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Abstract

This study examined how art therapy is conducted in schools in Israel from the perspective of homeroom teachers whose students are attending art therapy. Fifteen homeroom teachers, one or more of whose students were undergoing art therapy, were interviewed using the Consensual Qualitative Research method (Hill, Thompson, Williams, 1997). The findings indicate that from the teachers' perspective, art therapy in the school system is needed and valuable, particularly because treatment can be coordinated with other members of the staff. Nevertheless, this collaboration can fail to achieve its goals when teamwork is not defined and structured by school management. A number of recommendations are made to improve art therapy in schools and increase treatment efficiency.

Keywords – Art Therapy in schools; Homeroom Teachers; Consensual Qualitative Research; Multidisciplinary Teamwork

Homeroom Teachers' Perceptions of Art Therapy as applied in School Settings in Israel

This study examined the work of art therapists who practice in school settings in Israel from the perspective of homeroom teachers. It explored in what ways the educational and therapeutic fields intersect within the educational system, the advantages and disadvantages derived from this encounter, and how best to optimize these exchanges for the benefit of clients, teachers and therapists. In art therapy, the art materials as well as the creative process and products are seen as ways to explore and deal with a range of emotional difficulties. Art is used as a mediating language that provides access to the patient's inner world and facilitates self-expression, development of insights and the furthering of change (Malchiodi, 2012; Rubin, 2001).

Schools are not considered to be the classic environment for art therapy. Yet in Israel, the Ministry of Education is the main employer of art therapists through Regional Support Centers (RSC) set up to comply with the Israeli Special Education law (Huss, 2013). For this reason, art therapy in the educational system has attracted the interest of researchers and writers who continue to debate the ways in which art therapy is influenced by and interwoven into school settings. These issues include the efficacy of art therapy in schools (Shedler, 2009), the environment required for art therapy in schools in terms of ethics (Moriya, 2006) and interdisciplinary teamwork (Manor-Binyamini, 2009; Moriya 2000). Studies have pinpointed the numerous advantages of art therapy in schools. The two major benefits most often cited are the collaboration between the different professionals who have contact with the student undergoing therapy, and the provision of art therapy to students to whom it would never have been accessible (Regev, Green-Orlovitch & Snir, 2015).

However, conducting art therapy in educational systems is complex (French & Klein, 2012; Glassman & Prasad, 2013) and must grapple with the physical and systemic conditions inherent to the school framework which are at times incompatible with a therapeutic approach. These include a lack of suitable rooms and art materials, scheduling issues due to the school holidays and events, and the difficulty of creating a private therapeutic environment within the school (Moriya 2000, 2006; Nisimov-Nahum, 2013; Regev, Green-Orlovitch & Snir, 2015). Another obstacle often mentioned in studies is the intercultural encounter between therapeutic and educational approaches (Wengrower, 2001). The disparities between these two cultures sometimes prompt mutual suspicion and makes collaboration difficult, mostly because of lack of knowledge and differing expectations (Manor-Binyamini, 2009; Ofer-Yarom, 2007; Paternite, 2005).

Homeroom teachers working alongside art therapists constitute important copartners. However, only a few studies have dealt with teachers' perspectives on art therapy (Karkou 2010; Paternite, 2005; Stormont, Reinke & Herman, 2011). Teachers' points of view on the benefits of art therapy are extremely valuable since they have considerable influence over their students and their collaboration with therapists as copartners is crucial. The present study thus explored the perspectives of homeroom teachers on art therapy in schools to better understand the unique aspects of the interdisciplinary encounter between therapist and teacher and to formulate recommendations for an efficient working model for art therapy in schools.

Method

The principles of Consensual Qualitative Research (CQR) developed by Hill, Thompson and Williams (Hill et al., 1997) were applied here. This method is based on an analysis of qualitative, semi-structured interviews conducted to collect the

approaches, perceptions and experiences of the participants. It draws on qualitative research methodologies that can be used to observe how people construct and understand their experiences (Hill et al., 1997; Kvale, 1996). However, it also incorporates features and principles of quantitative research which are applied to reach a consensus among researchers. CQR helps decipher the ambiguity and complexity of the data and allows for an in-depth analysis of the participants' experiences (Hill et al., 2005). In addition it makes it possible to observe sequences of events that are unpredictable, and explore uncharted areas. These include participants' experiences and the ensuing implications. CQR is often used in the field of psychotherapy research (Coutinho et al., 2011; Hill et al, 2014; Regev, Green-Orlovitch & Snir, 2015).

