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Abstract

Today the educational system is one of the key frameworks providing emotional therapy to children in need (French & Klein, 2012). The main distinguishing feature of art therapy - the art medium - gives this field a substantial advantage as regards therapy with children. However, emotional therapy within the context of the educational system faces various hurdles in many places around the world (Glassman & Prasad, 2013). The present study is part of a larger research project designed to examine the issues involved in integrating art therapy into schools in Israel and focuses on the perceptions of art therapists regarding this issue. The aim is to help develop new theoretical conceptualizations and models that are better suited to therapeutic work in the education system. The researchers interviewed 15 art therapists and used the CQR (Consensual Qualitative Research) analysis method (Hill, 2012). The study covered four domains: 1. The advantages of practicing art therapy in the educational system as perceived by art therapists; 2. The difficulties encountered by art therapists in the educational system; 3. The tools and approaches implemented by schools to assist art therapists in their work; 4. The tools and approaches used by art therapists to fulfill their task in the educational setting.

Key words: Art therapy in schools, children, Consensual Qualitative Research**.**

Art Therapy in Schools – The Therapist's Perspective

It is often claimed that school children have more emotional problems than in the past (Moriya, 2000; Weist, Rubin, Moore, Adelsheim & Wrobel, 2007). According to Loesl (2010), the heavy baggage that school-aged children bring with them from their homes tends to be overlooked and avoided during school hours; hence the argument that the educational system needs to address their pupils' behavioral and emotional issues as well as their educational needs (Paternite, 2005; Randick & Dermer, 2013). When pupils feel good about themselves, they are free to focus on the learning process and their aspirations for the future (Isis, Bush, Siegel & Ventura, 2010).

In the last few decades, the vast majority of children who undergo emotional therapy are offered this service within the educational sector (French & Klein, 2012). There are many benefits to emotional therapy within the school framework and there are many who believe that it is more efficient than therapy at community mental health centers, in terms of accessibility and shorter waiting times (Hussey & Guo, 2003). However, the main advantage is the flow of information and mutual enrichment between therapists and school staff members (Moriya, 2000). The school setting is a meeting point of three central systems: the educational system, the personality of the child, and the child's family. In this context, one of the main determinants of the success or failure of the therapeutic process with children is the cooperation of their parents (Chethik, 2000).

The present study focuses on art therapy. For children, art is a medium for natural and spontaneous expression which helps develop interpersonal and intrapersonal communication (Moriya, 2000). Artistic expression is a way to assess the feelings and perceptions of the child's inner world and to enable communication between this inner world and the outer world (French

& Klein, 2012). Studies have found that art therapy in the school framework helps pupils resolve emotional problems (Gersch & Goncalves, 2006) and can assist children at risk and children with learning disabilities to adapt to the school system (Freilich & Shechtman, 2010; Spier, 2010). Today, art therapists are an integral part of the mental health team who are employed in the school system (Randick & Dermer, 2013).

Despite its many advantages, therapy within the school system has unique characteristics that can influence the effectiveness of the therapy itself and may impede the work of the art therapist (Ringeisen, Henderson & Hoagwood, 2003). 1. Among others, it is difficult to create an appropriate "setting" for therapy that enables privacy and confidentiality within the school system (Ofer-Yarom, 2007; Wengrower, 1998). 2. The school calendar is filled with holidays and activities that hinder the flow and continuity of therapy (Wengrower, 1998). In addition, therapy sessions are shorter to accommodate school lesson times (Moriya, 2000). 3. There are many factors that hinder the necessary interactions between the educational staff and the art therapist, such as the tension stemming from a sense of uneven distribution of workload, or unrealistic expectations from the educational staff for quick therapeutic results (Moriya, 2000; Wengrower, 1998).

These are just a handful of the many difficulties faced by art therapists in schools. They underscore the need to rethink and better align the profession to the needs of the client and the needs of the educational system's philosophy (Karkou, 2010). Glassman & Prasad argued that: "In looking at the art therapy programs in schools around the world, it is evident that art therapists are challenged to meet the needs of children…. These challenges… appear to be universal" (2013, p. 128). To date, a number of operational work plans have been created for the integration of art therapists in the educational system (French & Klein, 2012; Moriya, 2000).

Clearly this complex situation calls for specific research methods to better our understanding of the disadvantages as well as the advantages art therapists derive from working in schools. This study focused on the existing situation in Israel and assessed the perceptions of art therapists working in the school system to provide a timely snapshot of the current situation. Specifically it examined the perceptions of art therapists regarding the advantages of integrating art therapy into the school system, the difficulties they face, and their suggestions for improvement.

