Art Therapy Program Recommendations for Students from Non-Dominant Cultures in Schools

Courtney Thompson and Dani Yates

Submitted to the faculty of the University Graduate School
in partial fulfillment of the requirements for the degree
Master of Arts in Art Therapy
in the Herron School of Art and Design
Indiana University

May 2018

Art Therapy Program Recommendations for Students from Non-Dominant Cultures in Schools

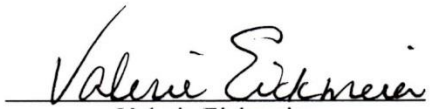
By
Courtney Thompson & Dani Yates
Master of Arts in Art Therapy

Herron School of Art and Design
IUPUI
Indiana University

Eileen Misluk
Thesis Advisor

Valerie McDaniel
Committee Member

Accepted: May 2018



Valerie Eickmeier
Dean of Herron School of Art and Design

5/1/2018

May 2018

ABSTRACT

Public schools educate many students of various cultural backgrounds and often provide mental health services to meet the needs of these students. This mixed methods study is comprised of a systematic literature review and survey that inquired about how art therapists in schools meet the needs of students from non-dominant cultures. Historical and current data about how art therapists in schools meet the needs of students from non-dominant cultures supported recommendations for a culturally sensitive art therapy program in public schools. Students from non-dominant cultures are those who have cognitive or physical disabilities, belong to a race or ethnicity other than white or Caucasian, have religious beliefs other than Christianity, have a low socioeconomic status, are LGBTQ, have indigenous heritage, and/or are female (Hays, 2016). Results from the research show a lack of concrete knowledge regarding funding for art therapy programs in schools, a need for cultural sensitivity training for art therapists that addresses assessments, material choice and development of interventions, and a wide range of needs and goals for this population. The program recommendations include suggestions for funding, therapist credentials, structure of programming, culturally competent art therapy practice, and suggestions for cultural training.

Keywords: Art therapy, schools, non-dominant, culture, cultural sensitivity, K-12

THOMPSON DEDICATION

This thesis is dedicated to all of my family and friends who have supported me even through my absence. To my parents, Paul and Debra Thompson, what you have taught me about myself and the world has been the foundation of all my pursuits. To my siblings, Kaitlyn and Jon Colby, Jacob and Michelle Thompson, John Thompson and Taylor Chapman, thank you for the support that you provided, ranging from checking up on me, allowing me to find comfort in your pets, making sure that I was fed, editing grammatical errors, and allowing me a space to remove myself from the stress of graduate school. To Joshua Boles, you have been my greatest support in everything that I do; even when I believed I could not, you believed that I could. To Brittney Winter, thank you for listening, for making sure that my environment wasn't falling apart around me, and for providing me with the perfect distractions. Without your daily support I would not have been able to accomplish all that I have in the past year

THOMPSON ACKNOWLEDGEMENTS

I would like to thank Eileen Misluk; your tireless dedication and humor were foundational to my success in this program. I would also like to thank Valerie McDaniel for your support throughout this process. Dani Yates, thank you for your hard work and commitment to making the most out of this research. Thank you to the rest of my cohort, Bailee Chilman, Brittany Hinkle, Heather Davis, Lauren King, Jessie Swihart, and Meaghan Wiggins for allowing me to be myself, no matter how casual, and helping me laugh along the way. Thank you to all of the educators who have challenged me and shown me the importance of social action.

YATES DEDICATION

This work is dedicated to my students for sparking an interest of art therapy in schools; this work was done to gain knowledge to better help you and all those like you.

YATES ACKNOWLEDGEMENTS

Thank you, Eileen Misluk and Val McDaniel for reading this work too many times as well as your patience and guidance through its development. Courtney Thompson, thank you for all your hard work and making this thesis research a bearable process; I honestly could not have done this without you. Thank you Herron Art Therapy cohort of 2018: Bailee Chilman, Brittany Hinkle, Heather Davis, Lauren King, Jessie Swihart, and Meg Wiggins for the support, validation, and comic relief. To my roommate, Lauren Gilmer, thank you for the laughs, support, and being able to commiserate being in the same situation. I thank all my loved ones that were able to provide much needed breaks, could lend an ear, and offered helpful advice during this time. Thank you to all my professors that have encouraged, inspired, and lead me to this point in my education.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

Within the public school system in the United States, there exists a multitude of different cultures. Students come from varying backgrounds including but not limited to race, ethnicity, disability status, religious identification, national heritage, sexual orientation, gender, and socioeconomic status. In the United States, certain areas of culture hold power over others, leading to areas of privilege and non-privilege, which in turn creates a dominant and non-dominant group (Hays, 2016). The dominant culture is identified as being a young or middle-aged adult, non-disabled, Christian, European American, middle and upper class, heterosexual, U.S.-born, and male (Hays, 2016).

Culture is complex and affects many of the interactions that take place within the school setting, and aspects of non-dominant culture have been found to coincide with an increased risk of mental health needs (Hays, 2016; Iacovino, Jackson, & Oltmanns, 2014; Brown et.al., 2013). These include more adverse effects of trauma, chemical dependency, and chronic physical and mental illness (Hays, 2016; Iacovino, Jackson, & Oltmanns, 2014; Brown et.al., 2013). Schools must address the needs of non-dominant students to ensure their success, and art therapy can be useful in addressing the needs of students from non-dominant cultures (Smith, 1993;Albert, 2010). The literature shows that art therapy has been found to be a useful practice in the school setting for students who have trouble with academic, social, and emotional functioning (Albert, 2010; Smith, 1993; Radick & Dermer, 2013; Rosal, McCulloch-Vislisel, & Neece, 1997; Nelson, 2010). However, few art therapy programs exist within mainstream public school settings, and even less information has been produced on how these programs address the needs of non-dominant students. Due to the varied background between each public school student, art

therapists need to be culturally competent in order to meet each child's needs and practice ethically (American Art Therapy Association (AATA), 2011). Cultural competence acknowledges that all people are different and require an individualized approach to treatment, taking into consideration the beliefs, values, and experiences of a person's unique cultural background (AATA, 2011).

The purpose of this study is to provide recommendations for a culturally competent art therapy program in a kindergarten through twelfth (K-12) grade public school system. The program recommendations include possible sources for funding, suggestions for the structure of the program, identification of culturally competent art therapy assessments, and culturally competent art therapy interventions. Through the use of a mixed methods approach and parallel research design, a systematic literature review was used to explore published literature on the needs of non-dominant students in public schools and how art therapy has been used to meet the needs of these populations. A survey was given to art therapists in schools across the United States that inquired how they are currently addressing the needs of non-dominant students, what art therapy approaches are used in their programs, and how they are funded.

The parallel design allowed the researchers to compile published literature and enhance this data with real-time information on how art therapists are currently working with students from non-dominant cultures (Mertens, 2015). Completing both portions of the study simultaneously allowed the researchers to compile more data on a complex subject matter and promoted collaboration in making well-informed programmatic recommendations.

Operational Definitions

Art therapy: According to the American Art Therapy Association (2017) art therapy is defined as

> an integrative mental health and human services profession
> that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship.... Art therapy is used to improve cognitive and sensorimotor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change. (, p. 1)

Culture: Comprised of one's age, disability, religion, ethnic or racial identity, socioeconomic status, sexual orientation, indigenous heritage, national origin, and gender (Hays, 2016).

Culturally competent: Taking into consideration "the specific values, beliefs, and actions influenced by a client's race, ethnicity, culture, nationality, gender, religion, socioeconomic status, political views, sexual orientation, geographic region, physical capacity or disability, and historical or current experiences with the dominant culture" (AATA, 2011, p. 1).

Non-dominant: Not being of the dominant culture which is defined as young and middle-aged adults, nondisabled people, Christian, European American, upper and middle class, heterosexual, U.S.-born Americans, and men (Hays, 2016).

Parallel research design: A mixed methods design in which both portions of the study are conducted simultaneously in order to elaborate and enhance the data collected during each part of the study (Mertens, 2015).

Public school: “A free tax-supported school controlled by a local governmental authority” (Merriam-Webster, 2017, para. 1).

Systematic literature review: Selecting material from the literature using set criteria for search terms, databases used, and quality of studies used in the literature review. All procedures are reported in order to justify literature used and to have a reproducible study (Fink, 1998).

CHAPTER II

LITERATURE REVIEW

Therapy in Schools

History. The Education for All Handicapped Children Act, now known as the Individuals with Disabilities Education Act (IDEA), was passed in 1975 (IDEA, 2017). IDEA guarantees

> access to a free appropriate public education (FAPE) in the least restrictive environment (LRE) to every child with a disability... [with] an increased emphasis on access to the general education curriculum, the provision of services for young children from birth through five, transition planning, and accountability for the achievement of students with disabilities. The IDEA upholds and protects the rights of infants, toddlers, children, and youth with disabilities and their families. (IDEA, 2017, History of the IDEA)

Even for students that do not fall under IDEA, the school is an ideal place to offer therapeutic services to at-risk students, students suffering from trauma or stress, or those that do not have the means to pay for services elsewhere. Randick and Dermer (2013) note, "Due to the sheer number of children and adolescents who attend public schools and the amount of time they spend in these systems, schools are uniquely positioned to intervene in their students' academic, psychological, and social worlds" (p. 30).

Types of programs. Public schools in the United States offer a range of different services to meet the needs of students enrolled in schools. Various therapeutic programs within the school setting exist to meet academic as well as mental health needs of students.

Guidance counseling. Tonjes (2006) identified the developmental guidance model which makes use of "counseling services, peer facilitation training, group counseling, classroom guidance and counselor consultation activities" (p. 238). The use of this model has shown to

increase attendance rates, academic performance, motivation, and self-concept, as well as a reduction in inappropriate behaviors, development of coping skills and more positive communication and relationships between students, parents, and teachers (Tonjes, 2006).

School-based therapy. Newsome (2005) used solution-focused brief therapy (SFBT) with junior high students that were "at risk of behavioral, social, and academic failure" (p. 84). SFBT is a strengths-based model that challenges students to work towards positive behavioral change by utilizing goal setting and solution-oriented language (Newsome, 2005). The study found that after participating in an eight week SFBT group, students improved social skills, reduced maladaptive behaviors in class, and focused more on attaining present and future goals rather than problems associated with behaviors (Newsome, 2005).

Vuthiarpa, Sethabouppha, Soivong, and Williams (2012) found success in using cognitive behavior therapy (CBT) with depressed adolescents in two Thailand public high schools. Their 12-week study compared the change in students' depression through experimental and control groups. CBT groups were administered by school nurses to the experimental group and the control group received normal care from school nurses. In CBT treatment students practiced skills such as goal setting, monitoring their moods, problem solving, effective communication, challenging negative automatic thoughts, connecting thoughts, feelings, and behaviors, and engaging in relaxation techniques (Vuthiarpa, Sethabouppha, Soivong & Williams, 2012). Findings showed that students in the experimental group reported a decrease in depressive symptoms and negative self-talk while displaying enhanced social functioning (Vuthiarpa, Sethabouppha, Soivong & Williams, 2012).

Additional therapeutic services in schools. Additional therapeutic, behavioral, and health care services may be added to a student's IEP to complement their education. The Center for

Parent Information and Services (2017) outlined the related services recommended by IDEA that can be implemented in schools to benefit children with disabilities, these include:

> speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services medical services for diagnostic or evaluation purposes, school health services and school nurse services, social work services in schools, and parent counseling and training. (para. Related Services, 2017)

Additional therapeutic services in schools can also be found in school-based health centers. School-based health centers offer low- or no-cost physical and mental health care services that are available to all students (Chamberlin, 2009). School-based health centers also provide a variety of mental health services including "individual, group and family therapy, crisis counseling, mental health screenings, assessment and substance abuse counseling and prevention" (Chamberlin, 2009, p. 64).

Needs of schools. At any grade level, the education system strives to foster students' academic success. Therapeutic intervention is often sought out or recommended when students are unable to meet their academic goals. Enhancing school achievement and reducing drop-out rates, absenteeism, and in-class behavioral problems are common needs within schools and the primary catalyst for therapeutic support (Newsome, 2005). In addition to their academic needs,, students often have social needs such as developing effective communication skills, coping skills and problem solving skills, skills in decision making, positive self-perceptions, and self-concept

and identity (Tonjes, 2006). Tonjes (2006) identified that student needs in school counseling change over time, stating that

> …at the elementary level, emphasis is placed on structured group activities that target developmental issues and the prevention of future problems. As students move through the middle grades, there is an increase in time needed for responsive services. As students move into late middle school and high school, more time must be spent on helping students with individual planning activities. (p. 238)

Public schools in the United States serve a wide variety of students with various needs. There are many students in need of adequate special education due to cognitive and developmental disabilities (Isis et. al, 2010; Nelson 2010). In some schools, especially in urban school districts, "poverty, broken families, racial and ethnic tensions and distrust, hunger, substance abuse, violence, and gangs often are all part of the daily reality that children bring into the classroom" (Nelson, 2010, p. 62). The weight of emotional stress and trauma brought from home as well as basic needs such as food, shelter, and hygiene going unmet makes it difficult for a student to give their academic material their full focus. These students are most often the ones in need of behavioral support and an education in coping skills to combat oppositional or defiant behaviors that disrupt the classroom (Nelson, 2010).

Goals of therapeutic programs. American School Counselor Association (ASCA) formed a set of national standards in the late 1990s to guide school counseling programs and interventions that were later used to make the ASCA National Model (Randick & Dermer, 2013). ASCA National Model seeks to fit the needs of schools by providing a foundation in academic, career, social, and personal development; delivering a system of guidance curriculum and responsive services to students; developing a management system to identify student needs

and provide interventions; and using evaluation data for accountability (Randick & Dermer, 2013). Additional goals identified by the literature include identifying strengths and resources, cultivating in students a sense of control over their life circumstances, instilling a sense of responsibility, goal setting, increasing communication skills, learning skills in assertiveness, increasing distress tolerance, identifying and stopping automatic negative thinking, improving listening skills, resolving behavioral problems, and improving academic success (Newsome, 2005;Vuthiarpa, Sethabouppha, Soivong & Williams, 2012).

Art Therapy in Schools

History. Art therapy has a rich history in the educational system. In the late 1940s, Franz Cizek and Victor Lowenfeld, pioneers of modern art education, began studying spontaneous art making by children and understanding child development through their artwork (Junge, 2016). They found that a child's artwork gave insight into the inner workings of the mind as well as their intellectual development (Junge, 2016). Florence Cane, the sister of Margaret Naumburg, also influenced a therapeutic approach to art education. According to Landgarten (1985), "Many art therapists who work within the art-as-therapy framework claim Florence Cane as the founding mother of their approach" (p. 91). Cane approached art education with the philosophy that art making revealed aspects of the unconscious, that art making was healing in itself, and the art educator could use art to bring out the student's intuitive potential (Landgarten, 1985). Cane did not interpret her students' artwork but rather could perceive its meaning and left the analysis to psychiatrists (Landgarten, 1985).

Loesel (2010) speaks of art therapy's place in the school setting:

> Art therapy's beginnings are very much anchored in work with children in the schools. Art teachers who were trained in psychoanalytical theory witnessed children's traumatic

> lives through their art and advocated for schoolbased therapeutic interventions. Due to the nature of art making and the potential ground it offers for unconscious material to be manifested, art teachers have long been concerned about how to deal with a child in crisis within the structure of a school setting. (p. 55)

To meet the needs of students, Nelson (2010) suggests that "a creative arts therapy program is one avenue of support that can help schools address the effects of these societal issues on children" (Nelson, 2010, p. 62). Creative arts therapy is an inclusive term that groups together the therapeutic approaches of dance and movement therapy, drama therapy or psychodrama, music therapy, poetry therapy, and art therapy. All of these professions make use of creative processes for the purpose of optimizing communication, expression, physical, emotional, cognitive, or social functioning (NCCATA, 2016). More specifically, art therapy focuses on the use of art making and the creative process as facilitated by a certified and licensed professional to enhance client mental health (AATA, 2017).

Settings. Art therapy programing can be utilized in a wide range of educational models. This section explores and defines the types of school settings in which art therapists may work with students from non-dominant cultures.

Public schools. A public school is "a free tax-supported school controlled by a local governmental authority" (Merriam-Webster, 2017, para. 1). Public education is largely governed at the state and local levels, regulating and developing schools, curriculum, and enrollment and graduation requirements (U.S. Department of Education, 2017).

According to the U.S. Department of Education (2017),

> Of an estimated $1.15 trillion being spent nationwide on education at all levels for school year 2012-2013, a substantial majority will come from state, local, and private sources.

> This is especially true at the elementary and secondary level, where about 92 percent of the funds will come from non-Federal sources. (para. 1)

Private schools. A private school is an independent institution supported by a private organization and funded by student tuition instead of state and federal governments (Oxford Dictionary, 2018). Private schools may still receive some government aid towards transportation, textbooks, or health assistance (U.S. Department of Education, 2009). According to the U.S. Department of Education (2009),

> While the parameters of state regulation of private schools are to a large extent shaped by our federal constitution, it should also be noted that federal law on occasion directly influences the operations of private schools...And the relationship between state governments and private schools can be forged through federal grant statutes...But the actual regulation of private schools remains the prerogative of the state governments. (p. 337)

In the United States, there are no national regulations for private school standards with variance between states on policy; however, all private schools, regardless of religious affiliation, , " must conform to the First Amendment's guarantee of the free exercise of religion" (U.S. Department of Education, 2009, p. 335).

> *Charter schools.* The Center for Public Education (2010) defines a charter school as a non-religious public school operating under a contract, or "charter," that governs its operation. All details of school operation—its name, organization, management and curriculum—are set by the charter, which also outlines how the school will measure student performance. Since charter schools are publicly funded, they must have open enrollment policies, may not charge tuition, and must still participate in state testing and

federal accountability programs. (para. 2)

Unlike public schools, charter schools do not have to follow state and local rules in regards to curriculum, budget, and staffing; however, of the 39 states that have charter school laws, the rules on funding, operational requirements, and accountability differ widely (Center for Public Education, 2010). In regards to charter school funding, The Center for a Public Education (2010) states that "it is important to note that while charter schools receive most of their funds from states, the federal government offers some funding through a competitive grants program" (para. 17) and "if a state chooses not to participate or does not receive funding because it does not have a charter school law, the federal government can provide grants directly to charter school operators" (para. 18). Many charter schools are also governed by educational management organizations (EMOs), 16 percent of which are for-profit (Center for Public Education, 2010).

Alternative schools. Alternative schools are typically under the jurisdiction of public schools. The alternative education programs in Indiana are "designed to meet the needs of at-risk students who are not succeeding in the traditional setting. Students are provided with a variety of options that can lead to graduation and are supported by services essential to success," (IDOE, 2017, para. 1). These schools must comply with educational laws and rules or seek appropriate waivers (IDOE, 2017). According the Indiana Department of Education (IDOE)(2017), alternative school programs are funded by state grants.

Day-schools. According to the Illinois State Board of Education (2017), day-schools and residential special education programs "provide educational, therapeutic and/or residential services to students with disabilities. In the continuum of services for eligible students, federal and state laws allow programmatic options for students who may require exceptional educational and/or clinical intervention to meet their needs" (para. 1). Students can be placed in these

educational settings by request of the parent or the child's school district when the clinical or educational needs of the student cannot be met in a general education setting (Illinois State Board of Education, 2017). If a student is placed in a day-school by parental request, "educational services will be provided to the child at parental expense." and if placed by the district, "[t]he public school district then pays the tuition for all special education and related services provided by the nonpublic school program" (Illinois State Board of Education, 2017, para. 3-4).

Employers. Art therapists may be hired by a variety of employers seeking to meet the needs of students within the educational setting. The following sections explore potential employers for art therapists in schools.