Concurrently, an inductive analysis was conducted to derive explanations from the data in the interviews (Hill et al., 2005). CQR probes the interviewees' experiences in from the context of their statements. Its defining features are an inductive data analysis using a set of domains from which core ideas are drawn. Here, the data were analyzed by a team of judges working to achieve bias-free consensus as accurately as possible (Hill et al., 2005).

Participants

Fifteen homeroom teachers (all of whom were women) with at least one student undergoing art therapy in school were interviewed. The participants were between the ages of 27-57, and had worked as teachers for 3 to 32 years. Five of the participants taught a regular class in a regular school, 6 taught a special education class in a regular school (Integrative Education) and 4 taught a special education class in a special education school (see Table 1).

Table 1:
Participants' Demographic Information

#	Gender	Age	Education	Years in the Education System	Type of school	Type of class
1	Female	50	BA – Education	24	Elementary school, regular education	Integrated pupils
2	Female	34	BA – Education	11	Elementary school, regular education	Integrated pupils
3	Female	38	BA – Creative Education MA – Art education	7	Elementary school, regular education	Integrated pupils
4	Female	32	BA- Behavioral science Special Education Teaching Certificate	5	Elementary school, regular education	Integrated pupils
5	Female	45	BA – Physical Education	21	Junior High, regular education	Integrated pupils
6	Female	57	BA – Special Education	32	Junior High, integrative education[1]	Learning Disabilities
7	Female	30	BA – Education MA – Special Education	5	Elementary school, integrative education	Autism
8	Female	27	BA – Special education and Arts	3	Elementary school, integrative education	Autism
9	Female	46	BA – Education MA – Special Education	20	Junior High, integrative education	Learning disabilities, conduct disorders, mental disorders
10	Female	56	BA – Criminology & Special education	32	Junior High, integrative education	Conduct disorders

[1] special education class in a regular school

11	Female	54	BA – Education and art	28	Junior High, integrative education	Conduct disorders
12	Female	48	BA – Special Education	22	Elementary school, Special Education School	Autism
13	Female	35	BA – Special Education	8	High School, Special Education school	Learning Disabilities, ADHD
14	Female	35	BA – Special Education & Literature	9	High School, Special Education school	Conduct disorders
15	Female	43	BA – Special Education	20	Junior High, Special Education school	Conduct disorders, Mental disorders, learning disabilities

Tools

Semi-structured in-depth interviews were conducted (Hill, Thompson & Williams, 1997). First, participants provided demographics and school-related information and stated their approach to education and teaching. Next, they were asked about the therapy framework in their school, work patterns with art therapists, and how they perceived this relationship. They were also asked to share their views on art therapy in schools, and its advantages and disadvantages compared to therapy administered outside the school setting. Finally, the teachers were asked for suggestions on how to improve therapy delivered at school.

Procedure

Participants were located through art therapists working with them or through other school staff members. After obtaining consent, an interview date was set, usually at the school where the teacher worked. The interviews lasted 45 minutes to an hour and a half. They 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 Israel Ministry of Education.

Data analysis

Consistent with the CQR method (Hill et al., 1997), a primary team of 3 evaluating judges was formed. Each evaluator analyzed the same 3 interviews separately, to define domains and the core ideas in each. Then the evaluating team met to work out a consensus regarding the meaning of the data and consolidate a basic frame for the analysis of the remaining interviews. The analyzed material was then forwarded to another judge, who served as an auditor and determined whether the frame was compatible with the information derived from the interviews and that the core ideas were adequately phrased. The three interviews were then analyzed according to this final frame. Next, a cross-analysis was conducted consisting of a reexamination of the domains and core ideas, to optimize the way the findings were analyzed and presented. Finally, all the remaining interviews were analyzed by the writer of this article using this frame[2].

In the findings section, the phrase “all teachers” refers to all 15 participants, the phrase “most teachers” refers to 12-14 participants, the phrase “some teachers” refers to 7-11 participants, and the phrase “a few teachers” refers to a group of 4-6 participants. According to CQR, statements provided by 3 participants or less are not included (Hill et al., 2005). Nevertheless, in two cases the phrase "single teacher" is employed since despite their low frequency, their comments suggestions for improvement were highly pertinent.

