THERAPISTS’ PERSPECTIVE ON THE EFFECTIVENESS OF ART THERAPY

A Project

Presented to the facility of the Department of Social Work
California State University, Sacramento

Submitted in partial satisfaction of
the requirements for the degree of

MASTER OF SOCIAL WORK

by

Kevin R. Cavazos

SPRING
2012
THERAPISTS’ PERSPECTIVE ON THE EFFECTIVENESS OF ART THERAPY

A Project

by

Kevin R. Cavazos

Approved by:

_______________________________________, Committee Chair
Kisun Nam, Ph. D., MSW

______________________________
Date
Student: Kevin R. Cavazos

I certify that this student has met the requirement format contained in the University format manual, and that this project is suitable for shelving in the Library and credit is to be awarded for the project.

______________________, Graduate Coordinator

Dale Russell, Ed.D., LCSW Date

Division of Social Work
Abstract

of

THERAPISTS’ PERSPECTIVE ON THE EFFECTIVENESS OF ART THERAPY

by

Kevin R. Cavazos

Utilizing grounded theory, this study will explore therapists’ perspective of the use and effectiveness of art therapy amongst many different ages, groups, and populations. Through a semi-structured interview, the researcher interviewed 10 therapists from different educational backgrounds that consisted of Social Work and Art Therapy. Therapists’ views regarding how art therapy works and why, their theoretical orientation and their experiences in implementing this method were examined in the semi-structured interviewed and was analyze by the content given. Although therapist provided their perceptions on their theories, implementation strategies and effectiveness of art therapy, there seems to be no correct theoretical orientation or application of precise art therapy techniques that determines the effectiveness of art therapy. Conclusion of this study determines that effectiveness is based on the therapist and not the model.

Kisun Nam, Ph. D., MSW, Committee Chair

Date

iv
DEDICATION

I would like to dedicate this project to my mother Lee Ann Meneley. You have been my support throughout my academic career and I could not have gone through this process without you. I would especially like to thank my friend Kayleigh Lembke. You have provided me with words of support, encouragement, and a loving friendship. Other thanks I would like to give would be my friends in and out of the Social Work Program. These individuals consist of Carey & Catrina Roberts, Crissy Perrin Goble, Tiffany Huartson Pulsipher, Maureen Forbes, Emma Spanko, Nathan Stuckey, and Kathryn Spurr. I give thanks to all of you for being there for me. Lastly I would like to thank the Social Work Department and professors for their support, education, and advocacy in providing me with great experiences and knowledge needed to be an effective clinical social worker.
ACKNOWLEDGEMENT

I would like to thank Dr. Kisun Nam for his insight and guidance in the completion of this research project. Thank you for your support.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedication</td>
<td>v</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>vi</td>
</tr>
<tr>
<td><strong>Chapter</strong></td>
<td></td>
</tr>
<tr>
<td>1. THE PROBLEM</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Background of the Problem</td>
<td>3</td>
</tr>
<tr>
<td>Statement of the Research Problem</td>
<td>5</td>
</tr>
<tr>
<td>Rationale of the Study</td>
<td>5</td>
</tr>
<tr>
<td>Theoretical Frameworks</td>
<td>7</td>
</tr>
<tr>
<td>Definitions of Terms</td>
<td>8</td>
</tr>
<tr>
<td>Assumptions</td>
<td>9</td>
</tr>
<tr>
<td>Justification</td>
<td>9</td>
</tr>
<tr>
<td>Limitations</td>
<td>9</td>
</tr>
<tr>
<td>2. LITERATURE REVIEW</td>
<td>11</td>
</tr>
<tr>
<td>Introduction</td>
<td>11</td>
</tr>
<tr>
<td>Art therapy</td>
<td>11</td>
</tr>
<tr>
<td>History and Pioneers</td>
<td>14</td>
</tr>
<tr>
<td>Theoretical Approaches</td>
<td>17</td>
</tr>
<tr>
<td>Psychodynamic approach</td>
<td>17</td>
</tr>
<tr>
<td>Humanism approach</td>
<td>18</td>
</tr>
</tbody>
</table>
Cognitive behavior approach .......................................................... 20
Solution-focused approach .............................................................. 21
Narrative approach ........................................................................ 23
Developmental approach ............................................................... 24
Expressive art therapy and multimodal approach ......................... 28

Types of Art Therapy ........................................................................ 29
Music therapy (MT) ......................................................................... 29
Dance/movement therapy (DMT) ..................................................... 30
Creative-arts therapy (CAT) ........................................................... 32

Effectiveness of Art Therapy Intervention with Specific Populations ... 35
Art therapy for aggression .............................................................. 35
Art therapy for autism spectrum ................................................... 36
Art therapy for sexually abused children ....................................... 37
Art therapy for attention deficit hyperactivity disorder (ADHD) ....... 39
Art therapy and adolescent depression ......................................... 41
Art therapy and those suffering from schizophrenia ..................... 42
Art therapy and eating disorders .................................................... 44
Art therapy and the prison system ............................................... 46
Art therapy and other disorders .................................................... 48

Summary ....................................................................................... 49

3. METHODS .................................................................................. 50
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>50</td>
</tr>
<tr>
<td>Research Design</td>
<td>50</td>
</tr>
<tr>
<td>Sampling Procedures and Data Collection Procedures</td>
<td>51</td>
</tr>
<tr>
<td>Measurement Instruments</td>
<td>52</td>
</tr>
<tr>
<td>Data Collection Procedures</td>
<td>52</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>53</td>
</tr>
<tr>
<td>Protection of Human Subjects</td>
<td>54</td>
</tr>
<tr>
<td>Summary</td>
<td>55</td>
</tr>
<tr>
<td>4. FINDINGS</td>
<td>56</td>
</tr>
<tr>
<td>Introduction</td>
<td>56</td>
</tr>
<tr>
<td>Participants</td>
<td>56</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>57</td>
</tr>
<tr>
<td>How art therapy works</td>
<td>57</td>
</tr>
<tr>
<td>The role of age</td>
<td>63</td>
</tr>
<tr>
<td>Problems and symptoms of clientele</td>
<td>64</td>
</tr>
<tr>
<td>Types of art interventions utilized and their effectiveness</td>
<td>66</td>
</tr>
<tr>
<td>The use of theoretical orientation</td>
<td>68</td>
</tr>
<tr>
<td>Therapist perspective on the effectiveness of art therapy</td>
<td>69</td>
</tr>
<tr>
<td>Advice to future therapist</td>
<td>70</td>
</tr>
<tr>
<td>Summary</td>
<td>71</td>
</tr>
<tr>
<td>5. CONCLUSIONS AND SUMMARY</td>
<td>73</td>
</tr>
</tbody>
</table>
Chapter 1
THE PROBLEM

Introduction

Art therapy is a common therapeutic implementation used on a variety of populations who displays a selection of mental, behavioral, and physical problems. Many therapists over time have used art therapy to help clients express what they cannot say aloud (Rubin, 2001). Art therapy is considered a mind-body intervention which is designed to facilitate the mind’s capacity to influence behavior and symptoms (Malchiodi, 2003). Since this method has many benefits in overcoming illnesses of the mind and body, art therapy can be helpful with children, adolescents, and adults and can used in many different setting; such as individuals, couples, families, groups, and communities with an array of mental disorders and physical ailments.

This therapeutic approach has become popular among many mental health professionals, however the effectiveness of treatment has been difficult to determine. Many mental health professionals use tightly constructed quantitative research designs to explore its arguments on its effectives; which may contribute to the lack of information on the qualitative effectiveness of art therapy. According to Judith A. Rubin, research is most effective when it helps us to modify and improve what we do (pg. 83). Therefore, researchers need to report on qualitative aspects of art therapy; such as, clinicians’ theoretical orientation and implementation to determine the effectiveness of art therapy using qualitative evidence.
With the lack of qualitative information on the effectiveness of art therapy, the mental health community can potentially put their clients in jeopardy. According to the National Association of Social Workers, competence is one of their values. It states that social workers should practice within their areas of competence and develop and enhance their professional enterprise (NASW, 2011). This means that social workers should continue to strive to increase professional knowledge, skills and apply them within practice. Furthermore, it is the responsibility of the social worker to promote the well being of the client and execute in the client’s interest. However, without proper knowledge of the art therapy approach, therapist can encumber the client. Clients may be the expert within their lives, but mental health professionals are the experts within their field and clients and their families rely on professionals to use therapeutic methods to cause positive change.

To understand the effective in these terms, goals are set rather than a measurable outcome of statistical information. The overarching goal of art therapy is to improve or maintain mental health, physical health, and emotional well-being. This overall goal can include: increasing self esteem, increasing the ability to express and label emotions, decrease maladaptive scoping skills and behaviors, gain insight on sensitive or destructive feelings, identify and reduce emotional and personal road blocks, and reduce anxiety. Through the specifics of the client’s symptoms, behaviors, and emotional intelligence; goals are set. Achieving the goals through art therapy is a collaborative effort done by the client increasing his or her emotional, physical, and mental health and
the therapist’s insight on the progress through examination of art and narrative. Since the
treatment of art therapy clients is done by a firsthand experience, studies need to
showcase this qualitative approach to help understand the effectiveness of art therapy
based not statistical results but through the process in which the therapist utilized.

**Background of the Problem**

Art therapy is a commonly used approach in the 21st century but its conception is
a paradox, for it is both extremely old and very young. Art for healing is as ancient as the
drawing on the walls of cave and is an innate human tendency, like speech and tool
making, and this activity could be used to define out species (Rubin, 2001). The
development of art therapy can be seen as the formal application of a long standing
human tradition influenced by the intellect and social trends of the 19th and 20th century.
For much of human history mental illness was regarded with fear and misunderstanding
as a manifestation of either the divine or demonic forces. Reformers like Freud, Rush,
Pinel, and Kris contributed to a re-humanization movement. They theorized that rather
than these individuals’ behaviors being random nonsense, that the productions of their
fantasies revealed significant information about their unique inner world, thus creating art
therapy. Art therapy is a hybrid discipline based on the fields of art and psychology,
drawing characteristics from each parent to evolve a unique new entity (Vick, 2003).

The art therapy approach is thought an effective tool because of its multifaceted
approach and its uses for therapist in assessment and as means of therapy. In addition, it
assists in verbalizing what cannot be said by clients. Freud once stated,
“We experience it [a dream] predominantly in visual images… Part of the difficulty of giving an account of dreams is due to our having to translate these images into words.” (Rubin, 2001)

The purpose of art therapy is believed to help the individual find the means to discover both the self and the world and to establish a relation between the two (Rubin, 2001). In order to find and establish this relation, art is used a medium of expression and verbalization. Art therapy can help many individuals, across a broad range of ages and disorders begin to reflect their inner discourses, increase the awareness of self and others, cope with symptoms, stress, and traumatic experiences; and enhance cognitive abilities. The application of art therapy differs from client to client but overall application interventions consist of creative art, dance, and music.

Since art therapy encompasses many different aspects of application and targeted populations, what makes art therapy effective? This current literature discusses clients benefitting from this type of intervention because the goals are to increase the overall welling of an individual through art but it does not state what interventions were used, what theoretical orientation was applied, and how the individual therapist contributed to the overall goal of wellbeing. Therefore, this researcher’s study will take into account the subjective influences of the therapist and how it relates to the effectiveness of this intervention model.
Statement of the Research Problem

The research problem is that there is insufficient research to support art therapy treatment approaches are being properly utilized, implemented, and executed as an effective treatment for clients. Furthermore, there is little known about the professionals’ perspective on the effectiveness of art therapy in working with different client populations. The therapist perspective allows further insight on art therapy to know what theoretical orientation to utilize, what interventions work most efficiently, and how does the use of art therapy help in the overall goals. Currents studies give readers insight on outcomes of clients who seek art therapy but there appears to be no data on the therapist themselves. This study’s purpose is to see how participants, art therapist, affect the overall outcome and well being of their clients.

Rationale of the Study

In this researcher’s experience as a social work intern, art therapy was a generally prescribed intervention for both and adult and child clients. As much as the clinics utilized art therapy as their form of intervention, this researcher did not fully comprehend the underlying concepts of art therapy; such as, assessment, theoretical orientation, and intervention. Therefore, this researcher was left to personal perceptions of what art therapy was and how to implement it. Coming from an art education background, this researcher was aware of how to interpret art but the implementation of art therapy was new territory. The guidance received was basic interventions; for example, to have the
client draw a house, person, and tree and from this one can assess individual’s personality.

Recently, this researcher has gained knowledge through experience, research and by a fostering supervisor during internships. In addition, my supervisors inspired this researcher to think outside the house, person, and tree structure and develop personalized art therapy approaches. With personalized approaches working to enhance the therapeutic process with researcher’s clients, this researcher wondered if others practicing art therapy followed a structured format, a cookie cutter approach to treatment, or personalize their interventions based on their client’s needs and their own theoretical orientations. Furthermore, wondering if which approach, structured or personalized, do they prefer? Other than the fact art therapy is a good way to help individuals express what they cannot verbalize, increase emotional intelligence, and increase overall mental, emotional, and physical health, it appears that there of lack of research based on the therapist perspective on effectiveness of individualized art therapy implementation.

