

# The Effectiveness of Art Therapy in Schools

Beth Gonzalez-Dolginko

NYS LCAT in private practice, 19 Eatons Neck Road, Northport, NY, 11768, USA

## ABSTRACT

This paper describes a qualitative interview study that included interviews with eight art therapists working in public schools in New York State and field notes from shadowing two of the art therapists. One of the original purposes of the study was to gather information on the effectiveness of art therapy with the school students receiving this care. Included is a significant literature review on art therapy's effectiveness in schools representing a variety of ages and issues. This data-based research indicated that the work of the art therapists was effective and in which areas. Included are summaries of field notes offering methods and procedures.

**Asian Journal of Complementary and Alternative Medicine. Volume 08 Issue 1**

**Published on:** 29/01/2020

**\*Author for Correspondence:** Beth Gonzalez-Dolginko, EdD, NYS LCAT, ATR-BC, NYS LCAT in private practice, 19 Eatons Neck Road, Northport, NY, 11768, USA; Tel: US 631-754-2278; Email: ddolginko@aol.com.

**Cite this article as:** Gonzalez-Dolginko B. *The Effectiveness of Art Therapy in Schools*. Asian Journal of Complementary and Alternative Medicine, Vol 8 (1), 1-8:2020.

## INTRODUCTION

Art therapy can be used with all children, but some children need this approach more than others, for example, children who are visual learners, children who have difficulty with oral communication and conceptual language, children with special needs and children who have suffered abuse, trauma or family problems. Art therapists can provide a reasonable and sensitive environment to facilitate change and growth because their education includes study of systems theory and human behavior and dynamics. They can offer suggestions on changing the school culture through implementation of practices that are respectful and rooted in basic human kindness.

“Art therapists in schools can help young people reach their maximum educational potential. Many schools do not currently employ art therapists,” [1].

Art therapists utilize art products and individual associations with art products to help generate physical, emotional, and learning skills that can foster compatible relationships between students and their inner and outer worlds. Students in art therapy who come to an improved understanding of their problems may even be helped, through art experiences, to resolve their problems. By gaining new understanding of themselves, they learn to face their conflicts [2-5].

Advocates of art therapy argue that art therapy should be in schools because it offers a unique approach to working with children by using both words and images to help them express and better understand themselves. Because

of its efficacy, advocacy groups, such as national and state membership associations and parent organizations, are working to try to influence administration to hire art therapists. The American Art Therapy Association position paper on art therapy in schools [6] stated that art therapists have the knowledge to offer therapeutic and evaluative services and implement interventions for students with special needs and for those who need graphic, rather than verbal, counseling. “Art therapy is, in effect, a catalyst that takes students with varying special needs and, through art, helps them to improve your outlook on life” [2-5].

## LITERATURE REVIEW

There are hundreds of studies and reports on art therapy being used with children from its roots with Margaret Naumburg, one of the mothers of art therapy. However, only a small percentage of these deal with art therapy in schools. A review of the literature dealing with the effectiveness of art therapy that was done by art therapists in schools, both public and private.

In my original review of the literature regarding effectiveness of art therapy with children, I reviewed approximately 33 studies. Nineteen were based in public schools, including general, special education and self-contained primary, elementary and high schools [7-24]. The remainder were based in one day treatment facility [55]; one early childhood school [26]; five alternative special education middle and high schools [25, 27-30] one private office through referrals from public school early intervention programs [31] and, additionally, one private office through referrals from social

services [32]; one adolescent residential treatment facility, which included a school [21] two residential schools for children who are blind [33] and deaf [34] one school in a high security juvenile detention facility for young women [35] and one in a museum based program [36].

When we look at the existing research about art therapy in the schools, there were a number of claims made regarding effectiveness. What do these 33 studies tell us about the effectiveness of art therapy in schools? The outcomes indicate that art therapy is effective in three main areas:

1. Social/Emotional: processing trauma [14,17,32,36] increasing appropriate social interactions and decreasing negative ones [8,26] increasing self-esteem [8,13,30,35] increasing socialization, communication and self-expression [10,11,15,28,31,33,34,] improving self and body image and dealing with issues related to teen pregnancy [9,21,23] supporting adaptation to new situations [20] improving emotional functioning as it affects academic performance [7,16,19,22,24,27,29].
2. Behavior: decreasing symptoms manifesting in negative behavior [11,25] gaining control over behavior and changing perceptions of power and control [18] increasing attention span and decreasing impulsivity [25]; increasing appropriate social interactions and decreasing negative ones [8,26]; and
3. Academic Performance: improved progress and performance [10,11,27, 37,] cognitive and creative growth [10,11,15,31] decreasing drop-out rate [19] supporting classroom skills by increasing both focus and conformity to classroom expectations [12].

