Characteristics of the Therapeutic Practice in Art Therapy, as Recorded in Diary Entries of Therapists Working in the General Education System in Israel

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Practices and Challenges in Implementing Art Therapy in the School System

This study examined the unique characteristics of therapeutic practice in art therapy within the educational system in Israel, as described by art therapists. It focuses on the art therapist-client encounter within the school environment, and complements other recent studies on this subject that have primarily dealt with the influence of systematic and organizational features of the educational system on therapeutic work (Belity, Regev & Snir, 2016; Keinan, Snir & Regev, 2016; Regev, Green-Orlovich & Snir, 2015; Regev et al., 2016). All of these studies, including the present one, were conducted to help formulate innovative methods and intervention techniques, and devise more effective models for art therapy in schools, a topic that has received very limited attention in research (Karkou, 2010; Karkou & Sanderson, 2006; Wengrower, 2001).

Integrating Art Therapy in the School System

Today, in many places the educational system is the central framework for providing emotional care for children and adolescents, and creative art therapies serve as one of the main therapeutic platforms within this framework (Feigenberg, Watts & Buckener, 2010;

Randick & Dermer, 2013). In Israel, art therapy is well-established form of creative arts therapies in schools, and is gradually expanding in this setting (Regev et al., 2016). Art therapy combines psychotherapy with art techniques; namely, art materials, the creative process, and the artistic product itself, all of which serve as a means of self-exploration and a tool for self-expression for the development of personal insights and to promote a change (Case & Dalley, 2006; Malchiodi, 2011). Research has shown that art therapy has considerable therapeutic value in the emotional, cognitive and social domains (Sutherland, Waldman & Collins, 2010; Waller, 2006). Due to the nonverbal, indirect nature of the art therapy process, it is considered to be a particularly effective tool for treating children, for whom art is a natural, spontaneous and playful means of expression (Waller, 2006), as well as for teenagers, who in many cases are disinterested in verbal communication and may find it threatening (Case & Dalley, 2006; Karkou & Glassman, 2004).

In professional literature, several studies and case reports have described the power and influence of art therapy in schools. Their findings suggest that this type of therapy has a positive effect not only on the emotional domain, but also on clients' academic functioning. For example, art therapy helps reduce symptoms of ADHD (Ottarsdottir, 2009), reduces school dropout rates (Isis, Bush, Siegel & Ventura, 2010), improves academic achievement and reduces behavioral problems (Deboys, Holttum & Wright, 2016), reduces symptoms of Oppositional Defiant Disorder (ODD) in school (Khadar, Babapour & Sabourimoghaddam, 2013) and eases the adaptation process into the system, particularly for children at risk (Spier, 2010) and for those with learning disabilities (Freilich & Shechtman, 2010). Despite these advantages, the integration of art therapy into the educational system presents specific challenges that may hinder its effectiveness (Ringeisen, Henderson & Hoagwood, 2003). The main difficulties affecting therapeutic practice involve maintaining the therapeutic framework. This is due to the discrepancy between the academic schedule and the continuity

required for the success of therapy, in addition to problems maintaining confidentiality and privacy, and the creation of a safe, protected therapeutic space (Simon, 2016). In art therapy, there are additional physical constraints: often schools have no designated room suitable for therapy sessions and do not have enough equipment or art materials (Glassman & Prasad, 2013; Moriya, 2006; Perenite, 2005; Regev et al., 2016).

Art Therapy Practices in Schools

There is a relatively large volume of professional literature on emotional therapy in schools, and it is apparent that short-term treatments are now being used more extensively, based on the formulation of a central issue, and the choice of a results-based therapeutic approach that integrates evidence-based intervention techniques. These steps respond to the demand from the educational field for the development of more effective work models, which also correspond to trends in general psychotherapy (Castillo, Curtis & Gelley, 2012; Cooper, 2013; Paternite, 2005; Simon, 2016; Whiston & Quinby, 2009).

In contrast, the therapeutic practice of art therapy in schools has received limited attention. One of the most prominent exceptions is a comprehensive research paper written by Nissimov-Nahum (2008, 2013) which deals specifically with therapeutic processes in children who have aggressive and violent tendencies in Israel. This study showed that most therapists adopt an open and accepting approach, which is also consistent with the psychodynamic tradition in which they were trained. Their interventions include encouraging children to engage in free creative expression, reflecting the process, and admiring it.

The Present Study

This study was designed to characterize the therapeutic practice that takes place in art therapy sessions today in Israeli schools, as broken down into five domains: the way it is influenced by the therapeutic setting, the methods, tools and techniques used, the nature of the interaction between the therapist and the client, themes that emerged in the therapy sessions,

and the therapist's assessment of therapeutic process's' contribution. These domains are based on the viewpoints of 16 therapists as reflected in their session summaries ("journal entries") written by each one during the 2015-2016 academic year. Methodologically, the use of journal entries as a basis for this study provides a new, and more detailed perspective than was previously available, since most research previously in this context has made use of interviews and questionnaires (Belity, Regev & Snir, 2016; Karkou, 2010; Keinan, Snir & Regev, 2016; Nissimov-Nahum, 2008; Regev, Green-Orlovich & Snir, 2015).

Method

The method implemented here was based on the Consensual Qualitative Research (CQR) principles developed by Hill, Thompson & Williams (1997). This method is applied frequently in the fields of psychotherapy and counseling psychology (Daniels, Angleman & Grinnan, 2015; Hill, Knox & Hess, 2012; Ladislav, 2012). CQR is based on phenomenological elements and seeks to understand a person's subjective experience of the phenomenon under study. However, it aims to reach a consensus among all evaluators as to the nature of the depicted external reality in an attempt to provide a comprehensive view of the prevalence of the observed phenomena (Hill et al., 2012).