The primary purpose of this study us to examine the therapists’ perspective of the use of various theories, interventions and strategies in art therapy and the reason these theories, interventions and strategies contribute to the effectiveness of art therapy. The results of this study could be used to provide the bases for future research on the therapists’ perspective on the effectiveness of art therapy.
Theoretical Frameworks

There are two theoretical frameworks that are used to guide this study. Originally, techniques used in art therapy were used in psychoanalysis, where one would draw spontaneously and use free-association; now there seems to be a wide range of techniques that therapists have embraced. Art therapy has been defined as an approach that centers around art, where individuals can both have verbal and nonverbal outlets, be creative, reconcile emotional conflicts, as well as promote self-awareness and personal growth (Ballou, 1995). Much of the therapy is based on the client focusing on a feeling or an event and create an image that represents that feeling or event. The client then gives meaning to image, has concrete evidence of what he or she is actually feeling, and can process those feelings. The premise of psychoanalysis is to understand that humans are largely unaware of the mental process that determine their thoughts, feelings, and behaviors, and that psychological suffering can be alleviated by making those processes known to the individual (Encyclopedia, 2011). Thus, it is believed that art can bring forward the unconscious mental process and the individual can begin to process those feelings.

In conducting this study, the researcher used a grounded theory approach to understand the therapists’ perspective of the effectiveness and implementation of art therapy with many different groups. Grounded theory is a research method that seeks to develop theory that is grounded in data systematically gathered and analyzed (Myers, 1997). Since the empirical material gathered in this study is not numerical, grounded
theory allows this study seeks to understand the experiences’ of therapists through verbal affirmations and questionnaires to collect information to better understand the experience or develop a theory (Myers, 1997). This study gathered empirical material based on the therapists’ perspectives of the methods and effectiveness of art therapy with different populations.

**Definitions of Terms**

*Art*: The expression or applications of human creative skill or imagination typically in a visual form such as; painting, sculpture, producing works to be appreciated primarily for their beauty or emotional power.

*Art Therapy*: A therapeutic approach that encourages the expression of emotions through artistic activities such as painting, drawing, or sculpture; based on the belief that the creative process involved in the making of art is healing and life-enhancing.

*Creativity*: the ability to transcend traditional ideas, rules, patterns, relationships, or the like, and to create meaningful new ideas, forms, methods, interpretations

*Effectiveness*: bringing about the perceived, intended, or expected effect within a certain population after introduction, and implementation of an intervention

*Symbolism*: the practice of representing things by symbols, or of investing things with a symbolic meaning or character

*Imagery*: the formation of mental images, figures, or likenesses of things, or of such images collectively: the dim imagery of a dream.
**Therapy**: treatment intended to relieve or heal a disorder: the treatment of mental or psychological disorders by psychological means.

**Theoretical**: Of, pertaining or relating to theory; of the nature of or consisting in theory.

**Orientation**: The relative position or direction of something.

**Perspective**: the state of one's ideas, the facts known to one.

**Assumptions**

By understanding the therapists’ perspective of art therapy it will enhance the theoretical orientation and implementation of art therapy to provide a better quality of service from therapist.

**Justification**

Examining the perspective of therapists on the effectiveness of art therapy is important to field of social work because workers will be faced with individuals who have become inhibited in the ability to express themselves verbally. Knowing these insights of our clients, professionals can move towards a clearer image and structure for using art therapy with different populations.

**Limitations**

There are several limitations to this study. The sample size (n =10) is a significant weakness of this study. The limited number of participants assign to this study is likely to have an adverse impact on the validity of the obtained results. The results must therefore be viewed with caution and not to generalize the effectiveness art therapy amongst
different populations. Further studies should address the weakness and explore the usefulness of this therapeutic approach with a greater amount of therapist. Since each therapist comes from different backgrounds, education, and clientele, it is not clear what influences can be linked to the variability found among the therapist and where this may have influenced the findings of the study.

Another limitation to this study is that the data was done by in person interviews. This type of data collection lends to subjective responses on the part of the participant; therefore decrease the validity of the study. Furthermore, the questions were self created and could present with another limitation for the questions are not nationally recognized or supported outside of this researcher’s purpose.

Further limitations to the study consist of its qualitative nature. Since this study is based on qualitative research, it will not provide empirical data. Rather it will provide empirical material based on the perspective of the art therapist. Lastly, even though professionals have “a deep understanding of art and creative process” sometimes art is too complex to analyze therefore making the content too abstract to study.
Chapter 2

LITERATURE REVIEW

Introduction

In order to redefine art therapy and its purposes, and gain therapists' perspectives on art therapy, the researcher must examine what is known, studied and understood about the topic. In this chapter, the researcher reviews the literature of what art therapy is, historical background and pioneers of the art therapy method, theoretical approaches, as well as the effectiveness art therapy in utilizing with different populations and specific interventions.

Art therapy

Many clients come to therapy bearing their psychological scars, often remnants of physical, sexual, or emotional abuse. Clients are hungry for attention, desperate for acts of acceptance which has not been met in their past. Clients long to be understood, and yet they are frightened, guarded, and defended from the curative effects of being loved. Through art therapy, a parameter of personal needs through creative endeavors is met (Moon, 2008).

With fundamental goal of art therapy being “to help clients solve the problems that led them to seek therapy, to open clients to a broader perception of their lives, and to support a change in redundant, dysfunctional patterns of behavior " this modality has been used widely by therapist with individuals of all ages and with a variety of populations (Riley, 1990). Not only art therapist, but counselors, psychologist, social
workers, and even physicians are using art expression for therapy. With the advent of brief forms of therapy and increasing pressures to complete treatment in a limited number of sessions, therapist are finding that art activities help individuals to communicate relevant issues and problems quickly, this expediting assessment and intervention (Malchiodi, 2003).

While the field of art therapy is relatively new, the ideas that art making as a form of therapy is very old. There are several reasons why art therapy is not easily understood in our modern time. First, art therapy is practiced with a wide range of people. The use of art therapy has been documented with a variety of populations including; children, adolescents, adults, and the elderly; people with illnesses, war veterans, people with addictions, people with disabilities, families experiencing difficulties; prisoners, and other individuals experiencing a wide spectrum of emotional disturbances. These are all common examples of where art therapy are used, demonstrating the vast diversity of the field.

Another reason why many people are confused about art therapy comes from the experimental nature of art itself. Art therapy is a dynamic therapy, requiring one to participate in one’s own treatment in this case through art making. Therefore, truly understanding art therapy requires firsthand experience.

The combination of the words art and therapy also can be confusing. Art therapist and psychologist Judith Rubin coined the phrase: Art + Therapy = ? This formula conveys the equation that makes up art therapy- the blending of the art and therapy. Art
therapy is essentially the marriage of two disciplines: art and psychology. Aspects of visual arts, the creative process, human development, behavior, personality, and mental health, among others, are important to definition and scope of art therapy. Art therapy brings together all of these disciplines, making it difficult to understand at first glance.

Finally, some of the confusion about art therapy may come from the art therapist themselves. When asking an art therapist what they do, each offers many examples, in part because art therapy is practiced with a variety of populations. Since there are so many different definitions of art therapy, studies about it can be just as complex and supply researchers with little information about its effectiveness.

Art therapy is based on the idea that the creative process of art making is a healing process and life enhancing and is a form of nonverbal communication of thoughts and feelings. Like other forms of psychotherapy and counseling, it is used to encourage personal growth, increase self understanding, and assist in emotional reparation employed amongst a wide variety of settings with children, adults, families, and groups (Malchiodi, 2007). Even though this modality can help individuals, it must be true to both art and therapy. Rubin defines "art" as "a means to discover both the self and the world, and to establish a relation between the two", and "therapy" as "procedures designed to assist favorable changes in personality or in living that will outlast the session itself" (2010). Therefore art therapy supports the belief that all individuals have the capacity to express themselves and that the product is less important than the therapeutic process involved (Malchiodi, 2003).
History and Pioneers

Art therapy, like many other forms of treatment, has roots that extend far back into history. In ancient societies, members used paint, costumes, props and created symbols to convey healing in their ritual usage (Rubin, 2004). The need to make art is a basic human urge a trait of our species as natural as language, sex, social interactions, and aggression (Malcohiodi, 2007). Many argue that the roots of art therapy date back to prehistory (Edwards, 2004).

Since at least 20,000 B.C., human have been making art and images not only to decorate but also to make magic. Stone Age humans were the first to make image markers; they used primitive implements to sketch figures and forms on cave walls. Since they were preoccupied with protecting themselves from the environment, animals, and unknown forces, they created not only tools and shelters but also images. It is believed that these ancient humans were trying to ensure a successful hunt by first “capturing” their prey through paintings and magic.

Humans have constantly created art for purposes of magic, to protect themselves, to express and control powerful emotions such as fear and anxiety, and to prepare themselves for upcoming events. Within these cultures and preliterate societies, art has also been used to cure illness and bring about both physical and psychological relief. For example, The Navajo people would combine song, dance, and sand paintings to cure certain illness. The central element within these rituals is meant for transformation and healing. Ancient cultures’ beliefs in art can be magic, effect change, or transform
individuals and circumstances may be one reason why art also has been viewed as therapeutic.

While ancient civilizations have many purposes for art, modern conception of art therapy is relatively new to the field of psychology. For much of human history, mental illness has been regarded with fear and misunderstanding as a manifestation of either divine or demonic forces (MacGregor, 1989). However many pioneers saw that art provided outlets for the mentally ill and utilized this skill. Psychiatrists began looking into mentally ill patients and their intense need to create while in the throes of a psychotic break; and contended that this need to create was the patient's way to deal with his or her confusion. Another example of the use of art therapy was in 1803 with the German psychiatrist Johann Reil, one of the founders of modern psychiatry. He believed that the use of 'therapeutic theatre' was helpful in treating mental illness (Edwards, 2004). Over time, therapists have begun to see art as a form of communication from their patients, rather than doodles created by a deranged mind.

In the middle of the 20th century, 1940-1970s, a largely independent assortment of individuals began to use term “art therapy” in their writings to describe their work with clients. For example in 1922, the first study on the art of the mentally ill, was written by a Viennese art historian and psychiatrist, Hans Prinzhorn (Rubin, 2001). Furthermore, in 1946, Francis Reitman and Eric Cunningham Dax utilized images created from psychiatric patients in order to research and experiment (Edwards, 2004). In doing so, these pioneering individuals began to define a discipline they was distinct from other,
older professionals. Since there was no formal art therapy training to be had, these early writers were trained in other fields and mentored by psychiatrist, psychoanalyst, and other mental health professionals. The four leading writers recognized for their development of the field during this period are Margret Naumburg, Edith Kramer, Hanna Kwiatkowska, and Elinor Ulman (Malchiodi, 2007).

In addition, during the late 19th and early 20th century, people were opening their eyes to Sigmund Freud and Carl Jung's theories of the unconscious mind and psychology. Rubin and Edwards suggest that while psychoanalysts were probing the mind, Western artists were beginning to look within versus the outside world to create their pieces (Rubin, 2010). Furthermore, psychiatrists began looking into mentally ill patients and their intense need to create while in the throes of a psychotic break; and contended that this need to create was the patient's way to deal with his or her confusion. Each of these pioneers lectured widely on the topic of art therapy and served as some of the field’s first educators. It was also during this time that the first formal programs with degrees were offered (Malchiodi, 2007).

Now, in the 21st century, there is continued interest in the utilization of art for clients and patients. Art therapy as a profession continues to grow and evolve and art therapist are now in the forefront of our most challenging times. With eclectic theoretical orientations and various combinations of materials, art therapist have gained insight on individuals’ tendencies and desires which is not easy to gain insight on from verbal expression (Harms, 1975).
Theoretical Approaches

The theoretical foundation of art therapy covers a wide spectrum of approaches to art therapy. Many art therapist and therapist utilize different theoretical approaches in their practice based on their individual styles and areas of expertise. Listed in the section are seven different approaches that therapist can utilize to guide their practice and work with clients

Psychodynamic approach

The ideas of Freud and his followers have been part of art therapy since the earliest days of art therapy. Freud’s describes a model of the mind that includes three levels of consciousness, from the deepest and least accessible to the level of greatest awareness (Malchiodi, 2003). These three levels of awareness, from deepest to greatest awareness, consist of: unconscious, preconscious, and conscious. In addition, he postulates three division of the mind: the id, which comprises instinctual drives that are primarily sexual and aggressive; the ego, the negotiating aspect of the mind that attempts to find compromises the impulses of the id is and the limitations of the superego; and the superego, a person’s conscience or moral code (Malchiodi, 2003). Art therapists who work from a Freudian perspective generally view the impulse to make art as an expression of the id function. This approach empathizes the importance of free association in relation to spontaneous imagery to bring unconscious forces into conscious awareness and stimulate insight (Malchiodi, 2003). Furthermore, this theoretical orientation of the psychodynamic perspective has two primary goals. First is the use of
spontaneous art process and imagery to help clients free associate to uncover unconscious internalized conflicts that are of the source of problems. Second, through the emotionally-charged transference relationship between client and therapist, art therapist helps clients understand the meaning of problematic behaviors in terms of previously unconscious dynamics. Both of these goals rely upon verbal interaction between client and therapist with art used to stimulate and focus therapeutic discussion (Malchiodi, 2003).

