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BENEFITS OF ART AS THERAPY IN A K-5 INCLUSIVE CLASSROOM

A MASTER'S THESIS

SUBMITTED TO THE FACULTY

OF BETHEL UNIVERSITY

BY

KRISTINA MAKOUSKY

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BENEFITS OF ART AS THERAPY IN A K-5 INCLUSIVE CLASSROOM

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November 2018

APPROVED

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Abstract

The present literature review is guided by the question: What benefits would the inclusion of art as therapy techniques in a k-5 classroom setting bring to all students, regardless of their mental health status, including students who are typical, as well as students receiving special services such as those for crisis, for trauma or with disabilities? A global literature review of material from 2007-2017, investigated the use of art therapy to benefit children's wellbeing. Relevant information collected points to a potential for the use of art as therapy for children in schools as a preventative measure to build resiliency and other pro-social skills for children in an academic setting. The resulting research reveals limited data correlating art as therapy and schools. This thesis reviews the literature and discusses limitations of research, professional application and implications for future research.

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Chapter I

Introduction

In the fall of the 2017-18 school year, teachers and staff from a suburban, public elementary school north of Minneapolis approached their school board with a plea. They felt that their student body had become uncontrollable. The behavior issues were too numerous. The students knew there were no consequences for their actions. The teachers and staff felt they had become powerless to maintain safety in their school. They requested help and more support.

In response to this request, the district superintendent stated the following: as reported by a local news station: CCX News November 14, 2017:

... the district is trying to transition from a punitive approach where students with behavioral issues are suspended or removed from school, to a more positive approach where teachers learn how to teach appropriate behavior.” The Superintendent went on to say “egregious behavior will still result in a suspension, but a suspension doesn't address the underlying problem. Teachers need to help meet the students' needs through mental health support, mentoring and positive language.

After being advised to ultimately manage the issue themselves, with no additional training, no more help and no more support, teachers like these go back to their classrooms the very next day to face the same situations. Teachers walk back into classrooms days after natural disasters

and school shootings into environments where trauma is the everyday norm for their students. Students may come to school not ready to learn because they don't feel safe. As a result, they may find themselves in a state known as "fight or flight" where everything they do is to protect themselves from a world they feel is against them.

Due to this overwhelming need for increased student support, educators wonder what they can do to reach these students under the constraints of time and curriculum demands. Many schools have limited staffing resources when it comes to counselors, social workers and other behavior specialists, leaving teachers on their own to address these social and emotional behavior issues. As a public school elementary art teacher, the author sees the majority of their students in a school for a small portion of the year. With state standards, little direct contact time, crowded classrooms, and challenging student behaviors taking over instructional time, it is hard to know what preventative measures, versus reactive measures, a teacher could implement that would be beneficial for all students to help cope with an immediate situation in need of bigger changes.

Art Therapy History

Art therapy, in its current state has grown in tandem with the expansion and developing interest in modern psychotherapy (Malchiodi, 2007). From the early connections of Sigmund Freud's patients telling him they could draw the dreams that they could not explain and Carl Jung insistently encouraging his patients to draw, the connections between images and dreams attracted the psychiatric community to explore artistic expression. Cathy Malchiodi, a current

leading international expert in the field of art therapy, suggests that “visual art may offer a unique way to express traumatic images, bringing them to consciousness in a less threatening way” (Malchiodi, 2007, p. 10).

In the beginning of the 20th century, growing interests in Outsider Art, or art of those not trained as artist such as children and the mentally ill, gained popularity (Malchiodi, 2007). As such, art of this type become a collector’s item for many psychologists of the time. In the 1950’s in both Europe and the United States, the care of mentally ill patients started to shift to more humane treatments, and an acceptance and interest in creative types of rehabilitation started to become popular, including the use of art therapy (Malchiodi).

In the 1940’s, Margaret Naumburg was one of the first therapists to use art as an exclusive therapy, considering the images her patients created a form of symbolic speech in which they produced material that could be used to aid their therapy (Malchiodi, 2007). In the 1950’s, Edith Kramer popularized “art as therapy.” Kramer believed that art making could be a substantial technique to reduce stress and anxiety, as well as improve personal wellness without the aid of a licensed therapist’s involvement or interpretation (Hughey, Losinski, & Maag, 2016). She stressed that the act of creating art itself was the therapeutic outlet, allowing an individual to express them self and create personal change or release (Malchiodi).

In the article, *Therapeutic Art: Integrating the Visual Arts into Programing for Students with Emotional and Behavioral Disorders*, Hughey et al. (2016) suggested there are two types of visual arts therapy; *art-in-therapy*, where art creation is used as a tool to aid conversation and

thought in a psychotherapeutic process, and *art as therapy*, where the creation of art on its own is therapeutic without the need for additional interventions. Malchiodi (2007) supported these methods stating art making can be a healing process, and that art production communicates information relevant to therapy. In the practice of “art as therapy” the process of making art is therapeutic, and the creative process in itself can be health enhancing and a growth producing experience. In art psychotherapy, or “art therapy”, the products of art are helpful to communicate emotions and conflicts. Art therapy must come with a therapist; a supportive relationship is necessary to guide the art making experience and to help the individual find meaning along the way (Malchiodi).

The Menninger Clinic in Kansas was another foundational bedrock for early art therapy programs in the United States (Malchiodi, 2007). In the 1930’s, artist Mary Huntoon was hired to work with mentally ill patients at the clinic. She believed and re-enforced the idea that the therapeutic benefit for the patients was in the making of art itself, and not through the analysis. Joining the clinic in the late 1960’s Don Jones and Robert Alt went on to form the American Art Therapy Association in 1969 (Malchiodi), the leading source on art therapy today. The American Art Therapy Association’s concise Definition of Art Therapy (2017) is as follows:

Art Therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. Art Therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals as well as community

concerns. Art Therapy is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change (arttherapy.org).

Art Therapy and Schools

The first union of art therapy and public schools appeared in 1980, when the National Art Education Association (NAEA) and American Art Therapy Association (AATA) held a joint conference to discuss the role of art therapy in schools (Yoon, 2014; Bush, 1997). The focus of the merger was to provide services for students with disabilities through public school systems to inform both therapists and teachers of best practice. In 1985, AATA published an official position statement titled *Art Therapy in the Schools – A Position Paper of the American Art Therapy Association* (Yoon, 2014; Bush, 1997).

To ensure benchmarks are met, the State of Minnesota Department of Education (2018) states that “districts are required to put state standards into place so all students have access to high-quality content and instruction.” The Minnesota State Standards for visual arts programs are undergoing a review process in 2018. Public school visual arts programs historically focused on students learning specific art-making techniques and concerned themselves with the finished products, produced through the comprehension and mastery of precise skills. Many visual arts programs are based around a DBAE (Discipline Based Art Education) type program where the teacher lectures on specific techniques, styles, artists or

other detailed aspects of a certain discipline within art (Gates 2016). Though this method may seem to restrict a therapeutic experience, current state standards for visual arts programs in 4th and 5th grades do ask students to “justify personal interpretations and reactions to works of visual art ” (standard 4.4.1.5.1) (For art standards grades 4 &5 see appendix A).

TAB, or Teaching for Artistic Behavior, is an emerging way of teaching art in the classroom that moves away from traditional structured lessons and allows students to more freely explore materials, ideas, and techniques within their own time and interests. Gates (2016), an assistant professor of Art Education at Millersville University, Pennsylvania, suggests providing significant choices for students enhances their intrinsic motivation to create personal artwork. The personal interpretation of art will have a deeper benefit whereas reproductions of popular art styles without choice will not support or build creativity (Gates, 2016). This method of instructing thoughtful exploration of material and ideas is not fundamentally different from the way art therapy utilizes art materials. Art therapy is not concerned with a final art product or a student’s overall comprehension of a skillful technique, but concerns itself with the mental state or the emotional response elicited from the act of making art.

Many art therapists and teachers have pointed to a need to discern the use of art as therapy from art therapy, and to define the difference when being used in the classroom. Mental health is connected to physical health. Observing student behaviors and knowing when to refer students for support services should be in the forefront of teacher’s minds (Allsion, 2013). Allsion, an assistant professor of art Education at Texas Christian University in Fort Worth, TX, encourages the collaboration of arts education with art therapy and suggests

though art educators are not equipped to practice art therapy, they should have the ability to create a curriculum that has therapeutic intentions, through incorporating the process of planning curriculum based on students' needs and facilitating therapeutic art making with the students as the primary informant (Allsion, 2013, p. 87).

For the purpose of this thesis, the use of art as therapy in a public school setting without the guidance of a trained psychologist is considered. In this model consideration, art interventions are not a means of treatment, but are preventative self-regulating techniques for students to explore to calm and regulate themselves in school-based situations. In his work titled, *The Courage to Create*, psychologist Rollo May (1975) notes "The creative process must be explored not as a product of sickness but as representing the highest degree of emotional health, as the expression of normal people in the act of actualizing themselves" (as cited in Malchiodi, 2007, p. 34).

Special Education

According to Jarboe (2002), the use of art therapy in schools typically appears in the form of pulling a student out of their regular classroom by a therapist who works one-on-one with special education students who struggle with a regular classroom setting. Students who receive these services first have to be identified with a special education designation through a series of evaluations and tests. Not until the mid-1970s, with the Education for All Handicapped Children Act (EHA) were students with disabilities guaranteed basic civil rights or access to free and appropriate education and accommodations.