Method

This preliminary study collected information about the perceptions, experiences and attitudes of art therapists concerning their work in the educational system. This study is part of a larger research project that examines the perceptions of professionals in the educational system regarding the integration of art therapy in schools. The educational system is the largest employer of art therapists in Israel. Therapists work in special education and regular education. In both settings work is divided into individual sessions and group sessions depending on the specific needs of each setting. In the special education sector, most art therapists are employed directly by the schools. By contrast, in the regular education system art therapists in Israel are employed by Regional Support Centers that provide a range of supportive treatments for children with special needs. These centers embed therapists in schools, and provide them with supervision and training programs. The first and last authors of this article worked as art therapists for approximately ten years in the educational system in Israel and hence are highly familiar with the advantages and disadvantages of practicing art therapy in these settings.

The research method is based on the CQR (Consensual Qualitative Research) that was first presented by Hill, Thompson and Williams (1997). It draws on a number of qualitative

approaches that tap the perceptions of individual participants and can also capture group level conclusions. This is achieved by working with multiple evaluators and reaching a consensus about core areas and different ideas (Hill et al., 2005; Hill, 2012). Hence the CQR generates descriptions that are clear and less biased. The CQR method is frequently used in the area of psychotherapy research and counseling psychology in general (Daniels, Angleman, & Grinnan, 2015; Hill, Knox, & Hess, 2012; Ladislav, 2012).

Participants

This study was based on interviews with 15 full time art therapists who are employed by the Ministry of Education and work at various schools in different parts of Israel. All the participants were art therapists who had been employed by the Israeli Ministry of Education for 2-25 years (M= 8.4) and worked in 1-4 educational frameworks (see Table 1).

Insert Table 1 here

Tools

This study used a semi-structured interview approach based on the Consensual Qualitative Research method (Hill et al., 2005). According to the CQR method, the protocol for the interview is detailed, semi-structured and involves a number of scripted questions, as well as a list of suggested probes to help the interviewees explore their experiences more deeply. The interview consisted of three parts and was based on an interview guide. In the first part, the participants introduce themselves, and talk about their education, the number of hours they work every week, their working conditions and the like. In the second part of the interview, the participants are asked about their personal relationship at work with the school staff, the physical working conditions and the nature of their relationships with clients' parents. In addition, they

are asked about their perceptions regarding art therapy in the educational system, such as advantages and difficulties. In the third part of the interview, participants are asked if they have ideas or possible solutions for the difficulties they mentioned.

Procedure

Participants were invited to participate in the study via email, using various art therapy mailing lists, or through contacts with directors and principals working in the education system. Following a telephone call explaining the nature of the study, a date was set for the interview with the art therapists who agreed to participate in the study. Each therapist was interviewed in a semi-structured manner that lasted between one to two hours. The therapists all agreed to the use of the information in the interviews for research purposes and signed a consent form. The researchers guaranteed privacy. The interviews were recorded and transcribed. The study was approved by the Ethics Committee of the Faculty of Social Welfare and Health Sciences at the University of Haifa, and by the Office of the Chief Scientist of the Israeli Ministry of Education.

Data Analysis

In the first stage, and according to the Consensual Qualitative Research method, three interviews were analyzed separately by three different evaluators. This served to gather multiple perspectives regarding the main issues in the interviews, the domains, and the core ideas in them. The next step was a consensus process during which the evaluators combined their ideas based on the meaning of the data. An external auditor examined the data to identify biases created during the consensus process. In the next stage, the remainder of the interviews was analyzed by the second writer of this article using the structure resulting from the consensus process. Additionally, a cross-analysis was conducted comparing the interviews (Hill et al., 2005). In the

description of the findings, the phrase “all therapists” refers to the entire sample, the phrase “most therapists” refers to 12-14 participants, the phrase “some therapists” refers to 7-11 participants, and the phrase “a few of the therapists” refers to a group of 4-6 participants. Ideas in the interviews that were mentioned by fewer than 4 therapists were not included in the findings. If an issue appeared more often with therapists working in regular education systems or in special education frameworks, this was noted in the specifics related to the core ideas.

Findings

This section details the findings of the study as represented in four domains. These areas reflect the perceptions, perspectives and experiences of art therapists regarding their work and forms of integration in the school system.

