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Sensory Art Therapy with Students in Public Schools:

Development of a Method

Capstone Thesis

Lesley University

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Master of Arts in Clinical Mental Health Counseling: Art Therapy

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Abstract

Art therapy is an effective service for students in public schools that struggle with academic, social, emotional, behavioral and other issues. Art therapy is widely used with school-aged children and adolescents; however, it is not commonly provided as a service in public schools. Research shows that when art therapy is provided in schools, students experience a wide-range of benefits including but not limited to communication development, decrease in disruptive behaviors, feelings of empowerment, belonging, safety and confidence, improved mood, an increase in coping strategies and stress reduction. Art therapists working in schools report difficulties resulting from a lack of understanding of art therapy, unrealistic expectations, dual roles and a lack of access to supplies, along with other issues. Despite difficulties establishing art therapy in public schools, art therapists report success, especially when other staff and families collaborate and communicate in order to best serve the students. An example of how art therapy can be implemented in public schools is explored in this paper. The author, an art therapy intern, implemented the shaving cream prints method in a public high school with two teenage female students. Results found this method to be beneficial in promoting relaxation and comfort that lead to verbal processing with the art therapy intern. Art therapy is a valid counseling service that, through future research and advocacy, will find its place in more public schools across the United States.

Keywords: art therapy, school art therapy, children, adolescents, sensory art therapy, shaving cream prints, Expressive Therapies Continuum

Sensory Art Therapy with Students in Public Schools: Development of a Method

Introduction

Art therapy is a beneficial service for any child or adolescent who is struggling socially, emotionally, behaviorally or academically. Children and adolescents spend most of their time in school, so it is logical that providing art therapy during the school day could be a phenomenal way to help students reach social, emotional, behavioral, and academic goals. The intention of this research paper is to demonstrate the efficacy of art therapy with students in school settings. The following literature review examines art therapy research with the school-aged children and adolescent population, along with specific ways that art therapy has been implemented in private and public schools. Research surrounding the experiences of art therapists working in schools is also included to highlight the difficulties faced when implementing art therapy services in public education settings. This paper includes a brief description of the kinesthetic and sensory level of the Expressive Therapies Continuum (ETC) and how clinical work at this level with students can be beneficial. As a methodological approach, the author implements the “shaving cream prints method” with two female high school students to demonstrate how art therapy can be utilized in public schools. Results acquired from implementing this method advocate for the need for art therapy services in public schools.

Literature Review

Art Therapy with School-Aged Children and Adolescents

Hartz and Thick (2005) conducted a quantitative arts-based quasi-experimental study that compares the effectiveness of art psychotherapy and art-as-therapy approaches in addressing self-esteem of female juvenile offenders. The participants were 31 females ages 13 to 18 who had committed felony-level crimes. Since this was the only facility of its kind that provided art

therapy in the state, there was no equivalent control group available. There were 12 participants in the art psychotherapy group and 15 participants in the art-as-therapy group.

Participants answered pre- and post-intervention self-esteem and global self-worth measures, along with a specially-designed post-treatment questionnaire regarding the art therapy. The art interventions were the same in each group, but the introductions, warm-ups and closures were different based on the approach. The study found that both groups reported an increase in feelings of mastery, connection and self-approval. The art psychotherapy group showed an increase in close friendship and positive behaviors while the art-as-therapy groups showed an increase in social acceptance.

Although this study took place in a juvenile residential treatment facility and not a traditional school setting, the population was school-aged and faced problems that are seen across this age group, particularly self-esteem. The findings show that art psychotherapy and art-as-therapy approaches deliver positive results with this population and that “art therapy is a modality that commonly diminishes adolescent resistance” (Hartz & Thick, 2005, p. 77).

Saunders and Saunders (2000) also found art therapy treatment effective in decreasing presenting symptoms and achieving clinical goals in an art therapy program for youth ages two to 16 at a nonprofit human services agency. The study was conducted over a 3-year period and had 94 participants. The researchers’ hypothesis included a positive change in the therapeutic relationship over time, a decrease in presenting symptoms and an achievement of clinical goals. The researchers also looked at subgroups based on gender, age and frequency of sessions. The study utilized a pretest-posttest design in the form of intake and exit forms to answer these questions.

The study found that the therapeutic relationship formed during art therapy gains strength over time. All of the identified problems were found to decrease in frequency and severity at the time of program exit. The decrease in frequency and severity of symptoms was similarly significant in children of all ages and genders. The number of sessions attended did not seem to affect results. Only four children had not met their first goal whether completely or partially at the end of the program (Saunders & Saunders, 2000).