According to the US Department of Education (2018), the Individuals with Disabilities Education Act (IDEA) was not put into place until 1997. IDEA provides free and appropriate public education to American children with disabilities and ensures special education and related services. The US Department of Education (2018) through IDEA states that:

Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.

Under IDEA, students with disabilities are assigned either an IEP (Individual Education Plan), which requires the student to be given individualized and specialized services to ensure learning, or a 504 plan, which provides accommodations necessary to stay in a regular classroom. Both plans guarantee that students will be put in the Least Restrictive Environment (LRE), meaning they will spend as much time as possible with their peers in a classroom, so long as their disability did not interfere in their learning (*Understood, for Learning & Attention Issues*, 2018). A least restrictive environment encourages inclusive classrooms, where students come together for a shared lesson, regardless of their mental or physical state.

Children's art making can be a key factor in understanding their developmental stage by looking at their drawings. In 1947, Victor Lowenfeld published the book *Creative and Mental Growth*, in which he established six stages of development based on children's drawings

(Jarboe, 2002). The stages are separated by age points, and clearly define the way children draw. The first three stages are defined as “scribbling” at age two, “pre-schematic” at three to four years with conscious creation of objects, and the “schematic state” at six years with defined ways of portraying an object. Because it is possible to segment drawings into developmental stages, it is possible to identify, through drawing, if a child is delayed based on age. However, Jarbone (2002) advises that it is important, if assessing development based on drawing, that the evaluator take into consideration the cultural spectrum of the child and the specific art to which the student has been exposed.

Need for Research:

All students will suffer from some form of stress during their academic years. As such, they should be introduced to preventative and self-regulating skills, like those provided in creative therapies, as opposed to seeking restorative interventions after a traumatic event has occurred. In order to meet their full, creative potential and truly be ready for learning, children need to have their basic needs met first; this is known as self-actualization (Sitzer & Stockwell, 2015; Maslow, 1998) According to Maslow’s hierarchy of needs, people cannot reach their full potential until their basic needs are met: food, water, warmth, rest, and safety. Some children come to school without these essentials. They are not ready to establish relationships and far from ready for the opportunity to feel accomplished. As such, when children who are not receiving their basic needs walk into our classrooms, they are not prepared to learn.

Staggering data exists about stressors for America's children, but multiple factors ultimately can affect the majority of all students at some point in their educational careers. Family issues such as divorce, death, moving, changes in family-structures, incarceration, economic-factors, poverty, access to health care, adequate food and housing, illness, body image, bullying, peer-pressures, social acceptance, personal relationships, self-identifying confusion, substance-abuse, as well as plain old test anxiety can negatively impact children. According to the Centers for Disease Control and Prevention (CDC; 2017) about 25% of children in the United States aged 2 to 8 years have a chronic health condition such as asthma, obesity, behavior/learning problems, and other physical conditions. In the *2011-2012 National Survey of Children's Health*, parent-reported information showed that one out of seven US children aged 2 to 8 years had a diagnosed mental, behavioral, or developmental disorder. In 2010, suicide was the second leading cause of death among adolescents aged 12–17 years in the United States (CDC, 2018).

For the 2013-2014 school year, the United States Office for Civil Rights (OCR) put together a survey about key educational and civil rights issues in a program titled the *Civil Rights Data Collection* (CRDC) (U.S. Department of Education, 2018). Nearly every public school in the United States participated in the report. For school attendance, it was revealed that over six million United States students missed 15 or more days of school, meaning that about one in seven students missed multiple weeks of school. Research shows that children who are chronically absent in primary years are much less likely to read at grade level by the third grade.

“Students who cannot read at grade level by the end of third grade are four times more likely than proficient readers to drop out of high school” (U.S. Department of Education CRDC, 2014).

During an eight-week, longitudinal study on the daily stress of average elementary students, 65 children between the age of seven and eleven years old reported limited preparedness in their ability to cope with daily stress in socially appropriate and effective ways (Sotardi, 2016). In the study, students reported mildly stressful experiences each day including “frustration and fatigue”, “pressure from constantly switching focus”, “time constraints to learn curriculum”, as well as “interpersonal conflict, such as “uncooperative, unfair, or malicious peers” (Sotardi, 2016, p. 717). In his work, Sotardi reported a lack of research grounded in coping skills and stress in elementary schools, and suggested a need for the development of realistic understanding of the student experience to help children manage their stress.

Guided Question

The social emotional needs of adolescents seem to be on the increase. The demands placed on public school systems cause limited funding for social work teams and para professional supports within the schools. As a result, teachers find themselves looking for remediation on their own. As an elementary visual arts teacher working in an inclusive classroom with a population of high needs students, the author seeks to know if the incorporation of art as therapy techniques into current curriculum and routines could act as a therapeutic outlet to encourage a preventative, self-regulating strategy for all students prior to the need for an intervention that a therapist would conduct in a clinic.

To explore this, literature was researched under the following guided question: What benefits would the inclusion of art as therapy techniques in a k-5 classroom setting bring to all students, regardless of their mental health status, including students who are typical, as well as students receiving special services such as those for crisis, for trauma or with disabilities?

This thesis investigates, through a literature review, possible benefits gained from incorporating therapeutic visual arts activities into a K-5 elementary classroom, techniques that have been used, benefits to students, and strategies that can be implemented by classroom teachers for the betterment of all students. This thesis further provides implications for both further research and for professionals working at the elementary level with therapeutic and mindful intentions for students, meeting the K-5 Minnesota State Standards for Visual Arts curriculum.

Definition of Terms:

Crisis: *A time of intense difficulty or danger

Emotional intelligence: *The capacity to be aware of, control, and express one's emotions, and to handle interpersonal relationships judiciously and empathetically

Expressive therapies (creative arts therapies): treatment methods employing arts as therapy including visual art, music, drama, movement and poetry (pg. 26, Malchiodi, 2007).

Inclusive: * Including all the services or items normally expected or required

Likert Scale: * A scale used to represent people's attitudes to a topic

Mandala: * 1. A circular figure representing the universe in Hindu and Buddhist symbolism

1.1 (in Jungian psychology) a mandala as a symbol in a dream, representing the dreamer's search for completeness and self-unity

Mindfulness: *1. A mental state achieved by focusing one's awareness on the present

moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations, used as a therapeutic technique 2. Activity that encourages awareness to emerge through paying attention on purpose, nonjudgmentally, in the present moment (Coholic & Eyes, 2015; Kabat-Zinns, 1990)

Resiliency: *The capacity to recover quickly from difficulties; toughness

Self-actualized: *The realization or fulfilment of one's talents and potentialities, especially considered as a drive or need present in everyone

Trauma: *A deeply distressing or disturbing experience; Emotional shock following a stressful event or a physical injury, which may lead to long-term neurosis

* as defined by the oxford dictionary en.oxforddictionaries.com

Chapter II Literature Review

This thesis seeks to find the benefits of teaching art as therapy in a preventative format to all students in a general elementary level classroom. Several article searches were facilitated to produce enough material to answer the guided question of this thesis through the aid of Bethel University Library sources including the data bases of Academic Search Premier, CLIC Search, Proquest, and ERIC. The search parameters included the following word bank: art therapy, visual arts, therapeutic art, children, schools, trauma, art-material, mandalas and art education. The literature review was exclusive to articles about children and focused on group and school settings as well as including an emphasis on children of elementary age. Literature reviewed includes material from periodicals, theses, dissertations as well as books, all within the date range of 2007 to 2017. A large portion of articles that were found in this search were of an assertive-opinion based nature and lacked empirical data. Often research articles noted this in their own literature reviews including statements about how there has not been enough longitudinal data collection on their topic, or that they are the first of their kind. The majority of articles produced within this search criteria paired art therapy with trauma, as art therapy has its origins in psychotherapy; however the goal of this literature review was to find if the use of art making for therapeutic purposes can prove to be a beneficial technique for all students; one noted factor is that the majority of all children will suffer some form of trauma in their lives.

This chapter reviews the literature that was found on the topic of art therapy used with children. Material reviewed includes overviews of art therapy, group studies, art therapy with students with special needs, with students with traumatic special circumstances, specific art

materials, and the use of mandalas in art therapy. Articles on art as therapy were gathered from a global perspective including studies from the United States, Russia, Canada, New Zealand, India, Czech Republic, Australia, Britain, Poland, Norway, South Africa, Israel, Pakistan, South Korea and Italy. The topic of art as therapy's use with children is an international matter of interest as the lives of students, their mental health and behavior in schools is becoming an ever growing area of concern in changing societies.

Overview

In 2014, Fritz and Westerhensen composed an overview of creative arts therapy as treatment for child trauma, compiling work from the previous 12 years. This included art therapy, as well as music, dance, drama, poetry and psycho drama, all considered part of creative arts therapy. Their research of literature of this nature revealed that the majority of articles written on creative art therapies report their findings as narratives with emphasis placed on process, and little empirical data to support their research. Based on their findings, they reported an inability to determine the effectiveness of arts interventions on child trauma. They suggest that to measure creativity, which is different to each individual, may be a hardship for researchers, but data can still be collected on the effects the art interventions have on clients wellbeing (Fritz & Westerhensen, 2014, p. 532). In this literature review, the same problem continues to manifest itself, with a large portion of literature not data driven but reports of personal experience from art teachers and art therapist. The majority of usable empirical data is collected from studies that offered self-reported questioners and tests

personally reported by participants in the studies on their levels of stress, self-esteem, and personal feelings before and after art interventions.