Benefits identified by art therapists working in the educational system

The ability to conduct therapeutic work in a systemic context. All the therapists indicated that the ability to work in conjunction with other significant players in a child's life including school staff and family constitutes an advantage in several ways. The therapist can acquire an overall picture of the child and this helps to achieve therapy goals and needs. The therapist also has a sense of mutual responsibility, and feels less alone: “One of the concerns in private practice is that suddenly I find myself alone, but at school we all work together...”. An additional advantage for the educational staff is cooperation, which helps identify pupils' sources of difficulty and better define the tools to deal with them: “You can approach a teacher who has difficulties with a pupil and say, 'Listen, I suggest you do this and try that'... And suddenly the teacher comes and says thank you, it worked...”. Most therapists indicated that working in the school system enabled them to help pupils cope with difficulties in everyday life including social

and adjustment problems, tensions with educational staff, etc.: “Areas where I can have an influence, for example, the attitude of a child's teacher, or the administrator’s approach towards a child, even on a practical level, like building a ramp for a child with a wheelchair...”. Working in the school system also helps therapists get to know their clients better. Some therapists stated that this comes from outside information from other staff members who are familiar with the behavior of pupils that they do not exhibit in the therapy room: "When I get extra information prior to the session, for example what happened to the client during the week, it creates a continuity and flow even if it is not visible at first". Some therapists suggested that greater information about the client comes from the presence of the therapist in the child's natural environment, such as when they meet during recess or during observations. "During recess the children are active, I stand by the window in my room, look out and I see that some kids are sitting on the side, and other are participating... It's different to see it with your own eyes...".

The benefits of the physical location of art therapy in schools. Providing therapy at school makes therapy more accessible for segments of society that would not be able to afford it otherwise. Furthermore, therapy is made available to children whose parents would not be able to take an active role in therapy: "Usually it is the parents who do not realize that the child needs therapy... The parent cannot work during those hours, and he/she has to have a babysitter for the other children during that time...". Some of the therapists noted that the simple fact that therapy is subsidized in schools makes it easier for many families. The availability of therapy also helps to reduce the stigma of being in therapy. A few therapists believed that the availability of assistance provided by the school reduced the stigma of therapy and that therapy appears more “normal” in the eyes of the pupils and their parents: "I think there is an advantage to having therapy part of their school schedule. Children often leave the classroom to go to individual

lessons or meetings... It is normal, it is an integral part of their schedule". Another benefit relates to long-term therapy processes (longer than a year): "Therapy can last several years, and many therapists understand how important this is. Sometimes just the process of creating a real connection with certain populations can take a year". Most therapists who mentioned this idea work in special education programs, where the percentage of children who are eligible for therapy is high. In regular schools, the length of therapy is usually no longer than one or two years because the system prefers to help other children as well.

Difficulties encountered by the art therapist in the education system

Challenges related to the physical conditions of therapy. This section relates to difficulties associated with the two physical conditions that are mandatory for art therapy: an appropriate therapy room and art materials.

The therapy room. Some therapists noted that they work in rooms which are often too small, with not enough storage space. Some of the therapists even worked in rooms without sinks: "... If you work with clay you need a sink to change the water... but it is not always possible to do this". Some of the therapists had to work in rooms that were not designated for art therapy and are used for other functions, such as the nurse's office, a classroom, or a store room. In a situation like this, the room itself and its contents can affect the client and the therapy plan. A few of the therapists even had to change rooms during the year, making it difficult to create a permanent setting. Some worked in public areas such as the library, which made it difficult to maintain client privacy: "... They told me that I would be working in the same room as a special education teacher. I asked how we could work in the same room and they said that there would be a partition on wheels...".

Art materials. Although the school is responsible for the allocation of art supplies for therapy, in practice it is difficult for the school to prioritize this expense. Many therapists reported that the therapy room equipment and art materials were not always purchased in time, and often there was a limited range of materials: "… I only started working in November because the materials never arrived…". A few therapists noted that due to this shortage, they often had to take the art materials from place to place and sometimes even purchased materials with their own money: "... I bought a cart because the conditions were appalling, I would go to school with a cart full of materials from home ... I had to bring my own materials wherever I went".

Difficulties in maintaining a therapeutic space and client privacy. Most therapists stated that there were often interruptions by various people coming into the room during a session, including educational staff and children who burst in or peeked in during therapy. Noise from outside can also penetrate the room and vice versa. All of these factors may cause the client to feel that the therapeutic space is not protected or secluded, or make it harder to create a separation from the school space: "...This week, the janitor suddenly burst into the room, he barged in and started talking and I tried to push him out and tell him to leave but he continued as though I wasn't there ...". Another difficulty the therapists described is when the "therapeutic bubble" is shattered. Some therapists reported that this bubble, the metaphor for the safe platform for clients to fulfill fantasies and express certain aspects of their personality, is ruptured at school as a result of interactions outside of the therapy room between the therapist and the client. This situation can be more complex in special education settings, where the therapist might have other educational roles within the school system. For example, "A child went into one area and started to make a mess... He was a client of mine… Suddenly I had to create boundaries in a very harsh

way… That was one of the things that completely ruined the therapy…". Some of the therapists felt that they were not able to create a safe space for the artwork at the school because there was a lack of space or no suitable conditions for storage, and also because other people entered the therapy room when it was not being used for therapy: "They didn't ruin it on purpose or anything like that, but I had the feeling that too many people were coming in and out of the room…". A few therapists also stated that client privacy could be jeopardized by communication issues between the therapist and the educational staff. Under certain circumstances, the educational staff might reveal confidential information that was passed on to them by the therapist, or a teacher might demand information that the therapist cannot disclose, or staff members might inform the therapist about something particular regarding a client as they pass them in the hallway: "…I am still trying to keep it out of the hallway chats that they all engage in… Sometimes I come to get a child and a teacher says to me, 'What a mess that house is in...' ".

