

THE FIELD OF WORK OF THE SCHOOL ART THERAPIST AND ITS UNIQUE POTENTIAL FOR THE SCHOOL'S SUPPORT TEAM

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Abstract

Qualitative research was carried out to examine the first experiences of the implementation of art therapy in Estonian schools. The aim was to ascertain the facets of the activities of the school art therapists and the potential of art therapy in the work of a school's support team.

Within the framework of the research, art therapists and management staff from four general-education schools were interviewed. The work foci and specifics of the art therapist's work were described on this basis, and the potential of school art therapy in reaching educational goals was highlighted. The interviewees characterised the work of a school art therapist in terms of the artistic and creative nature of art therapy, the co-operation-based supportive therapeutic relationship; the variability of the forms of work; and the mitigating, relaxing, and school-adaptation-supporting effect of art therapy. Management staff indicated that the art therapist enriches the work of the school's support system, as creativity-based methods make the strengths and development potential of students more visible, it is possible to choose from among various specialists to help children, and art therapy can be applied as a primary preventive intervention.

Keywords: *school art therapy, artistic expression, art therapeutic relationship, content of school art therapy.*

Introduction

The Estonian Education System and Art Therapy

Estonia's *Basic Schools and Upper Secondary Schools Act 2010* stipulates the principle of inclusive education (§6, para. 1). The concept of learning endorsed in it emphasises learner-centredness, respect for students' autonomy, knowledge of the subjective world of the child, support for healthy relationships and learning-related motivation, competence-based learning, and a constructivist approach to teaching (Kikas, 2017; Timoštšuk, 2017). Since 2014, schools have begun to employ art therapists, whom the Estonian Qualifications Authority (2014) defines as specialists in psychotherapeutic treatment and rehabilitation. In their work, art therapists purposefully use creative self-expression based on non-verbal and visual art. At the core of art therapy is a triangular therapeutic relationship: therapist–client–art.

The figures and symbols of artwork help the children to formulate their thoughts and feelings. Patterson and Hayne (2011) and Driessnack (2005) confirmed with their studies that when children were able to draw while talking about their experience, more information came to light. Woolford, Patterson, Macleod, Hobbs, and Hayne (2015) asked 33 children aged 5–12 years whether they would prefer only to talk about their mental-health problem or instead also

draw at the same time. It turned out that 55% of the children favoured drawing while talking. After speaking about their health problems in the manner they preferred, the children were asked again about their preferences, and 47% of the ones who were drawing and talking and 62% of those who were just talking replied that they would choose drawing.

In the Estonian education system, the benefits of artistic activities are understood and valued. The description of art subjects in the National Curriculum for Basic Schools (2011, Annex 6) characterises art as an emotionally oriented and balancing activity. The curriculum highlights the development of students' emotional world, figurative thinking, and creative problem-solving skills through artistic activities. The benefits of working through art are particularly evident for children whose verbal self-expression is hindered or restricted for any of various reasons. Self-expression via creation does not depend on verbal-expression abilities or courage to exercise these; rather, it gives the child a second, alternative way and channel of communication (Rubin, 2005).

In the academic literature, one finds numerous examples of the development of learning skills of children with special needs and their involvement in learning by means of artistic expression (Anderson, 2015; Stepney, 2010). Teaching methods based on visual arts have been used to develop various cognitive skills, such as spatial layout, classification, and ordering skills. Art-based activities can support children's memory processes and conceptual thinking (Ottarsdottir, 2018; Silver, 2007). Drawing and painting various lines and shapes and incorporating letters and numbers into their work can support children's fine motor skills and penmanship. In addition, these activities have been used to develop children's reading skills and text comprehension (Ottarsdottir, 2010; Richards, 2003). This creates solid conditions for integrating art therapy with a school's support services and for implementing school art-therapy options to support students' academic motivation and abilities.