School system. The United States Department of Education (DOE) rewards "Elementary and Secondary School Counseling grant awards [in order to] aid schools in hiring qualified mental-health professionals with the goal of expanding the range, availability, quantity and quality of counseling services" (2015). These federal funded grants are given directly to the school corporations, and counseling staff are hired through the school system.

Outside contracts. Many public schools in the United States receive additional mental health services through outside mental health agencies in order to better serve their students. For example, Gallahue, an outside mental health agency, is contracted to work with the Indianapolis Public School district (Indianapolis Public Schools, 2017).

Funding. Even with the diverse needs of students, funding for education has been experiencing cuts. Art education, let alone creative arts therapies programs, often does not receive the necessary funding to grow and sustain within schools (Nelson, 2010). The literature suggests that most of the funding for art therapy programs in schools comes from grants (Isis, et.

al., 2010; Nelson, 2010). While grants have been a useful source in funding, they are generally not a sustainable source. Many grants provide a specific allotment of funds, and when funds are depleted, there is no guarantee that the grant will be renewed. AATA's (2011) Tool Kit for Art Therapy in Schools includes lists of government, foundation, and corporate sources of funding for use in starting an art therapy program within schools (p. 5). The literature did not support the use of state or district funding in art therapy programs in schools.

Art therapists in schools. An art therapist is a licensed, master's level clinician whose training includes cultural sensitivity. An art therapist may take on a variety of roles within the school setting in order to meet the specific needs of students which varies on the spectrum of art education and art psychotherapy and is dependant on the nature in which the art therapist works with students.

Required education and training. American Art Therapy Association (AATA, 2017) defines art therapists as

> [M]aster's level clinicians who work with people of all ages across a broad spectrum of practice. Guided by ethical standards and scope of practice, their education and supervised training prepares them for culturally proficient work with diverse populations in a variety of settings. (para 1-2)

For an entry-level position as an art therapist, a master's degree requires a minimum of 60 semester credit hours of graduate level coursework, 100 hours of supervised art therapy practicum, and 600 hours of supervised art therapy clinical internship (AATA, 2017). Coursework "includes training in studio art (drawing, painting, sculpture, etc.), the creative process, psychological development, group therapy, art therapy assessment, psychodiagnostics, research methods, and multicultural diversity competence" (AATA, 2017, What kind of an

education do I need to become an art therapist?). Art therapy education is unique in that art making is often used as a reflective process that guides student learning (AATA, 2017).

Credentials and licensing. Upon the completion of graduate studies, individuals can then pursue national credentials to practice art therapy. The Art Therapy Credential Board (ATCB) "manages the credentialing and testing processes of art therapists to ensure the professional and high-caliber practice of the profession" (AATA, 2017, para 2). Graduates can gain the following credentials through the ATCB: Provisional Registered Art Therapist (ATR-P), Registered Art Therapist (ATR), Board Certification (ATR-BC), Art Therapy Certified Supervisor (ATCS) (AATA, 2017). The ATR-P credential is offered to new professionals that have completed their education, are engaged in supervision with a certified supervisor, and are working through the credentialing process; however, this is not required for art therapy registration (AATA, 2017). The ATR credential is granted to "[i]ndividuals who meet established standards, with successful completion of advanced specific graduate-level education in art therapy and supervised, post-graduate art therapy experience" (AATA, 2017, Registered Art Therapist (ATR)). Board Certification (ATR-BC) is granted to "[i]ndividuals who complete the highest-level art therapy credential by passing a national examination, demonstrating comprehensive knowledge of the theories and clinical skills used in art therapy" (AATA, 2017, Board Certification (ATR-BC)). The ATCS credential can be earned by experienced board certified art therapists that have acquired additional training in supervision and provide art therapy supervision to new professionals (AATA, 2017).

Currently there is no national level of art therapy licensure, but state regulated licensure is available in some states. New Jersey, New Mexico, Kentucky, and Mississippi offer "Licensed Professional Art Therapist" licensure while Maryland and Oregon offer similar professional

licenses (Licensed Clinical Professional Art Therapist; Licensed Art Therapist and Licensed Certified Art Therapist respectively) (AATA, 2017). Other state regulated professional art therapy licenses include:

> Texas (Licensed Professional Counselor with Specialty Designation in Art Therapy),New York (Art Therapy included in the Creative Arts Therapist License), Pennsylvania (Art Therapy as a Related Field for the Professional Counselor License), Wisconsin (Registered Art Therapist with a License to Practice Psychotherapy), [and] Utah. (Associate Clinical Mental Health Counselor License) (AATA, 2017, Licensure)

In addition to ATCB credentials and licensing by state, art therapists working in schools may be required hold a teaching degree or license (Glassman & Prasad, 2013).

> As a condition of employment, M-DCPS requires art therapists to have earned a master's degree from an AATA-approved program, to obtain and maintain Florida teacher certification in a related field, and to have or be in the process of obtaining registration and optimally board certification. (Isis et. al., 2010, p. 59)

An undergraduate degree or a concentration in art education can be a valuable asset to any art therapist interested in working within schools but it is not a requirement (Glassman & Prasad, 2013). However, not all art therapists that work in schools knew they were going pursue a career in education and may not have focused their undergraduate studies to receive a certification in teaching. To address this problem, “The New Jersey Department of Education (2006) offers an alternative route to certification that is designed for individuals who have not completed a formal teacher preparation program but wish to obtain the necessary training to become a certified teacher” (Nelson, 2010, p. 67). A greater understanding of the educational system, which may

require an additional certification, and the knowledge of the unique needs of students will only enhance an art therapist's effectiveness in this setting.

AATA code of ethics. According to the American Art Therapy Association (AATA, 2011),

> …art therapy, from a multicultural perspective, takes into consideration the specific values, beliefs, and actions influenced by a client's race, ethnicity, culture, nationality, gender, religion, socioeconomic status, political views, sexual orientation, geographic region, physical capacity or disability, and historical or current experiences with the dominant culture. (p. 1)

To practice within the ethical guidelines of the profession, art therapists must have an awareness of multicultural and diverse populations and therapeutic considerations (AATA, 2011). This awareness "involves a three-stage developmental sequence of awareness, knowledge, and skills. Multicultural and diversity competency implies a specific and measurable set of deliberate actions and results that increase the ability to serve diverse populations" (AATA, 2011, p. 1). In order to be culturally competent, an art therapist must be knowledgeable about cultural aspects of a client's life, and the therapist must know how to adapt art therapy interventions to meet their cultural needs.

Roles. Glassman and Prasad (2013) identify the roles art therapists may play within the school setting. The first is described as the art education therapist who combines the processes of art therapy and art education. Glassman and Prasad (2013) state that someone in this uniquely blended role "would be able to identify pathologies seen in student artwork and treat those pathologies" (p. 129). It is suggested that this unconventional method of art education may

benefit students with “autism, emotional disabilities, or cognitive challenges” (Glassman & Prasad, 2013, p. 129).

Another role, the clinical art therapist, is described as an art therapist who does not hold a teaching license, puts an emphasis on art making as well as the use of psychotherapy, and holds an assigned caseload of students with varying needs (Glassman & Prasad, 2013). A similar but more specified role is the art therapist consultant, which has the same responsibilities as the role of a clinical art therapist but works solely on individual referrals (Glassman & Prasad, 2013). The last role described is the art therapy trainer who “concentrate[s] on the staff development of school personnel” by serving school counselors, psychologists, teachers through the education of student development and their artwork which “enables school personnel to informally assess student artwork and be able to spot early stages of cognitive and/or emotional issues in children” (p. 129).

An art therapist working in schools can hold any of the aforementioned roles and may work more closely with students than other faculty members. Due to this, the art therapist may be the first to note students’ emotional or academic needs as well as changes in their progress (Glassman & Prasad, 2013).

> Holding a key role within the education framework, the art therapist consults regularly with the clinical and/or administrative staff to relay updates and to provide insights about each student and his/her progress. (Glassman & Prasad, 2013, p. 130)

Reflecting on her work in Fairfax County Public schools, Glassman (2013) identifies the roles she played in this setting. Glassman notes that the school art therapist can function as a clinical team member, mental health liaison, an art therapist to individuals, an art therapy group facilitator, art exhibit curator, and intern supervisor (Glassman, 2013).

Models of art therapy in schools. Art therapy has been integrated into the school setting in a variety of ways. The following section explores different models of art therapy programs in schools, including model programs identified by AATA.

AATA model programs. AATA (2010) identifies the following programs as "model art therapy programs" within schools due to their effectiveness and amount of time in operation: Tuesday Art Abilities in Alabama, Miami-Dade County Public Schools in Florida, Shawnee Mission School District in Kansas, Oldham County Schools in Kentucky, Mt. Lebanon School District in Pennsylvania, Hays Consolidated Independent School District in Texas, Burlington School District in Vermont, and Green Bay Area Public Schools in Wisconsin (p. 1). These programs address a variety of needs including developing motor skills, sensory adaptation, self-esteem, communication skills, problem solving and conflict resolution skills; addressing emotional and behavioral issues; adapting to school transitions; increasing attendance; and serving children with IEPs (AATA, 2010).

Art therapy within a school counseling model. Randick and Dermer (2013) proposed that art therapy could be integrated with or used instead of a traditional school counseling program. When comparing the goals and functions of art therapy with the American School Counselor Association National Model, it was found that art therapy met the needs of this model. Their research shows that the similar goals between school counseling and school-based art therapy programs make art therapy a good fit for schools. These shared goals include increasing academic, social, and emotional functioning as well as self-esteem, self-confidence, self-advocacy, coping skills, healthy risk taking, communication, and social interest (Randick and Dermer, 2013).

Art therapy within the classroom. Two schools of thought were found in the literature about whether or not art therapy programming should be integrated into the classroom setting or should be separate from academic courses. Gibbons (2010) as well as Rosal, McCulloch-Vislisel, and Neece (1997) successfully integrated art therapy interventions into language arts classroom curriculum, while Albert (2010) adapted an art education curriculum to reflect therapeutic principles. Albert (2010) suggested that art therapy programs integrated into the classroom curriculum were successful because students were not being pulled from their classrooms and missing valuable academic time. On the other hand, Loesl (2010) suggested that art therapists and educators work towards different goals, and when art therapy services are offered in the classroom, the boundaries are blurred, creating a challenge for art therapy integration in schools as many eager and unqualified art educators view their work as therapeutic.

English education integration. Gibbons (2010) and Rosal, McCulloch-Vislisel, and Neece (1997) found the benefit of partnering art therapy and English class to address the broader needs of students. Gibbons (2010) implemented an 8-week art therapy group for a sixth-grade language arts class in a public school. Students were told a story of conflict and asked to come together as a group to deal with the situation. Through role-play exercises, students took on different roles each week to see all sides of the presented situation. They practiced being honest and respectful when talking in the group and expressed themselves creatively through making mandalas at the end of each session. The intervention showed a change in classroom cohesiveness and students' expanded knowledge of conflict resolution.

In a similar study, Rosal, McCulloch-Vislisel, and Neece (1997) partnered with two ninth grade English classes and built an art therapy intervention into the course curriculum. The art therapy intervention complemented a yearlong autobiography writing project. The Jefferson

County Public Schools Student Attitude Inventory was used as a pre- and post-test measure in gauging attitudes towards school, family dynamics, and perception of self. Data was also tracked on all participants in terms of failing grades on report cards and the number of dropouts for the year. Data analysis showed that student attitudes about school, family, and self showed significant positive changes. Over the course of the study, none of the students dropped out of school or failed the ninth grade, and only one student failed two classes that were later made up that summer (Rosal, McCulloch-Vislisel, & Neece, 1997).

When integrated into the English classroom, interventions focused on conflict resolution and paralleled the book that the class was reading as well as students' current circumstances (Gibbons, 2010). The group explored new concepts each week such as forming agreements, community, friendship, trust, balance, communication, self-identity, and integration. Another study investigated the effectiveness of the combined art therapy and writing project in improving student attitudes towards school, relationships, and life as well as aiming to decrease numbers of failing grades and the dropout rate (Rosal, McCulloch-Vislisel, & Neece, 1997).

Art education integration. Instead of using a time-sensitive intervention, Albert (2010) brought art therapy into the classroom by applying therapeutic approaches to teaching art education. Albert (2010) claims that art therapy could be integrated within an art education model if instructors use a good pedagogy and are mindful in integrating therapeutic goals into academic plans. Albert (2010) argues that there is a need for teachers to meet students' academic and emotional needs which can be filled by an art therapist. This model broadens the availability of services to a wider population of students who may otherwise have not been identified for therapeutic services.

Smith (1993) proposed that a multicultural lens could be applied to art education to meet

the needs of diverse students. Smith (1993) states, “art education through therapeutic multiculturalism embraces the vitality of diversity and seeks to engage the challenges met by students” (p. 59). Smith gave the example of Viktor Lowenfeld’s work with African American students where he used a collection of African art to illustrate to his students that they had as rich a history of art making as European students (Smith, 1993). Lowenfeld also addressed the restrictions African Americans have historically faced in self-expression and emphasized to his students in art education that self-expression superseded technique (Smith, 1993). Through this education model, Lowenfeld was able to explore students’ heritage and self-concept.

Art therapy in after school programming. Perryman, Moss, and Cochran (2015) implemented a five-week after school expressive arts and play therapy group with at-risk adolescent girls. The study utilized a phenomenological approach to see if collected data confirmed research findings on the effectiveness of integrated art and play therapy (Perryman, Moss, & Cochran, 2015). Participant responses shared within the group were thematically analyzed to understand the individual and collective experiences of the group (Perryman, Moss, & Cochran, 2015). Expressed themes of the group were initial feelings of insecurity; an exploration of self and families; an increased expression of feelings, self-awareness, and group cohesion; a new-found sense of accomplishment, pride, and stress relief evoked from the art directives; and an awareness of life changes outside of group (Perryman, Moss, & Cochran, 2015).

The *Art Expression* program within Mt. Lebanon School District also runs an afterschool art therapy program. Art Expression runs a two-and-a-half-hour group once a week for six weeks in both fall and spring semesters.

Due to the great success of the Art Expression program, the Mt. Lebanon School District

> has implemented the program in seven elementary schools and two middle schools. In 2007, Mt. Lebanon School District agreed to share the expenses related to the program through the 2009-2011 school years. (Wright, 2010, p. 1)

Art Expression accepts students from both mainstream and special education classrooms (Wright, 2010). The goals of this program are to increase self-esteem, develop and enhance social skills, build problem-solving strategies, increase frustration tolerance, and demonstrate leadership skills (Wright, 2010).

Non-Dominant Populations

Addressing framework. Determining one's cultural identity cannot be done in a linear fashion. Hayes (2016) asserts that culture is a complex notion that comprises many different facets, not just ethnicity and race. The ADDRESSING framework was developed in order to help therapists consider the multiple facets of cultural identity, which include age, disability, religion, ethnic or racial identity, socioeconomic status, sexual orientation, indigenous heritage, national origin, and gender (Hays, 2016). The dominant culture, which is composed of areas of privilege, is defined as young and middle-aged adults, non-disabled people, Christian, European American, upper and middle class, heterosexual, U.S.-born Americans, and men (Hays, 2016). These are the identified areas of privilege in the United States of America (Hays, 2016).

According to Hays (2016), categories of non-dominant groups include children; older adults; people with cognitive, intellectual, sensory, physical, and psychiatric disabilities; and those who are Muslim, Jewish, Hindu, Buddhist, or other religions. Those of a non-dominant ethnic or racial identity include those who are Asian, South Asian, Latino, Pacific Islander, African, Arab, African American, Middle Eastern, and multiracial. If one is of lower socioeconomic status "by occupation, education, income, or inner city or rural habitat" (Hays,

2016, p. 8) they are also included in non-dominant culture. Women and transgender, gay, lesbian, or bisexual people are of non-dominant culture, as well as those who are American Indians, Inuit, Alaskan Natives, Metis, Native Hawaiians, New Zealand Maori, Aboriginal Australians, immigrants, refugees, and international students (Hays, 2016).

Prevalence and needs of non-dominant populations in public schools. Public schools in the United States serve students from many different cultural backgrounds. Many of these students are from non-dominant cultures. The following section explores the prevalence of specific non-dominant groups in public schools, as well as common mental health needs of these students.

Cognitive and developmental disabilities. In the 2015-16 academic year 6,676,974 students were served under the Individuals with Disabilities Education Act (Department of Education [DOE], 2016). IDEA serves those 3 to 21 years old. Of these students, 64% had a cognitive or developmental disability, including Autism, developmental delay, intellectual disability, and specific learning disability. Common needs for students with cognitive and developmental disabilities include "improving communication, facilitating the development of social skills, strengthening self-esteem, facilitating improved self-regulation, and integrating sensory awareness" (Brancheau, 2013, p. 143).

Physical disability. Of the 6,676,974 students served under IDEA in the 2015-16 academic year, approximately 36% had a physical disability, including deafness, visual impairment, hearing impairment, orthopedic impairment, or other health impairment (DOE, 2016). Needs of people with physical disabilities include processing "the interface between personal distress, internalized oppression, and socially constructed identity [which] occurs at the site of the body" (Yi, 2010, p. 105).

Non-Christian. No information could be found on the prevalence of non-Christian students in United States public schools.

Non-white. In 2014, 50.5% of students enrolled in public elementary and secondary schools in the United States were non-white. 15.5% of students were black, 25.4% were Hispanic, 4.9% were Asian, 0.3% were pacific islander, 1.0% were American Indian or Alaskan native, and 3.2% were of two or more races (DOE, 2014a).

Low socioeconomic status. In 2014, 49,481,720 public school students were living in poverty. The southern region of the United States had the highest rates of students in poverty while the northeast had the lowest rates (DOE, 2014b). The "effects of violence, abuse, trauma, chemical dependency, disability, chronic physical and mental illness-- that is, poverty correlated problems-- are now commonly encountered in clinical practice" (Hays, 2016, p. 5). The literature also suggests that those with a lower socioeconomic status, an element of non-dominant culture, may experience more adverse effects of trauma (Iacovino, Jackson, & Oltmanns, 2014 & Brown et. al., 2013).

Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ). Of public school students surveyed in 2015, 8% in ninth through twelfth grade reported being gay, lesbian, or bisexual. Of these students, 77.6% reported victimization or risk-taking behaviors, including bullying, physical threats, and illegal drug use (DOE, 2015). Newman (2010) identified that LGBTQ students need a safe place due to the fact that many LGBTQ youth "do not have the opportunity to freely express their personal or political identities without the fear of retaliation from intolerant peers" (p.139).

Native and indigenous. 519,000 public school students in the United States were identified as American Indian or Alaskan Native, which makes up 1.0% of public student enrollment (DOE, 2014a).

Immigrant. During the fall of 2014, 4,813,693 public elementary and secondary school students were enrolled as English language learners, indicating possible immigrant status or children of recent immigrants. Of these students, 77% were Spanish speakers (DOE, 2014a). Students who have immigrant status may need assistance with the language barrier and to "express grief at the loss of their homeland, and [to] find support and a sense of community" (Ballbe, 1997, p. 16).

Female. According to the Department of Education, "girls represent 49% of students in elementary and secondary education" (DOE, 2012). Sassen, Spencer, and Curtin (2005) developed an art therapy intervention to help "middle school and late elementary age girls improve their connections with each other, enhance their relational self-esteem, and learn the difference between growth-fostering and exploitive relationships" (p. 69). These goals were developed as a result of common needs for female students.

Approaches with Non-dominant Populations in Schools

Art based approaches. The literature shows that art therapy and creative therapy interventions are beneficial to students within public schools but can also be used to address the needs of non-dominant students. Cochran (1996) stressed the use of art and play therapy intervention in addressing the unique struggles of culturally diverse students. It is suggested that the use of creative therapies with diverse students can surpass language barriers and engage children in the most natural forms of communication: play and creating art (Cochran, 1996).