**Humanism approach**

Humanistic psychology is known as the “third force of psychology” and emerged is an alternative to psychoanalytical and behavior approaches (Malchiodi, 2003). Maslow, a pioneer of this approach, criticized Freud’s psychodynamics approach for it centered its attention to hostility, aggression, and neurosis and too little on human’s capacity for love, creativity, and joy. This model encompasses existential therapy, person-centered therapy, and Gestalt therapy and has been adapted into the realm of art therapy (Malchiodi, 2003)

Existential theory embraces the concept of person freedom, meaning, and the search for values (Frankl, 1963). A core belief of this approach states that individuals work is the “will to meaning”; believing that therapy should be aimed at challenging individual to find meaning and purpose in life. As for the uses in art therapy, it helps to address: (1) the capacity for self awareness; (2) freedom and responsibility; (3) creating one’s identity and establishing meaningful relationships with others; (4) the search for meanings, purpose, values, and goal; (5) anxiety as a condition of living; and (6)
awareness of death and non being (Corey, 1996). A therapist applying this therapy in clinical work is guided by these principles, ideas, and themes to be conscious of their experiences, such as love, joy, suffering, and the quest for personal meaning (Malchiodi, 2003).

The goal of person-centered therapy is to assist people in becoming more autonomous, spontaneous, and confident (Rogers, 1951, 1961). The person centered approach believes that individuals have the knowledge to solve their problems, heal from them, and recover. The purpose of the therapist is to create a growth-promoting atmosphere to solve problems in which the client can reach the full potential and trusts the person has internal capacity to become well. A person-centered approach to art therapy focuses on the individual’s ability to find personal meaning. In addition, an important aspect of this approach is the belief that people are capable of expressing rather than repressing their maladjustments and moving a more healthful way of life. In conclusion, this approach allows clients to be validated and accepted with the work from an empathic and attuned therapist (Malchiodi, 2003).

Gestalt therapy is an experimental approach that emerged in reaction to psychoanalysis. This therapy refers to the whole or configuration which is greater than its sum of parts. The aim of this approach is to encourage and insist on responsibility, honest, direct, and authentic communication between the person and therapist. Gestalt therapies encourage active participation and enactment by the individual, believing that through sensory-motor activation, there is recognition and clarification of problems
In general, this approach believes that the expression of art is therapeutic because it allows people to know themselves as a whole in a short time, and being able to perceive the whole is a consonant.

In conclusion, humanism is a system of thought based on values, characteristics, and behaviors believed to be best in human beings. Humanistic approaches to therapy are concerned with needs, well-being, and interest of the individual client in the present (Moon, 2008). With the use of art in the humanistic approach, it allows individuals to become authentic with themselves and gain access to the conscious and unconscious metaphors within their psyche.

**Cognitive behavior approach**

Cognitive-behavioral therapy encompasses several different approaches, including rational-emotive behavioral, cognitive behavioral modification, and cognitive therapy (REBT; Ellis, 1993). Rational-emotive is based on the premise that whenever we become upset, it is not the events taking place in our lives that upset us; it is the beliefs that we hold that cause us to become depressed, anxious, enraged, etc (Ellis, 2006). As for CBM, it is a therapeutic technique called cognitive behavior modification (CBM), which focuses on identifying dysfunctional self-talk in order to change unwanted behaviors (Ankrom, 2009). Lastly, cognitive therapy makes the assumption that thoughts precede moods and that false self-beliefs lead to negative emotions. Cognitive therapy aims to help the patient recognize and reassess his patterns of negative thoughts and replace them with positive thoughts that more closely reflect reality (Schimelpfenig,
212). In general, the central notion in all these approaches is that not event per se but rather the person’s assumptions, expectations, and interpretations of events which are responsible for the production of negative emotions; such as depression, anxiety, and anger.

The basic goal CBT is to help the client identify the false and negative rules and assumptions governing actions and then find ways to replace or restructure assumptions with more realistic and positive rules and expectations (Malchiodi, 2003). Since CBT utilizes language as it mode to change cognition and behavior, its uses in the art therapy realm helps clients to visually document internal discourses with imagery in order change cognition and behavior. In session, clients are asked to visually imagine themselves thinking, feeling, and behaving the way they would like to think feel, and behave (Malchiodi, 2003).

In conclusion, CBT is a highly directive and structured approach that requires the clinician and client to play an active role in therapy. Clients are asked to engage in psychical manipulation of materials and in thinking about their challenges in new ways. At a basic level of understanding, this approach of image making concretizes and externalizes a client’s problem. Therapists guide the client in this process, so the problems can be explored verbally and non-verbally (Malchiodi, 2003).

**Solution-focused approach**

In this approach, therapists lead clients, by the goals created by the client, to develop solutions to reach their desired objectives. They utilize “solution talk” rather than
“problem talk” to help work collaboratively on creating and executing solutions.

Selekman (1997) sees this approach as less threatening and supportive due to the uses of language and partnership between the therapist and client on co-creating solutions.

Although there are many techniques in SFT, several are central to the adaptation of art therapy. These include the role of resistance, expectation questions, the miracle question, and facilitating change (Malchiodi, 2003).

In regards to resistance, this approach sees “resistance” handicap to the therapeutic process. Solution-Focused therapy emphasizes in neutralizing resistance by creating an initial understanding of each other, collaborative goal setting, and cooperative attitudes. In utilizing art, this technique ask client to make their goals tangible through different form of material and strategies. From their art work, the therapist can respectfully explore the work and listen to how the client perceives it and its meaning, thus the client feels heard (Malchiodi, 2003).

Another aspect of this approach offers a solution-focused intervention to simulate change known as “exception finding question”. This intervention makes clients come to terms with that change is inventible; for they can become consumed with their current challenges and feel trapped (Selekman, 1993). This type of question helps to deconstruct a problem by focusing on expectations in their narrative. Expectations are instances in a client’s life where their challenges weren’t occurring or causing stress; therefore, making it a focus of therapy to help stimulate problems solving and change. In translating this intervention to art, clients are asked to draw their life if their current challenges were not
present in their life; creating solutions to help deviate from current behaviors, thoughts, and feelings (Malchiodi, 2003).

The Miracle Question is a technique that asks clients to imagine how their lives would be if they awaken the next day and were symptom free (de Shazer, 1991). This question was designed to envision a hypothetical solution and to encourage the client to speculate on what life would be like when the problem brought to therapy is actually solved. The task of portraying the Miracle Question via art, brings a sense of immediacy to the question, provides a positive future, and changes the language from “problem talk” to “solution talk” (Malchiodi, 2003). The last technique in this approach is to assist in facilitating change. Therapists try to achieve the following goals in session: “1) change the ‘doing’ of the situation that is perceived as problematic; 2) change the ‘viewing’ of the situation that is perceived as problematic; and 3) evoke resources, solutions, and strengths to bring to the situation this is problematic. The symbolism of a mountain is a way to help achieve these goals (Malchiodi, 2003). Imagery examples to overcome this mountain can consist of going around the mountain, blowing it up, or scaling it down to make it manageable.

Narrative approach

Narrative therapy is the newest approach to clinical practices and its premises states that all people are engaged in an ongoing process of constructing a life story that determines their understanding of themselves and their position in the world (Walsh, 2009). The primary goal of narrative therapy is to help externalize their problems to
separate the individual from the problem. In fact, the maxim of narrative therapy is “the problem is the problem; the person is not the problem.” When a person believes that the problem is part of his or her character, it is difficult to make changes and to call on inner resources to make those changes. Separating the problem from the person relieves the pressure of blame and responsibility and frees the therapist and client to focus on how to solve the problem (White, 1989; White and Epston, 1990).

Narrative therapy uses primary verbal means—storytelling and therapeutic letters—to help externalize the problem. In taking a narrative approach to art therapy, the art expression also becomes a way to externalize with added benefits of the therapeutic process. For example, a drawing, painting, or collage of the presenting problem becomes visible. It allows the person to literally see the problem and think about it as something outside of him or herself. This practice evokes a physical sense of how the problem feels and provides the opportunity to make meaning and rework images into new stories (Riley, S., & Machiodi, C., 1994). In general, art therapy with a narrative approach offers the client the opportunity not only to reflect on alternative stories but to actually see them as images with the collaborative work with their therapist.

Developmental approach

The developmental approach to art therapy uses normative creative and mental growth as a guide to understanding the individual. Therapists who use this approach generally use the normal developmental stages of artistic expression, as well as normal play, motor skills, and social interactions, as a basis for evaluating and subsequent
interventions (Malchiodi, 2003). This approach follows the natural progression and changes in the life of individual through the client’s expression of art. These stages appear to be universal to everyone’s capability to communicate through art. The development approach emphasizes the importance in having a solid understanding of the normal stages of artistic development (Malchiodi, 2003).

This approach designates six stages of artistic expression, which consist of: scribbling, basic forms, human form and beginning schema, development of visual schema, realism, and adolescence. In regards to scribbling, practitioners believe this to be the beginning stages of art expression, starting from 18 months to 3 years of age. During this stage, the very first marks are made by the child on paper. At first there is little control of the motion that is used to make the scribble; accidental results occur and the line quality of these early drawings varies greatly (Malchiodi, 2003).

As there motor skills increase, clinicians can see more variety of horizontal and longitudinal lines, circles and dots, and other forms. At this stage there is also not much conscious use of color. This developmental stage group uses color for enjoyment and not for specific intentions and meanings. The art work is more meant to be enjoyed for the kinesthetic experience it provides (Malchiodi, 2003). In general, there is limited attention spent on the art work and not much narrative about the art work itself. In the basic forms stages of artistic expression, ages 3-4, children may still make scribbles but they also become more involved in naming and inventing stories about them. The connection of one’s marks to the world around him or her occurs. Children
want to talk about their drawings, even if they appear to adults as unidentifiable scribbles. Other images become a part of the child’s artistic skills, such as; designs, patterns, and other combinations of forms and shapes like triangles, squares, and rectangles. In this stage the child’s attentions span is still limited and concentration is restricted. However children begin to make meaning in their art and assign scribbles and designs as specific objects in their life. These new forms are the precursors of human figures and other objects, the milestone of the next stage (Malchiodi, 2003). In the stage of human form and beginning schema children, 4-6 years old, begin to start drawing rudimentary human figures. These humans are often primitive; however, there is use of subjective colors is used at this stage. Colors, in this stage, are associated with to what they perceive in their environment; such as the sky is blue. However children still are more interested in drawing the actual figure or object that the use of color. In addition, there is little attention or consciousness paid to the images composition or design; places images throughout their work without concern for a ground line or relationship to size (Malchiodi, 2003).

The developmental of visual schemas is the next stage in this process. This is when children, 6-9 years old, begin to progress in their artistic abilities. In this stage children are able to develop visual symbols for human figures, animals, houses, tress, and other objects within their environment (Malchiodi, 2003). The drawings are fairly standard, depicting an understanding of ground and sky lines, and objects a drawn with perspective. However, images that represent great importance generally are drawn bigger.
In regards to color, it is used objectively. This stage of art development, color is used rigidly; for example, all leaves are colored green without any type of variation (Malchiodi, 2003).

Stage five of the artistic expression is realism. Here is when children and/or adolescents, ages 9-12, become more interested in depicting what they perceive to be realistic. These include a greater use in ground and sky lines, more accurate colors usage, and humans are drawn with more details and differentiated in gender characteristics. The age group is also when they become more conventional in their art expression and is more literal to achieve perfection in their “photographic realism”. Lastly, there is an increase in technical abilities and enjoyment in exploring new materials and can work on more detailed, complicated art expression (Malchiodi, 2003).

The last stage is called adolescence. This stage is much harder to reach for many discontinue drawing or making art due to other interest. However, those who continue to make art are able to use perspective accurately and effectively in their drawings. Furthermore, there is greater detail in their art work, increased mastery in other materials, more attentive to colors, and able to create abstract images (Malchiodi, 2003). In general, this approach is popular among therapist who work with individuals with developmental delays; cognitive, visual, or auditory impairments; and physical handicaps. Although this application of art therapy is specific to a certain population, developmental approaches can serve as a basis for all art therapy approaches with children and adults. It provides
therapist not only a method of evaluating developmental but also norms for establishing goals for treatment on the rich foundation of artistic development (Malchiodi, 2003).

**Expressive art therapy and multimodal approach**

Expressive art therapy can be thought of as an inclusion of any of the art therapies; including art, music, dance, drama, and poetry/writing. Its use can be linked to the traditions and cultural precedents of world healing practices like Greece and the Navaho. Some characterize expressive art therapy as using one or two disciplines within treatment (Levine & Levine, 1999), whereas others take a more interdisciplinary view of these models (Knill, 1978). Others define expressive art therapy as using “various arts—movement, drawing, painting, sculpture, music, writing, sound, and improvisation— in a supportive setting to experience and express feelings” (Rogers, 1993). As in all other forms of orientations or approaches, expressive art therapy does not see the aesthetics of the art work as a primary purpose of the intervention but used to assist in gaining insight and to self-express challenges, discourses, and cognitions (Malchiodi, 2003).

Therapists working from an expressive art therapy approach have a variety of theoretical stances. Even though it pulls from each approach listed above, this approached is based in the interrelationship of the arts and theories of creatively and imagination, rather than integration with psychological principles. Moreover, Knill (1995) proposes that the connection between self expression through art taps the healing power of ingemination and is a fundamental phenomenon of human existence as opposed to a theory of psychotherapy. Furthermore, McNiff (1992) proposes a similar philosophy,
seeing the arts as medicine for the soul, grounded in traditional uses of art throughout history to heal and transform human suffering. In essence, by opening the therapeutic experience beyond visual art alone, the therapy is enhanced in clinical depths and facilitates expression in a manner most appropriate to the particular client.