This thesis work aims to find the benefits of incorporating routine art therapy techniques into an elementary curriculum throughout an entire school year. Group art intervention programs have been facilitated that resemble a school classroom in length as well as homogeneity and group size of an inclusive arts classroom such as those run by Sitzer and Stockwell, (2015); Mynařiková (2012); and Coholic and Eyes (2015). Art therapy programs that work with children vary in techniques and objectives. In an inclusive classroom, students are not all dealing with the same hardships at the same time, however benefits to children in a myriad of different statuses have found benefits through the use of art. These interventions have proven to be successful in many different areas for children in both challenging and traditional settings.

Group Interventions

Started in 2002, a program titled simply *The Art Room* was developed to target students displaying trouble in mainstream school. The program listed reasons for the students' personal distress as items such as "difficult home life, bereavement, learning difficulties, or recent immigration" (Cortina & Fazel 2015) all of which are very common in 21st century public schools. Like many programs of its nature, *The Art Room* program had positive reviews from teachers, parents and practitioners; but had never been formally evaluated. No quantitative data existed on the outcome of the program. In 2015, Cortina and Fazel reviewed the school-

based group arts intervention program, which had already been used by over 100,000 students in the UK. Seven school based programs were being run during this time, pulling students from surrounding schools as well as their own. Participants of *The Art Room* intervention were elementary children aged 5-16 identified by teachers as in need of additional support for emotional or behavioral matters.

The students participated in one or two weekly interventions in a calm, structured environment (Cortina & Fazel, 2015). The Art Room is in the school, but set away from the rest of the classrooms. Sessions last 1-2 hours each, with a minimum of one semester (ten weeks) of meetings; teacher to child ratio is often 2:8. Each lesson started with sitting in a comfortable couch, snacks, discussing the project, the expectations and how the children have been feeling and things that have been difficult or successful for them. Most projects lasted multiple weeks and were designed for student success. The projects comprised of making functional art such as chairs or lamps that could be taken home and used on completion. Each session ended with everyone contributing to a discussion regarding the session (Cortina & Fazel, 2015).

Emotional and behavior difficulties may present in children for many reasons, and can ultimately hinder their development if the problems are untreated, persist or become worse. The goal of Cortina and Fazel's research was to collect data to legitimize *The Art Room* program as well as to assess the extent to which students show changes in social, emotional and behavioral functioning (Cortina & Fazel, 2015).

Both teachers and the participating students answered questionnaires pre-intervention and post intervention. Teachers filled out a Strengths and Difficulties Questionnaire for each student; 25 questions on the child's emotional and behavioral problems and five questions on how the problems impacted the child's school experience. The participating child answered a Mood and Feelings Questionnaire, 13 questions on how the child has been feeling or acting recently; results might indicate depressive symptoms for that child (Cortina & Fazel, 2015).

Initial data was collected on 430 students. Cumulatively for the teacher questionnaires, 169 students' data was provided for beginning and end of program. Statistically significant reduction in emotional problems, hyperactivity, problems with peers and total difficulties was reduced for all participants. Students significantly improved on prosocial behavior. The data reported that the problems the students faced had less impact on their daily lives and classroom environment. After the intervention; students did not show significant improvement in conduct problems. Data from 55 student reports on mood and feeling identified 16 students as depressed at base line with fewer than 4% reporting symptoms of depression at completion, an 87.5% improvement in those that had been depressed at the start of the program (Cortina & Fazel, 2015).

In an attempt to help fill the noted gap in empirical evidence that supports art therapies for young people as an intervention for those with social and emotional needs, data was collected by Cobbett (2017) from elementary aged students in London. 52 students age 10-16, who were already enrolled for art therapy programs, were surveyed before and after a one year period while they were involved in varying creative art therapy sessions at their schools.

These included visual arts, as well as music and drama therapies. The data collected suggests that a significant improvement in social, emotional and behavioral difficulties in the students who participated in art interventions was achieved across all measures compared to 29 students in a control group who were on a wait list to receive the same services Cobbett (2017).

In their 2015 research, Sitzer and Stockwell noted a lack of preventative therapies being established to aid children with coping skills before psychological problems develop. Most therapeutic interventions were produced as a reactive measure to treat children with psychological problems. In contrast little has been developed aimed at prevention. To alleviate this imbalance, Sitzer and Stockwell (2015) proposed the question “to what extent can expressive art therapy build resilience in at-risk youth” (p. 76)? To answer this question, the researchers created a fourteen-week, multi modal art therapy-based wellness curriculum designed with a social-emotional base in the United States and delivered at a local elementary school.

The wellness program was delivered to 43 elementary students over two years. The students were in grades fourth through sixth aged nine through twelve, 24 girls and 19 boys. The students were considered at-risk based on a history of trauma; this included emotional dysregulation, lack of social skills, depression, anxiety, and lack of focus and concentration as noted and recommended for the program by their teachers (Sitzer & Stockwell, 2015). The program was structured for students to spend the first half of each hour-long lesson participating in a specific art directive (as noted in table 1), geared toward developing

resilience, trust, and communication skills. The second half of each meeting was facilitated to verbally process the directives with the entire group (Sitzer & Stockwell, 2015).

Table 1. Lesson Outlines: Wellness Program

Week	Lesson/Material	Desired Outcome
one and two	Safe place mandala Draw someone you trust	trust building
three four and five	Kinetic family drawing Wheel of change – drawing spinner	family cohesion stages of change
six seven and eight	Anger mandala Anger cake – layered drawing Anger thermometer – work sheet drawing	anger management
nine and ten	Triangle of needs – (Maslow’s hierarchy of needs) Bridge Draw – Future goal drawing	coping skills
eleven through fourteen	silence mandalas -(mindful mandalas) cards of classmates strengths – symbols of strength Island draw – group mural personal resilience shield – mixed media	Mindfulness resilience development integration

(Sitzer & Stockwell, 2015 p. 72-74)

Students participated in a 26 item Wellness Inventory, scored on a 7 point self-reporting Likert scale before and after the art intervention. The students’ self-reported scores showed significant improvement in the following areas: ability to compromise, maintain a positive attitude, tolerate frustration, express emotion, maintain self-confidence, feel competent, expect positive events, and work cooperatively as well as the ability to take responsibility (Sitzer

& Stockwell, 2015). Interestingly, in this study, males' test scores were significantly higher than females for all items. In general, boys most significantly improved in the areas of emotional function and social function and, to a lesser degree, resilience. By gender, girls only achieved statistical significant improvement in the categories labeled under emotional function factors (Sitzer & Stockwell, 2015).

In an inclusive classroom, which is what a typical art teacher would see, students come together for the same lesson regardless of their current mental state or ability level. Teachers are expected to modify lessons to be teachable to all students at the same time. Unfortunately, there can be groups of students who do not work well together. This can be disruptive and limit instructional time for all students. For one particular 5th grade class from the Czech Republic, this described atmosphere was making an environment where learning could not occur, setting them up to be a perfect candidate for an eight-week, therapeutic art intervention program for the entire group.

In the Czech Republic, classes typically stay together with the same teacher throughout their primary years; however, for one group of 25 children, this model did not work for their social emotional development (Mynařiková, 2012). The class was comprised of children aged 11-12, six children diagnosed with attention deficit disorder (three of which also diagnosed with dyslexia and/or dysorthographia), and one diagnosed with dyslexia and dyspraxia. Sixteen of the children were living with grandparents. Gender and race demographics were not provided for this group. The class was on their sixth teacher, as each previous teacher had requested to quit, due to the behavior challenges presented by these students. This caused the students to

have a new teacher each year, and to have the children identify themselves as “problematic children.” Because of the unteachable atmosphere of the classroom, the students were chosen to participate in the outreach program titled: *Art Based Program for Social and Emotional Development of Children* (Mynařiková, 2012).

One week prior to the start of the program, students participated in a B-3 test, which self-reports the relationship the children had with each other and the climate of their classroom. The results showed the students were aware of a lack of “trust, safety, friendship, cooperation, and tolerance in the whole group”, and labeled each other with characteristics such as “lonesome”, “rude”, “unreliable”, “unfair” or “ungrateful”(Mynařiková, 2012, p. 721).

The Art Based Program for Social and Emotional Development was conducted in 45 minute lessons once a week for eight weeks. The lessons were a combination of art, music and drama therapies, which covered skills including “improving communication, cooperation, manifestation, and recognition of emotions and identity enforcement” (Mynařiková, 2012 p. 722).

The Art Based Program for Social and Emotional Development of Children (Mynařiková, 2012) was led by a school psychologist and joined in facilitation by the classroom teacher. Each arts based lesson (As detailed in table 2) ended with a significant conversation with the children about how the lesson made them feel, and what could be subsequently done to change the students’ self-perceptions of their class.