In Estonia, students with special educational needs generally study at the school of their place of residence, and their participation in learning is supported by various support measures. Educational materials are made more adaptive through visualisation and a playful approach. Learning aids, individualised curricula, and special classes are used as well. In a survey conducted by the Estonian Centre for Applied Research, 25,800 children were determined to have special education needs in 2014, whereas 137,236 primary-school students obtained general education in the 2014–2015 academic year ("HaridusSilm," n.d.). The most common problems were numeracy, reading, and writing difficulties; activity and attention disorders; and permanent psychological special needs (Räis, Kallaste, & Sandre, 2016). Students' participation in learning must be supported by schools' support specialists – a psychologist, social pedagogue, special-education teacher, and speech therapist. They work with students and also advise teachers and parents. Art therapists have not yet been added to this list, defined by the Ministry of Education and Research, as theirs is a new and developing support service in Estonia. However, the need for it is clear, as 40–60% of schools have problems with access to school-based support services (Ministry of Education and Research of Estonia, 2017).

Studies of the Effects and Application of School Art Therapy

According to Moriya (2000), the most general objective of school art therapy is to support students' learning potential. Describing the results of the art-therapy programme she ran at New York's Wiltwyck School for Boys in 1949–1956, one of the first art therapists in a school setting highlighted the kinaesthetic element of art therapy as a value that helps to reduce students' tension, relieve stress, and redirect energy that might otherwise be used in an unacceptable way (Kramer, 1979). Other art therapists who have worked with children (Shore, 2013; Stepney, 2010) point out that the artistic expression process provides children with experience of self-control and success. The playfulness of artistic activities supports psychological, emotional,

and social development during childhood (Rubin, 2005). Also, in the process of creating art, teenagers can experience independence in finding suitable creative solutions and using personal or age-specific symbols and metaphors (Riley, 1999). Group art therapy can support students' co-operation skills, their senses of unity and belonging, and various relationships in the school environment (Cortina & Fazel, 2015; Nigmatullina & Gerasimenko, 2016; Sutherland, Waldman, & Collins, 2010).

The application of art therapy in schools in numerous countries has yielded a good practice-based overview. However, there remains a lack of high-quality research. McDonald and Drey (2018) analysed the studies of school art therapy published in the United Kingdom, the United States, Iran, and Israel in 1993–2013 and found that only four of them were qualified in terms of research design. From these, it could nonetheless be concluded that the art therapy implemented in the relevant schools was useful in alleviating behavioural problems, anxiety disorder, oppositional defiant disorder, and learning difficulties.

Proceeding from interviews with students, their parents, teachers, and art therapists, Deboys, Holttum, and Wright (2016) have presented a model of school art therapy that emphasises the systematic nature of art therapy. The objectives of the child, parents, and school are taken into account jointly, and feedback is given to all parties on the findings from the therapy process. These researchers saw the core of art therapy as resting in its individual-based approach and child-centredness. Interviews with students revealed that participation in art therapy was deemed safe, making them happier and more confident. Also, the nature of art therapy as a form that supports playfulness and expressing feelings was valued. Deboys et al. pointed out in the recommendations based on their research findings that the therapeutic experience must always be enjoyable for the child.

The impact of art therapy on students' mental-health problems was highlighted in Cortina and Fazel's study (2015) in which about a thousand 5–16-year-old students participated in art therapy to support remaining in school. Before and after the intervention, 169 of these students were evaluated by the teachers in line with the Strengths and Difficulties Questionnaire (SDQ) instrument. The teachers estimated that these students' emotional, relationship, and behaviour problems and their hyperactivity were reduced, and their behaviour became more prosocial: 60 students matched the description for the relevant clinical psychiatric diagnosis before the intervention and 35 after the intervention. Also, before and after the intervention, 55 students evaluated their mood and feelings via the Mood and Feelings Questionnaire (sMFQ). Before the intervention, 22% of students displayed the symptoms of depression, and 4% showed the symptoms after the intervention.

In Israel, Keinan, Snir, and Regev (2016) conducted research on classroom teachers' views on the benefits of art therapy. The 15 teachers participating in the research, all of whose students had participated in long-term art therapy, considered this therapy to be necessary in the school environment because the views of and co-operation with professionals in multiple fields help one understand students, and offering the service in school renders it accessible to those who would otherwise not be able to receive it. The teachers appreciated that art therapy allows students to distance themselves from situations wherein the need for achievement comes first and that it aids in revealing various abilities and talents of students that might not be evident in the context of traditional teaching. The environment of art therapy was seen as a safe setting for portraying and talking about feelings and for teaching life skills. It was specifically mentioned that art therapists can advise teachers on the integration of art-therapy techniques into classes.

