Exploring the Potential for Therapeutic Art-Making in School Psychology Practice: A Single Case Study of a Training Experience

Alexandra G. Manion

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The purpose of this study was to investigate the impact of a training experience on the use of therapeutic art-making for school psychologists, with a focus on how to incorporate these concepts into their school-based mental health practice. Therapeutic artmaking includes the use of visual art activities (drawing, painting, clay, and collage) with specific therapeutic intent. Although there are examples of art therapists providing in-school therapeutic art-making services to support the mental health needs of students, there is far less information regarding the use of therapeutic art-making by school-based mental health providers, including school psychologists. This single case study explored the effect of a training on the use of therapeutic arts in school psychologists’ counseling practice, specific to Tier 2 (targeted) and Tier 3 (intensive) levels of support, and how this training influenced practitioners’ knowledge base, their conceptualization of their counseling practice, and their beliefs around how therapeutic art-making may enhance student wellness. General attitudes around the use of therapeutic art-making in school psychology were also explored. School psychologists were trained in basic aspects of art therapy, with a focus on how these ideas can be integrated into their existing counseling practice to support the mental and behavioral health of students. Results indicated positive perceptions around the use of therapeutic art in school psychology, particularly in augmenting talk therapy, allowing for increased student self-expression, and enhancing mind-body connectivity. Particular benefit around the opportunity to participate in sample therapeutic art-making experiences within the training sequence was reported. Participants found the emphasis on integration into commonly used counseling modalities promoted accessibility, and all indicated they would recommend this training sequence to other providers. Visual art samples, including works created by the participants during sample activities and reaction art created by the researcher throughout the course of the study, were incorporated into the findings as artistic modes of data representation.

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Exploring the Potential for Therapeutic Art-Making in School Psychology Practice: A Single Case Study of a Training Experience

A Dissertation
Presented to
the Faculty of the Morgridge College of Education
University of Denver

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by
Alexandra G. Manion
August 2022
Advisor: Cynthia E. Hazel, Ph.D.
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The purpose of this study was to investigate the impact of a training experience on the use of therapeutic art-making for school psychologists, with a focus on how to incorporate these concepts into their school-based mental health practice. Therapeutic art-making includes the use of visual art activities (drawing, painting, clay, and collage) with specific therapeutic intent. Although there are examples of art therapists providing in-school therapeutic art-making services to support the mental health needs of students, there is far less information regarding the use of therapeutic art-making by school-based mental health providers, including school psychologists. This single case study explored the effect of a training on the use of therapeutic arts in school psychologists’ counseling practice, specific to Tier 2 (targeted) and Tier 3 (intensive) levels of support, and how this training influenced practitioners’ knowledge base, their conceptualization of their counseling practice, and their beliefs around how therapeutic art-making may enhance student wellness. General attitudes around the use of therapeutic art-making in school psychology were also explored. School psychologists were trained in basic aspects of art therapy, with a focus on how these ideas can be integrated into their existing counseling practice to support the mental and behavioral health of students. Results indicated positive perceptions around the use of therapeutic art in school psychology, particularly in augmenting talk therapy, allowing for increased student self-expression, and enhancing
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Time and time again as I conducted this study and developed this manuscript and the associated artworks, I was reminded of Dr. Myntha Anthym’s sentiment around her own doctoral paper—“This is the only dissertation I could write. This is the dissertation only I could write.” This process, and this body of work, have been at once intensely personal and deeply humbling for me. I could not have persevered through this journey—which occurred in the context of massive changes and challenges within my own personal sphere, but also across the world at large—without the support of so many individuals. I am endlessly grateful to my dissertation committee: Dr. Cynthia Hazel, for honoring and reflecting my belief in the power of art and encouraging me to pursue this work; Dr. Bruce Uhrmacher, for showing me I am, indeed, a researcher, and for illuminating the world of arts-based research; and Dr. Gloria Miller, for her boundless enthusiasm and unwavering engagement in my process since day one. Thank you to my peers and colleagues, most notably Jill Talley, Lexi Sliva, and Tiffany Lee, for supporting this study and my own mental health and happiness throughout our graduate training. And, thank you to my entire network of unwavering friends, who have stood by me as I navigated more than a few detours throughout this process, most notably Jess Williamson, Lisa Hollerbach, and Trevor Cassidy. I am fiercely thankful to my partner, Ismael de Sousa, for his patience, kindness, and curiosity about my passions and work, and to his steadfast belief in me and all the things I strive to achieve. He continually inspires me. And finally, thank you to my parents, Robert and Dyan Manion. You allowed me such opportunity, academically and personally, and I could have not reached this stage without your trust and love. I dedicate this work to my mother.
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### Abbreviations

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<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AATA</td>
<td>American Art Therapy Association</td>
</tr>
<tr>
<td>ADHD</td>
<td>Attention-Deficit/Hyperactivity Disorder</td>
</tr>
<tr>
<td>ASD</td>
<td>Autism Spectrum Disorder</td>
</tr>
<tr>
<td>CBT</td>
<td>Cognitive-Behavioral Therapy</td>
</tr>
<tr>
<td>IEP</td>
<td>Individualized Education Program</td>
</tr>
<tr>
<td>M-DCPS</td>
<td>Miami-Dade County Public Schools</td>
</tr>
<tr>
<td>MTSS</td>
<td>Multi-Tiered Systems of Support</td>
</tr>
<tr>
<td>NASP</td>
<td>National Association of School Psychologists</td>
</tr>
<tr>
<td>PBIS</td>
<td>Positive Behavioral Interventions and Supports</td>
</tr>
<tr>
<td>SWB</td>
<td>Subjective Well Being</td>
</tr>
<tr>
<td>SFT</td>
<td>Solution-Focused Therapy</td>
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Chapter One: Introduction

“Though I am often in the depths of misery, there is still calmness, pure harmony and music inside me. I see paintings or drawings in the poorest cottages, in the dirtiest corners. And my mind is driven towards these things with an irresistible momentum.”

–Vincent van Gogh

"Art opens the closets, airs out the cellars and attics. It brings healing."

–Julia Cameron

Many of us can recall our early experiences with visual art—perhaps enthusiastically scribbling swirls and shapes with chunky crayons on butcher paper, or tracing our fingers through puddles of paint, exploring dots and lines on paper, and discovering the way blue and red suddenly became purple. While many people conceptualize art-making for novelty or decoration, or maybe as a mode of entertainment, it is likely that at some point in your life you had an art-making experience that was joyful, soothing, or clarifying (Malchiodi, 2006). As a practice, art therapy builds upon these sensations during therapeutic interactions, using visual art to support dialogue and self-expression, to find images when it is hard to find words, and to improve overall well-being through these creative and calming experiences.
Some argue the relationship between art and therapy, or art and healing, is “as old as human society itself” (Vick, 2012, p. 9), with records of humans engaging in art-making for therapeutic benefit across cultures, eras, and settings (Malchiodi, 2006). Cobb and Negash (2010) describe art as the “powerful medium through which people can explore and express emotions and narratives” (p. 56), while Brillantes-Evangelista (2013) recognizes the arts as a “language to express and reveal one’s thoughts, sentiments, and feelings, and construct stories about oneself” (p. 72). The usefulness of art in psychology is now a decades-old concept (Kramer, 2000).

Today, art therapy is a dynamic field that is challenging to define, given its eclectic nature and broad scope of practice (Malchiodi, 2012). Even without clear definition of the field, the benefits of therapeutic art are well-documented, especially in their use with children (Slayton et al., 2010; Kramer, 1993). Art provides children with a visual language, allowing them to express their thoughts, feelings, and memories in a way that words often simply cannot. The act of art-making can reduce anxiety and invite tranquility, thereby improving the therapeutic interaction and oftentimes increasing children’s trust in their therapeutic provider. As a highly sensory experience, art-making taps into our deepest memories and may allow children to relive and process traumatic events from their past, in a way that, with proper structures and supports, is safe and productive (Stephney, 2010). In addition to these broad examples, numerous benefits also exist when implementing therapeutic art-making with specific childhood populations.

Interestingly, little is currently known about how art therapy is being incorporated into the setting where children spend, by far, the majority of their time: school. Given its distinctive benefits, art therapy seems like a natural candidate for inclusion into school-
based mental health practice. And, as schools have become the “default mental health providers for children” (Raines, 2019), school-based mental health professionals must continually seek out therapeutic modalities and design new interventions to best meet the needs of the school-aged population, a demographic presenting with a continually increasing need for mental health services (Lazarus, Suldo, & Doll, 2021; U.S. Department of Education, 2019).

Current examples of art therapy practice as part of a school-based mental health program are predominantly focused on the use of art therapists as members of the school-based provider team. The Miami-Dade County Public Schools (M-DCPS) District provides a longstanding illustration of this concept, with licensed art therapists facilitating services for students with emotional and behavioral disturbances as part of the district’s Clinical Art Therapy program. This project has been heavily documented, and the district reports ongoing improvement in students’ school engagement, self-worth, anxiety, and even improved school dropout rates, all attributed to participation in a school-based art therapy program.

But—this example is an anomaly, and it is safe to assume most school districts will not have access to the funding and programming needed to hire art therapists as school mental health providers, nor would most districts feel that is a necessity in order to meet the mental health needs of students. A more viable option for integrating therapeutic art-making into school-based mental health is for another trained provider to facilitate these activities—and, one who understands schools systematically, perhaps in a way that art therapists may not. School psychologists are perfectly suited to this role, given their
knowledge of therapeutic interventions, tiered support systems, counseling techniques, and systemic issues related to school-based mental health practice.

**The Dual-Factor Model of Mental Health: Illness and Wellness**

School psychology, as a field, is focused on problem-solving (National Association of School Psychologists [NASP] Practice Model, 2020). While this problem-solving model is often necessary to quickly address the varied student issues that occur on any given day, in order to truly meet students’ needs from a mental and behavioral health standpoint, focus needs to shift beyond only solving problems. Conceptualizing student mental health support from a dual-factor model with equal emphasis on both problems and strengths—or, mental illness and mental wellness—invises for a better understanding of how to enhance mental wellness in students, while still addressing presenting problems.

The Dual-Factor Model of Mental Health assesses indicators of wellness and illness to provide a comprehensive measure of overall mental health (Suldo & Doll, 2021; Suldo & Shaffer, 2008). This model is focused on identifying mental health as a state of being, involving not only the absence of psychopathologies indicative of illness, but also the presence of positive life factors, most importantly an overall satisfaction with life (Cowen, 1994) and a predominantly optimistic affect (Keyes, 2003). This means true mental health is not characterized simply by the absence of mental illness, but also includes areas like joyful mood, healthy relationships, and self-worth (Ryff & Singer, 1998). Additionally, wellness and illness occur on two distinct continuums, which when considered together via the model, can capture and describe numerous presentations of mental health.
**Mental Illness.** Mental illness is indicated by existing psychopathology, which may include internalized psychological disorders like depression and anxiety, and externalized psychological presentations like conduct and behavioral disorders (Doll et al., 2021; Suldo & Shaffer, 2008; Centers for Disease Control [CDC], 2020). A formal diagnosis of a psychological disorder is not the sole factor in determining degrees of mental illness, as an individual can present with symptoms of various disorders without formalized diagnoses. High levels of mental illness can also be exacerbated by a lack of protective factors, including limited access to positive relationships, lack of engagement in various healthy activities (i.e., exercise), and other life factors negatively contributing to one’s mental health, including poverty, housing insecurity, and poor diet or limited self-care options. Therefore, having both existing psychopathology (i.e., anxiety) and troubling life circumstances (i.e., lack of protective factors) becomes doubly detrimental. Per the model, individuals present within an illness continuum ranging from mentally ill with many symptoms of psychopathology, to not mentally ill, with low symptoms of psychopathology.

**Mental Wellness.** Mental wellness is characterized by subjective well-being (SWB), which Suldo and Shaffer (2008) define as “the scientific term for happiness” (p. 53). SWB is characterized by overall life satisfaction and a primarily content affect, meaning emotions and mood are most typically happy and joyful (Diener, 2000). Diener, Oishi, and Lucus (2003) note content affect, despondent affect, and life satisfaction are the core determiners of SWB, with affect being an emotional constituent of SWB, while life satisfaction is a cognitive evaluation of one’s overall quality of life (Xiong et al., 2017). Keyes (2005) outlined several additional elements that may be useful in defining
and measuring mental wellness, including: self-acceptance, social acceptance, personal
growth, social actualization and contribution, purpose in life, autonomy, and positive
relationships.

**Mental Health.** In this intersection of wellness and illness, various presentations
of mental health may exist. The use of the Dual-Factor Model (Figure 1) allows mental
health to be well defined on these continuums of both illness and wellness, capturing the
interplay of the two and how they impact an individual’s overall functioning. This model
goes beyond only identifying psychopathology, or *problems*, and really recognizes the
pleasant aspects of life and SWB that are implicated when attempting to define and
determine overall mental health.

**Figure 1.**

*Dual-Factor Model of Mental Health.*

![Dual-Factor Model of Mental Health](image)

**Flourishing.** The ideal mental health presentation is flourishing, when an
individual is said to be consistently experiencing peaceful, happy feelings, and overall
secure and healthy functioning (Keyes, 2002). This is characterized by a high level of SWB, with low symptoms of psychopathology; so, with a general sense of happiness and a consistently positive affect, as well as satisfaction with life, relationships, and a purpose (i.e., making professional or personal contributions in a way that is self-fulfilling and satisfying). A state of flourishing is characterized by “goodness, generativity, growth, and resilience” (Fredrickson & Losada, 2005). A flourishing child will appear to be socially and emotionally content, and will not present with concerns for depression, anxiety, conduct problems, aggression, or other internalizing or externalizing symptoms. They will have a developmentally appropriate level of control over their emotions and reactions. They will likely maintain several healthy relationships, have strong family bonds and secure attachments, and be able to actively engage in their learning.

**Symptomatic but content.** Being symptomatic but content indicates an individual has some degree of psychopathology—perhaps an existing mental health diagnosis, or enough symptoms to impact their functioning on some level—but still maintains a high level of SWB. A child who is symptomatic but content therefore presents with some identified mental health challenges, which may or may not be conceptualized by a formal diagnosis. An example may be a child with difficulty controlling their mood (i.e., a mood disorder), but who sustains a high level of SWB and is still generally able to function successfully, albeit likely with some intentional mental or behavioral supports (e.g., therapy or counseling, pharmaceutical intervention). This presentation suggests having higher SWB protects a child who has a mental illness, or a high level of psychopathology, from having truly detrimental outcomes (Suldo & Doll, 2021; Suldo & Shaffer, 2008). Therefore, continued access to mental health supports for
symptomatic but content children is important, especially in terms of monitoring their functioning and the impacts of their psychopathology, most notably during times of transition or hardship.

**Vulnerable.** A vulnerable child presents with low psychopathology, or low levels of mental illness, but is also lacking in SWB. This presentation is of particular importance from a mental health provider perspective, as these are the children who may not be easy to identify through traditional avenues (e.g., assessment or referrals) and may remain undetected even though they would benefit from supports to improve their SWB. Keyes (2005) often uses the term “languishing” to describe this presentation; this is powerful language, which suggests vulnerable children are often perpetually “stuck” in this undesirable mental health presentation. This is the child who may not have symptoms of anxiety, depression, mood disorders, or other traditional diagnoses, but who does not exhibit a joyful affect, maintain positive relationships, or feel much life satisfaction. Interestingly, the concept of “languishing” garnered national attention during the Covid-19 pandemic (Grant, 2021) and was frequently used in popular culture as a term to capture the nation’s collective mental status. Essentially, within this presentation an individual is experiencing a lack of meaning, purpose, or belonging in life.

In schools, these children may appear disengaged academically and socially, and may lack connections with their peers and teachers. Suldo and Shaffer (2008) caution these children are at-risk for developing future problems, as they are often unnoticed but are not doing well from a mental health perspective. Access to mental health supports for this presentation is essential for their overall progression and to improve their SWB,
thereby protecting them from developing psychopathology, increasing their engagement academically and socially, and enhancing their overall quality of life.

**Troubled.** The final mental health presentation is the most unfavorable; troubled children have both high psychopathology—that is, existing mental illness—and, a lack of SWB. These children have notable mental health problems and consider their overall quality of life to be poor. Affect is consistently discontent. They report low levels of support from parents and educators, poor physical health, and unsatisfying peer relationships (Suldo & Doll, 2021; Suldo & Shaffer, 2008). Understandably, youth who present as troubled absolutely require mental health support, most often in the form of targeted and intensive interventions.

**Therapeutic Art-making and Mental Wellness**

Understanding the Dual-Factor Model is an important component of this study, as this is the guiding theoretical framework on which my argument for therapeutic art-making in school psychology has been built. I believe by promoting students’ overall mental wellness and addressing issues of mental illness, therapeutic art-making has a place in school-based mental health practice.

While therapeutic art-making is certainly able to address problems and can be part of a treatment approach for various psychopathologies (Malchiodi, 2012), it can also promote mental wellness, an added layer of effectiveness in which many other therapeutic interventions are lacking. By simultaneously addressing existing mental and behavioral problems while encouraging overall SWB, therapeutic art-making becomes a powerful and impactful intervention, especially in the context of school-based practice— which, as mentioned, is often solely focused on solving presenting problems. Therapeutic
art-making fosters several of Keyes’ (2005) symptoms of mental wellness; it encourages happiness, autonomy, and self-acceptance through artistic expression, and can promote social engagement in storytelling and in encouraging more openness in verbal dialogue. These factors, in turn, encourage a joyful affect and foster overall life satisfaction.

Participating in therapeutic art-making is mentally calming, physically soothing, and emotionally engaging (Malchiodi, 2008). While it can address specific psychopathological issues, like reducing stress in children with anxiety, it also serves as an intervention to augment existing mental wellness. Therapeutic art-making goes beyond only solving an existing problem: it promotes a student’s ability to tap into and express their numerous strengths, thereby encouraging wellness. Creating art is a natural way to discover meaning in one’s life and broader existence. This approach allows the student to express and share their feelings, by creating their own meanings and representations of their experiences and emotions in their artwork. In this way, artistic expression and creativity are not only tools for self-awareness and self-actualization, but they also give students a voice in their own experience, and ownership in their life and their choices. These elements directly promote SWB, thereby enhancing mental wellness.

**Using Art Therapeutically in Schools**

The body of research on the use of creative, expressive therapies in school-based mental health practice is limited (Davis et al., 2018; Degges-White & Colon, 2015), and no empirical information is documented in terms of how art therapy strategies are used specifically by school psychologists, and to what extent. The challenge presented by the current research is the lack of existing examples of school psychologists implementing these techniques in their own practice. Instead, samples of existing approaches are
focused on art therapists providing mental health support to students in schools, or students being referred to outside art therapy to support an issue specifically occurring at school.

A highly distinctive example of art therapists providing mental health support in schools exists in Miami-Dade County Public Schools (M-DCPS), the fifth largest public school system in the country (M-DCPS, 2020). This scenario is important to recognize when considering the role of therapeutic art-making in school psychology practice, especially as it has been extensively documented and reported in relevant research (Appendix A). Additional examples include other schools and districts beginning to incorporate art therapy in schools, facilitated by art therapists, and research on the occurrence of school-based problems resulting in an outside referral to art therapy (Appendix B). While these scenarios are important to understand, they do not provide examples of the concept of this study, wherein school psychologists, specifically, act as therapeutic art-making facilitators. Again, an example of this has not been documented in current research.

**School Psychologists as Therapeutic Art Facilitators**

Existing literature indicates art therapy in schools can be beneficial for students’ mental health. This, in addition to the crossover between art therapy and various counseling modalities used in schools, supports the argument for the inclusion of therapeutic art-making into school-based mental health practice. Students have experienced numerous benefits from school-based access to art therapy, including improvement of emotional and behavioral challenges, improved engagement in learning and academics, and overall satisfaction with the school experience. As school is where
students spend the huge majority of their waking hours, it is also where they are most likely to receive mental health services, due to monitoring by school-based professionals and overall ease of accessibility. Incorporating therapeutic art-making into the school-based mental health realm may even improve this accessibility and promote engagement, as it is a new, perhaps unexpected, non-threatening and engaging therapeutic approach in a school environment.

Many school districts will not have the ability to hire full-time art therapists, and most likely would not necessarily see the need to from a funding and staffing standpoint, as the school-based mental health team should, theoretically, be able to meet the needs of students without the inclusion of a staffed art therapist. In order to provide this therapeutic intervention in a way that would allow many schools to participate and many students to possibly benefit, an existing member of the school-based mental health team will need to be trained to incorporate therapeutic art-making into their practice.

School psychologists are particularly well-suited to facilitate therapeutic art-making. As school-based mental health providers, they are trained in several counseling and therapeutic interventions, but also have a strong understanding of schools as systems—necessary knowledge when incorporating new approaches for student support. Additionally, school psychologists understand child development, which is essential when integrating visual art elements in a therapeutic context. They recognize the wide variety of needs and abilities represented across school-aged children and have experience adapting their approaches based on students’ developmental levels.

They also already regularly provide counseling and therapy services with students to address any number of presenting difficulties, including emotional challenges,
behavioral concerns, and other mental health issues specific to their site and student population. Mental health services are provided with a focus on outcomes and goals, and progress is monitored via ongoing data collection. This results in a therapeutic school-based practice that is both evidence-based and student-focused. To reach therapy goals, school psychologists regularly implement numerous strategies from various modalities, indicating they would likely feel comfortable exploring the use of therapeutic art-making as another modality to learn and integrate.

As mentioned, school psychologists understand the complexities of systems-level change within schools and are well-prepared to advocate for student needs. They are distinctly suited to introduce the concept of therapeutic art-making within their setting and district, and they understand the various systems-level components that must be taken into consideration when utilizing a new tool, system, or curriculum. They also know how to collect and interpret data to evaluate effectiveness of interventions.

This indicates school psychologists have a special understanding of students and of schools. They recognize the numerous systems that impact children—often using the guiding framework of the ecological model (Bronfenbrenner, 1992)—and can design therapeutic interventions that are specifically suited to students’ areas of need. Additionally, school psychologists regularly consult with other professionals, which may further enhance their therapeutic art-making practice (i.e., consulting with art educators around materials/activity structure) and improve the overall effectiveness of a new intervention, as teachers, families, and administrators will all be made aware of its use and benefits.
To implement these strategies thoughtfully, with a focus on positive student outcomes, school psychologists would benefit from trainings on the use of art materials, techniques specific to art therapy, and other elements (e.g., art therapy ethics, issues of confidentiality) of which they should be aware. These trainings should be intentionally structured to provide insight to the practices of art therapy which will be most relevant for school psychologists, and most beneficial for inclusion in their counseling practice.

**Purpose of the Study**

The purpose of this study was to provide school psychologists with a training experience on how to incorporate therapeutic art-making in their existing counseling practice, and to investigate how the training impacts their knowledge, their conceptualization of their existing counseling practice, and their beliefs of how therapeutic art-making may enhance student wellness. Additionally, school psychologists’ general attitudes about the potential role of therapeutic art-making in school-based mental health were explored.

The training focused on how to integrate aspects of art therapy, and visual art interventions with therapeutic intent, into counseling modalities school psychologists are familiar with and on which they have likely received training: namely, Cognitive-Behavioral Therapy (CBT), Solution-Focused Therapy (SFT), and Mindfulness approaches. The training also emphasized how therapeutic art-making reaches the needs of students requiring Tier 2 and Tier 3 mental and behavioral interventions. Attention was given to how therapeutic art-making not only helps with solving problems (i.e., addressing mental *illness*), but also enhances students’ mental *wellness* and promotes
overall improvement to their mental health; the Dual-Factor Model of Mental Health was used to help participants understand and apply these concepts to their learning.

**Significance of the Study**

This study was the first of its kind and aimed to guide and inform the next steps in understanding how to best incorporate therapeutic art-making into school psychology. As the scope of this study was on how a training experience may improve participants’ knowledge base, information was gathered regarding elements of the training that worked well, elements needing improvement, and how the topics discussed within the training were interpreted by individual participants. The perceptions of practicing school psychologists, who are currently in the field and working directly with students, were essential in developing further ideas around implementation or potential future iterations of this training or a similar curriculum.