Participants

Sixteen art therapists took part, all of whom work in elementary schools in the regular educational system in Israel. Most had more than 5 years of professional experience in this field. As seen in Table 1, seven stated that they did not adhere to a specific therapeutic approach whereas four participants defined themselves as phenomenological, three psychodynamic, and two cognitive-behavioral (CBT).

Each therapist selected a client between the ages of 8 and 13 ($M = 10$). Of the 16 clients, 10 were boys and six were girls. All were born in Israel; 15 were Jewish and one was Moslem. Most of the clients came from an average socio-economic background. Seven were defined as having ADHD and/or learning disabilities, two were defined as having psychiatric

disorders, two as having disorders on the autism spectrum. The remainder were described as having undefined emotional/ social/ behavioral/ language-based difficulties. Most clients (*n* = 12) were referred to therapy for emotional and/or social difficulties, but only two clients were referred for learning difficulties. Nine of the clients were treated in individual settings and seven in group settings.

Data collection

At the end of each session, the therapists wrote a detailed description of the session in their journal entries based on the researchers' predefined open questions. The entries included a general description of the session, as well as answers to diverse and detailed questions regarding the different aspects and components of the session. These questions referred to the clients (i.e.: extent of cooperation, were the clients initiating the activity, how did they treat the therapists, what were the themes and symbols raised during the session); to the therapist (i.e.: whether they predefined a goal for the session, description of their main interventions, thoughts, feelings and associations that arose during and after the session); and to the setting (i.e.: were there any changes in the setting, and if so, what were the clients' reaction to it).

In total, approximately 300 journal entries were filled out by the therapists during the year, of which 113 were selected randomly for sampling. Sixty-six of the selected journal entries referred to individual therapy sessions and 47 to group therapy sessions. Journal entries are a relatively new research tool in the world of psychotherapy and have gained popularity in recent years, particularly in the context of client journal entries (Lida, Shrout, Laurenceau & Bolger, 2012). Reflective journal entries, written by therapists and students in the therapeutic professions, have been shown to contribute to the expansion of professional knowledge in the therapeutic community (Barry & O'Callagan, 2008).

Procedure

The therapists were asked to take part in the study in exchange for professional training. They were contacted through the Israeli Ministry of Education and the Israeli

Association of Creative & Expressive Therapies ("Yahat"). During the 2015-2016 academic year, the therapists recorded their journal entries every week at the end of each therapy session. The entries were documented and sent to the researchers via Qualtrics software, and were identified only by a code number to ensure confidentiality. The study was approved by the Chief Scientist of the Ministry of Education and by the Ethics Committee of the Faculty of Social Welfare and Health Sciences at the University of Haifa.

Data analysis

Based on the Consensual Qualitative Research method (Hill et al., 1997), in the first stage 15 journal entries (written by three different therapists) were analyzed by three separate evaluators to obtain different perspectives on the domains that emerged from the entries. Then, each evaluator independently created a list of core ideas for each journal entry in each domain, examined all the core ideas within a given domain across cases, and organized the data into categories (cross analysis). Then, in the 'consensus stage', the three evaluators discussed the significance of the data and drew up a coding table. It was presented, including the journal entries themselves, to the auditor, who was one of the chief researchers. The auditor reviewed the coding table to see how well it reflected the raw data. Feedback from the auditor was then discussed by the team members and incorporated into the final coding table. Subsequently, all 113 journal entries were analyzed according to the coding table. Any reference in the journal entries that corresponded to multiple coding categories was recorded in all of the appropriate categories. During this process, each piece of data appearing in the journal entries, was assigned to a given category. In cases where the data did not fit into one of the a- priori categories or domains, the main researcher proposed a change in the structure of the coding table and coded it accordingly. All the journal entries were reviewed once again to ensure that they had been thoroughly analyzed. This process was again followed by a consensus meeting, and later by an auditing phase. Finally, for the analysis of the findings, the instances of each category in the coding table was tabulated. The coding table was divided

into three sections according to the calendar year: the first section covers sessions held from October to December, the second to sessions held from January to March, and the third to sessions held from April to June. Within each of the sections, individual and group therapy journal entries were kept separate.

The main findings present the number of sessions in which a particular category arose, and the number of therapists who addressed this category. In certain cases, the prevalence of a category is described in a more general manner: the term "most sessions" or "most therapists" refers to a category that appeared in more than 75 percent of the cases in this category. The term "some sessions" or "some therapists" describes a prevalence of 25-75 percent of the cases, and the term "a few sessions" or "a few therapists" refers to less than 25 percent of the cases. The term "isolated cases" refers to a small number of cases out of the total number of journal entries that were considered to be significant and are mentioned due to the assumption that if the sample had been larger, they would have been more widespread. In addition, along with the quotations from the journal entries, the exact date of the session is indicated, as well as whether it took place in individual or group settings.

Findings

This section describes the therapeutic principles that emerged from the journal entries, and the characteristics of the therapeutic practice in art therapy as it took place in schools.