Although the program was not conducted in a school setting, the population is consistent with school-age children and the results could translate to an education setting. The researchers promoted art therapists partnering with social science researchers in order to conduct more quantitative research in the art therapy field (Saunders & Saunders, 2000).

Art Therapy in Schools

Research has found art therapy to be beneficial to students when offered during the school day. In a qualitative study conducted by Deboys, Holtum and Wright (2017), 14 primary school children living in the United Kingdom who participated in individual art therapy in school experienced many emotional benefits. Children, parents and teachers were interviewed in order to gain insight into their understandings of art therapy in public schools. The interviews were analyzed using grounded theory. The study determined that “school-based art therapy can help children with processing of trauma, communication development, ego resilience and behavioral difficulties” (p. 118-9).

The interviews found that parents and teachers appreciated the availability of art therapy in schools because the school was already seen as a natural and supportive setting. Parents tended to feel comfortable approaching art therapists in schools to discuss their child’s progress. Although many parents did not have a full understanding of the art therapy process, they

appreciated the child-centered nature of the work and that it allowed their children to make choices and be active creators. Children also found making choices very important. Many participants viewed the therapeutic relationship as central to art therapy, which was described as a safe, calm space. “Children described art therapy as enjoyable...it made them feel happy, safe and confident” (Deboys et al., 2017, p. 125). Eight of the 14 children reported personal change and at least one adult reported witnessing change per each child. Positive changes included improved mood, increased confidence, improved communication, increased understanding, increased resilience and overall academic learning. The triangulation of interviewees and the positive results supported the need for art therapy in public schools.

Spier (2010) conducted a study that focused on group art therapy with eighth-grade students in a private school. The six students in the study were referred to the group “by their teachers due to the significant impact [their] behaviors had on the students’ academic experience” (p. 76). The students were not clinically diagnosed with conduct disorder or oppositional defiance disorder, but exhibited poor coping skills that were determined by the teachers to have potentially negative impacts on their transitions to high school.

Before the start of the group, participants completed self-inventories that measured coping behaviors and interviews were conducted with parents. Disciplinary records were obtained as a way to measure progress. Participants also completed a “Me in Ninth Grade Drawing” at the start and end of the study (Spier, 2010, p. 76). The groups took place twice a week during the school day and lasted 45 to 60 minutes. Each group began with a verbal check-in followed by an art therapy directive that focused on stress. Spier found that art therapy helped students develop positive coping strategies which lead to a greater sense of belonging at school and allowed them to have more positive attitudes around transitioning to high school.

In the areas of change reported by parents, at least two parents reported positive change in each category which included, “decrease in frustration, increase in confidence, increase in preparedness/positive attitude toward transition to high school, decrease in disruptive behavior and addition of positive behaviors” (Spier, 2010, p. 80). Participants also recompleted the self-inventories at the end of the study and all showed positive changes in at least two of the following areas: “increasing self-reliance, development of social support, solving family problems, avoiding problems, seeking spiritual support and being humorous” (p. 81). The art therapy group provided during the school day allowed students to develop positive coping skills in a familiar, safe environment in order to properly prepare them for high school.

Ziff, Ivers and Shaw (2016) also conducted a study that supports art therapy services provided in schools. Childhood stress is on the rise but schools have the ability to provide “stress-buffering positive experiences” in order for students to learn to cope with stress and allow them to return back to the classroom (p. 72). ArtBreak is a small group program that was designed by an elementary school counselor to provide children with an opportunity to have restorative experiences during the school day. The children could relax while developing social/emotional skills. The program is choice-based, so students can be as independent in their creations as possible.

Over five years, there were 149 participants, ages five to 12, divided among 25 small groups (Ziff et al., 2016). Data was collected in many forms including reflective notes, children’s journals, photographs of the artwork, children’s verbal responses, teacher input and referral forms. Fingertip temperature change was also collected as a measure of stress reduction. This form of data found that students’ post-intervention fingertip temperature rose an average of 4.6 degrees, which indicates a decrease in stress. Qualitative findings show that the art group

provided social/emotional development for some participants along with relaxation, self-direction, emotional regulation and helping others. ArtBreak was developed using the Expressive Therapies Continuum (ETC) and it shows the effectiveness of providing small group art-making during the school day to relieve stress in students. (More information on the ETC is found on page 13.)

