Art Therapy in Public Education

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Art Therapy in Public Education

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Abstract
This literature review explores the history of art therapy in education. By understanding the history it is clear that art therapy has always been a positive force for students. By learning from the successes and challenges in our history we are better able to plan for future programming and expansion of art therapy programs. Because art therapy was developed in part by educators, the history of art therapy itself is linked with the history of art therapy in schools. In today’s application of art therapy in education there are three models most typically used. The research discusses the strengths and limitations for each. The intersection between the arts in education and art therapy in education is explored. The data supports the use of art therapy in schools and provides a framework for future use. Limitations and suggestions for potential research are provided.
Art Therapy in Public Education

Introduction

Integrating art therapy with education is not a new concept in this country. Efforts to do so began in the early 1900’s when art therapy was first forming (Margaret Naumburg 1890-1983, 2015). Some of art therapy’s most prominent leaders worked in education before, during and or after their careers in art therapy. Margaret Naumburg and Edith Kramer, the “mothers of art therapy”, are no exception (Rubin, 2010). Though both relied on psychoanalytic theory, their applications of art therapy are very different from one another. Naumburg stressed the therapy and Kramer stressed the art (Rubin, 2010). Their variances helped establish two differing definitions of art therapy (Malchiodi, 2003). However, art therapists today commonly see both definitions as valid (Malchiodi, 2003). Naumburg represents a version of art therapy that is more like an extension of psychotherapy (Malchiodi, 2003). Kramer embodies the “art as therapy” approach, which suggests that the process of art making is therapeutic in and of itself (Malchiodi, 2003). The variation in the presentation of art therapy continues to expand beyond what Naumburg and Kramer contributed. Art therapy, like psychology, continues to evolve to cater to the needs of a more diverse population.

Art therapy can be used in schools to support a student’s growth and development. It can be tailored based on the needs of the students to address a number of issues. For example, art therapy is used in schools to process trauma, and support adaptation to new situations (Gonzalez-Dolginko, 2018) (Sitzer, & Stockwell, 2015). It increases self-esteem, socialization, communication, and self-expression; it can also improve self and body image (Bradshaw, 2016) (Gonzalez-Dolginko, 2018). Art therapy used with a behavioral lens can address and decrease “symptoms manifesting in negative behavior” (Gonzalez-Dolginko, 2018, p. 20) (Sitzer, &
Art therapy can help to increase a child’s attention span and decrease their impulsivity (Gonzalez-Dolginko, 2018) (Sitzer, & Stockwell, 2015). It can be used to promote appropriate social interactions and decrease negative ones (Davis, Smith-Adcock, & Towns, 2019) (Gonzalez-Dolginko, 2018). Art therapy also assists with academic performance by improving cognitive and creative growth (Bradshaw, 2016) (Davis, Smith-Adcock, & Towns, 2019) (Gonzalez-Dolginko, 2018). Art therapy has even been found to decrease school dropout rates and support classroom skills by increasing focus and conformity to classroom expectations (Gonzalez-Dolginko, 2018). “There are a multitude of ways in which art can be used for either understanding (assessment) or for helping (therapy). But art therapy is a paradox- it is both extremely old and very young. Art for healing is as ancient as the drawings on the walls of caves, yet the profession itself is still a youngster in the family of mental health disciplines” (Rubin, 2010, p. 1).

Though art therapy and art education are separate entities run by separate departments of government, they have and still do overlap in many ways. For example, there are connections between how the arts are treated in education and art therapy in education. A lack of the arts in public school curriculum suggests a lack of funding. It also points to a student body whose social, emotional, and educational needs are not being met. A lack of funding suggests less than adequate mental health support for students. Students should have access to art therapy in their schools, yet some of them do not even have the arts as an outlet for expression. In the past two decades school districts across the country have been forced to mitigate the damage of federal budget cuts and inadequate state funding. The introduction of programs like No Child Left Behind shifted the focus of education to prioritizing test prep over a well-rounded learning experience (Shaw, 2018). A Los Angeles Times news article states that Education Secretary
Betsy DeVos is defending a budget plan that would cut more than $8.5 billion, about 12%, from the Education Department (Meckler, 2019). More often than not, the arts programs in lower socioeconomic school districts feel the brunt of these deficits (Wendler, 2019). The presence of the arts in education drastically transforms the quality of learning that a child will receive. Not only do the arts enrich social, emotional, and creative development, but they also improve a child’s ability to be successful in school and in life. Researchers such as Catterall (1998) have devoted years of study to solidify the link between the arts and academic achievement. Cutting arts programs in schools is denying children the fundamental building blocks that they will need to succeed. Instead of cutting the arts, their role should be prioritized and expanded. There is no limit to how the arts can support a child’s development.

