



Advancing art therapy to restore and enhance lives

Art Therapy in K-12 Schools

Art Therapy:
A Valuable and
Necessary Service for
Students

**Art therapy improves
academic performance.**

Art therapy is cost effective.

Art therapy is a preventive treatment modality and has demonstrated that it can improve academic performance as well as enhance mental health nationwide.

**Art therapy programs meet a
variety of student needs.** Art therapy provides students the opportunity to address emotional and social needs, such as safe expression of emotions and training in anger management and peer relations, as well as traditional educational needs.

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In the school setting, art therapy provides opportunities for positive experiences that translate into enhanced classroom functioning and increased ability to benefit from educational services. Art therapy can be tailored to support academic and social/emotional requirements. School art therapists work with teachers, parents, school counselors, and school psychologists to coordinate art therapy referral, assessment, and treatment. When a student is assessed for art therapy services and is deemed appropriate for treatment, the art therapist establishes individual goals and objectives in the Individualized Education Program (IEP).

Students in individual art therapy may work toward improved cognitive growth, emotional control, mastery of sensory-motor skills, and positive adjustment to the classroom experience. Group art therapy allows students to safely express confusing and overwhelming feelings while building a sense of cooperation, community, and interpersonal relatedness. For example, students with disruptive behaviors can contain impulses through art therapy activities; those with self-esteem issues can establish a positive self concept through the mastery of art skills.

The primary goal is always to help each student reach his or her fullest potential. Consultation with parents, teachers, and other pupil service personnel continues throughout the treatment process. School art therapy services are successfully used to facilitate students' abilities to function as effectively as possible within the academic environment. Providers of art therapy services include credentialed Master's or Doctorate level art therapists and counselors or therapists trained in art therapy. In recent years, art therapy has become increasingly recognized and appreciated by education administrators as a valuable related pupil service that supports and improves the well-being of children and adolescents in educational settings.

Art Therapy in Schools Outcomes

For more information on art therapy with students, please contact us.

American Art Therapy Association
225 North Fairfax Street
Alexandria, VA 22314

Telephone:
1+888- 290-0878 or
703-548-5861

Email:
info@arttherapy.org

Website:
www.americanarttherapyassociation.org

Art therapy improves academic performance:

[Pleasant-Metcalf, A. & Rosal, M. (1997). The use of art therapy to improve academic performance. Art Therapy: Journal of the American Art Therapy Association, 14(1) 23-29].

Art therapy is cost effective:

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

Art therapy programs meet a variety of student needs:

Art therapy in the schools allows students the opportunity to address emotional and social needs, such as safe expression of emotions and training in anger management and peer relations, as well as traditional educational needs. One example of a successful art therapy program is that of Miami-Dade County, Florida. As the fourth largest school district in Florida, Miami-Dade has funded and supported its art therapy program since 1978. *[Bush, J. (1997) The Handbook of School Art Therapy: Introducing Art Therapy into a School System. Springfield, IL: Charles C. Thomas].* Art therapy services like these should be made available to students across the US and art therapy should be recognized as such on the Individual Educational Plan (IEP).

