

The Value of Art Therapy in Schools: Collation by a Triangulation of
Stakeholders' Surveys

Mallory E. Schellhorn, BA

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Department of Art Therapy in the Graduate Program

Saint-Mary-of-the-Woods College

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Abstract

Few school districts in the United States employ art therapy in the curriculum (Loesl, 2010). Children spend half of their days in school and their safety and wellbeing are critical to their learning. Art therapists provide social, behavioral, academic, and emotional support to children in school settings, so why is school art therapy not more prevalent? This research study was intended to shed light on the perceived value of a current art therapy program by examining surveys completed by the stakeholders of said program that document their knowledge, opinions, and beliefs concerning the art therapy program. Results of this quantitative survey research showed the majority of stakeholders had prior knowledge of art therapy, noticed positive changes in behaviors of the children involved in art therapy, and desired a permanent place for art therapy in the curriculum. Lack of funding and knowledge of the benefits of art therapy in a school setting were the primary reasons selected for low prevalence. Trends noticed in this research alluded to lack of communication and education between stakeholders concerning the current program. This researcher held the assumption that through this study, a better understanding of how art therapy is valued or critiqued in a school setting by critical shareholders and what works for this particular program could be applied and used to influence the implementation of more art therapy programs in schools across the country.

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CHAPTER I

Introduction**Art Therapy in Schools**

Art therapy's beginnings are rooted in work with children in schools. Art teachers who were trained in psychoanalytical theory witnessed children's traumatic lives through art and advocated for school-based therapeutic interventions (Loesl, 2010). Florence Cane, a pioneer of art therapy and an art educator, strongly believed in the creative process and the healing potential of art making (Wix, 2000). Edith Kramer, another pioneer of art therapy, began her work with children in schools, environments conducive to long-term work with children and art making as therapy (Kramer, 1958; Malchiodi, 2013). Art therapists Lucille Venture (1977), Virginia Minar (1978), Rawley Silver (1978), Frances Anderson (1992), David Henley (1992), Janet Bush (1993), and many others have greatly contributed to the field of art therapy in educational settings.

In 1975, Public Law Number 94-142 identified art therapy as a viable service that could benefit a child who required special education. In 1980, the National Art Education Association and the American Art Therapy Association held a joint conference funded by the National Committee of Arts for the Handicapped. The conference program focused on the art teacher's role in a special education setting with the mainstreaming of students who had special needs and on the art therapist's role in educational as well as clinical settings (Bush, 1997). At the time, the art therapist's role was to work with specified art therapy groups, provide individual interventions as indicated by student's Individualized Education Plans (IEP), or be called in as a consultant for a student in potential crisis (Loesl, 2010). The conference was revolutionary for art therapy in schools.

Minar's work as an art therapist in Wisconsin schools provided a foundation for defining and clarifying the multifaceted role of art therapy in educational settings (Malchiodi, 2013). Minar observed the possibilities for use of art as intervention, for personal growth, for functional and academic remediation, and to meet psycho-educational goals of students (Malchiodi, 2013). The Dade County public school system in Miami, Florida began providing art therapy treatment for a number of students with physical, emotional, educational, and psychological issues as a pilot study in 1979 organized by Janet Bush. The focus was on developmental issues and addressing critical concerns that pose an immediate threat to the individual student's emotional, social, and psychological well being (Bush, 1997). To date, the Dade County public school system is the only place in the United States, which successfully employs as many art therapists within one program (Malchiodi, 2013). Henley (1992) emphasized the importance of art making in work with children and saw art therapy and art education as complementary in educational settings, responding to children's work in terms of form and content, and intervening through the art process itself to pursue the goals of education, therapy, and aesthetics. The common, ultimate goal of the therapeutic encounter in the public schools had been to help children improve their educational performance while supporting their wellbeing (Essex, Frostig, & Hertz, 1996).

Rationale

Art therapy interventions in schools have shown to be beneficial to students with emotional and behavioral issues and special education needs. Art therapy needs to be promoted as a necessary part of any school districts' plan for student success if such programs are going to be considered as integrated social and behavioral, academic, or emotional support for children and youth (Loesl, 2010). Janet Bush (1997) stated,

To duplicate the success of the Dade County Public School System, effective school art therapists will have to identify their role; select appropriate functions; plan programs of services for students, parents, teachers, and school administrators; strengthen their professional development; aggressively pursue action; and continually evaluate their effectiveness in the educational environment (p. 14).

Children spend approximately half of their waking hours during the week at school. Due to the majority number of children and adolescents who attend schools and the amount of time they spend in these systems, schools are uniquely positioned to intervene in their students' academic, psychological, and social worlds (Randick & Dermer, 2013). Art therapy can be a treatment of choice for children who have emotional, social, cognitive or physical adjustment problems that require remediation within a school setting (Shostak et al., 1985). For children with special needs, art therapy in a school setting can offer opportunities to work through obstacles that impede educational success (Shostak et al., 1985). Students who are helped through art therapy to come to an improved understanding of their problems are often able to follow through and resolve their problems (Bush, 1997).

Art therapists utilize art making processes and individual associations with art products to help generate physical, emotional, and learning skills that foster compatible relationships between the students and their inner and outer worlds (Bush, 1997). Art therapists can play an integral part in school systems by providing counseling and therapeutic services that are proactive, prescriptive, preventative, and developmentally based and effective change agents for multi-faceted school programs that focus on students' individual development and abilities (Randick & Dermer, 2013).

The more information and research on school art therapy that is marketed to the public, the more others become aware of the benefits it will provide. This knowledge may or may not open the door for more art therapy programs in schools across America. This researcher hoped by evaluating the perceptions of stakeholders involved in a current school art therapy program, a better understanding of how art therapy is valued in schools and what works in school art therapy will be applied.

Basic Assumptions

Historically, schools have felt that their purpose was to teach and school is not the proper place for treating children therapeutically (Bush, 1997). However, more schools are becoming havens for children in distress and schools are often the only safe, stable, and structured part of a child's life (Essex, Frostig, & Hertz, 1996). Teachers, administrators, and parents must be helped to understand their biases and the benefits that may be obtained by recognizing the relationship between learning and mental health (Bush, 1997). This researcher carried a basic assumption that art therapists must advocate and define the contributions that art therapy makes to learning.

There has been a long history of defining the differences between art education and art therapy. Several art educators truly felt that their work incorporated art therapy, as the spontaneous imagery created by their students sometimes brought up suggestible issues (Loesl, 2010). However, art educators are not trained in the nuanced skills and competencies of art therapists. It follows that art therapists in school struggle with defining their services separate from art education and counseling. Despite the benefits art therapy provides, school art therapists may find it hard to fit into the larger context of the school system where art therapy is often part of a blended model encompassing school counseling, art therapy, and art education

(Loesl, 2010; Randick & Dermer, 2013). Randick and Dermer (2013) noted how some states do not recognize art therapists as qualified to work within the school system without having a teaching certificate or school counselor certification. Moreover, art therapists who work in a school setting “must adjust to the standards of the school system and also differentiate art therapists from art educators and school counselors who utilize the creative arts but do not maintain an identity rooted in art therapy” (p. 34).

