

Running head: NEED FOR ART THERAPY

The Need for Art Therapy in Middle Schools

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Acknowledgements

I would like to thank the entire Counselor Education Department at The College at Brockport for their knowledge and support over the past three years. I am forever in debt to them for guidance in becoming the person I am today.

I would like to thank the counselors at Merton Williams Middle School for their patience and support. Maureen- Thank you for always believing in me, for pushing me out of my comfort zone (which I certainly needed at times), for never doubting and always praising my abilities, for being there when I needed someone to listen, for always having a supply of tissues in your office (I certainly used those!) but mostly, for being my friend. I feel blessed and honored to have had you as my supervisor. I will never forget you. Linda- Thank you for always taking time out of your busy schedule to answer my questions and offer support. You were always able to put me at ease when I was worried about “doing the right thing” or nervous that I was not doing a good job. Laurie- Thank you for always being sweet and kind. I enjoyed our down time conversations so much. You are a wonderful person and I feel so lucky to have met you. I wish you the best of luck in your new position! Kevin- Thank you for your help with all things art therapy. Your hard work and dedication to the students is inspiring. Bill- Best of luck in your retirement! I’m glad to have been able to work with you. I will say this: I will always think of you when I read my horoscope. Christian- Thank you for your friendship. Thank you for always entertaining and making me laugh. Your energy is infectious! It was nice having you there on Wednesdays!

Courtney, Na’Lisa, Elena, Megan- We have all come quite a way since that first night in Self class, eh? Since then, we have all become such wonderful friends and I am so thankful for

that. Each of you is supportive, kind, and caring. I know that I can count on each of you for anything at any time. Pretty soon we'll all be able to celebrate having our Masters together!

Mom and Dad- Thank you for always supporting me and believing in me. Thank you for always encouraging me and never letting me give up. I did it! And you two were there, by my side, the whole way. Thank you. I love both of you very, very much.

Dominick- I am so happy with you. You have been wonderfully supportive and patient with me as I worked on my thesis over this past year. Thank you for always making me feel loved and always making me feel like I am the most important person in your life. I love you

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Abstract

This thesis reports research on an effort to implement art therapy into a middle school. This thesis addressed the need for Art therapy in middle school. Literature about art therapy was explored including the definition and benefits art therapy. Several theories and techniques of art therapy were examined. This thesis looked at the history of art therapy. Models of school art therapy programs and reasons why art therapy should be in schools were discussed. Art therapy with children with special needs was explored. This thesis found that there is a need for and support of an art therapy program in a middle school.

The Need for Art Therapy in Middle Schools

The human need to express through the arts has existed since the dawn of human history. “From cave man through the Sunday painter, normal people in ordinary settings have been using art for personally helpful purposes” (Rubin, 1978, p. 206). We each have a need to express our emotions in some manner as a process in the release of taming of our fear and frustration. For most of us, our close relations become our place or comfort zone where we pour out our emotions, as a way of coping with life’s frustrations.

What if such a place did not exist for us? What if such a place did not exist for children? How would they express their emotions? Imagine a medicine so powerful it could revitalize your spirit, giving you a dose of self-esteem and joyful purpose in life. Imagine that this drug has other powers-it could induce a deep meditation, allowing you to forget your pain, and resolve any fears about the future (Logman, 1990). Art is this powerful medicine. It can work towards the healing of our deepest fears and concerns. Self-exploration through art and Art therapy can be for many, a way of coping with situations too difficult to assimilate. Art therapy allows for a place with no judgment where we can “view art with wide eyes, when often elsewhere this act may be forbidden” (Rubin, 1978, p. 10).

The use of art as a treatment modality for adolescents has long been acknowledged. Literature has shown art therapy in schools to be beneficial and several theories and techniques of art therapy have been developed. Literature on art therapy will be presented in the following way: 1) What is Art Therapy?, 2) (the) History of Art Therapy, 3) Projective drawings (used in art therapy), 4) Theories and Techniques of Art Therapy, 5) Benefits of Art Therapy, 6) Why Art Therapy in Schools?, 7) Models of School Art Therapy Programs, 8) Art Therapy with Special Needs Students.

Review of the Literature

What is Art Therapy?

According to the American Art Therapy Association (AATA) (2005), Art therapy is a human service profession that utilizes art media, images, creative art processes and patient/client responses to the created products as reflections of an individual's development, abilities, personality, interests, concerns and conflicts. The marriage of two disciplines: art and psychology is what makes up art therapy (Hass-Cohen, 1999; Malchiodi, 2007; Rubin, 2001). Similarly, Art therapy is a form of psychotherapy that uses art making as a part of the therapeutic process (Lark, 2001).

Shostak (1985) posited that Art therapy is “a psychoeducational therapeutic intervention that focuses upon art media as primary expressive and communicative channels” (p. 19). Art therapy involves drawing from within and processing a product. This approach instills a sense of control (Malchiodi, 2007). In normal situations, expressing themselves verbally, people often avoid saying what they really think or mean through the use of defenses (Albert-Puleo & Osha, 1976). Art therapy can decrease those defenses allowing the client to express him or herself freely.

Art therapy is based on the principle that making or drawing an art object is an important element in the healing process. The therapist studies the artwork and determines what, if any, symbolic images or themes may be present. Anger, depression, and aggression may all be expressed through color, form and other art elements. If the client is receptive, it is sometimes helpful, especially with children, to discuss the artwork with him or her to elicit more specific information (National Clearinghouse for Professions in Special Education [NCPSE], 1997).

Kalmanawitz and Kasabova (2004) explained that in an Art therapy session, the image, picture or enactment may take many forms such as imagination, dreams, thoughts, beliefs, memories and/or feelings. The images hold multiple meanings and may be interpreted in many different ways. The art therapist never imposes interpretations on the images made by the individual or group, but rather works with the individual to discover what his or her artwork means to him or her.

Nancy Healy and Cindy Lou Nelson (2007) are both educators in the New Jersey public school system as well as registered Art therapists. Healy and Nelson described art therapy as a psycho-educational therapeutic intervention, which provides students with the opportunity to participate in verbal and non-verbal expression through the use of the creative arts. Healy and Nelson posited that although art therapy employs the instructional techniques of arts education, it is process- rather than product-oriented. “Indeed, since the cathartic release of strong emotions is encouraged, feelings and thoughts, perceptions and events are portrayed in sights and sounds in the Art therapy room that would possibly be unacceptable in a traditional arts classroom”. (p.1)

To fully understand and appreciate what art therapy is and how beneficial it can be for children, it is important to, first, understand its history.

History of Art Therapy

Looking back through history, in the primitive world, applying art and aesthetic elements were used as means of healing (Harms, 1975). The Art therapy profession has deeply planted roots which reach all the way back to prehistoric times when our ancestors tried to express their needs, feelings and meaning of life in visual form. Art has long been acknowledged as a useful treatment modality with children and adolescents (Coleman & Farris-Dufrene, 1996, Johnson, 1998).

Creative arts therapies, including art, dance, music and drama therapy have their origins in early 20th century psychiatry and its discovery of the unconscious (Heenan, 2006). “The use of art for healing is as ancient as the drawings on the walls of caves, yet the profession itself is an infant in the family of mental health disciplines” (Rubin, 1980, p. 6). Biblical sources tell how David tried to cure King Saul’s depression by playing the harp. Greek physicians recommended music and recitation in various forms as medicine against melancholia (Harms, 1975). More recently, in India, the Sonag Aids project in Kolkata has run community projects in which music and street theatre have been used to deliver HIV prevention messages among sex workers (Ananthaswamy, 2003).