The Therapeutic Setting

Maintaining schedules. The ability to uphold the therapeutic schedule, and the consistency of the sessions, changed along the academic year. During the first two trimesters (October-December; January-March) most of the sessions were held on schedule, whereas during the last trimester (April-June), which is a period of many holidays and special activities (including a long spring vacation, nation-wide state ceremonies, school trips and end-of-year parties) there were numerous disruptions and cancelations of therapy sessions. Some therapists felt that these disruptions led to regression in the therapeutic relationship: "I

felt that the long vacation period may have created a disconnection and the sense of openness and trust had to be rebuilt (before the vacation, the client initiated the artwork and now he is withdrawn)" (individual therapy, May 9). In addition, the frequent changes caused by the school events forced the therapists to be more flexible, and prompted frustration because they interrupted the therapeutic setting.

The therapy rooms. Schools often use the art therapy rooms for other activities, and some therapists (five out of 16) reported problems relating to this issue, mainly with regard to their ability to maintain a private, pleasant and aesthetic atmosphere in the therapy room: "I work in a bomb shelter and there was a drill, so the room was a mess. The shelter was not locked and children were constantly coming into the room and making a mess" (group therapy, February 7). In a few cases, the rooms were small and unsuitable for group activities or for working with art materials. Sometimes the therapists had to move among several rooms, which made it difficult to maintain a permanent setting and affected the content of the session: "We could not use the regular therapy room because the school nurse was there. I took them out of the classroom and made it clear that today we would be in another room so we would be playing and not doing art work..." (group therapy, November 27).

The Therapeutic Method

Determining the therapeutic goals. Throughout the year, there were changes in the types of goals defined in the therapy sessions: During the first trimester, approximately half of the sessions (15 out of 31 sessions for 10 of the 16 therapists) focused on getting to know the client and building the therapeutic alliance: "Since this is only the second session, the overall goal is still to create a safe connection and trusting relationship" (individual therapy, January 22). Similarly, about half of the sessions in the last trimester (15 out of 32 sessions for 11 of the 16 therapists) were devoted to the termination processes: "The goal was predetermined to focus on the process of termination, observing what we had done, what we had experienced, what we had touched on and what had not been touched on" (individual therapy, June 9). In

contrast, during the middle trimester, the sessions aimed to address the specific therapeutic goals of each client more directly. In many cases (21 out of 50 sessions for 10 of the 16 therapists) the goals were generally defined and primarily concerned providing a safe space and an opportunity for emotional expression. More specific therapeutic goals were associated with empowering and strengthening the client's self-image and self-confidence (17 out of 113 sessions for six of the 16 therapists), coping with fears and anxieties (nine out of 113 sessions for two of the 16 therapists), and improving the ability to cope with tasks and assignments (five out of 113 sessions for three of the 16 therapists). In the group therapy sessions, the therapeutic goals related mainly to interpersonal behavior. Beyond these general goals, most therapists, in individual as well as group settings, defined themselves as working according to a psychodynamic approach, and did not set more specific goals for each session.

The extent of instruction and structuring of the session. Consistent with the relatively flexible psychodynamic definition of the therapeutic goals, most sessions were held in a relatively free manner (87 out of 113 sessions for all 16 therapists). Roughly half were conducted with partial instructions (40 out of the 87 sessions) and about half (47) without predetermined instructions. Partial instruction, for example, involved dividing the session into several phases, some of which were initiated by the therapist and some by the client, or by allowing the client to choose from a limited and defined set of art materials: "This time I asked him to say what he needed and then I directed him to choose one of the materials in the room" (individual therapy, November 25). In the therapeutic sessions where there was no instruction at all, the therapist allowed the clients to initiate and make their own choices, and adapted to their wishes: "He asked if he could play football and I agreed, and then he asked if he could play a song on his phone, and I agreed" (individual therapy, May 9). There were a limited number of full instruction sessions (26 out of 113 sessions for 10 of the 16 therapists) and they were more likely to appear in group (18 out of 47 sessions) than in individual

settings (12 out of 66 sessions). There were more sessions that included full instruction for therapists applying a cognitive-behavioral approach (eight out of 12 sessions for the two CBT therapists): "The purpose of the session was to address and assess the client's strengths after a significant period of time in therapy, so I instructed him to make up a story in six parts" (group therapy, February 17).

The therapeutic tools.

Creativity and Artworks. Most therapeutic sessions (82 out of 113 sessions for all 16 therapists) included contact with and the use of art materials. Most of the artworks were freely created, and most were three-dimensional and concrete. However, in some cases, the use and contact with creative materials unfolded in a playful manner, and not for the purpose of creating an artistic product: "He enjoyed the experience of the kinetic sand, I covered his hands, there was laughter and joy" (individual therapy, April 7). Most clients were emotionally involved in the creative process; this made them feel relaxed and satisfied and allowed them to enjoy themselves: "As soon as the creative process began there was a significant improvement in her mood, she calmed down, and became responsive to mutual and associative dialogue" (individual therapy, November 1). In most sessions, the artistic product provided the clients with a sense of satisfaction and pride. In a few cases, clients even expressed strong feelings about the art product and a desire to take it with them out of the therapy room: "He was concerned about protecting his product... like his baby, just like a baby... he was very happy. He took his figurines with him... "(group therapy, May 4). A few clients, however, found it difficult to connect with the artwork or were not interested in creating anything at all during some of the sessions, and preferred to play or engage in other activities.