Problem Statement

Only a few school districts in the United States employ art therapists and there is little information and/or research as to why art therapy is not more prevalent. Is art therapy seen as valuable or not in the schools in which it exists currently? Are there a lack of outcome studies measuring these few programs' successes and needs for improvement? Are the key stakeholders invested and/or educated on what art therapy is and the benefits of including it in the curriculum? Can those directly involved in art therapy currently see and articulate the value and benefits it provides? This researcher believes that administrators, parents and professional colleagues need to understand the effectiveness of the diagnostic assessment and nuanced support of children that is possible in art therapy (Shostak et al., 1985). The generalized data from this study could help facilitate the continuing development of more art therapy programs in schools. Evidence-based research is needed to assess existing art therapy programs that appear to be resulting in academic and behavioral successes within schools (Randick & Dermer, 2013). Janet Bush (1997) stated, “the experience I have gained in school art therapy in the past two decades, with a wide variety of troubled children, has convinced me that there is value in the application of art therapy to all categories of students” (p. 9).

For the purpose of this study, the author focused on the value of a current art therapy school program as gathered by a triangulation of stakeholder surveys including the parents of children participating in art therapy, teachers and administrators, and art therapists. The place of research is a private secondary school in a Southeastern city of the United States. This study disseminated three surveys to evaluate how stakeholders value or critique the art therapy program already in existence in their school. The surveys asked questions that drew out any positive and negative experiences or outcomes in order to gain pertinent information as to how successful the program has been in the estimation of the people directly or indirectly effected by it.

Hypothesis

The researcher estimated that students who have access to art therapy support in their school directly benefit from these services in the areas of academia, social, emotional learning and development and as determined by their surveyed parents, teachers and administrators, and art therapists. It was also estimated that this study's findings would support the belief that through a deeper understanding of the value of a current school art therapy program, issues halting the prominence of school art therapy would be discovered. Findings of this study will be used to develop new studies and new school based art therapy programs.

Definitions of Terms

Art Therapy is a mental health profession in which clients use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, improve reality orientation, develop social skills, reduce anxiety, and increase self esteem (American Art Therapy Association, 2015).

Children with Special Needs is a phrase used when individual students require special remediation in a school setting and often indicates that youth has a special needs diagnosis under Public Law 94-142, The Education For All Handicapped Children Act (1975). It can refer specifically to those individuals who are learning disabled, emotionally disturbed, developmentally challenged (including autism spectrum disorders), hearing impaired, speech impaired, visually impaired, cognitively impaired, physically impaired, or those who have other health impairments (PL 94-142, Section 121a.5).

School Art Therapy is a psycho-educational therapeutic intervention that focuses on art media as primary expression and communication in a school setting and can facilitate appropriate social behavior and promote healthy, affective development so that children can become more receptive to learning in a school environment (Shostak, 1985).

Stakeholders are persons directly invested and involved in a child's experience at school and in art therapy, i.e. the student, parent, teacher, and therapist for the scope of this research study.

CHAPTER II

Literature Review

Art therapy has been documented and shown as an effective approach to cognitive, physical, behavioral, and psychological problems, which interfere with students' successful school adjustment (Dunn-Snow, 1997; Anderson, 1992). This literature review will discuss past programs and studies where art therapy implementation was found successful. There was ample research on school art therapy programs, yet there are still few full-time programs thriving across the United States. Art therapy is similar to art education in that it teaches art concepts, techniques, and skills, yet differs in that it focuses more on the process rather than the final product (Dunn-Snow, 1997). Art therapy also critically responds in individualized ways to students' needs, interests, and art preferences. Moreover, the therapeutic emphasis can relate the client's art forms, themes, and verbal associations to his or her inner thoughts, feelings, and social development (Dunn-Snow, 1997). The benefits of art therapy in a school system have been highlighted with an array of children and adolescents suffering from various problems, so why are there so few school art therapy programs?

Current School-Based Art Therapy Programs

Bush (1997) documented that one of the earliest efforts to implement art therapy in the school system began 1975 in a Texas school district. She noted that the services were intended to provide research on the possibility of utilizing art therapy as a diagnostic, screening, and therapeutic tool within a behavior model for special education students. The use of art therapy programs expanded beyond learning disabilities and behavioral problems in 1979 when the same author developed and implemented art therapy programming for the Miami-Dade County Public Schools in Florida and provided diagnostic and treatment options for emotionally disturbed

children. The program at Miami-Dade County Public Schools began as a pilot program and combined both art education and art therapy objectives for selected disabled students in self-contained classrooms and a staff development program for personnel who were interested in acquiring techniques and strategies for teaching art to mainstreamed disabled students. The program took off successfully and as of 1997, had 21-full time art therapists on staff in the Miami-Dade County Public Schools Division of Exceptional Student Education. Bush believed that art therapy can serve those students in schools who are emotionally disturbed, socially maladjusted, physically impaired, mentally disabled, hearing impaired, vision impaired, learning disabled, and autistic, alternative education students who have social/emotional problems or criminal involvement, academically talented students, as well as regular education students. Another successful art therapy program was that of the New Jersey City Public school district. Nelson (2010) described how this program allied school counselors to work with creative art therapists in addressing the social, emotional, academic, and behavioral challenges the students face. This creative arts therapy program employed 10 art therapists and five music therapists who serve general education and special education students. Nelson reported that a solid foundation and dissemination throughout the district has enabled the program to flourish to this day.

Model art therapy programs. Essex, Frostig, and Hertz (1996) noted that although there is a significant body of literature on art therapy within the schools, much of it represented work that took place in specialized settings and there was little in the literature that addressed the development of integrating expressive arts in therapy into a school program, the role that therapists took, or the subsequent collaboration that occurred among members of an interdisciplinary staff. In 2011, the American Art Therapy Association (AATA) highlighted

seven school-based art therapy programs that provide children and adolescents with timely, appropriate services that promote effective learning, social interaction, self-esteem, coping and resilience. These programs are described individually in the following paragraph.

