating improvement in art therapy.

**Question 1: How distinct as a discipline do you want to be from mainstream counseling?**

In this discussion group, it was suggested that if further integration were to happen, art therapy associations would need to outline a set of skills that would differentiate us and promote our essential talents. Some of these skills would include: an understanding of the difference between art therapy and art as therapy; an understanding of the history and philosophies in art therapy; a comfort level with the image as metaphor; and how to incorporate the image into counseling.

The positives to mainstreaming would be a wider range of job opportunities, respect and support from mainstream counseling, and hopefully more acknowledgement and funding from the government. Possible negatives to mainstreaming were that some effective art therapists would be intimidated or lost by the process. Also, the process would take a lot of work, and consequently may only be executed superficially.

**Question 2: How distinct do you want art therapy to be from other expressive therapies?**

This discussion group agreed that the name/title art therapy/art therapist was very important and no one wants to lose the distinction of the name/title. The group felt it was

important to keep distinctions between techniques, understanding of techniques, training, and background. However, there was interest in sharing with an association to foster important networking and connections.

**Question 3: What do you want from your association? To what extent are you getting that?**

First on the list of this group's desires was access to employment information. It was suggested that the association could keep in touch with schools, community service organizations, and corporations who could post jobs on the association's website. Maintaining contact and networking with these organizations would enable the association to educate new organizations and update old organizations on the progress of art therapy as a field. Building bridges between art therapy and other agencies will be important in creating more interest and support.

The group agreed that the association's professional development workshops are appreciated. The one suggestion was to broaden the regions where presenters came from. Everyone was pleased with the access to insurance.

**Question 4: What role does registration play for me? What do I want and need from it?**

Registration is believed to do the following: give us credibility; lends itself as a self-promotional tool; keeps art therapy focused

through discussion and connecting new art therapists to mentors; promotes further growth of clinical skills.

It was suggested that some of the supervision hours be replaced by professional development workshop credits and self-care/therapeutic hours. Clearly the association would have to develop a method for choosing which workshops would be counted. It was also suggested that BCATA professional development workshops could be used towards registration credits. Art therapists may also benefit from a required curriculum for registered art therapists to complete before they could become supervisors. This would raise and maintain the level of supervision in our field.

**Question 5: What is our community capacity? What are our intellectual assets?**

Without question, our first attribute is creativity and our ability to foster it in others. We help people explore how they utilize their tools, and we facilitate adaptation in our clients. We are adept at creating and holding space for client empowerment. We give our clients the opportunity to create a new model of experience, which is very powerful for people who may not have words to express their experience. We are very connected to the power of the image and its connection to the primal self. We are also flexible and have a unique access to practitioner maintenance and self care.

## Gabor Maté, MD: Review and Analysis

by Susanna Ruebsaat MA

*The following is both a review and further analysis of the points offered in Gabor Maté's presentation at the 2004 BCATA Conference from the perspective of Imaginal Psychology, also known as Depth, or Archetypal Psychology. The Imaginal perspective is only one among many, but I believe offers a creative framework from which to view experiences of illness and well-being.*

"Self expression is essential to human life and health. It is the birthright of human beings."

This was Gabor Maté's message at the BCATA conference. Maté urges art therapists to play the important role of helping people give form—artistic expression—to their feelings, helping them to move closer to themselves. Maté goes so far as to say that an art therapist's role should include the need to subvert what doctors do, implying that doctors do not help their patients make the mind-body connection.

Maté explains that many autoimmune disorders are most often seen in patients who meet a certain set of criteria, unconscious traits he believes often cause people to die before their time. His criteria include aspects of caretaking, compulsive attachment to duty and role, and certain characteristics of not



asking for help such as suppression of anger/sadness.

Maté explains how these are risk factors to health. His thesis is that the body is saying no because the conscious mind cannot. I would like to suggest that his criteria above are not in fact the risk factors, but rather mechanisms of defense against what might be too difficult for people to face at a deeper level. Leading us to believe that having these characteristics often causes us to die before our time, too easily

results in thinking that these traits are the 'causes' of illness and death, or even worse, that we are to blame.