Another group of Israeli researchers, Regev, Orlovich, and Snir (2015), involved 15 school art therapists in efforts to examine which aspects of the work of an art therapist needed improvement. The therapists noted a need to increase the awareness of school staff about the duties of the therapist and about the art-therapy process. In addition, issues with the co-operation among the various parties (ensuring privacy for students, differences in perceptions

between therapists and teachers about the situations and students, etc.), unrealistic expectations of teachers for the effectiveness of art therapy, and problems with the provision of suitable spaces and resources at the school were highlighted as bottlenecks for school art therapy.

Duties of the School Art Therapist

Describing and studying the content of the work of school art therapists has been a focus of interest at various points in time. The following descriptions of the work done by a school art therapist are based on the 'work levels' of the art therapist as presented by Bush (1997), supplemented by materials from Randick and Dermer (2013), Glassman and Prasad (2013), and Gonzalez-Dolginko (2008) on the facets of a school art therapist's work.

Intervention:

- One-on-one and group interventions to support the participation of students in learning processes (to alleviate academic difficulties and mental-health problems) and to solve students' learning- and adaptation-related problems (Bush, 1997; Glassman & Prasad, 2013; Gonzalez-Dolginko, 2008; Randick & Dermer, 2013)
- Preventive art-therapy programmes targeted for all students, to support a positive school climate and participation in learning processes (Randick & Dermer, 2013), alongside students' cognitive, emotional, and professional development (Glassman & Prasad, 2013)
- Social-skills lessons – related to the curriculum or based on student-specific factors – that support social and personal development, positive attitudes to school, self-management, and career development (Bush, 1997; Randick & Dermer, 2013)
- Integration of art-based activities into subject-focused lessons, along with participation in individualised curriculum development (Glassman & Prasad, 2013; Gonzalez-Dolginko, 2008)
- Collaboration with parents; teachers; and, where appropriate, institutions outside the school (Glassman & Prasad, 2013; Gonzalez-Dolginko, 2008; Randick & Dermer, 2013)

Evaluation and research:

- Evaluation of the performance of art therapy in relation to individual-level and group-based interventions and to personal- and social-skills development in lessons (Glassman & Prasad, 2013; Randick & Dermer, 2013)
- Use of reliable art-based assessment techniques in co-operation with parents and teachers, in order to assess the cognitive and personal development and academic strengths and weaknesses of students for ensuring the best support for educational interventions, coupled with participation in evaluation of the reaching of the goals specified in individual-specific curricula (Bush, 1997; Glassman & Prasad, 2013; Gonzalez-Dolginko, 2008; Randick & Dermer, 2013)
- Carrying out of studies to evaluate the effectiveness of school programmes and services in terms of students' academic success and behaviour, for enhancing the creation of new knowledge to support students' learning and good behaviour (Bush, 1997)

Consultation:

- Advising of parents, teachers, and other support specialists on issues related to students' development, learning, social skills, and behaviour, combined with implementation of art-based activities (Bush, 1997; Glassman & Prasad, 2013; Randick & Dermer, 2013)

Training:

- Organisation of training for teachers and school staff to teach art-based activities as part of the learning process of students with special needs, for informal assessment, and for understanding the relationship between the cognitive and emotional development of students and artistic expression (Bush, 1997; Glassman & Prasad, 2013)
- Arrangement of workshops for teachers and school staff to support team cohesiveness and positive self-expression of teachers (Randick & Dermer, 2013)
- Clarification of the work specifics of an art therapist, including how this occupation differs from that of a school counsellor or an art teacher, others who use art in their work (Randick & Dermer, 2013)
- Supervision of art-therapy university students who do their internship in a school (Glassman & Prasad, 2013; Gonzalez-Dolginko, 2008)

Although studies attest to the appropriateness and benefits of art therapy in supporting the development and mental health of children, of different age groups, bringing art therapy to the school environment requires consistency in the setting of educational and therapeutic goals. Wengrower (2001) has described this as finding a common ground between two cultures – educational and therapeutic – on the basis of the needs of the student. The research reported upon here was focused on school art therapists, who shape and create the content of this new support service. The aim for the research was to find out how school art therapists support the reaching of educational goals through therapeutic activities.