In a suburban Alabama county, Tuesday Art Abilities is a community consulting model that serves sixteen schools through a special art therapy program that focuses on developing motor skills, socialization, sensory adaptation, and more for children with moderate to severe special needs (AATA, 2011). The Miami-Dade County Public Schools art therapy program in Florida (as mentioned previously) has switched focus from serving a wide variety of special needs students to servicing students specifically identified with emotional/behavioral disabilities (AATA, 2011). Art therapy is currently offered as a related service to special education students with Individualized Education Plans (IEPs) in Shawnee Mission School District in Kansas and Hays Consolidated Independent School District in Texas (AATA, 2011). The Oldham County Schools' art therapy program in Kentucky works to help students with a variety of issues including school transition, behavioral, and attendance by offering direct support of children, safe school assessments, intervention, and serving as liaison with many regional resources (AATA, 2011). Art therapists in the Burlington School District in Vermont utilize the arts to address and increase pro-social skills, social reciprocity, positive communication, problem solving and conflict resolution skills, while enhancing self-esteem and sense of mastery and autonomy through the art process (AATA, 2011). The Green Bay Area Public Schools in Wisconsin art therapy services serve a vital role in helping students with special needs or circumstances to gain a readiness for school participation and to make emotional and cognitive gains (AATA, 2011). Bush (1997) stated that AATA considered standards of practice for school

art therapists that will assist individuals and groups with the formulation of new programs and with efforts to strengthen old programs.

Outcome Studies on School-Based Art Therapy

Art therapy has expanded and surfaced in mainstream classrooms with students who are at risk (Frostig & Essex, 1998), with students experiencing sensory difficulties, for students on the autism spectrum, and those who have attention-deficit disorder (Kearns, 2004). Programs like the Miami-Dade County Public School District and the Jersey Public School District were tested as pilot programs, found to be successful, and have continued to thrive. There were other programs initiated, proven successful, and showed the benefits of art therapy in a school setting but did not necessarily develop into full-time programs. Even if not long term in their implementations, these projects are active examples of what art therapy can do in a school setting to positively impact learning, behavioral and emotional problems of school age children.

Rosal, McCulloch-Vislisel, and Neese (1997) noted how art therapy services were implemented for students in a ninth-grade English classroom of an urban high-school and were found successful in reducing drop-out rates, decreasing school failure, and improving students' attitudes about school, family and self. The program's effectiveness was evaluated in a mixed methods pilot study, which was a one-group pretest-posttest, quasi-experimental research study in which 50 students participated. The participants were asked to respond to the Jefferson County Public Schools Student Attitude Inventory as a pretest and posttest measure. The inventory covered issues related to school, family dynamics, and perception of self (Rosal et al., 1997). Data was also kept on the 50 subjects in terms of failing report card grades and the number of dropouts for the academic year. A t-test analysis showed significant changes from pre

to post test ($p \leq .001$) “in the attitudes of the students” (p. 32). “None of the 50 students dropped out or failed ninth grade” (p. 33).

A quasi-experimental design study conducted by Pleasant-Metcalf and Rosal (1997) also documented an increase in both self-concept and academic performance through the use of art therapy. A 12-year old female, whose academic performance decreased after her parents’ divorce, received art therapy services that focused on problem solving and self-concept. The researcher noted how art therapy was found to be a useful school-based intervention for improving academic performance for this participant.

Twenty-five elementary school children who were affected by the 1994 Los-Angeles earthquake also received art therapy services with their outcomes measured. Roje (1995) described how families were disrupted after this natural disaster and some were living in temporary quarters so providing services in school was necessary because it was their stable environment. This researcher reported that art therapy proved to be a successful treatment modality in the recovery of earthquake trauma because it enabled the children to express internal processes, which they had no verbal awareness of and it facilitated working through the defenses in order to identify underlying conflicts, which hindered their trauma recovery.

Rousseau, Drapeau, and Lacroix (2005) evaluated a classroom program of creative expression workshops for refugee and immigrant children. The evaluative study assessed the effect of a creative expression program designed to prevent emotional and behavioral problems and to enhance self-esteem in immigrant and refugee children attending multiethnic schools. The program was 12 weeks long and involved 138 children, aged 7-13, registered in both integration classes for immigrant children and regular classes. Pre-test and Post-test data were collected from the children themselves and from their teachers. Teachers used Achenbach’s

Teacher Report Form to assess the emotional and behavioral symptoms of their students and the children self-reported their symptoms with a computerized questionnaire. At the end of the program, the children reported lower mean levels of internalizing and externalizing symptoms and higher mean levels of feelings of popularity and satisfaction than the children in the control groups. In integration classes, the effect on self-esteem was especially notable in the boys (Rousseau, Drapeau, & Lacroix, 2005). The study provided evidence that creative workshops in the classroom can have a beneficial effect on the self-esteem and symptomology of immigrant and refugee children in a school setting.

In 2006, Wallace-DiGarbo and Hill studied an art-based intervention program with 12 middle-school students from a small city in a mid-Atlantic state who participated in the program. The researchers stated that the program's goals included making art in order to empower the participants through self-expression and community building. Data was obtained on six of the participants showing that the program produced positive trends in change by 70-80%.

Nissimov-Nahum (2008) importantly noted that when schools provide art therapy, they take responsibility for helping children to learn by removing emotional and behavioral barriers to learning and offer access to services for families who cannot afford to purchase privately. This author presented a model for improving the effectiveness of individual art therapy with children who behave aggressively and it emerged from a mixed methods study that included a survey of a large sample of Israeli art therapists with in-depth follow-up interviews for two sub-samples of therapists, who treated aggressive children and whose cases showed the most and least improvement. Nissimov-Nahum focused on the relation between treatment outcomes and therapists' practices, perceptions, and experiences, which yielded a conceptual model for treatment. Creative activity was used successfully as a powerful tool for helping children to

sublimate aggression, via directing them to artwork, focusing on either the content of the artwork or the art materials.

In Chicago, Sutherland, Waldman, and Collins (2010) developed a yearlong program to reach those students who have limited to no access to mental health care and to developing self-awareness and self-management skills by integrating art and creativity with therapy. When tracking the progress of 150 students during the 2007-08 academic year, results showed that 80% of the students consistently attended school and that nearly 20% of those not at school were ill, truant, suspended, expelled or transferred out of the district. There was a 36% improvement in the graduation rate. The graduation rate for those not involved in the art therapy program was 56% while the graduate rate for the participants was 78%. Sutherland et al. stated with those types of results, students felt proud and were motivated to continue their lives with a greater capacity for meeting the challenges of life.

Spier (2010) led a study examining the effectiveness of group art therapy intervention within a school setting to increase coping skills and decrease disruptive behaviors in a group of eighth grade boys at risk for making poor transition to high school. The mixed-method art-based, single case study measured each individual's changes in behavior and coping from baseline to post-intervention. Changes in pre- and post-intervention drawings suggested improved ability to anticipate social roles and an increased sense of school belonging. Spier noted that for those students exhibiting disruptive behavior problems and poor coping skills, group art therapy provided an opportunity to develop or strengthen coping skills as well as practice appropriate classroom behaviors.