Play. Among other activities which are unrelated to art making, many clients initiated engaging in a playful activity which consisted primarily of board games (24 out of 113 sessions for 10 of the 16 therapists), including card games and even games that encourage the

expression of emotional content: "Using colorful popsicle sticks on which different emotions, life situations and family members are written... You have to pull out a stick and say something about yourself according to the word on the stick" (individual therapy, November 11.) In addition, ball games were also very frequent (20 out of 113 sessions for eight of the 16 therapists), specifically different types of throwing and catching. The therapists considered these ball games to have great therapeutic value that included the encouragement of emotional expression, and the establishment of a connection between the client and the therapist, as well as between the clients themselves in group therapy settings. It was also described as a way to raise morale and release energy, and to let go of feelings of anger and aggressiveness: "While playing ball, he was able to release his aggression in a regulated and controlled manner, to vent and to freely and verbally release less pleasant feelings" (group therapy, January 17).

***Conversation*.** During most of the therapy sessions (72 out of 113 sessions for 14 of the 16 therapists), the clients addressed personal issues. There were more personal conversations in individual therapy sessions (48 out of 66 sessions) than in the group settings (24 out of 47), and they varied in terms of depth, from the sharing of everyday experiences and events that affected the clients to the processing of painful and deep emotional content, such as traumatic experiences: "She began to share that her grandfather passed away and that she was present at the event itself (...), I tried to encourage her tell me more and more so she could process the grief and the difficult event" (individual therapy, April 24). Often, personal sharing was accompanied by creative or playful activities, and sometimes even derived from them.

Intervention techniques used by the therapists. During nearly every therapeutic session, the therapist was physically involved in the activity itself. The therapists often provided technical solutions or art materials and served as a support figure for the client during creative work: "My main intervention technique was to help maintain the artwork

during the creative process and occasionally suggest art materials when the client was pondering which materials to use" (individual therapy, November 22). Similarly, in playful activities, most of the therapists helped run the game. In some cases, the therapists were fully involved in both the creative and playful activities, usually because the client requested it: "She asked me to play with her and I said yes. The game came from a sense of togetherness, not the opposite" (group therapy, January 3). The most common verbal intervention techniques were of an instructive nature that was somehow connected to the management of the session; for example, suggesting a specific activity, or mediating and reconciling between members of a group. Another verbal intervention technique that was used in some of the sessions related to empowering and focusing on the client's strengths, at times by using the artwork as a source of encouragement and to reinforce the client's sense of achievement: "I told him that other children found his work impressive and wanted to do the same. He was very pleased" (individual therapy, November 22). Nevertheless, there was relatively little verbal processing about the artistic product, and for the most part, there was no significant discussion of the artwork, not even in sessions led by therapists who defined their therapeutic approach as phenomenological. In most cases, the therapists did not mention why the meanings of the images were not discussed; hence it is unclear whether it was an unconscious or conscious therapeutic decision.

Some of the less frequent intervention techniques during the therapy sessions, of a few therapists, included the occasional use of self-exposure to strengthen and calm the clients (four of the 16 therapists) and also interventions in their daily lives: "She shared things that were happening to her on her rides to school, and I told her to turn to her personal assistant to help resolve the issue with the staff member in charge of school transportation" (individual therapy, November 28). In addition, in isolated cases, therapists expressed a willingness to deviate from the therapeutic framework and the rules used in art therapy to meet the needs

and/or wishes of their clients. This included agreeing to extend the session period, conducting some of the activities outdoors (mainly the ball games), and even giving permission for clients to take their artwork out of the therapy room. This sometimes occurred as submission to the client's aggressive behavior, or as a therapeutic decision that they believed would be appropriate for the client: "He asked to take the artwork he had made with the hot glue gun to show his friends... I agreed and said that he could to take it out, and return it the next week" (individual therapy, January 3).

Dilemmas concerning the therapeutic techniques. The journal entries revealed that the therapists were preoccupied with a number of dilemmas concerning the appropriate method of treatment. These dilemmas primarily related to their wish to form a beneficent therapeutic relationship (at times even at the cost of breaching the boundaries of the setting), and the wish to focus the therapy on the difficulties that brought the client to therapy in the educational system in the first place. This could jeopardize the therapeutic relationship: "I felt that I might be losing him, that I was pushing too hard, that maybe it would be a good idea to take a bit of a break from the cognitive interventions" (CBT individual therapy, February 1). There were also a few dilemmas that were specific to the school environment; for example, the role of the therapist in therapeutic and educational settings: "Should I be empathetic in the case of such a violent incident (...), how should I act, how should I react to it" (group therapy, March 16), and to what extent was it appropriate to introduce information about events from the external world into the therapy room: "Did I do the right thing by stating that I saw him in the classroom, acting like a judge? Was it right to bring the external world into our therapy?" (individual therapy, February 4).

The Therapeutic Interaction

The client's attitude towards the therapist. Content in the journal entries disclosed that for the vast majority of the therapy sessions, there was a positive interaction between the therapist and the client which included a willingness to share personal weaknesses and

difficulties with the therapists, as well as perceiving the therapists as beneficent and containing allies: "He shared his thoughts, feelings and experiences.... He made eye contact and the intimate sharing that was characteristic of our sessions was created… He related to me and used me as a container, he projected his fears and frustrations" (group therapy, January 31). Only in a few sessions did the therapists report that clients treated them disrespectfully or expressed anger and opposition (nine out of 113 sessions for six of the 16 therapists). This was often a part of their projections and transference of the clients' difficulties experienced in school, or alternatively, in response to a position taken by the therapist that was of an educational or confrontational nature: "He was searching for a place that could contain him, as long as there was empathy and the ability to understand, he was there... As soon as I tried to talk about how to deal with the issue, he ran away physically..." (group therapy, March 16).