Table 2. Activities: Art Based Program for Social and Emotional Development of Children

Activities Used During the Program
Group imaginations
Performing own fairytales
Drawing a tree
Performing stories based on personal problems
Drawing a family
Performing short scenes from books with therapeutical potential (i.e., The Little Prince)
Drawing classmates enchanted into animals
Performing scenes on the classroom rooms/polite and impolite behavior
Drawing group island
Using musical instruments to express emotions
Drawing personal history
Using musical instruments to express relationships
Drawing images with a finger on each other's back
Box of miseries
Drawing an advertisement on one's own personality
"Draw me a sheep" - based on the book The Little Prince
Making collages (themes: safety, trust, tolerance, friendship, emotions in school and in family, my personality, etc.)
How I look - How others see me - How I want to be seen

(Mynařiková, 2012 p. 723)

After the completion of the program, the students were re-evaluated using the same tests. The research program resulted in improved levels of implied safety, friendship, cooperation, trust, and tolerance, as reported by the students in a self-reporting inventory. After the conclusion of the program, 23 of the 25 students expressed eagerness to participate in voluntary continuations of the art therapy class, with no personal incentives being awarded.

In a similarly formatted intervention system entitled the "Holistic Arts Based Program," or HAP, vulnerable children aged 8-12 living in Canada were referred to a 12 week, arts-based, mindfulness group program through welfare or the mental health system (Coholic & Eyes, 2015). HAP was facilitated in a university lab developed for group work and outfitted with

recording equipment. The purpose of the program was to help children develop resilience as well reinforce their self-concept through an art-focused, mindful, strength-based program.

Eighteen groups were facilitated over three years, with programs lasting 12 weeks.

Demographics for the participants were not disclosed. Students participated in mindful art projects with discussion-based outcomes (examples in table 3). During the facilitation of the program, “common challenges in almost all of the groups included children with poor social skills, emotional regulation problems, difficulty listening and sustaining focus on an activity, and problems with transitions from one activity to another” (Coholic & Eyes, 2015, p. 4).

Table 3. Examples of Activities: Holistic Arts Based Program (HAP)

Lesson/Material	Activity Goal
Thought Jar: jar, water, beads found objects	introducing the concept of mindfulness
Me as A Tree: drawing	developing self-awareness & learning about other group members
Change 5: changing visual appearance of self	practicing mindful awareness by paying attention to watch other’s physical appearance
Emotion listen & Draw: draw/paint while influenced by different types of music	discuss how different types of music evokes feelings, learning to pay mindful attention to thoughts and feelings
Bad Day Better: painting of bad day, imprinted and re-painted into a good day	to discuss how mindful people do not avoid difficult feelings but learn how to express these in helpful ways(developing self-compassion)

(Coholic & Eyes, 2015, p. 7)

Improvement for participants of the HAP program was shown on self-concept, which when broken down into six subscales include: behavioral adjustment, intellectual and school status, physical appearance and attributes, freedom from anxiety, popularity, happiness and satisfaction (Coholic & Eyes, 2015, p.4). The results of this study are based on the data of 63

HAP participants with full data sets (pre and post intervention), as collected through the Piers-Harris Children's Self-Concept Scale (2nd edition) which included 60 yes or no self-reported questions on psychological health.

Interestingly, no improvement was shown in the study for resilience, as collected using the Resiliency Scales for Children and Adolescents, a self-reporting Likert-type test with three scales: sense of mastery, sense of relatedness, and emotional reactivity (Coholic & Eyes, 2015, p.9).

Coholic and Eyes (2015) suggest that though HAP could be administered to individual children, the group format of the art intervention is highly relevant in challenging vulnerable children's needs. Group experiences, like those in an inclusive classroom provide children the opportunity to improve social and interpersonal skills, engage in peer interactions, develop coping skills, practice cooperation, and remove them from potential isolation.

In a very direct group study, Koorankot, Mossa, and Nigesh (2017) looked at the effects of "Solution Focused Art Therapy" for emotionally disturbed children living in refugee camps in India. Through their focused, targeted program, children showed significantly lowered levels of depression, anxiety and stress from pre to post tests in only five, two-hour sessions (Koorankot et al.). The sample of participants consisted of 30 children aged 14 -18 staying in refugee camps in India, all having refugee status. Fifteen children (eight girls and seven boys) were from Sharam Vihar and fifteen children (nine boys and six girls) were from Mehwarth.

Over three weeks, this solution-focused approach created concentrated space for children to process the way they manage personal problems and regulate their emotions (Koorankot et al., 2017). Broken down into five specifically structured units, with three days apart for processing, children were asked to think critically about themselves and intentionally create positive goal-reaching skills through art directives and conversation. Each lesson was paired with a critical thinking goal, as well as a drawing directive (as outlined in table 4).

Table 4. Art Directive Outline: Solution Focused Art Therapy

Lesson	Art Directive	Goal
Goal Setting	Draw a picture of what you would like to talk about. Draw a picture of what is going on right now. Draw a picture of what you would like to change.	must fit individual need must want goal to happen Concrete and measurable
Miracle Question	Let's draw a picture of your miracle. It can be a big miracle or a little miracle, it's up to you. Draw a picture of what would be a miracle for you; even if only a little bit.	visualize how life would be different if the goal was achieved even a little
Exception	Let's draw a picture of a time when you had a little piece of the miracle.	Visualize a time in the past when did not have the problem access an internal locus of self-control, you have control over your life
Scaling	On a scale of 1 to 10 with 1 being the worst and 10 the best where were you on the day your miracle occurred? Draw a picture of yourself on the scale. Draw one scale higher Draw a picture of obstacles and possible solutions to move higher on the scale	Visualize solutions to feel one scale higher
Solution Message	Message is written by facilitator with child to take with. Child and therapist each draw a picture of what things could do to remain calm when working at other times	Credits the child for effort and bridges them to a solution focused outlook for future use

(Koorankot et al. 2017. p.813)

Students were first asked to create a personal goal around behavior management that was something they really wanted to change. Through drawing prompts, they next imagined a miracle happening that made their goal a reality. The facilitator then encouraged students to think of an exception, a special time in their life when they already felt a part of that miracle. Students then worked through solutions to get a small piece of that miracle (Koorankot et al., 2017). The children were presented with a scale that asked them to draw themselves representing their current level of happiness, from 1-10, and were then prompted to draw themselves at the next level of happiness. At the end of the program, the students participated in generating a "Solution Message" that was written by the facilitator. The message was a tangible symbol of their efforts to help realize their goal that could be taken with them after the program.

In another very short and intensive program, Buskirk-Cohen (2015) ran a two-week (4 days per week) summer day camp to deliver creative arts therapy programming to 11 children in the United States aged 6-15 (further demographics not provided). The participants were recruited through fliers at local therapists and camp fairs in an attempt to help children with social, emotional and learning disorders (Buskirk-Cohen, 2015, p.37). Parents and camp staff participated in assessment questionnaires of the children's behavior at the beginning and end of the camp. At the start of each day, students set individual social skill goals that they reviewed at the conclusion of each day with a camp counselor who helped find specific examples of goals being met.

Programming included movement therapy, yoga, art, music, science and culinary activities as well as the designing and building of a lotus pond (Buskirk-Cohen 2015, p.38). Results of the surveys reported on acting out behavior, shy/anxious behavior, learning problems, social assertiveness, task orientation, frustration tolerance, peer sociability, negative gossip about peers and spreads rumors about peers. Staff reported improvements in all children in areas of shy/anxious behavior, learning problems, frustration tolerance, social assertiveness, task orientation and peer sociability. Parents observed fewer acting-out behaviors and learning problems as noted at the conclusion of the camp (Buskirk-Cohen, p.39). This study did not provide a follow up on the participants.

Art as Therapy in Special Education

Inclusive art and home room classes will have all students participating in activities at the same time. Teachers are required to provide modifications to material to ensure that all students are meeting their highest potential and gaining the most from their time with their peers. Many different types of learners will come together in a classroom, facing all different kinds of obstacles, such as the ability to focus, sit still, listen, process or even just stay awake. Having resources available to help individual students be able to self sooth their needs is an incredible asset to a teacher. Art therapy techniques have shown to be beneficial to students with multiple types of learning challenges.

In a recent survey from the US National Art Therapy Association, it was reported that 10-15% of art therapists specifically work with people who have Autism Spectrum Disorder

(ASD). From the survey titled: *Understanding what works, when using art therapy with children who have Autism*, 14 art therapists working with children who have ASD reported the primary goals of a session were to improve 'social skill development', 'behavioral regulation', 'sensory integration', 'communication/visual supports' and to a lesser extent 'emotional regulation' (Van Lith, Stallings & Harris, 2017).

In the first study of its kind in Pakistan, researchers set out to look at the effects of art as therapy in the reduction of impulsive behavior in children with Attention Deficit/Hyperactivity Disorder (ADHD) and Intellectual Disability (Ali & Habib, 2015). Fourteen students aged six to twelve years old from a special education center, all clinically diagnosed with ADHD and mild intellectual disability participated in the study. The children were equally distributed into either a control group (2 girls and 5 boys), which received regular educational services, or an experimental group (3 girls and 4 boys), receiving art as therapy sessions.