One example of how we can cultivate the role of the arts in school curriculum is through the use of art therapy. Art therapy, as defined by the American Art Therapy Association, “is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (American Art Therapy Association, 2017). Art therapy, similar to talk therapy, varies depending on the theoretical orientation of the licensed professional providing their services. Art therapy may look psychodynamic in its application for some, and more humanistic or behavioral for others. “Art as therapy” is a theoretical lens that grew from Kramer’s thinking, which emphasizes the process of art making over the content of the art product (Rubin, 2010). Moon (2012) a supporter of the “art as therapy” position, “suggest[s] that the creative and expressive quality of art making is, in and of itself, therapeutic” (p. 26). Moreover, Moon (2012) and his supporters believe that having art, music, dance and drama in school is inherently therapeutic for children. Researchers that
support this claim, such as Bradshaw (2016) discuss how incorporating the arts into every day school curriculum is beneficial to a child’s overall school experience. The integration of the art in the classroom leads to the expansion of the child’s mental and emotional capacity (Bradshaw, 2016).

**Literature Review**

**Historical Context**

*Art in education.* Art therapy relies heavily on the fundamentals of psychology but is set apart because of its incorporation of expression through artistic media. There is no art therapy without art and in order for art therapy to thrive in education; the arts have to be valued. Society has had a complicated relationship with art in education since the 18th century. Benjamin Franklin advocated for art education in 1749 (Whitford, 1923). He was not successful, though there were others who shared his sentiment. In 1821 art instruction was introduced to the public school curriculum, and was met with backlash. Despite this, in the following years art was integrated into city school programming, in places like Philadelphia, Baltimore, and Cleveland (Whitford, 1923). Progress continued and “In 1870 provisions for art instruction throughout the commonwealth were made in the laws of the state” (Whitford, 1923, p. 109). “Following the World’s Fair, art teaching soon tended toward ‘art for art’s sake’…” (Whitford, 1923, p. 112) a movement that claimed, “art needs no justification, that it need serve no political, didactic, or other end” (Nirala, 2015). Whitford (1923) explains, “We are rapidly learning to think of art work, drawing, construction, design, etc., not as a special subject, but as an integral part of a well-organized curriculum in the public school. Without art there is an incompleteness that nothing can overcome” (Whitford, p. 112).
**Art therapy.** The history of art therapy in education is intertwined with the development of art therapy itself. Though pioneers in the field of psychology like Freud and Jung stressed the importance of symbolization and the unconscious, they did so within the context of their own theoretical styles (Wadeson, 2010). Naumburg is credited with establishing “the use of art expression as a therapeutic modality…” (Wadeson, 2010). She believed that the role of art in psychotherapy had the potential to be its own entity. Naumburg speaks of art therapy as being “…distinguished from psychoanalysis and other well-known forms of psychotherapy by its emphasis on the use of spontaneous art productions as a non-verbal form of communication between pupil and art teacher or patient and art therapist” (Naumburg, 2001, p. 47).

Naumburg had an extensive background in the field of education, which ultimately led her to art therapy. Her idea of art therapy came out of her experiences working in schools, with the arts and with children in general. She graduated from Barnard College in 1911, and continued her studies at the London School of Economics and Columbia University. Naumburg studied music, speech therapy, and child education. In Rome she studied with Maria Montessori, the founder of Montessori Education (Margaret Naumburg 1890-1983, 2015). Naumburg returned to the United States and introduced Montessori curriculum to New York City. Montessori inspired Naumburg, but her unique perspective on education began forming and she decided to go her own way. In 1915 Naumburg founded the Walden School, alongside her sister, Florence Cane (Margaret Naumburg 1890-1983, 2015). The art program designed by Cane was greatly influenced by the work of Jung (Altman, 2009). The Walden School utilized Freudian psychoanalysis, art, and music in its teaching methods. The core of the school was the integration of the arts and psychology. “The emphasis at the Walden School was on ‘the development of children’s capacities,’ not the ‘accumulation of knowledge’” (Altman, 2009).
By the late 1920’s Naumburg found a new passion in writing. She used the wealth of information that she gathered while running Walden and eventually published her first book in 1928 (Altman, 2009). In the 1930’s she focused her research on the development and establishment of the art therapy field. Naumburg wrote about her methods in four published texts.

By the 1950’s, contributors such as Kramer joined the art therapy platform. Kramer was an artist who fled Prague before WWII (Rubin, 2010). She had a thorough understanding of psychoanalytic thinking and art education. While in Europe, she was working with refugee children in a therapeutic capacity. Kramer began her career in the US at Wiltwyck, a residential school in New York for disturbed children (Rubin, 2010). Rubin (2010) acknowledges that art therapy was an idea “whose time had come” (p. 61) meaning Naumburg and Kramer were not the only pioneers. Others around the world began paying attention to the artwork of the mentally ill during the 1900’s. Individuals working in the psychology field were noticing the value of the art. Though Naumburg and Kramer are famously credited as spearheads, it is important to recognize that the invention of art therapy was somewhat inevitable due to exploration and development of the psychology field (Rubin, 2010).