Ramirez (2013) focused his doctoral dissertation on how art therapy can enhance the academic experience of multiple male high school freshmen. The purpose of his study was to

determine if differences could be identified on a self report composite scale and clinical scales for academically tracked high school freshman participating in art therapy and those not participating in art therapy, to determine the efficacy of art therapy in enhancing the academic lives of students. The self-report composite scale consisted of school problems, internalizing problems, inattention/hyperactivity problems, emotional symptoms index, and personal adjustment. Clinical scales included anxiety, depression, and self-esteem. Through quantitative and qualitative measures, data was gathered and analyzed. Ramirez noted that the participants in the 'Honors Track' art therapy group reported statistically significant results for internalizing problems, inattention/hyperactivity problems, and emotional symptoms index but not for school problems or personal adjustment. No statistically significant results were reported for participants in the 'Average Track'. Of interest, participants in the 'At-Risk Track' reported statistically significant results for internalizing problems but not for the other categories. However, by gathering the qualitative data, the researcher suggested that through the creative process, peer interactions increased, ventilation of uncomfortable feelings occurred, and outlets to alleviate stresses were provided by art therapy services. Ramirez stated that when considering the overlaps between art therapy as an intervention and academic success, art therapy enhances the learning environment of students by increasing emotional language and expression as well as fostering students' capacity for academic inquiry and evaluation.

Diverse Views on the Role of School-Based Art Therapy

While there are model school art therapy programs, there may still be a lack of cohesiveness on the views of the roles of art therapists and art therapy in a school setting hindering its prevalence. Bush (1993) observed that the uncertain definition of school art therapists was an obstacle to the growth of art therapy in a schools setting. In 1985, AATA

released a resource packet and published a position paper on art therapy in schools (Shostak, et al., 1985). The position paper described the role of art therapists in schools and noted that at that time, the art therapist “works primarily outside the traditional classroom setting, engaging in long or short-term treatment...services include the diagnostic evaluation of the child’s needs, and implementation of a treatment programs designed to meet those needs...and working with appropriate personnel in the development of an IEP” (p.11). In 1978, based on her applied practices, Minar identified four main categories of service of an art therapist in a school setting such as the use of art as intervention, for personal growth, for functional and academic remediation, and to meet psycho-educational goals of students (Malchiodi, 1997). In contrast, Bush (1993) considered the role of art therapy to be more clinically based and saw the art therapists’ skills as diagnosticians and psychotherapists playing a major role in school settings. In contrast, Henley (1992) saw art therapy and art education as complementary in educational settings and as responsive to children’s artwork in terms of form and context, intervening through the art process itself. Healy and Nelson (1999) described art therapy as a psycho-educational therapeutic intervention, which provides students with the opportunity to participate in verbal and non-verbal expression through the use of the creative arts. Without a set standard of school art therapy, it could be difficult for outsiders such as administrators, teachers, and/or parents to approve of a program within their schools because it is difficult to resource a consistent definition of school-based art therapy.

Intersecting Points from Research

Many art therapy programs have proved successful in a school setting. However, the ratio on how many schools are without art therapy versus those who employ art therapists is staggering low. More research is needed on how others view art therapy in schools and what

roles an art therapist can fulfill, so the art therapy community (author included) can gain knowledge on what needs to be done in order to implement more art therapy programs in schools. If art therapy is to be a vital part of educational models, art therapists must actively articulate, research, and make other aware of its value. Bush (1997) stated that art therapists must learn and emphasize importance to the growth and wellbeing of every child and its necessity in a society that values individuality and a high quality of life for each child. What is needed in order for art therapy to grow is an orchestrated effort to engage all affected individuals and organizations in the research and implementation effort such as art therapists, educational leaders, educational organizations, parents groups, and government agencies (Bush, 1997). Despite the research, expansion of school art therapy is not guaranteed or inevitable since there are major bridges between those professionals who do not know about the potential or even existence of art therapy and some are simply unaware of the benefits of such work for children (Gersch & Goncalves, 2006). Also there is a lack of cohesion on the definition of school art therapy, as well as not enough advocates and publicity about the inclusion of art therapy in schools. Key points from literature documented different views of school art therapy and some elements of what may be hindering its expansion. Expansion is dependent on a growing appreciation of its merits and documentation of what works and what does not work so well.

CHAPTER III

Methodology

This quantitative research study collected and analyzed a triangulation of surveys conducted with key stakeholders directly involved with a current art therapy program within a private school. This researcher evaluated the knowledge, direct experience, and opinions of key stakeholders regarding the positive and negative affects of an art therapy program in order to determine the overall perceived value of a school art therapy program. Bush (1997) stated that outcome criteria on the effectiveness of art therapy in treating students and the effects of participation on a school's team, along with documentation that will educate consumers and school personnel to art therapy's potential is needed to increase the prevalence of art therapy in schools. Carolan (2001) considered survey research as applicable for helping recognize the spectrum of the art therapy profession, to identify the scope of practice, as well as to uncover trends, opinions, and beliefs concerning art therapy.

Participants

The participants in this survey consisted of three art therapists and art therapy interns currently conducting art therapy in a school setting, 31 parents of the children involved in the art therapy program, and the 25 teachers and administrators of the school. These stakeholders were purposively sampled because parents, teachers, and administrators are the main supporters for the art therapy program in the Miami-Dade County Public Schools (Isis, Bush, Siegel, and Ventura, 2010) and asking similar key stakeholders what their experiences have been with a current school-based art therapy program was key to this research.

Research Protocol

Stakeholders responded to the survey through an online survey tool (surveymonkey.com); and with a link emailed to parents, teachers, and art therapists. Participants signed consent forms (Appendix A) prior to completing the survey initiation to grant permission to the researcher to use and evaluate answers for the thesis research. Informed consent was both verbally explained and explicitly described in writing on a consent-to-participate-in-research form. The option to withdraw consent at anytime during the research process was thoroughly communicated and honored. With respect for confidentiality, information that could be used to identify participants was not included in the final thesis and the researcher obscured identities. Identifying information was only used for necessary correspondence and included the distribution of surveys. Once the surveys were completed, all correspondence and identifying information was deleted from the researcher's records. Parents were emailed a letter (Appendix B) with the informed consent form one week prior to receiving the survey (Appendix C). They were asked to return the signed consent and completed survey back to the researcher electronically within two weeks. At the same time, attachments including the letter for teachers and staff (Appendix D), informed consent form (Appendix A), and survey (Appendix E) were emailed to the teachers and staff to be completed within two weeks. The researcher emailed the letter for the art therapists (Appendix F), informed consent (Appendix A), and survey (Appendix G) and requested the items to be completed within two weeks, as well. An additional email was sent to all participants three days prior to the deadline as a reminder to complete the surveys. Letters and surveys differed slightly for the parent, teacher, and art therapist because they each played a different role in the program, yet their opinions, beliefs, and

support were key to this research study. Data from surveys were collected, organized, and analyzed with the help of surveymonkey.com and Microsoft Excel.