Findings

[2] All the judges who analyzed the data are experienced art therapists. The auditor and one of the primary team judges are also experienced researchers.

Factors in the school system that are beneficial to art therapy

Art therapy conducted in school environment is influenced by it both directly and indirectly. This differentiates it in many ways from the classic model of art therapy which takes place outside the school context. All the homeroom teachers expressed the opinion that art therapy within school settings is imperative and its benefits outnumber its disadvantages.

School enables integrative teamwork around the student in therapy. All the teachers mentioned the cooperation between staff members involved with the student as the main justification for art therapy in the school setting and saw it as a crucial factor in the effectiveness of its outcome: "In school there's communication between everyone who's working with the student. All the parties express their point of view, and the picture gets clarified. When therapy takes place after school we don't have contact with the therapists". The interviews showed that the number of therapists employed and the teamwork patterns varied from one school to the other, and there was no homogeneous policy. In some schools teamwork was found to be constant and systematic but in others was very sporadic and unclear. Despite this inconsistency, all the teachers stated that even in cases where there was no established teamwork procedure, both teachers and art therapists found ways to consult and update each other about students in therapy either by phone or in other ways. The importance of regular staff meetings was mentioned by all the teachers whose schools hold such meetings regularly:

> It's scheduled once a week. We have time off from class, they have time off from treatment... I get a lot of guidance, a lot of advice from a therapeutic point of view... And she catches up, asks questions, it's important to her... It’s a mutual contribution.

Physical and economic access. Most teachers found that art therapy in schools makes art therapy accessible to students who would not have been able to engage in therapy otherwise, due to a lack of parental awareness and/or financial resources:

> Sometimes the parents don't rush into therapy... they don't see or don't want to see. The school provides them with a springboard. As soon as they see there is such a thing and it's good for their child, they can carry on.

Therapy goals are set according to the school's objectives. A few teachers noted that it was an advantage to have the therapist be able to focus in therapy on the student's difficulties as the school defined them (such as adaptation to school rules), which would not necessarily be the targets of therapy if conducted outside school:

> It's connected to what happens here and I can say what I think should happen here. In my view, when a student is given this resource in the school and with school funds, it has to deal with the difficulties that arise within the school.

Disadvantages related to art therapy in schools

The teachers noted several obstacles related to the direct influence of the educational system on art therapy in schools. Interestingly, however, none of these were dominant concerns.

Difficulties in teamwork. Although teamwork was seen as the major benefit by all teachers, most of them stated that personal or systemic biases impeded its efficiency. Most school administrations do not define a specific time for follow-ups between teacher and therapist, so the quality of the relationship depends to a great

extent on their personal relationship and willingness to take the initiative, which can decrease the effectiveness of therapy:

> Many times it's awkward, because we can only talk during breaks... or on the phone... if we had a scheduled hour weekly it would be great... there're a lot of problems in these classes... many difficulties, every student has his or her story. You need time to sit and talk.

At times, the educational and therapeutic missions can clash. A few teachers stated that the therapeutic approach to boundaries was too lenient and claimed that it confuses the students and can interfere with educational goals. The teachers stated that when there are different voices representing different approaches, it makes it difficult to know how or when to intervene

> We have a pedagogical supervisor, who takes a behavioral approach… stickers, tokens and the like ... and then comes the therapist and says 'no way, this student doesn't need this; he needs something else, something gentler and more containing'. Now who do I listen to?

The system creates logistic and bureaucratic obstacles. A few teachers mentioned that because school is a complex structured system governed by regulations and procedures, this restricts the therapeutic work and process:

> All the time juggling the program, the hours, fixing the therapist's schedule to match the classes and the student's needs… It's always a mess logistically... even after she starts, there are a lot of changes, and the hours don't always coincide.

In addition, the overload on the system leads to situations where the art therapist is required to step in and fill educational roles that are not consistent with the therapeutic approach, for example supervising during recess:

> On one hand they are the therapists in the art therapy room, on the other hand, they supervise during recess. It confuses the students – 'one moment you're my therapist and the next you're sending me to the principal's office for smoking?'