**Statement of the Problem**

Currently, a gap in understanding exists in the practice of *therapeutically* incorporating visual art in school-based mental health practice, specifically in school psychology as a field. In the broader fields of counseling, psychotherapy, and psychology, the use of visual art in therapeutic sessions is well-documented.

Although the existing benefits of implementing therapeutic visual art into counseling and psychotherapeutic work is broadly supported, the extension of this into school-based mental health practices presents a scarcity of current evidence, especially regarding the implementation of these techniques by school psychologists. A growing body of research does indicate that creative and visual-art based therapeutic interventions
may be effective in school settings (Moula, 2020; Bokoch & Hass-Cohen, 2020; Davis et al., 2018; Randick & Dermer, 2013), but current studies do not document evidence of how therapeutic art practices are being implemented by school psychologists, specifically.

School psychologists are ethically committed to the well-being of children, and they are in a unique position in terms of psychology; schools remain the environment where children spend much of their time and are most likely to receive psychological support or intervention. This indicates a need for school psychologists to integrate new, effective approaches into their mental and behavioral health programming, especially for students who may be at a greater risk and require targeted or intensive supports. Therapeutic art-making, which poses little risk and has the potential for high reward in terms of positive student outcomes (Moula, 2020), should be considered a new, viable method to improve school-based mental health support.

Research Questions

The research questions for this study were as follows:

1. How do school psychologists perceive the utility of therapeutic art-making in their counseling practice?
   a. What are their attitudes about incorporating therapeutic art-making into their counseling interventions with students?
   b. What is their perception on how therapeutic art-making impacts students’ wellness?
   c. How do they see therapeutic art-making augmenting traditional talk-based therapeutic approaches?
2. How does participating in a training on therapeutic art-making influence these school psychologists’ understanding of:
   a. The therapeutic art-making process?
   b. Their conceptualization of their counseling practice?
   c. Using therapeutic art-making to enhance student wellness?

3. Which elements of the therapeutic art-making training did participants find most and least beneficial?

**Definition of Terms**

**Cognitive-behavioral therapy.** Cognitive-behavioral therapy (CBT) is a psychological treatment modality which is known to be effective with numerous presenting problems and populations (American Psychological Association [APA], 2020). CBT is focused on changing thoughts and behaviors to improve overall emotional functioning, with an emphasis on developing coping strategies to solve problems. It is often considered short-term therapy, with treatment lasting between 6 – 20 sessions (Plotts & Lasser, 2013). Homework, self-management techniques, and self-evaluations are all core elements, as is attention to the power and ability of our thoughts to drive our emotions and behaviors (Beck, 2011).

**Counseling.** In school psychology, counseling encompasses interventions which aim to promote to the social, emotional, and behavioral well-being of children (Plotts & Lasser, 2013). This may include direct services, like individual and group counseling sessions, or may be more abstract and occur through other service avenues, including consultation or systems-level support. For school psychologists, their counseling practice is distinctive from counseling that occurs in other psychological settings (i.e., clinics,
psychotherapy centers, hospitals) in that it transpires in the broader context of a school, meaning other systemic issues are a component of the process. School-based practice understandably looks different from when children receive mental health intervention elsewhere; it may include short-term and solution-focused approaches to fit the time constraints of the setting, or may have greater emphasis on how functioning is specifically impacted within the school environment (e.g., supporting disruptive classroom behaviors, counseling bullying victims) (Plotts & Lasser, 2013).

**Dual-Factor Model of Mental Health.** The Dual-Factor Model of Mental Health, sometimes also referred to the continuum of mental health (Keyes, 2002), uses assessments of indicators of wellness and illness to comprehensively measure overall mental health (Suldo & Doll, 2021; Greenspoon & Saklofske, 2001). Across existing research, the core indicator of wellness is most often conceptualized as one’s level of subjective well-being, while the main indicator of illness is their level of existing psychopathology.

**Mental health.** Broadly, mental health is a determination of an individual’s presentation of both mental illness, or psychopathology, and mental wellness, or SWB, as conceptualized by the Dual-Factor Model. Of note, the model’s definition expands on the more traditional medical model, which determined overall mental health as only the absence of pathology, and without requiring the inclusion of some measure of positivity or happiness in one’s life (i.e., SWB) (Xiong et al., 2017).

**Mental illness.** Mental illness is one of two continuums in the Dual-Factor Model of Mental Health and is determined by the presence or absence of psychopathology. For those with low psychopathology, no or minimal symptoms of internalizing or
externalizing disorders are present. For those with high psychopathology, very clear 
symptoms of internalizing or externalizing disorders are present and are negatively 
impacting daily functioning.

**Mental wellness.** Mental wellness is the second continuum in the Dual-Factor 
Model and is determined by an individual’s level of SWB. Those with high SWB have 
high levels of overall life satisfaction and a predominantly joyful affect. Those with low 
SWB have low levels of overall life satisfaction, and a predominantly discontent affect 
(Xiong et al., 2017). While traditional models of mental health often neglect to include a 
focus on wellness, the Dual-Factor Model emphasizes wellness as equally important to 
and interrelated with any presentations of mental illness when determining someone’s 
overall mental health.

**Psychopathology.** Psychopathology includes any internalizing or externalizing 
psychological disorders (Achenbach, 1991), or the existence of any symptoms of these 
disorders which are said to negatively impact a child’s functioning, even in the absence 
of a formal diagnosis. Diagnoses may be considered the constructs that capture emotional 
and behavioral problems (Xiong et al., 2017), but are not a requirement to determine 
someone’s level of psychopathology. For example, a child may be exceedingly anxious, 
and to a level that negatively impacts their functioning, regardless of if a licensed 
practitioner has labeled this as a formal anxiety disorder. The negative impact on 
functioning is the basis of psychopathology, not the resulting label. Internalizing 
presentations include symptoms of anxiety, depression, and mood dysregulation, whereas 
externalizing presentations include outward-directed symptoms, such as aggression, 
conduct problems, or hyperactivity (Doll et al., 2021; Achenbach, 1991), to name a few.
School-based mental health. School-based mental health services are formalized programming designed to support students’ mental and behavioral health. These include a wide variety of practices that address universal, targeted, and intensive levels of student need and are delivered via a tiered support system. Interventions may address numerous problems, including emotional concerns, conduct issues, internalizing or externalizing behaviors, and site or age-specific problems (e.g., bullying, substance use) (Rones & Hoagwood, 2000).

Subjective well-being (SWB). According to Suldo and Shaffer (2008), SWB is the “scientific term for happiness” (p. 53). While there are multiple conceptualizations of SWB, it is largely agreed that is best understood through three constructs: content affect, discontent affect, and overall life satisfaction (Diener, 2000). A child with high SWB has a positive judgment of the overall quality of their life, and exhibits a joyful affect more frequently than a sorrowful affect (Xiong, 2017; Diener, Lucas, & Oishi, 2002).

Therapeutic art-making. School psychologists are not art therapists, except for those rare individuals who may have received training and hold licensure in both disciplines. The term art therapy is often overly adapted and used by other mental health professions, in effect de-emphasizing the very specific training, supervision, and licensure process all art therapists must complete. To respect the field of art therapy as its own entity and profession, this study uses the language of therapeutic art-making and therapeutic arts; this is an intentional strategy to describe the process as it occurs in the scope of a school psychologist’s practice, but to also be mindful of art therapy as its own unique field. For example, just as a school psychologist who incorporates elements of counseling psychology theories or modalities into their profession does not then call
themselves a counseling psychologist, they should not call themselves art therapists, or define their work with students as *art therapy*.

**Visual art.** In existing literature of therapeutic art-making, the language of *art* is often expanded to include numerous creative endeavors, ranging from dance to music, performance, and theater. The concept of art therapy is continually expanding, with some now defining this as a broader field of creative or expressive arts, encompassing any therapeutic activity that includes an element of creative expression regardless of form or modality (Levine & Levine, 1999).

For the purposes of this study, therapeutic art-making was defined in the context of visual art experiences, exclusively. The terms *visual art, art,* and *therapeutic art* were utilized interchangeably in this study, and included the following creative therapeutic modalities (adapted from Malchiodi, 2012): drawing, painting, clay, and collage.

Ultimately, visual art materials that result in a final, tangible two- or three-dimensional product were included in this study’s definition of art, and the above are broad categories that capture a huge majority of visual art processes and products. While digital media (e.g., digital films or illustrations) is a new addition to the dialogue of materials in art therapy, these approaches are beyond the scope of this study, and the focus was on art-making activities with a physical, concrete component.

While the emphasis of the therapeutic art-making experience is often on the process, this study is narrowed in on art-making modalities which result in a final product or aesthetic, visual representation. This is not to undermine the extreme importance of the process, but to bind the discussion to art-making styles which result in some type of
permanent product. Sand-trays and similar sensory tools were therefore not included in the definitions of visual art, art, and therapeutic art.
Chapter Two: Review of the Literature

_I found that I could say things with color and shapes that I couldn't say in any other way... things that I had no words for._

–Georgia O’Keefe

School-Based Mental Health

It is now well-known schools are the major providers of childhood mental health services (Rones & Hoagwood, 2000). School-based mental health practices may include school-wide preventive interventions, which are designed to enhance the social and emotional experience of all students, or more targeted interventions for students with specific behavioral or emotional challenges. Like academic interventions, mental health support is conceptualized from a tiered-systems framework, with the goal of meeting the varying needs of all students and encompassing necessary preventive actions to promote overall school safety.

According to the National Association of School Psychologists (NASP) Domains of Practice, providing mental and behavioral health services and interventions is a main domain of the field (NASP, 2020). School psychologists utilize numerous evidenced-based practices to promote students’ social and emotional functioning, including group and individual counseling services, school-wide positive behavior initiatives, and strategies to improve school climate (i.e., anti-bullying campaigns). They strive to
encourage resiliency, teach prosocial behaviors, and improve adaptive functioning (NASP, 2020). Interventions are provided based on presenting levels of need, determined using the Multi-Tiered Systems of Support (MTSS). Tier 1, or universal services, include school-wide efforts to promote student wellness and prevent mental health problems; Tier 2, or targeted services, identify and address emerging mental and behavioral health concerns; and Tier 3, or intensive services, focus on direct and indirect services to address mental and behavioral health problems (NASP, 2020).

MTSS are defined as “a general education service delivery model in which all students’ individual academic and behavioral needs are supported” (Pullen et al., 2018, p. 7). The goal of MTSS is really to have data on all students, be it general school-wide data or more specialized data for students receiving targeted or intensive supports. Additionally, MTSS strives to address behavioral needs in addition to academics. Therefore, successful MTSS systems achieve a dual purpose: the use of multiple systems to deliver individualized academic interventions from a tiered approach, and the use of multiple systems to address individual behavior needs, again using a tiered approach. Many consider Positive Behavioral Interventions and Supports (PBIS) an element of MTSS, especially when combined with an emphasis on comprehensive data collection around the effectiveness of these practices (Pullen et al., 2018).

MTSS is designed to be successful in reaching all students, and to operate in a way that is preventative in terms of understanding and identifying student needs, academic or otherwise. Harlacher et al. (2014) note the ultimate goal of MTSS is to improve overall school culture and climate, and to adapt support levels across all students and all elements of learning, thereby preventing severe behavioral or learning issues.
Tiered Interventions. By providing mental health services through the MTSS framework, school psychologists can meet the needs of more students, providing both preventative care and intensive supports for students with identified problems. Table 1 outlines mental health services and counseling practices across the three tiers of school mental and behavioral health practices (adapted from NASP, 2020).

Table 1.

Tiered Mental Health and Counseling Services

<table>
<thead>
<tr>
<th>Tier</th>
<th>General Mental Health Services</th>
<th>Counseling Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Universal</td>
<td>Universal screening for behavioral/emotional barriers, social-emotional curriculum delivery, staff professional development, school-wide PBIS</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 2: Targeted</td>
<td>Suicide risk/threat assessments, development of behavior intervention plans, consultation with teachers and families around mental and behavioral health problems</td>
<td>Individual/group counseling and skill building groups</td>
</tr>
<tr>
<td>Tier 3: Intensive</td>
<td>Assessment of social, emotional, and behavioral concerns, crisis intervention/response, collaborate between school systems and community agencies/outside mental health providers</td>
<td>Individual/group counseling with direct therapeutic intent (regardless of clinical diagnosis/disability)</td>
</tr>
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Providing direct counseling services with students occurs in the context of Tier 2 and Tier 3 level services. While both levels may include individual and group counseling sessions, Tier 3 counseling is focused on providing specific therapeutic support, while Tier 2 counseling sessions may be broader and include work in areas like social skill development and behavior management. It is important to note that a student receiving a Tier 3 counseling intervention is not required to have a clinical diagnosis or disability,
and these interventions are provided based on presenting needs, determined via ongoing monitoring. For example, a student may be presenting with mental health problems after the death of a family member, which is understandably impacting their functioning at school; even without a formal diagnosis, they could very likely receive Tier 3 interventions to provide direct therapeutic support.

Through this tiered approach, school psychologists seek to reach the needs of all students, including those who may have frequently evolving needs (i.e., a student receiving Tier 1 support at the universal level may present with increased concern and begin receiving Tier 2 interventions). Ongoing data collection and progress monitoring support school psychologists’ understanding of student need and inform ongoing treatment and intervention plans.

Unfortunately, these mental and behavioral supports—whether they be universal, preventative measures, or targeted and intensive interventions—are currently failing to meet students’ needs (Hoagwood et al., 2016); this is particularly evidenced by ongoing issues with youth suicide within the school-aged population. According to the CDC (2018), suicide in the United States increased 30% from 2000 to 2016, with the highest rate of increase in youth between the ages of 10 to 24, for whom suicide is currently the second leading cause of death. Additionally, Hazel (2016) argues that given the current dismal student graduation rates, coupled with the sheer volume and intensity of mental health needs in schools, current mental and behavioral interventions are clearly not doing enough to support students; this is expressly true for students of color and those from low-income neighborhoods.
Considering tiered supports in the context of the Dual-Factor Model, students who exhibit different presentations on the continua of mental health and mental illness will require different levels of support (Doll et al., 2021). Students who are flourishing are those who should still be monitored for any changes in mental or behavioral functioning, and who will still benefit from universal supports like anti-bullying programs, school safety initiatives, and other more preventative mental health structures. Those who are symptomatic but content will be especially important to monitor (Suldo & Doll, 2021; Suldo & Shaffer, 2008). They may require some targeted or even intensive care, particularly depending on the level of psychopathology and the existing supports already in place (e.g., outside therapy, formalized education plans, etc.). Continuing to bolster their existing high SWB by providing access to school-based support, and promoting existing protective factors, will all be important in ensuring positive outcomes for this population.

For students who present with vulnerable mental health, tiered support must be extremely thoughtful; as mentioned, these are often the students who can slip by undetected, given their low levels of psychopathology. School psychologists and other school-based professionals should keep a close eye on the students who do not present with any externalizing or internalizing symptomology, but who might appear to have difficulties in their social lives, family relationships, academics, or present with low life satisfaction (i.e., lack of effort/interest, flattened affect). These students will require careful screening at the universal level and may benefit from Tier 2 and potentially even Tier 3 supports. Doll et al. (2021) and Suldo and Shaffer (2008) stress the importance of identifying and supporting students with this presentation for school-based mental health
providers, as they are very likely in need of assistance but are so often excluded due to their lack of formal diagnoses, special education eligibilities, or other determiners.

If tiered supports are implemented with fidelity, students with a troubled mental health presentation should absolutely receive regular targeted or intensive mental health supports. In a sense, these students should be relatively easy to identify if progress monitoring and evaluation is occurring as planned, as they must present with clear psychopathology. Additionally, of the four mental health presentations, they are most likely to have some type of formal identification (e.g., clinical diagnosis, special education eligibility)—although, it is important to note that a formal diagnosis is not needed to exhibit troubled mental health and high levels of mental illness, nor is a formal diagnosis required to receive access to Tier 3 supports.

Given how these four mental health presentations may appear in a school-aged population, and how they may be identified or supported via a tiered system, it is important that Tier 2 and 3 services focus not only on problem-solving and addressing existing symptoms of psychopathology and of mental illness, but also on promoting factors of SWB to enhance mental wellness (Doll et al., 2021). As noted by Suldo and Shaffer (2008), students who are symptomatic but content serve as an excellent example of how a higher SWB improves overall mental health and outcomes, even in the context of existing psychopathology. Improving SWB should therefore be a component of school-based mental health support, especially in reaching the needs of troubled and vulnerable students.
School Psychology Counseling Modalities

Counseling and psychotherapy interventions are known to be effective with children and adolescents (Zirkelback & Reese, 2010), and school psychologists are one of the leading school-based experts in these approaches (Perfect & Morris, 2011). School-based treatments are often focused on efficiency and addressing problems that interfere with overall learning, as well as more specific social, emotional, and behavioral concerns or problems (Plotts & Lasser, 2013). Common modalities utilized in school psychologists’ counseling practice include Cognitive-Behavioral therapy (CBT), Solution-Focused therapy (SFT), behavioral approaches, reality and play therapies, and mindfulness-based techniques.

Cognitive-Behavioral Therapy (CBT). CBT is known to be highly effective in supporting children with presenting difficulties and is one of the most evidenced-based approaches in school-based mental health. Specific techniques may include cognitive restructuring, psychoeducation, introducing coping and problem-solving skills, and modeling self-regulation, self-instruction, and self-monitoring tools (Plotts & Lasser, 2013). Students learn to name and express feelings, and to understand how thoughts, feelings, and behaviors are all interconnected.

Solution-Focused Therapy (SFT). Similarly, SFT is another modality which is often very applicable in schools. It uses a goal-directed approach, which is oriented toward discovering solutions instead of simply focusing on problems (de Shazer et al., 2006). SFT can help improve negative feelings and manage behavioral difficulties (Plotts & Lasser, 2013). Specific techniques include miracle and scaling questions, as well as a focus on discovering and promoting existing positive coping skills. SFT also helps
students to find and use resources to resolve problems in schools and can act a bridge between students and school-based supports (Murphy, 2015).

**Behavioral approaches.** Behavioral approaches include counseling strategies with a focus on identifying and changing certain behaviors, and may include elements of reinforcement, overcorrection, extinction, and generalization. Specific counseling strategies consist of modeling, role-playing, and homework or other opportunities to practice behaviors (Plotts & Lasser, 2013). These approaches require an understanding of how wants and needs drive behavior, and identifying behavioral actions and their consequences is an important component of this process.

**Reality and play therapies.** Reality therapy is focused on the idea that humans are social creatures who crave love and acceptance and are driven by needs and a desire to have these needs met (Glasser, 1965). In school-based practice, these approaches are focused on authentic rapport building, and encouraging the student to understand how making choices to meet their basic needs then drives their behavior, inviting them to understand they control their own reality (Wubbolding, 2000).

While the efficacy of play-based therapies in school-based mental health has been called into question (Baggerly, 2010), play-based approaches are known to be effective in supporting skill development; Plotts and Lasser (2013) argue play therapy is a developmentally appropriate counseling intervention for many school-aged children in early childhood and primary school settings. Techniques include the use of toys, props, and other materials to help guide children in their narrative and to promote self-expression. Play therapy may be used to practice setting limits and other behavioral expectations in a non-threatening manner.
**Mindfulness.** And finally, mindfulness approaches continue to gain momentum in school-based counseling. Kabat-Zinn (2009) defines *mindfulness* as “paying attention in a particular way: on purpose in the present moment, and non-judgmentally” (p. 4). Mindfulness is often integrated into other counseling modalities (i.e., Mindfulness-Based Cognitive Therapy [MBCT]), or as part of a standalone mindfulness counseling or social-emotional curriculum (e.g., Mindfulness-Based Stress Reduction [MBSR]). Techniques are focused on creating mind-body connections, and may include drawing attention to bodily sensations, mindful breathing, body-scan exercises, and mindful stretching.

These are a just sample of the main counseling modalities on which school psychologists have knowledge and training and are likely to implement in their individual and group counseling sessions as direct service providers (Plotts & Lasser, 2013; Herbstrith & Tobin, 2014). Again, school psychologists provide mental health services on a tiered continuum, meaning they have a pulse on the emotional climate of the entire school setting, while offering specific services to students presenting with higher levels of need. This systematic approach and training are part of what makes school psychologists so adept at understanding and treating students’ wide variety of mental health needs.

**The Therapeutic Benefits of Art for the School-Age Population**

Research continues to emerge around specific childhood populations and the role of art therapy in treatment, although this literature has been slow to expand to include information specific to the therapeutic arts in school-based practice. In the school-based realm, a review of current literature indicates that while visual art is often championed as a course or process that can improve student engagement and social as well as academic
outcomes (Hetland & Winner, 2010), art-making is most typically not provided in schools with a specific therapeutic intent; however, recent research indicates when therapeutic art is integrated into school settings, improvement in students’ overall quality of life and well-being has been observed (Moula et al., 2020).

Implementing art activities from a therapeutic perspective allows an opportunity for children to delve into their imaginations, wonders, hopes and even fears via a safe and uplifting process. Therapeutic art activities encourage appropriate risk-taking and may provide a chance for students to push boundaries in a positive way. Broadly, art therapy is known to be beneficial to support a myriad of children’s mental health needs; Malchiodi (2012) provides several explanations as to why art-making with all children is beneficial:

- It can decrease anxiety, allowing children to feel more comfortable in the therapeutic setting and with the provider.
- It may improve children’s ability to recall specific memories and events.
- It may help to organize the narrative, thereby better guiding the therapeutic exchange and overall direction.
- It often prompts children to share more than they would during a solely verbal session.

Additionally, art therapy is a powerful mental health intervention for children who are survivors of sexual abuse (Malchiodi, 1997; 2008), and when working with children with specific mental health or behavioral diagnoses, including Attention-Deficit/Hyperactivity Disorder (ADHD) (Henley, 1998) and Autism Spectrum Disorder (ASD) (Emery, 2004).
Malchiodi (2012) demonstrates art-making employs multiple parts of the brain, including the cortical system, limbic system, and the midbrain and brainstem. The cortical system, or cerebral cortex, is involved in the brain’s higher-order or executive functioning skills, including symbolizing, decision-making, and planning (White, 1989). The limbic system controls affect and emotion, and the midbrain and brainstem support sensory and kinesthetic systems (Malchiodi, 2012). This indicates art-making ignites both the primitive and more complex areas of the brain, which is likely why this work engages sensory and cognitive systems in such a unique, interconnected way, not dissimilar to the concepts around mind-body connectivity and brain development inherent to the Neurosequential Model of Therapeutics and other trauma-informed approaches (Perry, 2008; van der Kolk, 2006). In general, this sensory and cognitive connection is known to be not only satisfying, but a healthy and necessary aspect of child development.

Engaging in therapeutic art-making also promotes complex skills like self-awareness, self-efficacy, and self-esteem (Malchiodi, 2012). Having a strong sense of one’s own beliefs, emotions, and ideas naturally improves the ability to relate to others, hence enhancing interpersonal skills. Additionally, students who are emotionally attuned and self-aware tend to be better able to read social situations and regulate their own emotions and reactions. Creating therapeutic artworks can allow children the opportunity to “express their feelings through art and words” (Malchiodi, 2012, p. 198), which helps them to slow down, organize their thoughts, and more accurately convey how they feel—all essential aspects of a therapeutic interaction.

Therapeutic art-making also improves a student’s ability to make connections not only to themselves, but to their peers, teachers, families, and broader communities.
Engaging in visual art can help students to connect their own lived experiences to those of a diverse world. This helps children develop extremely important, yet difficult-to-teach skills, including empathy, theory of mind, and compassion. These skills allow students to develop deeper, more meaningful relationships, and to start to gain an understanding of their complex emotions around being a human being on a diverse, complicated planet.

Clearly, the benefits of therapeutic art-making for children are far-reaching, and these concepts directly relate to Keyes’ (2005) and Suldo and Shaffer’s (2008) definitions of SWB and mental wellness, while still addressing problems specific to psychopathology and mental illness. Art-making is a unique therapeutic tool in this sense, as it has the potential and ability to address numerous areas which impact overall mental health, including: reducing stress levels and inducing a sensation of calm, which support somatic and physical complaints; promoting social connections, self-expression, and improving interpersonal experiences; and by tapping into intrapersonal skills like self-awareness, self-worth, and confidence. Taken together, it is understandable how improving these areas can increase overall life satisfaction, leading to an improved and happier overall affect.