Data Collection

Utilizing surveymonkey.com, the participants were directed to answer six five-point Likert-scale type questions (strongly-disagree to strongly-agree), three forced-choice questions, and one open-ended question derived and innovated from the literature on school-based art therapy programs. The surveys consisted of questions focusing on perception of art therapy, its potential benefits offered in a school setting, the perceived positive and negative outcomes of their current art therapy program as they had witnessed directly, their opinions on why art therapy is not more prevalent in schools, and their desire to have art therapy offered on a permanent basis in their school. Questions varied in each survey depending on the respondent type to understand specific perceptions by those groups to different levels of interaction with the program. An option to skip any of the questions was employed. There was a comments section below each question for the option to express thoughts on that specific question. This additional data method was intended to grant participants an opportunity to address any questions or raise concerns that would allow the researcher additional important information towards survey results. The comments were not analyzed but proved valuable in informing the discussion of findings.

Data Analysis

Data analysis for the Likert-scale type questions and forced-choice questions was quantitative and relied on frequency counts converted to percentages. The triangulation of the surveys was employed with the relationships between groups of participants compared for contrasts and agreements in their responses. The information gleaned from this survey research

covered a broad scope and included topics such as, respondents' self report of values, opinions, perceptions of events or conditions, motivations, and attitudes (Kapitan, 2010) making it an ideal research method to study the value perceived of school art therapy from the stakeholders.

Ethical Implications and Biases

Art therapists in a school setting face numerous ethical dilemmas, including referrals to therapy, privacy, safety and predictability issues in the art therapy room, to the need to balance cooperation with the educational staff and its expectations of shared information with loyalty to the client (Moriya, 2006). To address the issue of confidentiality in this study, the author obscured the identity of the school being researched for privacy issues as well as better ambiguity for research participants. Due to experience working in a school system participating in art therapy, the author needed to remain unbiased through the course of the research. Kapitan (2010) stated that researchers must adopt a skeptical stance toward their research study and data in order to avoid biases and not approach the research with a desire to confirm the study's major premises. To limit the effect on the data collection process of any biases of the researcher, questions were based on a review of literature, some key extension areas identified in the literature, and additional questions other researchers in various fields have identified as important considerations when providing/receiving art therapy in a school setting. Each question needed to be studied in order to uncover any hidden assumptions, biases, or lack of clarity that could have thrown off the participant's responses (Kapitan, 2010).

CHAPTER IV

Results

Of the 31 surveys sent to parents, 12 were returned and completed for a 38% response rate. Twenty-four percent of teachers and staff completed and returned the survey or six out of the 25 surveys sent. Each of the three art therapist surveys sent out were completed and returned for a 100% response rate.

Parent Survey

The first question of the Parent Survey addressed whether or not the respondent had prior knowledge of art therapy before their child was involved. Seventy-five percent of the 12 respondents answered “yes” to knowing of art therapy prior to their child’s involvement. The second question assessed if the parent had witnessed their child creating artwork to deal with any of the following issues: anxiety, stress, depression, sadness, self-esteem, attention-deficit/hyperactivity disorder (ADHD), anger/frustration, fear, grief and loss, and/or other. If the respondent answered “other”, he/she was asked to specify in the comments section. Respondents could select all that applied to their child. Anxiety, Stress, and Anger/Frustration proved to be the most prominent issues selected. Three of the 12 respondents chose to skip the question and the other survey responses were sadness, ADHD, and grief and loss. Full results are shown in Table 1. Four of the respondents agreed that participating in art therapy had helped their child deal with a particular issue and one disagreed and reported that their child’s issue had not been addressed. Seven selected that they neither agreed nor disagreed. The fourth question asked if it had been helpful for the child to use art as a way of coping/dealing with issues and/or expressing his or herself in a positive way in school and 58% selected “strongly agree” or “agree”, 33% selected “neither”, while 0.08% (one participant) selected “disagree.”

Table 1

Issues Children Have Created Artwork to Deal With According to Parents

Answer Options	Response Percent	Response Count
Anxiety	66.7%	6
Stress	55.6%	5
Depression	0.0%	0
Sadness	22.2%	2
Self-Esteem	0.0%	0
ADD/ADHD	22.2%	2
Anger/Frustration	44.4%	4
Fear	0.0%	0
Grief and Loss	22.2%	2
Other (please specify)	22.2%	2

Note. Most respondents selected more than one choice.

The next two questions asked whether positive and negative changes were witnessed in the child's behavior since participating in art therapy. Six respondents selected "neither" when asked about positive changes, while five respondents selected "neither" when asked about negative changes, leading the researcher to believe that no changes were noticed in 42-50% of the respondents' children. Five respondents agreed to noticing positive changes while one disagreed. Seven respondents strongly disagreed to noticing negative changes in their child's behavior since participating in art therapy.

When asked whether they agreed or disagreed that their children enjoyed being in art therapy in the seventh question, 83% selected "strongly agree" or "agree." The remaining 17% selected "neither" and 92% of respondents would like art therapy to be offered on a permanent basis at their child's school (eighth question), suggesting that acceptability is high.

The ninth question was a forced-choice opinion question asking why the respondents think art therapy is not more prominent in the school systems across the state. Answer options included: lack of knowledge and understanding about art therapy; not enough interest; not

enough funding; not enough need; and/or other. If the respondents picked “other”, they were prompted to specify their answer in a comment box. Respondents were encouraged to select all the answers that applied. The most common answer choices were “lack of knowledge and understanding about art therapy” and “not enough funding” as shown in Table 2. One respondent selected “other” and when asked to specify, he/she stated,

School systems are interested in collecting data and when art therapy can show more data that it is positively impacting students’ ability to cope with their daily stresses and or improve their communication/behavior issues and this be more successful in school, districts will maybe start investing in it.

Table 2

Reasons for Low Prevalence of Art Therapy According to Parents

Answer Options	Response Percent	Response Count
Lack of knowledge and understanding about art therapy	83.3%	10
Not enough interest	8.3%	1
Not enough funding	83.3%	10
Not enough need	0.0%	0
Other (please specify)	8.3%	1

Note. Most respondents selected more than one choice

The final question of the survey was an open-ended question that asked the participants to list any comments or concerns regarding art therapy in school. Eight of the 12 commented, while four chose to skip the question. Comments were not analyzed, however they proved useful in helping the researcher in understanding the opinions of the respondents in a more detailed manner. For instance, one respondent commented, “My daughter does not share her school day or what happens in things like art therapy; therefore, I cannot answer these questions. I have had no input from the teacher(s) regarding art therapy.” This respondent had selected “neither” on all

five of the Likert-scale type questions, suggesting her/his opinion of the art therapy program spans from her/his lack of knowledge on the subject.