Interaction between the clients in the group setting. Therapists reported that in most of the therapy groups the interaction between the clients occurred in an atmosphere of cooperation that included mutual respect, and at times even the sharing of personal information: "The clients felt comfortable bringing up issues that were on their minds, they felt comfortable making artwork together and playing freely and communicatively" (group therapy, November 31). Difficulties in the interaction between the group members emerged in only a few of the groups which lacked a group dynamic, or where there was considerable friction between the group members, impatience toward others and a desire to occupy most of the session.

The therapist's approach to the clients. The journal entries revealed that in most cases, the therapists were emotionally involved in the therapeutic process, which was typically positive, including feelings of concern and empathy for the clients: "I am excited and afraid for her and I am waiting to hear what will happen during the next session"

(individual therapy, February 7). However, in a few cases, the therapists described difficulties caring for or containing the client, usually in response to an unpleasant attitude towards them: "It was hard for me, I did not even like her for one moment. I felt that she was abusing me and enjoying it. Every time I was not able to do something I found her laughter insulting. I was angry and offended" (individual therapy, November 11). The therapists also experienced specific difficulties that emerged in the group settings in a few cases that were related to problems fostering group interactions, or in controlling the group dynamics: "The session was not easy, I felt like I was fighting a lost battle, that there was emotional flooding expressed in a lot of aggressive behavior" (group therapy, November 17).

Themes that Emerged in the Therapy Sessions

Some of the therapeutic themes that surfaced in the sessions were verbal and direct, whereas at other times they were expressed during the process of art making or play, or through the artwork produced by the clients. For the most part, however, these themes were not discussed with the client, and therefore references to such content was based on the therapists' interpretations. One of the main issues that emerged was family difficulties and crises (23 out of 113 sessions for 11 of the 16 therapists): "When she talked about her parents, she actually revealed her own story for the first time - her parents separated when she was born... I thought she felt guilty about the divorce, even though she was a baby..." (individual therapy, March 9). Another key issue was social difficulties and a sense of loneliness (29 out of 113 sessions for 12 of the 16 therapists), as well as difficulties in interpersonal relationships that usually emerged in group therapy sessions, a forum which was largely intended to address this specific issue. Aggressive and violent behavior also resurfaced: "He looked at the knife and hammer that he made during the year. At the end of the session he expressed a profound understanding about himself: "You do not have to be a bully to get along with friends..." (group therapy, June 20). The need for a safe and protected space was a reoccurring theme in many clients' therapy sessions and in a variety of family, social and

school-related issues. This was manifested, for example, in building houses and protected spaces for figures they made during the sessions: "The artwork that he completed today was made of plasticine: a couple in bed with a baby and a snowman. He made a roof for them that mostly protected the baby "(group therapy, October 28). Difficulties relating to learning were almost never discussed in the sessions.

Evaluating the Contribution of the Therapy

The therapists appraised most of the sessions as being positive, and expressed a sense of satisfaction with the way sessions unfolded and the client's conduct during the sessions (60 out of 113 sessions, for all 16 therapists). The first indications of more significant progress and improvement in the clients' behavior began to appear during the second trimester, around February: "It appears to have been a good session that affected their personal and independent experiences. The content that he and his friends brought up encouraged them to make a meaningful piece of artwork that made him feel good about himself and allowed him to relish his capabilities" (group therapy, February 8). At the end of the year, almost half of the therapists (seven out of 16) expressed satisfaction with the progress that their clients had made, which at times relied on feedback from external sources: "A feeling that the job was well done, all three of them progressed and became stronger, and my feelings were confirmed by the teacher and the school advisor" (group therapy, June 20). More significant improvement emerged in one of the CBT therapy sessions, where quantitative tools are available for the assessment of the contribution of therapy: "I asked him to draw a graph that indicated the fears that he had at the beginning of the year and where he placed them today on a scale of 1-100... Most of the fears had decreased to zero" (individual therapy, June 6).

At the end of a few therapeutic sessions, however, some therapists expressed feelings of disappointment with regard to their client's progress (19 out of 113 sessions for 11 of the 16 therapists). This feeling of disappointment, among other reasons, stemmed from the disparities in the client's behavior between therapy and daily life: "A sense of frustration

regarding why this should have happened, in the sessions he is amazing (...) I didn't understand what possessed him to behave so violently. It caused me much grief" (group therapy, March 16). When assessing the total contribution of the therapeutic process, only a few therapists (three out of 16) concluded the year with a sense of frustration due to insufficient progress, or occasionally raised doubts about the suitability of the specific therapeutic framework for the client: "Perhaps nature therapy would have been more suitable for him. He felt a sense of freedom and release when he was outdoors" (individual therapy, June 20).

Discussion

This study examined art therapy in the school system through the analysis of journal entries the therapists drafted and recorded on a weekly basis during one full academic year. The use of therapists' journal entries provides an innovative and comprehensive window into the intimate moments that occur in the therapy room during art therapy sessions in schools, as well as the thoughts, feelings and dilemmas that therapists experience in this context. From a broader perspective, this detailed presentation of the therapeutic practice also responds to a need for detailed documentation of therapeutic processes, as well as a description of the thoughts and challenges facing art therapists in their daily work (Kaiser, 2015), specifically in elementary schools (McDonald & Drey, 2017). The findings may also contribute to expanding the insufficient knowledge base in the field of art therapy, and can serve as a bridge between theory, research and practice.