The Dual-Factor Model, Mental Wellness, and SWB: The Importance in Schools

The Dual-Factor Model, in general, has been applied to school-based mental health studies and its equal emphasis on illness and wellness has been shown to be a benefit (Doll et al., 2021). Antaramian et al. (2010) found a connection between different Dual-Factor Model mental health presentations and varying levels of student and academic outcomes. Vulnerable and troubled students were found to have similar levels of performance and engagement, suggesting that having not only low psychopathology,
but also having high SWB, was essential for school achievement (Antaramian et al., 2010).

Dong et al. (2014) further confirmed that the use of the Dual-Factor Model, as opposed to a more traditional deficits-focused medical model, improved overall identification of students’ mental health presentations and resulting needs. Students who fit the flourishing mental health presentation were seen to be more relaxed, more confident in their learning, and less anxious. Overall, they experienced less pressure around academics and the school environment. This again indicates the importance of not only addressing problems (i.e., illness/psychopathology), but the necessity for enhancing wellness and SWB to promote students’ success.

Furthermore, SWB is found to be a strong predictor of grades (Suldo et al., 2011) and overall student engagement (Lyons et al., 2013), both academically and socially. The importance of SWB on learning and school-based success also appears to be a sort of continual positive loop, as Morrison-Gutman and Vorhaus (2012) indicated students who enjoy school and have a more content mood are then more stimulated and interested in their schoolwork, then improving their academic performance and promoting this continued positive mood. This connection makes sense; students who feel better emotionally are simply better able to engage in all aspects of the school experience.

Xiong et al. (2017) found students who were symptomatic but content (high SWB with some presenting psychopathology) were happier, less hopeless, less frustrated by school, and more socially engaged than their troubled peers. This suggests SWB can really be the change in how students are able to engage in school and in other areas of their life, even in the presence of psychopathology and mental illness. Of note, students
in the study who were identified as flourishing reported higher reading and math levels, less school absences, stronger academic self-perception, motivation, self-regulation, and more positive attitudes and values around school (Xiong et al., 2017).

These studies indicate the use of the Dual-Factor Model in school-based health can provide more information around students’ needs and actual presentations, thereby better informing interventions. They also highlight the importance of understanding mental wellness and SWB in schools, which can serve as indicators of children’s overall behavior, emotional regulation, and even cognitive or academic engagement (Doll et al., 2021; Xiong et al., 2017). High SWB been shown to be associated with a higher grade point average (GPA) in seventh and eighth grade students (Antaramian et al., 2010), as well as improving mood and overall engagement during the school day (Dong et al., 2014), and lowering the risk of anxiety and depression in adolescents (Huebner, 2004).

**Therapeutic Art-Making in Counseling Modalities and Approaches**

As noted previously, there is currently no empirical information on how school psychologists may be using therapeutic art-making in their counseling practice. Research does exist, however, on how art therapy is currently integrated with counseling modalities that are commonly used in school psychology practice, most notably CBT, SFT, and Mindfulness approaches. Other counseling modalities commonly used in school psychology are not quite as naturally amenable to the addition of therapeutic art-making; although not impossible, it is not as natural of a fit or connection as is present in these three examples. CBT, SFT, and Mindfulness also have a body of existing research on the benefits and applications of a therapeutic art-making component in the therapeutic process, far more so than other common counseling modalities in school psychology.
CBT. CBT is focused on changing persistent negative thought patterns and the beliefs that create these maladaptive thoughts, with approaches that are goal-driven and problem-focused (Plotts & Lasser, 2013). As is desirable in school-based mental health practice, CBT allows for some flexibility in delivery, with an emphasis on supporting students in self-management and self-regulation techniques (Webber & Plotts, 2008). CBT invites students to understand and change their assumptions, expectations and interpretations of events that result in negative emotions (Beck et al., 2006).

Artistic expression is regularly intertwined with CBT by practitioners in art therapy, counseling, and psychology (Malchiodi & Rozum, 2012); this combination has been shown to be particularly beneficial for trauma intervention (Steele & Raider, 2001). CBT is heavily rooted in language, and negative thoughts are expressed, written, and even charted throughout the therapeutic process. By adding a visual element and inviting students to create images of negative thought patterns, CBT can become more accessible to a wider array of children and can break down some of the barriers inherent in this highly intellectual method (Malchiodi & Rozum, 2012).

Some visual strategies are innate to CBT, including the use of a chalk or whiteboard to chart negative thoughts (McMullin, 2000); viewing these negative thoughts as imagery can be challenging and vulnerable for students, and incorporating art into this element of CBT will require thoughtfulness and sensitivity on the part of the practitioner. Images can start out as aids and supports, and then can be built upon to include more specific prompts for art-making within the CBT process, including (adapted from Malchiodi & Rozum, 2012): images of “stressors”; images of how to prepare for stressors; images of step-by-step problem management, and images of stress reduction.
practices. Art-making as part of the CBT treatment pattern can support this overall structure, while acting as an embedded opportunity to destress and relax, which is especially important when engaging in ongoing dialogue about negative thoughts and experiences.

CBT often incorporates the use of homework in the therapeutic process so that treatment patterns can maintain between sessions. Using images and therapeutic art in the homework process can be a beneficial strategy for improving student engagement in this often less-desirable aspect of CBT. Incorporating an image journal or sketchbook for students to visually record internalized self-messaging, and to continue to restructure their beliefs and assumptions, promotes the student-led aspects of CBT, including self-regulation and self-management. Having a creative, open-ended and visually structured workbook may enhance students’ ownership in the homework process, and allow them to enter into new therapy sessions feeling inspired, invigorated, and ready to share their creations and their overall progress.

Art therapy techniques can also be used in restructuring negative images by physically altering an image through artistic expression (Malchiodi & Rozum, 2012). This can be a compelling therapeutic experience, encouraging the student to let go of persisting troublesome thought patterns by creating real freedom and separation from ongoing negative schemas. Some art therapists consider this the culminating activity of a CBT process with a therapeutic art-making structure. The negative thought pattern design can be covered, ripped, deconstructed, painted over, or somehow otherwise adapted in a way that is both physical and emotionally satisfying.
There are many elements of the CBT process that invite for art-making experiences, and this connection can enhance students’ therapeutic and overall outcomes, while promoting sustained engagement in the entire process. The use of visual imagery in this highly verbal modality can help construct cognitive-behavioral insights and can further support the use of CBT with students who present with a wide variety of language and verbal abilities. Additionally, while CBT works from a problem-solving lens, the addition of therapeutic art-making may invite for more emphasis on enhancing students’ wellness by fostering personal growth and creating opportunity for self-reflection in a way that is nurturing, relaxing, and oftentimes more open-ended than traditional CBT strategies.

SFT. Due to their adherence to the fast-paced school calendar, school psychologists often must have swift therapeutic interactions. This means they may have more specific therapeutic goals and more aggressive timelines than practitioners in private clinics or other settings with flexible time frames. SFT, therefore, is often highly impactful in school-based counseling, as it helps to solve problems quickly yet thoughtfully, with students leading the way through their own process of self-discovery and self-awareness. SFT can be an excellent resource when attempting to create positive, therapeutic changes on a school-year timeline. When implementing SFT techniques, school psychologists partner with students in setting goals, designing interventions, and evaluating outcomes (Murphy, 2015).

By connecting visual and verbal processes, art therapy has been known to create fast solutions to presenting problems (Riley & Malchiodi, 2004). Art therapy also supports an SFT approach, as art-making activities are perceived as less threatening
(particularly by children) and can improve the partnership between the therapist and the client (Selekman, 2010). Especially if art-making is incorporated early in the SFT process, the client is better able to convey their own perceptions of the problem and present it in a tangible form; this helps to inform the therapist and allows the client to feel heard (Riley & Malchiodi, 2004).

Art-making can be used in identifying solvable problems and setting achievable goals, two pillars of SFT (Murphy, 2015). Students can set goals through artistic representations, creating images of themselves after achieving the goals, with a focus on self-affirmation. Drawing their most troubling problem can help students to create a deeper narrative around what is happening, and can allow providers to better understand the complex nature of most problems (Riley & Malchiodi, 2004). Potential solutions can also be visually brainstormed and developed through art-making techniques. When supporting multiple students who are experiencing a conflict, instructing them to create images of problems and solutions together on the same page or surface can invite for more authentic connection and group dialogue around the issue. This activity embodies a collaborative problem-solving approach in a way that is student-driven.

Additionally, changes in attitudes or behavior—another central component of SFT—feel more real and therefore become more achievable when they are made concrete via visual art (Riley & Malchiodi, 2004). The physical experience of art-making can increase students’ desire to make positive changes to their behavior by enforcing their investment in the process; a tangible artwork is able to be reviewed and revisited in a way that a verbal statement is not. Similarly, asking students to illustrate SFT’s classic “Miracle Question” (de Shazer, 1991) can provide a visual element that anchors the
response in reality and helps students to understand which parts of this miracle existence are actually very achievable in their real life.

Ultimately, SFT promotes the idea of the therapist and the client as partners in the problem-solving process (Murphy, 2015). Art therapy adds to this collaborative approach and can help both parties to better understand problems, to discover unexpected solutions, and to engage in thoughtful goal-setting; processes are both verbal and visual, strengthening the commitment to positive change. In this way, therapeutic art-making boosts SFT’s ability to not only solve problems, but to enrich a student’s mental wellness. The addition of visual art creates greater focus on building nourishing relationships, recognizing and celebrating strengths, and fostering autonomy and self-worth.

**Mindfulness.** Mindfulness involves the use of mind-body connection to augment the therapeutic process and further promote well-being (Renshaw & Cook, 2016). School psychologists may deliver mindfulness activities in conjunction with targeted and intensive counseling services to help students learn mindfulness skills to address presenting concerns and problems (Renshaw, Fischer, & Klingbeil, 2017). Interventions are focused on mindful breathing, body awareness, stretching, and self-regulation strategies with an emphasis on calming both the body and the mind.

Creating visual art is, by nature, a sensory experience. Art materials and processes involve multiple senses, including touch and smell. Some may argue that artmaking in and of itself is a mindful experience, although Malchiodi and Rozum (2012) caution “losing oneself in painting or drawing is not necessarily mindfulness” (p. 97). In any case, art therapy and mindfulness-based counseling approaches invite for frequent crossover.
Evidence indicates engaging in art-making can allow for a unique experience with memory, inviting participants to connect their implicit, or sensory memories, to their explicit, or declarative memories (Malchiodi, 1998; 2008). Using the sensory experience to bridge the implicit and explicit is something that should be undertaken with a great deal of care, especially dependent on the population involved. By permitting a child to simultaneously think and feel deeply, sensory experiences can bring up incredibly vivid memories of specific events, including traumatic memories. This means art-making within mindfulness can be an excellent tool to support students through a traumatic event or experiences, although providers should be prepared to determine risk levels and issues around student safety that may surface as part of this intense process.

The “body scan” technique is a common strategy used in mindfulness in school-based mental health (Felver, Doerner, & Jones, 2013), and is a well-known somatic tool in art therapy (Malchiodi, 2008). Students may be asked to engage in the body scan process by relaxing and imagining scanning their body from the feet to the head, noticing any discomfort or distress. To incorporate therapeutic art-making, they may then be instructed to draw or use a visual outline of the body and visually represent the sensations they noticed using lines, colors, or shapes (Malchiodi & Rozum, 2012). This visual representation of the body scan can improve mind-body connection and help students to recognize and begin to describe the ways feelings and emotions may be experienced in the body. This understanding of somatic symptoms supports positive physiological and cognitive changes, as students learn the relationship between their emotions and the body’s response, which so often drives their actions (van der Kolk, 2014).
Mindfulness counseling approaches are a natural place to incorporate the soothing sensory elements of art therapy by using thoughtful therapeutic intent to promote connection between the mind and the body, with a focus on feelings and bodily sensations. This combination is particularly well-suited for children. Of the three modalities discussed, mindfulness is the most naturally connected to the idea of mental wellness; the ideas within this modality directly relate to Keyes’ (2005) concepts of wellness, most particularly the focus on improving positive affect and using mindfulness to create feelings of calmness, joy, and self-awareness.

Summary

In sum, the literature indicates there is a potential benefit for integrating therapeutic art-making into school-based mental health, as it has the power to improve students’ SWB, mental wellness, and their overall mental and behavioral health outcomes. School psychologists are well-prepared to integrate therapeutic art-making into their existing counseling practice, as they are familiar with several counseling modalities (CBT, SFT, Mindfulness) that have already been shown to have a connection with therapeutic art-making, and which have existing evidence and examples of how to best integrate therapeutic art-making elements.

School psychologists provide mental and behavioral supports using a tiered system (NASP, 2020), with the intention of providing preventative services to all students at a universal level, and still reaching the needs of (and, identifying) students who require targeted and intensive supports. When integrating the Dual-Factor Model of Mental Health into an understanding of tiered mental health supports, the complexity in providing truly effective support for students becomes increasingly clear, especially
given the continuums of mental illness and wellness and the numerous mental health presentations possible. The Dual-Factor Model has been shown to be a richer and more comprehensive way to understand students’ mental health needs in schools, versus traditional medical and unidimensional models focused solely on illness and psychopathology (Doll et al., 2021; Antaramian et al., 2010).

As schools have become the main source of mental health services for the school-aged population (Rones & Hoagwood, 2000), school psychologists are faced with a mounting challenge around how best meet the needs of students; and, evidence shows MTSS is currently not properly or comprehensively addressing students’ mental health requirements (Hoagwood et al., 2016). It is clear more needs to be done from a provider perspective in terms of school-based mental health, and the inclusion of techniques which can both address and treat mental illness while promoting and creating mental wellness is an important consideration for the field.

Therapeutic art-making has the power to improve students’ SWB and thereby enhance their mental wellness, while still addressing mental illness and helping to solve problems related to psychopathology. In this sense, art is particularly special, as it can be adapted to meet the needs of students across all presentations of mental health, with equal focus on both wellness and illness. Therapeutic art-making could therefore be a powerful addition to school psychologists’ counseling repertoire, especially in terms of meeting the needs of students who require Tier 2 and Tier 3 level services; it can shift the practice from merely solving problems, to also promoting existing strengths and bolstering mental wellness. And, SWB and mental wellness are known to be important factors in students’ overall success in school, as a higher SWB can improve academics, social engagement,
and even cognitive skills (Xiong et al., 2017). Put simply, students with higher SWB and solid mental wellness are more capable of participating in their learning.

Although research around school psychologists’ use of therapeutic art-making is limited, there is ample information about how and why therapeutic art-making can be well integrated into CBT, SFT, and Mindfulness modalities, strategies which many school psychologists regularly implement as part of their counseling practice (Plotts & Lasser, 2013). Counseling interventions, which by nature are considered Tier 2 and Tier 3 interventions, are the perfect place for school psychologists to explore the integration of therapeutic art-making, with a goal of improving students’ SWB, enhancing their mental wellness while still addressing existing mental illness, and promoting their overall mental health.
Chapter Three: Methodology

Everyone discusses my art and pretends to understand,
as if it were necessary to understand, when it is simply necessary to love.

–Claude Monet

Purpose of Study

The purpose of this single case study was twofold: (1) to gain an understanding of school psychologists’ beliefs around the potential role of therapeutic art-making in the field, and (2) to explore the implementation of a training on therapeutic art-making. Participant attitudes regarding the role of therapeutic art-making in their counseling practice, and their beliefs regarding how therapeutic art-making may impact student wellness and enhance existing therapeutic practices, were both studied. A training was conducted to inform school psychologists in methods to integrate therapeutic art-making into their Tier 2 and Tier 3 counseling interventions, and to connect these strategies to improving student wellness. Additional focus was given to interpreting the overall implications and usefulness of the training.

This study acted as a first step in understanding how school psychologists react to the therapeutic arts as a proposed component of their mental health service delivery. Particular emphasis was given to building participants’ understanding around how therapeutic arts enhance mental wellness, and why this is important in the broader scope
of the field given the current challenges in meeting students’ mental health needs. Findings then serve as a potential guide for practitioners who perceive the benefit of this work in their own practice, or those who are curious about novel methods to reach specific students or populations. Results from this study may also be used to develop a complete curriculum or intervention structure for the use of therapeutic art in school psychology.

This study was focused on providing school psychologists with a training on the important aspects of art therapy as they relate to school-based counseling and was driven by understanding both the outcomes of the training, as well as capturing participants’ evolving attitudes around the use of therapeutic art-making in their role. The following research questions guided this study:

1. How do school psychologists perceive the utility of therapeutic art-making in their counseling practice?
   a. What are their attitudes about incorporating therapeutic art-making into their counseling interventions with students?
   b. What is their perception on how therapeutic art-making impacts students’ wellness?
   c. How do they see therapeutic art-making augmenting traditional talk-based therapeutic approaches?

2. How does participating in a training on therapeutic art-making influence these school psychologists’ understanding of:
   a. The therapeutic art-making process?
   b. Their conceptualization of their counseling practice?
c. Using therapeutic art-making to enhance student wellness?

3. Which elements of the therapeutic art-making training did participants find most and least beneficial?

Of note, this study was conducted during the Covid-19 global pandemic, and the unique impact of this situation on school settings, and on school-based providers’ needs professionally and personally, were factors throughout all components of the study. Considerations and changes made due to Covid-19 restrictions are discussed in detail in a later section.

**Single Case Study**

Single case study allows for an in-depth exploration of a specific case, with an emphasis on improving understanding of real-world settings, events, and activities (Bromley & Bromley, 1986). By focusing on this real-world component, and seeking to understand contextual factors as they occur, case studies can expose numerous subtleties of a specific topic; data in case studies is often derived from multiple sources in order to best convey the essence of what is truly occurring, contextually and individually (Yin, 2014). Additionally, case studies employ specific, identifiable boundaries, making this an excellent approach to study an individual event, process, or program (Creswell & Poth, 2018).

Stake (1995) defines three types of case studies: intrinsic, instrumental, and collective. Intrinsic case studies focus on one particular case that is extreme or critical, while an instrumental case focuses on a phenomenon, issue, problem, or concern (Creswell & Poth, 2018). Collective, or multiple case studies, utilize this instrumental perspective, with multiple cases selected for study. This study embodies a single
instrumental case study, as it is focused on a specific issue (the potential for therapeutic art-making in school psychology) and utilizes a bounded case (the training experience) to illustrate the issue.

The focus of this single case study was on a multi-day event: a training experience on the use of therapeutic art-making within school psychologists’ counseling practice. Yin (2014) notes a case study is an appropriate method to use when attempting to capture the “event” of a specific project. The training served to increase school psychologists’ knowledge of therapeutic art-making and how it intersects with counseling interventions in school-based mental health, all with the purpose of enhancing students’ mental wellness. After having participants engage in this training experience, their attitudes and perceptions of these concepts and how they may inform or change their use and understanding of therapeutic art were then collected and analyzed.

In addition to this training, participants completed questionnaires before and after their engagement in the training experiences, and each participant was interviewed post-training. These additional data sources ensured ample information about the effect of the training and how it may have improved understanding were captured, as well as participants’ perceptions and attitudes, to best address the research questions and overall problem. Case study was therefore best suited for the scope of this study, as it invites for a mix of variables and factors to be explored and considered, while approaching the lens of the research from a holistic perspective. Data analyses incorporated the collective voices of the participants, while still capturing distinctive nuances across each individual.

By utilizing the case study method as the main framework for the study, I aimed to understand the real-life context (Crowe et al., 2011) of the training sequence, while
also gaining knowledge around how participants reacted to and engaged with the information provided in the training. Taken together, these elements strengthened the overall argument around the potential use of therapeutic arts in school psychology, by using a strategy that is focused on the perceived effectiveness and benefit of the training, while also exploring the feelings and opinions of current practitioners.

**Arts-Based Inquiry**

Although a single case study design was the overall framework and guiding methodology of the study, I also incorporated elements of arts-based inquiry, with the intention of further capturing the unique elements at play in these types of therapeutic interactions. McNiff (1998) notes research in the therapeutic arts should be art-based in order to best capture and express the distinctive nature of art therapy’s process and effects. While I do not feel all research on therapeutic art activities must contain an artistic inquiry element—this could limit ongoing work to understand the efficacy of art therapy—I do believe an element of arts-based inquiry invites for a more authentic representation of what is occurring in the context of the research.

Arts-based inquiry, or arts-based research, can challenge our way of thinking about information, data, stories, and shared understanding, and can push research studies into new, unexpected directions. Barone and Eisner (2012) note arts-based inquiry “addresses complex and often subtle interactions and it provides an image of those interactions in ways that make them noticeable” (p. 3). I absolutely believe in the power of unique and unexpected forms of representation, like those of arts-based inquiry, to accelerate our understanding of various phenomena.
Given this study’s grounding in the long-established qualitative approach of case study, I felt encouraged to also implement elements of arts-based inquiry; my hope in this approach is to not only expand the representations of the data and the learning uncovered within this study, but to also push the field of school psychology into considering new approaches in terms of research methods. A study exploring therapeutic art-making in school psychology became the perfect opportunity to also explore the added benefit of arts-based inquiry in the field.

Barone and Eisner (2012) outline numerous reasons for implementing arts-based research; I am most struck by the idea that artistic representations of data and findings “engage our imagination in the reformulation of meaning” (p. 23). Additionally, it is my belief that arts-based inquiry is uniquely adaptable, and can be digested, understood, and appreciated by individuals from a variety of backgrounds, beliefs, and cultures, therefore potentially making a study more impactful and relatable.

Sample

For this study, I recruited four participants who represented various training and educational backgrounds, educational settings, and experiences as school psychologists (see Table 2 for participant demographics). Recruitment was completed between January and March 2021, which was a notoriously challenging time within schools and across the country as we continued to navigate the Covid-19 pandemic. My aim was to recruit a minimum of four participants, with a maximum of ten participants, dependent on recruitment outcomes and availability; ultimately, the four participants who committed to the project, and were able to complete all components of the study, represented diverse school settings and worked with a wide variety of children and families. They all met the
required inclusion criteria, and much of the additional preferred criteria was also represented within this participant pool.

As qualitative research is focused on the particular and the specific, versus attempting to broadly generalize the information uncovered in a study (Pinnegar & Daynes, 2007), this smaller sample size was appropriate to meet the needs of the study and to ultimately provide insight in practitioners’ beliefs and experiences with the training. Additionally, Creswell and Poth (2018) and Yin (2014) suggest no more than four or five cases in a single study. While this participant pool did not represent significant diversity in terms of geographical location (all participants were located in Colorado) or racial/ethical background (all participants identified as White), diversity across participants was evident in areas like training background, school setting, and special populations served.

Table 2.

**Participant demographics.**

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age/Gender</th>
<th>Race/Ethnic Identity</th>
<th>Credentials/Licensure</th>
<th>School Level/Grades</th>
<th>Years as SP</th>
<th>Direct counseling services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelly</td>
<td>32/Female</td>
<td>White</td>
<td>EdS, NCSP</td>
<td>K-12</td>
<td>4</td>
<td>2-3x/week</td>
</tr>
<tr>
<td>Lisa</td>
<td>29/Female</td>
<td>White</td>
<td>EdS, NCSP</td>
<td>PK-12 (primary caseload is 7-12)</td>
<td>3</td>
<td>5x/week or more</td>
</tr>
<tr>
<td>Erik</td>
<td>29/Male</td>
<td>White</td>
<td>EdS, NCSP</td>
<td>ECE (3 y.o. – kindergarten)</td>
<td>2</td>
<td>2-3x/week</td>
</tr>
<tr>
<td>Kayla</td>
<td>50/Female</td>
<td>White</td>
<td>MA</td>
<td>6 – 8</td>
<td>22</td>
<td>5x/week or more</td>
</tr>
</tbody>
</table>
**Inclusion Criteria.** Inclusion criteria was focused on practitioners who were still actively engaged in the field (i.e., working with children in some capacity, even during Covid-19 restrictions) and regularly providing Tier 2 and Tier 3 counseling services with students.