McDonald and Drey (2018) reviewed art-based studies that looked at the effectiveness of school art therapy. The study found 201 articles that were narrowed down to four that met their inclusion criteria. They found that “art therapy was reported as having a significant positive impact on some outcomes and non-significant greater gains towards Locus of Control” (p. 33). No negative effects were found in the review. The studies that were reviewed focused on students with Oppositional Defiance Disorder, Separation Anxiety Disorder, behavioral issues and learning disabilities. All of the participants were between seven and 13 years of age.

With “one in ten primary school children suffer[ing] from a diagnosable mental health disorder,” there is a great need for mental health services in schools (McDonald & Drey, 2018, p. 33). McDonald and Drey looked at the effectiveness of art therapy in primary schools in order to promote it as a resource to address the need for mental health services for students. They found that art therapy in schools is generally beneficial for students and does not result in negative outcomes. McDonald and Drey stress the need for further art therapy research in the education setting.

In 2011, the American Art Therapy Association (AATA) created a visual resource highlighting nine “model art therapy program in k-12 schools” (p. 2). One of these programs functions in the Miami-Dade County Public Schools. Janet Bush, ATR-BC started a pilot art therapy program in this school system in 1979 and it grew into the first comprehensive public

school art therapy program in the United States. Due to the success of the program, Bush (1997) developed *The Handbook of School Art Therapy* to serve as a resource for art therapists and school personnel looking to establish art therapy programs in their own districts. This is an excellent resource for professionals in the field, but due to the limitations of this paper, further information will not be included.

Another AATA-approved school art therapy program exists in the Jersey City Public Schools (JCPS) and began in 1993 (Nelson, 2010). This program provides services to general and special education students “to address a broad range of social, emotional and psychological issues in this large urban district” (p. 63). Art therapists serve students individually, in small groups, in classroom-wide groups and in an extended school year program over the summer. They also provide therapeutic workshops for teachers in order to truly foster a “cooperative culture” (p.62). The JCPS art therapy program helps students “improve self-esteem and confidence, understand and deal with emotions, develop positive coping and social skills, build character, and accept differences” (p. 63).

Art Therapists in Schools

Although school art therapy provides many positive changes for students, in 2013 The American Art Therapy Association reported that only 12.5% of its members work in education settings (Gonzalez-Dolginko, 2018). Of these art therapists working in schools, none of them were hired under the title “art therapist,” yet all utilized art therapy when working with students. Gonzalez-Dolginko interviewed eight art therapists currently employed in public schools in New York State in order to generate a status report on art therapists in public schools. The article provided crucial background information for understanding the current state of art therapy in public schools. AATA is a member of The National Alliance of Specialized Instructional

Support Personnel (NASISP), which is an organization that places specialized professionals, such as art therapists, in public schools.

Art therapy is typically implemented into public schools in three ways: a clinical model, an art education model and a school counseling model. Art therapy can help students in public schools with social-emotional, behavioral and academic goals. The interviews revealed that all of the art therapists were hired by public schools under titles other than “art therapist,” yet all utilized art therapy in their work with students. Five of the interviewees supervised interns, which were reported to add visibility to the field. Some negatives the participants experienced at their schools were suspicion surrounding “therapy” in schools, dismissive administration, a heavy emphasis on the curriculum and an overall lack of interest, awareness, and understanding of art therapy (Gonzalez-Dolginko, 2018).

The article concludes with the statement that, “Hiring art therapists would help transition art therapy from art education and school counseling toward a clinical model in which the nature, value, and appreciation of art therapy could be better recognized within public schools” (Gonzalez-Dolginko, 2018, p. 23). Gonzalez-Dolginko provides a look at art therapy in public schools from the perspective of art therapists employed at these sites. The article includes information on the legislation that surrounds art therapy and provides answers as to why art therapists are not typically hired in public schools. There is a crucial need for more advocacy and evidence-based data to promote the value of art therapy in public schools.

Although there are many more art therapists working in Israeli schools than American schools, Regev, Green-Orlovich and Snir (2015) found that art therapists working in schools in Israel faced many difficulties including accessing adequate space and supplies, dual roles in the school that affect the therapeutic relationship, the school schedule and a lack of understanding of

the art therapy field. This article used the consensual-qualitative reconsensual-qualitative research analysis method on the interviews of 15 art therapists working in Israel. The interviews were semi-structured and focused on the participants' education, current working conditions, personal work relationships and their perceptions regarding art therapy in schools. In Israel, "the educational system is the largest employer of art therapists" (p. 48). Art therapists tend to be directly hired by special education schools and hired through outside agencies when working in public schools.

Regev et al. (2015) found that many parents believed that art therapy in schools is more efficient than at community mental health centers because it is easier to access and there are shorter wait times in school. It is crucial that the parents cooperate in order for the schools to provide successful art therapy to children, although providing art therapy in schools tends to be more available for children whose parents would not typically play an active role in therapy. When offered in schools, art therapy is normalized because it is part of a child's schedule.