The school does not always provide the physical layout required for art therapy. The interviewees suggested that in regular and integrative educational settings, the schools often do not provide a permanent room for art therapy and therapists have to take whatever room is available. Budgets do not cover art supplies and other equipment and it is not unusual for therapists and teachers to bring equipment from home or purchase art materials at their own expense. A few teachers mentioned this as a factor that undermines therapy:

> She doesn't always have her own room, because here the ceiling is crumbling and the rain comes in, or something else is wrong… art therapy deals with emotions and it's supposed to be all confidential and sensitive… if she doesn't get the proper materials and conditions, it blocks her in therapy.

Confidentiality is hard to maintain. A few teachers referred to the need for confidentiality in therapy and the difficulty of preserving this when therapy takes place in the school context: "Therapy takes place in a room, but there're 400 children running around, it's not always quiet, someone can always open the door".

The continuity of the therapeutic process is disrupted by school events. A few teachers noted that the many vacations and events of all sorts in the school calendar interfere with the continuity of therapy: "It's the unpredictable things, she comes in the morning and she's told 'Oops, I forgot to tell you, today the class has this and that', and there goes your sessions. I'm sure it's hard".

A shortage of therapeutic hours forces group therapy which can be inappropriate for the students' needs. A few teachers stated that therapists are not allotted enough work hours to deal with the number of students in need of therapy. Sometimes schools resolve this problem by creating therapeutic groups, thus overlooking the differing needs of each student : "This year there are not many hours... they made all kinds of arrangements to form groups, although in my opinion group and individual therapy are not the same… it's not always right or suitable".

The significance of art therapy to the student in therapy

Most homeroom teachers reported that the only things they know about art therapy come from what they see in the school. Most stated that they are not exactly sure how therapy actually takes place: "They go and come back in a good mood, so I guess it's good for them, but I can't tell you what they do there". However, they all thought that art therapy was beneficial, and presented a variety of views on its contributions and advantages to their students, as detailed below.

A means of expression and ventilation of feelings. Most teachers mentioned that they see art therapy as an outlet for students. In their opinion the art therapy room and the art materials enable students "to let go of all their emotions in there, to learn how to express feelings the right way, not to keep them bottled up... through the art materials she manages to get all these things out of them". The expression of feelings, as implied here by the teachers refers to the validation of raw emotions which are not considered legitimate in the educational system, and are not recognized elsewhere.

A safe place. Some teachers perceived the therapeutic session as an opportunity for the students to experience a safe place and a benevolent relationship which is the basis for the therapeutic process: "He feels secure enough and very much at ease, so he can bring up issues he doesn't talk about in other places".

Development of life skills. Most teachers referred to art therapy as a means of development and support of life skills. The teachers mentioned restraint, delaying gratification, emotional regulation, focusing, the ability to ask for help and raising self-confidence as skills that are worked on in therapy, at times in conjunction with the homeroom teacher: "I tell her what I see in the student and what I think should happen so that she can really work on it with him".

Refuge from the stressful educational environment. Some teachers stated that art therapy in a school environment offers a different "language" that is calm, containing, that focuses on the individual, tolerates behaviors that are unacceptable in class and is distanced from the need to constantly achieve. The actual change in environment has a positive influence on the student:

> It's beneficial for them because the academic framework is not easy. They have to endure all kinds of things during the day, so it's important for them to have a break with someone close who cares and contains things that would not be acceptable elsewhere.

Empowerment through the students' virtues. A few teachers noted that art therapy can reveal talents and skills that cannot be expressed otherwise and can be used later in class to empower students with low self-esteem: "She came back from therapy with the things she made out of paper, and I was amazed and I told her 'what great things! You have to teach everyone!' And so she did. It empowered her".

Therapy does not reflect reality. Alongside the many advantages of therapy mentioned by the teachers, a few expressed their feeling that sometimes what happens in therapy does not correspond to the student's real self, and is irrelevant: "I think that therapists are sometimes quite detached… they're in their bubble in their room, they're

not in class with 30 students. It's the homeroom teacher who's there all the time, who really knows how and what".

The significance of the relationship between teacher and art therapist

The therapist helps the teacher understand her students. Most teachers noted the crucial role of the therapist's psychological perspective, which they felt enriched their point of view and enabled them to be more attuned to sensitive dialogue with their students and their needs: "They give the teachers a different angle on the students, and what's happening to them, for instance that they are not simply being annoying, but that there's something that should be addressed the right way so we can help them".