The ease with which Maté concludes that the above characteristics lead to illness reflects a cause-and-effect way of thinking about disease processes. I believe this cause-and-effect approach to be somewhat simplistic, and am concerned with it actually leading us away from richer exploration of illness that include more the symbolic engagement of illness that I think Maté ultimately

wants us to embrace.

A cause-and-effect approach to understanding leaves little room for other perspectives in the exploration of disease and increases the risk of creating a victim mentality for the patient, who then logically uses blaming, of self or circumstances, to achieve a false sense of control in an out-of-control situation. Dealing with illness in this manner, I suggest, is a greater risk factor than those cited by Maté, and certainly does not generate a deeper relationship to, and understanding of, the disease process.

However, after covering the initial ground of his theory, Maté offers us this quote of the gospel of Thomas: "That which you shall bring out in yourself will save you," and steers us back to what I believe is his underlying intent—that of having us see our own woundedness. Woundedness as not a prerequisite for victimology, but rather as an opportunity to engage a more mythological dialogue, with our wounding being an initiation to a deeper sense and experience of self—the archetypal self.

This archetypal approach can then incorporate the perspective that an ill child in a family is really telling about the family system, symbolically. It takes the family into their mythological journey, rather than locking the hero/victim into a pathological prison of the personal and social construct of disease, the latter being a contemporary myth in its own right.

Such a mythological approach includes more than the individual, as it sees the interconnectedness of

the various archetypes in relation to each other. The mother archetype does not exist without the child archetype. We see this through the fact that, as Maté tells us, the emotional state of the mother programs the infant's psyche. Maté reminds us that development of the emotional apex needs the right environmental conditions: consistently present mothering, or caregiving, which would be, archetypally speaking, the light aspect of the mother archetype as opposed to the shadow, or dark aspect. Physiologically, endorphins are released in this mothering, and the child is nurtured.

Maté explains that intrinsic memory (having no conscious association to the mothering we did or did not receive) is a more powerful influence on our development than recall. Responding unconsciously to a situation from the past that still holds significance in the present, points to the template of first caregivers. In archetypal psychology, this would be described as the mother complex, the core of which is the mother archetype. In Maté's explanation we can see how when the infant brain interprets the mother's behaviour as rejection, it believes it cannot survive. When this happens, a complex—an autonomous personality split off from the ego—develops in order to protect the totality of the personality.

In this manner, the psyche isolates that part that believes it cannot survive so it does not infect and destroy the whole system. But when 'triggered' by situations similar in pattern to those that the infant brain perceived as rejection, all the fears

of annihilation are ignited and the personality is taken over, at least temporarily, by the autonomous complex.

The individual is then cast into the old story, the original scene, and re-suffers the threat of annihilation. The ego, in the meantime, is not aware of what is going on since the complex has already been split off from it a long time ago. And so the fear and anger the individual is experiencing through that part of the psyche that has returned to the terrifying 'memory,' is then often somatized. It is offered expression through the body without any conscious intent in this process.

Without consciousness, this process transmutes, both symbolically and literally into a civil war at the cellular level. Cells are killing cells in this battle of the autoimmune disorder, sending the organism into chaos and destruction. The result is, as Maté tells us, the immune system turned against self; a system designed to protect us turns against us.

"The immune system is like a brain [that has an] unconscious perception of what is going on," he says. And similar to the complex, an autonomous aspect of the personality, a "brain," can be triggered by external events that provoke it into perceiving danger, sending out killer cells to annihilate the perceived enemy, even though the enemy in this case, is the self.

Anger, says Maté, protects boundaries from space being invaded. And that the role of emotions is to keep out negative forces and invite in positive ones. Following

this line of logic would lead us to the natural conclusion that the emotions then, are the mobilizers of this protective function of the organism, and that "...anaesthetizing is dangerous." However, here we are faced with the dilemma, the catch-22: The problem of getting past, or through the defense mechanisms that came to the rescue of the infant brain in the first place, to protect it against the rejection it perceived as annihilation so long ago. Having since formed itself into an autonomous, split off personality, the complex comes into operation as a stand in for the ego when the personality is confronted with what looks like the original mother and child scenario.