According to Hass-Cohen (1999), Margaret Naumberg and Edith Kramer are the mothers of Art Therapy in the United States. They were two of the first art teachers to develop techniques to combat blocking and stereotyping by setting up situations that precluded intellectual planning and facilitated the relaxation of defenses. In essence, they took the therapy of art making to the next level. Kramer encouraged movements that engaged the whole body in the act of drawing; projection of images; concentration on memories and inner experiences (Hass-Cohen, 1999, Kramer, 1971). Kramer believed the process of art was healing through creativity and emphasized the importance of the “psychodynamic concept of sublimation as a therapeutic intervention” (Hass-Cohen, p. 1). More than any other author, Naumberg is seen as the primary founder of American art therapy (Malchiodi, 2003). Naumberg presented a psychodynamic approach to using art in therapy by advocating art as a gateway to the unconscious and as a support for psychoanalytical free association and interpretation (Hass-Cohen). By adapting concepts from Freud’s personality theory to explain the art process,

Naumberg focused mainly on the interpretation of unconscious meaning and of graphic symbols in art production (Kramer, 1971; Malchiodi).

Following Naumberg, some progressive educators placed particular emphasis on the role art played on the overall development of children (Cane, 1983; Kellogg, 1969; Lowenfield, 1987; Uhlin, 1984). This trend toward the therapeutic application of art within educational settings continues today (Anderson, 1992; Bush, 1997; Henley, 1992).

Historically, artists and educators combined their skills with the study of the Freudian psychoanalytic theory and Jung's analytic theory and practiced art activities which eventually acquired the name of Art therapy. Their therapeutic means were limited to the use of crayons, pencil, paints, and clay. Their work evolved towards the use of standardized tests and interpretation of unconscious meaning and of graphic symbols in art production (Buck, 1966). Such interpretations came about in the form of projective drawings which are helpful in interpreting the thoughts and feelings of students who may not otherwise express themselves.

Projective Drawings

The idea of projective drawings is based on the tendency of human beings to view and interpret their world in terms of their own experience. An Art therapist in a school could use the drawings of a nonverbal student as a way to understand what he or she is feeling or experiencing in his or her world. Goodenough (1926), Buck (1948), Machover (1953), Burns and Kaufman (1970), and Knoff and Prout (1985) have developed conceptual frameworks to interpret children's drawings. Many investigators have demonstrated that children's drawings can reflect self- concept, attitudes, wishes, and concerns (Burns, 1982; Golomb, 1992; Klepsch & Logie, 1982; Koppitz, 1968).

Several authors (Allan, 1978; Burns, 1982; Koppitz, 1983; Rubin, 1978) have developed methods with which to interpret information from children's art work and drawings. These methods, as well as the use of other projective techniques have been used mainly for individual diagnostic purposes in clinical or educational settings. In such contexts, children's drawings have been used for a variety of assessment purposes, including intellectual development (Goodenough, 1926; Harris, 1963), learning disabilities (Cox & Howarth, 1989), personality (Hulse, 1951; Machover, 1949; Prout, 1983; Wade, Baker, Morton & Baker, 1978), and emotional adjustment (Koppitz, 1968).

Psychoanalytic theory provided the basis for projective drawing tests. Per this theory, a person protects themselves from the judgment and inquiries of others or their own self-evaluation by using defenses and resistances (Rubin, 2001). Projective drawing tests claim to be able to bypass these defenses and provide an accurate view of the examinee's inner thoughts and subjective experience. Providing the examinee with a blank piece of paper to draw their own version of a familiar object is thought to be conducive of true expression of the person's thoughts and feelings. In making internal experiences visible and putting them onto an external object using their own hands, theorists believe the person exercises some control over the memories, images and/or thoughts (Groth-Marnat, 2003). Two major contributions to projective drawings were the works of Florence Goodenough and John Buck.

Goodenough (1926) discovered a way to measure intelligence by drawings. To facilitate the measurement, she asked a child to draw a person. The drawing was then scored for mental age by adding up points for inclusion of parts such as the head, arms, and feet. The Goodenough Draw-a-Person (DAP) test not only revealed the intelligence of a child but also personality characteristics. The DAP quickly became an accepted and widely used psychological test of

intelligence (Burns & Kaufman, 1970; Malchiodi, 2007). Harris (1963) later revised and extended the test and it is now known as the Goodenough-Harris Drawing Test.

Other tests were developed to assess personality through drawing around the same time as the Goodenough-Harris Drawing Test. In 1948, Buck introduced the House-Tree-Person (HTP) technique. The HTP was one of the first uses of human figure drawings as psychological projective tests (Burns & Kaufman, 1970). The HTP was a projective personality test, a type of exam in which the test taker responds to or provides ambiguous, abstract, or unstructured stimuli, often in the form of pictures or drawings (Fundukian & Wilson, 2007). The HTP is based on the premise that unconscious aspects of the personality are exposed through the person's drawings of familiar items. This technique involves the child drawing a picture of a house, a tree, and a person. Buck (1948) selected these items to be drawn because they were thought to be familiar to children and therefore children would be more willing to draw and discuss these objects, providing more verbal description during the post interview. The test aided clinicians in obtaining information concerning the sensitivity, maturity, flexibility, and degree of personality integration through analysis of the person. Burns (1987) posited that the house and tree provide information concerning the growth, energy, environmental feelings, and physical aspects of the child's life. Hammer (1985) explained that the house drawing elicits associations concerning home life and the family situation, whereas the tree and person drawings reflect aspects of self-concept and self-image. Buck (1948) composed a quantitative scoring system to give points for the inclusion or non-inclusion of certain anatomical items, details included in the pictures, proportion of figures and objects, and perspective in the drawings. However, the HTP was developed to assess the examinee's personality (rather than intelligence) as evident in the sensitivity, maturity, flexibility and degree of personal integration. The HTP as well as the

Goodenough-Harris Drawing Test were valuable in providing general information about the child's personality and intellect and more importantly in strengthening the professional relationship between child and counselor.

In the early 1950's, a stage was set for qualitative assessment of children's drawings as indicators of emotional conflict. Machover (1953) conducted a study using the Goodenough-Harris Drawing Test. Her studies found if there was a discrepancy between the results of the Goodenough-Harris Drawing Test and a child's intellectual capacity, the child may have a neurological dysfunction or there were other factors that may have affected the child's emotional life (Burns & Kaufman, 1970; Dileo, 1973). Machover (1953) interpreted certain characteristics in the drawings such as shading, which suggested preoccupation, fixation, and anxiety. Other findings of Machover: a child in need of a structured environment will often draw buttons on the person to display dependency and orderliness; a child using light pressure on the pencil is typically displaying depression while an aggressive child uses excessive pressure on the pencil as he or she draws (Burns & Kaufman; Dileo).

Projective drawing techniques such as the HTP and DAP often produce useful information, but must be used with great caution. Counselors and therapists who are interested in these approaches should receive or seek out specialized and supervised training. Rubin (1988) discussed that projective drawing topics will often emerge quite naturally if the child draws often enough, and especially if the child is encouraged to *doodle*. When such material emerges spontaneously, it has truly come from within and has even more personal meaning than had it been created in response to a request. Hence, requested drawings are useful information in the hands of experienced, qualified school counselors and therapists.

Furthermore, it takes many years of working with children's drawings before counselors and therapists can accurately interpret them. Thus, it is important for the counselors and therapists to experiment with the provided art materials before offering them to children. Only in this fashion can therapists experience what types of medium are like; and therefore able to fully emphasize when a child struggles through their own experimentation (Levick, 2003; Rubin, 1999).

Just as there are several ways and angles from which to interpret children's drawings, there are several theories and techniques of art therapy.

Theories and Techniques of Art Therapy

Psychodynamic

“Freud recognized early that many of his patient's communications were descriptions of visual images” (Rubin, 2001, p. 15) and understood that the productions of fantasy, i.e. dreams, revealed significant information about the unique inner world of their maker (Macgregor, 1989; Rubin, 1999). Freud's patients had difficulty describing their dreams with words. In recognizing this, Freud wrote this passage in 1916:

We experience it [a dream] predominantly in visual images...Part of the difficulty of giving an account of dreams is due to our having to translate these images into words. ‘I could draw it’, a dreamer often says to us, ‘but I don't know how to say it’ (p. 90).