Difficulties related to the school calendar in schools. During the school year there are numerous vacation days, holidays, and many other activities such as school trips, ceremonies, shows, etc. Some therapists commented that these events interfere with the continuity in therapy or make it harder to maintain a regular time slot for therapy sessions: "The summer vacation completely disconnects them, they come back at the beginning of the next school year and we have to start over again. A school trip, a show, anything that can happen during therapy hours will happen…". A few therapists indicated that they found it difficult to keep up with the changes in the school schedule. This was more common for therapists employed in the regular education system. Therapists are only present one or two days a week and this makes it harder for them to know the schedule in advance. Worse, staff members often forget to inform them of changes in the schedule.

Some therapists stated that they found it hard to work "between school period bells" for many reasons. First, in order to adjust the therapy schedule to the school's schedule, the standard duration of a therapy session that normally lasts 50-60 minutes is shortened to 45 minutes to fit in with the duration of classroom lessons. Shorter sessions are particularly challenging given that many therapy sessions in the school system are held in groups. In addition, adjusting schedules requires the therapist to work continuously, and treat one client after another, sometimes without breaks. Many therapists stated that over and above the stress and intensity of the work, this time frame does not allow the therapists to do the other work involved in therapy except for the session itself: "… I don't even have time to meet with teachers… I have to organize everything very quickly, and I want to eat as well… And I want to keep notes. Who has time for that?"

Points of conflict between the educational staff and the therapist. As noted earlier, a significant advantage in providing therapy in schools is working in a larger system. However, all the therapists reported that it was challenging to communicate with the educational staff for several reasons:

The workload of the school staff. Most therapists stated that teachers are busy doing their jobs and fulfilling educational needs, and find it difficult to make time to communicate with them. For teachers, the importance of the relationship with therapists is often linked to the number of children treated in their class "… I work with a lot of teachers and I find myself chasing after them during recess, but they are always busy… They have large classes with many pupils who have problems…".

A lack of [paid] non-treatment work hours or a lack of work days in the school system. Starting in 2013, the Israeli Ministry of Education formally acknowledged that therapists' work does not end at the end of the therapy session and allocated more work hours (referred to as

“non-treatment work hours"). According to some therapists, this number of hours is still not sufficient in relation to the workload. As a result, the ability to interact with the educational staff is strained. In addition, therapists who work in more than one educational setting spend a limited number of hours at each school, and this makes it difficult to find time to meet with the teachers at a time that is convenient for all parties: “I have two hours each week that I must decide how to use… I use this time to meet with the parents and the teachers as well…”.

Tensions arising from different perceptions: therapeutic versus educational. Some therapists reported that differences in perceptions between therapists and teachers are reflected in the jargon, activities and tools used by each party. This can lead to tension and various forms of resistance, including disagreement and a lack of cooperation between the parties. One art therapist described an interaction with a teacher that took place when they were both conducted a group art therapy with the children from the class as follows “… She (the teacher) suddenly needed to show a gentle side, or to expose herself and that was hard for her. The atmosphere in a therapeutic space is different…”.

The educational staff is insufficiently informed about art therapy. One of the apparent difficulties in the relationships between therapists and the educational staff stems from a lack of knowledge of the profession. Some therapists felt that the management did not grasp the meaning, benefits and needs of art therapy and that there was no interest in allocating therapy hours and the required art materials. This could also lead to a lack of understanding of the importance of a meaningful collaboration with the therapists and the need to provide the conditions that enable therapy to take place: “We had numerous discussions in which they said that they would help, but they did not do enough to create a space for therapy… The person who creates the atmosphere and work policy is the principal…”.

The lack of scheduled and structured meetings with different parties in the school system. Some therapists claimed that there were not enough joint meetings in the school's timetable in which the parties could meet with the therapist. This includes management staff, teachers, counselors, psychologists, special education staff responsible for integration and special education, social workers and others: "I have a client and I haven't been able to talk to his teacher since the start of the school year… I talked with the classroom assistant at the beginning of the year… But it was more like a casual chat in the hallway…".