Art therapy in schools. Art therapy was introduced to the school setting over 100 years ago. Though it was in its infancy, the therapeutic benefits of art therapy were obvious to those who found themselves dabbling in it. It took a while before art therapy was widely understood, and its place in education supported. To this day there is a lack of uniformity in the field of art therapy, with licensure varying from state to state. Because regulations around public education also vary from state to state, it appears it would be difficult to streamline the use of art therapy in schools across the country. Programs like those in Jersey City (Nelson, 2010) and Dade County
Florida (Bush, 1997) are insular for these reasons. Though the research supports the expansion of art therapy programs in public education, the existing programs remain an anomaly. In addition to these variables, the fact that an art therapist does not have a clear position within a school adds to the complexity (Gonzalez-Dolginko, 2018). An art therapist in the education field can work under a counselor model, a clinical model, or an art education model (Gonzalez-Dolginko, 2018). Not to mention the hybrid positions that are available. Each option leads to a slightly different role for the art therapist to take on. The counselor model emphasizes duties typically associated with guidance counseling (Gonzalez-Dolginko, 2018). The clinical model suggests that the art therapist is involved with outside agencies in their efforts to assess and treat a student (Gonzalez-Dolginko, 2018). They have the means to design specialized programs and commonly use psychology and art therapy assessments to better serve the student’s needs.

Typically, art therapists practicing at a school through a clinical model have a teaching certification in addition to their art therapy license (Gonzalez-Dolginko, 2018). This is true for the art education model as well. This model encourages the fusing of art therapy and art education (Gonzalez-Dolginko, 2018). It asks the art therapist to act equally as an educator and a therapist (Gonzalez-Dolginko, 2018). The three models provide a framework for art therapists, and three avenues to pursue when looking for a job in the education field. However, these models make it harder for the art therapy field to become established within public schools. As of 2018 it appeared that there were no art therapists working under the job title “art therapist” in New York State public schools (Gonzalez-Dolginko, 2018). All art therapists who were employed were hired for a position under one of the three models (Gonzalez-Dolginko, 2018).

One example of a successful implementation of an art therapy program in a public school district can be seen in the Dade County Public Schools. In 1974 Janet Bush, a Florida educator,
pursued a master’s degree in art therapy. She came to this pivotal decision after recognizing signs of cognitive and emotional problems within her student’s artwork (Bush, 1997). Bush spent her clinical placement at a public school, graduated with her masters and completed the art therapy credential (ATR). Bush then developed a pilot study integrating art therapy and art education. “The program sought to train art teachers to understand the essentials of child development and art, to provide background information on disabled students and the nature of their disabilities, and to demonstrate the potential of an art therapy approach with children who had special needs” (Bush, 1997, p.10). Remarkably, funding was available through the Art Education Department. The pilot ran during the 1979-1980 school year. It was expanded the following year and Miami’s Dade County Public Schools hired 4 additional art therapists (Bush, 1997). By 1985, with 8 art therapists on staff, the program shifted away from the Art Education Department to the Division of Special Education, and so did the funding. This shift was reflected in the focus of the program as well, which began to abandon the art education model to instead focus more on a counselor model, supporting students with emotional difficulties (History, 2005). The program is still active to this day.

While Bush was excelling in her work, art therapy and art education were garnering extra attention from the public. The P.L. 94-142 (1975) legislation “identified art therapy as a viable service that might benefit a child who required special education” (Bush, 1997, p. 9) and made it possible to receive funding to support art therapy in a school setting. In 1980 the American Art Therapy Association and the National Art Education Association held a joint conference funded by the National Committee on Arts for the Handicapped (Bush, 1997). “The conference was a milestone for art therapy in schools” (Bush, 1997, p.10). The momentum during this time suggested that art therapy could have a very active role in America’s public education. The
American Art Therapy Association continued to show interest in supporting the rights of disabled children. In 1982, their government affairs representative submitted testimony “(LACAT, September 1982) to the U.S. Department of Education regarding P.L. 94-142 (1975)” (Bush, 1997, p. 10) legislation. This initiative led to the Individuals with Disabilities Education Act (P.L. 101- 476,1990) (Bush, 1997). This is a federal law that “governs special education” and “mandates that school systems create programs for children who have specific problems” (Bush, 1997, p. 10). The efforts made by the American Art Therapy Association have been instrumental in shaping public special education.

21st Century Art Therapy in Schools

*Art as therapy approach.* Bradshaw’s (2016) research provides one example of how art therapy can be integrated with art education. It is used in the classroom to develop a student’s communication skills and their ability to empathize, to increase self-esteem and socialization, and to support academic abilities. Bradshaw (2016) focuses on persuasive writing curriculum, incorporating ecological art education. Bradshaw (2016) is calculated in setting up a safe, interactive environment for 6th grade students to feel comfortable being exposed to ecological art, which allows space for dialogue to begin. This study deepens the student’s understanding of global issues, such as climate change, while also expanding their knowledge of the arts. The students vocalize how this segment of curriculum challenges their interpersonal and problem solving skills (Bradshaw, 2016). Bradshaw (2016) encourages the students to work together with limited intervention from adults, allowing them to develop their social, emotional, and educational abilities. The “art as therapy” approach used by Bradshaw (2016) fosters the student’s ability to communicate successfully, work with others effectively and be empathetic. The research illustrates how the student’s awareness for each other’s feelings and opinions
increase as a result of this study. Though Bradshaw (2016) came into this learning environment for only 4 months, her collaboration with the educators and the seamless relationship between the curriculum and the art suggests an art education model of art therapy.