Shen (2016) found support for creative approaches to therapy with culturally diverse students as well. In surveying a group of school counselors using play therapy with diverse populations, it was found that when compared to talk therapy, play therapy was a more effective strategy in engaging a response from culturally diverse students. Shen (2016) supports this finding in stating, "counselors who solely rely on talk therapy approaches may encounter an impasse resulting from young clients' inability to communicate. In contrast, therapeutic use of play engages clients' active participation, responsiveness, and self-expression" (p. 55). This suggests that the universal language of play, an aspect that is often present in art making, engages clients of diverse populations and can potentially better serve them.

Art therapy adaptations. Art therapists can be culturally sensitive through the way that they utilize space, materials, and art therapy assessments. These factors require making intentional adaptations to meet the needs of students from non-dominant cultures.

Space. In academic settings, an art therapist can adapt the physical space utilized for therapy by "lowering distractions by only displaying the materials that will be used or giving each child a set amount of materials" (Moon, 2010, p. 8). Prasad (2013) suggests that it may be more appropriate to conduct art therapy sessions on the floor rather than sitting at a table, depending on the cultural background of the client.

Material choice. Throughout the history of art therapy, a variety of materials and media have been utilized to accomplish therapeutic goals. When it comes to cultural competence in art therapy, material choice "includes awareness of differences in artistic modes of expression, including cultural preferences in materials and applications" and "selection of supplies that support diverse ideas about what constitutes art" (Moon, 2010, p. 12). In a school based setting where students of multiple cultural backgrounds are served, it may be best to have a wide variety

of materials and media available to meet the diverse needs of students (Khan, 1999; Prasad, 2013). With a wide variety of possibilities, the selection of materials and the appropriateness of their use is based upon a number of considerations, including session structure and purpose, degree of control of materials and ease of use, student's abilities, and allotted time for set-up and clean up (Khan, 1999).

Art therapists who have worked with children in schools have varying philosophies on material choice. Nankervis (2013), who worked primarily with black students from low-socioeconomic backgrounds, suggests using materials that "encourage a strong sense of racial identity" (p. 138). Materials such as 'multicultural' crayons, markers, colored pencils, and paints (such as those made by Crayola) can help support this (Nankervis, 2013). Many art therapists purposefully choose materials that are easily accessible outside of art therapy sessions, so students can continue to use art expression outside of an art therapy session (Nankervis, 2013; Prasad, 2013) while others avoid giving students "school-associated materials like markers because [they] believe they foster stereotypical rather than creative artwork" (Moon, 2010, p. 8).

Assessments. Art therapy assessments and projective tests utilize imagery in order to establish a baseline for treatment and assess for changes as a result of treatment. Hocoy (2002) stated that art therapy assessments have "norms and standards based on dominant culture individuals (which) have served to pathologize and discriminate against minority individuals, as well as justify and perpetuate a social order that privileges those of the dominant culture" (p. 142).

Draw-a-person. The Draw-A-Person (DAP) projective assessment has "demonstrated the most cross-cultural adaptability and versatility" (Betts, 2013, p. 99). This may be due to "the universality of the human figure and the language free nature of drawing-based instruments as

conducive for use by people of all ages and backgrounds" (Betts, 2013, p. 99). An example of a study that utilized a human figure drawing is Hagood's (2003) study. Hagood (2003) gave standardized instructions, which were:

> 'I want you to draw a man/woman/self. I want you to draw the whole person and to do the very best you can.' If the children asked questions the investigator repeated the instructions, told the children it was their drawing, and asked them to use their best judgment. (p. 71)

The drawings were then scored with the Naglieri rating system, and "at each phase of the data collection, the rater's addition of raw scores for each drawing were double-checked and all composite scores for the drawings were calculated" (Hagood, 2003, p. 71). T-tests were also utilized in order to determine whether or not a "significant increase in DAP composite scores occurred by age group" (Hagood, 2003, p. 72).

Face Stimulus Assessment. The Face Stimulus Assessment (FSA) was developed to evaluate the strengths and abilities of clients with cognitive impairments who had difficulty responding to verbal directions (Betts, 2013). The assessment consists of a series of "three stimulus images presented sequentially to the client, who is asked to simply 'use the markers and this piece of paper'" (Betts, 2013, p.42). The first stimulus image "consists of a standardized image of a human face", the second "contains an outline of the face only", and the third "is a black page" (Betts, 2013, p. 42). The first stimulus drawing with the standardized face was designed to be "gender neutral, age neutral and multiculturally representative" (Betts, 2013, p. 42).

The Diagnostic Drawing Series. The Diagnostic Drawing Series (DDS) is a standardized assessment in which clients are given a specific directive for each of the three drawings in the

series, which are then rated using the standardized rating guide (Betts, 2013). The DDS has been used across cultures and has been translated into "Arabic, Dutch, French, German, Japanese, Latvian, and Spanish" (Betts, 2013, p. 46). According to Betts (2013), the

> universal language of art, combined with a structural approach to rating… offers those trained in its use a uniquely valuable tool that can be administered for valid and reliable assessment, effective treatment planning, and paradigm-changing research with clients from any culture (p. 47).

Person Picking an Apple from a Tree. The Person Picking an Apple from a Tree (PPAT) assessment has been utilized with children and adults from a variety of languages and socioeconomic backgrounds. Clients are asked to 'draw a person picking an apple from a tree" using 12x18 drawing paper and a 12-pack of Mr. Sketch markers (Betts, 2013). The drawing is then rated using the Formal Elements Art Therapy Scale (FEATS), which "relieves some problems with cross-cultural studies where assessment is based solely on content by avoiding misinterpretation of culturally bound forms or symbols, with assessments that rely on interview techniques for rating and thus increase language barriers" (Betts, 2013, p. 49). In order to be more culturally sensitive, the directive can be adapted by "substituting 'fruit' for the word 'apple'" (Betts, 2013, p.49).

Levick Emotional and Cognitive Art Therapy Assessment. The Levick Emotional and Cognitive Art Therapy Assessment (LECATA) consists of a series of five drawings: "a free drawing and a story about the image, a portrait of the self at present age, a scribble drawing with one color and development of the scribble using other colors, a drawing of a place that is important, and a drawing of the family" (Betts, 2013, p. 50). According to Betts (2013), who utilized the LECATA throughout her 20 years of experience as an art therapist, "there has been

no evidence in cultural differences inhibiting the use or outcome of this assessment" (p. 51). The LECATA has "the ability to provide age equivalency scores based on cognitive and emotional development", which "allows art therapists to communicate across professional language barriers, which underscores the important contributions of art therapists in school settings" (Betts, 2013, p. 51).

Recommended Cultural Training

Throughout the literature there are very few specific recommendations for how to practice culturally competent art therapy. Gipson (2015) asserts that "art therapy must address inequality by interrogating messages of dominance found within its masked identities" and a starting point is "helping students to recognize their privileged identities" (p. 144). Hays (2016) also suggests that culturally competent therapists are aware of their areas of privilege, which are often areas "in which we hold the least awareness, because privilege tends to cut those with privilege off from direct knowledge of and experience with minority perspectives" (p. 40).

Hays (2016) suggests building an awareness of privilege through a self-assessment. This self-assessment is critical to exploring "the influence of cultural heritage on your beliefs and worldview, recognizing the ways in which privilege can limit your experiences and knowledge base" (Hays, 2016, p. 59). As a therapist becomes more aware of their own cultural biases, they will gain a greater awareness of the instances when they may need to conduct research or receive supervision to better serve clients from non-dominant cultures.

CHAPTER III

METHODS

Design of Study

This study was a parallel mixed methods research study that employed a systematic literature review and a survey. Due to the nature of a parallel research design, both portions of the study were conducted simultaneously in order to elaborate and enhance the data collected during each part of the study (Mertens, 2015). A systematic literature review was completed in order to compile published data on art therapy with students from non-dominant cultures in public schools. By completing a systematic literature review, it was hypothesized that information about best practices with students from non-dominant cultures could be synthesized and used to provide recommendations for a culturally competent K-12 art therapy program.

The survey sought to compile data on current art therapy programs and how they address the needs of non-dominant students (see Appendix B). Questions for the survey were developed from information gathered during the primary literature review. Survey questions were used to inform how art therapy programs in K-12 public schools are funded, how the programs are structured, and how art therapists adapt interventions and assessments to meet the needs of non-dominant students.

Instrumentation and Procedure of Literature Review

Literature was selected using set criteria for search terms, databases used, and quality of studies used in the literature review (Fink, 1998). Literature used to complete the systematic literature review was accessed through Academic Search Premier, ERIC, PsychArticles, PsychInfo, Taylor & Francis, and the Indiana University Library Catalog (IUCAT). Peer

reviewed articles as well as books were utilized in the literature review. Key search terms included art therapy, schools, and the specific non-dominant identifier.

The information gathered from the systematic literature review was synthesized into the recommendations for a culturally competent art therapy program in K-12 schools by analyzing the literature for themes regarding how art therapists meet the needs of non-dominant students (Fink, 1998).

Instrumentation and Procedure of the Survey

The online survey was developed by the researchers due to the lack of current surveys inquiring about multiculturally competent art therapy programs within public school settings. Questions included in the survey were informed by the preliminary literature review. The survey was designed in Google Forms, an online survey system (Appendix B). The survey included eighteen closed, multiple choice checkbox questions and one open-ended question. The survey was used to gather current information on how school-based art therapy programs are being developed and how art therapists are able to address the needs of non-dominant students through such programs. Survey questions inquired about the art therapist's personal information including demographics, credentials, and types of school setting, as well as information on program funding, the demographics of students, and how art therapy interventions are adapted to meet the needs of these students. The survey was piloted with a small sample of art therapy students prior to distribution to the art therapists recruited through AATA directories, to ensure that questions are clear, comprehensible, and gathered the data desired by the researchers.

The researchers submitted the study for approval by the Institutional Review Board at Indiana University Purdue University of Indianapolis (Appendix C). A web link to the survey

was included with the cover letter. Responses to the survey were recorded anonymously, and participation in the study was voluntary.

Location and time. The survey was conducted electronically through Google Forms, which is an online survey system. A link to the survey was issued in February 2018. Participants had two weeks to complete the survey.

Participants. Study participants included art therapists who work in K-12 schools across the United States. This study aimed to distribute the survey to as many school-based art therapists as possible. Recipients of the survey were excluded if they were not an art therapist, did not work with non-dominant students, or did not work in a K-12 setting.

Recruitment. A cover letter and request to distribute documents to known art therapists in schools were sent to state chapter representatives via email (Appendix A). School-based art therapists were chosen through the American Art Therapy Association directories at the state and national levels and as supported by the literature. A request to participate in the study, via a cover letter, was sent via email to school-based art therapists (Appendix B). After one week, a reminder email was sent via email (Appendix C).

Data Analysis. Survey responses were recorded using Google Forms. Descriptive statistics were used to analyze quantitative data from the close-ended responses. The research anticipated that if more than 30 surveys were completed, inferential statistics would be run. Qualitative data from the open-ended responses was analyzed for themes by the two researchers. Common themes reported were integrated into the art therapy program recommendations. All results from the final survey were reported.

Possible Risks and Discomforts to Participants. The possible risks of participating in the study include loss of confidentiality and some discomfort answering survey questions. In

order to limit these risks all responses to the survey were kept anonymous and were not tracked by the researchers. Participation in the study was voluntary, and participants could discontinue the study at any time.

CHAPTER IV

RESULTS

Online surveys were sent to 22 state chapter representatives from AATA. State chapter representatives were asked to send a link to the survey to state chapter members. Survey responses were received from art therapists from 12 different states. The survey yielded 21 responses; two responses were excluded due to the exclusion criteria for a final sample of 19. Both excluded respondents did not self-identify as holding the role as an art therapist within their school setting or hold any variation of the ATR credential.

The survey was composed of 19 closed multiple choice and check-all questions and one open ended question. Respondents had the ability to skip questions, select more than one answer, and write in their own answers in the "other" option. "Other" responses were thematically categorized or added to existing question categories during data analysis. Individual participant survey responses can be seen in Appendix F. Questions one through seven were designed to collect information about the art therapist, including demographic information, credentials, and the setting in which they are employed. Questions eight through 12 were designed to collect information about the structure of the program in which the art therapist worked, including how their program is funded, how sessions are conducted, goals of treatment, and how students are recruited for treatment. Questions 13 through 15 were designed to collect information on the demographics of the students receiving services, including the grade level, non-dominant identifiers, and the ethnicity or race of the students. Questions 16 through 18 were designed to collect information about the needs of non-dominant students and techniques that art therapists use to meet the needs of non-dominant students, including assessments and material choice.

Question 19 and 20 were utilized to collect information about multicultural training received and desired.

Art Therapist Information

Question 1: Art therapist's age. Eight respondents (42.1%) reported being 30-39 years of age. Six respondents (31.6%) reported being 20-29 years of age. Four respondents (21.1%) reported being 40-49 years of age. One respondent (5.3%) reported being 50-59 years of age.

Question 2: Art therapist's gender. Seventeen respondents (89.5%) reported being female, while two respondents (10.5%) reported being male.

Questions 3: Art therapist's ethnicity and race. Eighteen respondents (94.7%) reported being white/Caucasian. One of these respondents (5.3%) also reported being Jewish. One respondent (5.3%) reported being biracial.

Question 4: Art therapist's state residency. Three respondents (15.8%) reported residing in North Carolina. Three respondents (15.8%) reported being residing in Virginia. Two respondents (10.5%) reported residing in Indiana. Two respondents (10.5%) reported residing in Kentucky. Two respondents (10.5%) reported residing in Tennessee. There was one respondent (5.3%) from each of the following states: California, Florida, Iowa, Kansas, Missouri, New Jersey and Texas.

Question 5: Art therapist credentials. Participants were given the following credentials to choose from with the options to check all and write in their own response: ATR-P or New Professional, ATR, ATR-BC, Counseling Licensure (ex: LMHC. LPC, etc.), Doctoral Degree (ex: PhD, PsyD, Doctor of Education), Teaching License or Certificate. Nineteen (100%) respondents reported having a specific art therapy credential, including ATR-P, ATR, and ATR-BC. Of these, seven (36.8%) reported ATR-P or new professional credentials. One (5.3%) of

these respondents also reported having a LPATA, Licensed Professional Art Therapist Applicant in the state of Kentucky. Six (31.6%) reported having an ATR. Six respondents (31.6%) reported having an ATR-BC, with one (5.3%) of these reporting credentials for a licensed creative arts therapists (LCAT). One respondent (5.3%) reported having the ATCS credential or art therapist certified supervisor. Five respondents (26.3%) reported having only art therapy credentialing (ATR-P, ATR, and ATR-BC).

Eight respondents (42.1%) reported having a counseling license. Two (10.5%) respondents reported having a preliminary counseling license, which can be obtained after completing a master's degree and before having the required number of hours for permanent licensure. Fourteen respondents (73.7%) reported having a counseling related license and an art therapy related license. Five respondents (26.3%) reported having a teaching license or certificate.

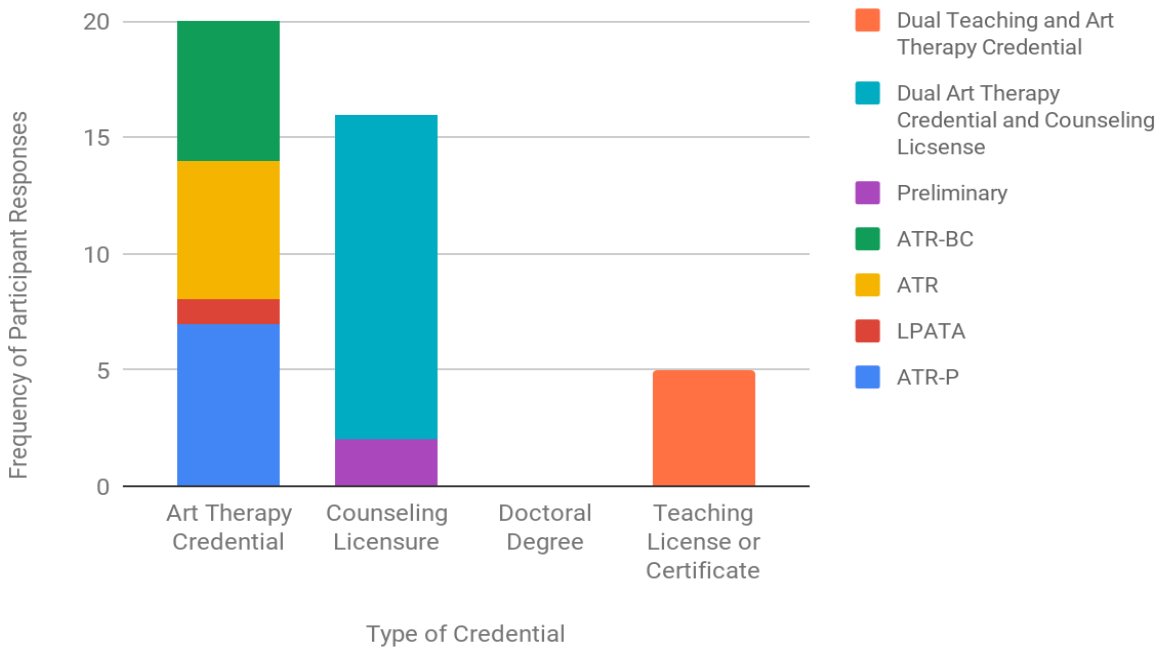


Figure 1. Reported licenses and credentials held by art therapists in schools who participated in the survey.

Question 6: Art therapist's role in the school. The following art therapist roles were provided as responses in the survey with the option to check all and write in a different answer: art therapist, art educator, school counselor, outside interventionist, part of the school counseling/psychology team, dual roles as art therapist and educator. Ten respondents (52.6%) reported their role being an art therapist (Figure 2). Seven of these respondents reported art therapist as their only role, while one respondent reported also being a school counselor, one reported also being an outside interventionist, and one reported also being a part of the school counseling or psychology team. Five respondents (26.3%) reported having a dual role as an art therapist and art educator, and one of these reported also having a role as part of a school counseling or psychology team.

Two respondents (10.5%) reported having a role as a school counselor. Both of these respondents reported having another role; one reported a role as an art therapist, and the other reported a role in therapeutic day treatment. Two respondents (10.5%) reported a role as an outside interventionist. One of these respondents also reported a role as an art therapist. Two respondents (10.5%) reported having a role as part of a school psychology or counseling team. Both of these respondents reported having another role; one reported a role as an art therapist and the other reported having a dual role as an art therapist and art educator. One respondent (5.3%) reported having a single role as a therapist. One respondent (5.3%) reported having a single role as an administrator.