Tensions arising from erroneous expectations concerning the therapist and therapy. Some therapists indicated that one of the points of conflict between the therapist and the educational staff had to do with expectations concerning the therapist and therapy. The prime expectation is that the results or changes related to therapy would be visible in the child's behavior immediately, or that the therapist would take an active role in the client's education: "… Very often the teacher comes to me and says, "The child was terrible today, fix him so he can go back to studying," and I answer that I forgot my rabbit and my magic hat at home."

Tensions arising from conflicts of interest. Some therapists stated that there was a conflict of interests concerning the interests of the child. The therapists felt that it was vital for all clients to get the appropriate therapeutic format for their specific needs, while the school's interest is to provide the therapeutic resource to as many children as possible. This can result in multiple therapy groups that do not have a common purpose or theme, and large therapy groups where only a few participants can benefit from the service: "A lot of times it feels like the system only wants therapy so that they can have it on their checklist… I have been given pairs or even three children at a time who have nothing in common". This difficulty was said to be more

common in regular education systems, where the total number of hours allocated for therapy is lower than in special education systems.

Tensions arising from differences in the job profile. Differences in duties and obligations between educators and therapists may cause educators to feel that therapists have more freedom and are not required to take part in other school responsibilities. A few therapists indicated that this can trigger jealousy and anger among the educational staff.

Difficulty in maintaining contact with the parents of clients in the educational system. One of the main difficulties related to therapy within the school system has to do with communicating with the client's parents. Most therapists stated that the involvement of parents was crucial to the success of therapy. As children mature, the level of parental involvement tends to drop: "…It's not enough that they (the parents) signed some form, they need to meet with me… To know who is treating their child, they need to trust me to some degree…". However, all the therapists encountered situations where it was difficult to involve the parents of their clients in the treatment process. Parents canceled appointments with the therapist or refused to meet altogether.

According to most therapists, this happened with families who were experiencing hardships or struggles. The parents were not emotionally available or strong enough, or even willing to take an active role in the therapy: "… I try to invite the parents for an intake session at the beginning of the year and many times they don't come. Often the hours are not convenient for them and they are struggling on a daily basis…".

A few therapists believed that the timing of the meetings, which are usually scheduled for mornings and during work hours, makes it harder for parents to attend. In special education programs where the children live in boarding schools, it is even more difficult to maintain

contact with the parents. Some therapists felt that the existence itself of therapy in school reduces the responsibility and involvement of parents in the therapeutic process: Their only commitment is to sign a consent form for the child and they are not required to bring the child to therapy or pay for the therapy: "… There were parents who made no effort to come to the school… They get free therapy through the school, but they make no effort and that is very problematic for the therapeutic process…".

Difficulties relating to the job description and structure of art therapy in the educational system. As mentioned above, despite the fact that therapists in Israel today are allocated non-treatment work hours, the number of hours is not sufficient to fulfill their numerous tasks. This includes writing reports, therapy summaries, therapy programs, meetings with parents, meetings with school staff, etc.: "… I work for ten hours, but I only get paid for two non-treatment working hours. Even if I only work twice a week to write reports, it will take two hours…". Some therapists believed that one of the significant difficulties in their job structure was the fact that they were working in a number of educational frameworks, and for a limited number of hours per week at each workplace. In practice, therapists who work in the regular education system are forced to work at a greater number of institutions than therapists who are employed in special education. Working at many workplaces has a number of drawbacks. The therapist is only at a given institution for a limited number of hours every week and this makes it difficult for the workplace to generate real commitment towards the therapist. This can affect the implementation of therapeutic needs such as resource allocation, and hinder the process of making the educational staff aware of the importance of art therapy: "It's very hard to be fully invested in so many different workplaces… There's a minimum requirement to create a feeling of presence… It is very hard to maintain continuity and significance, and this

makes you an outsider…". A few therapists felt that the level of institutional supervision was not high enough. In particular, supervision was not always suited to the needs of the more experienced therapists in that therapists who work simultaneously as supervisors and as therapists do not receive supervision as supervisors. Furthermore, the amount of time that can be allotted to supervision does not cover the workload or the number of clients. This problem was raised by a large number of therapists and it is rooted in the fact that the Ministry of Education has not defined the maximum number of clients or number of weekly work hours: "I treat more or less 30 clients, it is very hard to be in contact with 30 sets of teachers, parents or counselors. It is just too much…". Another issue related to professional training courses. Most of the courses provided by the Ministry of Education in Israel are not applicable or targeted to art therapists and not all of the courses are recognized by the Ministry of Education. This creates several problems, including allocation of time for training, assistance in subsidizing training, and recognition of training as professional development: "There are no training or courses for therapists… Let's say that I want to take a course in parent-child psychotherapy, I have to take a day off from work…".