**Behavioral approach.** Sitzer and Stockwell (2015) take a slightly different approach when integrating art therapy into the classroom. Instead of using art as a therapeutic tool in its own right, they rely on behavioral therapy techniques to drive the use of art, which leads to a different kind of therapeutic experience. Sitzer and Stockwell (2015) use cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT) to inform their art therapy Wellness Program. Working with at risk youth over the course of 14 weeks, Sitzer and Stockwell (2015) “address the complexities of preventing maladaptive responses to situational stress and trauma” (p. 72). The researchers strive to help students better manage their stress, be more proficient in their communication and strengthen their ability to regulate their behavior. In order to best support students, the researchers operate under the assumption that all participants could have experienced trauma at one point in their lives. It is discussed in the research that a large number of the school’s population has experienced traumatic events indicative of living in a low socioeconomic area. The Wellness Program purposefully sought to provide mental health support to a population that may not have the means to get it elsewhere. Sitzer and Stockwell (2015) are also offering an outlet for expression, which may be hard to come by otherwise. It is likely that the school district hosting the Wellness Program has too felt the brunt of budget cuts and less than adequate arts programs. Perhaps that is part of the reason why the Wellness Program was so successful. Teachers were noticing drastic improvements in their student’s behavior and academic achievements (Sitzer, & Stockwell, 2015). Sitzer and Stockwell (2015) were able to “help students develop strategies to cope better with stress, become more adept at
communication, and modulate their behavior” (p. 72). The Wellness Program provides an example of a more clinical model for art therapy.

As a student who was diagnosed with attention deficit disorder (ADD) in 3rd grade, I experienced firsthand how the arts can enrich a child’s education experience and provide therapeutic support. Art and gym were my favorite subjects because it was easier for me to manage my ADD symptoms while engaging in those classes. I would have benefited from the use of art therapy; however, there was no art therapy program in my public school. I discovered that art could be used as a coping tool to address my behavioral and cognitive difficulties. Eventually I advocated for permission to draw during lessons. This was even written in my Individual Education Plan (IEP). I found that doodling throughout the day increased my attention span and allowed me to regulate my rapid thoughts. Thankfully, my public school valued the arts highly, and had the resources to support a student with learning disabilities.

Davis, Smith-Adcock, and Towns (2019) use art therapy combined with reality therapy techniques to support students who suffer from chronic illnesses, such as ADD. Clinicians working in this study highlight the use of art therapy as a positive intervention to bring to a school counseling setting. Art and reality therapy in schools has been found to “reduce stress, enhance problem-solving skills, and develop a strong sense of well-being” (Davis, Smith-Adcock, & Towns, 2019, p. 2) especially among students who suffer from a chronic condition. Some of the clinicians in this study who were unfamiliar with the application of art therapy discussed how they found it to be a valuable tool they hope to add to their practice (Davis, Smith-Adcock, & Towns, 2019). “Not all kids want to talk or write but many times you can get them to draw or paint or use some kind of artistic means to communicate” (Davis, Smith-Adcock, & Towns, 2019, p. 6). Davis, Smith-Adcock, and Towns (2019) bring art therapy to
ART THERAPY IN PUBLIC EDUCATION

students who are not used to the integration of the arts with every day curriculum. “They’re not allowed to draw. Drawing is almost removed from schools other than the art class” (Davis, Smith-Adcock, & Towns, 2019, p. 6). Davis, Smith-Adcock, and Towns (2019) found reality art therapy to be effective in many ways. Reality art therapy supports the student’s ability to regulate their emotions and behaviors (Davis, Smith-Adcock, & Towns, 2019). Progress was made inside and outside of the classroom and the students were grateful for it. This study provided the students with a much-needed opportunity to express themselves through an artistic outlet within the classroom. One student testimonial reads, “I get to be an artist so that I can express my feelings” (Davis, Smith-Adcock, & Towns, 2019, p. 7). Though this study is conducted by an outside agency coming into a school environment, the model being used appears to be a counselor model. This is based on the nature of the treatment and the psychoeducation on art therapy, which is provided to the counselors already working at the school.

Budget Cuts

The Arts. During the 1920’s public education was funded by the state and local taxes exclusively. “Standardization in schools through federal bureaucracy and government legislation was still in its infancy” (U*X*L American Decades, 2019). This resulted in inequality among school districts. Today, public education receives funding from the state, local taxes and the government. Unfortunately, the federal funding is not enough to balance the disparity between wealthy school districts and those of lower socioeconomic status. The inequality is only made worse when public school budgets are cut. Wealthy school districts are home to families who can supplement funds when need be. Parents in lower socioeconomic areas cannot afford to pay out of pocket for field trips or accept higher tax rates (Wendler, 2019). “When we look at fine
arts programs across the state, we see that rural schools and low-income schools are being affected the most by these budget cuts” (Wendler, 2019). Students are denied access to the arts and the quality of their education suffers. Cutting art programs worsens the pre-existing inequalities between districts. Shaw (2018) provides research on the Lansing Public School District in Michigan, which faced major deficits in both funding and attendance in the early 2000’s. Students were going elsewhere for their education. This left the public school district of Lansing fighting for survival. In general, over the years, Michigan has faced cuts in many of their public districts. In Lansing, interviews from art, music and physical education teachers describe how these cuts cost them their jobs (Shaw, 2018). The responsibility to provide art, music and physical education to students was put on the classroom teachers, who supported this decision so that their pay was not cut (Shaw, 2018).