This scenario is too dangerous to face alone, especially at the stage of development the complex was formed at, and the organism instinctively knows this. Maté says, "The choice between attachment to a parent and self-expression becomes disabling and the hidden story of not being worthwhile is then in control [the autonomous complex has taken over]."

Maté urges us as art therapists to help people make their stories conscious by giving form to their feelings. "By itself [expression] does not save you. It must be looked at—become conscious of what is coming out." Maté's comment is apt in its emphasis on bringing into consciousness what the complex holds separate from the ego's knowledge.

We must gain access to that knowledge so that we can integrate it rather than being taken over by it.

If, through the process of our own creativity, we are able to be part of the act of creation, we may be privy to that knowledge within: the information held in the contents of the unconscious being unknowingly enacted through the complex.

Working through this enactment, the complex, including its psychosomatic accoutrements is, according to Jung and his followers, the route to self-actualization and wholeness.

Just as the attire of a person will offer expression to whom they perceive themselves to be, so the somatic symptoms experienced will offer expression to whom the person cannot perceive themselves to be—that fearful, angry, rejected or overwhelmed infant who has no choice, for fear of its own annihilation, to remain attached to the parent and deny the expression of its own vitality.

In the drive to experience unconditional love, the personality ironically denies this love for themselves, denying themselves the authentic expression of their being, and so compromising the health of that very being.

Maté reminds us that compassion is what opens the door to perception. And that through the gateway of our own self-expression—essential to human life and health and the birthright of every human being—we will be able to gently move closer to ourselves. And in this intimate move, coax those frightened, angry, even terrified aspects of self out of their hiding places of disease and illness.



## Proposed College of Counselling Therapists

*Michelle Oucharek-Deo, BFA,  
BCATR, RCAT*

### *Task Force Representative*

In June of 2004 at the AGM, I presented a brief synopsis of what had been happening with the proposed College of Counselling Therapists. During our year of June 2003-June 2004 there was not a lot of forward movement with the establishment. There had been a Governmental Minister change and the paperwork had been tabled until the new Minister was able to dedicate a slot of time to our requests and review of the documents.

In the spring of 2004, the Task Force met and voted to hire Dr. David Cane, who specializes in competency profiling of professions. It was determined that a competency profile of all groups involved had to be completed. This was a crucial step to bring all the associations together and agree upon a general philosophical view of entry into the College. This was necessary, as the government made it clear that they wanted to be dealing with one cohesive group.

During the summer of 2004, we took part in the CP1 (competency profiling). This project brought together members from all the associations participating in the Task Force. The goal of the project was to look at the general competencies of each different counseling profession and create a document that would represent all parties involved. Colleen Gold, was the member who

attended the sessions and she did a superb job representing our interests as Art Therapists.

On September 17, 2004, the Task Force met and were extremely pleased with the document that was presented. A copy of the final Competency Profile was sent on to the government officials involved in the process. They were pleased and impressed that so many groups were able to come together and dedicate time and money to this proposed College and create a clear and concise piece of work.

The next point discussed at the meeting was when we would be able to start phase two of the profiling (CP2). This will be a detailed Competency Profile, taking a maximum of a year to create in its entirety. There is both a large financial and time commitment to completing this process.

The executive has now begun generating some fund raising ideas for this project. On December 17, I will be attending a CP2 planning meeting, as the CP2 process will be going ahead in the 2005.

If anyone wishes to speak to me directly about the proposed College, please do not hesitate to contact me.

In addition, if you would like a more detailed look at the history of the Task Force and the Proposed College, the Clinical Counsellors have a portion of their website dedicated to the College, including all the information that you would need for reference:

*[www.bc-counsellors.org/college.htm](http://www.bc-counsellors.org/college.htm)*

## Upcoming Workshops

### **BCATA Professional Workshop Series Winter 2004/2005**

We are excited to bring you the BCATA Winter Workshop Series for 2004/2005. We hope that you will join us for the following informative and inspirational workshops. They provide a great opportunity to meet with other members, your executive, and individuals from other fields.