Ways in which the school assists art therapists to do their work well

The school staff helps the therapist integrate into the system and creates good lines of communication. Some therapists indicated that the staff and management were oriented towards therapy. They reported that the management's acknowledgment of the importance of therapy had a decisive effect on the location and allocation of resources for art therapy in the school: "There was a school principal with a very therapeutic approach and the entire staff understood the importance of therapy… There are rarely any meetings without a therapist present, and this involvement was a real departure from past policy." Most therapists felt the

educational staff was cooperative and helpful and this enabled them to develop good lines of communication during the adjustment process and ease the initial loneliness that is common when starting out in a new workplace. This relationship formed the basis for collaboration, mutual assistance and joint decision making. It should be noted that the smaller the system, the better the chances of good and close communication: "… I saw one girl [in therapy]… The relationship that I had with her teachers was very important for her own support… We exchanged ideas and information about the girl, and at times I helped the teacher become less stressed…". Notably, some therapists reported that their presence at educational staff meetings helped with their integration process into the school, such as individual educational planning meetings (as differentiated from individual meetings between art therapists and other professionals). Special education therapists reported taking part in these meetings more often than therapists working in regular education settings.

The school enables the therapists do to their work well. Despite the comments discussed above, some of the therapists noted that at least in some of the workplaces, they were assigned rooms that were suitable for therapy. Specifically, these therapy rooms were relatively isolated, and clearly defined the separation between the therapeutic space and the educational space. Most of the therapists commented that in cases where there was a sufficient amount of art materials, the therapists can do their work. There was a general impression that more physical resources were provided for therapy in special education settings. In addition, therapists noted that the educational staff were forthcoming with personal information about the clients, their activities during the week and clients' parents. The teachers, who are in constant contact with the parents, are often the link between the parents and the therapist. The teacher invites the therapist to parent-teacher meetings or helps coordinate a meeting at a different time: "The teachers

always invite me to the first meeting at the beginning of the year, and they introduce me to the parents". A few therapists described cases in which they cooperated with the educational staff, which usually involved group work that was led by a teacher: "…We can combine two work paradigms; we have a chance to learn the educational language and the teachers can learn the therapeutic language… Together the whole is greater than the sum of its parts. This is the work model."

Professional support from the school system. Some therapists reported that the school counselor or school psychologist helped them professionally, and even played an important role in relieving their loneliness: "I always manage to get the school psychologist to support me. I learned not to keep the difficult stories to myself, not for supervision reasons, but for personal responsibility reasons." For some therapists, the team of therapists working at the school was a major support factor that helped relieve loneliness and also strengthened the role of therapy in the school. It also allowed therapists to brainstorm and work together towards a common goal: "The paramedical team, we are always in contact with one another, I know that I always have someone to talk to and confide in, and someone who will answer my questions." The existence of a therapeutic staff is more common in the special education framework. Some of the therapists considered the Regional Support Centers as a source of advice and support. Therapists used the services of these centers to handle problems in the school system or to attend seminars and conventions that target the therapeutic community: "They organized a convention at the end of the year for all the therapists. People presented case studies, it was amazing… We all felt very proud of our work and we talked about doing it a few times a year…".

Tools and approaches used by art therapists to do their work well in the educational setting

This section covers the activities and tools used by therapists when confronting the difficulties and complexities encountered in the school system.

Flexibility at the workplace and understanding the complexity of the school system. All the therapists acknowledged that working as a therapist in the school system requires flexibility and the ability to understand that it is a complex system oriented towards educational goals. It is not a "sterile" therapeutic space: "I also work in a private institution so I can see the difference… I understand that the school system has its own needs that are not my own. I always try to be aware of that…". Some therapists felt that they were very flexible in terms of their position and often compromised on some of their demands as therapists: "…Over time, I have learned that yes, I am a therapist, but I am also part of a team at the school. I accompany students on day trips and I help hang up the decorations for the school play…".

The ability to initiate and establish good lines of communication. All the therapists reported that despite a designated time for communication, they make extra efforts to communicate with the school staff, which requires initiative, consistency, and sometimes persistence and even running after teachers. "At first the teachers didn't understand what I wanted from them, so I had to constantly run after them. You know, put the ego aside and do it, and eventually it just resolved itself…". Some therapists reported that they made efforts to connect with the school management, since this relationship promotes the overall status of therapy in the school. One of the most important ways to establish good lines of communication is to explain certain features of therapy, such as the role of therapy and art therapy in general. Some therapists indicated that they used this during ongoing dialogues with the educational staff, and also by organizing demonstrations and workshops which expose the staff to the field: "I

handed them a paper that explains the profession… Afterwards, I let them experience it as a team… I believe that it is very important to try it out with the material and everything…".