An expressive art therapy approach capitalizes on the integration of two or more form of art expression into treatment. Although many theoretical framework of psychology are use within this approach, expressive art theory is considered to have a unique philosophy separate from the of art therapy. However the main goal still of this approach allows clients to express thought and feelings, communicate non-verbally, achieve insight, and experience the curative potential of the creative process (Malchiodi, 2003).

Types of Art Therapy

Arts therapy is an umbrella term for a diverse assortment of sub-specialty experiential therapies that cross a wide variety of artistic disciplines. Based on current literature reviewed by this researcher, there are three major sub-specialties of arts-based therapies: music therapy (MT), dance/movement therapy (DMT), and creative-arts therapy (CAT).

Music therapy (MT)

MT primarily utilizes music as a therapeutic tool. Music is used most often in the treatment of eating disorders as a tool for self-discovery or as a method for relaxation (Justice, 1994; Parente, 1989; Robarts & Sloboda, 1994). Some examples include using
background music to facilitate breathing, positive imagery or meditation. Alternatively, music may be played during mealtime to alleviate anxiety. Examples of using music as a tool for self-discovery include listening or singing along with a song and then examining and discussing the lyrics, eventually using the insight discovered through the lyrics to apply to oneself. For instance, an arts therapist could facilitate a discussion on the theme of loving oneself unconditionally” or the desire to survive a battle with depression.

A wide variety of songs may be used with this therapy and selection is typically based on the individual characteristics of a person or a group (Frisch, Franko, & Herzog, 2006). One residential program employs a unique form of cognitive-behavioral music therapy (Hilliard, 2001). Under this model, music therapy is used to address “behavioral and cognitive issues in a non-threatening and supportive manner while challenging long-held cognitive distortions and destructive behavioral patterns” (p. 112). Hilliard (2001) illustrated this technique by showing a “recovery rap” that clients had written and performed about overcoming their eating disorders and reclaiming their lives. He also emphasized the use of lyrics as a tool for personal insight and change (Frisch, Franko, & Herzog, 2006).

**Dance/movement therapy (DMT)**

The body is a central battleground for mental disorders, making DMT a promising adjunctive treatment. DMT is often misunderstood because of its name; this specialized form of therapy is not simply limited to dance and movement. The majority of dance movement therapists base their therapeutic art on the idea that the body and mind are
unconsciously (or consciously) connected and strive to impact the mind through some type of direct work with the body. In other words, positive effects on the body may often result in positive changes within the mind. Dance movement therapy is defined in a broader sense by the American Dance Therapy Association (ADTA) as “... a process that furthers the emotional, cognitive, social and physical integration of the individual” (ADTA 2001). Most methods incorporated some form of psychotherapy with DMT. Krueger and Schofield (1986) developed what they termed “preverbal” (p. 326), dance therapist led DMT techniques developed to be directly followed with verbal psychoanalysis, led by a trained psychiatrist. Intended for use with inpatient and outpatient clients, the DMT technique was developed as a treatment for emotionally stunted patients who were not yet inherently “…insightful [or] verbal…” (p. 324) and included relaxation and centering, mirroring another’s movement, facing a mirror, creating drawings that reflect the experiences of the movement session, and videotaping of one’s body and movement following self-critiquing and reflection.

Another technique with ties to psychoanalytic theory is that developed by Blanch Evan (Evan, 1991; Krantz, 1999; Levy, 1988) who is known among dance-movement therapists as a pioneer in the field of dance therapy. Her methods and theories are closely intertwined with a unified goal of “psychophysical unity,” using the body to link action with feeling through individualized DMT. Other authors have incorporated DMT methodology into body image therapy (Totenbier, 1994). Totenbier suggests a DMT model in which a positive change results from the exploration of one’s body.
Specifically, a client is asked to look in a mirror and draw a picture of him or herself. He or she is then walked through a series of activities, such as creating an actual body tracing and comparing it to his or her self-portrait, which encourages clients to challenge distorted beliefs they may have about their body. By examining and experiencing different aspects of actual versus perceived body images, it is purported that the client is able to reach a more realistic perception.

**Creative-arts therapy (CAT)**

CAT primarily utilizes drama, role-playing, drawing, painting, and sculpture as therapeutic tools. Arguably the most widely employed of the three forms of arts-based therapies, CAT may be found within inpatient units (Wolf, Willmuth, & Watkins, 1986), day treatment programs (Jacobse, 1994), outpatient programs (Bloomgarden, 1997), and residential programs. Methods widely varied across papers, although a common theme of symbolism as a tool for insight appeared throughout. Additionally, each author stressed the importance of the creative arts as an alternative means of expression and exploration of feelings.

Techniques vary from therapist to therapist and depend on the client’s behaviors, symptoms, or cognitions. Creative art therapy has many uses and each intervention has a special purpose. Common intervention that this researcher came across consists of the following: house/person/tree, mask, collage, and visual journals. The House-Tree-Person (H-T-P) projective technique developed by John Buck was originally an outgrowth of the Good Enough Scale utilized to assess intellectual functioning. Buck felt artistic creativity
represented a stream of personality characteristics that flowed onto graphic art. He believed that through drawings, subjects objectified unconscious difficulties by sketching the inner image of primary process (Niolon, 2003).

Since it was assumed that the content and quality of the H-T-P was not attributable to the stimulus itself, he believed it had to be rooted in the individual’s basic personality. Since the H-T-P was an outcropping of an intelligence test, Buck developed a quantitative scoring system to appraise gross classification levels of intelligence along with at qualitative interpretive analysis to appraise global personality characteristics (Niolon, 2003).

In regards to mask, the therapeutic mask making technique is an interdisciplinary activity that may incorporate the expressive arts therapies, existential phenomenological or Jungian psychology, social commentary, multiculturalism, biology and spirit. Masks have been used throughout history for a myriad of reasons including ensuring a successful hunt or harvest, rites of passage for various stages of life, observing the change of seasons, and to draw down healing spirits or cast out those that are considered to be demonic. In therapy masks have been used to help clients explore identity, to identify and integrate disowned aspects of self, to explore spirituality through sacred art, to forge a deeper connection with a higher power, to assume a different or more empowered self, to process an event or emotions and to find balance (Lujan, 2009).

The goal of mask making in therapy is largely personal, may vary throughout the client's progress in therapy, and the themes that emerge are often quite diverse. The
chosen theme of the mask is to be determined within the context of the participant's life and the issues at hand. This is a rich, rewarding but also provocative technique. Clients chosen for this exercise need to grounded in reality and open to a self-confrontive process (Lujan, 2009).

For collage work, it is widely used interventions by art therapists because it's a forgiving medium, especially for individuals who are intimidated by pencils, paint, or clay. In making a collage, you don't have to go through the agony of drawing something realistic and are spared the feeling of embarrassment that your pictures look like a ten-year-old drew them; this is welcome relief to most of my adult clients who bring this worry to initial sessions. It also doesn't demand an immediate commitment like a brushstroke across a canvas. In fact, until you glue the images to a surface, you can change your mind, experiment with composition, and add and subtract pictures until you get it right (Malchiodi, 2010). Therapists often use magazine photo images as a projective technique-- that is, as a means to simply get an individual to tell a story in response to visual stimuli. The use of collage actually provides a much more detailed basis for the projective use images, including what can be learned from individual's reactions to print and other visual images (Malchiodi, 2010).

Visual journals are essentially "art diaries." They often contain both images [usually drawings] and words. Like an actual diary, their contents may be rough drafts that may later become finished artworks. And like an actual diary, they are meant to document day-to-day experiences, activities, and emotions and are often autobiographical
in nature (Malchiodi, 2010). Although they are defined as an art form, visual journals have been used for centuries as records of ideas and imagination. Most art therapists recommend visual journaling as a way of exploring feelings and experiences over time. In fact, the importance of noting how artistic expressions change from week to week and month to month is one of the basic tenets of art therapy; a single image or art work is, in reality, just a snapshot of the moment. As clients continue to create via a journal, their own visual language naturally emerges and evolves over time. There are some indications that drawing in a visual journal, even for a few minutes a day, has some health benefits, too (Malchiodi, 2010).

**Effectiveness of Art Therapy Intervention with Specific Populations**

Art therapy has been utilized and studied for various mental illnesses and disorders. Furthermore, art therapy has been used for people of all ages, from the very young to the elderly. This area of the literature review would be to focus on some of the various disorders treated with art therapy.

**Art therapy for aggression**

Over the past few decades, art therapy has been introduced into educational settings in order to provide "a unique setting for children with special needs...as it addresses cognitive, emotional and social [aspects for the child]" (Nissimov-Nahum, 2008). Nissimov-Nashum suggests in his literature review that since aggression is an "abundant source of energy" and can be detrimental to the learning process, art therapy allows the child to direct that energy in a creative way (2008). Furthermore, utilizing art
therapy in schools allows children the means for therapy when it may be too costly for parents otherwise.

The study presented by Nissimov-Nahum included three stages of data collection and utilized therapists' experiences, perceptions and practices "in the treatment of aggressive children in educational settings and their relationship to perceived treatment effectiveness" (2008). Therapists reported on their experiences with working with aggressive children and followed the treatment from kindergarten to junior high school. Interviews that held the most and least effectiveness were reviewed and the findings showed "a conceptual model that presents the principles of effective treatment" (2008). The main findings were: "relatively few therapists (24%) reported major improvement that could be considered clinically significant...[while] mild improvement was found in (49%) of cases...and [little to no] change in (27%) of cases" (2008). However, it was noted in the study that the therapists felt that they needed more training and understanding of working with this population in order to be more effective.

**Art therapy for autism spectrum**

Autistic Spectrum Disorder, or pervasive developmental disorder (PDD), has been on the rise in recent years. While research is being done to understand the disorder, there is also research being done in order to treat and manage PDD. Since PDD is a spectrum, the characteristics of the disorder vary; however, "some of the qualities include a tendency to withdraw from social contact and an increased sensitivity to stimuli in general, such as sounds, smells and tactile materials...[children with the disorder] have
difficulty developing conversational skills" (Epp, 2008). The rise of this disorder, and the way art therapy allows for clients to express themselves without words, has brought the disorder and treatment together in various studies.

A study was conducted that utilized art therapy and play therapy with children on the autism spectrum. The focus was to use art therapy to improve social skills in the participants, and the same for group therapy. "Art therapy as a component to social skills training may increase the willingness of children to participate [in the study] because art is an activity that they find acceptable" (Julian, 2004).

The study utilized 66 students, and pre- and posttests were collected from 44 parents of the students (Epp, 2008). The hypothesis rationale was that the children engaged in the activities of art therapy would see an increase in their social skills and decrease negative behaviors. The findings were that "there were statistically significant change[s] in the pre- and posttests...[whereby there were decreases] in internalizing behaviors...hyperactivity...and problem behaviors" (2008). The reasoning behind the findings was that art therapy lends itself to this population in a positive and effective way.

**Art therapy for sexually abused children**

Child abuse is widely recognized as a serious problem, not only because it results in long-term trauma reactions, but also because it involves an abuse of power by adults over children in their care. Sexually abused children generally reveal significant reveal problems in diverse areas of functioning including those of affect, behavior, cognitive and interpersonal relationships (Bohn, 2003; Diehl, 2002). Sexually abused children have
been found to suffer from anxiety, post-traumatic stress, guilt, depression and low self-esteem (Carr, 2000; Gardner, 2002; Wade, 2000). Common behavioral symptoms found include irritability, frequent soiling, nightmares, suicide and confusion about sexual boundaries (Gardner, 2002). These symptoms and behaviors derive from the child’s hard time talking about their abuse because scientific research indicates that traumatic memories are stored in right hemisphere of the brain; where visual memories is stored and not language (Virvo, n.d.).

Art therapy, a form of intervention thought to be effective in the treatment of trauma disorders, like sexual abuse, is being increasingly used to address child abuse and is often a primary form of therapy with children who are recovering from physical or sexual assault, verbal abuse, and neglect (Malchiodi, 2008). The reason it is utilized in these cases is because children can access their memories that are visual and express them through art. By utilizing art therapy for abused children, they can begin to manage their memories without becoming overwhelmed and communicate emotions and events that they cannot express in words (Virvo, n.d.).

A study done in South Africa indicates an overall outcome of decreased anxiety and depression in children when utilizing art therapy into their sessions (Pfeifer, 2010). Art therapy is a universal activity that most children view as outlets for expression and which are perceived as inviting and low stress. The activities allow children to make intolerable feeling tolerable, make chaotic and disorganized thoughts more contained and therefore manageable and process emotions in a once-removed stance that facilitates
identification, projection, and working through of difficult or conflicting thoughts and feelings. Art is a window into the children’s perceptions of self and the world in which he or she lives in. When children reflect and respond to the images, symbols, and metaphors they create, their first glimpse of positive change may occur—imagining change is the first step to create positive change (Gil, 2003). In general, the literature on this subject shows a profound change in children’s behaviors and a decrease in symptoms when utilizing art therapy as a model for therapeutic intervention (Pfeifer, 2010).