**Art therapy.** Restrictive public school budgets are just as detrimental to art therapy programs as they are to the arts in public education. Establishing and continuing to support an art therapy program takes time, money and resources. For districts like Jersey City Public Schools it would take more funding than is available to provide each of its 38 schools with an art therapist (Nelson, 2010). Jersey City Public Schools, like Dade County Florida (Bush, 1997) is home to one of the better-established art therapy programs in a public school district. Efforts began in 1993 to secure an art therapist who could support the “unique challenges of students with special needs” (Nelson, 2010, p. 62) in Jersey City. Appeals had to be made to the Department of Special Education and the school board advocating for art therapy. After hiring their first art therapist during the 1997-1998 school year Jersey City Public Schools was recognized statewide for their program (Nelson, 2010). For the first 6 years “one therapist was utilized to serve as many students as possible in a valiant, ‘triage’ attempt to bandage the
students’ many emotional, social, and psychological wounds” (Nelson, 2010). Though the efforts of the art therapist can be seen as “valiant” the fact that a public school district of 38 schools expected one art therapist to meet the needs of all their students is unrealistic. However, it can be assumed that financial constraints were a factor in this decision. In 2010 Jersey City Public Schools discussed the challenges facing their art therapy program. Funding remains the underlying struggle. With more money it would be possible to put the time and energy into establishing and maintaining additional art therapy programs throughout the district. In 2010, 15 out of the 38 public schools in Jersey City had creative arts therapists on staff (Nelson, 2010). The biggest problem with these numbers is that a public school is required to provide services to meet the needs of their students. Under the Individuals with Disabilities Education Act, if a school is unable to meet a students needs, the student must be transferred to a school that can (Nelson, 2010). Based on the research it appears that Jersey City Public Schools use the counselor model of art therapy in their district.

Expressive Therapy

Art therapy is only one type of expressive therapy. There is also dance movement therapy, drama therapy, and music therapy. These can all provide support for students in a school setting. Nelson (2010) discusses how music therapy is used in conjunction with art therapy and social work to help students process the loss of a loved one. The bereavement group meets once a week, for eight weeks. There are six elementary school students who participate and each session is 45 minutes long (Nelson, 2010). Care is taken in setting up the therapeutic space. The students discuss the nature of the group with the therapists and they are taught what confidentiality is. The bereavement group begins with music therapy and then moves into art therapy. Verbal processing is done along the way. The children are given the chance to make
songs for their deceased loved ones, and perform them for their fellow group members. They make collages to describe their loved ones using images and words. At the end of the eight weeks, for their final project, the children create a memory box dedicated to the loved one they lost. Among the students in Jersey City Public Schools, it is not uncommon for a child to experience loss without being given the opportunity to process it after (Nelson, 2010). This bereavement group provides a safe space for students to do that. Without the chance to process their grief, it is possible that these feelings could manifest, and the child might develop issues in school (Nelson, 2010). Nelson (2010) goes on to highlight additional ways that music therapy is used to support students in Jersey City Public schools. From addressing academic needs, to supporting cognitive impairments and developing social skills, music therapy is used effectively with special education students and the general student body (Nelson, 2010). Based on the research it appears this study uses a combination of a clinical model, and a counselor model.
Results

There are several dimensions to the results of this literature review. First, there is an overarching theme of variety between art therapists. Differences in licensure, theoretical orientation and job responsibilities contribute to this. Second, even within the education field, there are several roles an art therapist may take on. The most common options are to practice using the counselor model, the clinical model, or the art education model (Gonzalez-Dolginko, 2018). Third, while there are employment options for art therapists within a school environment, it is common that the art therapist has to seek them out and advocate for the position themselves (J. Bush, personal communication, February 10, 2020). The research shows that art therapy programs thrive once they are established (Bush, 1997) (Nelson, 2010). However, even after an art therapist secures employment in a school, there is a lack of organization within the Department of Education to support, sustain and expand program life across the country.

Based on the research, it is abundantly clear that art therapy programs should be implemented in public schools everywhere. Art therapy has the capacity to support a verity of needs. Furthermore, it is evident that art therapy can be used to address four major areas when practiced in a school setting: behavior (Sitzer & Stockwell, 2015) (Davis, Smith-Adcock, & Towns, 2019), emotion (Bradshaw, 2016) (Nelson, 2010), social skills (Bradshaw, 2016), and mental disabilities (Davis, Smith-Adcock, & Towns, 2019). Within these four areas there are countless goals an art therapist and student may be working towards by utilizing a variety of art therapy techniques. For example:
Table 1.