Teacher and Staff Survey

In analyzing responses from the first question, 66.7% of the teacher and staff respondents selected they had prior knowledge of art therapy before it was offered at their school. Questions differed only slightly between the Parent Survey and Teacher and Staff Survey, replacing phrases such as “your child” and “at home” to “your student” and “at school.”

The teachers and staff were asked in the second question if they had witnessed any of their students creating artwork in school to deal with any of the following issues: anxiety, stress, depression, sadness, self-esteem, ADHD, anger/frustration, fear, grief and loss, and/or other (specifying if selecting “other”). They were asked to select all that applied. As in the Parents Survey, the most popular of issues in which children created artwork, were anxiety and stress. Depression, self-esteem, and grief and loss were notably significant issues in which children used art as a way to cope in school as well. One respondent added in the comment section that he/she had witnessed a student creating artwork in order to deal with “attachment issues.” These results are shown in Table 3.

When asked if art therapy had helped their students deal with a particular issue in the third question, 60% agreed while 40% neither agreed nor disagreed. One respondent chose to skip the question.

The fourth question asked the participant whether or not they agreed that art was a helpful way for students to cope with issues and express themselves in a positive way in school. 80% selected “strongly agree” or “agree.” One respondent selected “neither” and another chose to skip the question entirely.

Table 3

Issues Children Have Created Artwork to Deal with According to Teachers/Staff

Answer Options	Response Percent	Response Count
Anxiety	83.3%	5
Stress	83.3%	5
Depression	66.7%	4
Sadness	50.0%	3
Self-Esteem	66.7%	4
ADD/ADHD	33.3%	2
Anger/Frustration	33.3%	2
Fear	50.0%	3
Grief and Loss	66.7%	4
Other (please specify)	33.3%	2

Note. Most respondents selected more than one choice.

Out of the five who responded to the fifth question, 60% noticed positive changes in their students' behavior since participating in art therapy. Twenty percent had not noticed positive changes. The remaining 20% neither agreed nor disagreed. Some of the comments included: "My students wait with great anticipation for the art therapist to come and get them for their session. Art therapy also uncovered situations that were then brought to the parents' attention"; "I'm thinking of [a student] in particular. It enabled him to be a part of his peer group"; or "the art therapy session almost always helps this student's mood even on their worst days." The respondent, who had selected "neither" for this question, and the questions prior commented, "Don't know on most of these questions."

None of the teachers or staff had noticed negative changes in their students' behaviors since participating in art therapy. This is apparent in the sixth question as 100% disagreed. However, one respondent chose to skip the question.

All of the respondents agreed that their students enjoy being involved with art therapy and that art therapy should be offered on a permanent basis at their school. This is apparent in the seventh and eighth questions as all six selected “strongly agree” or “agree.”

Upon asking of the teachers and staff’s opinion on why art therapy is not more prevalent in school systems across the state, most felt that lack of knowledge and understanding about art therapy and lack of funding were the causes (see Table 4). Two respondents commented that they believe art therapy is not more prominent because it is not on a statewide curriculum test, which is a requirement for all children to take and pass in order to move on to the next grade.

Table 4

Reasons for Low Prevalence of Art Therapy According to Teachers/Staff

Answer Options	Response Percent	Response Count
Lack of knowledge and understanding about art therapy	66.7%	4
Not enough interest	16.7%	1
Not enough funding	66.7%	4
Not enough need	0.0%	0
Other (please specify)	33.3%	2

Note. Most respondents selected more than one choice.

The last question gave participants the opportunity to list any comments or concerns regarding art therapy in schools. Only two chose to comment. One respondent who had selected “neither” for the majority of the questions commented, “Most of the students in my class do not participate in art therapy, or have only participated for 2-3 sessions, therefore I am unable to comment extensively on how it has affected them.” The other respondent, who chose to skip three of the questions and responded to the second and fifth questions with “I don’t know” commented, “I know most of my students look forward to going to art therapy and enjoy it, but I have no idea of what they do there or if it helps them. One student resisted going this year, but I suspect that it had to do with a transition to a new thing, not with the art therapy itself.” These

comments assisted in justifying these respondents' answers to previous questions and suggested the possibility that there was a lack of communication that occurred within the art therapy program.

Art Therapist Survey

The results of each art therapist survey were very similar. Each of the three art therapists enjoyed facilitating art therapy in schools as 100% of respondents selected "yes" to the first question. Each art therapist also used art therapy with their clients to deal with anxiety, stress, depression, sadness, self-esteem, ADHD, anger/frustration, fear, and grief and loss. One respondent added working with newcomers to the United States in the second question. All three agreed that participating in art therapy helped their clients deal with a particular issue (third question) and creating art has been helpful in coping and expressing his or herself in a positive way in school (fourth question). Positive changes were noticed in clients' behavior (fifth question). One respondent added an explanation of positive changes being "more confidence, happy demeanor, and positive outlook."

Out of the three, only one art therapist noticed negative changes in clients' behavior since participating in art therapy (sixth question). She further clarified in the comments section, "Sometimes I have seen both, and sometimes the negative changes are a pathway to change that must occur prior to positive changes." One-hundred percent of the art therapist participants believe their clients enjoy being involved in art therapy in school (seventh question) and that school art therapy is able to reach a higher demographic than clinical art therapy (eighth question). Funding seems to be the primary issue halting the prominence of school art therapy, with 100% selection rate. Sixty-six percent believe lack of knowledge and understanding of art therapy is an issue, while 33.3% credits lack of interest as the reason art therapy is not more

prominent in schools (ninth question). Further commenting on school art therapy in the final question, one respondent stated that it offered another resource and more support in a school setting.

CHAPTER V

Discussion

Overall, responses were positive concerning the current art therapy program, suggesting acceptability is high. Despite the majority of parents (75%) and teachers and staff (66.7%) having prior knowledge of art therapy before it was offered at their school, knowledge of the potential and awareness of the benefits of the current program seemed to have alluded a number of participants causing them to either skip questions or answer “neither” on the Likert-scale style questions. Gersch and Goncalves (2006) stated that expansion of school art therapy is not guaranteed or inevitable due to the major bridges between those who do not know about the potential or even existence of art therapy and those who are simply unaware of the benefits. Bridging the gaps and increasing knowledge of art therapy and its benefits is needed in order for art therapy programs to grow.