On this basis, two research questions were formulated:

- 1) What are the specifics of the work of art therapists?
- 2) What is the potential of art therapy in achieving educational goals?

Research Methodology

General Background

There are still few art therapists working in Estonian schools, and art therapy is a new support service for schools. Therefore, a qualitative approach was chosen to explore school art therapy in Estonia, to afford more detailed description and in-depth understanding of school art therapy through the lens of the experiences of art therapists and school managerial staff. For collecting information about the work of the art therapists, work analysis (Landis, Fogli, & Goldberg, 1998) was carried out in January–March 2018. This method is one of the most widely used instruments that characterise occupations, and it is well suited to describing the tasks, work conditions, work specifics, key work results, and areas for improvement.

The Sample and Its Selection

The research included every art therapist working in a school setting in Estonia: five art therapists, at four schools, with 1–4 years of work experience in a school setting. The therapists were between 26 and 44 years of age.

There were four types of schools at which the art therapists worked: 1) ordinary school, where simplified and coping- and care-related teaching are provided; 2) school for children with learning difficulties; 3) school for children with affective and behavioural disorders; and 4) school for children with education-related special needs, at which simplified teaching is provided. For the most part, the art therapists worked with children aged 7–12. All of the therapists belonged to the support teams of schools, the composition of which depended on the school's peculiarities and needs. At the schools, other specialists on the support team were

school psychologists, social pedagogues, special pedagogues, speech therapists, and social workers. All art therapists had a dedicated room and the opportunity to use various methods of art in the work. At the time of the research, the therapists were submitting reports about their work 1–2 times per academic year.

The research also included managers at the schools ($n = 7$): three heads of studies, two directors, one head of social services / social pedagogue, and one lead social worker.

The Research Procedure and Ethics Aspects

The work analysis for the art therapists was divided into two parts, to address 1) the specifics of the school art therapists' work and 2) the potential of art therapy for reaching educational goals.

At the outset, five art therapists were sent a questionnaire via e-mail, which allowed gathering information about their work tasks, work loads, reporting, the target groups, and work arrangements. The information obtained in the survey was used to develop a protocol for semi-structured interviews. Personal interviews were conducted with three of the therapists, and a small-group interview was carried out with the two therapists who worked at the same school. The interview duration was 1–1.5 hours. The analysis presented here addresses the interview topics specifically related to the school setting: the art therapist's target group and work tasks at the school, along with the experiential evaluation of work performance – benefits for the children and teachers.

To ensure the reliability of data analysis and assure that the contents of the interviews were interpreted correctly, feedback was sought from the art therapists. Then, a focus-group interview was conducted, in which four of the art therapists participated. The objective for the focus-group interview was to specify the distinct aspects of the work of art therapists and the difference from other support specialists' work. Participants in this interview shared their experiences and discussed their perspectives. This aided in reaching consensus, which could not have been achieved with one-on-one interviews (Wilkinson, 2004). The focus-group interview was recorded and transcribed. In line with the information collected, the art therapist's work description was specified, and an expanded version was sent out for further feedback. All five therapists sent their comments via e-mail.

In unstructured interviews with the managerial staff of the schools, the interviewee was asked to describe in free form how the relevant school had implemented art therapy and what results had been observed.

Participation in the research was voluntary. Oral consent was received for recording the interviews. Best-practice principles of confidentiality have been followed in the processing and presentation of the data. The interviewees were assigned code tags, in which 'T' signifies a therapist and 'J' a person who belongs to a school's management staff. In the extracts presented below, the language has been streamlined slightly and mildly adjusted for clarity, without changes to the content or key characteristics.

Data Analysis

All interviews were recorded with a voice recorder, and the recordings were transcribed. The text was analysed by means of qualitative content analysis (Laherand, 2008), wherein the text was first broken into meaningful units (such as paragraphs) via open coding, which led to a better understanding of the empirical material. The codes that meshed with each other in terms of content were grouped into categories, which were then organised into main themes by means of axial coding. Also, quantitative analysis was conducted for the categories, to determine the number of art therapists and the number of school managerial staff who had mentioned a particular category in their interview.