#### *Professional Development Committee*

#### **Saturday January 22nd 2005**

#### **Awakening the Creativity of the Child Within: Past Narratives, Future Dreams.**

This workshop will explore images and stories of the child self still present in the psyche of the adult from the perspective of Depth Psychology. Entering the imaginal realm of the child archetype can reveal and activate aspects of the self that hold important links to creativity and healing.

**Susanna Ruebsaat** has done extensive research in the process of image making in the capacities of artist, art therapist and art educator. Her primary focus is the relationship that occurs between image and image-maker through the process of making art and encouraging the development of insight through this relationship.

Her training in art, education, psychology and mythology support her research as well as her direct work with students and clients. Susanna holds a Bachelor of Fine

Arts, Teaching Certificate, Graduate Diploma in Art Therapy, Masters in Art Education and has completed one year of doctoral studies in Depth Psychology and Mythology.

She has written two theses and numerous articles on the primary role of image in the human psyche, and how the process of art making accesses this creative core. Susanna has a private practice as an art therapist in Vancouver.

### Saturday February 19th 2005

#### When The Shoe Fits

This workshop will begin with an introduction to an experiential, bodycentered method of psychotherapy - the Hakomi Method.

Through lecture and experience, participants will engage the principles of the Hakomi Method and its use of a mindfulness based approach to therapy. Following this direct and experiential initiation into the heart of the Hakomi Method, we will explore effective ways to blend the foundations of mindfulness, body awareness, the Hakomi principles, and the art therapy process.

Expect a lively discussion about the challenges involved in learning to blend and adapt new material to established frameworks. The presenters will share personal stories of struggles and discovery. In turn, there will be an open invitation for the larger group to engage in dialogue.

**Heather Dawson** (DVATI) practices in Vancouver as an art therapist and a Hakomi therapist. She trained with Ron Kurtz, the creator of the Hakomi Method and is a member of the Hakomi Educational Network. Heather is also a graduate student in

the Expressive Therapies at the European Graduate School.

#### Registration Information

Participation in these workshops does not qualify participants to represent themselves as art therapy practitioners; nor is it sufficient to qualify practitioners or others to use art therapy as a clinical or therapeutic tool in their treatments clients.

While there are experiential components in many of these workshops, they are meant as examples of applications of art therapy rather than as personal growth or therapeutic experiences.

#### How To Register

To register for upcoming workshops please contact: Nicole Miller  
Email: nicolewmiller@hotmail.com  
Phone: (604) 742 1296

#### Fees

Advance Registration  
(10 days or more prior to event):

Students: \$25.00

Members: \$35.00

Non-members: \$40.00

Registration within 10 days of event  
(including day of):

Students: \$30.00

Members: \$40.00

Non-members: \$45.00

Three or More Workshops  
(payment in advance):

Students: \$60.00

Members: \$75.00

Non-members: \$105.00

#### Location & Times

The Alliance for Arts and Culture  
Suite 100 - 938 Howe Street,  
Vancouver, B.C.

12:15 - 1:00: Registration

1:00 - 4:30: Workshop

## Website Directory

The membership website directory is posted on the BCATA website, and will be updated on a quarterly basis. The next update occurs in January 2005, then April, July, and October. If your directory information changes, please notify us by sending in a new "website authorization form," available on the BCATA website (click on "forms" at the bottom of the page).

As an executive, we are continuing to move toward having the membership directory exist as a database on the website. The database format will be more easily searched by BCATA members and the general public, and will be a useful marketing and networking tool for our members.

To this date, \$529 has been raised through the sale of BCATA Anniversary Cookbooks. We have more books to sell and would appreciate any help from members to distribute and sell to colleagues or to agencies they work with.

We are currently searching for a volunteer (eg. computer programming/web design student) to take on the task of redesigning the BCATA website and membership database. If any members know of an individual or organization that may be willing to take on the BCATA website as a "non-profit project," please let us know.

*Michelle Gilligan*

BCATA Membership Chair