Anxiety and stress were the most common issues in which children created artwork to deal. The majority of respondents in all three surveys agreed that creating art helped children deal with a particular issue and that art therapy had been helpful. More positive changes in behavior were noticed than negative in the children since participating in art therapy. None of the responses indicated that the children involved in art therapy disliked participating, with 90% agreeing that the children enjoyed art therapy. Ramirez (2013) stated that through the creative processes, peer interactions increased and outlets to alleviate stresses were provided through art therapy services. It seems this research was congruent with the findings of Ramirez.

Ninety-four percent of parents and teachers and staff would like to see art therapy offered on a permanent basis in their school. Results also proved that art therapy in schools reaches a higher demographic than in a clinical setting according to respondents. Art therapy in schools

provides services to children who have limited or no access to mental health care as was also demonstrated in Chicago's program developed by Sutherland, Waldman, and Collins (2010).

Shortage of funding and lack of knowledge and understanding about art therapy were proved to be the most common issues halting the prominence of school art therapy. According to Bush (1993), lack of cohesion on the definition of school art therapy, not enough advocates, and lack of publicity about the inclusion of art therapy were obstacles to the growth of art therapy in a school setting is hindering further growth. The survey results of this research were in agreement with Bush.

There seemed to be a trend, specifically in the Parent Survey results, which highlighted the lack of knowledge of the current art therapy program, causing respondents to have no opinion or skip questions. Due to comments, the researcher can assume there is a lack of communication between stakeholders. Nelson (2010) described how the New Jersey City Public School district's art therapy program allied art therapists with multiple parties in addressing the social, emotional, academic, and behavioral challenges the students face. The lack of total responses from teachers and staff poses questions of inconsistencies in communication as well. Unless the art therapists and children are communicating with the teachers and parents about their sessions, it is unlikely that the latter obtain information regarding art therapy.

Limitations, and Recommendations

The researcher acknowledged limitations to the study include a small number of study participants, a low response rate of 35% overall, a restricted amount of time for the study, and lack of communication between stakeholders.

Research was conducted at the beginning of the school year and some of the children had only participated in art therapy for a couple weeks. While the art therapy program at this

particular school has been active for approximately one year and the majority of the children of the participants in this study were previously involved in art therapy, there were a significant number of new children enrolled shortly before research began. The researcher believes if the research could have been conducted at the end of the school year as opposed to the beginning of the school year, results would have proven more substantial. Conducting this research at multiple schools could also increase credibility.

Teachers and clinicians proved to be the most knowledgeable stakeholders, considering most the parents' responses showed no opinion. Only a select few of the parents witnessed their children using art in a way to cope with an issue. Children self-reports may have offered more insight and should be considered in future research like in the study conducted by Rousseau, Drapeau, and Lacroix (2005). Clarity of questions in the surveys may also have played a factor in parents' responses and overall response rate. Survey questions were inspired and derived from literature but ultimately created by the researcher. Using already established questions used in past research that had proven reliable and valid may have proven more successful. Explanations of certain aspects of the surveys, such as examples of positive changes and/or negative changes noticed could have provided more understanding of expectations.

Conclusion

Communication of the direct benefits and goals of the current school-based art therapy program between the art therapists, teachers and staff, and parents is paramount. Stakeholders need to be knowledgeable of possible effects of art therapy in order to be aware of what to notice. As shown in this research, lack of communication between stakeholders and unfamiliarity of expectations surrounding the current art therapy program produced poor response ratings and uncertainties when answering certain questions, specifically by the parents.

Based on the current survey results and the literature reviewed, it was apparent that while acceptability of school-based art therapy is high and there are many positive outcomes, there are still deficiencies pertaining to the education of its affects and outcomes. It was evident that further training in school-based art therapy for the stakeholders and increased interaction between stakeholders was needed. This research highlighted the positive aspects as well as the deficits in the current art therapy program and will be used to improve the program and hopefully increase prevalence of school-based art therapy in the future.

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Appendix A

Statement of Informed Consent

This form describes a research study being conducted with parents, teachers, and art therapists about the value of art therapy in schools. Conducting this research is Mallory Schellhorn, who is a distance education Art Therapy graduate student at Saint Mary-of-the-Woods College in Indiana. If you agree to participate in this study, you will be asked to complete a questionnaire about your opinions and beliefs on the current art therapy program in your school.

The possible benefit of this study could be that information will be gained on the value of school art therapy and provide answers on why art therapy is not more prominent in schools.

Your participation in this study is completely voluntary. You are free to change your mind or stop being in the study at any time. All your answers are anonymous and will in no way be linked to you.

I understand that:

1. My participation is voluntary and I have the right to refuse to answer any questions. I will have the chance to discuss any questions or concerns I have about the study with the researcher after completing the survey.
2. My confidentiality is guaranteed. My name will not be written on the survey and there will be no way to connect me to the written survey.
3. There will be no anticipated personal risks or benefits because of participation in this study.
4. My participation involves reading a written survey and answering questions in writing.
5. The results will be used for the completion of a research project by the primary researcher.

You are being asked whether or not you want to participate in this study. If you wish to participate in this study, and you agree with the statement below, please sign in the designated area.

I understand the information provided in this form and agree to participate in this project.

Signature

Date

If you have any questions, you may contact: Mallory Schellhorn-Primary Researcher, Art Therapy Intern

Appendix B

Parent Letter

Attention: Parents

Hello!

My name is Mallory Schellhorn and I am an art therapy intern for the Art Therapy Institute in Carrboro this year. My supervisor is Kristin Linton. I am a distance education graduate student at Saint Mary-of-the-Woods College (SMWC) in Indiana where I am pursuing my Master of Arts degree in Art Therapy.

As part of my internship I have been leading and co-leading individual and group art therapy with the referred students of your child's school. As partial requirement for my Masters completion in Art Therapy, I am required to complete a research project in an area of interest to me. I am particularly interested in the perceived value of art therapy programs in a school setting. I believe by evaluating opinions and beliefs of those involved in a current art therapy program, knowledge will be gained on the reasons why art therapy is not mainstreamed in the school system.

I have included a short survey and an Informed Consent form. SMWC requires your signed consent in order to allow me to use the data for my thesis (even though the surveys are anonymous). The results will be collaborated with other survey results from teachers and art therapists reflecting perceived knowledge, beliefs, and opinions on the current art therapy program implemented at your child's school in which your child participates. Please return the completed survey and signed consent form to the school's administration office.

Your willingness or unwillingness to participate in this survey will in no way affect your child's involvement in the program. I really appreciate your cooperation and support. If you have any questions, please feel free to email or call.