The participants in the study reported some difficulties in conducting art therapy in schools. They often had difficulty finding an adequate physical space for art therapy that provided privacy, storage, consistency and access to water. There was also a difficulty in gaining access to supplies. Many art therapists reported that their dual or multiple roles in the school often affected the therapeutic relationship. The school schedule itself made consistency difficult to maintain due to holidays, school trips and rotating schedules. Most art therapists found some difficulty communicating with school staff due to time constraints and a lack of understanding surrounding the art therapy field. Although there were many difficulties reported, most therapists agreed that the school assisted them in doing their jobs well. They found most staff to be cooperative and collaborative. Teachers helped the art therapists in communicating with parents.

The interviewees often felt close connections to other mental health staff in the school, such as psychologists and counselors. The participants agreed that in order to be a successful art therapist in a school, one must be flexible, establish good communication, set limits and be willing to provide materials and time (Regev et al., 2015).

Regev et al. (2015) found that in order to successfully implement art therapy in schools, there needs to be a “greater knowledge of art therapy within the education system” (p. 47). This is crucial in order for art therapists to not suffer from unrealistic expectations, to be provided adequate space and materials and to successfully communicate with staff and parents. Overall, the research on school art therapy generally agrees that art therapy is a valid form of treatment for students in schools and as the field gains greater awareness, more students will have access to art therapy during the school day.

Moriya (2006) also believes that a misunderstanding of art therapy in the school system can lead to unrealistic expectations (p. 59). This article explored the ethical issues of conducting art therapy in schools. Some issues must be considered when working with children in any setting, although other issues are unique to the school system. Art therapists working in schools must maintain contact with everyone involved in the child’s treatment and education, including teachers, parents, counselors, psychologists and other service providers in the school, along with outside providers. Maintaining confidentiality when also expected to share information with a team of providers can become complicated for art therapists working in schools. There is always a question of how much information is appropriate to share. With so many people involved in the child’s treatment, there is also the issue of referral. School counselors or teachers may refer the child for school art therapy and in some cases, the parents may make the request.

Along with communicating with parents and school staff, school art therapists must also consider what to include in treatment documentation and who has ownership over these records. Parents are entitled to access their child's record and other staff members on the treatment team may also have access to art therapy records. School art therapists must also decide whether or not to include images of student artwork in their records, if they will present artwork during team meetings or if they show pieces to parents. In some schools, there may be an expectation that artwork created during art therapy be displayed. Moriya (2006) believes that parental consent and child assent must always be obtained before sharing student artwork. Asking the question *Who benefits from viewing the child's art?* is a helpful way to determine who has access to the artwork.

Another ethical issue that is unique to the school setting is providing context that allows the student and their parents to truly understand the nature of art therapy. Students and parents are accustomed to art education, arts and crafts and other creative activities that take place during the school day, but it is crucial that parents understand the distinction of art therapy and provide their consent. Younger students may not understand the extent of the therapeutic process, but depending on their developmental level, Moriya (2006) believes that is appropriate. It is more ethically crucial that the parents approve of art therapy services for their child. During the art therapy sessions, the school art therapist must provide as much predictability as possible in order to create a safe, confidential environment for the student. This can often be difficult to do in a school where rooms may be shared with other teachers or they may have windows or thin walls.

Moriya (2006) concludes that art therapists working in schools must adhere to their ethical training while being aware of the expectations of a school environment. Although it will

not always be easy, “it is ethically possible to conduct art therapy in schools and protect the patient’s privacy and confidentiality” (p. 65).

Kinesthetic and Sensory Level of the Expressive Therapies Continuum

The Expressive Therapies Continuum (ETC) is a theoretical framework that expressive therapists utilize to understand how clients “interact with art media...in order to process information and form images” (Hinz, 2009, p. 4). Extensive research on the ETC exists, but for the purpose of this paper, only the kinesthetic and sensory level will be explored. This is the most developmentally simple level of information processing. Fluid media, such as finger-painting, allow clients to access this level of processing. Infants explore the world through preverbal, kinesthetic and sensory experiences, which is how early memories and emotions are developed and stored; “thus, art therapy performed on the kinesthetic/sensory level of the ETC may be particularly helpful in accessing preverbal material” (Hinz, 2009, p. 39).