Research Results

All art therapists who participated in the survey are part of support teams at schools. A child is usually assigned to art therapy via decisions made jointly by teachers and support specialists. The target groups with whom the therapists work depend on the specifics of the schools: schoolchildren with learning difficulties in mainstream and small classes, children with affective and behavioural disorders, children with adaptation difficulties, and children taking part in a simplified study programme.

The Facets of the School Art Therapists' Work

Six items were found to characterise the specifics of the work of an art therapist in an Estonian school. These are discussed below, as highlighted in the interviews with the art therapists and managers, and Table 1 presents the numeric breakdown for art therapists and school managerial staff who mentioned them in their interviews.

Table 1. Interviewee-specified aspects of an art therapist's activities.

Aspects of art therapy	Art therapists (n = 5)	Management staff (n = 7)	All interviewees
Activity and creation-based work	5	7	12
Various forms of work	4	7	11
Therapeutic lessons	4	5	9
A grounding and calming effect	5	4	9
The therapeutic relationship	5	2	7
Supporting adaptation		7	7

To characterise the categories, the opinions of art therapists have been grouped together to form general descriptions, while subject-related quotes have been taken from the interviews with managerial staff.

The most important category turned out to be **focusing on action**. Illustrative comments by two managers at the schools are presented below:

I think that it is significantly different from the work of a school psychologist. Art therapy is a practical job; it helps to develop social skills. A psychologist talks, listens, and does not too many practical things, maybe tests, games. In art therapy, the children give more of themselves through actions. (J4)

Our children have [erected] many protective barriers. Sometimes I cannot approach them myself, but in a creative situation they forget about these barriers and [so] a child is more visible. (J3)

The second activity element highlighted by both art therapists and managers, of almost equal importance to the first, is the so-called **therapeutic lessons**. These are therapeutic activities integrated into the timetable. Specific practices differed by school: art-therapy activities once a week for children with a simplified study programme; art-therapeutic social-skills lessons in small classes (for instance, once a week in place of an art class) or in year 1 to develop communication and behaviour skills; and/or support lessons that are part of the set timetable, the objective of which is to enable a grounding and calming environment for the children in the form of a creative activity during the school day. The managerial staff saw the benefits of

therapeutic lessons as lying in integrating the children into the school, teaching them skills, and providing activities that ground and regulate the stress of the school day.

The teachers say that the children's belief in their own abilities increases if they see that they can cope in this lesson. This also gives them greater self-confidence: maybe they could also cope with mathematics. Supports the children a lot. The teachers are satisfied. (J4)

It helps to normalise the relationships a lot. An art therapist uses these activities to teach children how to cope with relationships between themselves. It seems to me that children like to attend these lessons. (J5)

Art therapists highlighted two features more than the managerial staff did. Firstly, they cited the **grounding and calming effect** of art therapy, which the art therapist finds to be created by the students taking the active role in decisions on which tools and activities to use and being allowed to rely on their strengths. This gives them a sense of control and safety when expressing their feelings. A manager made the following comment:

My expectation for an art therapist has definitely been – and the therapist has met this expectation – that the child becomes free of tension. In addition, they learn how to fix relationships and acquire social roles and can ground their anxiety themselves. And art therapy is very useful as such a regulator. (J5)

The second feature was the **therapeutic relationship** inherent to art therapy. This often remains the personal experience of the participants in the therapy and goes unnoticed by others, so it was mentioned mainly in the interviews with the art therapists. The therapists mentioned that the basis of a therapeutic relationship is a focus on the child's needs and strengths. Taking those needs into consideration is supported by an activity-based approach and assigning the students the expert role when targeting the therapy and when choosing its means and activities. The variability of art therapy enables highlighting each child's strengths. One of the managers characterised art therapy thus:

It is still based on deep human contact. If anything helps at all, then it would be understanding, good, warm human contact with another person. Usually, a child who ends up in therapy has not experienced this a lot. (J1)

The **various forms of work** were given great weight by both art therapists and the managers. The art therapists highlighted that their work allows great variability thanks to their versatile tools and methods of work. Usually art therapy is conducted one-to-one, but art therapists are trained to work with groups (such as a class), dyads (two children or teacher+child), or an open-studio-format group (an open creative group) as well. Group work is used principally with a proactive orientation, to support the well-being of the children and their adaptation to school and to learning skills.