Naumberg (1928) was responsible for integrating Freud's thoughts of unconscious communication through imagery with the use of art as therapy (Rubin, 2001). In 1914, Naumberg founded Walden, a school based on psychoanalytic principles and emphasizing the arts (Naumberg; Rubin, 2001). Naumberg modeled her approaches to art therapy based on what psychoanalysts did. She allowed the patient to freely express him or herself while seeing their

art as a form of “symbolic speech” (Naumberg, 1955, p. 445). Naumberg drew from Jung’s analytic theories as well as a basis for a child-centered approach to art therapy (Edwards, 2001).

The psychodynamic approach to art therapy allows the patient to verbally provide descriptions of spontaneous art created (Malchiodi, 2003; Naumberg, 1955; Rubin, 2001). The use of sublimation, symbolism, object relations, self-psychology, transference, and spontaneous expression are all apparent in the psychodynamic approach to art therapy (Malchiodi, 2007; Rubin). Kramer (1971, 1979) emphasized the importance of sublimation and other defense mechanisms in her work with children and art therapy. Rubin (1978, 2001) expanded the notion that a psychoanalytic understanding of the patient is enhanced through the use of art expression as therapy.

Another psychodynamic approach to art therapy is that of Carl Jung and his analytic theory. “In his own life and approach to analytic treatment, Jung anticipated ideas about using imagery in therapy to which most art therapists would subscribe” (Edwards, 2001, p. 81). Malchiodi (2003) explained that in contrast to Freud, Jung used art as a method of self-analysis and his personal experience as the foundation for his thinking about the importance of imagery in analysis. The basis of Jungian analytic art therapy is the idea that the patient enters into a relationship with an unconscious image. Those images are amplified with art therapy techniques as the inner world of the client is better understood. The ideas of the personified image and the experience of image making are what makes Jung’s analytic approach to art therapy unique (Edwards, 2001; Malchiodi, 2007, 2003; Rubin, 2001).

Humanistic

The humanistic approach to art therapy, although derived from the theories of Freud and Jung, had an optimistic view of human nature and of the human condition in common (Rubin,

2001). The humanistic approach to art therapy has been referred to as the “third force of psychology” (Malchiodi, 2007, p. 58).

The theory and method of phenomenological therapy are appropriate for art therapy (Betensky, 1976, 1978; Betensky & Nucho, 1979). The basic concept of phenomenological art therapy is intentionality (Husserl, 1976). “Intentionality means that our consciousness always relates to somebody or something” (Betensky, 2001). We intentionally see what we want to see. The HTP (Buck, 1948) is an example of a test used in phenomenological art therapy. In the following passage, Betensky (2001) explains what happens to a client who has experienced phenomenological art therapy:

Through the act of looking at their own art expressions, new facets of themselves become apparent...and new communication takes place between the art expression and the subjective experience of the client-turned beholder... As they discover facets of themselves...they assume responsibility for their artwork...working through the difficulties that have arisen (p. 132)

Also Humanistic in nature, Gestalt art therapy combines Gestalt psychology with therapeutic interventions. Gestalt art therapy deals with the whole configuration of personal expressiveness in visual messages, in voice tone, in body language, and in verbal content as well (Rhyne, 2001). Essentially, Humanistic art therapy focuses on a healthy mind, body, and spirit (Garai, 2001; Malchiodi, 2003).

Person-Centered

A person-centered approach to art therapy focuses on the healing aspects of the creative process and frequently involves the integration of all the arts (Malchiodi, 2003; McNiff, 1981; Rogers, 2001). Person-centered art therapy has been defined as using the arts and their products

to foster awareness, encourage emotional growth, and enhance relationships with others through access to imagination; including arts as therapy, arts psychotherapy, and the use of the arts for traditional healing; and emphasizing the interrelatedness of the arts in therapy (Lesley College, 1995). Person-centered art therapy is a multi-modal approach to art therapy and offers creative modalities through which individuals can express thoughts and feelings, communicate nonverbally, achieve insight, and experience the curative potential of the creative process (Malchiodi, 2003; Rogers, 2001). This approach requires the therapist to be empathic, open, honest, congruent, and caring, as she listens in depth, and facilitates the growth of an individual or group. The belief that every person has worth, dignity, the capacity for self-direction, and an inherent impulse toward growth is central. (Rogers, 2001).

The way an art therapy session is conducted will differ from therapist to therapist; however, the benefits of art therapy remain the same.

Benefits of Art Therapy

Researchers have offered hypotheses as to the benefits of Art therapy. Putting a problem on paper can make it seem more external, rendering it easier to deal with. Producing something also gives people a sense of control and enhances self-esteem. Perhaps most importantly, creative expression gets emotions flowing and out in the open (Hutson, 2007). Similarly, the NCPSE (1997) discussed that Art therapy can encourage children unwilling or able to share their thoughts and emotions through words to express themselves through art and explore underlying meanings and feelings in their artwork.

The creative process of creating art is healing and life enhancing and allows for nonverbal communication of thoughts and feelings (Malchiodi, 2003). The arts in mental health agency settings as well as in school settings can play a key role in breaking down mental health

problems and can help reintegration into the wider community. There is a range of ways that art can make a contribution to promoting positive mental health. It can be a self-initiated activity providing a form of self-expression; it can be used to improve care environments; it can change the way society views mental illness; and can also provide service users with a voice (Heenan, 2006).

Art therapy practice is based on knowledge of human developmental and psychological theories which are implemented in the full spectrum of models of assessment and treatment including educational, psychodynamic, cognitive, transpersonal and other therapeutic means of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behavior, solving problems, reducing anxiety, aiding reality orientation and increasing self-esteem (AATA, 2005).

Art therapy can enhance cognitive abilities, increase self-esteem, promote reality orientation, and foster self-awareness” (Casa Palmera, 2007). Art therapy is an effective treatment for the developmentally, medically, educationally, socially, or psychologically impaired; and is practiced in mental health, rehabilitation, medically, education, and forensic institutions (Bush, 2002). Art therapy can be especially beneficial in improving social skills. A study conducted by Epp (2008) examined the effectiveness of a social skills therapy program for school-age children ages 11 through 18. The program used art therapy and cognitive-behavioral techniques in a group therapy format to broaden and deepen the state-of-the-art techniques used in helping children with social developmental disorders to improve their social skills. Pre- and posttest scores revealed a significant improvement in assertion scores, coupled with decreased internalizing behaviors, hyperactivity scores, and problem behavior scores in the students.

Many people can benefit from Art therapy services. Populations of all ages, races, and ethnic backgrounds are served by art therapists in individual, couples, family, and group therapy formats (Bush, 1997). “Art therapy is an effective tool for people of all ages who are interested in using and exploring art to heal themselves” (Linesch, 1988). Art therapy can help a person to reconcile emotional conflicts as well as promote their self-awareness and personal growth (Ballou, 1995). Because there is no pressure to perform or compete with others, people can express themselves safely through Art therapy (Hass-Cohen, 1999). That level of comfort and safety that comes from Art therapy permits one to express one’s thoughts and feelings in a way one might not through traditional therapy alone. The patient can express him or herself freely and without reservation (Malchiodi, 2007).

The arts foster different ways of experiencing the world. They are enriching, stimulating and therapeutic in their own right. “When employed in clinical situations, (the arts) help counselors and clients gain unique and universal perspectives on problems and possibilities” (Gladding, 1998, Preface). Art can give a great deal more information that may not have been accessed verbally (Cohen & Phelps, 1985; Kelly, 1984; Miller, Veltkamp, & Janson, 1987; Spring, 1993; Spring, 1985). Because art is so concrete and visual, it “can greatly enhance the analytic experience of insight (‘seeing in’)” (Rubin, 2001, p. 25). Art therapy asks for an exploration of an inner experience—feelings, perceptions, and imagination and emphasizes developing and expressing images that come from inside the person, rather than those he or she sees in the outside world (Allen, 1995; Kaplan, 2000; Moon, 1995).