Each level of the ETC provides healing dimensions for clients. When working in the kinesthetic component, clients may experience a release of energy which can reduce their level of tension. Kinesthetic experiences allow clients to tap into internal rhythms, which can lead to greater awareness of one’s emotions. When working in the sensory component, clients may have a “slow sensual experience” that results in relaxation and a greater awareness of internal calm (Hinz, 2009, p. 62).

When creating during art therapy, clients experience a “felt sense,” which allows them to gain complete awareness of a situation. According to Malchiodi (2014), a “felt sense is a way of making meaning that helps us understand and appreciate the world around us” (p. 14). Art-making allows clients to use all of their senses in order to access emotions. The sensory experience “can be self-soothing and relaxing; art making also may assist the process of

emotional reparation and healing” (p.14). Art therapy allows clients to explore and communicate in nonverbal ways, which is an excellent opportunity for children and adolescents who may not be developmentally able or are uncomfortable communicating verbally.

Snoezelen, or multisensory rooms, were created for people with learning disabilities to engage in sensory experiences in order to make sense of the world and find relaxation and pleasure (Kowk, To & Sung, 2003). Although the Snoezelen concept was not developed by art therapists, the rooms provide a therapeutic experience for clients on the kinesthetic and sensory level of the ETC. Some benefits of the Snoezelen room include reducing self-injurious behaviors and increasing attention, feelings of empowerment, self-confidence, safety and exploration.

Kwok et al. (2003) conducted a research study at a hospital in Hong Kong with 96 clients ages 16 to 60. Each client participated in at least one Snoezelen session. Clients’ primary caregivers at the hospital completed rating forms within one-week post-session regarding client effectiveness on client behavior. “The most prominent effects of the Snoezelen as reported by carers were found in leisure (62.5%), relaxation (55.2%), improved rapport (51.0%), and reduction of self-injurious behavior (58.1%)” (p. 124). Results showed that sensory exploration in a nonthreatening environment is therapeutically beneficial to clients.

Summary

Although it is clear that there are many ethical and logistical issues for art therapists to consider when working in a school setting, research shows that providing art therapy to students during the school day can lead to tremendous benefits including but not limited to: processing of trauma, communication development, improved mood, increased confidence and self-esteem, a greater sense of belonging, a decrease in frustration, social/emotional and empathy development, relaxation, and emotional regulation. More specifically, kinesthetic and sensory-based art

therapy may provide unique experiences for students, yet there is limited research in this area. School art therapy is still a relatively new niche in the field and more research is needed in order to solidify its importance and to normalize the service in public schools.

Method

Rationalization

In gathering experiential activities as a way of creating research opportunities in relationship to the literature review, I sought examples of a method that is representative of how art therapy can be utilized in a public school. I was especially interested in exploring a method that focuses on the kinesthetic and sensory level of the Expressive Therapies Continuum (ETC). In conducting my own artistic explorations during my thesis process, I utilized this level of creating, specifically in making a large-scale finger painting (see Figure 1). I created this piece over two days. On the first day, I began creating on a large piece of paper that I used as a drop cloth under another painting in order to not get any paint on the floor (see the circles in the upper middle section). I then used some leftover paint from the other painting to create an abstract finger painting (left side of the paper).

On the second day, I used Sharpies to write down words from multiple Mary Oliver poems read out-loud during class by my professor. These words stuck out to me as she read the poems, but I was not yet sure of their importance or significance in relation to my process. I then engaged in a very kinesthetic and sensory experience of finger painting in, around and on top of these words. I focused on feeling: how the words felt and what the feelings looked like. I became very engaged in this level of creating with my senses. I felt like the painting was leading the way and that whatever emerged was unknown to me in the moment, but I was completely comfortable with that. I truly trusted the process and I felt very rejuvenated after. The process

was therapeutic and reminded me of why I entered the art therapy field in the first place. I also found myself more able to verbally engage with my peers on my thesis topic after this process. It was as if I had discovered some clarity on the direction of my paper.

The experience also reminded me of the importance of play and how so much of the work in art therapy is reminding clients how to play. The art helps clients access the work from a different place and perspective. Reflecting back on this piece helped me decide to pursue a kinesthetic and sensory method with my students. I wanted to allow my students an opportunity to play in a setting that can often be very stressful: school. I was curious to see how they would explore and create on a kinesthetic and sensory level and if the process would lead to something more. I also realized that the words in my painting represented factors that clients bring to art therapy, along with factors that arise and are experienced by the art therapist and client during sessions. The large “SHOUTING!” seen in *Figure 1*, represented my desire to be an advocate for the availability of art therapy in schools, which is the ultimate goal for this thesis.