**Art therapy for attention deficit hyperactivity disorder (ADHD)**

Art therapy can be an effective approach for those who are suffering with symptoms of ADHD. In fact, for ADHD, it might be one of the most single effective therapies to help children and adults to concentrate, slow does and stabilize (Association of Natural Psychology, 2006). Individuals with ADHD characteristically find it difficult to “slow down” and concentrate on even basic activities, but art can engage the mind and emotions more effectively than other forms of therapy. Various artistic activities can help stabilize the moods and thoughts of individuals with ADHD, through the individual attaining a state often called “flow” or “the groove” in sports, art, and daily life—the experience many people have had of being fully immersed in an activity, while also feeling happy and free from anxiety (Dalebroux et al, 2008).

Art therapy has many benefits as a treatment modality and in a work with children with ADHD there several specific advantages: (1) it is an appropriate activity, (2) it uses visual learning skills, (3) it lends structure to therapy, and (4) gives children a way to
express themselves. The product of art therapy, the art itself, provides the individual with immediate and visual record of those feelings or ideas. Since the person with ADHD often had difficulty remembering what he or she has learned, artwork becomes a way to reencounter feelings or thoughts, thus making learning easier (Safran, 2002).

The study, done by Anne Dalebroux, Thalia R. Goldstein, and Ellen Winner, is titled; Short-term mood repair through art-making: Positive emotion is more effective than venting. They had participants watch a movie with a negatively valenced mood, and after have them engage in art that included either creating a drawing reflecting their current mood (negative), creating a drawing reflecting something happy (positive), or scanning the sheet for symbols (neutral). All three groups had an increase in mood state, but while there was no difference between negative and neutral groups, the happy group was in a statistically significantly better mood than the other two groups. The results of study indicate that art helps in changing moods express feelings, emotions, and energy through the hands and it releases energy (Dalebroux et al, 2008).

In conclusion, art therapy is an active form of therapy that provides a kinesthetic and visual approach to learning for individuals with ADHD. It is a variable tool for enhancing the skills that individuals with ADHD require in order to be successful. Furthermore, this approach helps individuals learn more about their disorder through drawing, and this enhances their self-esteem (Safran, 2002).
Art therapy and adolescent depression

The years between the onset of puberty and the final stages of adolescence magnify traits that can be channeled into art therapy activities (Allen, 1988). Narcissistic focus, issues of power between teen and adults, and exploration and questioning of values can be expressed through art work. Art therapy allows adolescents to express these experiences, to verbally share or not share the content of their art products, and to respond to any interactions that the therapist might make about their creations.

One reason art therapy is said to be an effective form of treatment for depression is because traditionally artist have been known to derive their inspiration from their emotions. It is not uncommon to create a masterpiece or work of art after suffering a loss or going through a painful event. Furthermore, art therapy can be a healing force for the body and the mind in part because the creative process helps release brain chemicals that fight depression. Research shows that art therapy can also improve your sense of well-being by reducing depression and anxiety.

Through conscious or unconscious means, art therapy provides a nonverbal outlet for communicating life experiences, emotions, feelings or thoughts (Malchiodi, 2007). Art therapy may be especially helpful and productive for populations who have a difficult time verbally expressing themselves. Malchiodi (2007) believes that art therapy creates an emotional release and catharsis. Rubin (2005) views it as an opportunity for individuals to better understand themselves through the use of art. In this respect, art therapy may be seen as ego-supportive and supportive of self-esteem growth. Rubin
(2005) uses art as a way to communicate and better understand the inner child in all of us. In order to reduce emotional distress, one needs to increase their creative thinking and behavior by using art to enhance a better understanding of oneself and of others (Malchiodi, 2007). Making art may be a normalizing experience where one can be creative. She also emphasizes that art therapy can provide an enriching experience (Malchiodi, 2007).

Art therapy with adolescents has the potential to help improve their personal views and attitudes about their surrounding environment (Rosal et al., 1997), their self-esteem (Chin et al., 1980; Stanley & Miller, 1993; White & Allen, 1971), interpersonal skills (Chin et al., 1980) and global functioning (Kymissis et al., 1996). Since this therapeutic approach suits the needs of adolescent psychology, they can uniquely communicate complex feelings in an active manner. Letting adolescence express themselves creatively offers a greater possibility for understanding depression, its causes, and ways to reduce or eliminate it (Riley, 2003).

**Art therapy and those suffering from schizophrenia**

Schizophrenia is a severe mental disorder which affects as one in 100 people at some point in their lives. While antipsychotic medication reduces symptoms of schizophrenia and decreases the likelihood of relapse, many people do not adhere to treatment and a substantial proportion of those who do experience residual symptoms, relapse and reduce social functioning (Crawford, 2010).
Throughout history there has been considerable speculation about the possibility of a link between creative expression and mental distress. Plato described artistic talent as ‘‘madness that comes from God’’, and Aristotle claimed that ‘‘all men who are outstanding in … the arts are melancholic’’. There has also been longstanding interest in the role that the creative arts may play in helping people adapt to, or recover from, mental disorder. Healthcare staffs have used art materials, music and creative writing for many years, a tradition which is especially strong in China, Japan and other parts of the Far East. In Europe and the US, artists who were interested in the creative abilities of people who experience mental distress began working in asylums in the first half of the 20th century. However it was not until the 1940s that more formal efforts were made to combine the use of art materials and psychotherapy as the basis for ‘‘arts therapies’’. Since then professional bodies have been established which regulate training of arts therapists. This includes a requirement to obtain a primary arts-based degree and specialist training in one of the arts therapies (Clawford & Patterson, 2007).

Art therapy has been promoted as a means of helping people who may find it difficult to express themselves verbally and is widely used as an adjunctive treatment for people with schizophrenia. Experimental studies examining the impact of arts therapies for people with schizophrenia were first conducted in the 1970s. Since then over 20 clinical trials have been conducted and systematic reviews of art therapy, drama therapy and music therapy have also been completed. Of these, the review of expressive art therapy (music) reached the most positive conclusions: that music therapy for people with
schizophrenia brings about improvements in mental state and global functioning (Clawford & Patterson, 2007).

In conclusion, an evidence base for the effectiveness of arts therapies in the treatment of people with schizophrenia is beginning to emerge. Arts therapies combine the use of art materials with psychotherapeutic techniques that aim to encourage self expression and promote self-awareness. They appear to be popular with patients and may result in improved mental health, especially reductions in negative and general symptoms of schizophrenia, which are those least responsive to pharmacological interventions (Clawford & Patterson, 2007).

**Art therapy and eating disorders**

Eating disorders can be described as a group of syndromes characterized by individuals having abnormal eating habits and a self-image that is excessively influenced by their weight and body shape. This disorder is a complex psychiatric illness and sufferers often require intensive, lengthy, and multidisciplinary treatment for recovery. Art therapy, in this regard, is unique in the psychotherapeutic treatment of eating disorders in that it provides the client with a means to express their feelings in a concrete manner through the control of external media.

Eating disorder is divided into three categories: anorexia nervosa, bulimia nervosa and eating disorders not otherwise specified. Anorexia nervosa is characterized by a refusal to maintain a body weight at or above a minimally normal weight for age and height (less than 85% of that expected), an intense fear of gaining weight and/or
becoming fat, an undue influence of body shape or weight on self-image, or denial of the seriousness of the current low body weight and amenorrhea (the missing of three consecutive menstrual periods.

Bulimia nervosa is characterized by recurrent episodes of binge eating (which involves eating in a discrete period of time a larger amount of food than most people would during a similar period under similar conditions) with a sense of lack of control over that eating, and compensatory behaviors to prevent weight gain (such as self-induced vomiting and misuse of laxatives, diuretics and diet pills, occurring more than twice a week). As well, the binge eating and inappropriate compensatory behaviors each occur at least twice a week over a three-month period and there is an over concern with weight and body shape.

Study by Green, Wehling, & Talsky (1987) studied regular therapy versus regular therapy with art therapy every other week in chronic psychiatric patients for 20 weeks and found significant differences between groups in attitudes towards self and getting along with others. On a broader scale, Koerlin, Nybaek, & Goldberg (2000) investigated arts therapy in a group of 58 individuals with a wide range of mental and behavioral impairments over a period of four weeks. Although there was considerable variation in psychiatric symptom reduction between participants, 88 percent of participants who completed an arts therapy program showed significant improvements in symptom reduction, with a subgroup of trauma patients obtaining significantly better results,
implying that research on arts therapy and trauma may differ from arts therapy outcome studies in other areas (Frisch, Franko, & Herzog, 2006).

Art therapy has a unique role in the treatment of eating disordered clients. Of all the disciplines offered for treatment, only art therapy has the ingredients to provide a multidimensional, sensual and patient-centered approach simultaneously (Makin, 2000). Art therapy can be seen as a valuable alternative to conventional therapy and an important offering within the multidisciplinary team. Eating disorders are one of the most challenging mental illnesses in industrialized society and it is my hope to see additional treatment programs incorporate art therapy within their multidisciplinary team for the benefit of not only clients, but also the treatment team itself (Liang, n.d.).

**Art therapy and the prison system**

In prison, defenses are used for self-preservation as inmates take advantage of weakness and vulnerability. Defenses such as silence, lies, and aggressive acts interfere with daily living skills and effective therapy. Increased illiteracy and organicity create additional impediments for an inmate to communicate mental, emotional, and/or physiological problems (Gussak, 1997). These barriers make it difficult for successful treatment. Inmates seeking psychiatric treatment are seen as vulnerable by others, which is unhealthy where the weak are preyed on. “Inmates with mental illness are the most vulnerable in our state prisons. They can be victimized by predatory inmates or untrained staff” (Warner, n.d.).
Prison life can cause psychological distress and aggravate and intensify preexisting conditions (Morgan, 1981). Consequently, there is a general need for mental health treatment in prisons, and many facilities offer art therapy services. According to the Bureau of Justice Statistics Special Report, mental health care is prolific in correctional settings (Beck & Maruschak, 2001). Despite the overwhelming statistics that emphasize that mental health care is being provided in the correctional system, the types of verbal therapy offered may not always be best. Inmates may lie or remain silent to avoid appearing weak or vulnerable.

Artistic expression is a fundamental component of prison. This is evidenced through craft shops, inmate-painted wall murals, decorative envelopes that inmates use to send letters to loved ones, and intricate tattoos designed and displayed with pride. The ability to create “good art” is a status builder and can earn respect and friendship for the artist from his or her peers (Gussak & Ploumis-Devick, 2004; Kornfeld, 1997). Such creative expression may originate through the sublimation of aggressive and libidinal impulses (Dissanayake, 1992; Kramer, 1993; Rank, 1932; Rubin, 1984) and may provide the artistic inmate an acceptable “escape” (Gussak, 1997; Gussak & Cohen-Liebman, 2001). It has also been demonstrated that art making decreased the number of disciplinary reports written on inmates who participated in an Arts-in-Corrections program (Brewster, 1983), and recidivism (California Arts In Corrections, 1987) as measured during a 6-month and a 2-year period of time.
Art therapy in prison has many advantages; which include: (1) it is helpful in the prison environment, given the disabilities extant in this population, contributed to by organicity, a low educational level, illiteracy, and other obstacles to verbal communication and cognitive development, (2) it allows the expression of complex material in a simpler manner, (3) it does not require that the inmate and/or client know, admit, or discuss what he has disclosed. The environment is dangerous, and any unintended disclosure can be threatening, (4) it promotes disclosure, even while the inmate and/or client is not compelled to discuss feelings and ideas that might leave him vulnerable, (5) it has the advantage of bypassing unconscious and conscious defenses, including pervasive dishonesty, (6) it can diminish pathological symptoms without verbal interpretation, (7) it supports creative activity in prison and provides necessary diversion and emotional escape, and (8) it permits the inmate and/or client to express himself in a manner acceptable to the inside and outside culture (Gussak, 2007). In conclusion, art therapy is beneficial to the inmate population for they can save face and express internal discourses.

Art therapy and other disorders

Even though this literature highlights several effectiveness of art with specific population, it can also be used to treat other mental disorders and medical conditions. Many studies and literatures states that art therapy can work for clients diagnosed with obsessive compulsive disorder, borderline personality disorder, bipolar disorder, anxiety disorders, and with cancer patients as pain management. In essence, each treatment for
these disorders sees that art therapy as a way to encourages self-expression, self-
discovery and emotional growth to over psychological and physical distress.

Summary

Art therapy has a long history of development. From the 20th century up till today it has incorporated numerous well know theories and approaches. Unfortunately, despite its evolution from interventions to a form of therapy, it lacks sufficient data on its effectiveness based on therapists’ perspective. What empirical evidence exists in regarding its effectiveness only consist outcome measures rather identifying what factors, such as theoretical approaches or specific interventions, contribute to its effectiveness. Since the data from different research is limited, further insight from professions is necessary to support claims that art therapy is an effective way of treating individuals amongst a broad range of disorders and situations.
Chapter 3

METHODS

Introduction

In this chapter the researcher will discuss the research design, data gathering, procedures, protections of human rights, and study participants.