The therapist's ability to set limits in certain areas. Some therapists stated that in order to maintain art therapy in the school system, they had to set limits and be insistent concerning key features of their work that would undermine therapy if not present. These included assigning clients to group or individual therapy, decisions about further treatment, client privacy, existence of a permanent therapy room, storage space for artwork and ensuring that there is a supply of art materials: "It took me a while to make the staff understand the importance of keeping the door closed during therapy… I was very rude the first few times when someone barged in, and later I would apologize and explain…". Another feature that was critical to some therapists was maintaining contact with the parents of the clients. By persisting, the therapists were able to persuade parents to attend meetings at the school and involve them in the process of therapy, and at other times even managed to hold parent-child art psychotherapy or parental training sessions. Often this success would involve deviations from the standard techniques available to the therapist, such as home visits, calls or meetings after work hours: "I made it a rule that there has to be a meeting at the beginning and at the end of the year, sometimes I even meet with them during the year, and sometimes I even do a parent-child work …".

Buying art materials for therapy with their own money and working extra hours. Some therapists stated that because they want to promote therapy in the system, they purchased the missing materials with their own money. This ranged from purchasing art supplies, participating in meetings with school staff and the client's parents on their own time and expense, and even private supervision beyond the hours allotted by the school system: "I bring a

lot of stuff from home, if I asked the school for everything that I need, I know how it would be… I would not be able to get anything done…".

Therapists' seniority in the school system as a facilitator. According to some therapists, length of time in a setting has a positive impact on many facets of therapy. Seniority helps create working relationships and increases the therapist's sense of belonging. The longer a therapist works in the same system, the more positive results of therapy there are and the educational staff learns to believe in and praise the therapist and the therapeutic tool. As a result, the conditions in the therapy room improve and the stock of non-disposable art supplies increases: "… In places where I stayed on board for long periods of time, I felt more confident asking for things in my second year, and the staff commented that I was doing a good job, and they gave me more…" .

Discussion

This study examined the perceptions of art therapists regarding the current status of art therapy in Israeli schools. The rationale was that the implementation of art therapy in schools is complex, and there is a need to reflect on and understand this issue.

The findings revealed a number of important issues. One of the major benefits of providing art therapy in the school system is the ability to have a therapeutic environment within a larger system. This is advantageous for several reasons. The first is the ability to work with important players in the child's life, which helps target the needs and goals of therapy accurately. Second, it provides a sense of mutual responsibility, and finally, it helps alleviate the loneliness experienced by the art therapist. In terms of the benefits to the school system, it provides teachers with tools to cope with the difficulties that children encounter at school. In addition, working

within a system furthers the ability to help children cope with problems in their daily life, and enables teachers to know more about the children in their classrooms. This is in line with literature in the field (Menachem & Chen-Gal, 2010; Moriya, 2000), and has implications for implanting art therapy in educational systems in other countries as well.

However, the findings also pinpointed certain tensions that tend to impede good relationships between the art therapist and school staff. These tensions are caused by a number of factors, such as differences between the therapeutic and educational approaches, an educational staff that is fairly uninformed about art therapy, unrealistic expectations on the part of the educational staff concerning the work of the therapist and the therapeutic process, differences in perceptions of duties and obligations in the school and finally possible conflict of interests. These difficulties are also congruent with what has been described in the literature (Moriya, 2000, 2006; Wengrower, 1998). The therapists also mentioned practical reasons that make it harder to form and build a relationship. These include the heavy workload of the educational staff, not enough non-treatment work hours, a shortage of work days and a lack of cooperative meetings. The findings indicate that therapists try to maintain a relationship with the staff even if it is not officially. If the educational staff understands the importance of therapy, there is often a willingness to maintain a relationship on the part of staff members. However, other findings indicate that a relationship based on phone calls and occasional meetings in school hallways is not only partial, but may also invade client privacy.

Another advantage mentioned by the therapists is linked to the physical location of therapy in the school setting itself. The location allows therapy to be accessible to individuals from lower socioeconomic backgrounds and children whose parents find it difficult to play an active role in the therapy process. However, most therapists believe that an effective therapy

process for children requires parental involvement. This view is consistent with the professional literature which indicates that the effectiveness of therapy for children depends on the involvement and cooperation of their parents (Chethik, 2000). However, the findings indicate that there are difficulties maintaining contact with the parents of the clients treated in the educational system. There are practical reasons for this problem as well, but the existence of therapy in schools reduces parents' sense of responsibility and involvement. Their sole requirement is to sign the consent form for their child's therapy. Thus therapists need to work hard to maintain a connection with the parents of clients and involve them in the therapeutic process. As long as there are no explicit rules regarding the minimum level of involvement required from a parent, the effectiveness of therapy in the school system is likely to be impaired.