I decided to utilize the shaving cream prints method because it can be contained in the kinesthetic and sensory level or it can be adapted and elaborated on in order to move clients into higher levels of the ETC. It is a very versatile method that can be adapted for each client based on their treatment goals. It is a very calming process and the product is very visually appealing, which can help increase students’ self-esteem. The method does not involve many materials, the instructions are easy to implement and it can be used in individual and group sessions. The only research or literature I found on this method is an art education article that uses shaving cream prints as a way to combine process-based art with product-based projects (Stone & Chakraborty, 2011). I find this blending of process- and product-based art interesting because depending on my students, some benefit more from the process while others benefit more from the product and

what can be further done with the prints. I believe this method has a place in the field of art therapy, especially with students in a public school setting and I hope that this thesis will add to the literature in the field.

Shaving Cream Prints: Materials and Process

The shaving cream print method requires the following materials: foaming shaving cream, tin foil, mixed-media paper, strips of cardboard or cardstock (or any other material or object to serve as a squeegee), acrylic paint (or food coloring) and toothpicks.

Place a sheet of tinfoil flat on the table. Spray the shaving cream onto the tinfoil in a shape slightly smaller than the mixed media paper that will be used for the prints. Make sure there are minimal empty spaces between the blobs of shaving cream. Choose two to four colors of paint or food coloring. Drip small drops of the paint on top of the shaving cream. Use a toothpick to gently swirl the paint into the shaving cream. Once satisfied with the design, place a piece of mixed media paper on top of the shaving cream. Gently press the paper into the shaving cream until the entire surface has come into contact with the shaving cream. The shaving cream will start to ooze out from under the edges of the paper. Place another piece of tinfoil on the table next to the first piece. Gently remove the paper from the shaving cream, turn it upside down and place it on the new piece of tinfoil. Use the edge of the cardboard (or squeegee object) to scrape the shaving cream and paint off of the paper in a single direction. Once all of the shaving cream is removed, set the print aside to dry. Multiple prints can be made from the leftover shaving cream or the same piece of paper can be pressed multiple times. More paint or dye can also be added and swirled into the original shaving cream mixture. The shaving cream can also be sculpted into three-dimensional creations.

Participants

I currently intern in a public high school and I provide art therapy services for individual students who have a social/emotional goal on their Individual Education Program (IEP). I carefully determined what students to introduce the shaving cream method to based on our therapeutic relationship, their treatment goals, their diagnostic history and their mental status at the start of the session. I explained the method to each student and received verbal assent that they wanted to participate during the session.

Documentation

During each session, I practiced engaged and active listening in order to be fully present with my clients. After the sessions, I recorded written journal entries to document the sessions, including my observations on the students' behaviors along with my reactions and thoughts during the process. Throughout my thesis journey, I kept track of my progress through an altered book art journal and other artworks. I also made process art throughout writing my thesis as a way to artistically engage with the material and new ideas. I created embodied response art after implementing this art method with my students which resulted in my personal examples of this method (*Figure 2*) and different adaptations (*Figure 3*).

Results**Student A**

I implemented the shaving cream prints method with a 14-year-old female student, Student A. She is very reserved, quiet and soft-spoken. She often does not converse during sessions and tends to answer questions in short sentences. During our eighth session together, we made shaving cream prints. I told her I had something new for her to try, if she was willing. She nodded yes and I explained the process. As soon as I mentioned shaving cream, the student

smiled widely and explained in a louder voice and with enthusiasm that she had played with shaving cream in a younger grade and enjoyed it.

I showed her how to squirt the shaving cream onto the tin foil. I handed her the can and she took it and immediately filled a large area of her foil with shaving cream. She leaned her head over the shaving cream and took in a deep breath through her nose, inhaling the smell. She smiled. I then showed her how to drop paint onto the shaving cream. I asked her to pick out three to four colors of paint. She chose purple, green, blue and metallic gold. The student dripped the paint on top of the shaving cream. I demonstrated how to swirl the paint into the shaving cream with a toothpick. The student then picked out a toothpick and began to swirl the paint into the shaving cream.

After a few minutes, I showed the student how to lay the piece of paper on top of the shaving cream, press it down gently, remove it, lay it onto a clean piece of tinfoil and then use cardboard to scrape off the shaving cream and paint. The student followed this process. She very carefully pressed her paper into the shaving cream. After she removed the paper and scraped off the shaving cream, her eyes widened. She made two more prints before asking if she could play with the shaving cream. She very calmly pressed her hand into the shaving cream. She began to rub her hands across the tin foil and picked up clumps of the shaving cream and paint mixture. She examined the mixture in her hands and pressed them together, squeezing shaving cream out from between her fingers. She breathed deeply and smiled during this process.