## THE STUDY

We know that art therapy helps children in schools, but there is not enough evidence-based research in the literature reflecting the effectiveness of this work. Therefore, I conducted a study to add much needed data to the literature. This was an exploratory interview study, and one component was examining art therapists' perceived effectiveness of their art therapy work.

## PARTICIPANTS

As part of this study, I interviewed eight credentialed art therapists who are currently employed full-time or nearly full-time in public schools in New York State. Art therapy credentials include *ATR*, registered art therapist, or *ATR-BC*, board certified registered art therapist, these being nationally issued by the Art Therapy Credentials Board, and/or *LCAT*, licensed creative arts therapist, being issued by New York State.

The art therapists were employed in regions throughout New York State. One worked in a suburban district of a large city in the Western Tier; one in a rural district in the Western Tier; one in a middle class district in Central State; one in an affluent district in the suburbs of New York City; two in middle class districts in the suburbs of New York City; and two in districts within the boroughs of New York City.

## DATA COLLECTION

In this study, the interview was the primary method of data collection. Using semi-structured interviews, I collected information on the nature of the work that art therapists do in schools, their perception of the effectiveness of art therapy in their work, their perception of their role within the school and their experience as art therapists within the school.

I additionally gathered information using field observations, which included notes and viewing children's art work, to add depth to the art therapists' perceptions of effectiveness and provide triangulation to my study. I was able to shadow two of the art therapists, and they acquired permission for this from their administration. I did not collect documents but did view art work of some of the children observed. Both art therapists indicated receipt of parental permission to show children's art work for educational purposes.

## HOW DID THE ART THERAPISTS IMPLEMENT ART THERAPY IN PUBLIC SCHOOLS?

It might be useful for readers to see some detailed descriptions of exactly how art therapy was done in the schools. As mentioned, I shadowed two of the participants and will share data collected from my observations.

Participant A conducted group sessions, and she also conducted individual art therapy sessions. Her mission is prevention of substance abuse and violence through helping the children learn to express themselves and develop problem solving skills. She did not use art therapy in all her groups. Some groups were socialization groups while others were groups focused on prevention of substance abuse and violence and on increasing socialization or were based on a theme like *changing families* or *creative communication*. She stated, "We call it creative communication because generally we don't call anything in the schools *therapy*." Additionally, she worked with children from the special education kindergarten who were identified with Autism Spectrum Disorder. She picked the children up and escorted them to her office for these sessions. She was also called upon to do crisis intervention groups with a triage team of professionals. For example, some high school students had been killed in a car accident, and the student assistance counselors responded by going into the school to help the students process the incident. In another case, a mother was

murdered in her home, and the crisis counselors responded to the elementary school concerned.

I observed a *creative communication* group, which was a group with six girls in the second grade. She picked the girls up from their respective classrooms. They were all eager to join her. Her interest in the children and observation of their behavior seemed obvious because she looked directly at the children when they spoke to her while walking through the hall. When they entered the room, the girls sat around a square table, and she reviewed the group ground rules. One girl expressed that she was upset because her parents had missed an assembly in which she was performing. She reassured the girl that her parents usually do come, and the other girls were sympathetic. This little girl then started expressing her anger at her parents with violent fantasies about hurting them. She told the girl that was not something that she could do and briefly described and discussed what anger feels like. The other girls seemed taken aback by the first little girl's violent comments. Participant A introduced an art therapy activity to help them better understand feelings and how to express these, as well as to take the focus off the child. The girls all selected a card from a box, each with an emotion word on it and were asked to draw something expressing that emotion with drawing materials that were available to them. She encouraged them, offered supportive comments to them while they worked and announced that it would soon be time to stop drawing. The girls shared their art and had a discussion, during which it seemed clear that they could express these different feelings both verbally and through their art. The first little girl, mentioned before, again presented violent imagery. Participant A curtailed the girl's description and wrapped it up by stating that the girl must still be angry with her parents, and it was good that she shared that. She then reviewed with them if they felt they earned their stars on a behavior incentive chart. We then brought the girls back to their classrooms.