In a group setting, art making, by nature of its two-step process of expression reflection, allows both the isolation of internal focus and the connection with others. As the visual symbols of loss are shared with others in the group, they also promote deeper self understanding as well

as connection. Participants have the opportunity to demonstrate these elements of cooperation, creativity and re-creating of their personal vision by experimenting with art media (Connell, 1992; Furth 1988)

In the art therapy group, the child makes art in the presence of her peers and the therapist or school counselor. This exposes each child to the images made by other group members on a both conscious and unconscious level. This also allows them to learn from their peers and to become aware that other children may be feeling just like them. Through the group they learn to interact and share, to broaden their range of problem solving strategies, to tolerate difference, to become aware of similarities and to look at memories and feelings that may have been previously unavailable to them. In an individual Art therapy session, the child makes art in the presence of the therapist alone. Individual Art therapy gives the child who is not suited to a group an opportunity to work through the art consciously and unconsciously and the possibility to be supported by a therapeutic relationship with the therapist or counselor (Kalmanawitz & Kasabova, 2004).

Art therapy is beneficial in group as well as individual counseling sessions, particularly with children. Thus, art therapy can be a beneficial service in schools.

Why Art Therapy in Schools?

Children and adolescents use art naturally as a language, as the ability to draw is learned before the ability to speak. Beginning with scribbles and lines, children express their feelings and needs through art even before verbal language is learned (Hass-Cohen, 1999). “The primary function of art in young children’s lives is to objectify feeling so that we can contemplate and understand it” (Langer, 1958, p. 4). The arts are vital to the development of children who can feel as well as think and who are sensitive and creative (Feeny, 1991). “It is clear that creativity

and self expression, which provide outlets for fantasy, are important aids in the difficult tasks facing the adolescent” (Linesch, 1988)

In the foreword to Linesch's (1988) book, *Adolescent Art Therapy*, David S. May gives reason to why Art therapy would be beneficial when working with adolescents in school:

Effective therapists, regardless of their psychological orientation, must have the ability to speak the language of their patients' inner world if they are to promote movement or growth within their patients' psychic structures....This challenge of finding a mutually comprehensible and suitable language for therapy is particularly critical when working with adolescents. Words and formal language may not be fully developed in an adolescent, or heavy reliance on the part of the therapist just on words can turn off an adolescent since the very notion of words is so strongly associated with the adult/straight/authority world.....Art Therapy can serve as a universal language for the therapeutic process, and one that can be embraced by adolescents without having to surrender their limited but hard-won emerging individuation. (p.iii)

Linesch (1988) adds, "adolescence is a stage of development with unique difficulties that make psychotherapy very complex. Many of the struggles experienced by the adolescent involve conflicts of identity and self-expression. These conflicts can be made accessible for exploration through art productions in a way that they cannot through verbal expression" (p. ix). Because there is no pressure to perform or compete with others, children can express themselves safely through art therapy. Art therapy provides an alternate mode of communication to help children understand and communicate their feelings (Hass-Cohen, 1999).

Utilizing the arts in school can be very beneficial. The arts allow people to improve their emotional and social well-being. “(The arts) enable persons to develop in ways that are

personally and socially challenging” (Gladding, 1998, Preface). Art therapy can facilitate appropriate social behavior and promote healthy affective development so students can become more receptive to learning and, in turn, realizing their social and academic potential (Stepney, 2001). Art therapy provides access to understanding a student’s emotional and cognitive development (Bush, 1997). Through the use of directives, specific treatment goals can be translated into art tasks. This concept is at the core of Art therapy modality (Linesch, 1988). Linesch (1988) stated that with a thorough understanding of the adolescent stage of development, an accurate analysis of the defensive style and psychopathology of the particular client and an experienced appreciation of the art process the art therapist can direct the adolescent’s progress toward improved intrapsychic functioning.

The process of art therapy develops “whole-brain” (Bush, 1997) learning by promoting the use of critical thinking skills together. In a course she gave at the AATA Conference, Janet Bush (1999) paired the following skills and their use in art therapy:

Verbal -using words to name, describe, and define, and

Nonverbal -awareness of things, but minimal connection with words

Analytic -problem solving through a step-by-step process, and

Synthetic -putting things together to form two wholes

Symbolic -using a symbol to stand for something, and

Concrete -relating things as they are, at the present moment

Temporal -sequencing one thing after another, and

Nontemporal -without a sense of linear time

Rational -drawing conclusions based on reason and facts, and

Nonrational -willingness to suspend judgment

Logical -drawing conclusions based on logic and reasoning, and

Intuitive -making leaps of insight often based on incomplete patterns, hunches or feelings

Linear -thinking in terms of linked ideas, leading to a convergent conclusion, and

Holistic -seeing whole things all at once; perceiving the many facets of a problem simultaneously, often leading to divergent multiple conclusions (AATA)

In recent years, art therapy has become increasingly recognized and appreciated by education administrators as a valuable related pupil service that supports and improves the well-being of children and adolescents in educational settings. Art therapy is a valuable and necessary service for students (Carp, 2005). Art Therapy has shown to improve academic performance. A study conducted by Pleasant-Metcalf and Rosal found a “notable increase in both self-concept and academic performance” (Pleasant-Metcalf & Rosal, 1997, p. 25) through the use art therapy.

Art therapy is cost effective. Art therapy is a preventive treatment modality and has demonstrated that it can improve academic performance as well as enhance mental health. In treating students before academic and social problems arise, art therapy reduces the need to treat students when they experience problems that require immediate and costly measures. Art therapy approaches, techniques, and strategies in schools are already in place and the AATA is working to establish these programs in every school nation-wide (About Art Therapy, 2005).

Art therapy programs meet a variety of student needs. Art Therapy in the schools allow students the opportunity to address emotional and social needs such as safe expression of emotions and training in anger management and peer relations, as well as traditional educational needs (About Art Therapy, 2005). In the past forty years or so, art therapy programs have been introduced into school settings, recognized by the AATA, and have become models by which other schools can implement art therapy.

Models of School Art Therapy Programs

One model of a school art therapy program recognized by the AATA is that of Miami-Dade County, Florida. As the fourth largest school district in Florida, Miami-Dade has funded and supported its art therapy program since 1978 (Bush, 1997). This particular model describes school art therapists as professionals trained in art and psychology to work with pre-schoolers, children, adolescents, and their teachers and families.

Dade County's art therapy program evolved from a one-year pilot model, a collaborative effort between various administrative offices in the Division of Elementary and Secondary Education and the Division of Exceptional Student Education. The pilot program provided for a Registered Art Therapist (ATR) who also had art education certification. The program combined both art education objectives and art therapy objectives for selected disabled students in self-contained classrooms and a staff development program for personnel who were interested in acquiring techniques and strategies for teaching art to mainstreamed disabled students. Emphasis was placed on the potential for replication of the pilot model and on the uniqueness of a combined art education and art therapy service for severely disabled students (Bush, 1997).

Bush (1997) was the pilot program art therapist. Because of her State of Florida Educator's Certificate in art education and a Master's degree in art therapy together with an art therapy credential, ATR, she was able to accommodate art education and art therapy to a wide range of students". The program took off successfully and as of 1997, had 21 full-time art therapists who were staff members of the Miami-Dade County Public Schools Division of Exceptional Student Education.