*Four Areas of Clinical Practice in Art Therapy*

<table>
<thead>
<tr>
<th>Behavioral Goals</th>
<th>Emotional Goals</th>
<th>Social Skills Goals</th>
<th>Mental Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase attention span</td>
<td>Process trauma</td>
<td>Promote appropriate social interaction</td>
<td>Support academic goals</td>
</tr>
<tr>
<td>Decrease inappropriate behavior</td>
<td>Increase self-esteem</td>
<td>Decrease isolation</td>
<td>Strengthen autonomy</td>
</tr>
<tr>
<td>Increase socialization</td>
<td>Process grief and loss</td>
<td>Address bullying</td>
<td>Support students with mental and cognitive differences (IEP, 504)</td>
</tr>
<tr>
<td>Decrease aggression and violence</td>
<td>Develop empathy</td>
<td>Facilitate group cohesion and team building</td>
<td>Support students with learning disabilities</td>
</tr>
<tr>
<td>Decrease impulsivity</td>
<td>Foster kindness and acceptance</td>
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<td></td>
<td>Support self-expression</td>
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</tbody>
</table>

The following examples demonstrate how some of these goals can be achieved using an art therapy intervention. The following examples are based on the research from the literature review, and my lived experiences interning in the art therapy field for almost 9 years.

Throughout that time I have worked with children and teenagers in a shelter setting, at a partial hospitalization program and as a guidance counselor for middle scholars. The following examples have not been tested for measureable results. One of the biggest challenges for the practice of art therapy in schools is the lack of “quantifiable evidence to demonstrate the effectiveness of creative arts therapy in the educational setting” (Nelson, 2010, p. 67). There is however an abundance of research and testimonial that supports its use and highlights its success (Nelson, 2010) (Bush, 1997) (Sitzer & Stockwell, 2015) (Davis, Smith-Adcock, & Towns, 2019) (Bradshaw, 2016) (Davis, Smith-Adcock, & Towns, 2019).

**Behavioral Goals.** When trying to support a student in reaching their behavioral goals, an art therapist may utilize Dialectical Behavioral Therapy (DBT) techniques and practices in combination with art therapy. For example, DBT teaches a skill called Opposite Action as part
of the Emotion Regulation module (Linehan, 2014). Opposite Action has the client recognize that an emotion can trigger an action urge: sadness triggering the urge to stay in bed (Linehan, 2014). Practicing Opposite Action would require the client to do the exact opposite of staying in bed, which is to get out of bed. Like many DBT skills, Opposite Action is straightforward and powerful in its simplicity. By highlighting the connection between unhealthy action urges and the emotions that trigger them, the client can understand the importance of intercepting their urge in order to prevent that emotion from persisting. An art therapist who is working with a student whose goal is to decrease their aggressive outbursts might use the Opposite Action skill. The art therapist can have the student make an Opposite Action chart, illustrating their aggressive behaviors and the opposite counterparts. This could be used as a visual reminder for the student to consider before acting on impulse. For example, when an emotion such as embarrassment triggers the student’s action urge to push over a chair during class they will have a tangible representation of a tool they can use to help intervene. This directive could be used in a counselor model or clinical model of art therapy. It could be used in an art education model as well, if it is appropriate for the entire class to participate in an activity such as this.

**Emotional Goals.** If an art therapist is working with a student who has a goal to increase self-esteem, they might use a strength-based approach. Perhaps the student feels confident in their ability to draw with pencil because it can be erased, but not with pen because it is permanent. The art therapist would allow the student to use pencil instead of challenging them to use an art material that could leave the student feeling inadequate. The art therapist might propose a long-term project where the student creates a portrait of someone they admire, using pencil. This would allow the student to achieve mastery over a skill they already feel confident in. Having the student focus on someone who is inspiring provides an opportunity for the art
therapist to lead a conversation that supports the student’s goal. For example, the student and art therapist might explore what qualities make someone inspiring to others. They might discuss the student’s values. Supporting the student in understanding him or herself can be empowering. The art therapist might challenge the student if their judgment of others is less harsh than their judgment of self. Allowing the student to focus on the positive attributes of another, and also on the physical act of drawing will put less pressure on the student to focus solely on him or herself, which can be an anxiety-inducing prospect. This directive could easily be used in a counselor model, clinical model, or art education model of art therapy.

**Social Skills Goals.** Art therapy can be used in a school setting to promote appropriate social interactions. In addressing social skills goals for students, an art therapist might consider how art can be an inherently social activity. The art therapist might see this as an opportune moment for an art therapy group project. The art therapist might select several students who are struggling to connect with their peers as well as several students who have been observed to be kind and outgoing in the classroom. The art therapist could have the group create a mural together. With a project of this magnitude, the group might meet once a week for a month. As each week passes the art therapist can facilitate appropriate social interactions between the students. The individuals who are struggling to achieve this goal can model their behavior based on that of the other students in the group. By establishing a trusting and non-judgmental environment, the students will be able to strengthen their relationships with one another. Hopefully, this could result in new friendships, or at least provide allies in the school for those students who are struggling with their social abilities. This directive could easily be used in a counselor model, clinical model, or art education model of art therapy.
**Mental Disabilities.** An art therapist might work with a student who has mental and or cognitive differences, such as symptoms of autism disorder. Perhaps the student is struggling with all or nothing thinking. Creating a Venn diagram might be a perfect intervention to illustrate the existence of grey area for the student. The student and art therapist might create a series of Venn diagrams as new iterations of all or nothing thinking present. Utilizing pre-cut magazine images to collage the diagrams might prove more accessible for the student than drawing. For example, the student might view the world as are either good or bad. An image of a lion could represent the goodness of the majestic animal or the threat of danger, landing it between the good and bad categories. With each image the student will have to determine which category it belongs to, provoking conversation, which challenges the student’s all or nothing thinking. This directive could be used in a counselor model or clinical model of art therapy. It could be used in an art education model as well, if it is appropriate for the entire class to participate in an activity such as this.