Annotated Research Bibliography

- **Art therapy services implemented for students in a ninth-grade English classroom of an urban high school were successful in reducing drop-out rates, decreasing school failure, and improving students' attitudes about school, family, and self.**
Rosal, M., McCulloch-Vislisel, S., & Neese, S. (1997). Keeping students in school: An art therapy program to benefit ninth grade students. Art Therapy: Journal of the American Art Therapy Association, 14(2), 30-36.
- **A 12-year-old female whose academic performance decreased after her parents divorced received art therapy treatment, which focused on problem solving and self-concept. Art therapy was found to be a useful school-based intervention, as results indicated a notable increase in both self-concept and academic performance.**
Pleasant-Metcalf, A. & Rosal, M. (1997). The use of art therapy to improve academic performance. Art Therapy: Journal of the American Art Therapy Association, 14(1) 23-29.
- **Twenty-five elementary school children who were victims of the Los Angeles earthquake in 1994 received art therapy services, which were instrumental in accessing the children's internal processes and helping them return to normal functioning.**
Roje, J. (1995). LA earthquake in the eyes of children: Art therapy with elementary school children who were victims of disaster. Art Therapy: Journal of the AATA, 12(4), 237-243.
- **Art therapy treatment implemented with two boys who had similar classroom behavior disorders was found to be effective in altering locus of control and in improving behavior.**
Rosal, M. (1993). Comparative group art therapy research to evaluate changes in locus of control in behavior disordered children. The Arts in Psychotherapy, 20(3) 231-241.
- **Pregnant adolescent females from economically and socially disadvantaged environments participated in a comprehensive treatment program enhanced by art therapy, which provided them with opportunities for positive self-growth.**
Stiles, G. & Mermer-Welly, M. (1998). Children having children: Art therapy in a community-based early adolescent pregnancy program. Art Therapy: Journal of the AATA, 15(3), 165-176.
- **A group of university professors helped graduate art therapy students and special education students facilitate the total educational, emotional, and physical development of the children in their classes.**
Bloomgarden, J. & Schwartz, D. (1997). Creative art therapy/ Special education in higher education: Toward an interdisciplinary model. Art Therapy: Journal of the AATA, 14(4), 279-281.

Statutory Citation for Related Services

Individuals with Disabilities Education Improvement Act of 2004 (IDEA)

TITLE I , PART A -- GENERAL PROVISIONS

SEC. 602. DEFINITIONS.

`(26) RELATED SERVICES-

`(A) IN GENERAL- The term `related services' means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the individualized education program of the child, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children.

Regulatory Guidance for Related Services

On August 3, 2006, final regulations were released implementing Part B of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). In the discussion about related services within the final regulations, many comments were submitted requesting a variety of services be added to the list. The final regulations state the same language that existed in the 1997 IDEA regulations, indicating that the list of related services is not exhaustive and may include other services not listed in the statute. Below is information from the Federal Register / Vol. 71, No. 156, Monday, August 14, 2006, Rules and Regulations, page 46569 that relates to art therapy and related services:

A significant number of commenters recommended adding art, music, and dance therapy...Discussion: Section 300.34(a) and section 602(26) of the Act state that related services include other supportive services that are required to assist a child with a disability to benefit from special education. We believe this clearly conveys that the list of services in Sec. 300.34 is not exhaustive and may include other developmental, corrective, or supportive services if they are required to assist a child with a disability to benefit from special education. It would be impractical to list every service that could be a related service, and therefore, no additional language will be added to the regulations.

Consistent with Sec. 300.320 through Sec. 300.328, each child's IEP Team, which includes the child's parent along with school officials, determines the instruction and services that are needed for an individual child to receive FAPE. In all cases concerning related services, the IEP Team's determination about appropriate services must be

reflected in the child's IEP, and those listed services must be provided in accordance with the IEP at public expense and at no cost to the parents. Nothing in the Act or in the definition of related services requires the provision of a related service to a child unless the child's IEP Team has determined that the related service is required in order for the child to benefit from special education and has included that service in the child's IEP.

Non-Regulatory Guidance

"In the past, much confusion has arisen when a request is made for a child to receive a related service not specifically identified in the statutory list of examples of related services. It has been the Department's longstanding interpretation that "...[a]s under prior law, the list of related services is not exhaustive and may include other developmental, corrective, or supportive services (such as artistic and cultural programs, art, music, and dance therapy), if they are required to assist a child with a disability to benefit from special education in order for the child to receive FAPE." Analysis of Comments and Changes, published as Attachment 1 to the final Part B regulations, 64 Fed. Reg. at 12548 (Mar. 12, 1999); incorporating the substance of the former Note I to 34 CFR §300.16; see also Notice of Interpretation, published as Appendix A to 34 CFR Part 300, question 34, 64 Fed. Reg. at 12479"

--From Letter to the American Music Therapy Association from U.S. Department of Education, dated June 9, 2009, available at <http://www.ed.gov/policy/speced/guid/idea/letters/2000-2/farbman060900fape2q2000.doc>.