According to Bush (1997), Art therapy in schools includes the following five principles:

Consult

- Collaborate with teachers, parents and school personnel about learning, social and behavior problems
- Help others better understand child development and its relationship to learning and behavior
- Strengthen working relationships between educators, parents, and the community

Educate

- Provide educational programs on: Classroom management strategies, parenting skills, working with students who have special needs, teaching and learning strategies, using art as informal assessment in the classroom, and child development and art

Research

- Evaluate the effectiveness of academic programs, behavior management procedures, and other services provided in the school setting
- Conduct research to generate new knowledge to improve learning and behavior

Assess

- Working closely with parents and teachers, school art therapists may use a wide variety of techniques, to evaluate: cognitive and emotional development, academic strengths and weaknesses, school and classroom programs, and personality development

Intervene

- Work directly with students and families
- Help solve conflicts and problems related to learning and adjustment

- Provide counseling, social skills training, behavior management, and other interventions
- Help families deal with difficult crises such as separation or loss (AATA)

Bush (1997) believes that art therapy can serve those students in schools who are emotionally disturbed, socially maladjusted, physically impaired, mentally disabled, hearing impaired, vision impaired, learning disabled, and autistic, alternative education students who have social/emotion problems or criminal involvement, academically advanced and talented students, as well as regular education students.

Another successful art therapy program is that of the New Jersey City Public school district. School counselors work with creative art therapists to address the social, emotional, academic, and behavioral challenges the students face. The Jersey City Public Schools Creative Arts Therapy Program, established in 1993, includes 16 art and music therapists who service both special-needs and general-education students. In 2001, the Art Therapy Program received a Best Practices Award from the New Jersey Department of Education. In 2004, the American Art Therapy Association recognized it as a model for establishing school-based art therapy programs. Like professional school counselors, creative arts therapists support a safe learning environment and promote student achievement. They work with students to establish personal goals and establish future plans.

In many cases, the creative arts therapist has been the crucial link for the student from classroom to alliance with school counselors, administrators, families, school psychologists, and social workers. Creative arts therapists collaborate with other school professionals, providing crisis intervention, in-service workshops for teachers and administrators and serving on committees with colleagues to help identify and create resolve for challenges often existing in

school settings. The collaboration of professionals is an effective tool to help provide children with what they need to succeed academically. Similarly, school counselors collaborate with other professionals in tending to students' needs. The collaborative effort between school counselors and creative arts therapists creates a bridge to expand services for assisting students in areas that either a school counselor or creative arts therapist alone may not be able to provide. Needless to say, while this collaboration could be of great value, particularly with students with special needs, it is important to address the vital need for each professional to have a clear understanding of boundaries and ethical standards, especially with regard to confidentiality, to maximize the benefits and safety to a child.

Art Therapy with Special Needs Students

Each of the approaches to Art therapy discussed in Approaches to Art therapy section can be used in a school setting. Specifically, Art therapy can be used in a school with students with special needs. In its original form, P.L. 94-142 (1975) identified art therapy as a viable service that might benefit a child who required special education. In 1990, an update to P.L. 94-142 was constructed and school systems were required to follow the Individuals with Disabilities Education Act (IDEA). IDEA mandates that school systems create programs for children who have specific problems. The law identifies distinct disabilities and helps to determine how children will be classified and educated. Subsequently, school systems were required to create special educational programs for children who have special needs. These special needs could range from learning disabilities to behavioral, emotional or medical problems (Bush, 1997). Referring to these children and their right to an education, the American Art Therapy Association (Shostak, 1985) said: "The pressing needs of these youngsters call for unique educational and related services applications" (p. 15). One of these is the interdisciplinary

model, which promotes collaboration as professionals continue to provide direct services independently.

Bloomgarden and Schwartz (1997) believe that in order for Art therapy to work with the students with special needs population, teachers and counselors or school Art therapists need to collaborate. In their article *Creative Art Therapy/Special Education in Higher Education: Toward an Interdisciplinary Model* they explain:

The special education teacher and the art therapist are committed to the growth and development of all children. They use their professional skills for assessment, diagnosis, and intervention services with the intention of creating and implementing programs to remediate problems. With the combined professional skills, each of these practitioners, working with the same child, can support and complement each other's discipline. By learning one another's approach, techniques and perspective, they can help the child overcome obstacles that often impede educational success. (p. 279)

Bloomgarden and Schwartz (1997) collaborated in classroom teaching on special education and Art therapy interventions. The collaborative model they used is called coteaching. They refer to coteaching as special educators and general educators working together in physical space, however, this does not necessarily have to be the case. After examining coteaching of five different developmental levels as defined by Cook and Friend (1995): (a) one teaching, one assisting; (b) station teaching; (c) parallel teaching; (d) alternative teaching; and (e) team teaching, Bloomgarden and Schwartz concluded that professionals, such as school Art therapists, working with special needs children must share resources and the responsibility for obtaining information. In essence, Art therapy with special needs students must a collaborative work of

Art therapists, school counselors, teachers and administrators to be successful in the school setting.

Art therapy is considered a related service modality in special education (IDEA, 1997). Art therapy can play an important role in special education because many students with disabilities need special instructional treatment (Sze, Murphy, & Smith, 2004). Students with disabilities are encouraged to use unique art media to express themselves creatively and beyond their normal realm of expression, so that they may learn more about their own abilities (Prestia, 2003).

Several studies have been conducted using art therapy with students with a variety of special needs. Studies conducted by Kearns (2004), and Church and Smitheman-Brown (1996) have found art therapy to be a useful intervention with children with ADD/ADHD and Asperger's syndrome. Bannasch, Chin, Chin, Cross Palombo, Palumbo, (1980) used art therapy to build social skills in high school students. Darrell and Wheeler (1984) used art therapy techniques to help underachieving seventh grade junior high students. Harvey (1989) conducted a study on cognitive, emotional and motivational changes using art therapy in the classroom. Pleasant-Metcalf & Rosal (1997) used art therapy to improve academic performance. Several other studies have found art therapy to be successful in a school setting: Pond (1998), Rosal (1993), Neece, Rosal, and McCullough-Vislisel (1997), Bagilshya, Drapeau, Heush, Lacroix and Rousseau (2005), Silver, and Lavin (1997), Miller and Stanley (1993) and Allen and White (1971).

There is a definite need for Art therapy in middle school. According to Bush (1997), there is still a need for research and documentation on the application of art therapy in schools. Bush states: "Relevant outcome criteria on the effectiveness of art therapy in treating students and the

effects of participation on a school's team should be reported. The time has come for art therapists working in school environments to produce and disseminate documentation that will educate consumers and school personnel to art therapy's potential" (p. 13). Once the need for art therapy services is recognized and publicly accepted it will become more or less routine at every school site.

Methods

Setting

This study was conducted in a middle school in a suburban town in the Northeast United States. The school district consists of five schools and one transportation facility located on a 212-acre campus. The population of the district is approximately 24,000 residents. The district encompasses 68 square miles of a primarily rural/suburban area. According to government data, the average salary for jobs in the district \$35,986, and the median income of households is \$51,336. Among the most common occupations in the area are: 1) management, professional, and related occupations (33%), 2) sales and office occupations (29%), and 3) production, transportation, and material moving occupations (14%). Approximately 77% of the population work for companies, 15% work for the government and 5% are self-employed. The district recently completed a \$57.9 million Capital Project which includes new classroom construction, renovation of existing space, parking and traffic improvements as well as new athletic fields and a new Aquatic Center. A \$9.5 million Maintenance and Renovation Project was approved in January 2007.

There are 682 students in the school. Of those 682 students 328 are in seventh grade and 354 are in eighth grade. There are 640 Caucasian students and 42 African American/Hispanic students. Of the 682 students 87 receive free lunch and 55 receive reduced lunch. There are 55

teachers and 46 staff in the building. Of the 682 students, 85 have an Individualized Education Plan (IEP).

Participants

Eighty-five parents, each of whom had a child in the middle school with an IEP participated in the study. Seventy-eight teachers and staff also participated in the study. Of the 78 teachers, 8 taught Math, 6 taught ELA (English Language Arts), 7 taught Science, 7 taught Social Studies, 13 taught Special Education, 9 taught LOTE (Language Other Than English), 3 taught Physical Education, 3 taught in the Aquatic Center, 3 taught Music, 2 taught in the 12:1:1 classroom, 2 taught in the 8:1:1 classroom, 4 taught Technology, 3 taught FACS (Family and Consumer Science), 2 taught Art, 4 taught Skills Lab, 2 taught Health. Participants in this program were not compensated for their participation, but were informed of their right to refuse involvement.