**Framework for Practicing Art Therapy in Schools**

Given the opportunity, a licensed art therapist could decide whether to practice using a counselor model, clinical model, or an art education model depending on the student and or learning environment (Gonzalez-Dolginko, 2018). Unfortunately this is not the case, and as previously mentioned, an art therapist is usually hired to work using one model. Some art therapists find themselves applying for job titles such as “art teacher / mentor” (J. Habeeb, personal communication, March 18, 2020) leaving much to the imagination when it comes to understanding what role the art therapist will be playing and what model they will be using. While the framework for a counselor, clinical or art education model is not perfect and can be limiting to the art therapist, understanding the three models can help navigate the strengths and
ART THERAPY IN PUBLIC EDUCATION

limitations for each position. To reiterate, the research outlines four major categories that an art therapist may be addressing when working with a student—behavior (Sitzer & Stockwell, 2015) (Davis, Smith-Adcock, & Towns, 2019), emotion (Bradshaw, 2016) (Nelson, 2010), social skills (Bradshaw, 2016), and mental disabilities (Davis, Smith-Adcock, & Towns, 2019). The following charts provide information using each of the three models (counselor, clinical, and art education) to highlight some of the strengths and limitations that come up depending on the goals that are being addressed.

Table 2.

The Art Therapy Counselor Model

<table>
<thead>
<tr>
<th>Goals</th>
<th>Strengths</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior</td>
<td>Responsible for IEP and 504 testing (coordination of care) Access to individual and or group sessions (private office)</td>
<td>School testing responsibilities limit availability for crisis intervention Lack of classroom involvement</td>
</tr>
<tr>
<td>Emotion</td>
<td>Access to individual and or group sessions (private office) Opportunity to build safe environment for processing difficult emotions Continuing relationship with students from year to year Privacy (private office)</td>
<td>Typically serving a large number of students Short sessions makes it difficult to address deeper emotional issues</td>
</tr>
<tr>
<td>Social Skills</td>
<td>Access to individual and or group sessions (private office) Continuing relationship with students from year to year</td>
<td>Lack of classroom involvement Typically serving large number of students Less availability to run specialized groups</td>
</tr>
<tr>
<td>Mental Disabilities</td>
<td>Responsible for IEP and 504 testing (coordination of care) Continuing relationship with students from year to year</td>
<td>Lack of classroom involvement Less availability to run specialized groups</td>
</tr>
</tbody>
</table>
Table 3.

The Art Therapy Clinical Model

<table>
<thead>
<tr>
<th>Goals</th>
<th>Strengths</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior</td>
<td>Resources to run behavioral art therapy groups</td>
<td>Busy caseload, limited time to observe student</td>
</tr>
<tr>
<td></td>
<td>Outside agency involvement (access to resources)</td>
<td>Limited to working with select students who have clearly identified needs</td>
</tr>
<tr>
<td></td>
<td>Collaboration with family</td>
<td></td>
</tr>
<tr>
<td>Emotion</td>
<td>Resources to run specialized groups (ex: students dealing with grief and death)</td>
<td>Emotional needs are not always prioritized in the clinical model</td>
</tr>
<tr>
<td></td>
<td>Outside agency involvement (access to resources)</td>
<td>Emphasis on behavior, academic concerns and overall mental health</td>
</tr>
<tr>
<td>Social Skills</td>
<td>Resources to run specialized social skills groups</td>
<td>Busy caseload, limited time to observe student</td>
</tr>
<tr>
<td></td>
<td>Coordination of care with school and family</td>
<td>Limited to working with select students who have clearly identified needs</td>
</tr>
<tr>
<td>Mental Disabilities</td>
<td>Resources to run specialized groups</td>
<td>Depending on the level of care that the student requires, this model might not provide the art therapist with enough client contact</td>
</tr>
<tr>
<td></td>
<td>Outside agency involvement (access to resources)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coordination of care with school and family</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.

The Art Education Model

<table>
<thead>
<tr>
<th>Goals</th>
<th>Strengths</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior</td>
<td>Firsthand observation of classroom behavior</td>
<td>Teacher to student ratio</td>
</tr>
<tr>
<td></td>
<td>Involvement with fellow teachers (coordination of care)</td>
<td>The classroom setting can be chaotic</td>
</tr>
<tr>
<td>Emotion</td>
<td>Opportunity to build safe environment to support difficult emotions</td>
<td>Lack of privacy in the classroom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teacher to student ratio</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The classroom setting can be chaotic</td>
</tr>
<tr>
<td>Social Skills</td>
<td>Potential to organize students in classroom as a way of</td>
<td>Lack of privacy in the classroom</td>
</tr>
<tr>
<td>Mental Disabilities</td>
<td>Potential to organize students in classroom as a way of catering to their needs</td>
<td>Teacher to student ratio</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td>Opportunity to facilitate group cohesion and supportive peer relationships</td>
<td>Diverse student body with varying needs</td>
</tr>
</tbody>
</table>