Research Design

For this study, a qualitative approach utilizing grounded theory was used. Since this researcher is taking different cases of therapists’ perspectives, through an interview process, to develop a theory from the findings, a grounded theory is used. A grounded theory approach looks at the term “experience” to help develop a hypothesis. The term “Experience” is generally considered to be self-explanatory. Chamber’s dictionary defines the verb experience simply as “to feel or undergo”. Noting that experience is an elusive notion, Knutson and Beck (2003) propose that it however has two essential dimensions: it results from participation (of an individual in a situation) and is internal in nature; therefore individualized. The use of grounded theory procedures leads to a coherent, well connected set of concepts, experiences, that describes as well as explains the phenomenon under study. In this study, constant comparisons of the participant’s responses from the interview have occurred and theories have emerged from the findings.

Furthermore, this study is qualitative in nature. This researcher wants understand therapists and their theoretical orientation and implementation, in the context by which they use art therapy in their practice (Myers, 1997). The qualitative design will allow for
process-oriented data collection, and more subjective data given by the participants. The study will examine a small number of therapists in and near the Sacramento area and their perception on how effective art therapy is in their practice. This study will provide a peak into effective interventions, theoretical orientations to utilize, and other important factors that contribute to the effectiveness of art therapy.

**Sampling Procedures and Data Collection Procedures**

The population of interest in this study consists of registered art therapist and clinicians who utilize art therapy located within and around Sacramento area. This researcher plans to use non-probability sampling, snowball sampling, for the sample is rare to locate, may having little education on the subject, and that there are no formal programs available in counties studied. This researchers goal was obtain confirmation of participation from three art therapists and clinicians and gain another twelve subsequent therapists from referrals of the original participants that were made from initial interviews. The advantage of using snowball sampling is that the approach ensured the desired number (N=10) of therapist for the study because the population interested in hard to reach. Furthermore, this method is generally cheaper, faster and easier to conduct than most sampling procedures. Limitations to the study methods includes that the sample does not fully representative of the population being studied because of the small number of therapist interviewed.
Measurement Instruments

The instrument utilized for this study was an in-person interview scheduled by the therapist. However, several therapists utilized other methods of contact; such as, telephone or email encounters. This researcher met with most therapists individually to administer an interview comprised of fourteen main questions. Of those fourteen questions, thirteen of them were descriptive in creating an understanding the effectiveness of art therapy. The interview questions consist of open-ended, close-ended, and demographic questions. The interview questions are aimed at identifying participants’ perceptions, theoretical orientations, and successes and failures in implementing art therapy. The interview questionnaire asked the same questions of each participant but allowed room for participant interpretation, expansion, and additional comments if they chose to do so. As the questionnaire gained the intended data and information the face validity of the study is maintained.

Data Collection Procedures

The data was collected through an individual interview process with each participant at a time, location, or method (i.e. email or telephone) of their choosing for their convenience. An informed consent form (See Appendix B) was given to each participant, which they signed or verbally agreed to over the phone and were given a copy of prior to beginning the interview. The consent contained detail of voluntarily participation, and contact information for both the researcher and researcher’s supervisor/project advisor. Following signature of consent form, this researcher
interviewed each participant and transcribed the interview on the computer to accurately portray the responses of each participant regarding the interview questions. The interview questions (See Appendix C) were created by the researcher for the specific purpose of gathering data on each participant’s demographic information, populations they work with, theoretical orientation, experiences of failure and success, and implementations of art therapy interventions. The data was collected orally, or through written documentation, from each participant, the interview questions were predetermined and identical throughout the data collection process for all participants with exception to more detailed questions asked by the participant if they needed further clarification to answer a question. The interview process allowed for flexibility in gather data from participants, it also allowed for detailed and in-depth description of the participant’s experiences and thoughts on art therapy.

Analysis Plan

Following the interviews, all information given to this researcher about their experiences with art therapy were transcribed. A content analysis was then conducted on the responses given by the participants during the interview. This researcher explored common themes of interventions and theoretical orientations from the responses of the participants; along with any responses that appeared to be alternative to common themes. This classification was useful in summarizing meaningful trends that would provide preliminary answers to the question posed. Common themes and outcomes from
interviews were then utilized within the context of implications for the field of social work.

**Protection of Human Subjects**

Protocol for the Protection of Human Subjects (See Appendix A) was submitted and approved by the Division of Social Work stating that research would pose minimal risk for participants. The probability and magnitude of harm or discomfort anticipated for participants are no greater than what might be encountered in daily life or during the performance of routine physical or psychological examinations or tests.

The participants were provided with this researcher’s information to contact if interested in being interviewed for the study. Prior to the interview being administered, this researcher provided participants with a written informed consent. Informed consent from all participants was obtained through a signed or verbal consent. All participants were given a consent form prior to the interview and the participants received a blank copy of the consent form for their records. The consent form outlined the study’s purpose, procedure, risks, benefits, and confidentiality concerns. The consent also outlined that the participant’s involvement is strictly voluntary and they are free decline participation at any time without explanation or consequences.

Following each interview, all relevant written data were numbered with not identifiable information. Furthermore, throughout the content analysis and other presented data documentation was done with no use of names or other identifiable information. All written documentation, such as signed consent forms and documented
answers were stored in a secure location. The only persons who had contact with the data collected are the researcher and researcher’s advisor. Upon completion of the study all materials utilized during the study were destroyed.

Summary

This chapter described the method utilized for this study. A description on qualitative design and grounded theory was provided. Sections on instrumentation, research participant, sampling design, data gathers, analysis plan, and protection of human subjects were also included. In the next chapter, the results of the data were analyzed and presented.
Chapter 4

FINDINGS

Introduction

This chapter will present study findings regarding therapists’ perspective on the use and effectiveness of art therapy with a wide range of clientele. As noted in chapter 3, this researcher coded therapist’s responses to the semi-structured interviews using a content analysis procedure. The findings of this study will be presented by discussing broad categorized or issues that emerged in analyzing participants’ responses to the semi-structured interviews. These categories include: How art therapy works, the role of age, problems and symptoms of clientele, types of art interventions utilized and their effectiveness, theoretical orientation, therapist perspective on the effectiveness of art therapy, and advice to future therapist. Various themes emerged in each category/area are then discussed and illustrated. Various themes that emerged in the categories are also examined and discussed.

Participants

The participants in this study consisted of ten therapist from different agencies and private practices. The therapist consisted of nine female and one male who ranged from 26-70 years of age. Ethnicity/race included all who identified as Caucasian. Study participants consisted of four therapists who highest degree was a Masters of Social Work and six therapists whose highest degree consisted of a Masters in Art therapy (ATR). Participants received their degrees between 1980-2010. The time frame in which
the therapist had been utilizing art therapy spanned from two to twenty years. Two of
therapist received specialized training in art therapy through attending seminars and
trainings. Lastly, the age range of their clientele ranged from four to eighty-four years
old.

**Data Analysis**

**How art therapy works**

In this category, four themes were identified. These themes consist of as a vehicle
for communication, building rapport, working through trauma, and teaching coping skills.
All therapists demonstrated common themes that support the idea that art therapy work as
a vehicle for communication and provides a means for reaching the client on his/her
level. Five of the therapist specifically felt that art therapy works because many clients
have difficulty verbalizing their experiences and/or cannot access those memories. In this
case, art is used as a form of communication because it individuals can find it easier to
express themselves visually rather than verbally.

Therapist 1:

Art therapy allows clients to process issues in a non-threatening way and at a
deeper level than verbal therapy. It allows the client to use all their senses: sight,
touch, auditory, smell, and speech during this process. Because of this it is more
likely that the information given by client will be genuine and that they will retain
the information that has been incorporated during the session.
Therapist 6:

In the best of situations it by-passes the conceptual mind and elicits the most authentic ‘being’ of the client – it is a physical process and a decision making process, it elicits behavior, it can be an emotional and spiritual process. Every aspect of what it is to be human, and what it is to be a particular human, can be the focus of an art therapy intervention. With stroke victims it can help to rebuild some connections in the symbol making functions. With people experiencing grief it can bring comfort to work with clay. With a teenager with impulse control issues it can be a way to learn to slow down and pay attention before acting. It is a child’s natural ‘language’ for expressing their reality. It can be a source of healing for a depressed older person making images of cherished memories. It is a way of putting into words the ineffable. It is a way to express everything at once rather than as a linear telling of experience.

Therapist 7:

Art therapy incorporates more than art making, it is a process in which individuals can express their emotions and feeling through their other senses. Since many of our thoughts, especially trauma, is kept in certain parts of our brain, art can help release them; for verbalizing their experiences is much more difficult. Art therapy and our creative self can access those memories in which our verbal selves cannot.
Therapist 10:

By utilizing art as a mean of intervention, it helps the client express themselves without becoming overwhelmed. Accessing those memories is one of the consequences of therapy but art is an easy way to access them because it is non-threatening, it is fun and creates a “separateness” from the client and their experiences. Therefore clients find it easy to communicate their traumas and life experiences without being overwhelmed.

Another major theme that emerged regarding why art therapy works is that it helps to build rapport between the client and the therapist. The consensus of the group indicated that therapeutic rapport is a crucial aspect of the relationship that develops between a therapist and client. To develop rapport, the therapist must demonstrate empathy and understanding. The goal is mutual trust and respect, fostering an environment in which the client feels safe. Therapeutic rapport is essential to a positive therapist-client relationship, and is a cornerstone for all work done in therapy.

Therapist 1:

It is also used to bond, establishing rapport and lower anxiety while in therapy.

Therapist 2:

Art therapy creates a special, fun, nonjudgmental space for a therapeutic relationship to blossom. Furthermore, art allows a space where the “false self” can be loosened and the “true self” can be strengthened. Because the individual client
is more open and the “false self” or defenses are calmed, effective clinical work can begin.

Therapist 5:

Many clients come into therapy and often have high anxiety about being judged, are afraid for their safety, or worry about being misinterpreted. So it is important to quickly create that therapeutic relationship in order to make them feel safe, feel that they have control, and begin to let go of the past. Without building a rapport the creative process will be hindered. However, art can help with the rapport building since the task does not require verbal exchange, is less threatening, and allows for playfulness during the session.

The third major theme that the study participants presented was art therapy’s ability to help with trauma. As mentioned in the above section, art can help with communication and art, in this case, is used as a tool for clients to help express their trauma. Thus art therapy appears to be viewed as helpful for clients because it allows them to reconstruct the situations, feeling, behaviors, and emotions through art based on their individual experiences. The client then can work out issues, repressed memories, behaviors, or feelings that have resulted from trauma and try to find some type of resolution to them.
Therapist 6:

It helps separate the client from what has occurred to them, allows them to process the event, and gives the opportunity to work through the trauma without re-experiencing the trauma and provides.

Therapist 8:

It helps people grieve and helps people with preverbal trauma express themselves without becoming overwhelmed.

Therapist 9:

Some work that I might employ for trauma cases is the House-Person-Tree technique. There are often strong indicators when a person draws a tree. Trauma is commonly indicated in the tree. I have seen the knot hole drawn a tree and 99% of the cases that the person at some point in their life had experienced a traumatic event.

Therapist 10:

Art offers a way for individuals to express their feelings, emotions, thoughts, and memories in ways that words cannot. With our [therapists] work, we can help traumatized individuals to make sense of their experiences, communicate their grief and their loss, and we make them active participants in their own process of healing.

The fourth major theme present was to help instill healthy coping skills. The consensus of the participants states that the creative process enhances one’s life by
making one self-aware, teaching coping skills, and improving one’s self esteem. Art therapy teaches clients to identify and regulate feelings and express them in appropriate ways. Furthermore, it provides clients with the opportunity to help cope with symptoms of stress, anxiety, and depression.

Therapist 3:

Artistic expression is a healthy coping skill to help deal with many different symptoms, feelings, and emotions. I teach my clients to use art to help reduce stress, depression, and anxiety. Art itself is a healthy coping skill that can replace unhealthy coping skills. For example, instead of a client cutting themselves, I ask them to use a paintbrush with red paint instead of a razor. I allow them to keep their coping skill but have them use art to express the same emotion. The intention is not to stop them from coping in which works best for them, but try to reduce the harm and its effect on the individual.

Therapist 4:

Art can help clients expand their own coping skills by giving them a means of expression or an outlet. Clients can use art as a part of their decision-making process in determining whether to cope negatively or positively. An easy intervention is to have the client externalize what they are feeling, their thoughts, or perceptions by drawing them out. Therefore, they are able to process and make decisions about how they want to cope with the situation; which may be to do more art work.
The role of age

All therapists indicated that the art therapy can be beneficial to people of all ages. However, all ten therapists indicated that children and adolescents respond better to this type of therapy. They report that art is more natural for children and adolescents to utilize because it is easier for them to express themselves visually rather than verbally. Even though art appears to be an easier form of communication for children and adolescents to use, all ten therapist stated that they use art therapy amongst a broad range of age groups. Furthermore, a combination of art and talk was more helpful when working with adults.

Therapist 6:

In traditional therapy sessions, children will naturally do what is healing for them if given a safe, accepting, and encouraging environment. Adults, on the other hand, have had the time to build deeply established patterns of survival that may require more time to soften before they can get to their core issues. In regards to clients, I have used art therapy in many different setting and ages which consist of: all units in a psychiatric hospital, rehab hospitals, the Native American clinic, community service agency, private practice, with sexual abuse victims and perpetrators, foster youth and foster parents, and group home boys. Art therapy, in general, can be enormously successful with all ages.

Therapist 8:

Kids and teens easily take to it. Some adults have a hard time not treating their interpersonal problems as math or logical problems. However, if you can get them
to do art on how they solve interpersonal problems they’ll often draw things like
gardeners using different tools.