The findings showed that the constraints of working in the school system do indeed present challenges that affect therapeutic practice. The most problematic issue is the school schedule, which affects the continuity of therapy and may even cause regression in the therapeutic process. These difficulties are consistent with those described in professional literature, both in the context of emotional therapy in schools in general (Paternite, 2005) and

in the context of art therapy in the Israeli educational system, as reflected in current studies (Belity, Regev & Snir, 2016; Keinan, Snir & Regev, 2016; Regev, Green-Orlovich & Snir, 2015).

The findings indicated that most therapists tend to work using a psychodynamic and open approach, while placing greater emphasis on general goals and offering a sense of greater freedom of action to the client. Therapists also tend to be cautious and keep the verbal processing of artwork to a minimum, as also described by Nissimov-Nahum (2008, 2013). This finding reinforces the impression that the psychodynamic therapeutic approach, as well as the tendency to avoid dealing with the client's difficulties is the most widespread approach in art therapy in Israeli schools. This may be due to the training that most art therapists in Israel receive, which adheres to traditional psychodynamic theory (Nissimov-Nahum, 2013; Regev et al., 2016). Thus, the therapists may have made a conscious decision to refrain from verbal processing of artwork on the basis of their therapeutic approach which maintains that when the creative process is strong enough, there is no need for verbal processing ("art as therapy"). Alternatively, this may have stemmed from a decision to avoid exposing too many painful or overwhelming issues, in particular since the clients need to be able to function appropriately in school after the session. Another possible explanation is the therapists' lack of skill when working with verbal intervention techniques in general, and especially the use of artwork as a tool for evoking emotional content. This is often characteristic of inexperienced therapists (Malchiodi, 1998; Nissiodov-Nahum, 2013). This explanation, however, does not coincide with general trends in the field of psychotherapy, including psychotherapy in school systems, which is gradually orienting towards more short-term focused approaches that deal directly with the client's difficulties (Cooper, 2013; Simon, 2016).

The findings regarding the therapeutic tools differ from those found in the formal definition of art therapy. This may reflect the changing conditions and the challenges of the

school environment which require therapists to have a great deal of flexibility, an important point that has already been highlighted in previous studies (Regev et al., 2015). More broadly, this may also be indicative of the current eclecticism in art therapy in general, which stems primarily from the relative newness of this field and the lack of reliable overarching therapeutic theories (Malchiodi, 2011). The variety of tools being used may be a concretization of the approach defined by McNiff (1981), a significant figure at the beginning of the art therapy profession, who opposed focusing solely on art and believed in a multimodal approach, particularly when working with children and teens.

Overall, the therapists considered artwork to have significant therapeutic value. The physical contact with the art materials, as well as the creative process, was considered to encourage emotional expression and enable a process of sublimation and the expression of aggression. This is consistent with Kramer's theory (1971), which affirmed the power of art as facilitating sublimation and regression in the service of the ego. The artworks, many of which were objects or human figures, may have been meaningful for the client as a way of fulfilling wishes and fantasies (Storr, 1991). The pride that some of the clients manifested towards their artwork emphasizes the power of art in developing a positive self-image (Slayton, D'Archer & Kaplan, 2010).

In addition to art, the role of playful activities deserves a closer attention. In this study, these activities emerged as therapeutic tools that are available and accessible to many clients, and considered to be valuable therapeutic aids by many therapists. This is consistent with the professional literature describing the close relationship between art and play, where play forms part of the creative process (Waller, 2006; Winnicott, 1992). This feature of play, together with the recognized advantages of play therapy, enables children to reveal internal emotional content, process unprocessed fantasies, and communicate with the therapist in a pleasant and non-threatening environment (Ferro, 2003).

The findings show that despite the many difficulties engendered by the constraints of the school environment, overall the therapeutic practice of art therapy in schools was perceived as generally positive in a number of respects. The interaction between the clients and the therapists was eventually positive in every case. This is a significant finding, since the quality of the therapeutic alliance has been found to be one of the most important factors affecting the contribution and success of the therapeutic process (Martin, Gaske & Davis, 2000). The atmosphere of cooperation and relative openness, as reported in most of the therapy sessions in the group setting, shows that the group setting can act as a therapeutic space that enables the improvement of social skills and promotes a sense of belonging, which is consistent with the goals of group therapy and art therapy (Sutherland et al., 2010; Waller, 2006). From the therapists' perspective, the art therapy sessions were successful in providing the clients with a safe and secure space. This enabled the clients to express themselves in an emotionally authentic manner and to cope with a variety of difficulties that burdened them as regards their social life, health and family. Some sessions dealt with reinforcing clients' mental strength and positive belief in themselves and enabled a process of sublimation and the release of aggression and stress. The infrequent mention of learning difficulties during the sessions is consistent with the fact that most clients were not referred to therapy for this reason, and thus may have felt less of a need to address this topic. This may also be indicative of the creation of a "therapeutic bubble" detached from the surrounding learning environment that enables the clients to take time off. This study did not examine the issue of the effectiveness of therapy; however, if treatment did indeed contribute towards easing the emotional and social state of the clients and enabled them to be more emotionally available to function and study in school, this supports one of the main reasons for the introduction of emotional therapy into the educational system (Karkou & Glasman, 2004; Randick & Dermer, 2013). Finally, approximately half of the therapists evaluated the contribution of the

therapeutic process as positive, and in some cases, they received external confirmation. Nevertheless, it should be noted that these findings should be addressed with caution due to the possible biases deriving from the subjective point of view of the therapists.