Most of the groups about which Participant A reported were run during lunch periods because the school administration tried not to pull students out of academics. Another group she ran was called *changing families*. The art therapy activity was around the topic of changing families and became an opportunity to talk about anything that came up for the children. In these groups, "The topics ... they talk about some very intense issues... one child's sister just went into rehab... that's a tender group." Participant A explained that the fifth grade *changing families* group was currently talking about starting to have girlfriends and boyfriends, socialization, friendships, feeling left out, how parents communicate. "That's a big topic. There is also a theme that kids learn in this group: 'Sometimes parents act like children.'" The group did not always do art as much as she would like, but one reason was because they were eating lunch. The children all wanted to do art, so she tried to make sure that they included it before the end of the group.

Participant A also conducted individual art therapy sessions. She told me about a mother of a boy with special needs who had called his teacher. Her son was in the district's one special education kindergarten. At the completion of kindergarten, these children disbursed to other schools in the district, and this little boy was having a hard transition. The mother called the teacher and specifically asked to have him meet with the art therapist so that he could do artwork to express his feelings. Another child had been raped in her house and then placed outside of the home by child protective services. Working with Participant A, she drew a house and said "It's a house—not MY house because people don't... families don't treat people like this."

Participant B did group sessions, which were called *groups*, and he also conducted individual art therapy sessions for children of all ages in different district schools. He was originally hired to do substance abuse prevention. He also did crisis intervention counseling. In the past, he was contracted to offer art therapy services because it was on a child's IEP (Individualized Education Plan is mandated by federal law for children who have special education needs).

Participant B worked in several schools and used his office, classrooms or conference rooms for these sessions. As an art therapist, he described how he would purposefully adjust the creative art modality to fit the individual child's needs.

I had the opportunity to both shadow and interview Participant B during his day. His interest in the children and observation of their behavior seemed obvious because he would look very directly at the children when addressing them. He tried to engage them and also seemed to be studying them.

Participant B started each group by saying, "Does anyone have any problems or things they want to talk about first?" He then spent a couple of minutes on that and then brought out the art materials, which were usually basic drawing materials like markers. If the children were slow to start, he said, "Do you have any ideas?" and if not, he might offer a suggestion, like *draw a picture of your family*. Then they talked about it with each other and developed social skills. With the younger children, he used more structure and theme-based directives. For example, I observed him with a group of middle school boys, and he gave them a preprinted art therapy activity concerning the theme of cliques.

Participant B's use of materials was somewhat restricted by the spaces he used and the fact that he traveled to different schools. Because of this, he often used workbook art therapy activities, basic drawing materials and plain paper. He had a sand art tray with tools in his office, which some of the children used. He had a small office in which he conducted some individual sessions. He pushed-in to some classes and pulled-out from others for discreet groups, like socialization groups.

I observed Participant B running one push-in session and two groups, one was a push-in and the other was a pull-out. The push-in session was in a 12:1:1 high school classroom and was mostly using art as a support for curriculum.

The first art therapy group consisted of three boys, and the session was a push-in within their classroom, which is an 8:1:1 self-contained high school class. He brought in some drawing materials, but before offering the art therapy activity he had with him, he asked if there were a topic they wanted to bring up. Throughout the session, the adolescents did not follow any particular art therapy activity, but one doodled with the materials, and another worked on an art project during the discussion. None of the art done in this group was processed with them, because other discussion topics took up the time. One boy brought up school related concerns and received some advice. Another brought up an incident where he and a friend were driving, his friend cursed at someone out the car window, and the man followed them. The boy stated that he stood up to the man that followed them, and his classmates offered alternative ways of dealing with the situation that would not be as volatile, and he said, "Violence is the answer," while he worked on a sand sculpture that was a huge brick fortress. Participant B initiated a discussion on consequences, which eventually led to a discussion about when to be loyal to your friends and why you would not be sometimes. For the remainder of the session, each boy brought up a problematic family issue and got feedback from him and each other regarding how to handle the situation.