All of the managers highlighted the personalised approach, which is essential for these students, the helping of whom requires therapy (e.g., for attachment disorder, dysfunctional family relationships, traumas, depression, anxiety, or adaptation difficulties) and who would otherwise not be admitted to psychotherapy at all.

Somewhere from year 7, when children's self-image sharpens significantly, it is especially necessary that someone hold their hand and not talk about homework; that is not primary. Then we shall provide art therapy. Some of the students have taken medicine for years and say that it does not get better – they cannot control their impulses. Art therapy offers them the possibility of being successful. (J1)

One member of school managerial staff noted that an art therapist can work with many kinds of children:

These are children who think differently. Small children or children with low intellectual capacity, who cannot analyse their problems with a psychologist and for whom that would not help. Then we have agreed with the parents that we would assign the child to art therapy. The children can express themselves and then talk as long as they need to. They can talk in the way they feel, think, understand. (J7)

It is interesting that only the managerial staff of the schools mentioned **supporting adaptation to school** as a specific feature of art therapy in schools. Art therapy in the school setting was cited as helping children who had learning difficulties and behavioural and affective disorders but also first-year students in mainstream schools. It was stated that the target group of art therapy consists mostly of students whose motivation to attend school is low and who require motivational success experiences to be part of their studies and of children who, because of their mental-health issues, require gradual adaptation to school.

Art therapy is important as a motivator for going to school. There is a huge difference [between] when you are in a maths class or a practice lesson and nothing goes right [and when] you are with an art therapist, do something creative, and receive positive feedback. It is a good motivator. For many children who do not want to attend school, we use art therapy as a motivator. (J5)

Helping children who need special support is complicated. Sometimes when you don't know how to help them, art therapy is one possibility for finding the child something to do. If they cannot participate in the learning because of their problems and health condition, then maybe they connect with art therapy and thus be more connected to school. (J4)

If a new child comes to school, it is better if they are first empowered with soft measures. For instance, recently two children came who first started going to art therapy and once this worked, we taught them how to go for lunch, etc. (J1)

The Potential of Art Therapy for Reaching Educational Goals

All the managerial staff found that the specifics of the work of an art therapist enrich the work of the support system by **allowing one to obtain additional information**. Through exploiting creativity-based activities, it is possible to detect certain learning- and behaviour-related strengths of children and aspects that need development, which may not be apparent with verbal work methods or tests.

If a classroom teacher needs support for some children, then an art therapist is a useful co-worker for a school psychologist. They can share information, discuss things, think about some things together. (J1)

As the art therapist is a member of our team, their therapy sessions are instructive and give us good information on how to cope with the child. The art therapist can instruct the rest of us. (J2)

Five managerial staff members prioritised **being able to choose from among several types of specialists** (on the personal level, on the basis of their methods, and/or in accordance with the child's specific problems).

We have sensitive girls whose families have had problems [and] if they do not want to discuss them with a psychologist, we use art therapy. (J7)

Four of the managers stated that **art therapy should be implemented as the primary preventive approach**. For instance, in one school an art therapist monitored the lessons in the first-year classes to find out whether there were any children with adaptation issues or other difficulties. Art therapy was used to support coping with difficulties, and, if this was required, the child was later sent to the psychologist.

In another school, the first-year timetable included a lesson wherein skills stemming from art therapy were taught. These skills were chosen on the basis of the observations made by the teachers and the therapist.

The early intervention. If you notice that something is wrong, then the art therapist shall first intervene to relieve tension, find out the student's problem, and only then is it possible to start helping purposefully. (J2)

The art therapist has organised very nice family mornings for the first-years. It connects them. The classroom teacher does it differently, and the art therapist too uses a unique approach. I have high expectations for art therapy. (J4)

In the interviews, the art therapists' enthusiasm for their work and their desire to contribute to supporting the school's well-being and the coping of the children shone through, as did the openness of the school's managerial staff to the work methods employed in art therapy.

This research highlighted the following areas of **development potential** for art therapy in schools: enquiry from children's and parents' perspective alike; complementing the evaluation methods in co-operation with a school psychologist; the introduction of art therapy in schools and in the local community; the actualisation of art therapists' potential in the training of teachers, to raise awareness of how to use simple art-based inclusion, teaching, and emotion-management activities in classes and within individual curricula; and study of the effects of art therapy in schools.