Inclusion criteria for study participants required:

- Participants were currently licensed school psychologists (M.A./EdS or Ph.D. credentialed) who work in a school setting.
- Participants’ school settings may be public, private, or independent, and range from Early Childhood Education (ECE) settings through high schools.
- Participants have been practicing in the field for a minimum of one full academic year. It was preferred that participants have been practicing for three or more years.
- Participants had an interest and desire to utilize art therapeutically in their school-based practice.
- Participants provided direct student-level services as a regular part of this practice, including mental and behavioral health services to develop social and life skills (NASP, 2020).
- Participants must use Tier 2 and Tier 3 counseling interventions, including group and individual counseling sessions with students. Minimally, participants must provide a formal counseling intervention at least twice per week (may be individual or group oriented). It was preferred that participants provide formal counseling interventions four or more times per week.

Table 3 outlines required and preferred inclusion criteria.
Table 3.

Inclusion Criteria

<table>
<thead>
<tr>
<th>Required Criteria</th>
<th>Additional Preferred Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed school psychologist (Ph.D. or Eds.) working in a school setting</td>
<td>Participants represent diversity in racial, gender, cultural and educational backgrounds</td>
</tr>
<tr>
<td>School settings represent diversity in geographical location, districts, educational levels</td>
<td></td>
</tr>
<tr>
<td>Worked as a licensed practitioner for a minimum of one year</td>
<td>Worked as a licensed practitioner for three or more years</td>
</tr>
<tr>
<td>Interest and desire to utilize art therapeutically in their practice</td>
<td></td>
</tr>
<tr>
<td>Provide direct student-level services to support mental and behavioral health</td>
<td></td>
</tr>
<tr>
<td>Implement Tier 2 and Tier 3 counseling interventions a minimum of twice per week</td>
<td>Implement Tier 2 and Tier 3 counseling interventions four or more times per week</td>
</tr>
</tbody>
</table>

Participant Recruitment and Selection. Participant recruitment was completed using purposeful and snowball/convenience sampling techniques. As a current graduate student in a school psychology program which has dozens of students engaging in school-based practicum work, integrating snowball sampling into the study proved to provide the best access to practitioners who were familiar with my graduate program of study and perhaps more likely to engage in a study during such a difficult educational year. Snowball sampling is a convenience sampling method, whereby researchers gain access to possible participants from among their acquaintances, or to individuals with whom they have direct or indirect connection (Naderifar et al., 2017).

Following IRB approval of the study in December 2020, I conducted an initial pilot study of the training, with four school psychology graduate students as participants. This allowed me to best adapt the study to the virtual setting, to determine any beneficial
adjustments to the training curriculum, and to analyze the usefulness of the pre- and post-
questionnaires in terms of addressing the research questions. Pilot study participants
completed both questionnaires and the full sequence of the training. Additional
information regarding the purpose, structure, and outcomes of the pilot study is addressed
in Appendix C.

Following completion of the pilot, I began recruitment in January 2021. I utilized
a purposeful and snowball sampling approach by emailing practicing school
psychologists who were listed on the Colorado Society for School Psychologists (CSSP)
member list-serv; I was a student member of this organization and was encouraged to
start with this broad sample of practitioners by my graduate program faculty. The list-
serv is an open resource for all CSSP members, and it is not uncommon for requests and
invitations to participate in research studies to be shared via this platform. Additionally, I
utilized purposeful sampling by emailing school psychologists from a variety of schools,
settings, and geographical locations, based upon the public listing of their contact
information via their school site, and with the intention of casting a broader net
geographically.

In January 2021, I emailed 103 school psychologists, including individuals from
the CSSP list-serv who were listed as non-student members, and a purposeful sampling of
potential participants who represented geographic and school environment/student level
diversity, with public email addresses listed through their school website. This email
(Appendix D) described the purpose of the study, proposed time commitment, and
advised those interested to contact me to complete a screening survey to ensure they met
the criteria for participation within this study (Appendix E).
Four individuals responded to this email and expressed interest, in addition to one former adjunct faculty member who I knew personally and who did not express availability, but offered to forward the email to additional school psychologists within her professional network who may be available. The four providers who expressed interested received the screening tool. Three of the four individuals returned the screening tool, and all three met inclusion criteria for the study. I contacted these three individuals to complete the informed consent process and formally enroll in the study; at this stage, two opted out (one noted difficulties managing their schedule during Covid-19, and one shared they had a family member who had contracted Covid-19 and they could therefore no longer participate) and one completed the informed consent process, becoming the first participant as of mid-January 2021.

I responded to my former adjunct faculty who had reacted to my initial CSSP email but did not receive any additional communication or response. At this time, I utilized more snowball sampling strategies and leaned on any potential gatekeepers (Creswell & Poth, 2018) within the school psychology and educational fields, including those who may have knowledge of participants who may be most interested in inclusion in the study. Per their recommendations, I contacted an additional ten potential participants; four of these individuals expressed interest in the study and completed the screening tool between January and February 2021. Of these four, three met the inclusion criteria and completed the informed consent process by early March. This resulted in four total participants who were selected based on their embodiment of the inclusion criteria, and their willingness to participate in a study during the challenges of Covid-19. All the
participants worked in public schools across the state of Colorado, representing four distinct districts and schools ranging from early childhood through high school.

**Data Sources and Collection**

Creswell and Poth (2018) note a wide variety of data is often included in case studies, which typically requires multiple procedures for collection. Yin (2014) indicates six potential forms of data in case studies: documents, archival records, interviews, direct observation, participant observation, and physical artifacts. Case studies review multiple sources of data in order to paint an accurate picture of the case itself, and to provide ample saturation of the data for analysis and the development of themes (Creswell & Poth, 2018).

Data collection for this study included pre- and post-training questionnaires, interviews, observations, extensive field notes and ongoing art-making processes, and participant artwork created during the therapeutic art-making activities embedded within the training. Bowen (2005) notes the main strength in these qualitative forms of data is their ability to provide striking details to support outsiders’ understanding of a specific phenomenon, and of lived, shared experiences.

**Pre- and Post-Questionnaires.** One element of the study was the use of pre-training (Appendix F) and post-training (Appendix G) questionnaires, which were used to gauge participants’ reactions to the ideas and techniques presented in the training, as well as their overall perceptions on the use of therapeutic art-making. Questionnaires were provided before the first training session and following the final training session, after the training was experienced in its entirety. The questionnaires acted as an evaluation of potential changes in attitudes and beliefs around the use of therapeutic arts in school.
psychology, and how the training improved participants’ understanding of these approaches and their benefit for students’ mental wellness.

Survey tools can help researchers to understand participants’ thoughts and feelings on specific issues (Hazel, Newman, & Barrett, 2015), and to collect information on various practices. Surveys may also highlight trends which emerge within a participant group, helping to identify patterns and broader themes (Desimone & Le Floch, 2013). The case study process often includes a thematic analysis of data (Creswell & Poth, 2018), suggesting the use of questionnaires to further promote the theme development within this study strengthened the overall analysis process; indeed, questionnaires were an essential piece of the data pool.

As these questionnaires were additional, brief measures of participants’ perceptions and attitudes—which were then expanded upon in much greater detail during the post-training interviews—they were designed to be a quick and simple method to gauge participants’ initial reactions to the overall experience; and, were often used to hone the focus of the interview sessions. Additionally, to support the goals of this single case study, the questionnaire also sought to help in discovering nascent, common themes across participants’ perceptions and attitudes.

**Direct Observations: Training Experience.** The true single case of this study was the training experience, which included delivery of information relevant for the successful understanding and use of therapeutic art-making in school-based mental health. A core data source for this study was direct observation during the training experience. All training sessions were completed virtually via Zoom and recorded to allow for rich exploration of the event, and to enhance the resulting analysis process.
Angrosino and Mays de Perez (2000) note observations can create a more “convincing verification” in qualitative research, and by providing accounts of physical (albeit virtual) settings, and human-to-human interactions, I was able to provide a detailed description of what was actually occurring within this case and the training. Observing practitioners while they engaged in the therapeutic art-making activities was particularly relevant, and observations of their behavior, dialogue, and artistic outcomes during these experiences provided essential data.

Even in a virtual setting, it was important to be aware of my observational style and presence. I typically engaged as an observer-as-participant, or a complete observer (Angrosino & Mays de Perez, 2000). As the facilitator, my presence was necessary for the activity and inevitably impacted the process (Creswell & Poth, 2018), but I sought to create as little interference as possible while observing the participants’ behaviors during art-making. The virtual setting also surely impacted the overall experience of the shared art-making, which was discussed during interviews as part of participants’ reactions to the training, overall.

The training occurred across three sessions, each following a sequential, interconnected curriculum (Appendix I). The training served as an intervention with specific goals:

- Improving school psychologists’ knowledge of art therapy practices
- Understanding why these practices enhance students’ mental wellness, and how they relate to overall school-based mental health strategies
- Learning how to incorporate these practices into their current counseling and mental health services
Experiencing and reflecting on therapeutic art-making activities

Table 4 outlines the schedule and focus of the training sessions and associated periods of direct observation:

Table 4.

Training Sessions: Schedule, Activities, & Session Focus

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:00 – 4:20 pm</td>
<td>Introductions, agenda, community-building, sharing experiences and backgrounds</td>
</tr>
<tr>
<td>4:20 – 4:30 pm</td>
<td>Defining art therapy; Art &amp; child development</td>
</tr>
<tr>
<td>4:30 – 5:00 pm</td>
<td>Materials, environment, &amp; structure when implementing therapeutic arts with school-aged population</td>
</tr>
<tr>
<td>5:00 – 5:10 pm</td>
<td>Brief art-making activity (contour drawing as a transition)</td>
</tr>
<tr>
<td>5:10 – 5:20 pm</td>
<td>Break</td>
</tr>
<tr>
<td>5:20 – 5:40 pm</td>
<td>Benefits of integrating therapeutic art into mental health practices</td>
</tr>
<tr>
<td>5:40 – 6:00 pm</td>
<td>Connect benefits to existing school-based therapeutic practices and outline the Dual-Factor Model of Mental Health</td>
</tr>
<tr>
<td>6:00 – 6:10 pm</td>
<td>Brief art-making activity (blind contour drawing as a transition)</td>
</tr>
<tr>
<td>6:10 – 6:25 pm</td>
<td>Mental wellness and art, school psychologists as facilitators</td>
</tr>
<tr>
<td>6:25 – 6:30 pm</td>
<td>Wrap up, questions, information for next session (including necessary materials)</td>
</tr>
</tbody>
</table>

SESSION TWO: April 12th, 2021. 4:00 – 6:00 pm
Focused on incorporating therapeutic art-making into existing counseling practices, with an emphasis on CBT and SFT. Emphasis placed on Tier 2 interventions and group counseling sessions. Formal group art-making activity #1.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:00 – 4:05 pm</td>
<td>Check-ins, agenda</td>
</tr>
<tr>
<td>4:05 – 4:15 pm</td>
<td>Brief art-making activity; drawing to music (trifold paper, drawing tools of choice)</td>
</tr>
<tr>
<td>Time Frame</td>
<td>Activity</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>4:15 – 4:30 pm</td>
<td>Ethical considerations &amp; confidentiality</td>
</tr>
<tr>
<td>4:30 – 4:40 pm</td>
<td>Facilitating group therapeutic art-making sessions and Tier 2 intervention needs</td>
</tr>
<tr>
<td>4:40 – 4:55 pm</td>
<td>CBT &amp; SFT with therapeutic art-making techniques</td>
</tr>
<tr>
<td>4:55 – 5:00 pm</td>
<td>Break &amp; gather materials, set up art-making spaces</td>
</tr>
<tr>
<td>5:00 – 5:35 pm</td>
<td>Options for art-making: The Miracle Question Art-Making Activity (illustrate SFT’s miracle question); use of large paper, and options for paint, crayons/chalk, or pastels. Illustrating (and destroying) Negative Thought Patterns (CBT-based)</td>
</tr>
<tr>
<td>5:35 – 5:50 pm</td>
<td>Discuss, Debrief, &amp; Reflection</td>
</tr>
<tr>
<td>5:50 – 5:55 pm</td>
<td>General questions from session</td>
</tr>
<tr>
<td>5:55 – 6:00 pm</td>
<td>Wrap up, information for next sessions, reminder to send photos of completed artwork if willing.</td>
</tr>
</tbody>
</table>

**SESSION THREE: April 19th, 2021. 4:00 – 6:15 pm**

*Emphasis on Tier 3 interventions and using therapeutic art-making in individual counseling sessions, and well as general concepts around therapeutic outcomes and goals when integrating art. Focused on how to connect visual art to mindfulness approaches in therapy. Discussion of self as artists. Considerations of possible risks and concerns when integrating therapeutic art-making. Formal group art-making activity #2.*

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:00 – 4:05 pm</td>
<td>Check-ins, agenda</td>
</tr>
<tr>
<td>4:05 – 4:15 pm</td>
<td>Brief art-making activity, “The Egg Game” (paper &amp; any drawing materials)</td>
</tr>
<tr>
<td>4:15 – 4:25 pm</td>
<td>Tier 3 interventions and individual therapeutic art-making sessions</td>
</tr>
<tr>
<td>4:25 – 4:35 pm</td>
<td>Therapeutic outcomes and goals</td>
</tr>
<tr>
<td>4:35 – 4:50 pm</td>
<td>Mindfulness with therapeutic art-making techniques</td>
</tr>
<tr>
<td>4:50 – 5:00 pm</td>
<td>Possible risks and concerns</td>
</tr>
<tr>
<td>5:00 – 5:05 pm</td>
<td>Break &amp; gather materials, set up art-making spaces</td>
</tr>
<tr>
<td>5:05 – 5:20 pm</td>
<td>Self as artist &amp; engaging in own creative practice</td>
</tr>
<tr>
<td>5:20 – 6:00 pm</td>
<td>Mindfulness art-making activity (group elected to select from two options, Body Scan or Mind-body circles; all used a variety of drawing materials)</td>
</tr>
<tr>
<td>6:00 – 6:10 pm</td>
<td>Discussion, debrief, and reflections</td>
</tr>
<tr>
<td>6:10 – 6:15 pm</td>
<td>Final wrap up, information on scheduling individual interviews, reminder to send photos of completed artwork if willing; shared final closing thoughts regarding training experience.</td>
</tr>
</tbody>
</table>

As indicated by Table 4, each session included a different focus and agenda, although general structures remained consistent across sessions (i.e., integrated “brain
Break” art-making activities, debriefs and dialogue after various artistic prompts, break-times, etc.). A more detailed outline of the curriculum is included in Appendix I.

**Interviews.** Interviews with practitioners were a primary source of data for this study. I engaged in roughly eight total hours of semi-structured interviews with the school psychologists after their engagement in the entire training experience (i.e., after the final session), with individual sessions varying between 1.5 – 2 hours per participant. All interview sessions were completed virtually via Zoom. Appendix H includes an outline of the interview protocol, which was expanded and adapted during individual sessions based on dialogue from training sessions, findings from participants’ questionnaires, and the unique background of each participant.

To best address the research questions, interview sessions were conversational and focused on open-ended questions (Yin, 2014). Roulston, deMarrais, and Lewis (2003) define interviews as “reality-constructing, meaning-making occasions,” and as these were a main source of data, interview questions were thoughtfully and carefully designed, with room for adaptability and conversational exchanges to support rapport building and overall depth and breadth of information collected (Yin, 2014). Ideally, I sought for these interviews to be participant-led, and for participants to emerge as the experts in this dialogue; this study is focused, after all, on their attitudes, beliefs, and perceptions. Table 5 outlines specific date and length of specific interview sessions.
Table 5.

**Individual Interview Sessions**

<table>
<thead>
<tr>
<th>Participant Pseudonym</th>
<th>Interview Date</th>
<th>Interview Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelly</td>
<td>5/3/2021</td>
<td>1:47</td>
</tr>
<tr>
<td>Lisa</td>
<td>5/5/2021</td>
<td>1:38</td>
</tr>
<tr>
<td>Erik</td>
<td>5/26/2021</td>
<td>1:42</td>
</tr>
<tr>
<td>Kayla</td>
<td>4/28/2021</td>
<td>1:48</td>
</tr>
</tbody>
</table>

**Artifacts: Photographs of Artwork.** At the completion of each training session, participants were invited to share photographs of their art-making from the session, which included samples from “brief” art-making activities (often structured as “brain breaks” or transitional activities that can be easily integrated into sessions with children) and from more structured group lessons (the full scope of the training experience included two distinct art-making lessons; again, see Appendix I for more information).

Participants had the opportunity to opt out of this step if they did not feel comfortable sharing a permanent image of their artwork to be included in the study, and issues surrounding the confidentiality and anonymity of the artwork were discussed at length. Ultimately, three of the four participants elected to share various samples of their art making from the sessions (see Appendix L), which included a blend of samples from brief art-making activities and more structured group art-making experiences. Eight artworks were shared, in total.

It should be noted that these artifacts were *not* assessed or used in any evaluative context. Not only is this not the intention of this study, but this approach is also used
cautiously in art therapy and art therapy research, given concerns about reliability and validity in evaluating drawings and other images (McNiff, 1998; Lilienfeld, Wood, & Garb, 2000). Instead, these images are included as an additional data source to support the illustration of ideas, themes, and other concepts that emerged from the data at large, and as elements of artistic representation unique to these individuals and their own therapeutic art-making experience as participants.

Field notes and research journal. Extensive notes were collected during direct observations of training sessions and during interviews, which were captured in the form of a research journal. Concurrently, I engaged in my own ongoing art-making process throughout the data collection and analysis stages; in a sense, my professional judgement acted as a data source, and my response to the sessions, as well as my response to the artwork I created, added to the broader data pool.

Field notes and research journals are widely recommended qualitative data collection methods, as they capture contextual information and provide a richness of description that is unique to the researcher and their experience within the research (Phillippi & Lauderdale, 2017). Field notes were organized chronologically, and notes across all observations, sessions, and art-making experiences were recorded in two distinct research journals (one for written notes, one for visual sketches); this chronological structure then aided in my overall analysis and discovery of themes as they emerged throughout the process. This also allowed me to isolate specific experiences or moments within these events that were particularly impactful, important, or clarifying (i.e., being able to quickly “pinpoint” notes from a special moment of dialogue during the training experience or returning to a specific sketch created after an interview session).
**Ongoing art-making and responsive art.** Throughout the course of the study, I engaged in my own ongoing art-making process as part of my data collection and analysis procedures. Oftentimes, art therapists make their own personal art in response to an art-making experience; Brown (2008) even suggests this practice as a way for art and expressive therapists to engage in self-care, while expanding on their skills and their conceptualization of their practice. Moon (1999) defines this practice as *responsive artmaking*, with art therapists creating their own art pieces in reaction to the artworks being created by their clients or patients. Barone and Eisner (2012) stress that a work of art can also be seen as a work of research, and I believe the inclusion of ongoing art-making and artistic representations not only strengthened the study; it served to encourage ongoing conversations around therapeutic art-making in the field of school psychology, and arts-based inquiry within qualitative research.

In the spirit of both art-based research and therapeutic responsive art, I created my own artwork in response to sessions, interviews, and other elements of the data collection and study procedures, as a way for me to capture the more nuanced, subtle information within the study; and, as a way for me process my own feelings and experiences as a human being conducting human subjects research during a highly complex year. I documented this process via photographs of sketchbook pages and completed artworks throughout the course of the data collection and analyses periods, which were then organized as sketchbook images (Appendix M), reaction art (Appendix N), and thematic art (Appendix O). This included 33 ink and paper sketches, 6 acrylic and/or oil on canvas paintings, and 9 mixed media pieces incorporating a variety of two-dimensional artwork, for a total of 49 artworks created by me, the researcher.
Initially, I began the study with little formal planning around the art-making component. This was intentionally unintentional, as I wanted the natural ebb and flow of the study, and the shared human experiences afforded by the training, to guide this process. Ultimately, I engaged in art-making at various stages throughout the study, but did structure some elements. I completed at least one sketch after each session and interview, occasionally more sketches depending on the experience. I created responsive artworks following each of the three training sessions, which were often paintings or mixed media representations. I created additional response artworks as a reaction to my work with each individual participant; these were influenced by the participants’ therapeutic artworks and creative styles, and by my own personal experience of working with them in this capacity. These were all created shortly after each individual interview and are all acrylic and oil paintings. My decision to include only two-dimensional artworks was twofold: due to the restraints of a virtual training, all art-making within the training sessions was focused on two-dimensional materials participants were easily able to access, and I wanted to reflect this in my own art-making. Plus—I identify as a primarily two-dimensional artist, and this felt like the most natural mode of representation for me.

Finally, as I began to complete the data analysis process, I created thematic artworks (Appendix O) to represent the key themes of the study. More information about how art-making was integrated into analysis is discussed below. Throughout my own art-making I pulled equally from concepts from art therapy and responsive art (Moon, 1999) and art-based research (Barone & Eisner, 2012) in terms of how I attempted to interpret, understand, and integrate these creative components; ultimately, however, these pieces,
and the pieces created by the participants, really transcend categorization as far as being works of therapy or works of research. They are surely a representation of both.

**Procedure**

The structure of this study included the collection of interrelated data sources via several procedural elements, all centered around the single case: the training experience. Table 6 outlines the procedure of the study in chronological order.

Table 6.

*Study Procedure and Timeline*

<table>
<thead>
<tr>
<th>Procedural Element</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRB</td>
<td>I submitted a request for approval to complete this study through the University of Denver’s Institutional Review Board (IRB) in December of 2020. This process included submittal of all necessary consent forms for all participants, as well as associated questionnaires and interviews. The participants in this study were all practicing professionals, all of whom were adults capable of consenting to participation in research.</td>
</tr>
<tr>
<td>Pilot Training</td>
<td>In December 2020, school psychologists-in-training engaged in a pilot training experience and provided initial thoughts and feedback about procedural elements. Aside from individual interviews, they completed all aspects of the original study, including completing the pre- and post-questionnaires. This provided an opportunity to determine if the structure, timing, and overall flow of the training experience were adequate and prepared for actual implementation. This was also a chance to troubleshoot issues related to technology, as the study was conducted entirely virtually via Zoom. Initial thoughts and reactions to the structure of the training and questionnaires were then used to make changes to elements like use of time, training emphasis, delivery methods, and art-making activities.</td>
</tr>
<tr>
<td>Recruitment</td>
<td>The recruitment period for this study spanned January – March 2021. Potential participants were contacted via email, and those interested in participating were prompted to complete a screening survey to determine eligibility based on inclusion criteria. Four total participants were included in the study, who then completed a systematic informed consent process.</td>
</tr>
</tbody>
</table>
Pre-Training Questionnaire | A pre-training questionnaire was provided to all study participants in March 2021.
---|---
Training Experience | The training occurred across three sessions in April of 2021, each with a specific focus and agenda. Sessions were conducted virtually through the Zoom platform, and participants were informed of the necessary materials to participate beforehand via email. Sessions ranged from 1.5 – 2.5 hours in length and were completed on April 5th, 12th, and 19th.
Collect Artifacts | Following the completion of each training session, participants were invited to share photographs of their final artworks created during the therapeutic art-making sample lessons and any other embedded art-making experiences (i.e., artistic “brain breaks”).
Post-Training Questionnaire | A post-training questionnaire was provided to the study participants following the completion of their final training session on April 19th. This data was reviewed before beginning the interview process in order to make any necessary adaptations to the interview protocols and to highlight any key areas of discussion for interview sessions.
Interviews | One-on-one interviews were completed with each participant in April and May of 2021, with a focus on how the overall training experience improved their understanding of therapeutic art-making and its use to enhance student wellness, as well as how this training impacted their attitudes and perceptions around the use of therapeutic art in their practice. Member checks regarding current data analysis, including all data from the training sessions, were also completed within the interviews.
Data Analysis | Data analysis occurred throughout the data collection process. Once all procedural elements were completed, convergent themes across the numerous data sources were developed through additional analyses. Observations, field notes, interview data, artwork artifacts, and questionnaires were all incorporated as data sources.

Data Analysis

A variety of recommendations exist to analyze data collected during qualitative case studies (Creswell & Poth, 2018; Yin, 2014), with a focus on analysis that is both inductive and iterative (Creswell & Poth, 2018). Researchers may approach analysis from systematic approaches, or utilize more narrative, storytelling structures (Lichtman, 2005). Creswell and Poth (2018) recommend developing a detailed description of the setting and
events based on multiple data sources, and then using this narrative and dialogue to identify themes and findings.