Therapist 10:

Children are more open to the art experience. Teen are often more receptive than
adults. I often need to establish trust and rapport with adults before introducing art
therapy, unless they come to me specifically for that reason. Art therapy is
frequently a safe way to bond and begin therapy with children, but can be the
opposite with adults. I often refer to an intervention as an “activity” rather than as
“art therapy” intervention. Art therapy has been effective with most all of my
clients, even resistant clients; once they try it they are often surprised.

Therapists expressed that age does have a role in implementing art therapy. The
consensus believes that children and adolescents do have an easier time using art as a
form of self expression to help with a variety symptoms, life issues, and behaviors.
However, they also believe that adults can benefit from this type of therapy as well. Yet
they all reports that further work on rapport building and alliance is needed before
implementing art therapy.

Problems and symptoms of clientele

This researcher inquired as to what populations come to see the study participants
in their place of work. The participants stated that they a wide array of clients with many
different mental and physical disorders. They mainly talked about mental health disorders
but two talked about physical disorder; such as cancer, aging (end of life), and
developmental delays. In general, they report that see many different people with many different challenges in their lives. Furthermore, their clients and the client’s symptomatology were dependent on where the therapist was working at as well.

Therapist 1:

Since I have recently graduated for an Art Therapy program, I have been mainly working with individuals with bi-polar disorder at my agency. However, I have worked with individuals suffering from schizophrenia, depression, anxiety, and personality disorders; when I was an intern.

Therapist 7:

My clients range from healing of trauma, to depression, to simply wanting to tap into a creative resource within themselves. I have clients who suffer from schizophrenia, to elective mutism, to suicidal thinking, and impulse control issues. The range of problems is infinite! Some have a problem finding the words to express themselves, some use words to distract from what they are experiencing and need the focusing, grounding effect of the art process to get there.

Therapist 10:

The symptoms that I generally see consist of the same symptoms that other therapist see as well. I have clients with an array of disorders and symptoms like depression, anxiety, post traumatic stress disorder, anger, behavioral problems, and those who have a history of abuse.
Types of art interventions utilized and their effectiveness

In discussing types of interventions with all ten therapists, they reported that they use an array of skills, materials, and intervention techniques including expressive art, dance/movement, clay/sculpture, and poetry/story telling. However, many stated that there is no specific intervention that works above the rest. They discuss that it is dependent on the client and their symptoms, behaviors, ambivalence, like, dislikes, and commitment to therapy. In essence, it is dependent on where the client is at.

Therapist 2:

The challenge is to find the creative expression that resonates with the individual. The therapist needs to be flexible and creative themselves. They need to be attuned to the balance of structure from the treatment plan vs. freedom from structure that the individual client’s needs are being met.

Therapist 8:

They are all effective if used correctly. Even a blank piece of paper or a crude drawing will give the therapist information (if there is the knowledge of what to look for).

Therapist 9:

I had a teacher who talked about ‘technique’ not ‘techniques’ – the point being that the art therapist’s attitude of flexibility to choose art media and guidance that met the client’s need was a ‘technique’, and that ‘techniques’ tended to be like
recipes you’d serve anyone/everyone that came in the door no matter their particular situation.

Many therapists perceive art methods to be dependent on the individual client. The majority reported an array of different techniques which might apply to many different populations that they serve. However, they did not specify that the use of these techniques was more effective than another. One therapist talked a lot about self-portraits being an effective approach in determining how they feel about themselves and their situations.

Therapist 4:

Our clients, and even ourselves, go through many changes in our life time. These changes can put a lot pressure, anger, and confusion on us, but it’s important to reflect on the changes and how they affect our perception of ourselves. By utilizing self portraiture, it helps us remember who we are and indicates our self-esteem or self-image, our self-confidence or self-doubt, and our mental and emotional health.

The therapists were also asked about ineffective art therapy techniques that they have come across during their time implementing art. The majority stated they have had experiences in which the intervention turned out be ineffective, but the ineffectiveness did not represent the intervention itself but the application of the intervention. Overall, stated that they weren’t attune to their client; therefore making the intervention ineffective.
Therapist 5:

In my experience art therapy usually “works”. Usually it is the therapist that doesn’t know how to use/apply the interventions or information if there is a challenge. The only occasions that art hasn’t been successful for me as a therapist is if the client refuses to participate.

Therapist 6:

Using an art medium inappropriate for the client (too controlled, too uncontrollable), something too ‘technique-y’ and not clearly fitting for the client.

**The use of theoretical orientation**

In implementing art therapy, the therapist noted using different types of theoretical approaches with their clients. However many claimed that their approach is more eclectic. They state that the draw upon the different approaches, like cognitive-behavioral and psychodynamics, to create their own specially made approach. Furthermore, that this specially made approach was dependent on the client and what he or she was presenting. Conversely, one therapist stated that he utilizes a psychodynamic approach. Furthermore, two therapists stated that they do not look a specific orientations or approaches. They state that they depend on their on their experiences as a therapist implementing art therapy to direct their work.

Therapist 3:

I usually use a psychodynamic approach. This approach emphasizes the process of creating the art and deemphasizes interpretation of the art.
Therapist 6:

After 20 years of practice my approach was a blending of theories and experience with a myriad of clients. ‘Trust the client, trust the art’ was my motto.

Therapist 10:

I don’t typically relate theory when choosing an art intervention. I use my experience and knowledge of the case to determine what to use. I sometimes allow the client to choose an activity or do a “free” activity.

**Therapist perspective on the effectiveness of art therapy**

When inquiring about their perceptive on art therapy all reported that its effectiveness is in its allowance to be creative and make mistakes without repercussions, gives the client control over the outcome of the art project, the bonding between the client and therapist through art, and use of expression through non-verbal activities.

Therapist 2:

It helps people reject their comfort zone roles of their false self and take more risk that are related to their true selves.

Therapist 6:

It helps the client take responsibility for themselves – they make the art not the art therapist. It also can be an encouraging mirror, it objectifies subjective experiences, it can be fun, you find out you know things you didn’t know you knew, it can be skill building, there’s no way to be wrong, you can change things and keep changing them until you feel finished, you can go deeply into sensitive
places in yourself, sharing them physically through the art, and then tucking them back away safely as you clean up at the end of the session, and when you leave the therapist’s office between appointments you leave something of yourself in the therapist’s safe-keeping.

Therapist 7:
I think everything about art therapy is effective. It especially works well with resistant teens or children. It gives them power and control, and lets them reveal what they want. It’s also familiar to them. The therapist can do art in a parallel way so that the client isn’t “the focus”.

Advice to future therapist

All ten therapists responded to this question by stating that further education and trainings are needed to truly comprehend art therapy. The therapist who use art therapy in their practice tell future therapist to implement it in your practice to gain some first-hand experience in this type of therapy. However, the registered art therapist believe that that proper training is needed, to collect information on this subject to properly implement, and try it when the skills and education are there.

Therapist 1:
Rock on! Any therapist can use art in therapy; you don't have to be a registered art therapist to use art in your therapy. Becoming registered, though expensive, is a very worthwhile experience.

Therapist 6:
Be sure you have had lots of experience with the art making process and different media so you know what you are asking your clients to do. I believe it is very important to get training in the therapeutic use of art – since it does elicit every aspect of what it is to be human you’ll want to know ‘how’ so you can use it effectively. I’ve known a few situations where a social worker tried using art with children without knowing what she was inviting – it either ended in chaos or the child realized there wasn’t enough safety and simply didn’t participate

Therapist 9:
Enroll in a program or at the very least go to some workshops and conferences, read books. Volunteering in an art therapy program is good experience too. Don’t blindly do art therapy, and don’t do art then think you are doing art therapy. Using art therapy interventions without knowledge could cause a client (at the least) unwarranted anxiety or open up something they are not ready to address. It could also put the therapist in an awkward position of not knowing how to help the client return to a safe emotional place. Also, before you try anything with a client, the rule of thumb, is that you do it yourself first.

Summary
The research identifies numerous major and minor themes in therapists’ accounts on the usage and effectiveness of art therapy. On major theme consisted of the fact that the therapists in this study felt that art therapy was effective because it allowed clients to express their inner thoughts, emotions, and feelings visually rather than verbally. In
essence, it is a vehicle of communication. The researcher also found that age can play a role in the effectiveness of art therapy. Many of the studied participants stated that children and adolescence take on art therapy much easier than adults. However, adults can benefit from art therapy but further work on rapport, trust, and a mutual understanding is needed before implementing this form of therapy. A third major theme that was discovered in conducting this study was that most of the art therapist preferred an eclectic approach in implementing art therapy. It appeared that most therapists did not align themselves with one theoretical orientation or with one at all. In addition to this, another theme included the work of the therapist in determining the effectiveness of art therapy. Art therapy is an effective form of therapy to implement with clients; however, its effectiveness is dependent on the therapist's ability to know about art, having the confidence to implement art therapy, comprehending specific interventions, and interpreting what the client is saying through their art.
Chapter 5

CONCLUSIONS AND SUMMARY

Introduction

The projects’ purpose was to determine successful practices that make art therapy effective. This researcher found ten therapists to participate in this study. Their educations consist of Masters Social Workers and Registered Art Therapist. This researcher looked into their education, theoretical orientations, and interventions to determine effectiveness of art therapy. Furthermore, this researcher wanted to see if they, the therapists, played a part in its effectiveness as well. This chapter includes this researcher’s research question, framing of a hypothesis, conclusions based on the data analysis of chapter 4, and implications.

Hypothesis/Research Question

The following research question was presented to provide and fuel the purpose of this study. As the finding from the data collected and analysis in Chapter 4, the research question and formed hypothesis will be addressed.

Research Question

The research question that this researcher wanted to address was “that there is that there is insufficient research to support what makes art therapy treatment approaches effective for the treatment for clients. This researcher wanted to gather fist-hand experiences on the implementation and effectiveness of art therapy by proposing this question to therapists, ATR and other Licensed Clinical Workers. Based on the
responses that this researcher collected from the participants who utilize art therapy as their modality or as an aspect of their modality see that art therapy is effective in treating individuals from different age groups and with different diagnoses. During the course of this project, it has become apparent that effectiveness is defined in several ways—how the client responds to art, how well the therapist and implement the art intervention, and an all over improvement in behavioral, cognitive, and communication skills.

**Hypothesis**

Since this researcher utilized an inductive method of research, a grounded theory approach, this researcher’s hypothesis was developed after the data collection. The hypothesis that this researcher concluded that art therapy is effective in treating individuals amongst different populations with different diagnoses. The research did indicate that art therapy is effective but it depended on several factors. The first factor that they talked about is the therapist themselves. Noted in the findings section, the participants stated that knowledge about art therapy and implementation affects the outcome of effectiveness. Therefore, therapist must have knowledge about art therapy to effectively treat their client to have the desired outcome. A second factor that the participants talked about is the willingness of the clients. The therapist must be attune with their client to determine if art therapy is appropriate. This goes back to the therapist’s responsibility to build a rapport and understanding of their client. If not done, the client can appear to be resistant.
Lastly, were the outcome factors. A majority of the therapist indicated that after the implementation of art therapy, client’s had changes in their behaviors, cognitions, and communication skills. They report that since the client was able to express themselves through art, their psychological and emotional needs were being met. Since their needs were met, it benefited them in the following ways, which include: fostering self-expression, enhancing coping skills, managing stress, and strengthening a sense of self. This translates into improved communication, behavior, and cognition.

**Implications for future art therapist and therapist**

The findings of this study demonstrate that therapist working with their clients use an array of art interventions and techniques as well as theoretical approaches in their practice. According to most therapists, art therapy serves as a means of: a) communication through no verbal means, b) teaches coping skill, c) helps build rapport, d) identifying and reducing emotional and personal road blocks e) working through trauma, anxiety, depression, and other psychological challenges. Whether a therapist implements art therapy and what approach they utilize is depend on client’s age, symptoms, and what they have experienced in their life, as well as their preference to art activities. These concepts are important because certain art interventions may not address the specific needs of the client, may re-traumatize the client, or create a barrier between the client and the therapist. For example, using methods that a client is unable to relate to will create resistance in the client to engage in art with the therapist. For this reason,
further education or trainings is needed to help therapist understand their clients in
determining whether art is appropriate and what are the appropriate interventions to use.

This study has valuable implications for future art therapist and therapist in terms
of understanding the factors that may affect working with clients. For example, it may be
helpful to know that the majority of therapists claim that their theoretical orientation is
eclectic. A majority of therapist states that the use of one orientation over another hinders
the healing of the client for it is not “custom” to the individual needs of that client.
Therefore, it is valuable to know that there are times when it is appropriate to use
different theoretical approaches for every client is different. Future art therapist and
therapist who utilize art therapy may be more effective in working with their clients given
that they are aware they have different needs and therefore required different approaches.
In general, there is no one best, one size fits all approach to implement art therapy.

A second finding that may help future art therapist and therapist is that age needs
to be considered when implementing art therapy. Even though art therapy can help a
broad spectrum of people with different diagnoses, it is important to know that age does
play a role in its effectiveness. All of the therapists interviewed stated that children and
adolescence take up art therapy much easier than adults. Expressing through art is more
comfortable because children are not always able to verbalize about what is happening
for them or how they feel.