The second art therapy group took place in the middle school conference room. Participant B picked the boys up from the cafeteria and brought them to the group room. He explained to me that, at the end of the group, he gives input and asks them to review each other to determine if they earned a reward for their participation that day. The reward was points, and after earning a certain number of points, he allowed them to select a CD, some art supplies or a small toy. One boy was agitated because he had lunch detention, but Participant B told him he could attend a group. He came briefly but left saying that he could not handle the group that day. Another boy arrived late. There were a total of four boys. After the boys ate their lunch, Participant B brought up the topic of cliques, and a discussion followed. He then offered them a related pre-printed art therapy activity that said, *Draw how you think other people see you*. The boys drew and then shared their art. The first boy was blinking often and seemed anxious about a lockdown that had taken place in the high school because there was a wounded deer on their campus. He drew himself with whiskers and said that he talks like a hick, and people see him as "awesome." The second boy seemed restless and washed his hands a few times and was annoying some of the other boys with some rude noises. He drew a smiley face and said that people

see him as stupid and ran out at the end of the session. The third boy drew himself as punk and Gothic, although he does not actually have that appearance in reality. At the end of the session, Participant B and the group determined that he did not earn a reward, and he stormed out. The last boy exhibited rocking behavior and was very quiet. He said that people see him as weird. Participant B collected their art to file away with other art that they had done in sessions.

Participant B also conducted four individual art therapy sessions. Before each session, The first session was with a boy in the high school. The boy commented on the photographs in the office, which Participant B had taken. They discussed photography as a means of expression for the boy. He encouraged the boy to reflect on and then develop his strengths. He also reminded him of some of his strengths, such as being good with the computer. The boy talked about problems with his girlfriend, because of a big misunderstanding, which was a result of the boy's limited insight. The boy began to lose focus, and Participant B pointed out to him that he tended to make things more complicated with his anxiety. He then used role-playing, a drama therapy technique, to help the boy see and process the problem.

The second individual session was with a girl in the high school. Participant B was seeing her individually, as well as in a group because she was resistant to speaking up in the group. Since she did not really like art, she just made quick sketches. Participant B felt that it was more because she, and the rest of the adolescents in the group, viewed counseling as another lesson to just do the assignment and be done. Through the group, however, the girl became more engaged with materials and then she started to speak up more often.

The third individual session was with the same adolescent boy in the high school who had been provocative regarding violence in the morning group. The boy continued to speak provocatively, expressing anger at the school, stating that he will always be suicidal but will not necessarily act on the thoughts and freely showing and discussing marker all over his arm with significant dates, like when his grandfather died and when his parents divorced. At first, he played with a hand puzzle and then quickly shifted to using a sand art tray that has a small rake to make and change designs easily. It can be a very soothing medium, and he seemed to be calming down as the session progressed. Participant B also discussed some legal and family issues with which the boy was dealing.

The final session was in the back of a small self-contained classroom in the middle school with a boy diagnosed with Autism Spectrum Disorder. He was perseverant vocally repeating that the *Pirates of the Caribbean* was being released that day. The boy told us a story about cereal that

his dad had bought. He was very concrete. Participant B brought up super-heroes, which was the subject of the boy's art. They discussed super-powers, and the boy expressed a desire to have some super-powers, like flying. Participant B helped him reflect on his own real strengths and weaknesses.

## FINDINGS

### General

The eight participants were all credentialed art therapists employed in New York State public schools. All indicated that they used art therapy in their work and perceived that their use of art therapy contributed to students' social and emotional growth, improved behavior, and academic progress. They also felt that the theories and philosophy of art therapy informed all aspects of their work and gave specific examples.

The art therapists directly used art therapy in both group and individual sessions for diverse purposes, such as crisis intervention and prevention, bereavement counseling, counseling for family and substance abuse problems, socialization, encouraging exploration of social and emotional issues, vocational training, conflict resolution, fostering social/cultural awareness and a sense of community, support in students' goal setting, and encouraging self-evaluation.

The art therapists also used art therapy indirectly. The theories and philosophies of art therapy informed their work as they supported academic and mental health curricular themes in classrooms through push-ins, team teaching, and consulting, sometimes using museum education or community resources. Most of the art therapists also reported using art therapy when offering professional development for other staff. Art therapy philosophy also informed their evaluating the children for reports or grades, their use of materials in sessions, designing their programs and work space and record keeping, including analyses of children's art. The art therapists advocated for children and encouraged self-governance and establishment of classroom culture by the children. They had interactions with parents and engaged in personal professional development.

### Regarding Effectiveness

The art therapists all perceived that their art therapy work was effective. Through their work, they felt that there were able to address children's social and emotional needs, develop interpersonal skills, improve behavior, and support cognitive development and growth in academic performance. One area where they felt they were particularly effective was in identifying troubled children and getting them help. The art therapists associated their work in classrooms, after-school programs, and art therapy groups and individual sessions with positive outcomes. Depending on their actual positions

in the schools and the age range of the children with whom they worked, there were differences in the outcomes that they described.