Another difficulty that emerged from the findings has to do with the structure and position of art therapists in Israel, since they work in many different frameworks at once. This fragmentation affects the degree of presence of the therapist in any one system and impacts the level of commitment of these institutions to the therapist and therapy. This also affects staff familiarity with art therapy and recognition of its importance. Fragmentation is directly related to the number of therapy hours allocated to each institution, but is also caused by a variety of other issues. A further difficulty associated with the structure of art therapy in schools is the lack of allocated non-treatment work hours. The number of workplaces influences the number of treatment hours available to the therapist and the number of non-treatment work hours. Each new workplace implies an increasing number of contacts with staff members that must be maintained, and a rising number of administrative duties including reports, meetings, etc. Therapists must sometimes take on supervision hours that do not correspond to the number of clients, and deal

with issues related to professional training. Finally, schools often fail to provide appropriate therapy rooms and the necessary art supplies.

The findings point to differences between therapists employed in special education facilities and those in regular education. Therapists in special education programs work in fewer institutions, benefit from working with a structured team of therapists, have better locales, and are able to work better as a team with the educational staff. On the other hand, it is harder to maintain contact with the parents of clients, and because the therapists are often employed directly by the institution itself, the school board may require them to perform duties which can conflict with the needs of therapy.

Thus overall, the findings indicate that there is a gap between the full potential of art therapy within the school system and the ways in which it is implemented today. This can be captured in three key components:

1. The regulation of working conditions for art therapists in the school system. To date in 2015 and despite three attempts at legislation over the last 15 years, there is still no Israeli law regulating the profession of art therapy. In the absence of legislation, administrative regulations are crucial. In 2014, the Ministry of Education published a booklet entitled "Guidelines for Teachers of Health-Related Subjects and Art Therapists in the Education System" (Israeli Ministry of Education, 2014-2015). This booklet is intended for special education administrators, instructors and teaching staff in the health professions. However, the guidelines are not sufficiently precise and operational details are missing that could help overcome ambiguities leading to individual interpretations of the guidelines. There is clearly a need for regulations regarding the conditions and

implementation of art therapy in the educational system. Until this is set in motion, conducting effective therapy will continue to be dependent on the subjective perceptions and interpretations of players and institutions.

2. Knowledge of art therapy: Moon (2000) suggested that during the first art therapy session, the therapist needs to explain to the client what the therapy is about. Similarly, the first encounter between the educational and therapeutic worlds requires mediation. When the nature of art therapy is incomprehensible to the system, this can lead to unrealistic demands and expectations, and make it difficult to maintain the relationship between the parties (Moriya, 2006). Informing the staff about the benefits of art therapy is the most meaningful and accessible tool therapists can use. This could be done during ongoing dialogues with educators, as well as in a structured format, for example through lectures and workshops for the teaching staff.
3. Non-treatment work hours: The findings underscored the importance of guaranteeing appropriate conditions so that the therapists can fulfill their duties as best possible. These include documentation and preparation of reports, discussions with staff members, conversations with parents, home visits, participation in committees, preparing materials and professional supervision with a multidisciplinary team. As long as no appropriate time frame is allocated to therapists for all of these tasks during non-treatment work hours, the effectiveness of therapy provided by the school may be affected.

The purpose of this study was to examine the field of art therapy as it exists today in Israeli schools by collecting information regarding the way art therapists perceive the issue. The importance of this study stems from wealth of facts gleaned from the data collected from

working art therapists. This data can help develop much-needed new theoretical conceptualizations for the new Creative Arts Therapies field, and create better working models for art therapists in the school system. The integration of these theories and models into training programs can help therapists fit into the school system, and increase the effectiveness of the therapy they provide within these settings. A similar research approach which draws on the experience of therapists working towards the formulation of theoretical conceptualizations and innovative work models is well-known in the field of psychotherapy (Ladany, Hill, Thompson, & O'Brien, 2004; Spangler, Hill, Mettus, Guo, & Heymsfiel, 2009) and has recently become more common in research in the field of art therapy (Regev & Snir, 2013; Regev & Snir, 2014). However, it is important to note that this research was based on interviews with art therapists and reflects the participants' subjective perceptions. Further research could expand the results by including actual observations.

The findings indicated a significant difference between therapists in the regular education system and those working in special education programs. Future research could extend the examination of these differences by exploring each of these populations separately, or by comparing them. It is also important to note that this study was conducted in Israel and it is likely that the integration of therapists in the educational system is different in other countries. However, learning about the similarities and differences between different countries may help therapists focus on the conditions enabling an effective therapeutic environment in the educational system.

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