**Discussed**

The findings from this research reveal that art therapy practiced in a public school setting is beneficial to students. Art therapy can be used in schools to process trauma, and support adaptation to new situations (Gonzalez-Dolginko, 2018) (Nelson, 2010) (Sitzer & Stockwell, 2015). It increases self-esteem, socialization, communication, and self-expression; it can also improve self and body image (Bradshaw, 2016) (Gonzalez-Dolginko, 2018). Art therapy used with a behavioral lens can address and decrease “symptoms manifesting in negative behavior” (Davis, Smith-Adcock, & Towns, 2019) (Gonzalez-Dolginko, 2018, p. 20) (Sitser & Stockwell, 2015). Art therapy can help to increase a child’s attention span and decrease their impulsivity (Gonzalez-Dolginko, 2018). It can be used to promote appropriate social interactions and decrease negative ones (Bradshaw, 2016) (Gonzalez-Dolginko, 2018). Art therapy also assists with academic performance by improving cognitive and creative growth (Catterall, 1998) (Gonzalez-Dolginko, 2018). Art therapy has even been found to decrease school dropout rates and support classroom skills by increasing focus and conformity to classroom expectations (Gonzalez-Dolginko, 2018).
Job Functions and Roles

The results show real variation in the job functions and roles that art therapists take on when working in public education. While all of the models are unique and important in their own right, limitations are also observed. Based on the results it appears that using the counselor model to facilitate art therapy in a school provides the most freedom. In this model the art therapist has the ability to host individual and or group sessions. Though the clinical model can also provide these opportunities, the additional testing and coordination of care required by the art therapist might limit the amount of direct client contact. These additional responsibilities also have the potential to be valuable in treatment. The art education model seems to be the most restrictive because the art therapist is in a classroom environment and is responsible for teaching as much as providing art therapy. Despite these challenges there are examples such as Bradshaw (2016) that illustrate how the art education model can be very effective and positive for students.

As previously mentioned, some job positions may be unclear based on their title alone, such as “art teacher / mentor” (J. Habeeb, personal communication, March 18, 2020). On the one hand, an art therapist’s versatility allows them to apply for jobs such as this and advocate for the unique perspective only an art therapist could bring to the position. On the other hand, the lack of ready-made jobs available in the education setting, specifically for an art therapist, makes it difficult for art therapy to become commonplace in public schools around the country (J. Bush, personal communication, February 10, 2020). On the contrary, most social workers and counselors do not need to advocate for their place in education. Though needing to be so adept in order to secure a job in a school is not ideal, it does highlight an incredible strength within art therapists. It is a skill that is reflected in the facilitation of art therapy itself, and the ability for an art therapist to know when and how to integrate the arts into the therapy.
Four Areas of Clinical Practice in Art Therapy

The literature provides many examples of art therapy done in school. Though each study has a unique goal and procedure, all of the research can be organized based on the type of goal that is being achieved. Either: behavioral (Sitzer & Stockwell, 2015) (Davis, Smith-Adcock, & Towns, 2019), emotional (Bradshaw, 2016) (Nelson, 2010), social skills (Bradshaw, 2016), or mental disabilities (Davis, Smith-Adcock, & Towns, 2019). The four categories encompass anything a student might need to address in art therapy. Of course each student will come to art therapy from a unique background and set of circumstances relating to their goals. Organizing the data to see the relationship between the art therapy model being used, and the goals targeted in treatment, provides a framework for art therapists. This framework can help a school to determine what kind of support they are looking for in an art therapist, based on their student’s needs. Ideally, an art therapist would work at a school and move through each of the three models (counselor, clinical, or art education) depending on the situation. However, when facing the circumstances at hand, an art therapist is better off having a full understanding of the strengths and limitations of their specific position and model of therapy they are expected to embody.

Limitations

The data provides overwhelming results in support of art therapy in schools. The addition of art therapy and or arts programming in a school setting has a positive impact on students. Accumulating the research in this literature review can provides those going into the field with background and context for their work. The limitations highlighted below suggest where the data could be expanded upon in order to have a better understanding of art therapy in schools. Unfortunately, it appears that there is no data tracking the deficits to a student’s
education caused by disappearing arts programs and the absence of art therapy. The public
districts that are lacking art therapy and funding for arts programs are usually the lower
socioeconomic inner city and rural districts (Wendler, 2019). The research is doing a disservice
to this population by not providing them with the facts. Without this data there is no way of
knowing how greatly a child’s education is suffering due to these losses. Art therapy is
considered a newer modality within the psychology field. It appears that because of this, there is
a small amount of research on art therapy in schools in general. Nelson (2010) highlights a lack
of “quantifiable evidence to demonstrate the effectiveness of creative arts therapy in the
educational setting” (p. 67) in Jersey City. Though Jersey City has one of the most successful art
therapy programs in a public district, they too struggle with a lack of research and evidence.
Nelson (2010) attributes part of the problem to how few art therapists there are employed in
Jersey City schools. Those that are working have such hefty caseloads that there is not enough
time for them to turn their attention to research.
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