### Identifying Children at Risk

Because of their expertise as therapists, they worked effectively with students with serious mental illness or serious learning problems. As already mentioned, the art therapists applied their knowledge in the analysis and interpretation of children's art work, but this was particularly important with troubled children. In two poignant cases, the art therapists were the professionals who effectively identified children at risk through the art. In these and other cases, the art therapists met with the child and used the child's art to gain a better sense of the problems at hand and apprise others of this information. In certain of these cases, the art therapists used art therapy to intervene and were also effective in getting the child needed therapeutic help. In three reported cases, their interventions led to hospitalization. The art therapists informed others, if necessary. This included consulting with administration, teachers, guidance or other support services, both within the school and the community, concerning specific children's needs. In two schools, administrators asked the art therapists to write reports as art therapists. Information that the art therapists learned from these troubling images that appeared in the children's art work was reported to Child Protective Services or to appropriate professionals. The art therapists involved with these cases felt strongly that these interventions had saved the child's life or dramatically changed the course of some children's lives.

### Social/Emotional

The art therapists perceived that they effectively addressed social and emotional needs and supported the development of children's interpersonal skills. Art therapy offers a constructivist approach to learning. By engaging the child in the process, the art therapy process enables the child to gain knowledge through personal meaning. The art therapists actually educated children about how to use the art therapy process. They would refer to the children's own imagery that emerged from the art and use creative journaling to reflect issues and concerns back to the children. As a result, they felt that the children demonstrated increased ability to identify and express emotions appropriately, both verbally and through the art, and they observed changes including improved mood and increased personal insight. They felt that an increase in students' awareness of their feelings and emotions precipitated an increase in self esteem and, consequently, positive choices when making decisions.

In response to the art therapy, the art therapists saw more appropriate social interactions and communication skills, demonstrated both verbally and non-verbally. The art

therapists felt that the art therapy process supported students in the development of a greater awareness of each other as well as an increased acceptance of the special education students by their typically developing peers.

### Behavioral Changes

The art therapists gave examples of how an art therapy approach supported children who were unable to function in a traditional classroom environment. Most of the art therapists worked with children identified as having emotional problems and manifested behavior that interfered with their ability to learn and have school success. They felt that art therapy decreased and/or redirected this inappropriate behavior. These children often felt disenfranchised within the school community. The art therapists felt that their work effectively empowered these children, giving them a greater sense of autonomy and developing their creativity and resourcefulness. For example, the art therapists encouraged the children to make their own rules and to maintain the structure within the learning environment. The art therapists also taught students how to use self-reflection and journaling, strategies that also supported autonomy and goal fulfillment. Two of the art therapists described displaying the children's art for the dual purpose of increasing self-esteem and public relations.

One of the most important areas of effectiveness reported by the art therapists related to improved classroom climate. As a result of the art therapy, they felt that students were calmer and there were fewer fights. The art therapists observed that the children were often more engaged in their sessions than in other classes and participation improved. The supportive environment of the art therapy sessions enabled children to transition to other classrooms more easily. One of the art therapists implemented a project that incorporated the creative arts which effectively decreased truancy and improved participation.

### Academic Progress

By addressing and resolving social, emotional and behavioral problems, the art therapists felt that their work led to increased cognitive development and improved performance in academic and vocational endeavors. The students had an increased awareness of their personal internal social and emotional struggles that enabled them to be more organized in their learning and to apply learning strategies with greater intentionality. The art therapists perceived that students who participated in art therapy demonstrated greater effort, were more engaged in both inclusion and adapted classroom work, and developed an ability to self-evaluate.

The art therapists felt that art therapy helped children develop basic skills needed for school success, such as reading and writing readiness skills, organizational skills and learning strategies. As their skills developed, this affected their

self-esteem as well as their attitudes toward school. Two of the art therapists described helping students develop computer skills and vocational skills. In cases where there were organic deficits, the art therapists felt the art therapy process increased fine and gross motor coordination, bilateral coordination, sensory-motor coordination and visual perception. Two of the art therapists developed and implemented transition protocols for children who were identified for special needs. One worked to ensure immediate services and to ease adjustment for children as they entered the public school system, and the other worked with Board of Cooperative Educational Services (BOCES) to creatively enrich transition to the workplace for students on their way out of the public school system.