During our next session, I asked the student to look at her shaving cream prints for a moment. I then asked her to focus on a section or two that drew her into the image. She chose one print and pointed to a purple area and a blue area. I asked her if those areas reminded her of anything. She sat silently for a moment. I asked her if the colors reminded her of any feelings.

She explained how the blue reminded her of sadness and the purple reminded her of happiness. I then asked her to choose one of those feelings and create a word collage of things that made her feel that way. The student chose happiness and filled a large piece of paper with words and some small drawings of things that made her happy. The student worked on this collage over three sessions. At the last session, she picked up her shaving cream print and taped it to the center of her collage. She then wrote “what makes me happy” around the print. I asked her questions about her piece when she was finished. She did not offer much verbally, but responded to questions like, “What area stands out to you?” and was willing to elaborate on a certain activity that brought her happiness.

Through this process, the student was able to communicate about her emotions by creating art. This is a student who is extremely quiet and does not often share any information about her feelings verbally. I learned more about her interests and the areas of joy in her life through this experience than I have through conversations in previous sessions. I believe the shaving cream was a nonthreatening art material that allowed the student to participate without much anxiety. The material is a familiar one that most clients have either used before or have had access to, perhaps using or seeing it in their homes. The kinesthetic and sensory process allows clients to experience a sense of calm and playfulness that is often difficult to capture during a stressful school day.

Student B

I also implemented the shaving cream method with Student B, a 16-year-old female. Student B often presents as physically exhausted. When she arrived to the session, she was dressed in an oversized sweatshirt and sweatpants. She also wore a knit hat that she pulled down to almost cover her eyes. Student B appeared physically fatigued and reported that she was tired.

I knew she was dealing with many life stressors that have most likely added to her physical state. As we verbally checked in, Student B was not very talkative and she was slumped in her chair. It appeared that she was hiding in her sweatshirt. Historically, her verbal participation varies depending on her mood, but she was especially quiet that day. As I inquired about her weekend, Student B noticed the shaving cream print materials on the art table. She sat up straight and asked what the shaving cream was for. I asked her if she had ever done shaving cream prints and she was somewhat familiar but had never tried it herself. She asked if we could try.

I laid out the tinfoil for Student B to use as a work surface. I explained the method to her one step at a time. Student B chose three colors of paint: bright pink, blue and yellow. She then stood up and squeezed the shaving cream onto the tinfoil and dropped blobs of paint on top. She sat back down and used a toothpick to swirl the paint into the shaving cream. Student B lifted her hat farther up her forehead so she could see better. As she swirled the paint and shaving cream together, the sleeve of her sweatshirt dragged through the mixture. At first, she did not react and did not seem to notice.

Student B then used a piece of paper to press onto the shaving cream and paint mixture. She lifted the paper and placed it onto another piece of tinfoil. She was not satisfied with the image, so she lifted the paper and pressed it onto the shaving cream again. She then used a piece of cardstock to scrape the shaving cream off of her print. She used the excess shaving cream on the cardstock to fill in blank areas on her print with her fingers. From there, Student B began to experiment. She created more prints but each time would incorporate something new. On one print, she used a toothpick to draw on the shaving cream before removing it with the cardstock. She added more paint to some of the other prints. On others, she pressed the paper onto the shaving cream mixture multiple times. She used different materials to remove the shaving cream

from her prints. Student B appeared very curious and was determined to create a print that would make her proud. During this process, Student B's sweatshirt sleeves continued to drag through the shaving cream. She laughed and said it gave her sweatshirt some character. She then began to talk about some of her current stressors and her relationships with her family and friends.

After Student B made seven prints, she announced that she was done. I realized that the more sensory the experience became, the more Student B shared verbally. I gave her the option of washing her hands or trying something else with the shaving cream. She appeared curious and asked what else she could do. I gave her a large piece of paper and told her she could experiment with the materials, such as finger painting. Student B rolled up her sleeves, moved her prints to the side and pulled the large piece of paper closer to her. She then used the original shaving cream and paint mixture as a pallet and her fingers as brushes. She scooped up the mixture and began to finger paint with it on the larger piece of paper. The experience was very kinesthetic and sensory. Student B stretched her arms across the large piece of paper and manipulated the material with her fingers to create a three-dimensional painting. She pinched the shaving cream to make tiny peaks all over the paper. The more she worked, the closer her face got to the paper and she appeared very absorbed in the process. It appeared she was in a meditative state, but she then began to talk in more detail about her relationships, her current struggles and how she was feeling. She continued to touch the material but focused less on the artmaking and engaged more deeply in conversation.