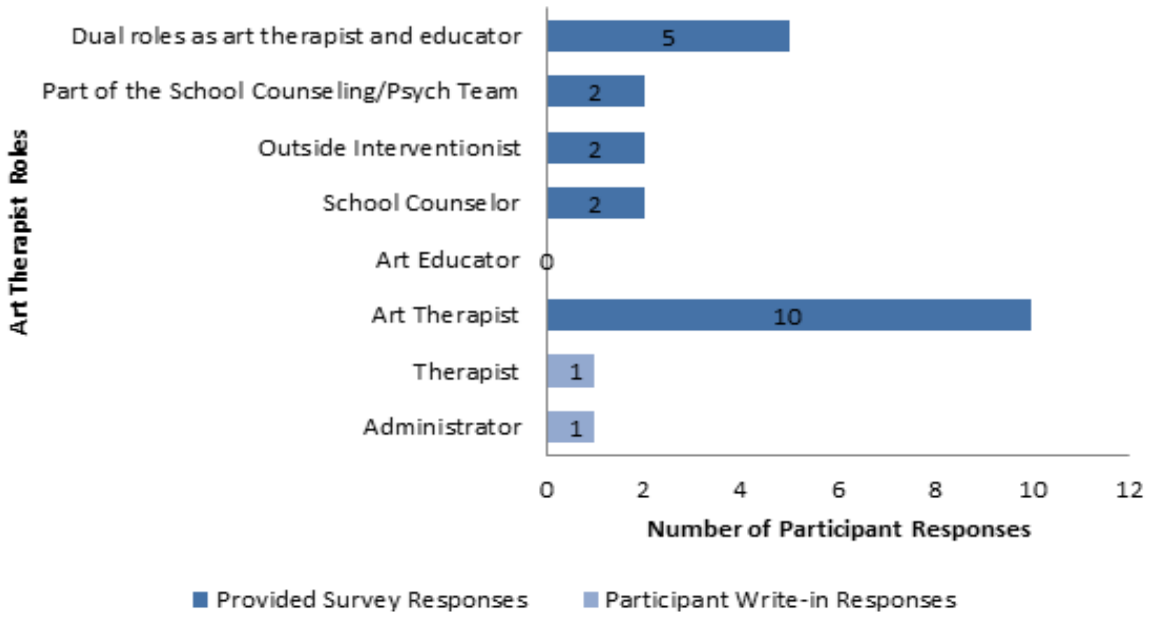


Figure 2. Reported roles of art therapists in schools who participated in the survey.

Question 7: Type of school that art therapist works in. The following types of schools were provided as responses within the check-all question format and the option to write in a different response: public, private, charter, alternative school, and day program. Fourteen respondents (73.7%) reported working in a public school. Five respondents (26.3%) reported working in an alternative school. Of these respondents, one respondent reported working in both a public and alternative school. One (5.3%) respondent reported working in a day school. There were no reports from art therapists working in private or charter schools.

Program Structure

Question 8: Employer. The following responses for employers were provided: school system and outside mental health agency. Ten respondents (52.6%) reported being employed by an outside mental health agency. Seven respondents (36.8%) reported being employed by the school system. One respondent (5.3%) reported being employed by a non-profit organization. One respondent (5.3%) reported being a contract worker.

Question 9: Funding. The following types of funding were provided in the format of a check-all question with the option to write in a response: federal grant funded, state funded, and district funded. Two of the 19 responses for funding were excluded due to a lack of information about funding. Twelve respondents (89.5%) reported having only one source for funding. Four (33%) of these respondents reported district funding. Two respondents (16.7%) reported federal grant funding. Two respondents (16.7%) reported funding from insurance. Two respondents (16.7%) reported funding from an outside agency. One respondent (8.3%) reported private pay as the source of funding.

Four respondents (23.5%) reported having multiple sources for funding. Four (100%) of these respondents reported federal grant funding. Three respondents (75%) reported state funding. Two respondents (50%) reported district funding. Two respondents (50%) reported donations as a source of funding. One respondent (25%) reported insurance as a source of funding. One respondent (25%) reported fundraising as a source of funding.

Overall, one respondent (5.9%) reported that funding was not applicable to their program. Six respondents (35.3%) reported federal grant funding. Six respondents (35.3%) reported district funding. Four respondents (23.5%) reported state funding. Three respondents (17.6%) reported insurance as a source of funding. Two respondents (11.8%) reported donations as a source of funding. Two respondents (11.8%) reported funding from an outside agency. One respondent (5.9%) reported private pay as a source for funding. One respondent (5.9%) reported fundraising as a source for funding (Figure 3).

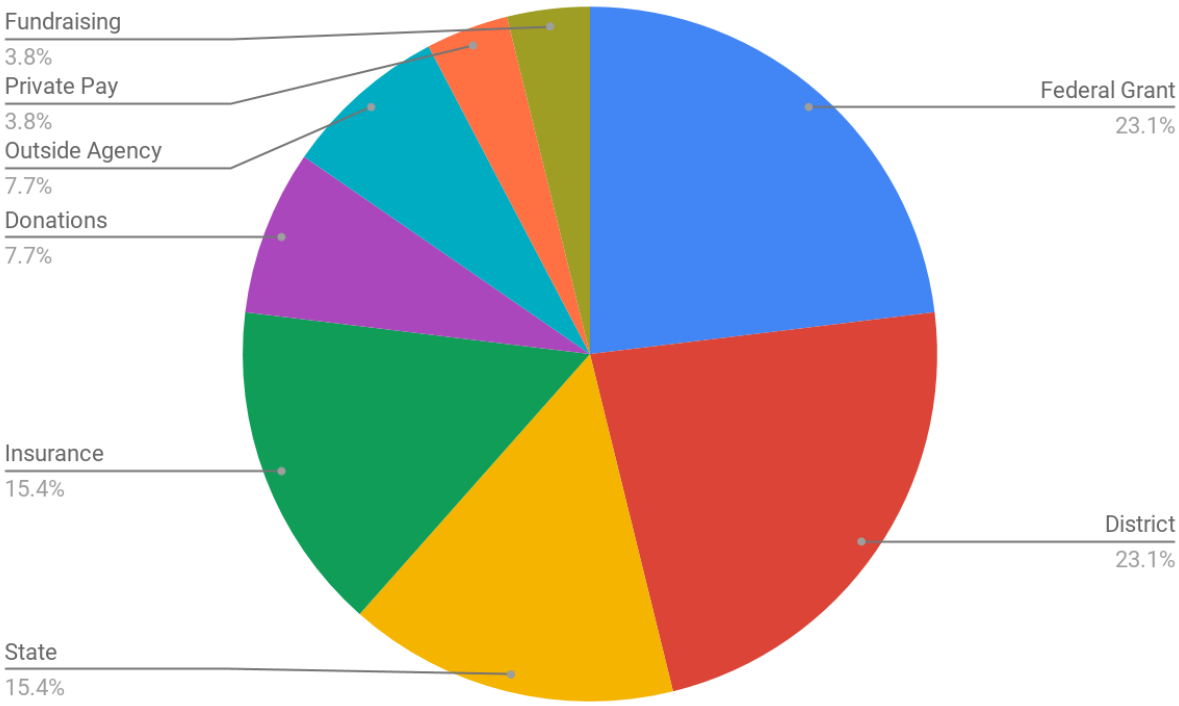


Figure 3. Reported funding for art therapy programs in schools.

Question 10: How sessions are conducted. The following survey responses were provided for this question with the option to check all and write in a response: within school counseling, integrated into art education curriculum, integrated into a non-art education curriculum, and after school programming. Three responses were excluded from the results due to relating more to the goals and strategies utilized, rather than the structure of the program. Ten respondents (58.8%) reported sessions occurring within school counseling; other responses were included here if they related to therapy or counseling outside of the classroom and during the school day. Four respondents (23.5%) reported integration into art education classrooms. Four respondents (23.5%) reported integration into non-art education classrooms; two of these respondents were included with specification of working in special education and therapeutic curriculum classrooms. Two respondents (11.8%) reported sessions being conducted through after school programming (Figure 4).

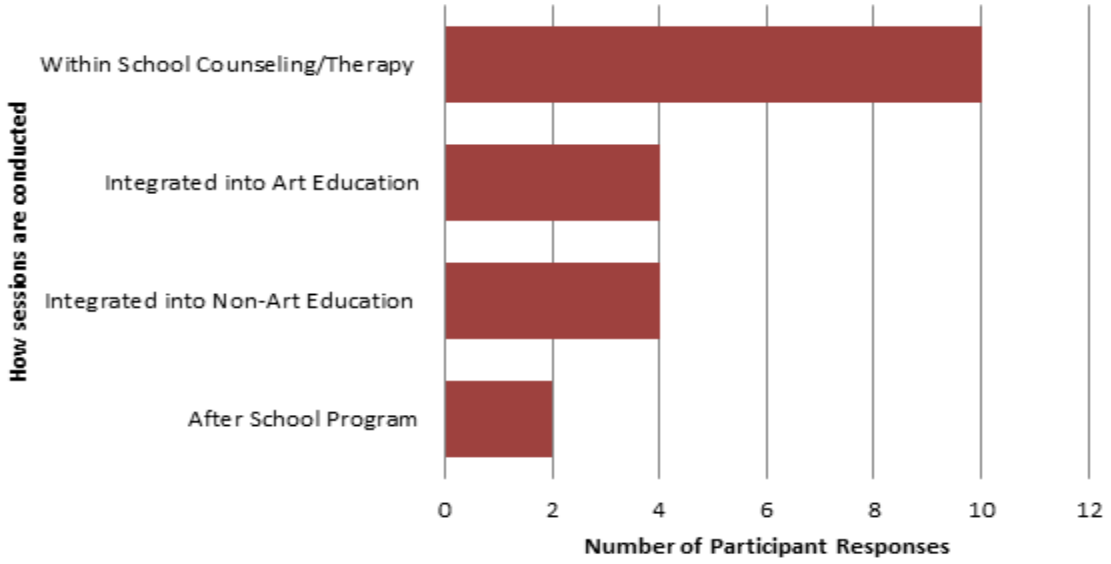


Figure 4. Frequency of reported ways that art therapy sessions are conducted within the school setting.

Question 11: Goals of art therapy treatment. The following goals for art therapy were provided as responses: enhance academic performance, increase attendance and decrease dropout rates, improve social skills, resolve classroom conflict, build coping skills, increase self-awareness, and explore identity. Eighteen respondents (94.7%) reported utilizing art therapy to reach more than one goal, the one respondent who did not was in an administrative role (Figure 2). Seventeen respondents (89.5%) reported art therapy being utilized to improve social skills. Seventeen respondents (89.5%) reported utilizing art therapy to build coping skills. Sixteen respondents (84.2%) reported utilizing art therapy to increase students' self-awareness. Fifteen respondents (78.9%) reported utilizing art therapy to help students explore identity. Ten respondents (52.6%) reported utilizing art therapy to resolve classroom conflict. Eight respondents (42.1%) reported utilizing art therapy to enhance academic performance. Four respondents (21.1%) reported utilizing art therapy to increase attendance and decrease dropout rates of students. Two respondents (10.5%) reported utilizing art therapy to meet general mental

health needs, including decreasing symptoms of anxiety and depression in students. Two respondents (10.5%) reported utilizing art therapy to increase emotion and behavior regulation in students. One respondent (5.3%) reported utilizing art therapy to help students access educational opportunities.

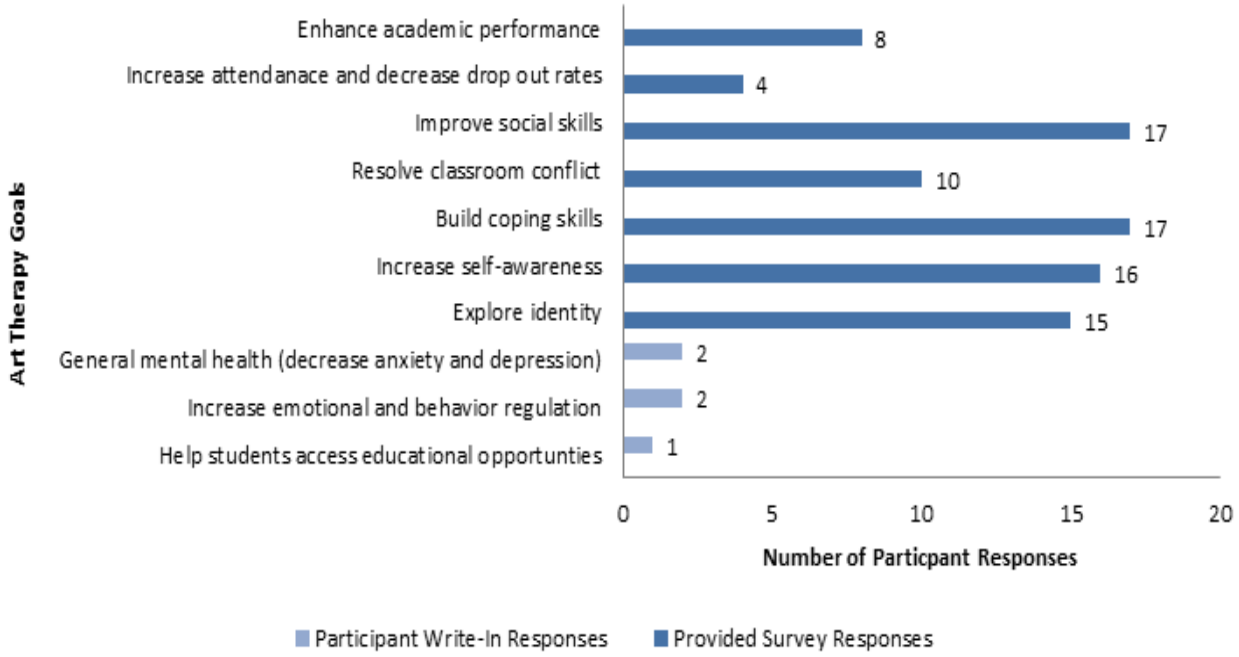


Figure 5. Reported goals in art therapy treatment in schools.

Question 12: Student recruitment. The following responses were provided for this question: referral by teacher, referral by school counseling/psychology team, referral from an outside agency, and request to engage in services by self or parent. One participant in the survey did not respond to this question. Two responses were excluded from the results due to a lack of information about student recruitment in other response. Twelve respondents (75%) reported more than one way in which students are referred for art therapy services. Twelve respondents (75%) reported referrals by the school counseling or psychology teams. Nine respondents (56.3%) reported being referred by teachers. Nine respondents (56.3%) reported requests to

engage in services by students or their parents. Four respondents (25%) reported that all students participate or are part of a self-contained classroom. Three respondents (18.8%) reported referrals from outside agencies. One respondent (6.3%) reported referrals through social workers. (Figure 5).

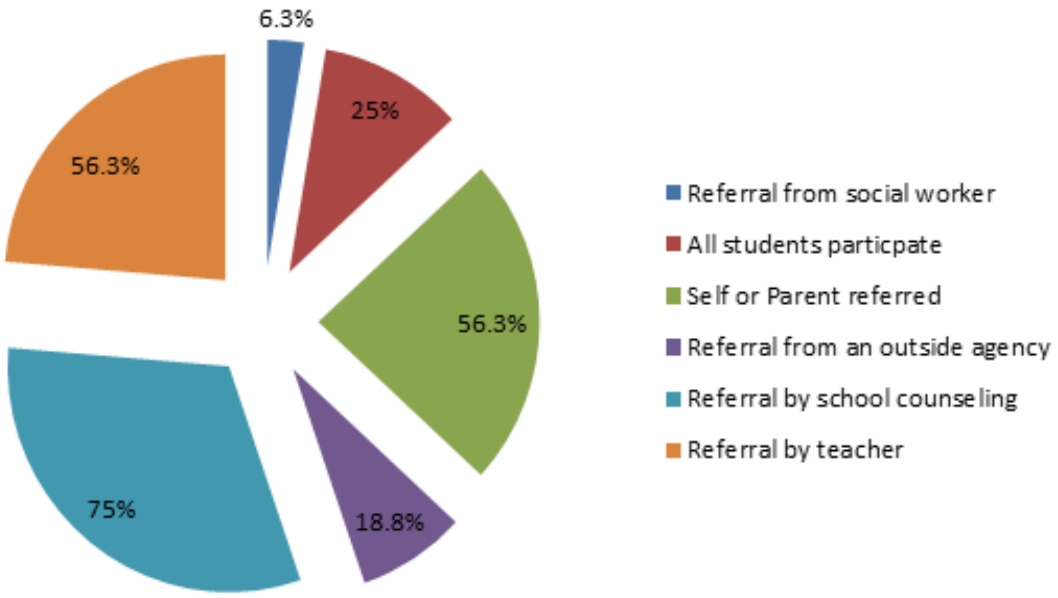


Figure 6. Reported ways in which students are recruited for art therapy services within the school setting.

Student Information

Question 13: Student grade level. The following responses were provided with the option to check all and write in a response: kindergarten, first-fifth grades, sixth-eighth grades, and ninth-twelfth grades. Fifteen respondents (78.9%) reported working with first through fifth grade students. Fifteen respondents (78.9%) reported working with sixth through eighth graders. Fourteen respondents (73.7%) reported working with ninth through twelfth graders. Thirteen respondents (68.4%) reported working with kindergarteners. One respondent (5.3%) reported

working with students until they age out of programming at the age of 22.

Question 14: Non-dominant populations. Respondents were provided with the following non-dominant populations with the option to check all and write in a response: individuals with developmental or cognitive disabilities, individuals with physical disabilities, individuals holding religious beliefs other than Christianity, economically disadvantaged individuals, individuals identifying with the LGBTQ community, individuals of immigrant status or do not speak English, and females. Nineteen respondents (100%) reported conducting art therapy with more than one non-dominant population (Figure 3). One response was excluded due to not meeting the definition of non-dominant as described by Hays (2016). 19 respondents (100%) reported utilizing art therapy with female students. Eighteen respondents (94.7%) reported utilizing art therapy with economically disadvantaged students. Seventeen respondents (89.5%) reported utilizing art therapy with individuals with developmental or cognitive disabilities. Fifteen respondents (78.9%) reported utilizing art therapy with individuals who hold a belief other than Christianity. Thirteen respondents (68.4%) reported utilizing art therapy with students in the LGBTQ community. Twelve respondents (63.2%) reported utilizing art therapy with students who do not speak English or have immigrant status. Ten respondents (52.6%) reported utilizing art therapy with students who have a physical disability.

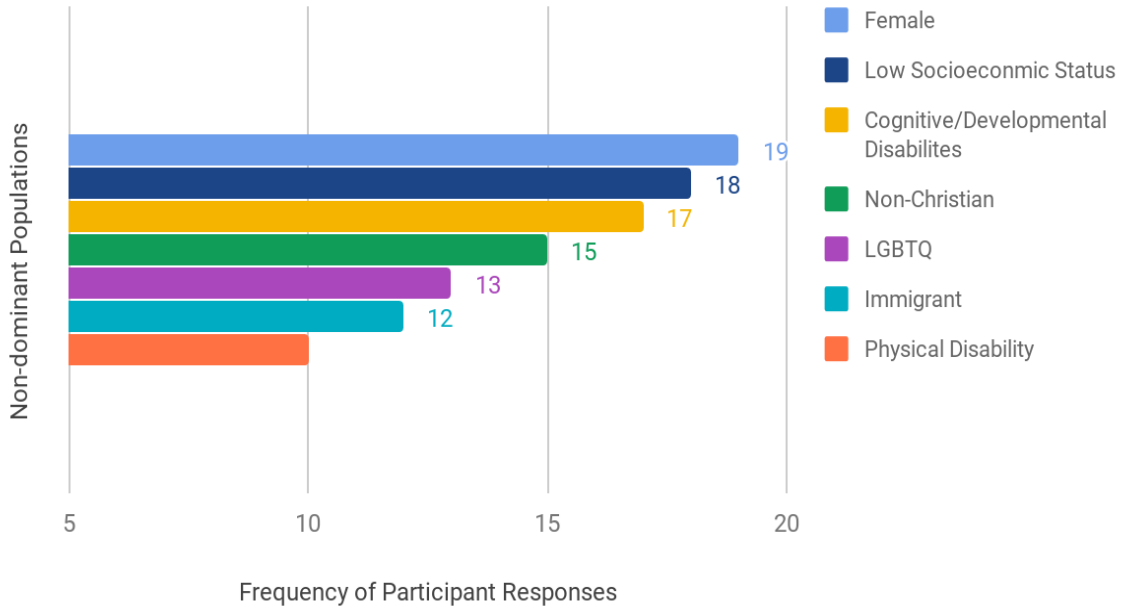


Figure 7. Frequency of reported students from non-dominant populations that receive art therapy services in schools.