### How the Art Therapists Knew Their Work Was Effective

The art therapists reported a variety of methods through which they determined effectiveness. As experienced clinicians, the art therapists observed children with a more discerning eye than many other school personnel were able to do in order to determine how to proceed with strategies and to look for changes in behavior and cognition. The art therapists made appropriate interventions often based on what they saw in the children's art and on *unofficial* records of sessions with the children with whom they worked. These included personal records of their own observations of individual and group sessions and included analysis of free drawings.

Their knowledge as art therapists enabled them to gather clinical information and determine progress through the use of art therapy assessments, formally and informally. Some examples of the art therapy assessments they used are the *Draw-a-Person Test*, the *Silver Test of Cognitive and Creative Skills*, and the *Kinetic House-Tree-Person*. Again, because they did not officially work as art therapists, this important information usually could not be part of the child's record or Individualized Education Plan (IEP). One of the art therapists is an occupational therapists and noted progress through certain O/T assessments.

The art therapists all encouraged autonomy, self-reflection and self-expression, and so were able to observe progress through students' self-evaluations and reflective journals. The art therapists all perceived effectiveness and positive outcomes through feedback and reporting from administrators, other teachers, art therapy interns, other staff members and paraprofessionals.

### CONCLUSION

Art therapists are effective in their work in schools. I cannot say it better than one of my participants:

I personally think it should be in every school in every program including general ed. It's nice that it's creeping in,

at least for me in the special ed because they see the need for therapies, but in regular ed there's so many kids that need therapy that aren't getting it. The beautiful thing about art therapy is, you're not sitting the kid down in front of you and making him uncomfortable. You're not asking him this-and-that and expecting them to speak to you with words that they might not even have. They get to do it through things that they can control and use and share if they feel like it. It's very, very, very beneficial, especially for kids that are emotionally handicapped. They don't have those modes of expression and they learn it through each other. Sitting in an academic classroom learning math really isn't going to give that to them. I think they get the whole picture and the self-esteem and really working with other people, which is what they're going to have to do their whole lives. They get it there. You know, and it's a confidence thing... it's not being told what to do. Yeah! I think it's very beneficial. I think it should be in ALL the schools.

## REFERENCES

- American Art Therapy Association. (2000). Art therapy in schools. [Brochure] Mundelein, IL: Author.
- Bush J (1993). Art therapy program handbook. Miami, FL: Dade County Public Schools.
- Bush J (1993). Clinical art therapy program. Miami, FL: Dade County Public Schools.
- Bush J (1997). The development of school art therapy in Dade County public schools: Implications for future change. *Art Therapy: Journal of the American Art Therapy Association*, 14, 9-14.
- Bush J (1997). The handbook of school art therapy. Springfield, IL: Charles C. Thomas Publisher, Ltd.
- Shostak B, DiMaria A, Salant E, Schoebel N, Bush J, Minar V and Pollakoff L (1985). Art therapy in the schools: A position paper of the American Art Therapy Association. *Art Therapy: Journal of the American Art Therapy Association*, 2: 9-11.
- Carter JL (1979). Art therapy and learning-disabled children. *Art Psychotherapy*, 6: 51-56.
- Chin RJ, Chin MM, Palombo P, Palombo C, Bannasch G and Cross PM (1980). Project Reachout: Building social skills through art and video. *The Arts in Psychotherapy*, 7: 281-284.
- DiChiara E (1982, August/September). A visual arts program for enhancement of the body image. *Journal of Learning Disabilities*, 15: 399-405.
- Dunn-Snow P (1997). The gorilla did it!: Integration of art therapy and language arts in the public schools. *Art Therapy: Journal of the American Art Therapy Association*, 14: 50-53.
- Essex M, Frostig K and Hertz J (1996). In the service of children: Art and expressive therapies in public schools. *Art Therapy: The Journal of the American Art Therapy Association*, 13: 181-190.
- Kearns D (2004). Art therapy with a child experiencing sensory integration difficulty. *Art Therapy: Journal of the American Art Therapy Association*, 21: 95-101.
- Kiendl C, Hooyenga K and Trenn E (1997). Empowered to scribble. *Art Therapy: Journal of the American Art Therapy Association*, 14: 37-43.
- Levy B, Berberian M, Brigmon L, Gonzalez SN and Koepfer S (2002). Mobilizing community strength: New York art therapists respond. *Art Therapy: Journal of the American Art Therapy Association*, 19: 106-114.
- Moreno S and Rippey JM (2003). Expressive therapies continuum as a treatment planning tool for severely emotionally disturbed and developmentally delayed students. *Proceedings from the 34th Annual American Art Therapy Association Conference, Chicago, IL: 34, 94.*
- Pleasant-Metcalf A and Rosal M (1997). The use of art therapy to improve academic performance. *Art Therapy: Journal of the American Art Therapy Association*, 14: 23-29.
- Roje J (1995). LA '94 earthquake in the eyes of children: Art therapy with elementary school children who were victims of disaster. *Art Therapy: Journal of the American Art Therapy Association*, 12: 237-243.
- Rosal M (1993). Comparative group art therapy research to evaluate changes in locus of control in behavior disordered children. *The Arts in Psychotherapy*, 20: 231-241.
- Rosal M, McCulloch-Vislivel S and Neese S (1997). Keeping students in school: An art therapy program to benefit ninth grade students. *Art Therapy: Journal of the American Art Therapy Association*, 14: 30-36.
- Rousseau C and Heusch N (2000). The trip: A creative expression project for refugee and immigrant children. *Art Therapy: Journal of the American Art Therapy Association*, 17: 31-40.
- Schneider S, Ostroff S and Legow N (1990). Enhancement of body image: A structured art therapy group with adolescents. *Art Therapy: Journal of the American Art Therapy Association*, 7: 134-138.
- Silver RA (1975). Children with communication disorders: Cognitive and artistic development. *American Journal of Art Therapy*, 14: 39-47.
- Stiles GS and Mermer-Welly MJ (1998). Children having children: Art therapy in a community-based early adolescent pregnancy program. *Art Therapy: Journal of the American Art Therapy Association*, 15, 165-176.