The teacher implements the therapist's tips and applies them in class. Some teachers mentioned that being exposed to a therapeutic approach through the art therapist guides them in their educational work. The teacher can utilize emotional tools to better communicate with the students: "Since I was introduced to art therapy, it has taught me many things: how to approach the students, what questions to ask to enable them to say what they really want to".

The therapist is an address for consultation and ventilation. Some teachers said they tended to seek support from the art therapist in the case of important decisions, or at times shared their thoughts regarding certain students, not necessarily students in therapy: "When I'm having doubts, I call her before I call anyone else. I consult with her even about things happening in my class that don't concern her clients".

The therapist shares a relationship with the parents, and helps the teacher engage them to the benefit of the student. Some teachers described the therapist's relationship with some of the students' parents as a positive one. According

to these teachers, the parents consult the therapist when they need to make decisions regarding their child: "The therapist's channel of communication with the parents is special. They appreciate her opinion very much. For instance if I recommend something, they always want to ask for her opinion too, it's important to them". Some of the teachers said they consult the therapist regularly before an important meeting with the parents, or even ask her to join in. Sometimes the therapist can say things the teacher is uncomfortable telling the parents: "When I have the therapist's support, we even decide before the meeting that I'll describe the situation and he'll take it further and say the things I feel awkward telling them".

Competition over status and seniority can undermine the communication between teacher and therapist. Despite the many qualities of the relationship between them and the art therapists, a few teachers stated that this relationship does not always contribute significantly to their view of the students. In their opinion, the teachers know the students best given the long hours they spend with them and their many years of experience. Sometimes, they say, the art therapist's attempts to tell them what the student needs can trigger resistance: "Sometimes there's a problem, because I have been here for years and when a new art therapist arrives, I'm the one who guides her. Sometimes I think, 'oh well, I'll skip this, as though she could teach me anything today'".

The contact between teacher and therapist is impaired because the therapist excludes the teacher. A few teachers mentioned that there are cases where the art therapist keeps therapy under excessive secrecy, so communication is blocked: "There are therapists that totally segregate education from therapy, they don't mix. So if I try to consult her I don't get answers because there's a total separation and therapy stays so secret".

Suggestions for improvement

Establishing regular teamwork patterns. Some of the teachers expressed the need for formal and consistent teamwork patterns (staff meetings, supervision etc.), as opposed to the sporadic way mutual updates take place in most cases, often after work hours: "With our busy schedules you have to get the therapist and teacher together… as a school principal you have to provide them with the time to meet in school, to clarify issues, because improvising doesn't work".

Providing therapy to more students. All the teachers who work in regular schools expressed dissatisfaction that only "integrated students" (students diagnosed as having special needs) are entitled to therapy in the school. These teachers feel that there are many students in need of therapy who do not meet the criteria but would benefit from therapy: "He's very complex and therapy could do wonders, but it's impossible… because he was not diagnosed as having special needs… If she could take more students it would be great, but it doesn't happen".

Enhancing teachers' knowledge of art therapy. Most of the teachers had limited knowledge of art therapy that derived solely from their encounters with the art therapy provided in the school. A few of them thought that a better introduction to art therapy would help them value it more and improve their work with the art therapist: "I'd like to know the background better, what they do, their considerations, how they design the sessions. And also afterwards – what conclusions they draw".

Art therapists should adapt themselves to working in schools. According to most teachers, art therapy in schools should serve the school's objectives and the therapists should be informed of the goals defined for each of their clients. One teacher stated that art therapists should also be familiar with the educational orientation and school climate as another way to strengthen cooperation and make

therapy more effective: "Therapists should not be disconnected from the school… a therapist who is involved in what happens can understand the dynamics better, the way things work".

Art therapists should specialize in the type of population they work with. One teacher thought that art therapists are not familiar enough with the specific difficulties of the students they work with, and that they should train and specialize to be better attuned to their clients: "I think they need to specialize in the niche they work in… not only art, but also the therapeutic part".

Discussion

This study examined the ways in which art therapy is implemented in the educational system in Israel, from the point of view of homeroom teachers. The findings suggest that most teachers believe that art therapy in schools is extremely positive, and in particular cited the benefits of collaboration and teamwork which make it possible to treat the students more holistically, the physical and economic accessibility, and the fact that therapy can be attuned to the clients' needs as they are perceived by the school. These benefits enhance the value of art therapy in school, compared to therapy outside the school setting. Most teachers valued their interactions with the art therapists, and believed that they contributed to their ability to cope and communicate with their students. At the same the time, the teachers recognized that the full potential is not always achieved due to the lack of structured work patterns in the school system, and clashes between educational and therapeutic approaches. The other difficulties had to do with the physical conditions in the therapy locales, the lack of continuity of therapy due to the school calendar and the ethical problems of confidentiality. These findings are consistent with the results of a study conducted

simultaneously that examined art therapy in schools from the perspective of art therapists (Regev, Green-Orlovitch & Snir, 2015).