Question 15: Race and ethnicity of students. The following responses were provided with the option to check all and write in a different response: White/Caucasian, Black/African American, Latino/Hispanic American, East Asian/Asian American, South Asian/Indian American, Middle Eastern/Arab American, Native American/Alaskan Native, Indigenous Heritage, and Biracial. Nineteen respondents (100%) utilized art therapy with students who are black or African American (Figure. 6). Nineteen respondents (100%) utilized art therapy with students who are white or Caucasian. Sixteen respondents (84.2%) utilized art therapy with students who are biracial. Fifteen respondents (78.9%) utilized art therapy with students who are Hispanic or Latino. Six respondents (31.6%) utilized art therapy with students who are East Asian or Asian American. Six respondents (31.6%) utilized art therapy with students who are Middle Eastern or Arab American. Five respondents (26.3%) utilized art therapy with students who are South Asian or Indian American. One respondent (5.3%) utilized art therapy with

students who are Native American or Alaskan Native. One respondent (5.3%) utilized art therapy with students who are refugees.

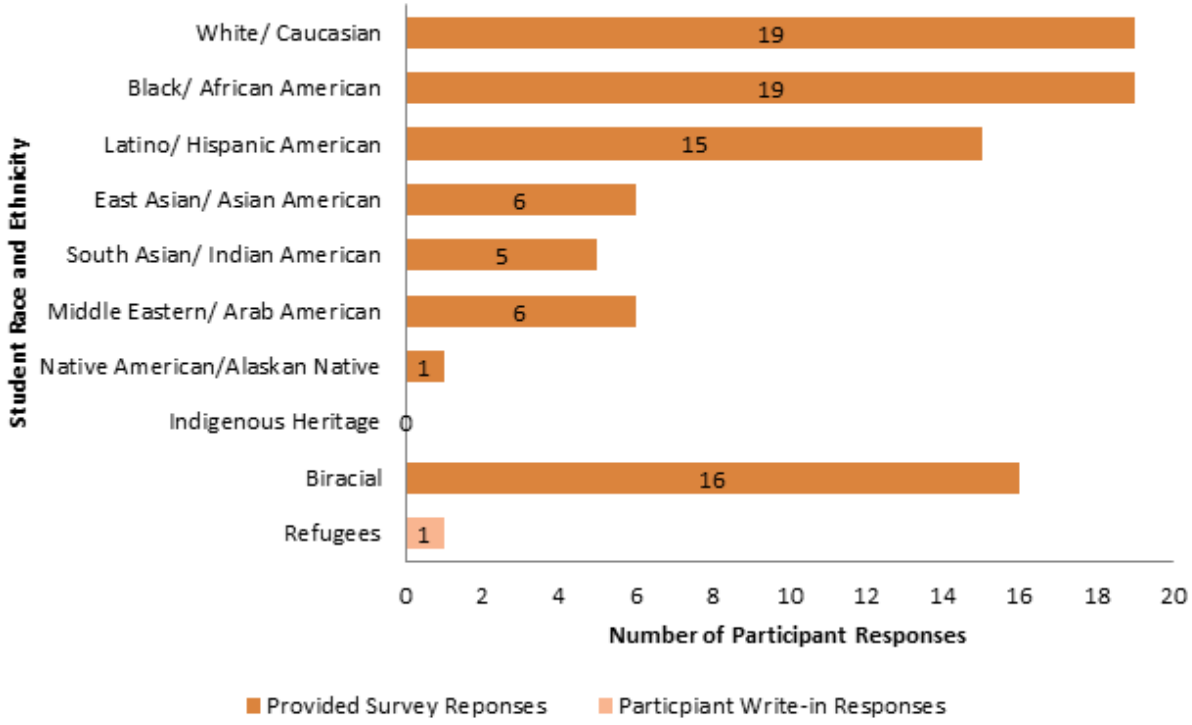


Figure 8. Reported race and ethnicity of students receiving in art therapy services in schools.

Art Therapy with Non-Dominant Students

Question 16: Needs of non-dominant students. The following needs were provide as responses with the options to check all and write in a response: language barrier, racial prejudice, difficulty involving parents in student treatment, complex behaviors/resistance that complicate treatment, difficulty paying for therapeutic services, and attendance. One participant of the survey did not respond, a total of 18 responses were recorded. Fifteen respondents (83.3%) reported difficulty involving parents in student treatment. Fourteen respondents (77.8%) reported complex behaviors and resistance from students which complicated treatment. Eight respondents (44.4%) reported a language barrier. Seven respondents (38.9%) reported student attendance as a challenge to treatment. Five respondents (27.8%) reported students experiencing racial prejudice.

Three respondents (16.7%) reported difficulty paying for services as a challenge to treatment. One respondent (5.6%) reported a need for advanced cultural competency training.

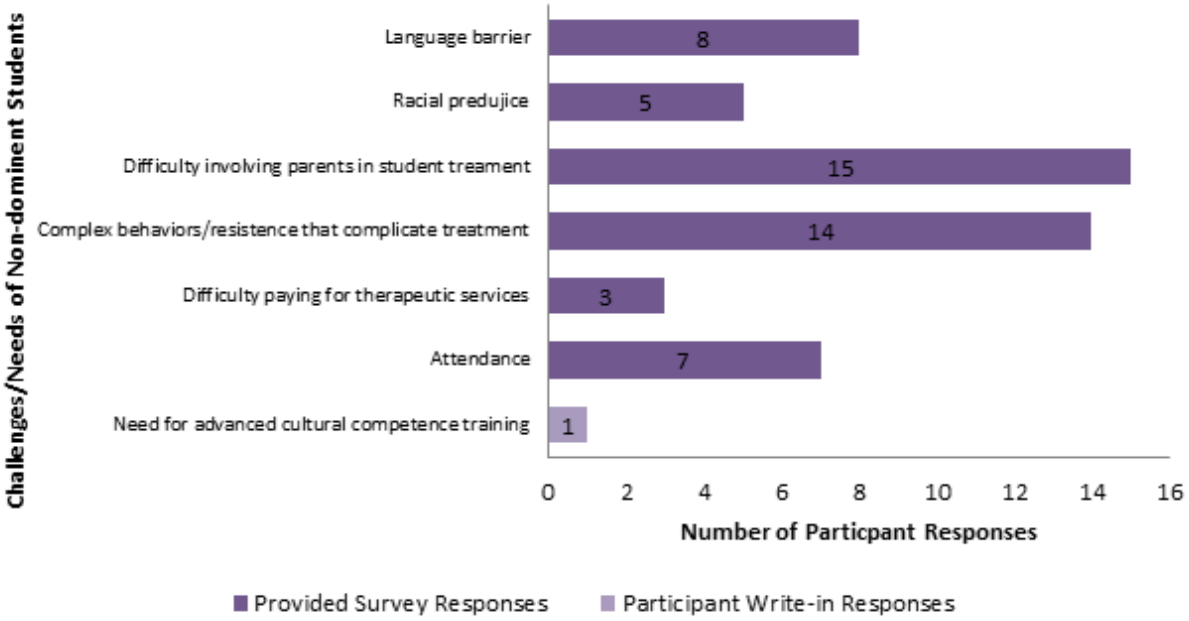


Figure 9. Reported challenges and needs of students from non-dominant populations in schools.

Question 17: Material and intervention adaptations. The following responses were provided with the option to check all and write in a response: alter instructions to fit the client's cognitive ability, alter instructions to fit the client's understanding of the English language, provide clients with magazine images that reflect diverse populations, exclude or utilize materials based on the cultural strengths or needs of the client, make use of art history education and cultural art forms to better connect with the client, and have allowed the client to teach me a traditional art form that they are accustomed to using. Eighteen respondents (94.7%) reported altering art therapy instructions to fit students' cognitive abilities. Thirteen respondents (68.4%) reported altering art therapy instructions for students' understanding of the English language. Thirteen respondents (68.4%) reported providing clients with magazine images that reflect diverse populations. Twelve respondents (63.2%) reported excluding or utilizing materials based

on the cultural needs and strengths of the students. Eleven respondents (57.9%) reported allowing students to teach the art therapist a traditional art form the student is accustomed to using. One respondent (5.3%) reported adapting art materials for students with physical disabilities through the use of adaptive tools or cuffs. One respondent (5.3%) reported utilizing found objects in art therapy to help students create in a cost effective manner.

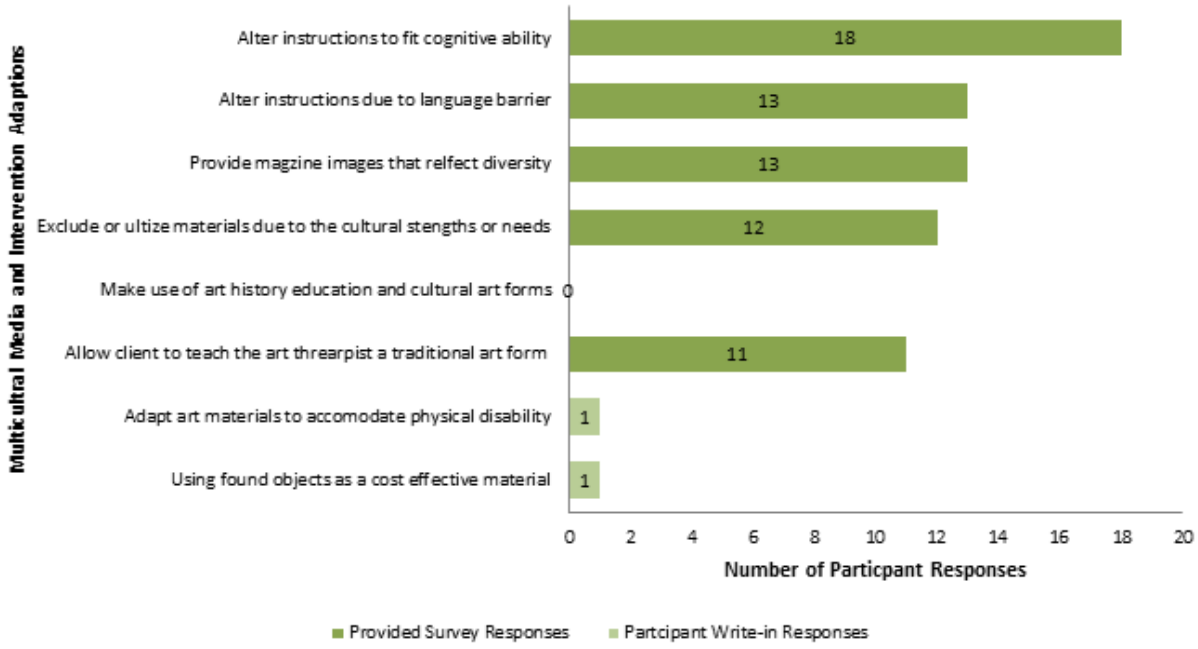


Figure 10. Reported material and intervention adaptations of art therapists who work with students from non-dominant cultures.

Question 18: Assessments. The following assessments were provided as responses within a check all format and the option to write in a response: Draw-a-Person, Langarten's Photo Collage Assessment, Silver Drawing Test, and Belief Art Therapy Assessment. Three participants (15.8%) of the survey did not respond to question 18. Eleven respondents (68.8%) who reported utilizing art therapy assessments recorded utilizing more than one assessment with non-dominant students. Eleven respondents (68.8%) reported using the Draw-a-Person assessment. Six respondents (37.5%) reported using the Silver Drawing Test. Three respondents

(18.8%) reported using the Kinetic Family Drawing. Two respondents (12.5%) reported using the PPAT. There was one response (5.3% respectively) for each of the following assessments: FSA, Kinetic School Drawing, House-Tree-Person, Art Therapy Projective Imagery Assessment, LECATA, and the Expressive Therapies Continuum assessment.

Cultural Training

Question 19: Training received. The following responses were provided within a check all format with the option to write in a response: graduate level course, seminar course (Ex: attending a conference, CEU Course, etc.), and additional certification (Ex: training for specific populations, sensitivity training, etc.). Sixteen respondents (84.2%) reported having training in cultural competency through a graduate level course. Thirteen respondents (68.4%) reported having training from a seminar course, including continuing education units (CEU) or attending a conference. Eight respondents (42.1%) reported having an additional certification specific to cultural competency. One respondent (5.3%) reported receiving specific cultural competency training through their agency of employment.

Question 20: Training desired. Only 10 out of 19 survey participants (52.6%) answered this question, reporting a desire for additional training. The list of desired trainings is shown below (Table 1).

Table 1

Additional Training in Cultural Issues Desired

Question	Responses
What additional training in multicultural issues would you like to receive or think would have been beneficial prior to working with non-dominant populations?	● More training focused on individuals with physical and intellectual disabilities. ● One with an emphasis on cultural humility rather than competency. ● Post graduate workshops. ● Courses led by non-dominant populations. ● More than just one graduate level course. Perhaps other courses based on individuals interests available (LGBTQ population, etc.) ● Additional training in working with interpreters. ● I often do research if client comes from non dominant culture. ● Increased offerings of such educational options. ● Information on immigrant and refugee populations. ● I would welcome ANY training in multicultural issues--they're at the heart of what we do, and we can never be too familiar with them.

CHAPTER V

DISCUSSION

Major Findings

Art therapist information. Glassman and Prasad (2013) suggest that art therapists in schools may benefit from a teaching degree, license or credential, which was supported in the survey results. Five respondents of the survey (26.3%) reported having a teaching degree or certificate as well as an art therapy related credential. Glassman and Prasad (2013) also suggested that many art therapists in schools will have multiple roles, which is consistent with what was reported in the survey. Eleven respondents (57.9%) reported having dual roles as an art therapist in a school.

AATA (2011) identified eight art therapy programs within schools that they called model programs. These identified model programs were located in eight different states, including Alabama, Florida, Kansas, Kentucky, Pennsylvania, Texas, Vermont, and Wisconsin. Of these states, four were represented by respondents of the survey, including Florida, Kansas, Kentucky, and Texas. Alabama, Pennsylvania, Vermont, and Wisconsin were not represented in the survey results which may indicate that the survey results do not accurately represent the model programming.

The majority of participants (73.7%) in the survey reported working in public schools while the majority of published literature that was found reported findings in school settings other than public schools such as day programs, residential settings, and alternative schools. This indicates that the literature may not accurately portray how art therapy is practiced in schools, and thus, art therapists in public schools may not have access to accurate information about

working with students in this setting. There is a need for more literature that accurately represents the work that art therapists are doing in schools.

The data gathered indicates that the majority of art therapists working within school systems are between the ages of 20 and 39, female, and Caucasian. This indicates that art therapists in schools are predominantly of a dominant culture (adult, Caucasian), with the exception of being female. There is a large discrepancy between the dominant culture of the art therapists who are working in schools and the prevalence of non-dominant students who are receiving services; one hundred percent of art therapists surveyed reported working with students from a non-dominant culture. Dominant culture status as well as being in a position of authority has a potential to greatly affect transference and countertransference in the therapeutic relationship and further supports the need of multicultural training for art therapists.

Program structure. The literature suggested two primary employers of art therapists in schools, the school system and outside mental health agencies, which was consistent with the findings of the survey. The majority of respondents (52.6%) reported being employed by an outside mental health agency, while 36.8 percent of respondents reported employment through the school system. Two additional sources for employment were identified in the survey: non-profit organizations and an individual contracted therapist. Recruitment for students to engage in services provided by art therapists was not identified in the literature. A majority of the survey respondents (75%) reported more than one way of recruiting students. The lack of information in the literature and the wide variety of ways that individual art therapists reported the recruiting process suggests that programs may benefit from streamlining the recruitment process.

Funding. The literature suggests that most of the funding for art therapy programs in schools comes from grants (Isis, et. al., 2010; Nelson, 2010). In AATA's (2011) Tool Kit for Art

Therapy in Schools, lists of government, foundation, and corporate sources of funding are provided for use in starting an art therapy program within schools (p. 5), but the literature did not support the use of district funding for art therapy programs in public schools. This is inconsistent with the data found from the survey, in which district funding and federal grant funding were the most frequently reported sources by survey participants. This inconsistency may indicate a lack of understanding on how an art therapist's program is funded. The lack of understanding of how art therapy programs are funded in schools was supported by the inconsistency of reporting in the survey. Three check-box answers were provided and five additional sources for funding were written in by survey participants, which was the highest frequency of other responses for a check-box question.

The majority of art therapy programs in schools rely on funding that is not sustainable. Federal and state grants have a finite amount of funding provided, and there is no guarantee that funding will be renewed. This creates an uncertain future for art therapy in schools. Even art therapists who are hired through the school system rely on grant funding, and it is unclear how long funding will last. There were few sources that specifically outlined how their program was funded, only two of which identified grants as a source for funding (Isis, et. al., 2010; Nelson, 2010). The lack of reporting on how programs are funded in the literature may correspond with the appearance that respondents in the survey were unsure of how their program was funded. In general, clarification through publishing more accessible literature on how art therapy programs are funded would be beneficial, including funding for materials, salary, and training.

Sessions. The manner in which art therapy sessions are conducted was consistent in the literature and survey results. The majority of sessions were conducted within the school counseling setting, suggesting that students are taken out of class to participate in services. Two

of the respondents who reported integrating art therapy sessions into non-art education classrooms specifically reported working within a special education classroom. These responses indicate half of non-art education integrated art therapy programs taking place in special education classrooms. The least reported way of conducting sessions was after-school art therapy services.

Goals. Most commonly reported goals for art therapy were to improve social skills (89.5%), build coping skills (89.5%), increase self-awareness (84.2%), and explore identity (78.9%) which were consistent with the literature in that these goals align with common themes experienced by school-aged children (Newsome, 2005; Vuthiarpa, Sethabouppha, Soivong, & Williams, 2012; Randick & Dermer, 2013; AATA, 2010; Rosal, McCulloch-Vislisel, &Neece 1997; Perryman, Moss, & Cochran, 2015; Wright, 2010). Less frequently reported goals were those of resolving classroom conflict (52.6%), enhancing academic performance (42.1%), and increasing attendance and decreasing dropout rates of students (21.1%) which was inconsistent with the literature. However, this finding could be explained by only 36.8% of respondents being employed by the school system and the majority of respondents being employed by an outside mental health agency or as a contract worker whereas the majority of literature found was done by art therapists employed by the school system. The majority of survey respondents may be more concerned with the social and emotional needs of their clients rather than the school system's academic goals or goals from IEPs. This finding shows the need for more published literature on the work of art therapists that are employed outside of the school system, as this appears to be the most common way that art therapists gain access to working in schools, and how their role within the school may differ greatly than that of an art therapist integrated into a classroom or school counseling model.

The write-in answers (10.5%) of respondents reported the goals of utilizing art therapy to reduce symptoms of anxiety and depression and another (10.5%) reported utilizing art therapy to increase emotion and behavior regulation in students. While these goals reflect what was found in the literature, they were not provided as responses in the development of the survey which poses as a limitation to this study (Newsome, 2005; Vuthiarpa, Sethabouppha, Soivong, & Williams, 2012). As suggested by the literature, had these goals been provided as responses in the survey, it is expected that they would have yielded significant results.

Student information. Responses of the survey were consistent with the prevalence of non-dominant populations in schools from the literature. One hundred percent of the respondents reported working with two or more non-dominant populations, the most significant of these were female students, students with low socioeconomic status, and students with cognitive or developmental disabilities. The high report rate (94.7%) of art therapists in schools working with students from low socioeconomic status supports Hays' (2016) assertion that the "effects of violence, abuse, trauma, chemical dependency, disability, chronic physical and mental illness--that is, poverty correlated problems-- are now commonly encountered in clinical practice" (p. 5).