Materials

The art therapy pamphlet (Appendix A), A Survey About Art Therapy-Teacher form (Appendix C) and A Survey About Art Therapy-Parent form (Appendix F) were created by the researcher using information from articles, websites and books on art therapy. The intention of the pamphlet was to educate parents and teachers on the definition of art therapy, the benefits of art therapy and why art therapy could be useful and helpful in a middle school.

Procedures

In February, parents/guardians of the 85 students with an IEP are sent home a letter (Appendix E), an art therapy pamphlet (Appendix A), an informed consent form (Appendix G), and a survey (Appendix F). Parents/guardians were asked to return the signed consent form and completed survey to the school counseling center in two weeks. The counseling center

secretary was explained the project and was given two manila envelopes to collect the consent forms and surveys respectively. At the same time the parent packets were sent home, 78 letters (Appendix B), surveys (Appendix C), consent forms (Appendix D) and pamphlets (Appendix A) were placed in the mailboxes of 78 teachers and staff. A box was placed in the main office marked “Art Therapy Surveys” in which the teachers and staff were asked to place their signed consent forms and completed surveys. After two weeks, the researcher sent a separate email to each participant asking them to return their signed consent forms and completed surveys. After another two weeks, the researcher gathered the information from the surveys for the results.

Results

Of the 85 surveys that were sent home to parents, six (7%) were returned.

When asked “Do you believe your child could benefit from Art Therapy services in school?” five of the six parents indicated the affirmative and one of the parents did not respond.

The following table shows the number of parents who checked off each concern in response to “Has your child ever created artwork at home to deal with any of the following?”

For the “Other” category, one participant wrote in “Social Skills”.

Concerning Issue	# of Parents
Anxiety	2
ADD/ADHD	2
Stress	0
Anger	1
Depression	0
Fear	0
Sadness	0
Family Concerns	2
Self-Esteem	1
Grief and Loss	0
Separation/Divorce	0
Self or Family Alcohol or Drug Abuse	0
Academic Stress/Pressure	1
Frustration	0
Other	1

In response to the question “Did you find creating the artwork helped your child deal with the particular issue?” four-sixths of the parents indicated “Somewhat helpful”, one did not respond, and one wrote “I’m not honestly sure but I think it might have”.

One half of the parents responded “Very helpful” and one half responded “Somewhat helpful) in response to “Do you think it would be helpful for your child to use art as a way of coping/dealing with issues/expressing his or herself in a positive way in school?”

When asked “Would you support Art Therapy activities in your child’s classroom once per week?” six responded “Yes”.

When asked to list any issues or concerns about their child that could be improved or changed with Art therapy, the following were parents’ responses: 1) “I think it could help his self-esteem and give him something to look forward to and enjoy at school”, 2) “Peer relationships”, 3) “Anxiety issues may be helped, but would also increase if pulled from class”, 4) “Attitude”.

Of the 78 surveys that were placed in the mailboxes of teachers and staff, 25 (32%) were returned.

In response to the question “Before today, had you ever heard of Art Therapy?”, 0.26% responded “Yes” and 0.06% responded “No”.

Those teachers and staff who indicated the affirmative to the previous question were asked “Have you ever had any training in Art Therapy?” 18 responded “No”, one responded “Yes” and one did not respond.

The one participant who responded “Yes” to the previous question responded “No” when asked “Have you ever used Art Therapy techniques in your teaching?”

Twenty-three indicated the affirmative to the question “Do you currently have students you believe would benefit from Art Therapy services?” One participant did not respond “Yes” or “No” and wrote in “Maybe”. One participant did not respond “Yes” or “No” and wrote in “Not sure”.

When asked “Would you support an Art Therapy program for students in this building?”, 23 responded “Yes”, one did not respond “Yes” or “No” and wrote in “Maybe” and one did not respond “Yes” or “No” and wrote in “Not sure”.

The following table shows the number of teachers who checked off each concern in response to “Of your current students, which of the following issues could be addressed through Art Therapy?”

Concerning Issue	# of Teachers
Academic Stress/Pressure	18
Anger Management	22
ADD/ADHD Management	13
Depression	19
Stress/Anxiety/Worries	23
Dealing with Cliques/Peer Pressure	17
Getting Along with Friends	13
Self or Family Alcohol or Drug Abuse	17
Building Healthy Relationships	12
Learning Disabilities	14
Family Concerns	17
Career Planning	5
Dealing with Bullies	18
Making Friends	12
Self-Esteem	20
Grief and Loss	14
Separation/Divorce	16
Eating Concerns	11

Discussion

This study was conducted to identify a need for art therapy services in middle school. The need for these services was well established by the literature review contained in this document. Literature suggested that art therapy gets emotions flowing and out in the open (Hutson, 2007), allows for nonverbal communication of thoughts and feelings (Malchiodi, 2003), and enhances cognitive abilities, increases self-esteem, promotes reality orientation, and fosters self-awareness (Casa Palmera, 2007). By completing surveys, five out of six parents and 23 out of 25 teachers indicated support of an art therapy program in the school. Literature on art therapy indicated that populations of all ages, races, and ethnic backgrounds with a variety of needs have benefited from art therapy (Bush, 1997). Regardless of age, race or ethnic background of the participants, whose identities were unknown, the high percentages of teachers and parents who believed their student or child could benefit from art therapy correlates with literature on who benefits from art therapy services.

In addition to the quantitative data obtained, teacher and parent comments enable some qualitative data to be reviewed. Comments noted by parents are similar to descriptions of art therapy benefits found when literature on the topic was reviewed. For example, one of the issues that the most teachers indicated could be addressed through art therapy were anger management, academic stress/pressure, stress/anxiety/worries, and self-esteem. Teacher and parent responses to the needs of the students that could be addressed through art therapy were impressive. In correlation with these findings, Hutson (2007) stated that producing artwork (in an art therapy setting) gives people a sense of control and enhances self-esteem.

One-hundred percent of parents surveyed indicated they would support art therapy activities in their child's classroom once per week. Although the sample size was small, the

results of this particular survey question lead the researcher to believe that if more parents had completed and returned surveys, this positive trend would have continued and they would have also indicated support of art therapy activities in their child's classroom once per week. Thus, there is a need for more needs assessments and surveys on art therapy from parents and teachers.

There are several factors that may have impacted the results of this study. The first factor to consider is the return rate of the surveys. Out of 85 surveys sent to parents a total of six were returned. Out of 78 teachers, only 25 (32%) completed and returned a survey. A way to avoid this in future research is to survey a larger population. Perhaps, parents of all students in the school or even the district could be surveyed as well as all teachers in the district. A larger sample would predictably yield several more returned surveys.

Literature supports the idea that art therapy can be used with non-verbal children who might not otherwise express themselves. Art therapy is a way to get feelings out without having to explain them verbally. Art therapy is a way to understand what a child is feeling in his or her own world. Art therapy allows children to reflect self-concept, attitudes, wishes, and concerns (Burns, 1982; Golomb, 1992; Klepsch & Logie, 1982; Koppitz, 1968). In response to the survey, four out of six parents indicated that creating artwork at home helped their child deal with specific issues. Those same parents expressed such issues as peer relationships, self-esteem, and attitude that could be improved with art therapy. Overall, the parents were supportive of the idea of art therapy. The researcher believes that would have been the trend had more surveys been completed and returned.

A major limitation of this study is the fact that only six out of 85 surveys were returned. An additional limitation is that parents of only 85 out of a possible 682 were surveyed. The researcher suggests that future studies include parents of all students in the building.