Overall, the findings suggest that art therapy in the school system is undertaken from a wide range of profiles, in varied physical conditions and school work patterns, with no uniform standards. Nevertheless, three common patterns stand out. In the special education system, the resources allocated to art therapy are higher: the art therapy rooms are permanent and well equipped, the staff includes a wide range of therapists and teamwork is structured and tight. In the regular education system, resources are often minimal, only one therapist is employed and communication with the educational staff is random and often takes place outside work hours. In integrative education settings in small special education classes within regular schools, the situation is complex: on one hand it caters to students who require special education, with complex needs. On the other, they are part of the regular education system, which does not provide the optimal climate or resources to support the therapy they are entitled to. The interviews clearly suggest, as does the literature (Atkins et al., 2010; Moriya, 2000), that by working together, teachers and therapists can help ensure more effective therapy in schools, and that efficient communication between all the parties is one of the main benefits of art therapy in the educational system.

The findings also show that the way teachers perceive art therapy as a profession is not consistent with its definition, the approach taught of art therapy training programs, or the professional identity of art therapists (Ofer-Yarom, 2007). Teachers see art therapy as having educational, concrete goals (empowerment, life skills etc.) more than as a conduit for psychotherapeutic processes. Only one teacher related to art therapy as psychotherapy, despite the teachers' general acknowledgment

that students may face complex issues such as sexual abuse or suicidal tendencies that they need to work on in therapy. The Israel Ministry of Education defines the goals of therapy in concrete educational terms similarly to the way the teachers interviewed in this study perceive it: "to restore and improve performance" (Israeli Ministry of Education, 1999). The regulations state that the goals of therapy should be determined according to the student's Personal Learning Plan (PLP) and the goals of special education. This implies that therapy provided to students, including art therapy, should first and foremost adhere to the system's objectives rather than offer psychotherapy.

Recommendations

On the basis of the data collected, analyzed and discussed, the following recommendations can be made to improve the outcomes of art therapy interventions in the school system.

Formulation of mandatory guidelines, and the definition of minimal conditions under which therapy can be conducted in schools by the Ministry of Education. The Israel Ministry of Education should define specific preconditions for conducting art therapy in the school system, including regulations for multi-disciplinary teamwork and the minimal physical requirements. However, it is important to maintain a certain degree of freedom and flexibility to allow for adjustment and fine-tuning to the special requirements of each school, as well as for cultural issues. These are needed to maintain relevance and effectiveness (Farahmand, 2013; Sutherland, Waldman, & Collins, 2010).

Professionalization of teachers and art therapists. The educational staff should be familiarized with the principles of art therapy through lectures, workshops and case studies presented by art therapists working in the school. This type of

intervention was shown to contribute to the development of a sensitive and supporting approach to students by their teachers, as well as to better cooperation between the educational and therapeutic staff (Nelson, 2010). Simultaneously, art therapists should be required to do advanced training, and specialize in the specific areas of the students they work with (PDD, conduct disorders etc.). They should also be familiar with the educational system's approach and goals, be well-attuned to the pedagogical discourse of the school, and take these factors into consideration in therapy.

Consideration of the special features of working in schools by art therapy training programs. The educational system sees art therapy in an educational perspective that aims to enable students to achieve their academic goals. However, art therapy training programs in Israel tend to emphasize psychotherapy, and are not attuned sufficiently to the special features of working in the educational system. This can cause conflicts and tensions in the work of art therapists in the school system (Isis et al., 2010; Sutherland et al., 2010).

Limitations and recommendation for further study

The homeroom teachers interviewed for this study were recruited through art therapists who work with them, or in the past. Their participation might have been due to personal involvement in the topic. Possibly for this reason more conflictual opinions were not expressed. A future study could examine the extent of agreement of homeroom teachers with the perceptions presented in the present study, as well as the influence of these perceptions on the effectiveness of art therapy in schools.

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