Only 10 percent of survey respondents reported utilizing art therapy with students who have physical disabilities, even though 36 percent of the students served by IDEA have physical rather than cognitive or developmental disabilities. This suggests that a significant population of non-dominant students may not be receiving necessary mental health services. On the other hand, 68 percent of respondents reported working with students who are LGBTQ, while the literature reported that only eight percent of students in ninth through twelfth grade were identified as LGBTQ (DOE, 2015). The high reporting of art therapists working with students who are LGBTQ supports the need for training and research of art therapy with this population.

No information was reported in the literature about the prevalence of students with beliefs other than Christianity, and 78.9 percent of survey respondents reported working with students who have beliefs other than Christianity, suggesting a significant need for information on how art therapy can meet the needs of this population.

While only 50.5 percent of students enrolled in public schools were identified as having a race or ethnicity other than Caucasian/white, 100 percent of survey respondents reported working with students who are of a non-dominant race or ethnicity. The highest prevalence of students with a non-dominant race or ethnicity who are engaged in art therapy services were students who are black, biracial, and Hispanic. The literature reported only 3.2 percent of students in public schools being biracial, while 84.2 percent of survey respondents reported working with students identified as biracial. The literature did not identify the prevalence of Middle Eastern or Arab or South Asian or Indian American students, though 31.6 percent of survey respondents reported working with students who are Middle Eastern or Arab and 26.3 percent reported working with students who are South Asian or Indian American. This difference suggests a gap in the literature and supports more research on how art therapy is beneficial with students within this group (DOE, 2014a).

Art therapy with non-dominant students. Needs of non-dominant students in school varied greatly between the survey and literature. Addressing the language barrier for students who have little or no understanding of the English language was identified in the literature, and 44.4 percent of survey respondents reported addressing this challenge. Student attendance was identified in the literature review, but not specifically with students from non-dominant cultures, and 83.3 percent of survey participants reported attendance as a challenge.

The discrepancy may be due to the ambiguous nature of culture; even though students may be identified with one or more aspect of non-dominant culture, they have individual needs. There was also a discrepancy in rhetoric between the literature and the survey which may have impacted the various results. The literature identified needs of non-dominant students in schools, such as improving communication (Brancheau, 2013; Sassen, Spencer, & Curtin, 2005), strengthening self-esteem (Brancheau, 2013; Yi, 2010), processing trauma (Brown et. al., 2013; Iacovino, Jackson, & Oltmanns, 2014), freedom of expression (Newman, 2010), and building a sense of community (Ballbe, 1997), while the survey inquired about challenges of non-dominant students in schools. As a result, the survey identified barriers to treatment while the literature identified possible presenting problems of non-dominant students.

Material and intervention adaptations. Nankervis (2013) identified using materials that promote a sense of racial identity when conducting art therapy sessions; 68.4 percent of survey participants reported utilizing magazine collage images that represent diverse populations which may correlate to the literature. One respondent (5.3%) reported utilizing found objects as a material choice to encourage students of low socioeconomic status to create artwork outside of sessions, which is supported by the literature that suggests utilizing materials that are easily accessible outside of session (Nankervis, 2013; Prasad, 2013). A check-box was not provided and no survey participants reported adapting the physical space in which the therapy session is conducted in order to practice cultural competency, indicating an area for further research. Few specific examples of culturally competent art therapy adaptations were reported in the survey and in the literature. Suggestions for cultural competent art therapy material choice and intervention adaptations were often vague. Literature that focuses on specific ways to address the needs of

non-dominant populations, including space, material choice, and interventions, would add great value to the field.

Assessments. Betts (2013) suggests the following art therapy assessments as culturally competent: Draw-a-Person (DAP), Person Picking an Apple from a Tree (PPAT), Face Stimulus Assessment (FSA), The Diagnostic Drawing Series (DDS), and The Levick Emotional and Cognitive Art Therapy Assessment (LECATA). Of these culturally competent art therapy assessments survey participants reported using the DAP (68.8%), PPAT (12.5%), FSA (5.3%), and the LECATA (5.3%). No survey participants reported utilizing the DDS. A higher prevalence of survey respondents reported using the Silver Drawing Test (37.5%) and the Kinetic Family Drawing (18.8%). This suggests that art therapists in schools may not be utilizing art therapy assessments that are identified as culturally sensitive.

While these assessments were identified as being culturally competent, neither the survey or the literature suggested training for art therapists on utilizing the assessment's rating manual in a culturally competent manner. Though these assessments have been identified as having the potential to be culturally competent, the lack of concrete evidence and guidance on how to implement these assessments without cultural bias means there is a likelihood that people from non-dominant cultures are being pathologized unfairly. In order to identify an assessment as culturally competent, more research must be conducted on how the rating of art therapy assessments is or is not culturally sensitive.

Cultural training. Survey findings on cultural trainings are fairly consistent with the literature. The majority of respondents (84.2%) reported receiving multicultural competence training through graduate level classes or a seminar course (68.5%). AATA (2011) stresses the importance of awareness, knowledge, and skills in multicultural and diversity competence in art

therapists. Hays (2016) suggests that the culturally competent therapist has built an awareness of their own privilege and cultural biases through self-assessment, and AATA suggests that art therapists will achieve this through the requirement of courses in multicultural issues in graduate level art therapy programs.

Responses to the open-ended question on desired additional multicultural training suggests that one or two graduate level courses may not be enough for art therapists to feel culturally competent. One respondent suggested just this: “More than just one graduate level course. Perhaps other courses based on individuals interests...” The populations on which respondents desired more training were LGBTQ individuals, individuals with physical and intellectual disabilities, and immigrant and refugee populations, which is supported by the small amount of literature found on these populations (IDEA, 2016; Brancheau, 2013;Yi, 2010; Newman, 2010; Ballbe, 1997). In regards to graduate level classes, one respondent suggested that the instructors of these courses come from non-dominant populations. Considering that many art therapists are primarily culturally dominant and come from a place of privilege in many ways, this response makes the reasonable assertion that an instructor from the dominant culture may not be best suited to teach these courses. Many respondents expressed that post-graduate educational opportunities should be more accessible. As one respondent simply put it, “...multicultural issues--they’re at the heart of what we do, and we can never be too familiar with them.” These findings suggest that more literature be published on what makes an art therapist culturally competent and these findings implemented into graduate level courses, as well as making continuing educational opportunities more accessible to keep professionals working in the field informed of the most recent research.

Limitations and Delimitations

Limitations. Limitations of this study come mostly from the parallel model of conducting research. The researchers of the present study stand behind this research model for the benefit in yielding twice as much data; however, this may have compromised the survey's strength as a data collection tool. Due to IRB approval, the survey had to be completed and submitted before the literature review was finished. In the time that the survey was approved and sent out to collect data, the literature expanded greatly and collected information that would have been helpful in further development of the survey.

Survey distribution relied heavily on AATA chapter representatives to forward information to their chapter members within a small time frame, which also posed as a limitation to the study. The survey may have yielded more responses had the researchers been able to contact survey participants more directly or had more time been given for participants to complete the survey.

Delimitations. The delimitations of this study fall into the inclusion, re-categorization, and exclusion of "other" write-in responses. In order to make sense of the data collected and cut down on redundancy, write-in responses that were closely related to provided responses were re-categorized into that of the provided response (e.g.. a write in response of "school-based counselor" would be re-categorized and added to data collected on the provided response of "school counselor"). Responses that introduced a new and relevant concept such as "donations" for a source of funding were included into results as is. Another response for the same question, such as "I use my art therapy skills within my role as a TDT counselor", does not clearly identify a funding source and was excluded as a response.

CHAPTER VI

PROGRAM RECOMMENDATIONS

Funding

Components of program funding include art therapist salary and benefits, art materials, and professional development such as extra training, conferences, licensure support, and supervision. It is likely that the art therapist working in a school setting will have multiple sources of funding. Salary, benefits, and some professional development will be provided by the art therapist's employer such as the school district or their mental health agency. The other types of funding rely heavily on the role the art therapist holds within the school. For example, an art therapist practicing within a school counselor's role may have access to school funds for student development that can be used for art supplies for school-wide group projects. Similarly, an art therapist working within an art education role may have access to class funds for materials and can utilize teacher funding sites such as DonorsChoose.org. For the art therapist coming into the school from an outside agency, some funding may be provided for art materials by the agency, but this is dependent on the agency's involvement, support, and knowledge of art therapy. Often these art therapists are self-funded. Additional funds can be supplied by grants (Isis, et al., 2010; Nelson, 2010). AATA's (2011) Tool Kit for Art Therapy in Schools offers lists of resources and government, foundation, and corporate grant sources that can aid an art therapist in funding a school art therapy program.

Structure

The data collected in this study presented two primary employers of art therapists in schools, the school system and outside mental health agencies. The types of integration for art therapy in the school that were most reported and supported by the literature were art therapy

integration in school counseling or as a therapeutic service and art therapy integrated in a class curriculum. The latter approach may lend itself best to a group work while the former could suit meeting with students individually or in small groups. This study did not evaluate which approach is most effective, and it is suggested that they both hold value. Albert (2010) supported the idea that a therapeutic curriculum reaches more children and better promotes their success by keeping them in the classroom instead of pulling students from academic time. Randick and Dermer (2013) proposed that art therapy in place of school counseling not only meets the needs of the school, but offers students critical social, emotional, and behavioral skills. It is recommended that the school art therapist have a close working relationship with the school's faculty and clinical team. These relationships not only provide the opportunity to inform faculty and staff of the importance of art therapy in the school, but may also secure a program's position and help faculty and staff to assess when they should refer students for treatment.

Art Therapy

Art therapist. To be an art therapist practicing in a school setting, the individual must complete a Master's level art therapy program meeting AATA's requirements in coursework and internship hours. It is recommended that the art therapy graduate then pursue national art therapy credentials working from ATR-P to ATR and then ATR-BC. Unless the art therapist lives in one of the few states that has art therapy licensure, then it is also recommended that the art therapist hold a counseling license such as the LMHC or LPC. It is important to note that in order to be eligible for counseling licensure, the art therapist must meet the state standards for licensure. If the art therapist chooses to practice art therapy within the classroom by integrating therapy into art education or the curriculum of another subject, it is then recommended that the art therapist also hold a teaching license or certificate.

Goals. The therapeutic goals for treatment will be affected by the school, the working position of the art therapist, and the student population. An art therapist employed by the school system may be required to meet IEP goals and promote goals that encourage academic success. The art therapist employed by an outside mental health agency may focus on student-specific goals. The goals identified as most used by art therapists in schools in the present study were: improve social skills, develop coping skills, increase self-awareness, and explore identity. These are common goals that are appropriate for students across cultures.

Art therapy assessments. The research from this study recommends that the Draw-a-Person (DAP), Person Picking an Apple from a Tree (PPAT), Face Stimulus Assessment (FSA), and The Levick Emotional and Cognitive Art Therapy Assessment (LECATA) may be the most culturally competent art therapy assessments to use with non-dominant students. It is also important to note that while working with students of any cultural background, assessments such as the Kinetic Family Drawing (or its other versions such as the Animal Kinetic Family Drawing or the Kinetic School Drawing) and the Bird's Nest Assessment are recommended in assessing the needs of the general school population. Specific training on culturally competent rating any of the listed assessments should also be provided to art therapists conducting the assessments.

Material choice. It is recommended that art therapists have a wide variety of supplies available to meet the needs of students from various non-dominant cultures. It is recommended that art therapists provide students with materials such as multicultural crayons and markers that have a range of skin tones. Teaching students how to create artwork with found objects is recommended for students of a low socioeconomic status in order to provide students the opportunity to utilize artmaking as a coping skill outside of session at a low cost.

Interventions. Due to the highest frequency of reporting from the survey it is recommended that art therapists alter intervention directions to meet the cognitive needs of the student as well as the student's understanding of the English language. It is also recommended that art therapists allow students to teach the art therapist a traditional art form when doing so supports the goals and needs of the student.

Cultural Training

All art therapists are required to complete multicultural coursework in order to obtain their Master's in art therapy. This study recommends expanding on AATA requirements by providing art therapists working in public schools additional education on the specific non-dominant populations in the school in which they work. As this study has shown, there is not a 'one size fits all' model for art therapy, which art therapists need to be mindful of in practice. In addition to the knowledge of working with students in a school setting and their needs at each stage in development, art therapists in schools also need an awareness of individual students' cultural, emotional, and social needs. The literature shows that schools are full of students from non-dominant populations including but not limited to students of non-white race and ethnicity, cognitive and developmental disability, physical disability, non-Christian religious beliefs, low socioeconomic status, LGBTQ+, native and indigenous heritage, immigrant status, and female students. Art therapists practicing in schools with non-dominants students should be able to adapt directives and materials to best suit students' level of development, cultural background, and individual needs.

CHAPTER VII

CONCLUSION

The use of both a literature review and survey allowed the researchers to collect historical and current data on how art therapists have utilized art therapy with non-dominant populations within the school setting. Through the use of the literature review and survey, the researchers were able to identify art therapy program recommendations for a public school that included possible sources for funding, suggestions for the structure of the program, identification of culturally competent art therapy assessments, and culturally competent art therapy interventions.

Many of the art therapists working with students of a non-dominant culture in school are of dominant culture, which justifies the need for multicultural competence training for art therapists in schools. There is little information in the literature and inconsistent data within the survey about how art therapy programs within schools are funded. The data suggests that funding for these programs is not sustainable. The prevalence of non-dominant students within the public school system validates the importance of accessible mental health services that have the ability to meet the various needs of students and emphasizes the need for sustainable funding for these programs.

The program recommendations provided art therapists in schools tools to address the needs of students from non-dominant cultures. Information on media, assessments, and session structure can provide some guidance and direction to an art therapist new to working in this setting. The findings on multicultural training supports the need for culturally competent art therapists, can bring them to greater awareness of the needs for non-dominant students, and will strengthen their work with this population.

While culture is ambiguous, it is evident that the power differential between dominant and non-dominant cultures creates disadvantages for people from non-dominant cultures, which may lead to mental health concerns. The field of art therapy would benefit from research on the effects of transference and countertransference between art therapists of dominant cultures and students of non-dominant cultures. Art therapists will undoubtedly provide services for a client from a non-dominant culture, and the lack of concrete information found in the literature about best practices for working with this population indicates a dire need for cultural competency research and training in the field of art therapy.

There is a need for further research on the assessments that have been claimed to be culturally competent further research on these tools by people other than those that created them will strengthen their validity as culturally sensitive measures. Further research on the effects of material choice and intervention adaptations with students from non-dominant cultures would also be a beneficial tool for art therapists in schools. Information gleaned from such research would allow art therapists to have a foundation for appropriate, culturally sensitive art therapy interventions. This may also begin to pave the way for a protocol of standard best practices with non-dominant populations that will ultimately allow art therapists to better serve them.

REFERENCES

Albert, R. (2010). Being both: An integrated model of art therapy and alternative art education. *Art Therapy: Journal of the American Art Therapy Association*, *27*(2), 90-95.

American Art Therapy Association. (2011a). *Art therapy multicultural/diversity competencies.* Alexandria, VA: American Art Therapy Association.

American Art Therapy Association. (2011b). *Gain important education outcomes: Implement a successful art therapy program within k-12 schools.* Retrieved from http://www.americanarttherapyassociation.org/upload/toolkitarttherapyinschools.pdf

American Art Therapy Association. (2017c). *Becoming an art therapist.* Retrieved from https://arttherapy.org/becoming-art-therapist/

American Art Therapy Association. (2017d). *Credentials and Licensure.* Retrieved from https://arttherapy.org/credentials-and-licensure/

American Art Therapy Association. (2017e). *Definition of the profession.* Alexandria, VA: American Art Therapy Association.

Ballbe, M. (1997). A group art therapy experience for immigrant adolescents. *American Journal of Art Therapy*, *36*(1), 11-19.

Betts, D. (2013a). Art therapy assessments with diverse populations. In P. Howie, S. Prasad, & J. Kristel. *Using art therapy with diverse populations: Crossing cultures and abilities* (p. 41-55). Philadelphia, PA: Jessica Kingsley Publishing.

Betts, D. (2013b). A review of the principles for culturally appropriate art therapy assessment tools. *Art Therapy: Journal of the American Art Therapy Association, 30*(3), 98-106.

Brown, R.C., Trapp, S.K., Berenz, E.C., Bigdeli, R.A., Tran, T.L., Trung, L.T., Tam, N.t., Tuan, T., Buoi, L.T., Ha, T.T., Thach, T.D., & Amstadter, A.B. (2013). Pre-typhoon

socioeconomic status factors predict post-typhoon psychiatric symptoms in Vietnamese sample. *Soc Psychiatry Psychiatr Epidemiol*, 48, 1721-1727.

Center for Parent Information and Resources. (2017). *Related Services.* Retrieved from http://www.parentcenterhub.org/iep-relatedservices/

Center for Public Education. (2010). *Charter schools: Finding out the facts: At a glance.* Retrieved from http://www.centerforpubliceducation.org/research/charter-schools -finding-out-facts-glance

Chamberlin, J. (2009). Schools expand mental health care: Even as more school-based centers provide mental health services, the debate continues over whether these sites are the best way to serve students. *Monitor on Psychology, 40* (1), 64.

Cochran, J. L. (1996). Using play and art therapy to help culturally diverse students overcome barriers to school success. *The School Counselor, 43*(4), 287-298.

Department of Education. (2016a). *Children 3 to 21 years old served under Individuals with Disabilities Education Act (IDEA), part B, by age group and sex, race/ethnicity, and type of disability: 2015-16.* Retrieved from https://nces.ed.gov/programs/digest/d17/tables/dt17_204.50.asp?current=yes

Department of Education. (2014b). *Enrollment and percentage distribution of enrollment in public elementary and secondary schools, by race/ethnicity and level of education: Fall 1999 through fall 2026.* Retrieved from https://nces.ed.gov/programs/digest/d16/tables/dt16_203.60.asp?current=yes

Department of Education. (2014c). *Enrollment and percentage distribution of enrollment in public schools, by family poverty rate of 5- to 17-year-olds living in the school district,*

student race/ethnicity, region, and school locale: 2013-14. Retrieved from https://nces.ed.gov/programs/digest/d16/tables/dt16_203.75.asp?current=yes

Department of Education. (2012d). *Gender equality in education: A snapshot.* Retrieved from https://www2.ed.gov/about/offices/list/ocr/docs/gender-equity-in-education.pdf

Department of Education. (2015e). *Percentage distribution of students in grades 9-12 and percentage reporting selected types of victimization or risk behaviors, by sex and sexual orientation: 2015*. Retrieved from https://nces.ed.gov/programs/digest/d16/tables/dt16_228.99.asp?current=yes

Fink, A. (1998). *Conducting research literature reviews: From paper to the internet.* Thousand Oaks, CA: Sage.

Fryrear, A. (2015, July). *3 ways to improve your survey response rates.* Retrieved from https://www.surveygizmo.com/survey-blog/survey-response-rates/

Glassman, E. L., (2013). Giving teens a visual voice: Art therapy in a public school setting with emotionally disabled students. In P. Howie, S. Prasad, & J. Kristel (Eds.) *Using art therapy with diverse populations: Crossing cultures and abilities* (pp. 153-181). London, UK: Jessica Kingsley Publishers.

Glassman, E.L., Prasad, S. (2013). Art therapy in schools: Its variety and benefits. In P. Howie, S. Prasad, & J. Kristel (Eds.) *Using art therapy with diverse populations: Crossing cultures and abilities* (pp. 126-133). London, UK: Jessica Kingsley Publishers.

Gibbons, K. (2010). Circle justice: A creative arts approach to conflict resolution in the classroom. *Art Therapy: Journal of the American Art Therapy Association, 27*(2), 84-89.

Gipson, L.R. (2015). Is cultural competence enough? Deepening social justice pedagogy in art therapy. *Art Therapy: Journal of the American Art Therapy Association, 32*(3), 142-145.