It is not unusual for data analysis to be an ongoing, circular process in qualitative studies (Lichtman, 2005), and as such I engaged in analysis as I moved through the data collection procedures. For example, as I completed activities, I transcribed recordings of interviews, excerpts of dialogue from the training sessions, findings from the questionnaires, and any additional notes into an evolving document. Using Microsoft Word, I transcribed essential dialogue (i.e., participant commentary and discussion) from training sessions within a few days of each session and transcribed all interview session data within three days of each interview.

Engaging in a timely transcription process allowed me to revisit the recordings and capture the data while the sessions and interviews were still recent, helping me to better recall specific details—I found this to be particularly important when transcribing excerpts from training sessions, as it became more challenging to recall the subtleties of group interactions (particularly through a virtual platform) with even a short delay from the session to the transcription process. Given that the observations of the sessions were also lengthy and group-oriented, making them challenging to transcribe in their entirety, I further relied on the recordings of these sessions to determine specific moments in the training which were most impactful or important. I placed an emphasis on participant dialogue over my own presentation and delivery of information, as these curricular elements were not essential in terms of the study’s research questions and aims, which clearly emphasize participant voice and perception. As is common in qualitative
research, my transcriptions of the sessions and interviews often acted as my initial step into the analyses process (Kvale & Brinkmann, 2009).

Creswell and Poth (2018) note the purpose of a qualitative analysis is to make a detailed description of the case and its setting. This process requires not only the description of the case itself, but the identification of emergent themes. This case allowed for themes to be identified across numerous and diverse data points (questionnaires, interviews, observations, and artifacts), strengthening the opportunity for a rich description and therefore a thoughtful analysis. Formulated conclusions were then based on the overall meanings, assertions (Stake, 1995), and patterns (Yin, 2014) captured within the case (Creswell & Poth, 2018).

I followed Lichtman’s (2005) procedure for organizing the existing data to develop these themes, by moving through coding, to categorizing, to determining bigger concepts that ultimately becoming overarching themes. This required frequent re-visitation and editing of initial codes, and as well as rereading session and interview transcriptions multiple times to ensure a thoughtful flow through the process.

**Coding.** As data was collected via the various methods indicated in the study, I collected information in the form of written text (i.e., transcriptions of observations and interviews, participants’ comments on the pre- and post-questionnaires, my own field notes) and artistic renderings (my own ongoing art-making, and the art made by participants during the sessions).

As mentioned, I collected all transcription data into an evolving document. Following the transcription of excerpts from the initial training session, I began a preliminary within-case coding process encompassing field notes, pre-questionnaires, and
observational data. MAXQDA qualitative analysis software was used to support the coding process and to organize transcribed data by code, categories, and finally into resulting themes. An open or inductive coding process was utilized (Strauss & Corbin, 1990), which allowed me to crosswalk amongst my numerous data sources and find themes which emerged directly from the data, as opposed to from a pre-existing codebook. Using MAXQDA, I identified and labeled various codes as they began to take shape from the transcription and data organization processes. This process was then revisited each time more data was collected and transcribed (i.e., after each additional training session, the interviews, and the post-questionnaire). Throughout the complex and timely process, I was reassured by Corbin and Strauss’ (2015) commentary on the best approach to coding: “to relax and let your mind and intuition work for you.”

This inductive process allowed me to see how my existing initial codes were applied as more data was collected, which additionally forced me to recognize where codes may not align, or where a new code was needed. While this process proved to be time consuming and required a high level of thoughtfulness throughout the analysis process—and, as I continued to engage in data collection—I strove to develop themes which were less reliant on my own pre-existing concepts and which were really true to the reactions, thoughts, and attitudes of the participants. Of course, I must note that some level of deduction also surely played a role in my analysis process, especially given my prior knowledge of art therapy and the terms, ideas, and concepts I was most likely to look for in the open coding process. According to Saldaña (2016), the act of coding is, by nature, a “personal signature,” and I am certain my own beliefs, biases, perceptions, and experiences were unequivocally integrated into my coding and theme development. As I
discuss more in a later section, I find honesty around this to be at the core of qualitative research, and a true strength when approaching research from this very human lens.

Ultimately, I focused on the use of induction due to its emergent nature, which I felt could afford a stronger representation of the very diverse and interconnected data points included within this study (Miles, Huberman, & Saldaña, 2020). Per Bingham and Witkowsky (2021), I recognized the inductive process to be “messier,” but to also invite for greater meaning-making and evidence generation. This was particularly clear as I continued to work through data collection and analysis and was forced to revisit and reconsider my initial themes, which were probably the most likely to be impacted by own deductive reasoning and pre-conceived notions around the study’s concepts. As I moved away from those initial themes and further saturated myself within the data, I am confident truly inductive analysis occurred. Visualization of the coding and general theme development process can be found in Appendix K.

Artwork was not exempt from the coding process, but was considered in a different context and manner. As artworks cannot technically be transcribed or somehow documented in text, I considered the artwork from both myself and participants as an additional layer of my overall analysis process and also as standalone representations of various elements within the codes and categories. This included capturing recurrent examples of specific images, colors, or stylistic choices, and connecting any common motifs across art-making samples to the broader themes revealed throughout the additional data sources and transcriptions. In my own art-making process, I had more control of how I organized my analysis.
As mentioned, many artworks were completed in a sketchbook format (Appendix M), which I then became a linear, visual “story” of my reflections and reactions throughout the course of the study. As a qualitative researcher and artist, I felt it was not appropriate to simply “code” artwork, but instead further recorded my reflections and visceral responses to the art-making in text form as part of my field notes and journaling. This prevented from me reducing or simplifying the artwork to something less than what it truly is—the very nature of visual data is that is serves to transcend language and provides another way of understanding. Writing about what I painted or drew was a way to include as much data as possible in text form as part of the coding process, but I must acknowledge this could never completely capture what the artwork served to communicate or mean. These subtleties will be further discussed in later sections.

**Categorizing.** Once all data was collected, analyzed, and coded, I used the finalized codebook to categorize final codes into broader themes, which were then organized in response to the research questions (again, see Appendix K for code and theme development). As the research questions emphasized attitudes about therapeutic art-making more generally in school psychology, as well as much more explicit elements that were specific to the training experience, categorizing codes into themes required a thoughtful balance in terms of which elements of the data best addressed each concept. Per the research questions themselves, categories included those more focused on therapeutic-art making, in addition to others specific to wellness, counseling, and school-based mental health.

Again, the visual data was not exempt from the categorizing process but was considered differently. Entire artworks and pieces aligned with certain specific categories
and themes, while other samples supported multiple categories or transcended true categorization. As noted previously, I completed final thematic works (Appendix O) to represent the nine distinct themes developed from the data. Additionally, sketches which aligned with these themes were included as part of the thematic development, meaning several sketches likely influenced and inspired the designs and approaches seen within the thematic artwork.

Figure 2 provides additional detail about how the data analysis process was completed.

**Figure 2.**

*Data Analysis Structure*

- **Ethical Considerations**

All researchers working with human subjects have ethical obligations to ensure the safety and well-being of the participants (Israel & Hay, 2006). Ethical considerations for this study are based on the guidelines and requirements by the
Institutional Review Board (IRB) at the University of Denver, in addition to specific ethical recommendations in case study research as outlined by Creswell at Poth (2018) and Yin (2014).

Before beginning the study, I submitted all required components (e.g., study procedures and timeline, recruitment emails and communications, informed consent process, interview protocols, and all considerations for the virtual setting) for IRB approval, which was granted in December 2020. Participants who expressed interest and aligned with the inclusion criteria, per the screening tool, were emailed an extensive informed consent document which outlined the purpose of the study, any possible benefits or risks in participating, details on their right to withdraw from the study at any time, and information regarding confidentiality and the storage of digital data (Appendix J).

Informed consent was completed with each participant via email before beginning the study, and I was available for any phone calls or video conferences to review the document with each participant to ensure their understanding. At the beginning of the initial training session, and during each interview session, I reviewed general study procedures around confidentiality, data storage, and other elements related to participant safety and well-being as related to the study.

Regarding storage and safety of virtual data, pseudonyms or de-identified case numbers were utilized in all documentation and storage processes. Training sessions and interviews were recorded directly to a 2020 MacBrook Pro and saved in a password-secured folder, as were data analyses documents, questionnaires, and all other study-related digital documents; data incorporated into MAXQDA did not include participant
identifiers, and a private and secure login was used to access any data analysis through this platform. Visual images of artworks were also saved in a secured folder and de-identified. All virtual materials were backed up to an external hard drive, which was password protected and stored in a locked cabinet. Any physical materials related to the study, including my own research journal and sketchbook, were also stored in the locked cabinet when not in active use. Larger artworks created by me were not stored or secured, but did not include or display anything that may have risked participant confidentiality.

Zoom sessions were organized through the University of Denver’s secure Zoom platform and my own University account, which allowed me to make each session password protected. I also utilized Zoom’s “waiting room” feature to provide a further level of protection to prevent any non-participants from accessing the trainings or interviews. All meetings were private, and screen sharing was disabled. Once all participants were in the session, I “locked” the meeting to ensure no additional entries from non-participants. Before beginning to record training sessions or interviews, I reminded participants of this component of the study (included in their consent process and documentation) as an additional final measure of their consent for the sessions to be recorded as video.

Of note, school psychology is a relatively small field, and as all participants were located in Colorado, it was not unexpected for some crossover to exist in the participants’ professional spheres. I, myself, had some knowledge of three of the participants through state-wide professional organizations or other roles I held as a graduate student. I had previously worked with one participant on outside research activities. Given this, I closely observed my own internal biases based on any preconceived notions of
participants, and how this may influence my data analysis and overall findings. I was intentionally very open in this regard with all participants, noting that in some ways this study required us to recognize multiple roles in our professional realm. Clarifying my current role as a researcher (Mears, 2009), especially during one-on-one interviews, helped me bracket any outside influence on the study from previous interactions I may have had with participants, or that they may have had with each other.

**Credibility, Transferability, Dependability, and Confirmability**

The question of reliability and validity in qualitative research is a complex and often debated concept, and a discussion of these components is essential in developing a well-rounded study with meaningful findings (Willig, 2001; Creswell & Poth, 2018; Guba & Lincoln, 1989). Qualitative researchers work from the perception of “multiple constructed realities” (Lincoln & Guba, 1985, p. 37), which shifts the concept away from a work of research embodying absoluteness or singularity, and instead invites for several “right answers.” Lincoln and Guba (1985) proposed criteria to determine the “trustworthiness” of qualitative studies, including attempts to capture a study’s credibility, transferability, dependability, and confirmability.

To support the credibility and confirmability of the study, individual participant interviews consisted of member checks (Lincoln & Guba, 1985) focused on the emergent codes and categories gleaned from the data pool at that stage in the study, which included all data from the training sessions and initial reviews of the questionnaires. This proved important in determining if the directions of these codes, categories, and future themes aligned with the experiences and beliefs of the participants. Participants were also provided with samples of the emergent themes as the data analysis process continued and
were given the opportunity to provide feedback around the conclusions being drawn from the analyses, again enhancing overall confirmability (Yin, 2014).

Regarding dependability, I took numerous steps to verify my work and process throughout each step of the inquiry process. As noted by Morse et al. (2002), qualitative research is “iterative rather than linear, so a good qualitative researcher moves back and forth between design and implementation” (p. 17). Throughout the course of this study, I stepped back to consider the larger picture and continually reintegrated, re-explored, re-coded, and re-evaluated. This was heavily documented throughout my highly personalized data analysis process, which included detailed research journaling and field notes in addition to ongoing sketches and art-making. Throughout the process I continued to investigate, check, question, and theorize (Kvale, 1989) around the guiding purpose and nature of this work.

As I have noted previously, my perceptions and beliefs impacted the study, which was formed around my research agenda and influenced by my ideas and background, especially in the analysis and the overall structure of the data collection and findings. It was my interpretation that ultimately made meaning (Eisner, 1991), but this meaning was created through numerous channels—most importantly the participants, their shared voice, and the shared experience of the training. This understanding is at the core of this study’s trustworthiness and overall methodological approach and is discussed in greater length in the following section.

**Author’s Statement: Positionality and Reflexivity**

I strongly identify with the idea of the researcher as an instrument in qualitative inquiry (Eisner, 1991; Greenback, 2003; Denzin & Lincoln, 2003; Creswell & Poth,
2018), and recognize the researcher’s impact across every aspect of a study; we are not impassive voices observing in the background, but rather we powerfully shape the perceptions and presentation of the work. I am drawn to this aspect of qualitative research, and I believe having this very active and present role, and this open recognition of subjectivity and its underrated strengths (Lincoln, 1995), humanizes research and presents stories in a way that is more believable, approachable, and relatable. I resonate, particularly, with Tracy (2010): “good qualitative research is like a crystal, with various facets representing the aims, needs, and desires of various stakeholders including participants, the academy, society, lay public, policy-makers, and last, but certainly not least, the researcher” (p. 849).

Reflexivity was essential for this study. Throughout the process, I discovered this was a highly personal study for me, as the topic related to numerous aspects of my professional career and personal identities, and within the study I took on the roles of researcher, therapeutic art facilitator, teacher, and interviewer. I had to constantly be aware of the nature of my involvement in the research process, and how my own perceptions and beliefs shaped my analysis. This was especially relevant given my inductive coding approach and how my assumptions about this investigation influenced the formation of my research questions and study structure, overall. Therefore, I think it is essential to provide background on my own subjectivities and beliefs, especially the context of those that may have impacted the overall study design, data collection, and data analysis processes. This positionality allows the audience to better understand my approach, and ultimately, the findings of this study.
I am a White, American, upper-middle-class female doctoral candidate. I grew up in a predominantly White suburb in the midwestern region of the United States yet have lived in a more progressive Rocky Mountain region urban center for the last decade. I identify as heterosexual. My national origin is a mixture of central European and South American, although I identify most strongly with my Italian heritage. My first and only fluent language is English. I do not identify with any physical, emotional, or developmental disabilities. Professionally, I identify as a former educator, an emerging neuropsychologist, and a qualitative researcher with a focus on storytelling, connection, and arts-based inquiry. Undoubtedly, each of these elements of my identity impacted the study, be it in the way I approached the structure, collected and analyzed the data, or interacted with the participants.

Perhaps most relevant to this study is this: I identify as an artist. I have engaged in some sort of art-making, and some variety of art education, for most of my life. From childhood on, art was central to my existence, and I found creative expression gave me joy and freedom in a way few other endeavors could. Creating art allowed me to tell stories in new ways, and to share emotions through safe, soothing channels. The power of art-making on my own well-being and growth has long influenced my passion for the use of art therapeutically. As a component of data analysis and representation within this study was my own artmaking processes and completed artworks, my perspectives as an artist surely influenced the study and resulting outcomes. When engaging in art-making as an additional form of representation, this can inevitably shape the process to reflect to researcher/artist’s point of view; this, to me, is one of the great strengths of art-based research, as this form of representation can then be further interpreted by others in new
and perhaps unexpected ways. Initially, my own artwork may be seen as somehow binding the study solely to my point of view—but, the artwork itself then opens the study up for new understanding, new perspectives, and new reactions that are often not possible with more traditional forms of representation and text.

Professionally, I worked as a visual art teacher and elementary classroom teacher before beginning my work as a doctoral student in psychology. I also worked in a museum setting as an art educator. My experiences in the classroom shaped much of my interest in pursuing advanced training in childhood mental health. While I currently work primarily in clinical and medical settings, schools and education will always be my foundation as a psychologist, researcher, and learner.

It should also be noted that while I am a current student in the field, I have never worked as a full-time, licensed school psychologist. I have knowledge within the profession, but lack formal experience in the field beyond two years of practicum settings as a part of my degree and licensure requirements. I considered this a strength for study, with the hope that my minimal experience in a formal school psychologist role encouraged my participants to really embody their job as experts, inviting for more openness around their attitudes and perceptions throughout the study.

**Covid-19 Considerations**

The 2020-2021 academic year was unlike any other in modern history. The impact of Covid-19 was profound in school settings, and throughout the course of the study districts and schools were following drastically different in-person learning protocols, or had adapted to a hybrid model or distance learning setup. Many schools were forced to shift back and forth from in-person to virtual learning, especially as
potential Covid-19 infections and outbreaks within schools remained relatively common. Schooling, in general, was unpredictable and schedules adapted nearly constantly. Each of the participants cited Covid-19 as a major stressor, both professionally and personally, and noted it impacted their availability and flexibility around certain aspects of the study.

Given this unprecedented circumstance, certain components of this study were specifically designed to ensure best possible outcomes, while still addressing the research questions and not overwhelming the school-based participants (e.g., not requiring direct observations in school settings, remaining focused on the school psychologists versus the students, not requiring an in-school study component). As a former educator, I can only begin to fathom the challenge our teachers and other school-based professionals faced as they attempted to facilitate a school year that was fulfilling, enriching, and safe for all students. My hope in this intentional design was to avoid undue stress on the participants, their students, and their schools.

The nature of this pandemic also required all person-focused data collection (i.e., interviews, observations) to occur virtually through Zoom. While the body of evidence around the impacts of a virtual setting on an interview continues to grow, existing research indicates interviews conducted via digital avenues are likely to provide, overall, the same level of quality responses as traditional methods (Archibald et al, 2019; Weller, 2017). Additionally, having the option to video record the training sessions proved to be very beneficial from a data collection and analysis standpoint, as this allowed for a rich description of the events due to the opportunity to review and analyze in greater detail. Throughout the course of the study, Zoom was an extremely common practice for educators and professionals across most disciplines, and I found the participants to be
well-equipped in their abilities to navigate all aspects of this platform and to engage in
the training from their home or office space.
Chapter Four: Findings

“The world always seems brighter when you’ve just made
something that wasn’t there before.”

–Neil Gaiman

“The essence of all beautiful art, all great art, is gratitude.”

–Friedrich Nietzsche

As this study utilized many avenues for data collection and several methods for investigation and analysis, the findings are similarly discussed in myriad ways. First, the essential findings and relevant proceedings from each training session are described, including brief background on the shared art-making activities. While some aspects of the curriculum are included in this analysis, more detail around the specific curriculum, including a breakdown of various activities for each session, is found in Appendix I.

Next, findings relative to each participant are introduced, including dialogue from individual interview sessions and more in-depth exploration of concepts and ideas the individual participants shared during training sessions. Participant art that was shared for inclusion in the study is also included and explored in these sections.

The following section is focused on my own reaction art (Moon, 1999) from my engagement in the training as a facilitator and researcher, as well as my experiences
working with each participant and in reaction to the artworks they created within the study. This includes reaction art pieces developed following sessions and interviews, which were created as both a therapeutic expression and mode of representing my involvement within the trainings, and my experience with each participant. These pieces include both sketches developed in my ongoing research sketchbook, and more finalized paintings which strive to fully evoke my experience of either the session or the participant.

Finally, all findings are synthesized into nine distinct themes, which have been developed through the coding and categorization processes previously discussed. These themes are subdivided by research question, with specific themes acting as responses to these inquires. Again, visual art is incorporated into this section, including final thematic pieces which visually represent each of the nine themes. A full catalog of all artworks can be found in the appendices, including participant artwork (Appendix L), the complete sketchbook (Appendix M), reaction art (Appendix N), and thematic art (Appendix O).

**Training Session One**

It was midafternoon, one of those impossibly warm Colorado spring days. Five squares filled the computer screen, each a glimpse into a different world. The four participants sat, expectantly, abruptly interconnected yet at the same time still alone in their living room or office. Virtual meetings are the ultimate in social contradictions; you are at once together, yet alone. The awkwardness of a virtual greeting is something we all appeared to be well accustomed to, as well as the etiquette of mute buttons, webcam eye-contact, and the necessity of exaggerated nonverbals (e.g., vigorous head nods, extra-wide grins) in this strange yet now begrudgingly familiar landscape.
The initial training session was focused heavily on two components: developing community and a deep introduction into numerous topics related to therapeutic art, mental wellness, and integrating these concepts into school psychology practice. Immediately, the participants were engaged and present—no small feat after a full school day, which in spring of 2021 often meant a grueling day in front of a computer, with minimal actual human interaction yet near constant mental exertion. It was a relief to see these practitioners instantly relax into the shared virtual space, communicating their experiences, backgrounds, and details about their sites, in addition to revealing bigger thoughts around their beliefs, values, and hopes for their practice. Commonalities were nearly constant.

“What inspires me, is really the kids—that is the thing that keeps me doing this job,” Kayla shared when prompted to discuss the things about her job that continue to “light her up.” “Whenever I’ve lost motivation, it’s usually paperwork and guidelines and compliance… I’ve had to dig deep… because what really matters is the kids.”

“I like working in schools because I like the teamwork feel, we are all on the same team and we’re all one big family,” Erik added. “Seeing growth, seeing progress in kids…there are teachers who are so passionate about seeing growth and are really on board with the things I try. Working with kids and families and making connections, I think that is so much of what our job can be.”

Shelly pushed forward that idea of community, as well. “We are really connected to the system of the school, and we didn’t have a school psych in my district, really consistently, until I joined… and I was trying to just implement best practice and it’s been a learning and teaching experience throughout,” she commented. She walked the
group through the Covid-19 voyage in her rural district, adding she is “hopeful for next year” but that she always expects frequent turnover and change in her district, which she described as “a part of living in this area, people just tend to come and go.”

“A lot of my students are realizing that mental health is something they need to understand, and something they need to incorporate into their lives,” Lisa added. “It’s cool to actually help them build skills in those areas, in addition to providing intervention—we are teaching them how to develop really, really important skills to take care of themselves.” Lisa also noted that more of her secondary-level students have approached her about how to work in the mental health field in the future. “It’s like the pandemic is making them realize, we need people who are equipped to help others in these times,” she offered. “It’s really incredible to see that connection.”

Practitioners quickly found common ground on the challenges of providing school-based mental health support during this most unusual and unexpected year, but also reflected on camaraderie as far as hope and goals for the upcoming academic year. Kayla explained, “My hope is for a lot of engagement, for getting routine back, for getting kids comfortable and back into something that feels at least familiar. This has all been so confusing.” Across the grid of videos, everyone nodded knowingly.

The opening moments of this session became far more than an introduction—these practitioners were sharing some of their genuine frustrations and biggest dreams, rather quickly and very openly. As a group, emphasis was placed on the idea of trust; trusting one another and everyone’s stories, trusting ourselves in our art-making and in our comments, and trusting that the group is naturally guided by a shared good intention to learn and develop as practitioners.
Participants were invited to develop a symbol that represented where they are in their journey; this was left intentionally abstract, and the journey could be interpreted as one that was professional, personal, or any other elucidation that aligned with their belief system. They were encouraged to use any art materials they desired and had on hand. As our first foray into a shared yet virtual art-making experience, I was eager to see how the participants engaged and reacted.

Interestingly, all symbols encompassed some idea of growth and nature. Shelly drew an unraveling swirl which she called a “reflection of forward growth and evolution.” Erik’s sprouting seed (“the flowers are me growing my career, and the roots are me believing in myself”) and Lisa’s “observant” cloud, which was full of blossoming flowers and “new ideas, growth,” mirrored these themes, as well.

Much of training session one was focused on providing background information for the participants, including extensive training on the benefits of using therapeutic with the school-aged population, considerations around materials, activity structure, and therapeutic intention, as well as some knowledge specific to the relationship between general child development and artistic skill development. As a group, we also engaged in conversation around how to define and understand what, exactly, therapeutic art is and how we might each define an artistic act as being therapeutic.

“What makes this different than art… it’s that inward expression with a goal of some type of reflection, and also providing something to help a kid make meaning,” Kayla offered. Shelly noted she integrates these ideas but “maybe not in a very structured way,” but that she’ll utilize art and create alongside students when it reflects their interests or strengths, then further described a culminating project with a student who had
a passion for art. “I got a big canvas and we worked on it together as like a reflection of the whole year.” Erik then mused, “now that I think about it… I have the little ones do more art in a therapeutic way than I thought, maybe not really therapy but as a way to see how they express what a feeling is.”