Looking at these results, future research should include parents of all students in the building. Perhaps, parents of all students in the district could be surveyed to find a need for an art therapy program throughout the district. With more surveys and needs assessments, it would be possible to implement an art therapy program into the middle school. Results from additional surveys could be shared with the school administration as well as the superintendent of the district. With administration and superintendent support, funding for art materials could be provided.

Current findings will be shared with the school principal, school counselors, and the school social worker, who is also a registered art therapist. The researcher will allow parents and teachers to view results upon request as a copy of this thesis will be kept in the school's counseling center.

The researcher had a strong belief in the benefits of the arts and art therapy to increase self-esteem, establish a sense of belonging, allow for self-expression and to offer a way to express oneself in a non-verbal way. The researcher experienced each of these benefits personally throughout her school age years. This bias towards the benefits of art therapy was the basis for this study. Because the researcher knew the benefits of using the arts as therapy personally, the researcher hoped to encourage parents and teachers to also know these benefits.

“The time has come for art therapists working in school environments to produce and disseminate documentation that will educate consumers and school personnel to art therapy's potential” (Bush, 1997, p. 13). The researcher educated teachers and parents on art therapy and its benefits. The responses support of these services and encouraged an art therapy program for students in middle school. However, more data is needed to know for sure if there is support for

art therapy in a middle school from parents and teachers. The current trend suggests this support will be identified.

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Appendix A

Art Therapy pamphlet



ART THERAPY!



ART THERAPY!

What is Art Therapy?

- ❖ Art Therapy is a non-traditional intervention method designed to bridge the gap between academic information and clinical observations. Art therapy can provide educational opportunities for teachers and parents by revealing the meaning of children's artwork.
- ❖ Art Therapy is a form of psychotherapy that uses art media, images, and the creative process to encourage clients to express their thoughts and feelings. Creating artwork helps children access their emotions through the use of visual metaphors and symbols. These works of art are an invaluable diagnostic tool for the therapist and a means of self-discovery for the client. (<http://books.google.com/books>)
- ❖ By providing a safe and non-threatening environment, the therapist invites the individual to express their feelings through a variety of art media. The goal is for the client to better understand themselves through self-exploration and shared interpretation of their own art. The artwork can be spontaneous but may also be directed by the therapist (www.crosscreekcounseling.com).

How can it be helpful for kids?

- ❖ Provides a means for personal expression.
- ❖ Offers an opportunity to incorporate a child's mind, body and spirit in a holistic way, which can foster emotional well-being and health.
- ❖ Provides for a tangible product that can be used for ongoing assessment of student progress.

What are the benefits of Art Therapy in schools?

- ❖ Art Therapy-based assessment procedures provide paths to understanding troubled individuals in ways that may not show up on standardized psychological tests. With one approach, an art therapist can capture both the cognitive and emotional responses of a student, and can produce the feedback sought by a school treatment team (School Counselors + School Social Worker + School Psychologist)
- ❖ Art Therapy provides a means of communication and expression without having to use words.
- ❖ Art expression and therapy is often perceived as less threatening to younger children, resistant persons, and individuals whose capacity to verbalize is limited. It is often easier for individuals to work through problems, feelings, traumas and fears through personal expression, combining a visual and verbal approach.

Art Therapy enhances visual-spatial skills, creative problem-solving, and interpersonal skills.

- By working with parents, school administrators, teachers and school social workers, we are able to identify those children who most need help. In giving them a safe outlet to express themselves, we help open the doors for a more successful school experience.

Some facts about Art Therapy:

- ❖ Children are comfortable and fluent with art.
- ❖ Creative art expression enhances self-esteem through mastery over media.
- ❖ Art allows a child the distance needed to build trust with an adult.
- ❖ Art accesses creative energy!!
- ❖ Art heals through the child's increased ability to control self and media.
- ❖ Art provides a safe outlet for expression of regressive impulses, anger, and other difficult feelings.
- ❖ Art allows for expression and the release of non-verbal feelings and information.
- ❖ The art process promotes insight and reduces defensiveness.

(Taken from a study by the British Columbia School of Art Therapy)

*Some children have no language to describe their thoughts and feelings; visual expression offers a greater range of effective vocabulary than is possible through verbalization (www.freeartsaz.org).

Art Therapy is a valuable and necessary service for students for the following reasons:

- ❖ **Art Therapy improves academic performance:** (Pleasant-Metcalf, A. & Rosal, M. (1997). The use of art therapy to improve academic performance. *Art Therapy: Journal of the American Art Therapy Association*, 14(1) 23-29).
- ❖ **Art Therapy is cost-effective:** Art Therapy is a preventive treatment modality and has demonstrated that it can improve academic performance as well as enhance mental health. In treating students before academic and social problems arise, art therapy reduces the need to treat students when they experience problems that require immediate and costly measures. Art Therapy approaches, techniques, and strategies in schools are already in place and the AATA is working to establish these programs in every school nationwide.
- ❖ **Art Therapy programs meet a variety of student needs.** Art Therapy in the schools allows students the opportunity to address emotional and social needs, such as safe expression of emotions and training in anger management and peer relations, as well as traditional educational needs. (Bush, J. (1997) *The Handbook of School Art Therapy: Introducing Art Therapy into a School System*. Springfield, IL: Charles C. Thomas). Art Therapy services like these should be made available to students across the US and Art Therapy should be recognized as such on the Individual Educational Plan (IEP).

- ❖ **“The creative arts are a powerful way for children to express their innermost feelings and emotions. Expressing these emotions through the creative arts is a safe way for children to show how they feel”**
(<http://www.casapalmera.com/articles/art-therapy/>)

- ❖ **“Art Therapy can...enhance cognitive abilities, increase self-esteem, promote reality orientation, and foster self-awareness”**
(<http://www.casapalmera.com/articles/art-therapy/>)

- ❖ **“Art Therapy helps in reconciling emotional conflicts as well as promoting self-awareness and personal growth”** (from Ballou, M. (1995). Art therapy. In M. Ballou (ed.), *Psychological interventions a guide to strategies* (pp. 68-72). Westport, CT: Praeger Publishers. Crits-Christoph, P. (1995). *Dynamic therapies for psychiatric disorders: axis I disorders*. New York: Basic Books)

ART THERAPY!
Created by Jamie Shemps
Counseling Intern
Merton Williams Middle School
2007

Appendix B

Letter to teachers

Hello!

For those of you who do not know me, my name is Jamie Shemps and I am an intern in the Counseling Center this year; my supervisor is Maureen Rundle. I am also a graduate student in Counselor Education at SUNY Brockport.

As part of my internship and Masters completion, I am required to research an area of interest to me. I am particularly interested in Art Therapy and my hope is that a program can be developed and implemented at Merton Williams. I have included a pamphlet that briefly explains Art Therapy - what it is, how it can be helpful for kids, and why it should be used in a school. I encourage you to read through it.

I have also included a short survey, and an Informed Consent form. SUNY Brockport requires your signed consent in order to allow me to use the data for my thesis - even though the surveys are anonymous. There are seven questions on the survey, so it should not take more than ten minutes to complete. The results will help determine if there is any interest in developing an Art Therapy program at Merton Williams, which I would help to put in place for the Counseling Center. Please place the completed survey and signed consent form in the box marked "Art Therapy Surveys" in the main office.

I really appreciate your cooperation and support. If you have any questions, please feel free to email me at JSHEMPS@hilton.k12.ny.us or call me at extension 3194.

Thank you for your time!

Jamie Shemps
Counseling Intern
Merton Williams Middle School

Appendix C

A Survey About Art Therapy - Teacher Form

A Survey About Art Therapy – Teacher form

For the following questions, please circle Yes or No.