Hagood, M. M. (2003). The use of the Naglieri Draw-a-Person test of cognitive development: A study with clinical and research implications for art therapists working with children. *Art Therapy*. 20(2), 67-76.

Hays, P. A. (2016). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy* (3rd ed.). Washington, DC : American Psychological Association.

Iacovino, J.M., Jackson, J.J., & Oltmanns, T.F. (2014). The relative impact of socioeconomic status and childhood trauma on black-white differences in paranoid personality disorder symptoms. *Journal of Abnormal Psychology*, *123*(1), 225-230.

Illinois State Board of Education. (2017). *Special education programs: Nonpublic special education programs.* Retrieved from https://www.isbe.net/Pages/Nonpublic-Special-Education-Programs.aspx

Indiana Department of Education. (2017). *Alternative education.* Retrieved from https://www.doe.in.gov/cte/alternative-education

Indianapolis Public Schools. (2017). *Special Education Services*. Retrieved from https://www.myips.org/site/default.aspx?PageType=3...47899...0...

Individuals with Disabilities Act. (2017). *About IDEA*. Retrieved from https://sites.ed.gov/idea/about-idea/

Isis, P. D., Bush, J., Siegel, C. A., & Ventura, Y. (2010). Empowering students through creativity: Art therapy in Miami-Dade County Public Schools. *Art Therapy: Journal of the American Art Therapy Association, 27*(2), 56-61.

Junge, M. B. (2016). History of Art Therapy. In D.E. Gussak & M.L. Rosal (Eds.) *The Wiley Book of Art Therapy* (pp. 7- 16). John Wiley & Sons, Ltd.

Khan, B. B. (1999). Art therapy with adolescents: Making it work for school counselors. *Professional School Counseling, 2*(4), 291-298.

Landgarten, H. B. (1985) The artist in each of us. *Art Therapy: Journal of the American Art Therapy Association, 2*(2), 91-92.

Loesl, S. (2010). Introduction to the special issue on art therapy in the schools: Art therapy + schools + students = ? *Art Therapy: Journal of the American Art Therapy Association, 27*(2), 54-55.

Mertens, D.M. (2015). *Research and evaluation in education and psychology.* Los Angeles, CA: SAGE Publications.

Nankervis, A.M. (2013). Working cross-culturally with children at risk. In P. Howie, S. Prasad, & J. Kristel. *Using art therapy with diverse populations: Crossing cultures and abilities* (p. 134-142). Philadelphia, PA: Jessica Kingsley Publishing.

National Coalition of Creative Arts Therapies Associations (2016). About NCCATA. Retrieved from http://www.nccata.org/aboutnccata

Nelson, C. L. (2010). Meeting the needs of urban students: Creative arts therapy in jersey city public schools. *Art Therapy: Journal of the American Art Therapy Association, 27*(2), 62-68.

Newman, V. (2010). Creating a safe place for lesbian, gay, bisexual and transgender youth. In C. H. Moon (Ed.), *Materials and media in art therapy* (p. 103-117). New York, NY: Routledge.

Newsome, W. S. (2005). The impact of solution-focused brief therapy with at-risk junior high school students. *Children & Schools, 17*(2), 83-90.

Prasad, S. (2013). The impact of culture and the setting on the use and choice of materials. In P. Howie, S. Prasad, & J. Kristel. *Using art therapy with diverse populations: Crossing cultures and abilities* (p. 76-84). Philadelphia, PA: Jessica Kingsley Publishing.

Perryman, K. L., Moss, R., & Cochran, K. (2015). Child-centered expressive arts and play therapy: School groups for at-risk adolescent girls. *International Journal of Play Therapy 24*(4), 205-220.

Private School. (2018). In *Oxford living dictionaries.* Retrieved from https://en.oxforddictionaries.com/definition/private_school

Public School. (n.d.). In *Merriam-Webster's online dictionary*. Retrieved from https://www.merriam-webster.com/dictionary/public%20school

Randick, N. M., & Dermer, S. B. (2013). The relationship of school art therapy and the american school counselor national model. *Art Therapy: Journal of the American Art Therapy Association, 30*(1), 30-35.

Rosal, M. L., McCulloch-Vislisel, S., & Neece, S. (1997). Keeping students in school: An art therapy program to benefit ninth-grade students. *Art Therapy: Journal of the American Art Therapy Association,14* (1), 30-36.

Sassen, G., Spencer, R., & Curtin, P.C. (2005). Art from the heart: A relational-cultural approach to using art therapy in a group for urban middle school girls. *Journal of Creativity in Mental Health, 1*(2), 67-79.

Shen, Y. (2016). A descriptive study of school counselors' play therapy experiences with the culturally diverse. *International Journal of Play Therapy*, 25(2), 54–63.

Smith, P. (1993). Multiculturalism's therapeutic imperative. *Visual Arts Research, 19* (2), 55-60.

Tonjes, B. (2006). Guidance and counseling in Lutheran elementary schools of the Missouri

district. *Lutheran Education Journal, 140* (4), 233- 257.

U.S. Department of Education (2017a). *The federal role in education.* Retrieved from https://www2.ed.gov/about/overview/fed/role.html

U.S. Department of Education (2015b). *U.S. department of education awards more than $24.8 million in elementary and secondary school counseling grants*. Retrieved from https://www.ed.gov/news/press-releases/us-department-education-awards-more-248-million-elementary-and-secondary-school-counseling-grants

U.S. Department of Education (2009c). *State regulation of private schools.* Retrieved from https://www2.ed.gov/admins/comm/choice/regprivschl/regprivschl.pdf

Vuthiarpa, S., Sethabouppha H., Soivong P.,Williams, R. (2012). Effectiveness of a school-based cognitive behavioral therapy: Program for Thai adolescents with depressive symptoms*Pacific Rim International Journal of Nursing Research, 16*(3), 206-221.

Wright, L. (2010). Art expression incorporated: An innovative school based approach. *The American Art Therapy Association,* 1-3. Retrieved from https://www.arttherapy.org/upload/toolkitpa.pdf

Yi, C. S. (2010). From imperfect to I am perfect: Reclaiming the disabled body through making body adornments in art therapy. In C. H. Moon (Ed.), *Materials and media in art therapy* (p. 103-117). New York, NY: Routledge.

APPENDIX A

Letter for Recruitment

Dear (AATA Chapter Representative),

We are currently conducting our graduate art therapy research study at Herron School of Art Design at Indiana University Purdue University Indianapolis under the advisement of Eileen Misluk. Our study aims to provide recommendations for a culturally competent art therapy program in schools. Due to the limited amount of information in the literature about how art therapists cater to the needs of students from non-dominant cultures, we have created a survey for art therapists who work in schools that is estimated to take 15 minutes. As an AATA chapter representative we are contacting you to inquire if you would be willing to pass along the attached files and survey link to AATA members in your chapter. The data collected in the survey will help inform recommendations for funding, program structure, and culturally competent art therapy practice. Survey responses will be kept anonymous and contact information provided by you will only be used for the purpose of the study. Participation in this survey is voluntary and there will be no repercussions for those who do not participate in the study.

Thank you for your time,

Courtney Thompson

Dani Yates

Masters of Art Therapy Candidates, Herron School of Art & Design

APPENDIX B

Survey Cover Letter

Dear (Participant),

We are currently conducting our graduate research study, which aims to provide recommendations for a culturally competent art therapy program in schools. Due to the limited amount of information in the literature about how art therapists cater to the needs of students from non-dominant cultures, we have created a survey for art therapists who work in schools. The survey is estimated to take 15 minutes. The data collected in the survey will help inform recommendations for funding, program structure, and culturally competent art therapy practice. Your unique perspective would be greatly appreciated in our study. Efforts will be made to keep your personal information confidential by utilizing Google Forms and collecting your response anonymously, though we cannot guarantee absolute confidentiality. Participation in this survey is voluntary and there will be no repercussions for those who do not participate in the study. Please see the attached link to begin the survey and view the attached Study Information Sheet for additional information on the study.

Thank you for your time,

Courtney Thompson

Dani Yates

Masters of Art Therapy Candidates, Herron School of Art & Design

While completing the survey, please keep these definitions in mind:

Non-dominant: Not being of the dominant culture, which is defined as young and middle-aged adults, nondisabled people, Christian, European American, upper and middle class, heterosexual, U.S.-born Americans, and male

Culturally competent: Taking into consideration "the specific values, beliefs, and actions influenced by a client's race, ethnicity, culture, nationality, gender, religion, socioeconomic status, political views, sexual orientation, geographic region, physical capacity or disability, and historical or current experiences with the dominant culture" (AATA, 2011, p. 1)

Survey Link: https://goo.gl/forms/GNscS6DxrOfX4imk2

APPENDIX C

Reminder Email

Dear (Participant),

We are currently conducting our graduate research study, which aims to provide recommendations for a culturally competent art therapy program in schools. Due to the limited amount of information in the literature about how art therapists cater to the needs of students from non-dominant cultures, we have created a survey for art therapists who work in schools. You were recently sent an email asking you to participate in the study by taking a survey estimated to take 15 minutes. The data collected in the survey will help inform recommendations for funding, program structure, and culturally competent art therapy practice. Your unique perspective would be greatly appreciated in our study. Efforts will be made to keep your personal information confidential by utilizing Google Forms and collecting your response anonymously, though we cannot guarantee absolute confidentiality. Participation in this survey is voluntary and there will be no repercussions for those who do not participate in the study. Please see the attached link to begin the survey and view the attached Study Information Sheet for additional information on the study.

If you have already completed the survey, your participation is greatly appreciated. If you have not yet responded to the survey, we hope you will take a few minutes to complete it. The survey will close at the end of the week.

Survey Link: https://goo.gl/forms/GNscS6DxrOfX4imk2

Thank you for your time,

Courtney Thompson

Dani Yates

Masters of Art Therapy Candidates, Herron School of Art & Design

While completing the survey, please keep these definitions in mind:

Non-dominant: Not being of the dominant culture, which is defined as young and middle-aged adults, nondisabled people, Christian, European American, upper and middle class, heterosexual, U.S.-born Americans, and male.

Culturally competent: Taking into consideration "the specific values, beliefs, and actions influenced by a client's race, ethnicity, culture, nationality, gender, religion, socioeconomic status, political views, sexual orientation, geographic region, physical capacity or disability, and historical or current experiences with the dominant culture" (AATA, 2011, p. 1)

APPENDIX D

Online Survey Questions

Art Therapy in Schools with Students from Non-dominant Cultures

1. **What is your age?**
Mark only one oval.

- ◯ 20-29
- ◯ 30-39
- ◯ 40-49
- ◯ 50-59
- ◯ 60-69
- ◯ 70+

2. **What is your gender?**
Mark only one oval.

- ◯ Female
- ◯ Male
- ◯ Prefer not to say
- ◯ Other: _____

3. **What is your ethnicity or race? (Choose all that apply)**
Check all that apply.

- ☐ White/ Caucasian
- ☐ Black/ African American
- ☐ Latino/ Hispanic American
- ☐ East Asian/ Asian American
- ☐ South Asian/ Indian American
- ☐ Middle Eastern/ Arab American
- ☐ Native American/Alaskan Native
- ☐ Indigenous Heritage
- ☐ Biracial
- ☐ Prefer not to say
- ☐ Other: _____

4. **What state do you live in?**
Mark only one oval.

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Conneticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania

- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- I'd prefer not to say

5. **What are your credentials? (Choose all that apply)**
Check all that apply.

- [ ] ATR-P or New Professional
- [ ] ATR
- [ ] ATR-BC
- [ ] Counseling Licensure (ex: LMHC. LPC, etc.)
- [ ] Doctoral Degree (ex: PhD, PsyD, Doctor of Education)
- [ ] Teaching License or Certificate
- [ ] Other: _____

6. **As an art therapist, what role do you serve within the school? (Choose all that apply)**
Check all that apply.

- [ ] Art Therapist
- [ ] Art Educator
- [ ] School Counselor
- [ ] Outside Interventionist
- [ ] Part of the school counseling/psychology team
- [ ] Dual roles as art therapist and educator
- [ ] Other: _____

7. **What type of school do you work in? (Choose all that apply)**
Check all that apply.

- [ ] Public
- [ ] Private
- [ ] Charter
- [ ] Alternative School
- [ ] Day Program
- [ ] Other: _____

8. **Who is your employer?**
Mark only one oval.

- ◯ School System
- ◯ Outside Mental Health Agency
- ◯ Other: _____

9. **How is your art therapy program funded? (Choose all that apply)**
Check all that apply.

- [ ] Federal Grant Funded
- [ ] State Funded
- [ ] District Funded
- [ ] Other: _____

10. **How are sessions conducted? (Choose all that apply)**
Check all that apply.

- [ ] Within School Counseling
- [ ] Integrated into Art Education Curriculum
- [ ] Integrated into a Non-Art Education Curriculum
- [ ] After School Programming
- [ ] Other: _____

11. **What are the overarching goals of your art therapy treatment in your school? (Choose all that apply)**
Check all that apply.

- [ ] Enhance academic performance
- [ ] Increase attendance and decrease dropout rates
- [ ] Improve social skills
- [ ] Resolve classroom conflict
- [ ] Build coping skills
- [ ] Increase self-awareness
- [ ] Explore identity
- [ ] Other: _____

12. **How are students recruited to participate in art therapy? (Choose all that apply)**
Check all that apply.

- [ ] Referral by teacher
- [ ] Referral by school counseling/psychology team
- [ ] Referral from an outside agency
- [ ] Request to engage in services by self or parent
- [ ] Other: _____

13. **What grade level(s) are the students you work with? (Choose all that apply)**
Check all that apply.

- [ ] Kindergarten
- [ ] First-Fifth Grades
- [ ] Sixth-Eighth Grades
- [ ] Ninth-Twelfth Grades
- [ ] Other: _____

14. **Do you work with any of the following non-dominant populations? (Choose all that apply)**
Check all that apply.

- [ ] Individuals with developmental or cognitive disabilities
- [ ] Individuals with physical disabilities
- [ ] Individuals holding religious beliefs other than Christianity
- [ ] Economically disadvantaged individuals
- [ ] Individuals identifying with the LGBTQ+ Community
- [ ] Individuals of immigrant status or do not speak English
- [ ] Females
- [ ] Other: _____

15. **What is the ethnicity and race of your students? (Choose all that apply)**
Check all that apply.

- [ ] White/ Caucasian
- [ ] Black/ African American
- [ ] Latino/ Hispanic American
- [ ] East Asian/ Asian American
- [ ] South Asian/ Indian American
- [ ] Middle Eastern/ Arab American
- [ ] Native American/Alaskan Native
- [ ] Indigenous Heritage
- [ ] Biracial
- [ ] Other: _____

16. **What specific challenges have you noticed when working with non-dominant students? (Choose all that apply)**
Check all that apply.

- [ ] Language barrier
- [ ] Racial predjudice
- [ ] Difficulty involving parents in student treatment
- [ ] Complex behaviors/ resistance that complicate treatment
- [ ] Difficulty paying for therapeutic services
- [ ] Attendance
- [ ] Other: _____

17. **How do your art material choices and interventions reflect your multicultural competence? (Choose all that apply)**
Check all that apply.

- [ ] Alter instructions to fit the client's cognitive ability
- [ ] Alter instructions to fit the client's understanding of the English language
- [ ] Provide clients with magazine images that reflect diverse populations
- [ ] Exclude or utilize materials based on the cultural strengths or needs of the client
- [ ] Make use of art history education and cultural art forms to better connect with the client
- [ ] Have allowed the client to teach me a traditional art form that they are accustomed to using
- [ ] Other: _____

18. **What art therapy assessments have you used with non-dominant students? (Choose all that apply)**
Check all that apply.

- [ ] Draw-a-Person
- [ ] Langarten's Photo Collage Assessment
- [ ] Silver Drawing Test
- [ ] Belief Art Therapy Assessment
- [ ] Other: _____

19. **What training in cultural competency have you received? (Choose all that apply)**
Check all that apply.

- [ ] Graduate Level Course
- [ ] Seminar Course (Ex: attending a conference, CEU Course, etc.)
- [ ] Additional Certification (Ex: training for specific populations, sensitivity training, etc.)
- [ ] Other: _____

20. **What additional training in multicultural issues would you like to receive or think would have been beneficial prior to working with non-dominant populations?**

APPENDIX E

Attached with Cover Letter

INDIANA UNIVERSITY STUDY INFORMATION SHEET FOR

Art Therapy Program Recommendations in Schools for Students from Non-dominant Cultures

You are invited to participate in a research study of how current art therapy programs address the needs of non-dominant students in schools. You were selected as a possible subject because of your role as an art therapist in a public school**.** We ask that you read this form and ask any questions you may have before agreeing to be in the study.

Courtney Thompson and Dani Yates are co-investigators under the advisement of Private Investigator Eileen Misluk of the Graduate art therapy program of Herron School of Art & Design at Indiana University Purdue University Indianapolis.

STUDY PURPOSE

The purpose of this study is to gain the information needed to provide recommendations for a culturally competent art therapy program in schools.

PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will do the following things:

Complete an online survey through Google Forms. The survey link will be sent via email. The survey will be completed one time, and is estimated to take 15 minutes. After the first invitation

to participate in the study, you will have two weeks to complete the study. A reminder of the survey will be sent at the beginning of the second week after the original invitation is sent.

RISKS

The risks of participating in this research are possible loss of confidentiality and being uncomfortable answering the survey questions.

CONFIDENTIALITY

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the Indiana University Institutional Review Board or its designees, the study sponsor, Eileen Misluk, and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP), who may need to access your medical and/or research records.

PAYMENT

You will not receive payment for taking part in this study.

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study, contact the co-investigators Courtney Thompson at (317) 956-6905 or Dani Yates at (812) 621-1046 or Private Investigator Eileen Misluk (317) 278-9460.

For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects Office at (317) 278-3458.

VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with the Herron School of Art & Design at Indiana University Purdue University Indianapolis.

This research is intended for individual 18 years of age or older. If you are under age 18, do not complete the survey.