As the discussion continued, it became evident these practitioners held some aligned beliefs around their practice as school psychologists, including a shared passion for helping students increase their understanding of mental health. Additionally, a foundation of shared appreciation for students’ self-expression, and for providing ample opportunities for students to feel adequately seen, heard, and respected in therapeutic interactions, also came to light. As far as the integration of therapeutic art into their existing school-based practice, Kayla spun a lovely metaphor: “It’s not totally unfamiliar water, like the therapy piece is stuff we really know and understand and it’s just building on that and pulling in the specifics around art that we might not know, that’s what I really wonder about.” The idea of familiar water resonated, an idea that therapeutic art is a safe space, a safe harbor, in which school psychologists can tread.

Training Session Two

A week later, and the five floating boxes were already familiar, the cubes of offices and home spaces recognizable and, in that sense, comforting; some of the awkwardness of the virtual encounter had floated away, and the participants were at ease enough to unmute and engage in their own unstructured back-and-forth conversation before the session formally began. As we waited for all members of the group to log-on, conversation about the quick come-and-go of various districts’ spring break vacations gently unraveled. Again, a sense of curiosity set the tone for the evening. I remained
impressed with participants’ stamina and engagement after another long springtime Monday. As the last logs-on were completed, I felt that gentle anticipatory nudge; eyes gazing at webcams, eyebrows lifting in expectation.

The second session invited for immediate art-making, as a “mini-lesson” was embedded throughout the course of the evening to act as an intentional and therapeutic “brain break” for participants. They were prompted to select a piece of paper and fold it in three equal sections. Various moments throughout the session, I paused instruction and played three short excerpts of instrumental music and encouraged participants to “illustrate what [they] feel” while hearing each piece of music. Each participant had self-selected any preferred two-dimensional art-making materials.

Throughout the course of this activity, we discussed the benefits of therapeutic art for specific school-aged populations, including those most likely to be on a school psychologists’ caseload (children with trauma histories, ADHD, ASD, ID, anxiety, or depression; and students who are culturally and linguistically diverse learners). We also began to weave a web connecting the integration of therapeutic art into the enhancement of student wellness, with the Dual-Factor Model of Mental Health used as a guiding tool and visual.

“Wellness, I think we can all relate to why this is important because I think that’s really at the core of what you try to promote in any type of direct contact moment with a student, no matter what their needs are,” Lisa offered, leaning forward toward her screen, her glasses shimmering in the reflective blue light of her laptop. “And I think sort of like what I was saying, this has become something I am actively trying to teach, like what are
the skills to develop wellness? What are the things we need in our life? Ideas like that, kids can understand actual concrete, okay, next steps.”

The idea, then, of cultivating wellness through therapeutic interactions, and through additional school-based mental health interventions and offerings, became a topic of discussion. Participants ultimately agreed that the idea of wellness, expanding beyond mental health, resonated with each of their theoretical approaches when working with students. “It’s going beyond hey, here is what’s wrong,” Erik summarized, “to saying here is where we can build. And that’s strengths-focused, and that’s where we come from, you know?”

As we prepared to transition into our first formal art-making lesson, we paused to consider some of the challenges in our virtual setting. I walked the group through how I may have modeled this lesson during an in-person training, with one of the core differences being additional structure and cohesion as far as available materials and actual art-making space. Upon enrollment in the study, all participants had provided background on the art materials they had available and were instructed with general guidelines of what would work well for specific lessons, but were also given overall autonomy in their selection of materials.

“I would be curious to see how what I made might’ve been different if I just sat at a table where you had materials for me,” Kayla noted. “But, at the same time I probably couldn’t have physically been there if this was in person.” Erik brought up an additional advantage around the virtual setting. “I’m comfortable here,” he concluded. “I think it lets me be a little less self-conscious, and I’m not looking around at what everyone else is making and wondering if mine measures up.”
Within the session, we focused on two distinct therapeutic modalities, both common in schools: CBT and SFT. Particular emphasis was also placed on Tier 2 interventions, and on developing successful group sessions with therapeutic art components. When asked about their existing integration of art into CBT, SFT, or group sessions, Erik noted, “I wouldn’t say I do like a distinct CBT, but I feel like we are always illustrating feelings, and behaviors, and even thoughts and are trying to connect the dots between all those pieces.” In a discussion around the use of visual art to promote collaborative problem-solving in CBT, Lisa had a self-described “a-ha” moment: “I’ve done so much of this, like pieces of things along the way, without really knowing how much intent there was because to me it was really focused on that art piece and the simple therapy of creating. So, it’s cool to see there is even more going on that I might’ve known or planned for.”

Given that participants had self-selected their materials and appeared well-equipped and eager to dive into art-making, I decided to give the group an option between two activities and to engage in the one that most resonated with them. I explained how I would set the stage, environmentally and instructionally, for each lesson and adaptations for relevant populations and developmental levels.

The first option stemmed from SFT and the idea of the “Miracle Question,” with a prompt for participants to somehow illustrate or demonstrate an example of their perfect day. In working with children, this strategy is intentionally open-ended, as the resulting imagery often becomes an excellent jumping off point for a child to share many different aspects of their life, all connected in some way to positive emotions (e.g., who is
involved in their perfect day, where is it, what are they doing, what sense do you get of
how they might be feeling in this setting or space?).

The second option was rooted in CBT and invited participants to create a visual
representation of a negative thought pattern. This is a much more structured activity, and
as a group we discussed the various steps that must be tackled to get a student to this
point in a therapeutic and artistic process (e.g., some existing definition or understanding
of a negative thought pattern, an ability to connect thoughts to actions and how this may
be aligned with their behaviors or presenting problems).

Interestingly, but in some ways unsurprisingly, all participants selected the SFT
option. Lisa seemed to sum this thinking up for the group, “I think the way the world is,
and the way this school year has gone, I might have too many negative thought patterns
to know where to start,” she chuckled amicably. “I like the idea of something that felt
positive, that felt gentle. But it was still hard, a perfect day, like you said for this one, is
so open.”

Across participants, perfect day imagery was focused on nature, with a
commonality of a love for Colorado’s abundant outdoor offerings and the mountain
landscape. As each individual shared, other participants could be seen nodding along
genuinely, with a shared love of nature becoming a common thread across the group. As
part of the reflection on the day, in general, they began to discuss their own experience in
a therapeutic art-making lesson, and any possible benefits they noticed on their own well-
being.
“It’s that reminder,” Lisa stated, “that I am a creative being. I think we sort of rush around all day and there are so many things you need to be doing and it’s easy to lose sight of some of the things that really ground you, especially in a year like this.”

Training Session Three

The final session fell in the latter half of April, a notoriously long month in schools—the stretch between spring break and summer always feels acutely endless during this month. On this particular evening, there was a buoyancy in the group, a shared energy; a reflection, perhaps, of the days continuing to propel forward toward a much-deserved summer break. And, maybe it was an indication of excitement about coming full circle in the training experience; as Shelly noted, “I feel like some of this is reinvigorating a lot of things for me, connecting me back to a lot of the stuff I really care about and really want to do with students.” In any case, the tone was jovial. Lisa’s dog even joined us, a barley-colored terrier who sat patiently in her lap, his gaze closely following Lisa’s fingers as she enjoyed an after-school snack.

When asked about any inspiration they’ve gleaned from the training thus far, or any art-making activities they’ve integrated with students, Lisa was quick to unmute. “I was just talking to a student this afternoon, virtually, who has a lot coming up in outside therapy about their gender identity and they wanted to connect with me. I came up with an activity where they would draw two representations of both sexes and then sort of take out what they identify with or don’t identify with from each gender, each representation, then we can review this together so I can better help them along this journey.”
Kayla then jumped in. “I’m planning to use the activity we did last time, with the music, as a therapeutic but like brain break activity for students during standardized testing. It’s quick, it’s mellow, it’s soothing, and it could help us guide the conversation forward if there is more specific stuff coming up, you know, anxiety about testing and things like that.”

“I’ve been brainstorming it more,” Erik added. “I want to incorporate a lot of this with the kids I work with, it’s on my mind… especially as I wrap up this year and plan for next year, I feel like I’m seeing more ways where I can integrate art, or ways that maybe I did before but I can make it that much more intentional.”

The third and final session opened with a classic therapeutic art-making activity, “The Egg Game” (Tanaka, 1995; Malchiodi, 2012). Enthusiastically, and dipping into a melodic prosody and level of nonverbal drama harkening back to my days as a kindergarten teacher, I introduced the concept: participants were to draw an image of an egg, then “crack” it—either by drawing or ripping their paper—to reveal the creature inside. Most importantly, this was a magical egg, and anything could come forth. I was pleased to see participants visually brighten with the playfulness of this task, and eagerly jump into the formation and destruction of their egg and the subsequent imaginary hatching.

The hatchlings ranged from complete abstracts (i.e., words and ideas) to friendly creatures (Lisa’s, appropriately, was inspired by her dog), to the idea of a new, healthy “Covid-19-free” planet emerging from the crushed shell. One egg hatched springtime sunshine. Erik’s egg hatched a streak of rainbow, since he was “tired about all the gray, all the snow… this has been the worst Monday. I needed a rainbow.” In a unique twist,
Kayla’s daughter chimed in and commented on her own ideas about the game, providing participants with a glimpse into how this game can be interpreted by school-aged children (incidentally, she dreamed up the healthy planet, perhaps the most poignant therapeutic representation of them all). As is expected from the egg game, much elaboration occurred, and participants opened up about profoundly personal concepts and ideas; even in light of their instant comfortability in the first session, it was apparent here to see how much their trust and connection had increased, even across our three relatively brief sessions.

Following this spirited introduction to the session, we moved into discussions around utilizing therapeutic art in individual counseling sessions, how to integrate therapeutic art with mindfulness techniques, and the benefits and pitfalls of participating in the art-making as a facilitator. We then considered essential concepts around therapeutic outcomes as they relate to art-making, including a focus on the sensory experience, on using art to bridge visual and verbal worlds, and on integrating these strategies to promote storytelling and invite for deeper self-expression.

The main theme of the evening was mindfulness, a natural space for arts integration and a therapeutic modality that these participants appeared well-versed in, with a notable connection to mindfulness practices as they related to the outdoors and nature. “Mindfulness is definitely a hip thing right now,” Shelly explained. “But I really like it, it is so natural and I think that idea of centering, and breathing, and being present is something that everyone can benefit from, adults and kids both. At this point I try to reinforce that awareness and that presence in everything, without even really using the word mindfulness anymore.”
“I would say mindfulness has been really helpful in teaching kids how to handle stressors, and anxiety, and I actually do bring art into that a lot with creative visualization, and bringing them into the here and now,” Kayla added. As a group, our discussion focused on how art can augment many aspects of mindfulness these practitioners were already incorporating into their counseling practice, especially related to sensory experiences, mindful breaths, and other strategies to connect the mind and body.

The evening also included discussion around the potential risks of incorporating therapeutic art into a school psychology practice. While from a “do no harm” perspective the risks of therapeutic art-making are very small, we had a rich discussion around our role as mandatory reporters and our commitment to student and school safely; these ethical considerations do come into play when a piece of art made in a therapeutic setting portrays violence or raises other concerning issues (e.g., self-harm, suicidal ideation, abuse, etc.). Confidentiality issues had been explored in our initial session as part of the foundational aspects of therapeutic art in schools, but were mostly related to storage and privacy of art versus these safety concerns, a notoriously challenging and, too often, “gray” area in psychology and art therapy as a whole.

“I actually just ran into this issue,” Lisa chimed in. “The art teacher reached out to me about some things that had been drawn in art class, and sometimes I’ve seen even overwhelming, scary images that portray suicide and things like that and it becomes a conversation about what this child is needing and how they’re seeking attention or help or support or whatever it may be, but then wanting them to have a sketchbook that can really be their private space.” She noted she has even supported students who have
created these types of visuals by providing them with structured art journals to help them process through various challenges, or to align with specific diagnoses (i.e., anxiety, depression).

As we approached our final art-making activity, the group reported they appreciated having the option to self-select a preferred art-making experience in the previous session. They also noted this gave them more information about how I might specifically structure two sessions, and to dive into dialogue around multiple strategies and a wider variety of creations. Both options for this evening were based upon mindfulness-based art therapy strategies, including an artistic “body scan” and a mind-body connectivity lesson. The body scan involved a traditional, mindful scan of the body, bringing awareness to sensations that are being felt and how the body may be holding different feelings, with head-to-toe exploration. Feelings, sensations, or other things noticed during the scan are then somehow illustrated on the body, in any way the artist feels best conveys their physical experience. This activity may be completed as a drawing, using a template or outline of a human figure, and can even be done in large scale with life-size tracings of the body; Erik enthused his youngest learners “would just love the playfulness of that idea.” We also discussed how this option could be translated well to a three-dimensional construction of a body, in clay or a similar material.

The second activity incorporated the use of mind body “circles.” Participants were instructed to cut out two distinct circles, one to represent the mind, and one to represent the body. The circles were then affixed to another surface in a way that best represents the artist’s current mind-body connection, and additional two-dimensional or collage pieces were used to further express this relationship. Unanimously, the entire group
decided to complete this project together, with Lisa explaining, “I think the first one would be so successful with kids, but for where I’m at and I think most of us as… well, adults… this option will give me some real insight into where my mind is at right now, honestly… because I kind of have no idea.”

Across creations, similar ideas around the benefits of movement and again, of spending time in nature, were abundant. Each participant approached the task in a wildly different way as far as the structure of their design and the way they represented the connection and relationship between their mind and body. Once again, a sense of community and harmony was evident as the participants shared their circles.

“That is beautiful,” Shelly commented in reaction to Lisa’s designs. “And I fully agree, walks are the best. There is like no faster way to get your brain inside of your body. Unless you run, I guess. But that seems like a different… thing.” She laughed affably.

“For me, after coming off a four-day weekend and good connection outside this weekend, it brings my mind and body together,” Kayla summarized. “Truthfully, I think I have about three things happening at once right now, and I guess that’s my ‘always’ state and it makes it hard to have this connection. I think about ebbing and flowing and my circles being in the centered place, but it shifts with the other things I put into my day-to-day life.”

It felt appropriate to complete our final session as a group with this discussion of connectivity and togetherness, especially with such a good-humored ambiance throughout the session. “I forgot trainings can be fun,” Shelly commented, “I actually don’t really think I have said that yet about a single virtual thing.” As they said their
goodbyes, participants reflected on their appreciation for virtually connecting to other school psychologists, who, incidentally, reflected many similar values and beliefs, while sharing new perspectives and concepts. The experience, as Erik described it, was “just intimate enough, like I felt I could be open but there was also something so personal about it.”

Shelly

The space captured through Shelly’s webcam frame was warm and comforting, even from a virtual distance. Her apartment was streaked in a vibrant sunshine that seems to appear only in the Colorado Rockies, giving the living room a sun-dappled glow. Several thriving house plants were scattered around the room, bursts of rich greens in an otherwise neutral and earthy palette. A welcoming gray couch was slouched against a far wall, and modern bookshelves crepted up the walls, housing neatly crafted pyramids of textbooks and novels. Directly above Shelly, a vibrant landscape print depicted a Colorado winter scene, with pine bristles and ski tips peeking into the camera frame. Across the room, a portrait of a friendly, bandana-wearing dog seemed to stand guard.

Shelly sat in the foreground, her slender fingers wrapped around a steaming mug of tea. Despite the sun-soaked room and the late spring day, she noted a winter storm was on its way to the small mountain town. She wore a red printed flannel, her hair pulled back in a low bun. Through the camera, her eyes were striking, her eye contact unwavering yet kind.

“I dabbled in a bunch of different things,” she mused when asked about her art-making experiences over the years. “I got really into stone sculpture in high school, and then my senior year I was always in the dark room for photography. I’ve always been a
‘creative type,’ I would say; I’m a dancer, I’m part of a dance group here.” She described her current setting as a “creative community” with many opportunities to engage creatively (e.g., a culturally-minded library, frequent classes across many artistic modalities). Understandably, she has felt very at home there, and was encouraged to see many of these artistic offerings reappearing as Covid-19 restrictions began to ease.

Shelly has worked as a school psychologist at her current site for the past three years, where she provides support for all students across a mid-sized mountain district. She noted the K-12 exposure is exciting, but “scheduling across the whole district is probably my biggest challenge.” When asked if she is stretched thin, she nodded vigorously. “Even before Covid, it was hard to meet everyone’s needs, to get all the places I needed to be to see all the kids that are referred. And this year? That’s all been even harder.”

Her primary role in her current position was most focused on assessment and consultation, with one-to-one counseling sessions with about fifteen higher-needs students each month, mainly on a weekly basis. Again, these counseling services were disrupted during Covid-19 restrictions, and Shelly described the challenges of meeting students’ mental health needs:

I love when I get to grow and develop these relationships with the kids, and to see an “aww” moment, like when all of these supports start to manifest, start to settle. Those are really proud moments. It’s just difficult when there are things I want to be available for, in-the-moment type things, and I can’t because I’m all over the place, I’m booked back-to-back. With the one-to-one therapy, you build an amazing relationship with the kids and really get to know them, even with Zoom meetings… and now we’ve started driving to see some of the kids on the counseling caseloads… but there has definitely been a communication breakdown, things have not been consistent this year.
Despite these challenges, Shelly continued to provide direct counseling services, all in a one-on-one, virtual setting, at least two or three times a week all year. Her main counseling modalities included CBT and mindfulness strategies, and before engaging in the study she noted she often integrated unstructured art into mindfulness counseling practices, “often without much of a plan, more as a calming strategy.”

Post-training, Shelly spoke with resolve about her commitment to exploring these concepts further in her counseling work, and shared she had already begun to implement some of the strategies into her sessions with students:

Before this training, I really didn’t know much… I remember in my assessment class, we talked about looking at and interpreting drawings through a more clinical-type lens. I think because I like art and, you know, these more creative outlets in my own life, I would kind of naturally integrate that into my counseling… but now I hope I can really change and shift so I can bring art into the forefront of working with students.

She then described a male middle school student she has worked with over the past year, providing virtual, individual counseling sessions. As she engaged in the training experience, she decided to start incorporating open-ended art-making activities in her sessions with him, using music and very student-led activities. “The things he created… you could tell he was getting so much more out of it that way, even just from the emotional release of physically making the art. And I made sure there could be no judgement of it, I wanted to create space where it’s more… okay, this can be a free, creative session.”

Before participating in the training, Shelly noted a desire to build her skill set in therapeutic art, and to support students’ social-emotional learning and overall mental health. Before and after the training experience, she shared she felt “confident” in her
ability to use therapeutic art, although afterwards expressed improvement in her knowledge around specific strategies, therapeutic outcomes, and how to best integrate various materials and techniques with different populations. Participating in the training reportedly reinforced her own beliefs in the benefits of student-led, intentional creativity that is exploratory and non-judgmental.

In terms of specific activities, Shelly felt she was most likely to implement the mindfulness-based art-making strategies, which aligned with her own existing counseling practices and emphasis on CBT and mindfulness with her current caseload. She also reported most enjoying the music-based, symbol, and mindfulness drawings. When developing a symbol to represent her own artistic and personal journey (Participant Art Sample 1) during session one, Shelly selected rich purples and blues. Upon sharing her piece, she noted this was “harder than I anticipated,” and drew a spiral that was “unfurling… the journey of a spiral, and a new beginning, and holding onto core values and ethics and things and moving into the new, letting things go.”

Participants Art Sample 1.
When probed why she would like to integrate this activity with students—despite it being challenging for her—Shelly responded, “I like to challenge them sometimes, when it’s right for the kid… this was simple and quick but showed us all so much about each other and where each person was at. It would be an amazing initial check-in with a student, especially one you’ve just started working with.”

When playing the “Egg Game” during session two, Shelly designed a delicate, oblong egg, again with blues, purples, and forest greens, using colored pencils and imploring various degrees of pressure to create several shades within her small image (Participant Art Sample 2). As her egg cracked open, Shelly scattered the page with twinkling stars, again in her cool color palette, and labeled this miniature galaxy with gentle words like gratitude, stillness, openness, listening, and flexibility. When participants shared their eggs, Shelly honestly explained:

I just had two weeks off for spring break, but had a really rough week before break started… I wondered what am I doing, is this what I want, this is crazy. And then, I had some time to process and think, not to take things too seriously and do what I can in a day, and not become overwhelmed. So I wrote on here… some things I want to bring to the front, to overcome stress and not let it take over, and be grateful for what I have and where I am. And to take better care of my mental health.

Participant Art Sample 2.
Post-trainings, Shelly noted that engaging in her own art making as part of the training was “extremely powerful and beneficial” and that she was thankful for these reflective and interactive elements. She reported feeling open and eager to share her work, even though she is typically anxious in settings when she must create something on-the-spot and share it with others. She wondered if the virtual setting helped to increase her comfort, especially in terms of being in a familiar place and using her own materials. She was also curious to see similarities across many participants’ artwork, and common general themes in response to specific activities.

Later on in session three, Shelly dove into the mind-body circles activity (Participant Art Sample 3). Again, her color palette included peaceful blues and greens, and a warm, soft gold hue, all in blended watercolors. When she shared her piece with the group, Shelly elaborated:

I have one of those seasonal affective lights, and sometimes when I’m feeling overwhelmed I’ll stare beyond it for like, a few minutes and just realize… nope, not the real thing. Mine is a modge-podge, there is a jellyfish separating the energy swarming between the two (mind and body) … I feel connected right now, I’m trying to hold onto that flow, but it’s been a disconnected year. But I’m trying to better integrate and to hold onto that, to that glow. The real light, not a fake one.

Shelly reported the training as a “bright spot” in a challenging year, and having weekly time to be creative, to learn, and to connect with other school psychologists was a “gift.” When asked what excited her most about integrating therapeutic art into her practice, she was eager to respond, “It’s an awesome tool… I think of it like, ‘opening that door,’ and having a real exploration. No probing questions, ‘tell me about this, about that’… I think that actually doesn’t get you very far.”
With the end of an extremely challenging school year on the horizon, Shelly admitted to feeling uncertain about her next steps, but hoped to feel reinvigorated after summer break and attempted to remind herself what she liked most about the “drama and dynamics of school culture.” During training sessions, Shelly frequently referenced her desire to become more aware of, and enhance, her own mental health. When asked about mental wellness, Shelly looked visually fortified:

Wellness is a huge part of my work, and I think involving families in that is super important. I really think of what positive relationships exist for this kid, within the school, and what friend or peer groups they have… is there
a trusted adult… that community piece is essential for me when I think about wellness in mental health and in schools.

She further defined her own concepts around mental health and wellness, noting it is a “personal perspective… and the self-awareness and self-care that you need to be able to practice in order to function daily, taking the time to do what you need to center yourself and stay grounded.” When discussing wellness with Shelly, a constant theme of community support emerged in her dialogue; “maybe it’s being in this small community, or just that I really believe schools are a kid’s community.”

Shelly often reflected on the benefits of therapeutic art-making in terms of encouraging more openness and opening in sessions with students, and she noted it was her hope to integrate art into counseling sessions as a strategy not only to promote better therapeutic outcomes, but to also give students more ownership and voice in the process. When prompted if she would want to learn more, and to continue to develop her strategies after this training, her eyebrows lifted and she cocked her head to the right and narrowed her eyes, clearly pensive around her response. “I would definitely be curious…it has the potential to be something bigger, and I want to see where that goes.”

Lisa

Lisa set perched on the edge of a fluffy white bed, a simple oak bedframe and embroidered pillow peeking into her webcam frame. On the wall behind her, an art print of a benevolent Buddha smiles placidly, eyes closed, in ripe greens and plush blacks. Lisa is a bright contrast in the foreground, her metallic glasses catching the sunlight, her shirt and headband both a warm peach color. From time the time, the soft padding of her dog can be heard on the hard-word floors, and the tinkling of a dog collar.
Amongst all the participants, Lisa has the most previous experience in formal art training, and in art therapy in general. This proved to be a part of her personal identity and professional path, but also of her childhood:

Both of my parents are artists by trade, so I grew up with a lot of art in the household. They were always both in and out of art-making, my mom was an art teacher and my dad worked tech jobs but they were always coming back to art… and I was surrounded by art-making supplies so I could access that a lot. I think it was just encouraged that my sister and I would take advantage of that, and I took a lot of art classes, a lot of ceramics classes…then, I was in a visual art program at an art school in middle school.

Before participating in the training, Lisa had completed extensive research on art therapy practices for her own interest, and regularly strived to integrate her passion for therapeutic art into her practice as a school psychologist. Lisa’s path to school psychology was even partially steered by her interest in art therapy, and she hoped to continue to find the convergence between these two fields.