Conclusions

The findings highlight specific gaps between art therapy practices and field training, and the reality of the educational system. These suggest changes that could be made as regards the training process and the construction of therapeutic models applicable to the educational system. First and foremost is the need for short-term therapeutic approaches that may be appropriate for some clients, including cognitive-behavioral and other more focused approaches. It is necessary to adapt to the slots allotted to art therapy schedules in schools, as well as to the requirements of the regular educational system for clear, speedy therapeutic results that coincide with the changes already made in educational psychology (Simon, 2016; Whiston & Quinby, 2009).In addition, there is a need to include references to other modalities in the training given to art therapists who work in schools, with emphasis on play, which this study depicted as an accessible and approachable tool that has great therapeutic value. Expanding training for art therapists in terms of verbal processing should also be taken into consideration, in particular when working with children. This is based on the assumption that the avoidance of verbal processing by therapists also stems from a lack of expertise in this field, and the notion that avoiding conversation may create a gap between the content that emerges during the therapy sessions and the clients' daily life (Nissimov-Nahum, 2013).

Limitations and Future Research

This study has a number of limitations that can serve as the groundwork for future studies. There may be positive bias in the study due to the use of self-report journal entries and the fact that the clients were personally selected for the study by the therapists rather than assigned at random. Another limitation stems from the fixed structure of the journals, which

directed the therapists to address specific aspects of therapy and did not allow the researchers to further explore or receive additional information beyond those guidelines. Additional limitations relate to the participants in the sample, all of whom work with a specific population of elementary school children in the regular educational system. It is possible that the same type of study on adolescents, for example, who tend to be more private, would yield different results. Furthermore, this study examined art therapy as conducted in schools in Israel. It is plausible to assume that in schools in other countries, the nature of therapy may be different. Further research should be carried out to expand the sample to other populations and other countries, as well as to use additional research methods, such as interviews with therapists that focus on exploring how they perceive the influence of the school environment on the therapeutic practice. Finally, this study presented the characteristics of therapeutic practice as it was perceived subjectively by therapists. Future studies should also examine the perspective of clients in art therapy within the educational system.

References

Barry, P., & O'Callaghan, C. (2008). Reflexive journal writing: A tool for music therapy student clinical practice development. *Nordic Journal of Music Therapy, 17*(1), 55-66.

Belity, I., Regev, D., & Snir, S. (2016). Supervisors' perceptions of art therapy in the Israeli education system. *International Journal of Art Therapy: Inscape,* 1-10.

Case, C. & Dalley, T. (2006). *The handbook of art therapy*. NY: Routledge.

Castillo, J. M., Curtis, M. J., & Gelley, C. (2012). School Psychology 2010 - Part 2: School Psychologists' Professional Practices and Implications for the Field. *Communiqué, 40*(8), 4-6.

Cooper, M. (2013). *School-based counselling in UK secondary schools: A review and critical evaluation*, University of Strathclyde: Glasgow.

Daniels, J. A., Angleman, A. J., & Grinnan, E. (2015). Standardizing research methods on violent offenders: Perpetrator-motive research design and consensual qualitative research. *Aggression and Violent Behavior, 21*, 125-132.

Deboys, R., Holttum, S., & Wright, K. (2016). Processes of change in school-based art therapy with children: A systematic qualitative study. *International Journal of Art Therapy,* 1-14.

Ferro, A. (2003). *The bi-personal field: Experiences in child analysis*. Routledge

Feigenberg L.F., Watts C.L., & Buckener J.C. (2010*). The School Mental Health Capacity Instrument: Development of an Assessment and Consultation Tool.* School Mental Health, September 2010, Volume 2, Issue 3, 142-154.

Freilich, R., & Shechtman, Z. (2010). The contribution of art therapy to the social, emotional, and academic adjustment of children with learning disabilities. *The Arts in Psychotherapy, 37*, 97-105.

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

Hill, C.E., Thompson B.J., & Williams E.N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist, 25*,517-572.

Hill, C. E., Knox, S., & Hess, S. A. (2012). Qualitative meta-analyses of consensual qualitative research studies. In C. E. Hill (Ed.), *Consensual qualitative research: A practical resource for investigating social science phenomena* (pp. 159–171). Washington, DC: American Psychological Association.

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

Kaiser, D. H. (2015). What Should Be Published in Art Therapy? What Should Art Therapists Write About? *Art Therapy, 32*(4), 156-157.

Kaiser, D. H. (2015). What Should Be Published in Art Therapy? What Should Art Therapists Write About?.*Art Therapy, 32*(4), 156-157.

Karkou, V. (2010). *Arts therapies in schools: research and practice*. London: Jessica Kingsley publishers.

Karkou, V., & Glasman, J. (2004). Arts, education and society: the role of the arts in promoting the emotional wellbeing and social inclusion of young people. Support for Learning, *19*(2), 57-65.

Karkou, V., & Sanderson, P. (2006). *Arts therapies: A research-based map of the field*. Edinburgh: Elsevier.

Keinan, V., Snir, S., & Regev, D. (2016). Homeroom Teachers' Perceptions of Art Therapy as applied in School Settings in Israel. *Canadian Art Therapy Association Journal, 29*(2), 67-76.

Khadar, M. G., Babapour, J., & Sabourimoghaddam, H. (2013). The effect of art therapy based on painting therapy in reducing symptoms of oppositional defiant disorder (ODD) in elementary School Boys. *Procedia-Social and Behavioral Sciences, 84*, 1872- 1878.