Discussion

The research focused on the specifics of the work, role, and facets of the activities of an art therapist in a school. The art therapist differs from the other support specialist at a school by using work methods that are based on creative activities. Under the therapist's guidance, activities with interesting artistic tools create a therapeutic space – a predictable and safe environment – for the children, which reduces students' anxiety, improves their internal and external ability to organise and control themselves, and supports their adaptation to school.

In its essence, art therapy can be considered a constructivist approach to learning because of its experiential, hands-on way of working with art materials – new knowledge is acquired by engaging in art and giving a personal meaning to the creative process and the art product. Art therapy also supports the student's autonomy and competence-based teaching. These are the educational features that are at the focus of the emerging concept of learning (Kikas, 2017). The creative process is based on the children's initiative and strengths with regard to the art materials and techniques that they wish to use. The creative process evokes self-reflection in which the child describes his or her thoughts, feelings, experiences, and new knowledge related to the artwork and the links to day-to-day or school life. The variability of art therapy lets one take into account the children's individual peculiarities. Moreover, art therapists can help teachers with art-based work methods that enable using an active approach that would better motivate students both in mainstream classes and in the individualised approach used for students with special needs.

In light of the research presented here, it seems important to stress that art therapists working in schools but also school managerial staff prioritised the possibilities and efficiency of art therapy, which have been cited in earlier articles on school art therapy and the performance of children's art therapy. For instance, the potential of art therapy to alleviate children's emotional tensions and to support positive behaviour and school relationships has been described by Cortina and Fazel (2015), Kramer (1979), and Sutherland et al. (2010).

All the art therapists and managers stated that the creation- and action-based essence of art therapy in schools is vital because of the artistic self-expression. As Rubin (2005) has stressed, it depends neither on the child's verbal self-expression ability nor on the child's readiness. The therapist sees the child's needs, peculiarities, and strengths at the level of communicative, behavioural, and cognitive functions when working with art tools. When this information is shared confidentially with teachers and other support specialists, it is possible to together plan the (support) activities needed to achieve the educational objectives for the children.

Both art therapists and managerial staff highlighted therapeutic lessons' potential to teach social skills, support a positive classroom environment, and relieve the tensions of the school

day. The value of therapeutic lessons conducted by school art therapists has been highlighted already by Gonzalez-Dolginko (2008) and by Randick and Dermer (2013). In traditional teaching, the focus is on an approach that, while it does consider the children's needs, is also tied to rules and instructions laid down by the teacher. In an art-therapy session, the therapist is more like a companion acting in co-operation with the children, someone who provides opportunities to make choices safely in creative self-exploration processes and in the process of creating meanings and knowledge. Both the teacher and the school art therapist, with their profession-specific methods, contribute to supporting the students' development and their well-being in line with their needs (Wengrower, 2001).

All of the management members prioritised art therapy as a means to support adaptation to school. The positive impact of group art therapy on this adaptation has been described in research by Sutherland et al. (2010) and Nigmatullina and Gerasimenko (2016). In the research reported upon here, the main form of intervention used by the art therapists interviewed was one-on-one art therapy, so it is worth noting that implementing group activities may yield additional benefits that support adaptation to school.

Figure 1 illustrates the various facets of work and forms of intervention of an art therapist in a school. The figure draws on the model introduced in the theory-oriented part of the paper, reflecting the descriptions of a school art therapist's activities offered by Bush (1997), Glassman and Prasad (2013), Gonzalez-Dolginko (2008), and Randick and Dermer (2013).