24. Wood NE (1977). Directed art, visual perception and learning disabilities. *Academic Therapy*, 12: 455-462.
25. Smitheman-Brown V and Church R (1996). Mandala drawing: Facilitating creative growth in children with ADD or ADHD. *Art Therapy: Journal of the American Art Therapy Association* 13: 252-262.
26. Banks S, Davis P, Howard V and McLaughlin TF (1993). The effects of directed art activities on the behavior of young children with disabilities: A multi-element baseline analysis. *Journal of the American Art Therapy Association*, 10: 235-240.
27. Henley D (1997). Expressive arts therapy as alternative education: Devising a therapeutic curriculum. *Art Therapy: Journal of the American Art Therapy Association*, 14: 15-22.
28. Henley D (1998, August). Art therapy in a socialization program for children with attention deficit hyperactivity disorder. *American Journal of Art Therapy*, 37: 2-12.
29. Tibbets T and Stone B (1990). Short-term art therapy with seriously emotionally disturbed adolescents. *Arts in Psychotherapy*, 17: 139-146.
30. White K and Allen R (1971). Art counseling in an educational setting: Self-concept change among pre-adolescent boys. *Journal of School Psychology*, 9: 218-225.
31. Evans K and Dubowski, J. (2001). *Art therapy with children on the autistic spectrum*. Philadelphia, PA: Jessica Kingsley Publishers.
32. Klorer PG (2005). Expressive therapy with severely maltreated children: Neuroscience contributions. *Art Therapy: Journal of the American Art Therapy Association*, 22: 213-220.
33. Hermann U (1995). A Trojan horse of clay: Art therapy in a residential school for the blind. *The Arts in Psychotherapy*, 22: 229-234.
34. Kunkle-Miller C (1990, November). Potentials and problems in establishing an art therapy program in a residential school for children who are deaf. *The American Journal of Art Therapy*, 29: 34-41.
35. Hartz L and Thick L (2005). Art therapy strategies to raise self-esteem in female juvenile offenders: A comparison of art psychotherapy and art as therapy approaches. *Art Therapy: Journal of the American Art Therapy Association*, 22: 70-80.
36. Gonzalez-Dolginko B (2002). In the shadows of terror: A community neighboring the World Trade Center disaster uses art therapy to process trauma. *Art Therapy: Journal of the American Art Therapy Association*, 19: 120-122.
37. Brown C (2003). Art therapists as art educators. *Proceedings from the Annual American Art Therapy Association Conference, Chicago, IL*, 34: 127.