Kramer, E. (1971). *Art as therapy with children*. New York: Schoken Books.

Ladislav, T. (2012). Review of consensual qualitative research: A practical resource for investigating social science phenomena. *Psychotherapy, 49*(2), 273-274.

Lida, M., Shrout, P. E., Laurenceau, J. P., & Bolger, N. (2012). Using journal methods in psychological research. *APA Handbook of Research Methods in Psychology* (1), 277-305.

Malchiodi, C. A. (1998). *Understanding children's drawings*. Guilford Press.

Malchiodi, C. A. (Ed.). (2011). *Handbook of art therapy*. NY: Guilford Press.

McDonald, A. & Drey, N.St J. (2017): Primary-school-based art therapy: a review of controlled studies. International Journal of Art Therapy, 1-12.

Moriya, D. (2006). Ethical issues in school art therapy. *Art Therapy: Journal of the American Art Therapy Association, 23*(2), 59-65.

Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: a meta-analytic review. *Journal of consulting and clinical psychology, 68*(3), 438.

McDonald, A. & Drey, N.St J. (2017): Primary-school-based art therapy: a review of controlled studies. International Journal of Art Therapy, 1-12.

McNiff, S. (1981). *The arts and psychotherapy*. Charles C. Thomas Publisher.

Nissimov-Nahum, E. (2008). A model for art therapy in educational settings with children who behave aggressively. *The Arts in Psychotherapy, 35*(5), 341-348.

Nissimov-Nahum, E. (2013). *Colours of Soul and Mind: Art Therapy for Children Who Behave aggressively*. Mofet Institute (In Hebrew).

Ottarsdottir, U. (2009). Art Therapy in Education for Children with Specific Learning Difficulties Who Have Experienced Stress and/or Trauma. *Arts Therapies in Schools: Research and Practice, 145*.

Paternite, C. E. (2005). School-based mental health programs and services: Overview and introduction to the special issue. *Journal of Abnormal Child Psychology, 33*(6), 657-663.

Randick, N. M., & Dermer, S. B. (2013). The relationship of school art therapy and the American School Counselor National Model. *Art Therapy, 30*(1), 30-35.

Regev, D., Green-Orlovich, A., & Snir, S. (2015). Art therapy in schools- The Therapist's Perspective. *The Arts in Psychotherapy, 45,* 47-55.

Regev, D., Snir, S., Alkara, M., Belity, I., Green-Orlovich, A., Daoud, H., Melzak, D., Mekel, D., Salamy, A., Abd Elkader, H., & Keinan, V. (2016) Art Therapy in the Israeli Education System – An Update. *The Academic Journal of Creative Arts Therapies, 6*(1), 575-591 (In Hebrew).

Ringeisen, H., Henderson, K., & Hoagwood, K. (2003). Context matters: Schools and the "research to practice gap" in children's mental health. Sc*hool Psychology Review, 32*,153-168.

Simon, D. J. (2016). *School-centered interventions: Evidence-based strategies for social, emotional, and academic success*. American Psychological Association.

Slayton, S. C., D'Archer, J., & Kaplan, F. (2010). Outcome studies on the efficacy of art therapy: A review of findings. *Art Therapy, 27*(3), 108-118.

Spier, E. (2010). Group art therapy with eighth-grade students transitioning to high school. *Art Therapy: Journal of the American Art Therapy Association. 27*(2), 75-83.

Storr, A. (1991). *The Dynamics of Creation*. Penguin Books Ltd.

Sutherland, J., Waldman, G., & Collins, C. (2010). Art therapy connection: Encouraging troubled youth to stay in school and succeed. *Art Therapy, 27*(2), 69-74.

Waller, D. (2006). Art therapy for children: How it leads to change. *Clinical Child Psychology and Psychiatry, 11*(2), 271-282.

Wengrower, H. (2001). Arts therapies in educational settings: an intercultural encounter. *The Arts in Psychotherapy 28*, 109–115.

Whiston, S. C., & Quinby, R. F. (2009). Review of school counseling outcome research. *Psychology in the Schools, 46*(3), 267-272.

Winnicott, D. W. (1992). *The child, the family, and the outside world*. Da Capo Press.

Table 1

Demographic Information about the Therapists

Number	Age	Education level	Employment since training completion	Theoretical orientation	Workplace
1	36	Undergraduate	Under 5 years	Other/nso	Public
2	51	M.A.	Under 5 years	Psychodynamic	Public
3	48	M.A.	Over 10 years	CBT	Public and private
4	30	Undergraduate	Under 5 years	Phenomenological	Public
5	56	n/a	Over 10 years	Phenomenological	Public and private
6	n/a	n/a	5-10 years	Other/nso	Public and private
7	51	Undergraduate	5-10 years	Other/nso	Public
8	40	Undergraduate	5-10 years	Other/nso	Public
9	32	M.A.	5-10 years	Phenomenological	Public
10	47	Undergraduate	Over 10 years	Other/nso	Public
11	46	M.A.	Over 10 years	Phenomenological	Public and private
12	45	M.A.	5-10 years	Other/nso	Public
13	47	Undergraduate	5-10 years	CBT	Public and private
14	39	M.A.	5-10 years	Psychodynamic	Public and private
15	46	M.A.	Over 10 years	Psychodynamic	Public
16	39	M.A.	5-10 years	Other/nso	Public and private

Note: n/a = data not available, M.A. = graduate education, Other/ nso = other or no specific orientation.