Thank you for your time,

Mallory Schellhorn
Art Therapy Intern
Art Therapy Institute
Saint Mary-of-the-Woods College

Appendix C

A Survey About Art Therapy: Parent Form

1. Have you heard of art therapy before your child was involved?
 YES NO DON'T KNOW

2. Has your child ever created artwork at home to deal with any of the following issues?
 (check all that apply or leave blank if not applicable)
 ___ anxiety ___ ADD/ADHD
 ___ stress ___ anger/frustration
 ___ depression ___ fear
 ___ sadness ___ grief and loss
 ___ self-esteem
 ___ other (please explain) _____

3. Participating in art therapy helped your child deal with a particular issue.
 Strongly disagree *Disagree* *Neither* *Agree* *Strongly Agree*
 1 2 3 4 5

4. It has been helpful for your child to use art as a way of coping/dealing with
 issues/expressing his or herself in a positive way in school.
 Strongly disagree *Disagree* *Neither* *Agree* *Strongly Agree*
 1 2 3 4 5

5. You have noticed positive changes in your child's behavior since participating in art
 therapy.
 Strongly disagree *Disagree* *Neither* *Agree* *Strongly Agree*
 1 2 3 4 5

* If you agree, please explain: _____

6. You have noticed negative changes in your child's behavior since participating in art
 therapy.
 Strongly disagree *Disagree* *Neither* *Agree* *Strongly Agree*
 1 2 3 4 5

*If you agree, please explain: _____

7. Your child enjoyed being involved in art therapy.

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

8. You would like to see art therapy offered on a permanent basis at your child's school?

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

9. Why do you think art therapy is not more prominent in the school systems across the state?

- a. lack of knowledge and understanding about art therapy
- b. not enough interest
- c. not enough funding
- d. not enough need
- e. other (please explain) _____

10. Please list any comments or concerns regarding art therapy in schools?

Appendix D

Teacher/Staff Letter

Attention: Teachers and Staff

Hello!

For those of you who do not know me, my name is Mallory Schellhorn and I am an art therapy intern with the Art Therapy Institute in Carrboro this year. I am also a distance education graduate student at Saint Mary-of-the-Woods College (SMWC) in Indiana where I am earning my Master of Arts degree in Art Therapy.

As part of my internship and graduation requirements I am required to complete a research project in an area of interest to me. I am particularly interested in the perceived value of art therapy in a school setting. I believe by evaluating opinions and beliefs of those involved in a current art therapy program, knowledge will be gained on the reasons why art therapy is not mainstreamed in the school systems.

I have included a short survey and an informed consent form. SMWC requires your signed consent in order to allow me to use the data for my thesis (even though the surveys are anonymous). The results will be collaborated with other survey results from parents and art therapists reflecting perceived knowledge, beliefs, and opinions on the current art therapy program implemented at your school. Please return the completed survey and signed consent form to the schools administration office.

Your participation in this survey will have no impact on your employment at Just Right Academy. There will be no ramifications, positively or negatively based on your decision to participate. I appreciate your cooperation and support. If you have any questions or concerns, email or call.

Thank you for your time,

Mallory Schellhorn
Art Therapy Intern
Art Therapy Institute
Saint Mary-of-the-Woods College

Appendix E

A Survey About Art Therapy: Teacher/Staff Form

1. Have you heard of art therapy before it was offered at your school?

YES NO DON'T KNOW

2. Have any of your students created artwork in school to deal with any of the following issues?
(check all that apply or leave blank if not applicable)

- | | |
|---|--|
| <input type="checkbox"/> anxiety | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> stress | <input type="checkbox"/> anger/frustration |
| <input type="checkbox"/> depression | <input type="checkbox"/> fear |
| <input type="checkbox"/> sadness | <input type="checkbox"/> grief and loss |
| <input type="checkbox"/> self-esteem | |
| <input type="checkbox"/> other (please explain) _____ | |
| _____ | |

3. Participating in art therapy helped your students deal with a particular issue.

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

4. It has been helpful for your students to use art as a way of coping/dealing with issues/expressing his or herself in a positive way in school.

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

5. You have noticed positive changes in your students' behavior since participating in art therapy.

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

* If you agree, please explain: _____

6. You have noticed negative changes in your students' behavior since participating in art therapy?

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

*If you agree, please explain: _____

7. Your students enjoyed being involved in art therapy.

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

8. Art therapy should be offered on a permanent basis at your school?

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

9. Why do you think art therapy is not more prominent in the school systems across the state?

- f. lack of knowledge and understanding about art therapy
- g. not enough interest
- h. not enough funding
- i. not enough need
- j. other (please explain) _____

10. Please list any comments or concerns regarding art therapy in schools?

Appendix F

Art Therapist Letter

Attention: Art Therapists/Art Therapy Interns

Hello!

As you know I am Mallory Schellhorn. I am an art therapy intern and a distance education graduate student at Saint Mary-of-the-Woods College in Indiana. As part of my thesis project I am evaluating the perceived value of art therapy in schools by proposing a triangulation of surveys to be completed by the key stakeholders in a current art therapy program (teachers, parents, art therapists). I believe that by evaluating opinions and beliefs of those involved, knowledge will be gained on the reasons why art therapy is not mainstreamed in the school systems.

I have included a short survey and informed consent form. Please return the completed survey and signed consent back to me, if you chose to participate.

Thank you for your cooperation and support. If you have any questions or concerns, please email or call.

Thank you for your time,

Mallory Schellhorn
Art Therapy Intern
Saint Mary-of-the-Woods College

Appendix G

A Survey About Art Therapy in Schools: Art Therapist Form

1. Do you enjoy doing art therapy in schools?
 YES NO DON'T KNOW

2. Have you used art therapy with any of your clients in school to deal with any of the following issues? (check all that apply or leave blank if not applicable)

- | | |
|---|--|
| <input type="checkbox"/> anxiety | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> stress | <input type="checkbox"/> anger/frustration |
| <input type="checkbox"/> depression | <input type="checkbox"/> fear |
| <input type="checkbox"/> sadness | <input type="checkbox"/> grief and loss |
| <input type="checkbox"/> self-esteem | |
| <input type="checkbox"/> other (please explain) _____ | |
| _____ | |

3. Participating in art therapy helped your clients deal with a particular issue.

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
1	2	3	4	5

4. It has been helpful for your clients to use art as a way of coping/dealing with issues/expressing his or herself in a positive way in school?

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
1	2	3	4	5

5. You noticed positive changes in your clients' behavior since participating in art therapy.

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
1	2	3	4	5

* If you agree, please explain: _____

6. You have noticed negative changes in your clients' behavior since participating in art therapy.

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
1	2	3	4	5

*If you agree, please explain: _____

7. Your clients enjoyed being involved in art therapy in school.

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

8. Art therapy offered in schools reaches a higher demographic than clinical art therapy?

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

9. Why do you think art therapy is not more prominent in the school systems across the state?

- a. lack of knowledge and understanding about art therapy
- b. not enough interest
- c. not enough funding
- d. not enough need
- e. other (please explain) _____

10. Please list any comments or opinions of why art therapy is important in schools?