I let Student B know when we only had a few minutes left in our session and she looked back down at her shaving cream painting. She made a few comments then washed her hands. We then continued our conversation and I noticed a vast difference in her body language. No longer

was she slumped in her chair or hiding in her sweatshirt and hat. Student B still appeared tired but not to the extent of physical exhaustion as when she entered the room.

The shaving cream print method allowed Student B an opportunity to have a kinesthetic and sensory experience. As she engaged with the materials, I noticed her body language shift from closed-off and defensive to much more open and alert. The more she touched, smeared and pinched the shaving cream, the more she engaged in conversation and expressed her emotions. The sensory experience allowed Student B to feel comfortable enough that she was able to move to an affective level and share her feelings.

Discussion

Depending on the student, the art therapy process or the product may be more important, or they both can bring about different benefits. In the case of Student A, she was able to enter into a meditative state by physically manipulating the material. The product allowed her a chance to elaborate on the art-making process. She then visually and verbally shared personal experiences that she may not have done otherwise. Student B also benefitted from the shaving cream prints method. She began at the kinesthetic and sensory level, which allowed her to feel physically comfortable enough to enter an affective level of processing.

The shaving cream prints method is very versatile and the materials are generally accessible. The process allows students to have a sensory experience in a safe, therapeutic environment. The feeling of the shaving cream on the hands, along with the scent, the visual display and the sounds made when squeezed from the can and smeared with the fingers can help relax a student or generate an emotional response. This sensory experience may help students recover past memories that were stored preverbally. When using this method, art therapists must also be aware of the potential for regression, which may or may not be beneficial for the student.

If the student has experienced trauma, especially during the preverbal stage, they may experience a trauma response during this method and the art therapist must be prepared to hold the space for him or her in order to feel safe and supported. In this situation, adaptations to the method may be necessary.

There are many further adaptations that art therapists can implement when using the shaving cream prints method depending on the students' goals and their current needs. Certain considerations must be taken into account based on the individual student. For example, when working with students on the Autism Spectrum, attention must be paid to their sensory processing experience. Some students may be too uncomfortable with the materials. A few possible adaptations include securing saran wrap over the shaving cream so the student can manipulate the material without getting his or her hands messy. Gloves may also be provided to create a comfortable distance between the student and the material. The art therapist may use his or her own hands to manipulate the material for the student, under the student's direction.

Conclusion

The shaving cream prints method is but one of infinite directives that can be presented when working with students in public schools. After completing my research, I stand by my opening statement that art therapy is a beneficial service for any child or adolescent who is struggling. Art therapy can help children and adolescents experience self-approval (Hartz & Thick, 2005) and reach their clinical goals (Saunders & Saunders, 2000). When offered during the school day, art therapy allows students the opportunity to gain confidence (Deboys et al., 2017), develop positive coping strategies (Spier, 2010) and experience less stress (Ziff et al., 2016). Art therapy provides a safe space for students in public schools to receive unique,

alternative counseling services. The art therapy room is a sacred space that many students can look forward to entering each week.

Going forward, much more research is needed in order to promote the effectiveness of art therapy in public schools. Art therapists must continue to spread awareness of the benefits of these services. Often, art therapists have to educate others in the schools about the role of art therapy and its limitations in order to create realistic expectations and to properly implement services that could be very beneficial for their students. It is my hope that in the future, more art therapists will become directly employed by public schools (Gonzalez-Dolgink, 2018).

I believe that art therapy must become more and more available to special and general education students in public schools. Through conducting my literature review research and my work with students in public schools, I believe art therapy is a valuable service for students struggling with a wide range of issues. Even though the methodology implemented with two female students in this study is a very small and culturally-limited sample size, the results support the value of art therapy in schools. There is no current available research on the shaving cream prints method as beneficial art therapy directive, so I believe my findings add to the field of art therapy and support its implementation in public schools. I also believe that this method could be successfully replicated with other students with varying issues in similar settings. I will continue to advocate for art therapy services in public schools and after completing this research, I am encouraged to continue to explore the shaving cream prints method with more students in the future.

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Appendix



Figure 1. My personal finger painting created during my thesis journey



Figure 2. My personal examples of shaving cream prints



Figure 3. My adaptation of the shaving cream print: Sculpting the materials

THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA**

Student's Name: Sarah Como

Type of Project: Thesis

Title: Sensory Art Therapy with Students in Public Schools: Development of a Method

Date of Graduation: May 18, 2019

In the judgement of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Dr. Vivien Marcow-Speiser