1. Before today, had you ever heard of Art Therapy?
Yes No

2. If you answered “No” to question #1, skip to question #5. If you answered “Yes”, have you ever had any training in Art Therapy?
Yes No

3. If you answered “No” to question #2, skip to question #5. If you answered “Yes”, have you ever used Art therapy techniques in your teaching?
Yes No

4. If you answered “No” to question #3, skip to question #5. If you answered “Yes”, did you find it beneficial for the student(s)?
Yes No

5. Do you currently have students you believe would benefit from Art Therapy services?
Yes No

6. Would you support an Art Therapy program for students at Merton Williams?
Yes No

7. Of your current students, which of the following issues could be addressed through Art Therapy? (Check all that apply)

<input type="checkbox"/> academic stress/pressure	<input type="checkbox"/> learning disabilities
<input type="checkbox"/> anger management	<input type="checkbox"/> family concerns
<input type="checkbox"/> ADD/ADHD management	<input type="checkbox"/> career planning
<input type="checkbox"/> depression	<input type="checkbox"/> dealing with bullies
<input type="checkbox"/> stress/anxiety/worries	<input type="checkbox"/> making friends
<input type="checkbox"/> dealing with cliques/peer pressure	<input type="checkbox"/> self-esteem
<input type="checkbox"/> getting along with friends	<input type="checkbox"/> grief and loss
<input type="checkbox"/> self or family alcohol or drug abuse	<input type="checkbox"/> separation/divorce
<input type="checkbox"/> building healthy relationships	<input type="checkbox"/> eating concerns

***After completing this survey and signing the consent form, please place both pages upside down in the drop box in the main office. Thank you for your participation!**

Appendix D

Statement of Informed Consent for Teachers

Statement of Informed Consent for Teachers

This form describes a research study being conducted with students, parents and teachers about the need for an Art Therapy program at Merton Williams Middle School. The purpose of this research is to find an initial interest from parents, teachers and students for a program in a middle school that uses art therapy as a form of counseling for students who are classified special education students. The person conducting this research is a student at SUNY College at Brockport. If you agree to participate in this study, you will be asked to complete a questionnaire about your thoughts on an art therapy program in your school.

The possible benefit from being in this study could be that information will be learned that would allow school counselors and social workers to create an art therapy program that will help improve your child's social skills, self-esteem and grades.

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

I understand that:

1. My participation is voluntary and I have the right to refuse to answer any questions. I will have the chance to discuss any questions I have about the study with the researcher after completing the questionnaire.

2. My confidentiality is guaranteed. My name will not be written on the survey. There will be no way to connect me to the written survey. If any publication results from this research, I would not be identified by name. Results will be given anonymously and in group form only, so that neither the participants nor their schools can be identified.

3. There will be no anticipated personal risks or benefits because of participation in this project.

4. My participation involves reading a written survey of 7 questions and answering those questions in writing. The survey should take no more than 15 minutes to complete.

5. The results will be used for the completion of a research project by the primary researcher.

6. Data and consent forms will be kept separately in a locked filing cabinet by the investigator and will be destroyed by shredding when the research has been completed.

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

Remember, you may change your mind at any point and withdraw from the study.

If you have any questions you may contact:

Primary Researcher

Jamie Shemps

Counseling Intern

Faculty Advisor

Thomas J. Hernandez

Associate Professor, SUNY Brockport

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

Signature of Participant

Date

Appendix E

Letter to parents

To the parent or guardian of a Merton Williams student,

I would like to introduce myself. My name is Jamie Shemps. I am a counseling intern at Merton Williams as well as a graduate student in the Counselor Education program at SUNY College at Brockport. As part of my graduate program, I am required to research an area of my interest. I am particularly interested in Art Therapy and its ability to improve a students' social, emotional and academic well-being.

Art Therapy is a form of support that uses art media, images and the creative process to encourage children to express their thoughts and feelings. Art Therapy provides an outlet for children to express themselves in a safe, non-verbal way. Art Therapy can help students to focus on learning by providing a visual and verbal approach to addressing student needs.

Art Therapy can be healing and life enhancing as it can help children to improve their self-esteem, increase insight and judgment, cope better with stress, work through traumatic experiences, increase cognitive abilities, and have better relationships with family and friends.

I believe that using Art Therapy in schools, particularly with special education students, can help make education a positive and rewarding experience. I would like your help in supporting this belief. I have included a pamphlet on Art Therapy that I would like you to read through. The pamphlet explains more about what Art Therapy is and how it can be beneficial in a school. I have also included a survey for you to complete as well as a parent consent form for you to sign. If you choose to complete the survey, I ask that you I ask that you sign the consent form. By signing the consent form, you let me know that you are willing to participate in this study. The survey is completely anonymous and all your answers will be kept confidential. Your identity will not be linked to any data you provide. I will use the data to let staff and administration at Merton Williams know whether or not there is an initial interest in developing an Art therapy program. Once you have signed the consent form and completed the survey, please return both to the Merton Williams counseling center.

If you have any questions or concerns, do not hesitate to contact me via email: JSHEMPS@hilton.k12.ny.us or by phone (Tuesday-Thursday): 392-1391.

Thank you in advance for your participation and cooperation.

Jamie Shemps
Counseling Intern
Merton Williams Middle School

Appendix F

A Survey About Art Therapy – Parent Form

A Survey About Art Therapy – Parent form

1. Do you believe your child could benefit from Art Therapy services in school?
Yes No

2. Has your child ever created artwork at home to deal with any of the following? (Check all that apply)

<input type="checkbox"/> anxiety	<input type="checkbox"/> family concerns
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> self-esteem
<input type="checkbox"/> stress	<input type="checkbox"/> grief and loss
<input type="checkbox"/> anger	<input type="checkbox"/> separation/divorce
<input type="checkbox"/> depression	<input type="checkbox"/> self or family alcohol or drug abuse
<input type="checkbox"/> fear	<input type="checkbox"/> academic stress/pressure
<input type="checkbox"/> sadness	<input type="checkbox"/> frustration
<input type="checkbox"/> other (please explain) _____	

3. If you checked any above, did you find creating the artwork helped your child deal with the particular issue?
Very helpful Somewhat helpful Not helpful at all

4. Do you think it would be helpful for your child to use art as a way of coping/dealing with issues/expressing his or herself in a positive way in school?
Very helpful Somewhat helpful Not helpful at all

5. Would you support Art Therapy activities in your child’s classroom once per week?
Yes No

6. Please list any issues or concerns about your child that you believe could be improved or changed with Art Therapy.

Appendix G

Statement for Informed Consent for Parents

Statement of Informed Consent for Parents

This form describes a research study being conducted with parents and teachers about the need for an Art Therapy program at Merton Williams Middle School. The purpose of this research is to find an initial interest from parents and teachers for a program in a middle school that uses art therapy as a form of counseling for students who are classified special education students. The person conducting this research is a student at SUNY College at Brockport. If you agree to participate in this study, you will be asked to complete a questionnaire about your thoughts on an art therapy program in your school.

The possible benefit from being in this study could be that information will be learned that would allow school counselors and social workers to create an art therapy program that will help improve your child's social skills, self-esteem and grades.

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

I understand that:

1. My participation is voluntary and I have the right to refuse to answer any questions. I will have the chance to discuss any questions I have about the study with the researcher after completing the questionnaire.
2. My confidentiality is guaranteed. My name will not be written on the survey. There will be no way to connect me to the written survey. If any publication results from this research, I would not be identified by name. Results will be given anonymously and in group form only, so that neither the participants nor their schools can be identified.
3. There will be no anticipated personal risks or benefits because of participation in this project.
4. My participation involves reading a written survey of 6 questions and answering those questions in writing. The survey should take no more than 15 minutes to complete.
5. The results will be used for the completion of a research project by the primary researcher.
6. Data and consent forms will be kept separately in a locked filing cabinet by the investigator and will be destroyed by shredding when the research has been completed.

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

Remember, you may change your mind at any point and withdraw from the study.

If you have any questions you may contact:

Primary Researcher

Jamie Shemps
392-3198

Faculty Advisor

Thomas J. Hernandez, Associate Professor, SUNY Brockport
395-5498

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

Signature of Participant

Date

Please return this form along with the parent survey to the Merton Williams Counseling office by March 1, 2008.