

November 15, 2017

The past year has not been kind to the art of clowning. With a rash of “creepy clown” sightings last fall and the remake of “It”, a movie based on Stephen Kings horror novel about an evil being who takes the form of a ‘clown’, we felt it was high time to set the record straight about clowns. So we caught up with Helen Donnelly, the ‘supervisor’ of Holland Bloorview’s very own Dr. Flap, to talk about therapeutic clowning, the art of clown and the impact these negative references are having on the clown team here.

1. How would you define ‘therapeutic clowning’?

There is a longer more ‘official’ definition, but we like to say it’s an evidence-based, arts-in-health practice that uses the art of clown to offer connection, comfort, joy and companionship to those in care. We also seek opportunities to empower children and youth through directed and non-directed play. We assist during medical procedures and during therapy sessions to improve outcomes. Healthcare can be a challenging place so we are here to help restore the balance for everyone, whether they are giving or receiving care.

2. Has this latest trend of negative images of clowns affected you and your team? If so, how?

Yes, unfortunately. Last year, it was the odd negative comment we’d hear about clowns in general. We were generally able to handle the comments while we worked, even have some fun with them. But this fall we have found there is a marked increase in the way we are being received. This has been very challenging emotionally for my whole team and confusing too: we’ve always aimed to bring joy and fun to all those we interact with, and our appearance is rather simple overall (no make-up, no wigs, etc.)

3. What can we do as staff to help you and your team?

The best way you can help is by modeling positive language. For instance, if you hear someone say, “Clowns just creep me out!” you could respond by saying “Some ‘clowns’ *are* just pretenders in a costume. They are not real clowns. I’m glad we’ve got the real deal here!” Another really effective aid is being openly friendly to us when you see us in the hallway. Call us by name; address us as you would a dear friend who amuses you. Others will pick up on your modeling of friendship and respect. Our job is to find ways to spread joy—it could be part of your job too!

4. How do you train to become a therapeutic clown?

Great question! There are a lot of skills we require of candidates upon applying; the majority has to do with formalized theatre training, specializing in the art of theatrical clown. Currently what we do is nuance those skills they already possess to support them in working in a healthcare environment safely and effectively. This includes creating a new ‘therapeutic clown’ persona based on some of the traits of their theatrical persona and the truths of their own human personality.

Then there is teaching them about the various roles within the hospital and how we as clowns may collaborate with them. There is a lot of job shadowing then partnering with one of the experienced clowns on the unit with much feedback and reflection.

The big news is we are creating North America's first Therapeutic Clown Certification Program; this is in the works and we hope to have an announcement about it very soon! This will mean graduates from this program will be applying with much of this skill and learning which will save healthcare sites lots of time and money. We're very excited about this initiative; wish us luck!

5. How do therapeutic clowns differ from other types of clowns?

I love this question! Outside of our roles at Holland Bloorview some of us are engaged in theatrical and circus clowning. But our roles as therapeutic clowns differ significantly. The biggest difference is when you pay to see a theatrical clown show or a circus show, the clown is in a starring role. The audience is a passive observer. Here in healthcare, the role is nuanced; the 'audience' (in this case, children, their families and staff) is encouraged to be the 'star.' They are active in the intervention to whatever degree they desire or are able to be. It is their agenda—not the clowns'—which guides the interaction. Some other types of clowns (*ex party* clowns) typically don't receive training in physical theatre and thus do not resemble the kind of artistry we practice here.

Here, there is no 'script' and so the therapeutic clowns must be constantly seeking and assessing how to be guided by the people they serve. It is this sense of 'service' that sets us apart from the work we do in theatre and circus—it's more about the relational versus putting on a show or doing tricks.

6. What makes the therapeutic clown program at Holland Bloorview unique?

Because we are a pediatric rehabilitation hospital, we differ from the structure of most other programs in Canada in that we are collaboratively-based; we are on hand to work in direct partnership with other clinicians on the units when the need arises (usually involving active rehab activities). Unlike other external programs who are on contract, we are on staff here and this integration means we can launch projects with more ease (for example: research, videos, etc).

And, unlike most programs here in Canada, we work in the duo clown model; the partnership is a great metaphor for accompaniment and allows for a higher degree of artistic/comedic offerings and aligns with global best practice.

We are also the first therapeutic clowns in the world to document in the permanent healthcare records of our clients using a template designed to reflect how we work. This makes it easy for other clinicians to understand how things are developing (psychosocially and goal-wise) between kids and their clowns here. We're really proud of that!

7. What are the Standards of Care for a therapeutic clown?

So far I've written three with the help of my team: the first one is 'The Responsibilities of the Therapeutic Clown/Therapeutic Clown Practitioner' which helps define who we are and what we do both 'in nose' and 'out of nose.' The other two are to do with Initiation Training and Continued Professional Development. We're happy to get these written; we are the first program in the world to have our own Standards of Care. How cool is that?

8. How does therapeutic clowning make a difference to Holland Bloorview clients?

There are so many ways we hope to make a positive impact, whether it's helping clients meet their goals at an appointment by bringing imaginative play into the scenario, celebrating the positive bond with their caregivers or empowering clients by acting as their personal fool. We always try to support our clients in ways that work for them and each intervention is tailor-made to suit various needs, abilities and choices.

For example, one of our former clients, a teen who was struggling with depression, routinely isolated himself from other kids. We would try to come up with different ways to engage with him; sometimes we would pretend that his room was up for rent, or we would 'deliver' bogus sale items to him (a machine, chairs, etc) to assess his sense of humour and level of interest. And every time, he showed little reaction.

That's just one example. Every day we're humbled to be invited into the lives of those receiving healthcare and proud to be an integral part of the healthcare team!

No boundaries

Holland Bloorview Kids Rehabilitation Hospital Strategic Plan 2017 – 2022