Both groups were assessed prior and post intervention for impulsive behaviors using The Attention Deficit/ Hyper Activity Disorder test (a 36 item test) as well as the Human Figure drawing test used to measure child development. Forty-five minute long sessions were held twice a week, totaling in twenty five sessions. The art interventions (not specifically listed) were positively reinforced with verbal and nonverbal cues. Researchers modeled, prompted and introduced materials to create interest in the activities. The findings of the study report that the use of art as therapy reduced the ADHD symptoms of students in the experimental group, and that the therapy was more effective than the control group with no treatment, which reported no change in symptoms (Ali & Habib, 2015). Ali and Habib suggest that there is

potential to incorporate art as therapy into special education, inclusive and normal day schools existing programs (p.31).

Oppositional defiance disorder, characterized by insubordinate, rebellious and disturbing behavior to authority is often paired in children with ADHD and can greatly impair a student's social and educational balance (Khadar, Babapour, & Sabourimoghaddam, 2013). Researchers in Iran set out to investigate the effects of a painting based art therapy program on elementary boys, aged 7-12, with symptoms of oppositional defiant disorder.

Thirty children were divided into either a control group or an experimental art therapy group. The therapy sessions met twice a week for forty minutes totaling in 12 sessions, with a research aim to reduce the symptoms of oppositional defiant disorder in elementary school boys. Prior to the intervention, the students participated in a behavior rating scale that screens for emotional and behavioral disorders, this exam was also delivered post intervention, and at a one month follow up (Khadar et al., 2013). After the 12 art therapy painting sessions, the boys presented lower symptoms of oppositional defiant disorder, and were reported to display more "emotions," "adaptive behaviors," and "shared feelings", compared to those in the control group who did not show improvement (Khadar et al. 2013).

Aggression, when persistent and recurring, can be damaging to self-esteem and overall wellbeing (Alavinezhad, Mousavi & Sohragi, 2013). Art therapy was proven to reduce anger and increase self-esteem of aggressive children in a 2013 research study conducted in Iran. Thirty children aged seven to eleven (an unspecified mix of boys and girls), who showed intense

aggressive behavior and were associated with psychiatric or mental health centers in Shiraz, Iran were chosen to participate in a ten week art therapy intervention. The children were divided equally into either a control group or an arts therapy group. Self-esteem and levels of anger were tested before and after the intervention for both groups (Alavinezhad et al. 2013).

The art therapy intervention was held once a week for two hour long sessions. Each session focused on its own goal including: “self-expression,” “identifying simple feelings,” “improve self-awareness,” “impact of anger and aggression on children’s lives’,” “monitoring peer relationships,” “negative relationships in children’s family,” and “children’s responsibility”(Alavinezhad, Mousavi & Sohragi, 2013).

Results of the intervention comparing the control group to the art therapy group found statistically significant improvements in both areas of self-esteem and anger. The following subsets all showed statistical improvement: family self-esteem, social self-esteem, general self-esteem, authority relationships, peer relationships, frustration and physical aggression. The only subset to not show statistical improvement on this study was educational self-esteem (Alavinezhad et al. 2013).

Art as Therapy with Students in Traumatic Circumstances

Even the well-adjusted students can face some form of unexpected trauma in their lives. Having techniques that can be used to manage their experiences and process events can be a big step to start the healing process after a distressing event or situation. Children are exposed to many events at young ages that parents and educators would never want. Communities try

to build safe spaces for children, but life's unforeseen and unpreventable negative events can happen. Children can be victims to mental and physical assaults, caused by people they know and don't know. A traumatic event in young children's lives can have detrimental effects to their development if not managed correctly.

The loss of a friend or family member can and will strike everyone at some point in their lives. Having coping mechanisms in place may potentially impact the effects of grieving for children who have lost a loved one. In a study from 2016, Hill and Lineweaver put together an art intervention to look at the effect of short term art making with limited directive for children who were grieving. The aim of the study was to evaluate the effectiveness of art making activities individually versus in a group setting on the effects of grief in children who had lost a loved one. The study was facilitated at two separate locations of Brooke's, a United States nonprofit organization that offers support groups for grieving children in the area of Indianapolis, Indiana.

Children from age six to thirteen who had experienced the death of a family member, either parent or sibling, and were actively participating in a support group, were invited to participate. Each child was in a different stage of grief at the time of the intervention. The children were in one of four groups: individual art making (14 children, 36% male, 78% white), group art making (12 children, 50% male, 50% white), individual puzzle making (10 children, 40% male, 90% white), or group puzzle making (18 children, 83% male, 50% white) (Hill and Lineweaver, 2016).

Prior to the start of the intervention, the children were given a positive and negative affect schedule which measured the current state of grieving through seven items of positive and seven items of negative effects of grieving. Children were given 20 minutes to freely work and talk, no additional direction or discussion were facilitated beyond the initial art directive: "Create a happy person. You might want to think about what a happy person would be doing, what they would be wearing, where they would be, and who they would be with. You can use any of these supplies" (Hill & Lineweaver, 2016 p. 93). The collaborative art making group received the exact same prompt with the addition of "work together to..." The art groups received oil pastels and watercolor, 9'x12" canvases for individual students and 30"x30" for group art. Interestingly it was noted that several of the group art making children chose to create individual art on the larger canvas instead of working collaboratively. The two control groups were assigned the non-creative task of putting together a puzzle, either individually or as a group.

After 20 minutes, the students again completed the positive and negative affects schedule. The data collected showed that the children who individually created art had a decrease in negative affect, but no increase in positive effect. The other three groups: art making collaboratively and the control groups puzzle independent and group puzzle, experienced no significant reduction in negative affect and no increase in positive effect (Hill & Lineweaver, 2016). This art intervention had no aspect of conversation around art making, and no expected outcome given to the participants, they were simply told to draw a picture of a

happy person. For children asked to work collaboratively this activity had little impact on their positive or negative grieving.

Developing children who suffer trauma from sexual abuse can incur psychological damage, causing a wide range of mental and behavioral problems that can be ongoing and expansive such as anxiety or depression, preoccupation with sexual behavior, guilt or fear, self-destructive behavior or even suicide (Pretorius & Pfeifer, 2010). Any of these outcomes can make it impossible for a child to function in school, much less live a typical life. To combat this, an arts intervention program was developed in South Africa, the country with the current highest rates of child sexual abuse. The aim of the study was in reducing depression, anxiety, sexual trauma and low self-esteem in the participants. Twenty-five girls aged eight to eleven with a history of sexual abuse living with a non-offending care taker participated in the group art therapy intervention. The girls were divided into four groups, two experimental groups and two control groups, the groups were of mixed races. Pre and posttest information was gathered through a Trauma Symptom Checklist for Children to assess levels of depression anxiety and sexual trauma, and a Human Figures Drawing which measures self-esteem, depression, anxiety and sexual trauma. The intervention consisted of four themes over eight sessions with arts based activities (as noted in table 5) (Pretorius & Pfeifer 2010).

Table 5. Activities: Art Therapy for Sexually Abused Girls

Theme	Activities
Establishing group cohesion and fostering trust	Group painting, clay to discuss boundaries, storytelling using dolls
Exploration of feelings associated with abuse	Draw and discuss feelings, draw or paint a happy box and an unhappy box

Sexual behavior and prevention of re-victimization	Role play and discussion
Group separation	Paint, draw or sculpt feelings associated with leaving the group intervention

The results of the intervention from pre to post test on the girls who participated in the arts intervention group program showed significant improvement in depression, anxiety sexual trauma in both experimental groups (Pretorius & Pfeifer 2010). The two control groups had no significant changes from pre to post test, and in fact showed increase in levels of depression. Low self-esteem remained for all girls participating across the board.

In their work on expressive arts interventions for urban youth in low –income neighborhoods, Forrest-Bank, Nicotera, Bassett & Ferrarone (2016) noted that “the general population of youth in low-income, urban neighborhoods may not need or seek clinical services, but nonetheless, the research demonstrates that they are at-risk for developing emotional, behavioral, and academic problems.” This is why Forrest-Bank et al. (2016) believe it is important to understand and utilize arts programming that can bolster positive youth development, for all children. In their study, 40 diverse urban sixth to eight grade youth in New York participated in a Poetry-focused art intervention on the perceptions of academic, social competence and multicultural attitudes based on pre or post self-perceived surveys. 23 youth received interventions in group A (52% male, 47.8% African, 34.8% African American, 8.7% Asian and 8.7% unknown) followed by 17 youth assigned to a B group four weeks later (35% male, 52% Latino, 35.5% African, and 11.8% African American). The workshops lasted four weeks as an afterschool program two hours twice a week with the only incentive being pizza served at each workshop. The first group of youth reported enhanced capacity on all measures

including academic, social competence and multicultural attitudes were as the second B group showed no significant gains compared to the A group.

Many children come to schools in the United States as their families flee countries that are oppressive and unsafe. The current number of refugees is at an unprecedented level, with many asylum seeking families being denied entry to some countries, and others with a shortage of supplies and space to aid those in need. Children of these families are struggling just to survive and when they are placed in public schools, they are far from being ready to integrate into routine, much less function as a self-actualized person (Meyer DeMott, Jakobsen, Wentzel-Larsen & Heir 2017).

Preventative programing and early interventions can give children the tools they need to cope with and potentially even prevent psychological stress and other behavioral disorders as a result of traumatic experiences. In a study guided by the need for this type of programing for refugee children, Meyer DeMott et al. (2017) created an early intervention based in expressive arts programing to examine the short and long term impact creative arts interventions would have on the mental health and well-being of refugee children.