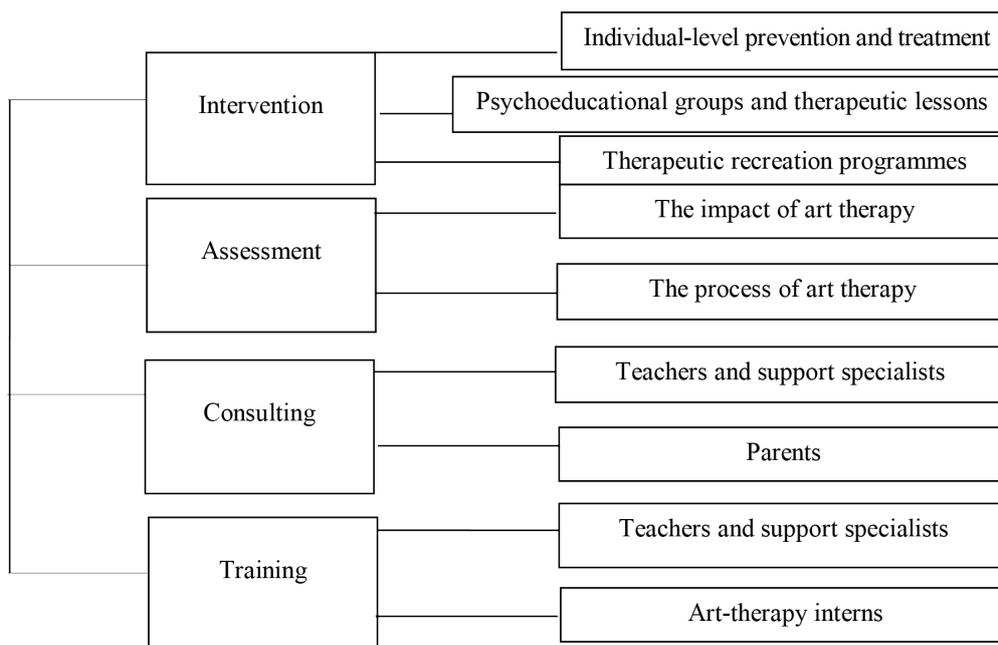


Figure 1. The facets of the work of art therapists in schools.

While the research included quite different schools, the content of the school art therapists' work enabled compilation of a generalising model of the facets of the work and the forms of intervention. Through the core work activities of school art therapists – intervention, assessment, consulting, and training – these professionals contribute to the teaching processes by taking into account the health, perceptual and thought processes, interests, and accumulated experiences of the children involved, which are stressed by Estonia's *Basic Schools and Upper Secondary Schools Act 2010*. The managerial staff interviewed saw bringing an art therapist into the school's support team as an additional opportunity for finding the most appropriate specialist for each child in keeping with that child's particular needs. This emphasis is echoed in the modern concept of learning, in which it is deemed crucial to implement multiple in-

school methods of supporting students' autonomy, school relationships, and learning-related motivation (Timoštšuk, 2017). Furthermore, ascertaining the children's skills and competencies, emphasised by Kikas (2017), is aided by the art therapist's assessment and monitoring of the therapy process.

When one compares school art-therapy development tasks with what was found in Israel (Regev et al., 2015), where art therapists had been working in schools for about eight years at the time of assessment, similar aspects emerge – there is still a need for raising awareness among school personnel and for increasing co-operation within schools. Since Estonia has accumulated no more than four years of school art-therapy practice, it is clearly vital to study the point of view of the students and the parents, so as to reveal where they see the benefits and possibilities of art therapy at schools as being.

Conclusions

The support systems of Estonian schools have not included art therapists until recently. The early implementation experience indicates that educational and therapeutic culture can coexist in the education system. This benefits primarily the students, by supporting their mental health and social skills, but also the teachers, other support specialists, and parents, for whom consulting with an art therapist at the school provides additional information about the relevant children's coping situation and needs. The research showed through the interviews with the managerial staff that art therapy is equally valued for the opportunities it offers to prevent emotional, adaptation, and behaviour problems and to tackle existing symptoms. The more varied the support activities implemented in the school environment (recreation-oriented, psychoeducational, preventive, and treating), the greater the number of children at the school who can be helped to reach the educational objectives.

It must be noted that the sample, of four schools, was small because not many schools in Estonia have yet established the position of art therapist. However, the study still included public and municipal schools of different types. To increase validity, we applied multiple research methods to the dataset (the questionnaire and the interviews) and took an iterative approach to gradual specification from the data collected. Furthermore, the summaries were submitted to the art therapists for their input, to minimise interpretation errors.

Certainly, the future is going to require purpose-built informational activities targeted for the managerial staff of schools and other support specialists, to clarify the essence of art therapy and its potential in the school setting.

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Marika RATNIK, Eha RÜÜTEL. The field of work of the school art therapist and its unique potential for the school's support team

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