“My good friend in high school, her little brother is disabled, and I spent a good bit of time with him growing up,” Lisa explained. Her friend’s family introduced Lisa to Adam’s Camp, a Colorado organization offering summer camps and other programs for children and young adults with developmental disabilities. In high school, Lisa volunteered for Adam’s Camp and knew she wanted to work with individuals with disabilities. “I was just super drawn to the way they interact with the world, and communicate, and share themselves with the outside world.”

Adam’s Camp was her first exposure to art therapy, and her first recognition of how her love for the arts and creative expression may align with her desire to support individuals with disabilities. From there, Lisa volunteered and worked in several
settings, including an integrated preschool and other service delivery sites for children with physical and developmental disabilities. During college, she studied art and psychology, and completed an art therapy internship in London. After graduating, she worked for a few months facilitating art-based therapeutic activities with patients in a pediatric oncology ward. Lisa spoke about this experience with mixed feelings—while she loved learning specific strategies and activities, she felt art therapy was not a lucrative career, “even in a place with socialized medicine and where healthcare is so much more funded.” Schools, she explained, were a natural next step for her. “I’ve always loved the school setting, and it felt like a really natural place to keep using art, but also work in mental health and with kids with disabilities.”

Throughout this professional journey, Lisa continued her own voyage as an artist. Ceramics remained a main medium for her across much of her lifetime, and she noted this is the art medium she still connects with the most. She even dabbled with glass fusing, which she remarked was likely an attempt to branch into new modalities outside of what her parents both pursued artistically. More recently, Lisa wondered if she may be able to teach art electives at her school; currently, arts-integrated programming is a main component of her mental health service delivery as a school psychologist:

I do a fair amount of counseling with kids with anxiety and depression, and then groups for my sped caseload, which is more kids with ADHD and executive functioning, or transition-to-adult kids … plus some who are twice-exceptional, and kids on the autism spectrum. I basically came up with my own curriculum based on stuff from grad school, and this idea of *Mindful Art Journaling*, which incorporates guided meditation, general mindful activities like eating, walking, whatever… and then pulling in art that is connected. Zentangles, mandalas, mindful journaling, whatever.
Lisa has been at her current site for three years. The school spans kindergarten – 12th grade, but the majority of her special education caseload represents middle and high school students. Her counseling delivery was impacted by Covid-19, although “not drastically”—she adapted to providing more one-on-one support, as group sessions become much more complicated due to what she called “scheduling chaos.” Lisa defined counseling as a core component of her role at her current site, as she provides direct Tier 2 and Tier 3 counseling services five times per week or more.

The 2020-2021 academic year also saw a change in how Lisa conceptualized mental health, and mental wellness; both were always essential to her approach in providing student support, but she felt her focus shifted to “coping, and taking care of ourselves and each other, and all of the million things that can impact mental health.” She stressed the idea that mental health is health. Here, Lisa remarked on relationships between the brain and the body, ideas she said she has always been relaying to kids using expressive strategies or mindfulness. “A breath can totally change how you feel—that’s the brain and the body, together.” In Lisa’s practice, a strong understanding of how the brain works, and how the body works, can then allow students to better recognize the way they feel. “We have to take care of the brain and the body, and address what we feel… and know that sometimes things just go haywire. You can’t be a human being and not experience anxiety at some point.”

Lisa’s theoretical approach, then, appeared steeped in two perhaps divergent camps: science, and art. She laughed good-naturedly when this dichotomy came up, and then elaborated:
It’s all super entwined: art, and mental health, psychology, the body, the brain. You can’t make art without a brain, we can’t have brains without experiencing emotions, and they’re all just connected. Humans have been making art therapeutically since the beginning of time. There’s a biological story to that, but also an emotional one.

Lisa’s belief in the therapeutic benefits of art existed well before she participated in this training, although she noted this experience re-established many things she already knew, and expanded her knowledge around specific connections between school psychology and therapeutic art. She was hopeful to use this new language and perspective to reflect the benefit of this work, which she had already begun to incorporate in her practice, to students, families, and her school community at large. In general, Lisa continually referred to the training as a “reminder” and “reconnection” to not only her passion for art and her existing belief in its therapeutic power, but also in its direct application to her daily support of students.

“Plus, once I’ve done something I know I’m so much more likely to use it with a student because I’ve done it and experienced it myself,” she noted, highlighting her excitement around participating in her own art-making activities during the sessions. During the sessions themselves, Lisa was often the last to complete her artwork, and even through the virtual setting it was evident she was completely engrossed in what she was doing. “Yes, it’s always nice when I get to make my own art, and this allowed me to put away some work stress and transition into my own life after work. And made me realize, like... I miss this. I need this.”

During session two, Lisa felt particularly intrigued by the brief activity which invited participants to draw to music across different songs, with a hope of illustrating how the music impacted their feelings. Her images across three different songs ranged
from bright orange lines, dashes, and squiggles to vibrant pink swirls, to blue, purple, and gray raindrops, all in fuzzy felt-tip marker (Participant Art Sample 4). “I was sort of drawing the music notes, in a way—I noticed myself gravitating towards that each time. Which is interesting because I am a musician, I felt a lot of crossover in this activity."

In interview, Lisa described her love for music as being continually connected and intertwined with her self-expression through art, but remarked that music is often something “you have to just commit to when you’re young, forever—but art is something you can do for the rest of your life, on your own terms.” She appreciated the integration of music into the therapeutic art-making sessions, especially in the thoughtfulness around tapping into additional sensory systems when creating visually.

Participant Art Sample 4.
Later on in session two, Lisa created a delicate watercolor landscape image (Participant Art Sample 5), her response to a solution-focused therapy prompt inviting participants to illustrate their perfect day—an extension of the “Miracle Question.”

Again, Lisa was entirely immersed in her art-making during the session, her head tilting thoughtfully and she studied her piece and flicked her brushes between her paint palette and water jar.

Participant Art Sample 5.

“This is my perfect day,” she explained as she held the image up to her camera.

“Lots of blues and greens and mountains… and a hammock. I hesitated to put people into the image, but I think I set up this perfect place where people could come. I love being out in nature and in the mountains, I kept mixing blues and greens. I’m usually so concerned with what the product looks like, and I find paint is usually a little too flowy…”
but it was kind of nice to just use the paint and let it all come out.” Interestingly, in sharing her piece Lisa spoke in detail about her materials and artistic process yet left many of the details around her “perfect day” and her subject matter unspoken, perhaps either for others to interpret or to hold it close for her own reasons. When asked about this during her interview, she smiled sheepishly and wondered, herself, “maybe it’s the teacher in me wanting to focus on like the steps of the process? Or maybe I did want to keep my perfect day a little to myself, you know?”

Like Shelly, Lisa opted to share her piece from the mind-body circle activity during session three. Her piece featured a large circle filled with purple swirls, yellow dots, and strong black lines, overlapped by a smaller circle split into light and dark green dashes and lines; both shapes are affixed to her paper with tape printed in pink and yellow botanicals, and a gray and dark blue winter scene (Participant Art Sample 6). Lisa created the piece in her sketchbook, which she held up to her camera to describe:

The top one is my mind, and the bottom one is my body. They’re overlapped, not a ton, but definitely the body is sort of interfering. I drew this tension side, radiating up into the brain, and then an idea like movement—like how great walks are for my thought process—and thinking about moving into beautiful ideas, but also the tension and anxiety loop between headaches and anxiousness. The black lines are worries and stress, and the purples are ideas and thoughts and things that are happening.

Lisa noted she felt most likely to incorporate these lessons—both the longer, structured activities, and the “on the fly” and abbreviated activities—into her own work with students. She also continually returned to the theme of “coping skills,” siting the emphasis on wellness and connection to existing and enhancing pre-existing mental health “strengths” or “coping skills” as a favorite feature of the training.
Despite her background and expertise in art, and her prior experiences in art therapy, Lisa described herself, pre-training, as being “a little bit” confident in integrating
therapeutic art into her mental health service delivery. Post-training, however, she reported an increase in her own self-efficacy to facilitate and integrate therapeutic art-making, feeling solidly confident in her skills and understanding. She particularly connected to the way the training “framed thinking about building and supporting a kid’s well-being and wellness, things that we can foster.” Moving forward, she felt hopeful to continue to build art into her “toolkit,” and plans to expand on her mindful art group sessions in the 2021-22 academic year, when Lisa “wants art to be at the forefront of what I am doing from a counseling standpoint, as long as it is in the best interest of the kid.”

During the training, Lisa joined the virtual sessions from her living room. Over her right shoulder the camera frame often captured a simple emblem hanging on the wall, the text *YES YOU CAN* inscribed on it in thick vintage script. This optimistic, unpretentious phrase aligned with Lisa’s own hopeful and inspired attitude post-training, as she commented on her commitment to reconnect to what she loves, and to reinvigorate her practice with something she believes in. “I think about it all the time now,” she contemplated. “I can’t imagine that the art I love was not made without some type of therapeutic understanding.”

**Erik**

Erik was sitting in his office, the lower height of the chairs—purposeful for his young learners—evidenced by the way a bleached wood cabinet seemed to dwarf the rest of the room. The cabinet was stacked with cleaning materials (unsurprising given Erik’s population, and a looming reminder of Covid-19) and file folders stuffed with paperwork, the back wall plastered with sticky notes and what appeared to be student-created thank
you cards and artwork. Erik wore a crisp light blue button-down shirt, sunglasses pushed back onto his head. He smiled and sighed good-naturedly when asked how things were going.

“Ah, you know how it is,” he laughed. “Final week of the craziest school year ever in the world.”

Erik finished his graduate training in 2019, and has worked at his current site, a public early education site for students in preschool – kindergarten, for the last two years. In addition to supporting the earliest learners in their first foray into formal education, his site houses a multi-intensive autism room and center-based learning options. He described his site as generally higher in socio-economic status, largely due to the location in an affluent urban neighborhood. As a new practitioner who had experience with HeadStart programming and working with children in poverty before beginning graduate school, he was surprised by the emphasis on grades and academic performance during this early age at his current site. It is easy to envision Erik working with three- and four-year-old students; his enthusiasm and brightness translated through his webcam, an energy that could be felt even from a distance.

“I do a lot of mental health support in my role,” he explained, with Tier 2 and Tier 3 counseling services as least two or more times each week. Erik integrated well-known mental health curricula, Zones of Regulation and Second Step, into much of his programming:

For the kids who need more support, I pull in Zones, but no matter what I am always working on feelings and feelings recognition, how our feelings impact others, all of that. And that’s when I tend to pull in art. ‘Thinking about thinking,’ scaling problems, all of that can be sort of tough for them to wrap their head around, so it has to be really visual. Creating the
visuals—some we create together, like having you draw yourself in that feeling, that is one we create together. Helping them sort of understand, ‘you see different things’ when you take a step back. The visual helps them process, especially if they connect it to a time or specific feeling... like ‘when did you feel afraid?’ or ‘how do you look when you feel disappointed?’... drawing the picture is solidifying for them. Then I create things too. Art is the anchor of a lot of what we talk about in here.

Despite his frequent use of art as a visual “anchor” to his mental health service delivery, Erik noted he had no prior formal training on therapeutic art, but remarked it “just felt natural” to include with this young population.

Growing up, Erik commented he always liked art, and was “always drawing, always creating.” His grandmother was an artistic role model, and she was a “huge artist, painting her whole life and showing at craft shows.” He remembered being amazed by her basement studio space, and was often gifted paintings from her during birthdays and holidays. He physically slumped when he recalled the arts programming being cut from his Midwestern high school—“the room was totally closed, they ripped out the kiln”—and remarked he has more recently felt creatively and artistically stuck.

“I always liked to be really detailed, like pencil and paper type stuff...maybe I can pull that back in, or take some classes or something like that,” he pondered.

Erik reported that Covid-19 seemed to impact his very young students in a unique way, and he described the last few months as “incredibly draining” with a schedule that seemed to be in constant flux. Through it all, he always tried to provide ample mental health support and be positive for his students, who were largely “confused and honestly pretty afraid” of the real meaning and implications of the pandemic.
“They need consistency, and in a lot of ways school just didn’t give them that this year,” he explained. “So, it became more important than ever to talk about how they feel.” Eric slid his rolling chair out of the camera frame for a moment, returning with a piece of off-white paper covered with delicate crayon drawings. It was immediately clear these images were created by a very young child; they had the whimsical shapes, shaky lines, and simple yet lovely symbols so quintessential in early childhood art development. He held the piece up the camera to show it was once folded into four specific quadrants:

This is the stuff I like, because you see different things. Here’s the calm-down steps, right? She has her hands on her tummy, she says ‘stop,’ she names her five feelings, and she takes belly breaths. So with this, you get all sorts of different information about what they understand, and they can connect it because they have that visual and they can process it in a different way, and then connect it to a time, to a real experience.

The child illustrated each of the four steps to help her calm down process—a stick figure in a triangle-shaped dress has a hand against her stomach, and a purple and red stop sign was a literal example of how to “stop and think.” An endearing illustration of a hand included five pointy fingers, complete with rainbow patterned fingernails, and the final quadrant again included the resplendent triangle dress figure surrounded by blue and purple swirls (surely an example of air flowing during belly breaths).

In his own practice, Erik continually returned to the concept of visual art as an “anchor” to help his young students understand things that are difficult to describe or name, including more abstract feelings; he noted “disappointed” was a recent topic in his office, especially as Covid-19 has given us all more than enough to be disappointed about. “But that’s kind of a tricky one, so thinking about a time when we felt
disappointed, and how did it look, and how did it feel, and let’s draw that—it really helps them connect the dots.”

Erik then began a brief tour of all the visual art in his office, explaining different projects he has done with classrooms and in small groups, including filling an illustrated bucket and creating color-coded visuals of the Zones of Regulation. “It’s a structure, right, but it is also definitely therapeutic because they are connecting that art to their feelings, and then it can be used again and again to illustrate ideas.” He plans to integrate these artistic and visual components into a school-wide PBIS program in the coming years, and to work with each classroom and each teacher to create intentional visuals focused on feelings and emotions.

When asked about mental health and wellness, Erik smiled broadly. “That’s the root of it all, right? Like I can say ‘I’m here to help you, I’m here to support you,’ but let’s also help kids identify and recognize what helps them thrive, independently.” Erik adjusted his sunglasses and pushed them back further, shaking his head cheerfully. “At the end of the day, my focus is process in learning, and I think understanding wellness is a process, but we need to help kids understand how to build those habits.” This idea of process was embedded in many of Erik’s beliefs around not just therapeutic art or wellness, but around learning in general. “We need let go of this obsession with outcomes, with test scores, with what they get on an i-Ready [test]. We need to get it back to the process of experiencing things as a human being.”

Erik was vocal and would readily share his ideas and experiences during training sessions. While he did not opt to include his finalized pieces in the study, he shared them during training sessions and frequently noted how much he enjoyed the opportunity to
make his own art. “It felt calming, I didn’t feel any pressure about anything in those moments and it’s been so long since I’ve picked up a pencil like that myself. It was a reminder that I am creative, and I can be creative with children, too.” Erik was often first to unmute and to offer encouragement or reflections to other participants, again likely a reflection of his kind, accepting presence with young children. When prompted to illustrate his “perfect day” as part of the SFT Miracle Question activity, Erik held his colored pencil drawing up and grinned, “this is very me, I love these little details. I went with a mountain scene, like this escape and it’s wide open… that’s something I want to be feeling right now.”

His piece definitely illustrated his comments during interview around his own artistic style being highly detailed and intricate; this style appeared again in his Mind-Body circles drawing, which included a sketch of two different sized circles connected by a woven rope, textured with light, fine pencil strokes. “It’s like when they’re connected, things are good, when they’re disconnected… here we go. I have a lot of somatization, I guess.” His work was at once mechanical yet fluid, elaborate yet somehow loose, somehow free.

When asked about his experience in the training, Erik again cited his appreciation of the emphasis on process—“it wasn’t just like here’s what I made, it was let’s engage in making this together and be more aware of how we feel”—and felt it allowed him to focus on the purposefulness of therapeutic art. He explained that while he integrates art often, as he readily demonstrated during his interview, he benefited from the reframe and restructure around how to develop visual activities with more mindful therapeutic intent:
I obviously like art, I use it… but having this level of detail, learning more of these terms and strategies, allows me to understand it more and to have a clearer view of what is going on beyond just drawing something to ‘show’ it. This made me think way more about how I’m going to implement it and to make a lot of what I might’ve already been doing way more meaningful. And I like that there is no judgement around it, we are encouraging that wellness piece, right, so it’s about the act of creating and what that can lead us to.

Erik shed light on a unique aspect of his role in early childhood, too: “This is the kid’s first school experience, and sometimes the parents’ first time with a kid in school.” His eyes widened and he nodded his head, emphasizing the importance of this first venture into education for children and their families. “And I think, if we can make the first step about joy and finding the love of learning, and making school a happy place… well, that’s a success. And I really think art and getting to be creative is a really, really, big part of that.”

**Kayla**

Kayla sat in the foreground of her school office space; somehow, she has made this very typical and clinical administrative space into something warm, inviting, and cozy. A half-dome floor lamp casts a soft glow over the space (the overhead fluorescent lights were intentionally unlit), and a slender bookshelf sat stacked with both children’s literature and thick, hardbound school psychology texts, with a colorful globe teetering precariously atop it, just barely skimming the popcorned ceiling tiles. A teardrop-shaped humidifier emitted a soft stream of steam, and a whiteboard appeared to be covered in colorful stickers and streaks of half-erased bright blue dry-erase marker. Framed artwork and canvases—mostly quirky, colorful abstract designs—were hung on the back wall
beneath a classic school-edition clock. The window blinds were pulled back, drenching the room in natural light.

Kayla keenly gazed into her webcam, her dark hair falling over her shoulders and skimming the tops of a cream-colored cowlneck sweater. Her presence felt just as inviting as the room itself, and it is effortless to imagine a middle school student instantly feeling calmer in her presence.

“I got into the idea of creating things… probably in my early 20s,” she explained. She thought back through different art courses she has dabbled in over the years, including drawing, painting, stained glass, and silk screening, among others. “It is such a great release. And now, with my daughter… she really loves art, so we work on projects together.”

Among the participant pool, Kayla has the most experience as a school psychologist. She has been at her current site, a middle school housing 6th – 8th grades, for 21 years and has practiced as a school psychologist for 22 years in total. She described her current site as a “very accepting school” with a diverse population, with over 40% of students receiving free and reduced lunch and a large population of Latinx and immigrant students and families. She also noted it is in a “golf course neighborhood,” creating a mix of socioeconomic situations for families; she predicted her school spans “every sort of income you can imagine,” which creates for a “mix and mingle” of culture.

Given that she has been at this site for over two decades, it is no surprise that she spoke so passionately about her students and her role. “There is a lot of heart and soul here,” she smiled and gestured around the space. She reported students at her site are highly engaged in a number of extracurricular activities, and a lot of trauma-focused
supports are embedded into the programming. “Teachers here go the extra mile,” she explained.

Counseling is a core component of her role and direct service delivery with students, with a caseload ranging up to as many as thirty students at any given time. Kayla reported she often strives to reach as many students as possible through group-based sessions, citing the importance of also developing healthy peer-to-peer relationships at this developmental stage. Of course, this year was unusual. “In a normal year, we could never even talk like this, that door would be knocking like crazy, this phone would be ringing off the hook,” she laughed. “All my counseling has been impacted by how I can schedule and reach students, so I’ve done more one-on-one stuff this year.”

Before finding her way to school psychology, the outdoor education field was Kayla’s introduction to working with individuals with disabilities. She completed an Outward Bound course as a participant before working in an outdoor education center located in the heart of the Colorado Rockies. Here, she worked with kids and adults from several populations (e.g., traumatic brain injury, ADHD, trauma) who came from a residential treatment program; Kayla highlighted the differences they saw in the outdoor setting, where “any disruptive behaviors seemed to just disappear.”

She was inspired by the way the outdoor environment enhanced children’s self-esteem and confidence, and loved “watching kids surprise themselves.” When asked if she felt the outdoor education world was innately therapeutic, Kayla enthusiastically responded, “yes, of course! The outdoors are a way to process, and you don’t have to be like ‘let’s make this therapeutic’ because it just is and it’s so much more natural.”
then elaborated on the power of this connection, and started reflecting on this within her
own experiences and professional path:

So, I incorporated outdoor education strategies and curriculum for about six
years as a school psychologist. I just sort of did it, we put together a ropes
course at one school, or I could use the outdoor ed center. It kind of comes
and goes now as far as what it looks like for me… but even now, I utilize it
as much as makes sense. I’ll incorporate it with mediation, we’ll walk the
trail around the building and listen for sounds, have a sensory experience,
just letting them be present in their bodies and in the world around them.

Kayla’s expression of her role, and of her perceptions around mental wellness,
continually came back to the idea of flow. “Feeling the flow that happens when there is a
really good therapeutic connection happening with a student, that’s the best thing,” she
adjusted her cowl-neck and shrugs her shoulders down her back, appearing instantly
more relaxed just at the thought of this flow state, this flow feeling. “I think flow is
mental and physical… you just know that you’re fully engaged and you’re not just in
your head. Art is a really strong example of what it feels like to flow. But then so is
mountain-biking, snowboarding… you’re not thinking. You’re just in it.”

She was visibly invigorated here, leaning forward to her camera, eyes glittering.
Flow appeared to connect to so many of the things Kayla most enjoys not just about her
job, but her life in general: the outdoors, creative expression, and being in a mental state
that allows her to best “show up for everyone else.” Her idea of mental health and
wellness is similar, stemming from her belief that creating space and opportunity for
children to find their own state of flow can better enhance their overall well-being and
mental health, even long after they’ve left the actual school grounds.

“I see it this way,” she clarified. “We can create student wellness by just being
that supportive relationship, by helping them to explore their inner strengths and
challenges, right? But then you go a step past that and actually teach and show them how to bring that awareness to their own shift in behavior or mental space.”

Throughout the training process, Kayla was plagued by last-minute scheduling conflicts, not uncommon during the Covid-19 educational landscape; she was able to participate in each session in some capacity, but at times had to have her camera off, or was unable to fully participate in the art-making components. “My own scheduling was definitely a challenge and I think it impacted the way I could participate,” she noted. “But I was so grateful to be in this the best way I could be, and just to have this space.”

Indeed, Kayla engaged whole-heartedly whenever possible. When prompted to illustrate different songs and connect them to feelings, her work mirrored actual music notes dancing across the page (Participant Art Sample 6). She could be seen in the foreground of her camera with a tube of neon pink puffy paint, brow furrowed in concentration. Her final piece included black lines, echoing a musical staff, and blue, purple and pink colored pencil and layered marker. Something in the shapes and layers of colors and swirls almost seems to conjure a floating pixie or genie, with the suggestion of some type of gossamer, ethereal creature. A whimsical, child-like sun symbol floats in the top right corner of the page.

**Participant Art Sample 7.**
When prompted to create an image of her perfect day as part of the SFT session and “Miracle Question,” Kayla, unsurprisingly, portrayed her love of the outdoors. Her image was color-driven and vibrant (Participant Art Sample 7), a single wildflower on pink construction paper with thickly applied emerald green paint depicting a stem and oversized leaves, centered in the middle of the page; the leaves are tattooed with what appear to be thinly drawn symbols and personal messages. Luminous yellow corkscrews and rich red exclamation points also dance across the page. The flower petals are glued on, patterned yellow and hot pink. “When I think about the perfect day, each of those leaves on the flowers are something different; relationships, relaxation, spirituality, it’s all here.” Interestingly, components of this piece were started by her daughter, and Kayla then expanded from there—making this piece a collaboration and perhaps an even deeper representation of what her perfect day may involve.

Participant Art Sample 8.
In terms of her current and potential future use of therapeutic art in her counseling practice, Kayla has used it in groups in the past, primarily to integrate something more hands-on and to just promote “that peaceful attitude, that creative headspace.” She said she has pulled out collage materials in group setting, and has used a number of art-making techniques more individually with students who have communication difficulties.