To qualify for the study, the children had to be aged 15-18, male, unaccompanied minor asylum-seeking children (UASC) entering Norway, who had been at the arrival center three weeks prior and agreed to stay six more. They were first screened for drug abuse, dangerous behavior or psychosis as not to be a danger to self or others. The sessions were held in 2009-2011, *The Expressive Art Intervention Program* lasted 5 weeks, with hour and a half long

sessions twice a week. Only ten participants were in a group at one time, with 5 rotating out and 5 new boys rotating in at each 5th session. One hundred and forty-five males participated during this intervention, 76% were Afghanistan and 18% was Somalian the rest were mixed of other boys seeking asylum from other countries. The boys were either put into EXIT (Expressive Arts in Transition) or LAU (Life a usual) both were guaranteed to stay at the arrival center for the entirety of the program and both were offered school and recreational activities.

Several measurements were taken in this study at all points from baseline, before program start, to 25 months after. Information collected included a serious life events checklist (measuring exposure to 12 different kinds of trauma), a psychological distress checklist (measuring anxiety and depression), a post traumatic symptoms score and a life satisfaction ten point scale (Meyer DeMott et al., 2017).

The majority of the boys in both groups had experienced traumatic events before arriving, including physical and sexual abuse, loss of loved ones, war or disaster, or observing disturbing grotesque events (Meyer DeMott et al., 2017).

The Expressive Arts in Transition Program is based on safety, stability, anxiety and stress management, building emotional regulation skills and trauma education (Meyer DeMott et al., 2017). The curriculum goal was to give the children useful coping skills to “make them aware that the exercises and methods could promote change both mentally and physically” (Meyer DeMott et al. 2017). Each session was led by two therapists and included translators for each of the languages the boys in the group spoke. The expressive arts program combined visual arts

with other expressive art making including dance and movement. Each session started with a welcome ritual and concluded with an exit interview. The boys participated in assessing how they felt by marking themselves on a visual barometer at the beginning and end of each session, a 10-15 minute breathing exercise, and an educational segment. The study focuses on trauma intervention and giving boys coping skills to use at future times in their lives, the EXIT program introduced the students to stress symptom management as well as coping strategies skills (as expressed in table 6).

Table 6. Activities: Expressive Art Transition Program

Session #	Focus	Activity
1	connecting and engagement	movement activities exploring identity
2	Calming	safe place painting landscapes
3	Efficacy, identify and hope	movement activity achieving future dreams
4	Self-efficacy	movement activity – inner resource animal
5	Connectedness	welcome and take care, new members join old members take a leadership role

The boys who participated in the EXIT group reported higher life satisfaction and stronger hope for the future than the boys who had been in the control group. However, the results of this study were continually monitored after the intervention 6 weeks, 5 months, 15 months and after 25 months. 80 of 143 participants were tracked at the 25th month mark. Interestingly, the positive change in the EXIT group compared to the control group did not immediately appear after the intervention but gradually improved over time (Meyer DeMott et al., 2017).

Mandalas

The mandala, an often intricate circular design originating in Hindu and Buddhist symbolism, appears to be the most popular art form in the art therapy tool box. Either as a form to be colored, or an elaborate and concentrated form to create, the mandala is the most reported object used in art therapy with children. The Mandala's use in clinical therapy was popularized by the psychologist Carl Jung in the 1970s; Drewes, Green, Kominski, 2013). Jung suggested that the process of creating mandalas helped with inner self-regulation, which could restore stability and cause a calming and healing effect (Drewes et al., 2013). Since then, the use of mandalas has proven beneficial in lowering levels of anxiety for many different types of patients.

In a heavily cited study from 2005, Curry and Kassers researched if coloring mandalas could reduce anxiety (Carsley, Heath & Fajnerova, 2015; Drewes, Green & Kominski, 2013; Van der Venet & Serice, 2012). They randomly presented university age students one of three forms to color: free form (a blank paper), plaid form (square and rectangular boxes formed by intersecting straight lines), or a mandala. Curry and Kassers wanted to find if coloring mandalas would have greater therapeutic benefits than coloring a design with the same amount of fields such as the squares of a plaid design or that of a free form design (Van der Venet & Serice, 2012).

Anxiety was induced in the participants by having them partake in a writing exercise. A self-reporting anxiety test was taken before and after the writing and 20 minutes of coloring.

Results of this study showed that both controlled styles of coloring mandalas and plaid reduced anxiety, were the un-structured option showed little decrease in anxiety.

In 2012, Van der Vennet and Serice re-created Curry and Kasser's 2005 study to investigate if mandalas, in fact, reduce anxiety. In their research, Van der Vennet & Serice hypothesized that participants would experience a greater reduction in anxiety when coloring the mandala over a plaid or free form option. In this version of the study, 50 university age psychology students participated by receiving one of the exact same coloring options as the 2005 study, but this time, participants were given an additional third test of anxiety levels, immediately after the writing prompt to induce anxiety, as well as at the beginning and end of the study (Van der Vennet & Serice, 2012). The additional test showed that participants' levels of anxiety were significantly higher than the baseline they started at before the writing prompt. The overall results showed that those who colored the mandala had a significant difference in anxiety reduction than either the plaid design or the blank free form design.

Focusing this hypothesis on children, Carsley, Heath and Fajnerova (2015) set up an experiment asking 52 students in grades four through six from a private, co-ed elementary school in Montreal, Canada to participate in a study on the use of coloring on test anxiety. The research showed that the mindfulness-based structured activity of coloring a mandala reduced the pre-test taking stress of all students. Interestingly, Carsely et al.(2015) found that for boys only, free coloring on a blank piece of paper (the control group) also reduced their pretest anxiety, as self-reported by the students in the study.

For the purpose of eliciting anxiety in these children, students were told they would be taking a spelling test and that their parents would be informed of their score on that test. Students were given an envelope containing two copies of an Anxiety Inventory Test, a mandala or a blank piece of paper to color, and the spelling test itself as well as a box of crayons, a pencil, and an eraser (Carsely et al. 2015, p. 246). At random, 26 children received a mandala to color and 26 received a blank piece of paper to freely color on their own (p. 244).

Prior to the coloring and their spelling test, students completed the State-Trait Anxiety Inventory for Children, a 20 item self-reporting test evaluating current levels of anxiety (Carsely et al. 2015, p. 245). After completing the form, students were given 15 minutes to color before again being asked to complete the Anxiety Inventory, followed by the spelling test.

For the students who colored the structured mandala, both males and females reported lower levels of anxiety after the coloring activity. Of the students who were given a blank paper to free color before the test, only males demonstrated a decreased level in anxiety, while females did not report a decrease in anxiety (Carsely et al., p. 248) In fact, boys self-reported a greater decrease in anxiety as a result of free coloring versus the mandala, while girls benefited exclusively from the mandala condition (Carsely et al., p. 249).

In a similar research program from Russia, Drozdikova-Zaripova and Kostyunina (2015) created a pilot study aimed at reducing the level of school anxiety for teens, by means of mandala therapy titled *Magic Power of a Circle*. Seventy-nine fifth grade students participated in an initial evaluation of school anxiety, with 26 chosen based on their evaluations reporting

high levels of anxiety. The diagnostic results of their initial investigation on anxiety and school culture revealed there was an overall need to reduce school anxiety at this school. For this study, the desired outcome for the students was overcoming school anxiety, increasing self-esteem, self-management in critical situations and relieving muscle tension (Drozdikova-Zaripova & Kostyunina, 2015). Thirty-six total hours of group classes were held for 40-45 minutes after school which consisted of students painting provided mandalas, through personal choice of color without coercion, under the guise of a therapist who would engage them in questions about how they felt and the choices of their designs. Calm music was played and there was an inclusion of storytelling during the interventions. The students were told the most important rule of the program was that “repetitive actions of hands sooth and require concentration, thereby removing internal stress” (Drozdikova-Zaripova & Kostyunina, 2015, p. 1114).

Fascinatingly, this program incorporated 10 hours of parent involvement, discussing the topic “Social adaptation of the fifth grade pupils to the new conditions at school” which included suggestions for positive social etiquette to the parents’ for home interactions with their children such as “show interest in your child,” “visit the school and talk to teachers,” “help with homework,” “keep your home peaceful” and “do activities with the student” (Drozdikova-Zaripova & Kostyunina, 2015, p.1113).

Based on the results of a survey, the pilot showed that high level of anxiety decreased from 16.5% to 8.9% and the number of students with low level anxiety increased by 6.3%.Based on their findings, Drozdikova- Zaripova and Kostyunina state that techniques of mandala art therapy can be used for the prevention of anxiety disorders in children.

Through her thesis work Yoon, 2014, asked the question “Would adapting art therapy techniques in an art classroom aid children who are going through temporary emotional stresses”? As a result of interviews with art therapists and teachers, as well as mandala creation with a class of approximately 30 fifth graders, Yoon found that mandalas work as a daily transitional exercises to help students prepare to focus in their art class (Yoon, p. 41).

Having an illness can have tremendous effect on a child’s academic success. According to Stinley, Norris and Hinds (2015) pediatric patients who are frequently hospitalized in the United States report pain related to routine procedures is the worst part of their illnesses. To try and reduce excessive stresses suffered by these children, Stinley et al. performed a clinical trial to explore the feasibility of implementing a fast acting mandala intervention to reduce physical pain and psychological anxiety experienced by children during a routine needle sticks.