APPENDIX F

Survey Results

Table F1

Art Therapist Information

Participant	Q1. Age	Q2. Gender	Q3. Ethnicity/ Race	Q4. State	Q5. Credentials	Q6. Role	Q7. Type of school
1	30-39	Female	White/ Caucasian	VA	ATR; Counseling Licensure; Teaching License or Certificate	Art Therapist	Public
2	30-39	Female	White/ Caucasian	CA	ATR-BC; Counseling Licensure	Art Therapist; School Counselor	Public; Alternative School
3	30-39	Female	White/ Caucasian	TN	ATR-P or New Professional	Dual roles as art therapist and educator	Alternative School
4	30-39	Female	White/ Caucasian	NC	ATR-P or New Professional	Dual roles as art therapist and educator	Public
5	40-49	Male	White/ Caucasian; Jewish	NJ	ATR-BC; Teaching License or Certificate; LCAT	Art Therapist; Art Educator; Part of the school counseling/ psychology team; Dual roles as art therapist and educator	Public
6	20-29	Female	Biracial	KY	ATR; Counseling Licensure	Outside Interventionist	Public
7	20-29	Female	White/ Caucasian	KY	ATR-P or New Professional; LPATA	Art Therapist; Outside Interventionist	Public
8	20-29	Female	White/ Caucasian	IA	ATR-P or New Professional; T-LMHC	Art Therapist; School-Based Counselor	Public
9	20-29	Female	White/ Caucasian	TN	ATR	Art Therapist	Alternative School
10	40-49	Female	White/ Caucasian	NC	ATR-P or New Professional; Counseling Licensure; Teaching License or Certificate	Art Therapist; Art Educator	Alternative School

11	30-39	Female	White/ Caucasian	VA	ATR-P or New Professional; Teaching License or Certificate	Art Therapist	Day Program
12	20-29	Female	White/ Caucasian	VA	ATR-P or New Professional; Counselor in Residence	School Counselor; Therapeutic day Treatment	Public
13	40-49	Male	White/ Caucasian	FL	ATR-BC; Teaching License or Certificate; ATCS	Administrator	Public
14	20-29	Female	White/ Caucasian	NC	ATR; Counseling Licensure	Art Therapist	Public
15	50-59	Female	White/ Caucasian	IN	ATR-BC; Counseling Licensure	Mental health therapist doing art therapy	Public
16	30-39	Female	White/ Caucasian	KS	ATR	Art Therapist	Alternative School
17	30-39	Female	White/ Caucasian	MO	ATR-BC	Art Therapist; Art Educator; Dual roles as art therapist and educator	Public
18	30-39	Female	White/ Caucasian	IN	ATR; Counseling Licensure	Therapist	Public
19	40-49	Female	White/ Caucasian	TX	ATR-BC; Counseling Licensure	Art Therapist ;Part of the school counseling/ psychology team	Public

Table F2

Program Structure

Participant	Q8. Employer	Q9. Funding	Q10. How sessions are conducted	Q11. Goals	Q12. Recruitment

1	School System	District Funded	Integrated into Art Education Curriculum; Integrated into a Non-Art Education Curriculum	Improve social skills; Build coping skills; Increase self-awareness; Explore identity	Are part of a self-contained classroom within the school for groups; teacher/school counselor referred for individual sessions and small groups
2	Outside Mental Health Agency	District Funded	Within School Counseling	Improve social skills; Resolve classroom conflict; Build coping skills; Increase self-awareness; Explore identity	All students participate
3	School System	Private pay	After School Programming	Enhance academic performance; Improve social skills; Build coping skills; Increase self-awareness; Explore identity	Referral by teacher; Request to engage in services by self or parent
4	School System	I serve special education students, the school has money set aside for supplies. I get reimbursed.	Integrated into Art Education Curriculum; Integrated into a Non-Art Education Curriculum	Enhance academic performance; Improve social skills; Resolve classroom conflict; Build coping skills; Increase self-awareness	I am self contained classroom teacher. My students are provided services in the classroom.
5	School System	District Funded	Within School Counseling	Enhance academic performance; Increase attendance and decrease dropout rates; Improve social skills; Resolve classroom conflict; Build coping skills; Increase self-awareness; Explore identity	Referral by teacher; Referral by school counseling/psychology team; Request to engage in services by self or parent
6	Outside Mental Health Agency	Federal Grant Funded; State Funded; Donations	Within School Counseling	Enhance academic performance; Increase attendance and decrease dropout rates; Improve social skills; Resolve classroom conflict; Build coping skills; Increase self-awareness; Explore identity	Referral by teacher; Referral by school counseling/psychology team; Referral from an outside agency; Request to engage in services by self or parent

7	Outside Mental Health Agency	Community Mental Health Organization	Within School Counseling	Improve social skills; Build coping skills; Increase self-awareness; Explore identity	Referral by school counseling/psychology team; Referral from an outside agency; Request to engage in services by self or parent
8	Outside Mental Health Agency	Through my agency	Within School Counseling	Enhance academic performance; Increase attendance and decrease dropout rates; Improve social skills; Resolve classroom conflict; Build coping skills; Increase self-awareness; Explore identity; Mental Health	Referral by teacher; Referral by school counseling/psychology team;Request to engage in services by self or parent
9	Outside Mental Health Agency	For-Profit Residential program with school on site	clinical counselor	Improve social skills; Build coping skills; Increase self-awareness; Explore identity	No response given
10	Outside Mental Health Agency	Insurance	Integrated into a Non-Art Education Curriculum	Improve social skills; Resolve classroom conflict; Build coping skills; Increase self-awareness; Explore identity	Referral by school counseling/ psychology team; Referral from an outside agency
11	Non-profit organization	Federal Grant Funded; State Funded	After School Programming	Improve social skills; Resolve classroom conflict; Build coping skills; Increase self-awareness Explore identity	after school day treatment program that included art therapy groups as part of treatment
12	Outside Mental Health Agency	I use my art therapy skills within my role as a TDT counselor.	Within School Counseling; TDT	Improve social skills; Resolve classroom conflict; Build coping skills	Referral by teacher; Referral by school counseling/psychology team; Request to engage in services by self or parent

13	School System	Federal Grant Funded	As "Art Therapy" under related services on the IEP	to help the student better access educational opportunities	Referral by teacher; Referral by school counseling/psychology team; Request to engage in services by self or parent
14	Contract worker	I accept insurance for individual clients. Groups are funded by outside grants or through the school district.	Within School Counseling	Enhance academic performance; Improve social skills; Build coping skills; Increase self-awareness; Explore identity	Referral by teacher; Referral by school counseling/psychology team; Referral by social workers
15	Outside Mental Health Agency	Insurance - clients pay for their therapy	Individual, family and group therapy	Improve social skills; Build coping skills; Increase self-awareness; Explore identity; Reduce anxiety, depression, trauma focused,	Referral by teacher; Referral by school counseling/psychology team; Request to engage in services by self or parent
16	Outside Mental Health Agency	State Funded; District Funded; Donation, fundraising, and grants.	part of therapeutic curriculum	Improve social skills; Build coping skills; Increase self-awareness; Explore identity; Emotional regulation and self-regulation	All students participate in therapy groups as part of the curriculum.
17	School System	State Funded	Within School Counseling; Integrated into Art Education Curriculum	Improve social skills; Resolve classroom conflict; Build coping skills; Increase self-awareness; Explore identity	Referral by school counseling/psychology team
18	Outside Mental Health Agency	N/A	School-Based Therapist providing art therapy services within role	Enhance academic performance; Increase attendance and decrease dropout rates; Improve social skills; Resolve classroom conflict; Build coping skills; Increase self-awareness; Explore identity	Referred to work with me as their therapist. Begin art therapy services once I deem appropriate

19	School System	District Funded	art therapy as a related service (through the special education dept.)	Enhance academic performance; general improvement of emotional/behavioral functioning in the classroom setting	Referral by school counseling/psychology team; Request to engage in services by self or parent

Table F3

Student Information

Participant	Q13. Grade	Q14. Non-dominant populations	Q15. Ethnicity/Race
1	Kindergarten; First-Fifth Grades; Sixth-Eighth Grades; Ninth-Twelfth Grades; Until they age out of the public school system at 22	Individuals with developmental or cognitive disabilities; Individuals with physical disabilities; Economically disadvantaged individuals; Females; Individuals with mental health diagnoses	White/ Caucasian; Black/ African American; Latino/ Hispanic American
2	First-Fifth Grades; Sixth-Eighth Grades; Ninth-Twelfth Grades; 2nd grade through 10th	Individuals with developmental or cognitive disabilities; Individuals with physical disabilities; Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals identifying with the LGBTQ+ Community; Individuals of immigrant status or do not speak English; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American; East Asian/ Asian American; South Asian/ Indian American; Middle Eastern/ Arab American; Biracial
3	Kindergarten; First-Fifth Grades; Sixth-Eighth Grades; Ninth-Twelfth Grades	Individuals with developmental or cognitive disabilities; Individuals with physical disabilities; Individuals holding religious beliefs other than Christianity; Females	White/ Caucasian; Black/ African American; Biracial

4	Ninth-Twelfth Grades	Individuals with developmental or cognitive disabilities; Individuals with physical disabilities; Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals of immigrant status or do not speak English; Females	White/ Caucasian; Black/ African American; South Asian/ Indian American; Middle Eastern/ Arab American; Biracial
5	Kindergarten; First-Fifth Grades; Sixth-Eighth Grades	Individuals with developmental or cognitive disabilities; Individuals with physical disabilities; Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals of immigrant status or do not speak English; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American
6	Kindergarten; First-Fifth Grades; Sixth-Eighth Grades; Ninth-Twelfth Grades	Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals identifying with the LGBTQ+ Community; Females	White/ Caucasian; Black/ African American; Biracial
7	Kindergarten; First-Fifth Grades; Sixth-Eighth Grades; Ninth-Twelfth Grades	Individuals with developmental or cognitive disabilities; Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals identifying with the LGBTQ+ Community; Individuals of immigrant status or do not speak English; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American; East Asian/ Asian American; South Asian/ Indian American; Middle Eastern/ Arab American; Biracial; Refugees
8	Ninth-Twelfth Grades	Individuals with developmental or cognitive disabilities; Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals identifying with the LGBTQ+ Community; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American; East Asian/ Asian American; Biracial

9	Sixth-Eighth Grades; Ninth-Twelfth Grades	Individuals with developmental or cognitive disabilities; Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals identifying with the LGBTQ+ Community; Individuals of immigrant status or do not speak English; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American; Biracial
10	Kindergarten; First-Fifth Grades; Sixth-Eighth Grades	Individuals with developmental or cognitive disabilities; Individuals with physical disabilities; Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals identifying with the LGBTQ+ Community; Individuals of immigrant status or do not speak English; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American; Native American/Alaskan Native; Biracial
11	Kindergarten; First-Fifth Grades	Economically disadvantaged individuals; Individuals identifying with the LGBTQ+ Community; Individuals of immigrant status or do not speak English; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American; Biracial
12	Sixth-Eighth Grades	Individuals with developmental or cognitive disabilities; Economically disadvantaged individuals; Individuals identifying with the LGBTQ+ Community; Females	White/ Caucasian; Black/ African American; Biracial
13	Kindergarten; First-Fifth Grades; Sixth-Eighth Grades; Ninth-Twelfth Grades	Individuals with developmental or cognitive disabilities; Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals identifying with the LGBTQ+ Community; Individuals of immigrant status or do not speak English; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American; Biracial
14	Kindergarten; First-Fifth Grades; Sixth-Eighth Grades; Ninth-Twelfth Grades	Individuals with developmental or cognitive disabilities; Individuals with physical disabilities; Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals identifying with the LGBTQ+ Community; Individuals of immigrant status or do not speak English; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American; East Asian/ Asian American; South Asian/ Indian American; Middle Eastern/ Arab American; Biracial

15	Sixth-Eighth Grades; Ninth-Twelfth Grades	Individuals with developmental or cognitive disabilities; Individuals with physical disabilities; Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals identifying with the LGBTQ+ Community; Individuals of immigrant status or do not speak English; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American; East Asian/ Asian American; South Asian/ Indian American; Biracial
16	Kindergarten; First-Fifth Grades; Sixth-Eighth Grades; Ninth-Twelfth Grades	Individuals with developmental or cognitive disabilities; Individuals with physical disabilities; Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals identifying with the LGBTQ+ Community; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American; Biracial
17	Kindergarten; First-Fifth Grades	Individuals with developmental or cognitive disabilities; Individuals with physical disabilities; Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals identifying with the LGBTQ+ Community; Individuals of immigrant status or do not speak English; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American; Middle Eastern/ Arab American; Biracial
18	Kindergarten; First-Fifth Grades	Individuals with developmental or cognitive disabilities; Individuals holding religious beliefs other than Christianity; Economically disadvantaged individuals; Individuals of immigrant status or do not speak English; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American; East Asian/ Asian American; Middle Eastern/ Arab American; Biracial
19	Kindergarten; First-Fifth Grades; Sixth-Eighth Grades; Ninth-Twelfth Grades	Individuals with developmental or cognitive disabilities; Economically disadvantaged individuals; Females	White/ Caucasian; Black/ African American; Latino/ Hispanic American

Table F4

Art Therapy with Non Dominant Populations

Participant	Q16. Challenges/Needs	Q17. Material and intervention adaptations	Q. 18 Assessments
1	Complex behaviors/ resistance that complicate treatment; Attendance; Physical and cognitive impairments that effect individuals ability to attend	Alter instructions to fit the client's cognitive ability; Have allowed the client to teach me a traditional art form that they are accustomed to using	PPAT, FSA
2	Complex behaviors/ resistance that complicate treatment	Alter instructions to fit the client's cognitive ability; Alter instructions to fit the client's understanding of the English language; Provide clients with magazine images that reflect diverse populations; Exclude or utilize materials based on the cultural strengths or needs of the client; Have allowed the client to teach me a traditional art form that they are accustomed to using	Draw-a-Person
3	Language barrier; Difficulty involving parents in student treatment; Complex behaviors/ resistance that complicate treatment; Attendance	Alter instructions to fit the client's cognitive ability; Exclude or utilize materials based on the cultural strengths or needs of the client	Draw-a-Person; Langarten's Photo Collage Assessment
4	Language barrier; Difficulty involving parents in student treatment; Complex behaviors/ resistance that complicate treatment	Alter instructions to fit the client's cognitive ability; Alter instructions to fit the client's understanding of the English language; Provide clients with magazine images that reflect diverse populations; Make use of art history education and cultural art forms to better connect with the client	Draw-a-Person; Silver Drawing Test
5	Language barrier; Difficulty involving parents in student treatment; Complex behaviors/ resistance that complicate treatment	Alter instructions to fit the client's cognitive ability; Alter instructions to fit the client's understanding of the English language	Draw-a-Person; family kinetic drawing

6	Language barrier; Difficulty involving parents in student treatment; Difficulty paying for therapeutic services; Attendance	Alter instructions to fit the client's understanding of the English language; Exclude or utilize materials based on the cultural strengths or needs of the client	Draw-a-Person
7	Language barrier; Racial prejudice; Difficulty involving parents in student treatment; Complex behaviors/ resistance that complicate treatment; Difficulty paying for therapeutic services	Alter instructions to fit the client's cognitive ability; Alter instructions to fit the client's understanding of the English language; Provide clients with magazine images that reflect diverse populations; Exclude or utilize materials based on the cultural strengths or needs of the client; Make use of art history education and cultural art forms to better connect with the client; Have allowed the client to teach me a traditional art form that they are accustomed to using	Draw-a-Person; H-T-P, K-F-D, K-S-D
8	Racial prejudice; Difficulty involving parents in student treatment; Complex behaviors/ resistance that complicate treatment; Difficulty paying for therapeutic services; Attendance	Alter instructions to fit the client's cognitive ability; Make use of art history education and cultural art forms to better connect with the client; Have allowed the client to teach me a traditional art form that they are accustomed to using	No response given
9	Racial prejudice; Difficulty involving parents in student treatment; Complex behaviors/ resistance that complicate treatment	Alter instructions to fit the client's cognitive ability; Alter instructions to fit the client's understanding of the English language; Provide clients with magazine images that reflect diverse populations; Exclude or utilize materials based on the cultural strengths or needs of the client; Have allowed the client to teach me a traditional art form that they are accustomed to using	Silver Drawing Test

10	Difficulty involving parents in student treatment; Complex behaviors/ resistance that complicate treatment; Attendance	Alter instructions to fit the client's cognitive ability; Alter instructions to fit the client's understanding of the English language; Provide clients with magazine images that reflect diverse populations; Exclude or utilize materials based on the cultural strengths or needs of the client; Make use of art history education and cultural art forms to better connect with the client; Have allowed the client to teach me a traditional art form that they are accustomed to using	Draw-a-Person; Silver Drawing Test; Belief Art Therapy Assessment
11	Racial prejudice; Difficulty involving parents in student treatment; Complex behaviors/ resistance that complicate treatment; Attendance	Alter instructions to fit the client's cognitive ability; Provide clients with magazine images that reflect diverse populations	Draw-a-Person; AT-PIA
12	Racial prejudice ;Difficulty involving parents in student treatment; Complex behaviors/ resistance that complicate treatment	Alter instructions to fit the client's cognitive ability; Provide clients with magazine images that reflect diverse populations	No response given
13	Language barrier; Difficulty involving parents in student treatment	Alter instructions to fit the client's cognitive ability; Alter instructions to fit the client's understanding of the English language; Provide clients with magazine images that reflect diverse populations; Exclude or utilize materials based on the cultural strengths or needs of the client; Make use of art history education and cultural art forms to better connect with the client; Have allowed the client to teach me a traditional art form that they are accustomed to using	Silver Drawing Test; Levick Cognitive and Emotional Art Therapy Assessment

14	Language barrier; Difficulty involving parents in student treatment; Complex behaviors/ resistance that complicate treatment	Alter instructions to fit the client's cognitive ability; Alter instructions to fit the client's understanding of the English language; Provide clients with magazine images that reflect diverse populations; Exclude or utilize materials based on the cultural strengths or needs of the client; Have allowed the client to teach me a traditional art form that they are accustomed to using; Adapting materials for physical disabilities, such as having adaptive tools or cuffs	Person Picking an Apple (or "Fruit") from a Tree
15	Difficulty involving parents in student treatment; Complex behaviors/ resistance that complicate treatment; My facility pays for language interpreters	Alter instructions to fit the client's cognitive ability; Alter instructions to fit the client's understanding of the English language; Provide clients with magazine images that reflect diverse populations; Exclude or utilize materials based on the cultural strengths or needs of the client; Make use of art history education and cultural art forms to better connect with the client; Have allowed the client to teach me a traditional art form that they are accustomed to using; Often show kids how found objects can be used in cost effective manner	Draw-a-Person; KFD
16	No response given	Alter instructions to fit the client's cognitive ability; Alter instructions to fit the client's understanding of the English language; Provide clients with magazine images that reflect diverse populations; Exclude or utilize materials based on the cultural strengths or needs of the client; Make use of art history education and cultural art forms to better connect with the client; Have allowed the client to teach me a traditional art form that they are accustomed to using	Draw-a-Person; Silver Drawing Test

17	Language barrier	Alter instructions to fit the client's cognitive ability; Alter instructions to fit the client's understanding of the English language; Provide clients with magazine images that reflect diverse populations; Exclude or utilize materials based on the cultural strengths or needs of the client; Make use of art history education and cultural art forms to better connect with the client	Draw-a-Person
18	Difficulty involving parents in student treatment; Need for advanced cultural competency training	Alter instructions to fit the client's cognitive ability; Alter instructions to fit the client's understanding of the English language; Provide clients with magazine images that reflect diverse populations; Have allowed the client to teach me a traditional art form that they are accustomed to using	No response given
19	Difficulty involving parents in student treatment; Complex behaviors/ resistance that complicate treatment; Attendance	Alter instructions to fit the client's cognitive ability; Exclude or utilize materials based on the cultural strengths or needs of the client	Silver Drawing Test; Expressive Therapies continuum Assessment

Table F5

Cultural Training

Participant	Q19. Training Received	Q20. Training Desired
1	Graduate Level Course; Seminar Course	More training focused on individuals with physical and intellectual disabilities
2	Graduate Level Course; Seminar Course	One with an emphasis on cultural humility rather than competency.
3	Additional Certification	No response given

4	Graduate Level Course; Seminar Course; Additional Certification	No response given
5	Graduate Level Course; Seminar Course	post graduate workshops
6	Graduate Level Course	No response given
7	Graduate Level Course; Additional Certification; Practicum placement at Survivors of Torture Recovery Center, serving refugees	Courses led by non-dominant populations
8	Graduate Level Course; Seminar Course; Additional Certification	No response given
9	Graduate Level Course; Additional Certification	No response given
10	Graduate Level Course	No response given
11	Graduate Level Course	More than just one graduate level course. Perhaps other courses based on individuals interests available (LGBTQ population, etc.)
12	Graduate Level Course; Seminar Course	No response given
13	Seminar Course; Additional Certification	No response given
14	Graduate Level Course; Seminar Course	Additional training in working with interpreters would be helpful
15	Seminar Course	I often do research if client comes from non dominant culture.
16	Graduate Level Course; Seminar Course	Increased offerings of such educational options would be helpful.
17	Graduate Level Course; Seminar Course; Additional Certification	No response given

18	Graduate Level Course; Seminar Course; Additional Certification	Immigrant/Refugee info
19	Graduate Level Course; Seminar Course	I received my MA in 1992; I'm sure the multicultural courses offered nowadays are stronger than they were back then. I would welcome ANY training in multicultural issues--they're at the heart of what we do, and we can never be too familiar with them.