In regards to adults, they have a harder time expressing themselves through art.
Several of the therapist interviewed stated this because they have built up their defenses
to guard themselves against their current or past traumas. Furthermore, others indicate
that many adults find it difficult to tap into the creative process for they have given it up
years ago. To help adults become comfortable with art, first therapists need to create a
strong rapport and therapeutic relationship. This professional relationship helps adults let
go of judgment, learn to trust in themselves, enjoy art and creating, and overcome
resistance and accept their “true self” fully. In conclusion, it is important for future
therapist to understand what one needs to take age into consideration when implementing
art therapy and focus on the therapeutic relationship before implementing any type of
intervention.

A third finding that may have implications for future therapist consists of the fact
that the majority of therapist reported that art therapy works especially well in treating
trauma cases. This is important because many of clients that seek therapy have some
form of trauma in their background. They report that art therapy was beneficial in cases
of trauma because it helped in accessing information that the client was unable or
unwilling to talk about. Thus, if therapists recognize that clients, who have a trauma
background, have a more difficult time expressing their experiences verbally, they can
implement art therapy to help communicate their trauma without the possibility of re-
traumatizing them. For future therapist gaining an understanding of trauma and its DSM
IV classifications will help provide therapist

The fourth finding that have implication for future therapist is the needs for
education. This study suggests that the social work profession and other licensed clinical
workers needs to further explore what creative and expressive therapies could offer to both the therapist and their clients. Literature regarding art therapy has shown its uses can provided means of communication through non-verbal expression, effectiveness in treating different types of behaviors, diagnosis, and variables of an individual, and provide safety through the therapeutic bond. Through acquired training and art therapy education, non ATR therapist could effectively help clients achieve a holistic image of themselves through having inspired the development of the whole person. In essence, exposure to art therapy should be required so they may incorporate this model within their own practice and not forfeit the opportunity to learn new interventions (Faulk, 2001).

**Recommendations**

This study has valuable recommendations for future researchers and art therapist in terms of understanding and utilizing art therapy. The first recommendation is the creation of art therapy class at the graduate level for social work students who want to opportunity to begin to learn, understand, and apply art therapy within their own practice. Social work students rarely have the exposure required to understand the usefulness and beneficial factors that art therapy can have on many different population, not only children.

The second recommendation from this study for future researchers is to utilize what art therapists find effective within their own practice and create an intervention strategy that combines their different techniques and theoretical orientations. Future
researcher can use this study as what aspects of art therapy are effective, according to the therapist, and have a plan how to implement what works with clients and what does not.

**Conclusion**

In conclusion, the results of this project have determined that art therapy is effective with various ages and diagnoses. Furthermore, art therapy’s effectiveness is not based on a single factor; rather, the effectiveness is defined by the work of the therapist in its implementation, by the client’s response to this form of therapy, and by the clients obtaining the desired results. In other words, therapists need to build a relationship with their clients and determine whether art is appropriate or what intervention to use, not to focus on one specific theoretical orientation, and to have fun with the process.
Appendix A

Protection of Human Subjects
Request for Review by the Sacramento State

Committee for the Protection of Human Subjects

Project Title: Therapists’ Perspective on the Effectiveness of Art Therapy

Funding Agency (if any): Not Applicable

Name(s) and affiliation(s) of Researchers: Kevin Cavazos

Mailing address (or Department and campus mail code):

Telephone and e-mail address for researcher Anticipated starting date

Kisun Nam kisun.nam@csus.edu
Name of faculty sponsor (for student research) E-mail address of sponsor

1. Who will participate in this research as subjects (e.g., how many people, from what source, using what criteria for inclusion or exclusion)? How will you recruit their participation (e.g., what inducements, if any, will be offered)? How will you avoid any conflict of interest as a researcher?

The participants of this exploratory research will consist of art therapists in and around the Sacramento area. To gain a full understanding of art therapy, implementation, and perspective I want to gain a sample of about 10-15 art therapists. Selection criteria consist of Board Certified art therapists who are current on their certification. In order to gain the sample of about 10-15 art therapist, I will use the snowball sampling method. As for conflict of interest, I do not foresee any at this time.

2. How will informed consent be obtained from the subjects? Attach a copy of the consent form you will use. If a signed written consent will not be obtained, explain
what you will do instead and why. (See Appendix C in *Policies and Procedures* for examples of consent forms, an example of an assent form for children, and a list of consent form requirements. Also see the section on *Informed Consent* in *Policies and Procedures*.)

Informed consent from all participants will be obtained through a signed written consent. All participants will be given a consent form prior to the interview. Copies will be made available to participants to keep. See attached informed consent form.

3. How will the subjects’ rights to privacy and safety be protected? (See the section on *Level of Risk* in *Policies and Procedures*. For online surveys, also answer the checklist questions at the end of Appendix B in *Policies and Procedures*.)

Issues of privacy and safety will be mentioned in the informed consent form. Privacy will be ensured through confidentiality during the actual data collection period. Once consent is provided, the researcher will begin the process of the interview. No names or any identifiable information will be used on the documented interview questions. All materials collected will be stored in a secured lock box in researcher’s home. At the completion of the data analysis, all interview documentation will be destroyed. It is expected that the research study will involve minimal risk when it comes to issues of confidentiality.

4. Summarize the study’s purpose, design, and procedures. (Do not attach lengthy grant proposals, etc.)

The study’s purpose is to gather information on the art therapists’ perspective on the effectiveness of art therapy in order to create a strong foundation for this therapeutic implementation from experiences of direct practice. Based on the review of the literature, a grounded theory approach interview process will be developed for the purpose of this study. Approval will be first obtained by the Human Subject Review Committee at CSUS through the submission of this Human Subject Review application. All candidates will go through an initial screening to ensure criteria for the study is met – this is expected to occur when the researcher makes first contact to see if referrals are interested in participating. If interested, potential candidates will set up a time for the interview will or, if needed, will coordinate other forms of contact with researcher. During the meeting the informed consent form will be signed. Once consent is granted, the in-person interview process will begin. The form
of data collection will consist of note taking and this researcher hopes that the data analysis shows patterns of common art implementations, theoretical orientations, and effectiveness in group populations as well.

5. Describe the content of any tests, questionnaires, interviews, etc. in the research. Attach copies of the questions. What risk of discomfort or harm, if any, is involved in their use?

The interview questions will consist of open-ended questions that ask the participant about their demographics, educational background, theoretical orientation, implementations of techniques, and an all over perspective on the effectiveness of art therapy from their direct experiences with clients. See the attached questionnaire for the specific questions.

It is expected that minimal risk is involved in the interview process. No names will be included in the questionnaire and the subject matter should not cross any personal boundaries. The testing tool may evoke additional discomfort more for this study can also be seen as a self-evaluation of their clinical practice. However the additional discomfort should not to exceed what is expected in their daily lives.

6. Describe any physical procedures in the research. What risk of discomfort or harm, if any, is involved in their use? (The committee will seek review and recommendation from a qualified on-campus medical professional for any medical procedures.)

Not applicable

7. Describe any equipment or instruments and any drugs or pharmaceuticals that will be used in the research. What risk of discomfort or harm, if any, is involved in their use? (The committee will seek review and recommendation from a qualified on-campus medical professional for the use of any drugs or pharmaceuticals.)

Not applicable

8. Taking all aspects of this research into consideration, do you consider the study to be “exempt,” “no risk,” “minimal risk,” or “at risk?” Explain why. (See the section
With all aspects in consideration, the study may be classified as having no risk for this researcher is based on professional opinions regarding their practices with art therapy. As described in this report, the probability and magnitude of harm or discomfort anticipated for participants are no greater than what might be encountered in daily life. This conclusion is based on the assumption that therapist should assess their practice and implementations techniques in order to provide effective work and as such there may be some discomfort or risk they can potentially experience. A discomfort that the study may cause to the participants may come from their own self-evaluation of their practice. However the level of risk and discomfort is not expected to exceed what may be encounter in the participants’ daily lives.

For protocols approved as “at risk”, the researcher is required to file semiannual reports with the committee that describe the recruiting of subjects, progress on the research, interactions with the sponsor, and any adverse occurrences or changes in approved procedures. In addition, the committee reserves the right to monitor “at risk” research as it deems appropriate. Failure to file the required progress reports may result in suspension of approval for the research.

_______________________________________________________________
Signature of Researcher Date

_______________________________________________________________
Signature of Faculty Sponsor Date
(for student research)
Appendix B

Consent Form
Consent to Participate in Research

Therapist Perspective on the Effectiveness of Art Therapy

You are being invited to participate in a research study about art therapy. This research project is being conducted by Kevin Cavazos, the Masters of Social Work (MSW) student, under supervision of Dr. Kisun Nam in the Division of Social Work at California State University, Sacramento. The objective of this research project is to attempt to understand art therapy, implementation techniques, and effectiveness of this intervention based on your perception. In essence, this research project will help art therapist and those who utilize art therapy determine how art therapy should be conducted and what attributes art therapist need to have to be effective.

For this study, there is no minimal if you decide to participate in this study. In determining the effectiveness of art therapy based on your professional opinion may show discomfort that would be greater than what you might encounter in your daily life. For this reason, minimal risk is involved in your participation. There are no costs to you for participating in the study. The information you provide will during the interview will consist of your educational background, theoretical orientation, implementation techniques, case examples, and all over effectiveness of art therapy and your practice.

The interview will take approximately an hour to an hour and a half to complete. In the study, no one will be able to identify you, nor will anyone be able to determine which company you work for. Nothing you say in the interview will in any way influence your present or future employment with your company. Data collection for this research will consist of personal notes taken through the interview process. All personal information will remain confidential in the study and will be kept, locked, and destroyed at the end of study. The information collected may benefit you directly as an art therapist, but the information learned in this study should provide more of an insight and refinement to the field of art therapy.

Your participation in this study is voluntary. Furthermore you may choose to discontinue your participation at anytime provided communication with researcher without any consequences. If you choose to participate, please sign this form and contact Kevin Cavazos, MSWII student at CSUS, at 1-707-685-3153 or at kevcav05@yahoo.com. During our conversation we will schedule a time to meet for the interview. If you prefer, we can also do a phone interview as well or I can send the questions through email and we can discuss later if timing does not permit full participation.

If you have any questions or concerns about the interview or about being in this study, you may contact me at 1-707-685-3153 or at kevcav05@yahoo.com. In addition, you can contact Dr. Kisan Nam at 1-916-278-7069 or at kisun.nam@csus.edu.

Your signature below indicates that you have read this page and agree to participate in the research.

______________________________
Signature of Participant          date
Appendix C

Interview Questions
Interview Questions on the Therapists’ Perspective on the Effectiveness of Art Therapy

1) Demographics
   a. Gender
   b. Age
   c. Race/Ethnicity
   d. How long have you been a registered art therapist or therapist?
   e. Where and when did you receive your Master’s Degree to perform therapy or become a registered art therapist?

2) What populations have you worked with in the utilization of art therapy?

3) Describe how you use art in your work:
   a. Give examples of how you used art therapy with clients

4) How does art therapy work?

5) Do you use specific theoretical orientation when using art therapy? If so, can you tell me how you implement this orientation?

6) In your experience, how has implementing this orientation worked in terms of helping your clients?

7) Do you feel age plays a role in the effectiveness of art therapy? If so, what role does it play?

8) What problems or symptoms do you see with clients who are seeking art therapy services with you?
   a. How does art therapy help them get through these problems?
9) What about art therapy do you think is effective?

10) Have you experienced certain art therapy techniques that are more effective than others? If so, how and why are they more effective?

11) What methods are least effective?

12) Can you give examples of when art therapy has not worked?

13) Do you have any advice for social workers who want to implement art therapy into their practice or want to become art therapist?

14) Do you want to provide any information that we have discussed in the interview that you would like to add?
References


California Arts in Corrections. (1987). Research synopsis on parole outcomes for Arts-in-
Corrections participants paroled December, 1980-February, 1987. Sacramento, 
CA: Author

and Sons.

reachout: Building social skills through art and video. *The Arts in Psychotherapy*, 
7, 281-24.

CA: Brooks/Cole


Crawford, M.J. (2010). The MATISSE study: a randomized trial of art therapy for people 

art-making: Attention redeployment is more effective than venting. *Motivation 


stress disorder in children. *Dissertation-Abstracts International, Sciences and 
Engineering*, 62, 5369.


Kymissis, P., Christenson, E., Swanson, A., and Orlowski, B. Group Treatment of
Adolescent inpatients: A Pilot Study Using a Structured Therapy Approach.
_Journal of Child and Adolescent Group Therapy_, (1996), 6 (45-52)

Kingsley

Alliance for Health, Physical Education, Recreation, and Dance.

Liang, Jen. (n.d.) Art therapy in the Treatment of Eating Disorders. Retrieved from
[www.arttherapy.worldcongress.hu/admin/kepek/.../21burton.doc](http://www.arttherapy.worldcongress.hu/admin/kepek/.../21burton.doc)


homes. New York: Brunner/Mazel


Princeton University Press


Rubin, Judith. (2001). Approaches to Art Therapy: Theory & Technique (2nd ed.). Brunner-Routledge PA, Philadelphia (pp.1-83)


Virvo, Sasha. (n.d.) The Effectiveness of Art Therapy with Sexually Abused Boys. Retrieved from steinhardt.nyu.edu/scmsAdmin/uploads/001/584/Virvo.pps