Children often describe the pain as more than just physical. They express additional feelings of fear and anxiety; this combination can build up to a state known as *Acute Pain Phenomenon*, where the psychological symptoms can impact children’s perceived pain causing them to report greater pain sensations (Stinley et al., 2015). This is why Stinley et al. (2015) believes that pain management interventions for children need to encompass fear, anxiety and personal distress.

Twenty children were in the control group and twenty children were in the mandala intervention group. The average age of each child was 12.3 years and only English speaking children participated, as all material was presented in the English language. Twenty female and

twenty male children participated in the study; eleven participants in the treatment group were male and nine were female. The medical needs and frequency of receiving needle sticks varied throughout the group (Stinley et al. 2015).

The intervention was designed to be minimally disruptive to the procedure of a needle stick and for accessibility purposes to children who could not use specific art material, a mandala on an I-pad was chosen. The Hospital Fears Rating Scale was used to rate situational anxiety, visible stress behaviors such as crying, screaming, fidgeting or physical struggle, and post needle stick pain was measured using a visual analogue scale. Physical symptoms were collected through heart rate and blood oxygen level monitors which collected data points every 60 seconds (Stinley et al. 2015).

In order to monitor changes in conditions at specific events, the children in the mandala intervention group received the mandalas to color five minutes prior to being stuck with a needle, and were stuck exactly at minute seven of the intervention. The change in heart rate was calculated by taking the reading from minute one away from minute seven. Anxiety was reported on a level from one to five.

Results of the clinical trial showed a significant reduction in both the physical display of stress behaviors and the psychological anxiety reported by the children in the intervention group. The reduction in symptoms was even more pronounced for children experiencing high levels of anxiety prior to the intervention. Stinley et al. (2015) found that the mandala intervention was feasible, non-invasive, fast acting, low cost, and effective in managing physical

as well as psychological symptoms for children. This type of a quick acting intervention could potentially be used at other events for children suffering anxiety within a school day.

Art Materials

Art as therapy is about the examination of how art and its creation makes someone feel. The primary materials used by art therapists working with children diagnosed with Autism Spectrum Disorder (ASD) included 'markers', modeling clay/play dough, paint, crayons, other 2D material, colored pencils and collage as reported in a survey from the US National Art Therapy Association (Van Lith, Stallings & Harris 2017). So much can be done with art materials, and they present with such flexibility and adaptability to the user that they lend themselves a powerful tool for creating and depicting diverse meaning and thoughts. It is often said that art speaks the thoughts of soul that words cannot.

Proven successful art therapy programs utilize many art materials and techniques, but little research has been done to break down what specific materials impact patients. In light of this, Pessó-Aviv, Regev & Guttmann (2014) asked "which component of art therapy actually exerts that influence on one's sense of control – the art or the psychotherapy" (p.296).

To research their question, they looked only at the use of art materials to identify a difference in effectiveness. Pessó-Aviv et al. (2014) hypothesized that dry materials, such as pencils, would arouse less anxiety and aggression, as they are easy to control compared to wet materials such as paints, and that a more structured experience would produce less anxiety. They further hypothesized that each material would have a different impact on children. The

three types of material included in this study were pencils, which the researcher described as the most controlled, oil pastels, considered middle, and gouache paints considered hardest to control.

In their literature review, Pessó-Aviv et al. (2014) noted that art therapy has been proven to improve self-esteem, aggression, anxiety, and self-control in previous studies. Because of this, they speculated that differences would be reported from start to in levels of self-esteem, aggression, anxiety, and self-control, they also hypothesized that differences would be produced for these based on which of the three art materials were used, as well as a different in students reports of the creative process in an evaluation questioner.

Forty-one middle-class children in Israel aged 7-9 attending a summer camp, were divided amongst the three types of art material; each group had only three boys and either eleven or twelve girls. The children were surveyed before and after the program, including questionnaires on aggression, self-perception, self-control, an anxiety inventory and a session evaluation after each of ten sessions (Pessó-Aviv et al., 2014).

Students showed initial excitement for the paints, and students in the pastel group reported least interested in the activity. Students were given minimal suggestions on what to do with the art materials, and no therapeutic discussion was facilitated during the ten sessions (Pessó-Aviv et al. 2014).

After the intervention, students in the gouache paints group showed statistically significant improvements in overall levels of aggression, whereas the students in the oil pastel

and drawing did not (Pesso-Aviv et al. 2014). No change was shown for any group in self-esteem, anxiety, self-control, and no difference between the three groups was found in their evaluation of the creative process. Students who had initial excitement about paint dropped considerably, while students with oil chinks improved in their interest levels (Pesso-Aviv et al. 2014).

In 2012, Jang and Choi researched the use of clay in art therapy to improve the ego resiliency of children with a low Social Economic Status in an educational welfare program in a city middle school in Gyeonggi Province of South Korea. Ego resiliency, or adaptive behavior in stressful situations, allows children in poor circumstances to view their lives with positivity and potential ((Jang & Choi, 2012). The objective of the study was to improve children's confidence in the ability to control their emotions through the use of a clay based art therapy intervention.

Sixteen middle school children in an educational welfare program sponsored by the city, where chosen by their teachers as needing additional aid in emotional and psychological help. The participants were aged 13-15 with 4 females and 4 males in each of two groups, one controlled and one receiving clay-based group art therapy (Jang & Choi, 2012). The intervention lasted 18 weeks, meeting once a week for 80 minutes. Ego resiliency was measured before and after the intervention, as well as one month post mediation. The program was divided into three stages with separate goals beginning: foster self-exploration, middle: self-perception, interpersonal relationship, and emotional regulation, and the final stage: promoting optimism and positive self-perception (Jang and Choi, 2012). Structure of the intervention included a

greeting, warm up clay activity, a theme related clay technique, and a closing with feedback about their performance.

Jang and Choi (2012) found that the children with low social economic status who participated in the clay-based, group art therapy program demonstrated statistically significant improvement in ego-resilience from pre to posttest including at the month out checkup.

Chapter III: Discussion and Conclusion

Summary

This literature review asked the question: What benefits would the inclusion of art as therapy techniques in a k-5 classroom setting bring to all students, regardless of their mental health status, including students who are typical, as well as students receiving special services such as those for crisis, for trauma or with disabilities? The topic of art therapy is of international interest, the available research is global, however the majority of articles written on creative art therapies report their findings as narratives with emphasis placed on process, and little empirical data to support their research as noted by Fritz and Westerhensen in their 2014 overview of creative arts therapy as treatment for child trauma.

Art therapy has been paired with the growth of psychotherapy, though art therapy has progressed at a much slower pace. There are a growing number of programs that incorporate art therapy into school communities, as there is growing need for social-emotional support for children. Schools are being tasked with managing children's emotion health as well as their educational needs. Educators are looking for innovative solutions for their inclusive classrooms where children are in different developmental stages of mental preparedness for learning.

The outcomes of managing children's emotional health can have serious implications if not properly facilitated. Stress affects all children in some form, for any given amount of time. The extent to which their stress is managed can have significant consequences on their coping skills and resiliency going forward. Elementary aged children report limited preparedness in their ability to cope with daily stress in socially appropriate and effective ways (Sotardi, 2016).

Teaching therapeutic techniques to all students could give them the necessary tools to manage stressful situations in less devastating ways. Most public schools do not have the resources to have an art therapist. Implementing art techniques as a preventative therapeutic outlet for all children (art as therapy), instead of using art as a tool to aid a therapist (art in therapy) is currently a more equitable and implementable modality for most children and teachers in k-5 public school systems.

The use of art therapy with children has been delivered in many different formats with varying degrees of success. Art therapies have been used with individuals, groups, paired with curriculum for all students, hosted in after school programs, used with students pulled out from their regular classrooms, used during transitional times, hosted in art camps, hyper-focused on a specific solution, used to treat specific trauma or used with no outcome expectations or directives what so ever.

Through the literature reviewed in this thesis, art as therapy with children has been shown to reduce emotional problems, lower hyperactivity, improve relationships with peers, Improve pro-social behavior (Cortina & Fazel, 2015); improve social-emotional behavior difficulties (Cobbett, 2017); enhance the ability to compromise, maintain positive attitude, tolerate frustration, express emotion, maintain self-confidence, work cooperatively, take responsibility (Sitzer & Stickwell, 2015); improve cooperation, trust, tolerance (Mynařiková, 2012); lower depression, anxiety and stress (Koorankot, Mossa, & Nigesh, 2017); reduce ADHD symptoms (Ali & Habib, 2015); improve self-esteem, better manage anger (Alavinezhad, Mousavi & Sohragi, 2013); generate higher life satisfaction, develop stronger hope for the

future (Meyer DeMott, Jakobsen, Wentzel-Larsen & Heir 2017); reduce test anxiety (Carsley, Heath & Fajnerova, 2015; Drewes, Green & Kominski, 2013; Van der Vennet & Serice, 2012); improve stress and anxiety associated with needle pricks at hospital visits (Stinley, Norris & Hinds, 2015); improve classroom transitions (Yoon, 2014) and improve ego resiliency (Jang & Choi, 2012).

Professional Applications

Students in Minnesota public schools face stressful environments and situations. Research suggests art therapy can be beneficial in improving pro-social behavior and resiliency in children. Art therapy is a beneficial addition to help students self-regulate. Further research is needed. However art therapy appears to be successful when facilitated very directly and specifically. When art creation incorporates conversation and mindful-thinking it displays success. Educators should work with art therapists to design therapeutic art activities that can teach students to self-regulate emotions, manage stress and provide a structured outlet for strong emotions. Art therapy can be incorporated into curriculum for all students, as well as used during transitional times, in after school programs, or for individual and independent work times. Teachers should focus on improving the inclusiveness of their classrooms. Because art therapy techniques can prove beneficial to all student types, implementation would aid in regulating classroom environments.

Much of the research reviewed in this thesis came from international sources, suggesting that the use of art therapy is being considered around the world. It would be in the best interest of art therapists and educational practitioners to work together to create free

international and implementable art therapy curriculum to all elementary schools as a basic instrument to help students understand and manage mental health issues.

Limitations of the research

Many articles that were very thoughtfully put together by an experienced art therapist or classroom teachers have been left out of this literature review due to their lack of empirical data collection. It would serve art therapists greatly to accurately collect reportable data of their work. Narratively reported experiences in using art therapy with children are wonderful resources to other therapists and teachers, however without empirical data to back up their ideas, there is no viable evidence to support the use of art therapy with children in publicly funded schools.

A large body of work exists about the use of art therapy, but there is limited research pertaining to work with children, and what does exist is disconnected as all of the research is very individualized with no cohesion. There does not appear to be an easily accessible body of work on research data pertaining to art therapy with children and in schools, accessible to the public. The American Art Therapy Association provides a compilation of bibliographies of research articles on its website. Of those articles it references, seven are related to academics and schools and of those; four are over 20 years old. A limited number of studies available for this review were from the United States.

Most of the reported data available in this literature review was retrieved from self-reported inventories, done by children, which may not always be accurate. Not many of the

studies included follow up on participants, a few had no control group and there were limited longitudinal studies. Some of the studies had very small groups of participants; many reports left out specifics on demographic data. There is a lack of meta-studies and analysis of data.

This thesis looked specifically at visual art for the subject of art as therapy, which falls under the umbrella term of creative arts therapies. Work that was not specific enough to the use of creating visual art with children was generally left out including music, poetry, play and dance therapies.

Implications for Future Research:

What can classroom teachers do for students suffering from traumatic experiences? Preliminary examinations of art as therapy in schools show it can deliver viable benefits to students, but further research is required. More specific research focusing on the relationship between children in elementary schools and the use of art as therapy is needed. There is limited research that focuses on all populations of students. Sitzer and Stockwell (2015) suggest further research to break down curriculum in successful art therapy interventions, to determine which art directives promote the greatest change. This would be a vital step in deriving data for the use of supporting art therapy as a modality in public schools. The development of a universal curriculum and art therapy programs for k-5 elementary schools which is easily accessible and implementable should be developed and shared with all schools.

Research on the use of art therapy with children needs to be systematically developed in a longitudinal fashion. Future studies need to be specific, long term, and incorporate large

groups of students evenly distributed between control and experimental groups and collect data on gender as well as other specific demographics. Future research must take into consideration the changing needs of students in an incredibly stress filled time in public education.

It has become common practice in schools to drill students on protocols for emergencies such as building evacuations, duck and cover, shelter in place, and active shooters. It has not been a standard practice to prepare children to deal with, express or talk about these events if they do arise. It is unclear what the effects of these practices are on young student's well-being. How can we prepare all our students to deal with the possibilities of the effects of trauma? There are currently little implementable resources readily available with the approach of using art therapy. It is hard to know what the best practice is to aid a child dealing with the consequences of a trauma, especially when they are in a classroom full of students each going through their own different and unknown paths.

Fascinating data in single studies suggests that boys and girls appear to have different outcomes when engaging in art therapy. In a study on the use of coloring on test anxiety, Carsley, Heath and Fajnerova (2015) found that boys reduced their pretest anxiety by free coloring as well as coloring a structured mandala where girls did not find a reduction in anxiety through free coloring. In their 2015 arts intervention, examining the correlation between art therapy and resiliency in at risk youth, Sitzer and Stockwell noted that males' test scores were significantly higher than females for all items of a wellness inventory post art therapy intervention. Unfortunately, much of the additional research does not separate results between

male and female differences in data sets. Many studies do not disclose genders of participants. Future studies should examine the difference in effectiveness of specific art therapy interventions between male and female participants in a controlled study.

Another area very useful for future study is the notable difference between interventions that give directives or suggest to students the interventions are meant to be beneficial to them, versus programs that do not give directives and have students make art with no prior thought or motivations. In their study from 2016, Hill and Lineweaver put together an art intervention to look at the effect of short term art making with limited directive for children who were grieving. The children were told to create a portrait of a happy person in 20 minutes with no further instruction. After the 20 minutes children reported no increase in positive effect.

At a summer camp, Pessó-Aviv, Regev, & Guttman (2014) set out to determine the difference in benefits of types of art material. Students were assigned to one of three types of art material which they used continuously for ten sessions. Students were given minimal suggestions on what to do with the art materials, and no therapeutic discussion was facilitated during the ten sessions. After the program, no change was shown in self-esteem, anxiety or self-control.

In contrast, Koorankot, Mossa, and Nigesh (2017) ran a program based on solution focused art therapy where children in refugee camps envisioned and focused on improving their mental state through art therapy. Through this program, children showed significantly lowered levels of depression, anxiety and stress from pre to post tests in only five, two-hour

sessions. Further research should be conducted to determine the outcome of informing students that their participation in an art therapy intervention will be beneficial to them versus having them participate with no directives or explanations.

These studies on their own do not hold enough information to state that boys and girls are effected differently by participating in art therapy or that interventions that explicitly ask children to focus on getting better are more effective than those that tell them nothing in regards to the outcome of an activity, but it does raise interest for further study.

Art as therapy presents itself as a feasible tool to teach students coping and self-soothing techniques when faced with the outcomes of every day stress and traumas. Further research should be conducted that leads to viable and usable curriculum that would benefit k-5 elementary students when taught as a proactive method for dealing with stress and the consequences of trauma, to all students in an inclusive classroom, where all students would benefit from the instructional strategies of self-healing techniques.

Conclusion:

What benefits would the inclusion of art as therapy techniques in a k-5 classroom setting bring to all students, regardless of their mental health status, including students who are typical, as well as students receiving special services such as those for crisis, for trauma or with disabilities? More research should be done to specifically look at the use of art as therapy with children in schools and art as a therapeutic tool for use as a preventative, rather than reactive measure for child trauma.

However, the use of art therapy with children has shown to provide positive benefits to all populations of children and therefore could be used in an inclusive classroom for mental health curriculum as well as aiding children to switch focus during transitional times. Art therapy has proven to be beneficial in helping children self-regulate, build resiliency, and deal with trauma.

Research in this field is primarily facilitated through independent studies coming from around the world. It would be beneficial to the field of art therapy as a whole, as well as the health of public education, to create a well-established body of research on the use of art therapy in schools with all children. The literature in this thesis points to a beneficial symbiotic relationship between art therapy and schools, but the limited amount of viable data makes it hard to sell to school districts. The implementation of art therapy into everyday curriculum for all students would be beneficial to the mental health and classroom culture of an inclusive elementary school.

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Appendix A

Visual Arts: Grades 4 – 5 2008 Revised Minnesota State Standards

Strand I: Artistic Foundations

Standard 1: Demonstrate knowledge of the foundations of the arts area.

4.1.1.5.1 Describe the characteristics of the elements of visual art, including color, line, shape, value, form, texture, and space.

4.1.1.5.2 Describe how the principles of visual art such as repetition, pattern, emphasis, contrast and balance are used in the creation, presentation, or response to visual artworks.

4.1.1.5.3 Identify characteristics of Western and non-Western styles, movements, and genres in art.

Standard 2: Demonstrate knowledge and use of the technical skills of the art form, integrating technology when applicable.

4.1.2.5.1 Describe the tools, materials, and techniques used in a variety of two- and three dimensional media such as drawing, printmaking, ceramics or sculpture.

Standard 3: Demonstrate understanding of the personal, social, cultural and historical contexts that influence the art areas.

4.1.3.5.1 Describe the personal, social, cultural or historical contexts that influence creation of visual artworks including the contributions of Minnesota American Indian tribes and communities.

4.1.3.5.2 Describe how visual art communicates meaning.

Strand II: Artistic Process: Create or Make

Standard 1: Create or Make in a variety of contexts in the arts area using the artistic foundations.

4.2.1.5.1 Create original two- and three-dimensional artworks to express specific artistic ideas.

4.2.1.5.2 Revise artworks based on feedback of others and self-reflection.

Strand III: Artistic Process: Perform or Present

Standard 1: Perform or Present in a variety of contexts in the arts area using the artistic foundations.

4.3.1.5.1 Select and assemble artworks for a personal portfolio.

4.3.1.5.2 Revise a presentation based on the feedback of others and self-reflection.

Strand IV: Artistic Process: Respond or Critique

Standard 1: Respond to or critique a variety of creations and performances using the artistic foundations.

4.4.1.5.1 Justify personal interpretations and reactions to works of visual art

* Perpich Center for Arts Education. (Golden Valley, Minnesota, 2017).