Kayla has been a longtime believer in the power of artistic expression, and felt the training experience, despite some of her own challenges in scheduling and participation, reinvigorated many of those beliefs:

Art is a way to really access emotions that are usually unexpressed, and it’s a natural stress reliever… maybe even a way sometimes for kids to distract themselves, like to take their mind off something negative. So maybe it’s therapeutic, maybe it’s a means of expression, maybe it’s like a temporary relief, even. And this was like a big reminder of being purposeful and intentional when we bring that art piece forward, and it’s easy to get in this job and get going and just doing what you’re doing, and you get stuck and miss out on new ways to build upon things. I thrive off that energy of interaction, and making my own art was… grounding. It [the art-making activities] grounded me when I was home, it was kind of a transitional activity in some ways, of me getting home and then I’m grounded and I’m excited, I’m refreshed, I’m more present.

In reflecting about the challenges of the past academic year, Kayla noted the benefit these types of interventions may have when students return to in-person learning in the coming months; she expressed a desire to integrate art more readily, and more intentionally, to support this likely challenging transition.

Kayla then seemed suddenly struck by something. “I mentioned my daughter, she is an artist. She made this painting I just found it the other day, I didn’t know she made it… it was in 2020,” Kayla paused to shake her head, as though this recollection still stunned her. “It was abstract but then it had all these words, like ‘masks,’ ‘Covid,’
“quarantine,’ ‘6 feet,’ all written in it. That, right there, is like a time capsule. And I would imagine that was a therapeutic experience, wouldn’t you?”

**Reaction Art**

A large part of my artistic process in this study was a simple desire to be guided by the participants, both creatively and in terms of theme and design. Essentially, I wanted to create artworks that reflected back key concepts which emerged from the training sessions and the interviews, but that also mirrored the artworks created during the session and by each individual participant. And, as noted by Moon (1999), engaging in this art-making was therapeutic for me and acted as my own personal reflection on this experience as a researcher, but also as a psychologist-in-training, artist and art educator, and a human being. As was part of my data analysis process, I often transcribed text to attempt to verbalize components of these pieces for inclusion in the coding process, but I ultimately hoped that these images could go beyond this idea and inspire additional interpretations, while building upon the meaning being made within the existing data.

**Session 1.** Admittedly, our first session left me somewhat drained. This was the training session which required the most lecturing from me, as I was striving to provide a great deal of background knowledge around very structural elements when integrating therapeutic arts (e.g., use of materials, benefits of art with school-aged children, basic tenants of child development; see Appendix I for full curriculum). Despite this session being more talk-heavy for me, the participants also had ample opportunity for open and semi-structured dialogue around their role as school psychologists, their backgrounds, their passions and hopes—and even their fears and stresses—within the field and their sites. This session also invited each participant to create a “symbol” of their journey,
which was left very open to interpretation and acted as one of the first true community-building moments within the group. It was also the first-time participants created work alongside one another (albeit, virtually) and shared their artworks with one another.

Interestingly, all of the symbols created by the participants had some common connection of growth and newness and renewal. With this session occurring on one of the first truly magnificent Colorado spring days, many of the participants portrayed concepts of botanic growth, of flowers blooming, of seeds sprouting; some elements of weather, change, and seasonality also emerged. Erik even connected this to his sprouting career, elaborating on a foundation of strong roots as he transitions through this early career stage. Shelly spoke about spring and growth, connecting this to her own core values around being open to the new, and to letting things go. In our discussion during the session, we all commented on themes and the unexpected parallels which materialized very quickly in our short time together.

Following the session, I found myself fixated on Erik’s seed and growth imagery, which felt appropriate given the “budding” of the study itself and our growth as a group in the first virtual meeting. I created a small, delicate sketch of a seed that felt so deeply hopeful, I think a representation of my own blossoming hopefulness for the study—which, for the several months leading up to this first official meeting, had started to feel like a distinct impossibility considering the ongoing challenges presented by Covid-19.
This emergent artistic concept of *growth* re-appears several times within my own reaction and other artworks throughout the course of the study. Admittedly, this is an artistic theme that has long been part of my repertoire. Having this initial note of the artistic side of the study be such a determinedly cohesive experience across myself and the participants seemed to bring these elements to the surface of my art-making that much more. Additional examples of growth and botanical themes also unfurled in my sketches following the first session (see Appendix M).
My culminating reaction art following the first session came to life as a large-scale oil and acrylic painting, which blended some of the detailed aspects of participants’ symbolic sketches and overarching connections around flow and growth. This piece was botanical, but also cosmic; my own artistic influence around shape and design is evident throughout, by my color scheme included a high contrast from bright, earthy greens and sunshine-y yellows to a deep galactic black. The entire piece is filled with unfurling, growing, and expanding symbols and designs, a representation of our connection in this first session around all things new and springlike. I can also see the elements of my sketches which built up to this piece, as is often a typical part of my own creative process.

There is also something about this piece that distinctly communicates a sensation of floating, and of feeling adrift. This is an interesting juxtaposition when I think about the grounding elements of growth and seeds that were present in my sketches and so many of our symbols, and I interpret this as some of myself being reflected in the piece. Here I am, a doctoral student at last beginning a training experience I have envisioned for so many years, as part of a massive culminating project that I have really been heading toward for my entire career. I think it is natural that some of my self-doubt is subtly seen here, as I likely felt a bit adrift, a bit unsure, a bit afloat. It is interesting then, that I chose for my earthy portrayal of growth to be suspended in this very deep, very dark space.
Session 2. Our second session incorporated the first formal shared art-making experiences together, as I facilitated a therapeutic art activity for participants as the final component of the meeting. Although participants had shared other images and symbols beforehand, this was the first time they shared pieces that were created in the spirit of a very intentional therapeutic outcome and built upon specific therapeutic modalities and
approaches. Not only did all participants select the SFT “Perfect Day” activity, a variation of illustrating The Miracle Question, all participants had a strong element of nature and the outdoors in their pieces and all mentioned their love for the state of Colorado while sharing their art. This was an interesting parallel, as such a distinct and obvious commonality is not usually seen in a group therapy session—especially in a group such as this, which was not designed out of therapeutic necessity. Additionally, I would not expect to see this intense alignment appear on such a drastically open-ended prompt.

Following the session, I found myself reflecting on my own love for the outdoors; my variation of a perfect day appeared in my sketchbook, and was a colorful landscape highly similar to the pieces created by the participants.

Sketch 11.
Of course, it’s easy to assume I was influenced by the group (as I created this piece post-session), but I did find myself agreeing with their dialogue around a perfect day being most naturally artistically represented by a place. As a long-time lover of landscape art, this came as no surprise for my own imagery, but I was again quite amazed by the cohesion amongst the participants’ creations. Nature-based and Colorado-inspired motifs are also common in my sketches across the study (see Appendix M).

In my reaction piece post session, I marinated on what Colorado and the outdoors meant to me. Like most of the participants, I am not a Colorado native, and I believe most who move to this state are drawn here, at least in some sense, by the landscapes. Mountainous silhouettes have influenced my artwork from the time I moved to the state over ten years ago and remain a common note throughout my work. Admittedly, I did not expect this to be an aspect of my art-making or my findings from this study, and I think this largely speaks to the fact that all participants happened to be local to Colorado.

Reaction Art – Session 2.
The reaction piece from session two includes acrylic, oil, and paint pens on stretched canvas, and reflects my love for Colorado and my fascination that this love was mirrored right back at me by the participants, all with a shared belief that the outdoors and nature are healing. At this stage in the study, I was beginning to get the first glimmers of what would later emerge as major themes, particularly in an early nod towards nature as a setting to practice and encourage mindfulness. I noticed my artworks at this point are still very much steeped in my own typical approaches here, including a bold use of color, and a layered, detailed, and textured design. Following this piece, I began to use more mixed media and moved away from my often-preferred tools of acrylic and canvas.

Session 3. This final session had such a bright and enthusiastic spirit about it, and the energy—even from a virtual distance—was palpable. I was eager to engage in art-making post-session, and created two sketches immediately following the end of the meeting. Both were highly detailed and created with black ink; they are both a version of my style of a Mandala, and in creating these types of images (which were common in my sketchbook) I find I can easily transcend into a state of flow, and a place of mindful awareness. At times, I do think this simply happens unintentionally when I put a pen to paper; other times, I create these Mandala-esque designs with the intent of reaching this mental and physical state. It is difficult to say if I was attempting to find this headspace, given the session’s emphasis on Mindfulness-based therapeutic approaches, or if this was just how these pieces came together.
Sketch 14.

Sketch 15.
Additionally, I found myself fascinated by the mind-body circles activity and the renditions created by the participants during the session. Although this was an activity I had been familiar with for years and had facilitated numerous times with children, I had never experienced it with adults and was struck by the dialogue around a common disconnect between mind and body most participants reported. I also realized I had never given myself the opportunity to fully engage in this activity and had merely modeled it to students or clients in the past. Perhaps predictably, my reaction art piece evolved into my own representation of the mind-body circles.

**Reaction Art – Session 3.**

![Reaction Art](image.png)

This mixed media piece included the use of oil pastels, watercolors, and fine-point ink pens on Bristol board. Another re-emerging and thematic image, the human brain...
(discussed in future sections) is prominently featured as a very obvious image of my mind, which appears to be buoyed in a bubble—the foreground, smaller circle, which represents my psyche. The larger circle seems to emanate heat, likely a metaphor for my high energy body which is most often on the move. Again, delicate black doodles dance across the larger circle, reminding me of Lisa’s mind-body circles and her use of dark black patterns to represent stress; here, mine appear to show some flow of energy from brain-to-body.

Perhaps also reflective of my thoughts on this session, what appears to be a variation of an “Egg Game” creation is noticeable in my sketchbook (see Appendix M). Later on in the process, a mind-body circle sample emerged within my sketchbook during the analysis phase as I began to understand how essential the mindfulness component was for the training and the study overall, and as mind-body connection emerged as a major theme.
Shelly. Following Shelly’s interview, I noted that I felt calm and reassured. Shelly had a naturally soothing and peaceful nature about her, which—magnificently—was even still readable over our virtual platform. Despite never having met Shelly in person, she gave me an instant sense of steadiness and serenity. In our conversation together, she was unapologetically authentic and honest, and her ability to truly be present in our shared virtual space was surely a reflection of her superb mental health knowledge and counseling skillset.

Shelly’s artwork was, similarly, very tranquil and calm. Her mind-body circles, piece, especially, gave me a sense of a flowing river, just the type I envisioned gently snaking through her quintessentially-Colorado mountain town. Shelly’s thoughts and ideas around her own art-making were also aligned with the striking honesty she portrays
in her interpersonal style. The dichotomy of working with someone who is at once so warm and gentle, yet simultaneously so resolutely candid, is refreshing and unquestionably serves her students well.

My reaction piece following my work with Shelly was one of those art pieces that just poured out of me. I went into it with little plan or understanding of where the piece would go; this can often be one of the most exciting art-making moments but can also be somewhat unsettling. The emergent motif is one that is familiar in my own artwork, but also an appropriate representation of my experience and reaction to Shelly: a densely colorful, almost psychedelic mountain scene.

Unsurprisingly, this final piece (constructed with acrylic, oil, ink, and pen on canvas) included much of Shelly’s own earthy palette of blues and greens, but also a highly contrasting and almost shockingly bright sky of reds, organs, and yellows. Overlays of metallic gold sketches swim through the sunbeams.
Shelly spoke about the creative community within her small mountain town, a place where she has often felt artistically reinvigorated. To me, in some ways, Shelly’s approach and presence as a school psychologist is reflected in the steady yet somehow gentle strength of the mountain. The mountains are always here, patiently keeping watch, a looming yet comforting figure.

I do not mean to belittle this piece to be a simple metaphor or comparison, as I do not think this mountain scene was a portrayal of Shelly as a person, but that it represents a union of her open, swirly, flowy art style, her conversations about her iconic ski town, and her beliefs around time spent in nature as time well spent. I notice, now, the shapes of watchful eyes peering out from the mountainside, and the layers of forest green hidden in the kaleidoscopic sky; these are layers I could attempt to peel back and symbolize, but I
think collectively this piece reflects what I learned from Shelly: stay present, stay open, stay the course.

Lisa. Lisa came into this study with much pre-existing knowledge and prior professional experience in art therapy. She identified strongly as an artist, and during our interview it was immediately clear we could discuss therapeutic art for several unchecked hours. While I knew Lisa and I would have much to connect on, I was surprised to learn about what she called her “scientific side” and her appreciation and interest in the biological side of psychology, especially when interpreting and enhancing mental wellness. A quote from Lisa struck me time and time again: “You can’t make art without a brain … there’s a biological story to that, but also an emotional one.”

My own path in psychology had sharply pivoted two years before beginning the study, when I found the clinical field of neuropsychology and was immediately challenged yet enchanted. My clinical pursuits since then have all been distinctly neuropsychological in nature, and I found myself in the unexpected space where reviewing MRIs and other neuroimaging is a natural part of my case review and conceptualization process. In my personal life, I also recently engaged in an emotional crash-course on understanding the brain and brain injury, causing a true collision of personal and professional worlds. Yet unlike Lisa, I had never much identified with the biological world and was always more focused on the intangible feelings and abstractions we so often cling to in psychology. Her emphasis on the connection between the brain and the body, and the brain’s role in therapeutic art—which also emerged as a core theme of the study—deeply struck me.
My reaction piece following my work with Lisa is perhaps literal, but I could not escape from her idea that you cannot make art without a brain. When I am making art is perhaps when I am least aware of my brain, although maybe that’s when I am most interconnected to it from a brain-body (i.e., mindfulness) perspective. I then think of theoretical physicist Michio Kaku’s (2014) now famous and oft-repeated quote: “sitting on your shoulders is the most complicated object in the known universe.”

Reaction Art – Lisa.

From an interpretation standpoint, I have little to say as I think this piece and its inspiration speaks for itself. I am thankful to Lisa for the lens of science that she brought
to the study, to our conversation, and more broadly to the themes and findings discussed below. *Mindfulness* could have remained simply that—an emphasis on a counseling modality, as included in the training curriculum—but instead I found this lens pushed the collective dialogue of the study into a richer appreciation of mind-body connection and the brain’s role in therapeutic art, but also in wellness. Ironically, I think many of us presume art and science live in two different spaces, which Lisa highlighted in her interview as a massive misunderstanding, explaining, “I think most artists are scientists, and vice versa. It’s the same way of wanting to see, wanting to know—then, maybe a different way of then expressing that.”

**Erik.** Erik often spoke about his approach to art as highly detailed and “meticulous,” even. He described a joy for the type of artworks others might find to be “tedious,” especially tiny, fine-tuned details in pencil drawings. This approach felt like a direct contrast to Erik, himself, who presented as laid-back and approachable in sessions and interviews. I also found Erik was the participant I connected with the most from an educational perspective, as I had spent several years working in early childhood education. We quickly found ourselves discussing the unique pleasures and particular challenges of working with these youngest students and partnering with their families. Additionally, Erik and I spoke at length about his own desire to return to a more consistent art-making practice, and how the study opened him up to see himself as a creative individual with a desire to express himself artistically.

“I think adulthood sort of makes us rush past things like that, things that take up valuable time and maybe we don’t think of as like… essential,” he described. Following Erik’s interview, I thought on how my own art-making process had evolved in adulthood,
and his notion of how we must assign value the tasks at this stage of our lives; the value of time, the value of energy, the value of engaging in things that are healthy and positive but perhaps not necessities. I also considered our similarities in some aspects of art-making, as I tend to gravitate towards materials and stylistic choices others have previously described as tedious and highly detailed—as evidenced by many of the images in the sketchbook (Appendix M).

My reaction piece following my interview with Erik emulates some detailed tedium, but also a sense of simple fun. Erik brought a certain bright energy into the study and the sessions, likely reminiscent of the same energy he brings into a preschool classroom; it is a very authentic enthusiasm and a confident willingness to share, but also to listen. My culminating piece is acrylic and ink on canvas, created (tediously) with small flat brushes with almost cartoonishly-bright colors—not uncommon to those often seen in early childhood classrooms. In reflecting on this piece, I feel it is that interesting mix of fun, loose, and jaunty, yet simultaneously almost overworked in its artistic approach and detail.
Kayla. Of all the participant artworks created in the study, I found myself continually drawn to Kayla’s perfect day painting (Participant Art Sample 7), the vibrant symmetrical sunflower she created in collaboration with her daughter. This piece felt so fiercely hopeful, so unapologetically joyful—it is the type of piece you see and just cannot help but smile at. This work also again reminded me of my time spent in early childhood education, and teaching visual art. The child-like, innocent design, surely influenced by Kayla’s daughter, reminded me of so many pieces I’d seen proudly displayed by my students over the years. I could easily picture the accompanying grin.
In reaction, I created a piece far outside of my normal style, and one of my biggest artistic departures within the study. My reaction piece was inspired just as much by Kayla’s lovely artwork as it was by her resolute optimism, which I see reflected in her cheerful flower. As the most senior member of the group, with (by far) the most experience, Kayla often portrayed a real-world attitude about school psychology and the challenges faced within this field, but her final tone was always one of hope, and I would argue (especially during this exceptionally difficult school year) courage.

Reaction Art – Kayla.

I created a two-piece painting, a variation of a diptych, of a field of whimsical flowers, standing proud and upright just like Kayla’s exultant sunflower. Although delicate and dappled with sprays of seeds and swirls of colors, something about these flowers feels steadfast. Creating this piece was a true act of joyful abandon for me, and was one of the most therapeutic art-making experiences of all my reaction artworks. I felt such freedom in this piece and allowed myself to approach it with guiltless inhibition. I did not find myself second-guessing a single brush stroke. I let go of worrying over or even noticing artistic elements of balance or design, and let each flower emerge as it wanted.
Research Question 1

The findings above are intentionally presented in great detail, not only to paint a true picture of the sessions and of the participants as individuals and practitioners, but to provide background in how the following themes were ultimately synthesized. Data from all training and interview sessions, as well as information from field notes and artistic renderings, was thoughtfully integrated and led to the discovery of these nine themes, which were then subdivided according to relevant research questions. Artworks created throughout the course of the study which embodied these themes as part of the coding and categorization were also included within the theme development process. Finally, as a penultimate data analysis action, I then created a visual representation of each of these core themes, which are included and discussed below. A full catalog of all thematic artworks can be viewed in Appendix O.

Three themes addressed research question one and the associated sub-questions: (1) a new journey, a familiar destination: more than “let’s draw,” (2) the anchor and the process, and (3) the brain and body: mindfulness. These themes best illustrated participants’ perceptions of therapeutic art-making and its place in their practice, in addition to demonstrating their enhanced knowledge regarding the role of therapeutic art-making in promoting student wellness.

How do school psychologists perceive the utility of therapeutic art-making in their counseling practice?

This was, perhaps, the most far-reaching of the research questions, but is also one of the most essential pillars of this study and was a huge emphasis as far as the structure
of interviews. Specific examples and dialogue from the training sessions which spoke to this question and the related themes was intentionally included in the sections above, to provide illustrations of how participants came to these perceptions and discoveries, both individually and as a group. These themes are further integrated into the more specific sub-questions, but overall, the shared perception around the utility of therapeutic art-making in school psychology was quite positive. Practitioners related to several of the benefits discussed in training, and pulled from their own prior experiences, either professionally or personally, around the healing power of the arts and the value of these strategies in school-based mental health.

**What are their attitudes about incorporating therapeutic art-making into their counseling interventions with students?**

The participant group represented a mix as far as prior experience with therapeutic art. During the training, each participant shared different examples regarding how they have incorporated visual art and artistic strategies into their mental health service delivery, which ranged from formalized therapeutic art programming, to using visuals as the “anchor,” to discussing concepts around feelings and emotions through visuals and illustrations. The group also represented diversity as far as prior training experiences and exposure to art therapy as a field, ranging from Lisa’s existing expertise and previous clinical art therapy trainings to Kayla’s connections through outdoor education, to Shelly’s interest in creative outlets and practices, and to Erik’s experiences using visual art in assessment. Regardless of their backgrounds, pre-existing interests, or preconceived beliefs, cohesive themes emerged across participants, representing a shared positivity in their attitudes around incorporating these strategies.
A New Journey, a Familiar Destination: More than “Let’s Draw”

A major theme was the idea of therapeutic art as something new and exciting, but also something approachable and interwoven with many practitioners’ existing skill-bases. This was particularly notable in terms of how therapeutic art was presented in the training experience, with intentional connection to three counseling modalities commonly utilized in school-based mental health practice. Participants found this buoyed not just their understanding of these approaches, but also allowed them to look inward and realize how many of these concepts may have already been at play in their interactions with children. This is not meant to belittle the learning curve which exists as far as educating and training school psychologists on how to incorporate therapeutic art, or to suggest that this is a simple, easy process; rather, that this first step—connecting therapeutic art to school-based counseling modalities, using explicit lessons and guiding therapeutic outcomes—felt natural, safe, and exciting.

Participants frequently drew attention to the fact that they often explored these concepts in their work already, but might have little structure or actual background knowledge around the why. Multiple participants used the language of a “reminder” when describing their perceptions around the benefits of this work, implying some preconceived belief in therapeutic and expressive experiences which, given their backgrounds and stories, likely stemmed from some prior personal encounter, or an interaction with a student.

Reaching a new understanding of how therapeutic intent can be amplified or created through artistic strategies was at the core of this, perhaps best illustrated by the idea that this work goes beyond grabbing crayons and paper and instructing a student to
draw. While the soothing experience of creating art for art-making’s sake was something we discussed, participants were most edified by the strategies to go beyond artistic concepts they were perhaps already dabbling in, and to make the process and outcomes more meaningful, more focused, and more effective. In that sense, the integration of therapeutic art becomes a new adventure, with some familiar landscapes along the path; this gave participants a sense of feeling comfortable and confident in incorporating these strategies and building upon their own existing foundations of child development, therapeutic modalities, and on-the-spot intervention techniques. Attitudes around the use of therapeutic art in school psychologists’ existing counseling practice were resoundingly positive.

**Thematic Artwork.** This theme felt steeped in such optimism to me; these participants were discovering how to build upon their innate gifts and prior trainings, embodying an openness to something new and developing a strong belief in the potential for this work within their practice. The thematic piece I created reminds me of children’s literature. It is vibrant, playful, and very illustrative. The pathway is cheery and welcoming, designed with mixed media, including charcoal, oil, and watercolor on Bristol board. It is also quite a departure from my usual style, a shift I noticed occurring more and more in the thematic artwork pieces. This may reflect artistic influence from the participants or transferences in my renderings and representations due to other aspects of the study, or my perhaps my own evolving perceptions around art as an act of research.
Thematic Art 1.

The Anchor and the Process

Erik’s continued use of the idea of art as an “anchor” resonated across findings, as participants often commented on the use of therapeutic art to help students create tangible, visual representations of the abstract things so often discussed in a school psychologist’s office. Participants seemed very amenable to using therapeutic art in a two-fold way as part of their counseling practice; as a visual guide and structural component to scaffold the traditional talk-based approaches they already use, and as a method to enhance the entire therapeutic process. This theme also best captures the
concept of flexibility in therapeutic art practices, which affords itself well to the extremely dynamic and fast-paced therapeutic environment of a school psychologist.

Participants were also exceptionally receptive to the understanding that this training and any use of these techniques do not make them an art therapist, and this theme respects the concept that therapeutic arts can be integrated in school-based mental health but will not replace so many aspects of these practitioners’ counseling practice. The anchor is not the entire boat, and the concept of an additional guide or element to process emotions and other therapeutic experiences does not take over the entire experience or approach. Participants saw this as a strength in their perception of this work, as therapeutic art could be seen as a powerful new addition to amplify many of the strategies they already incorporate. This could be seen in the range of comfortability present across participants as far as integrating this work, both pre- and post-training; feeling like they did not have to re-invent their practice in to order to successfully drop the anchor or steer the process made this concept, overall, feel much more beneficial, and feasible.

**Thematic Artwork.** I love the simplicity and the quiet confidence of this piece, a small painting on a thick stretched canvas (nearly as thick as it is large) with layered acrylic and ink. As so often happened in these thematic pieces, I surprised myself with what came out, and attempted to let the image tell its own story; I went into it with that repetitive thought of anchor, anchor, anchor, and half-wondered if a nautical likeness reminiscent of pirates or sailors would come forth. This piece has such an uncomplicated gentleness, with the anchor appearing as this very hopeful, very classically “Valentine’s
Day” heart, mooring a sailboat fit for one brave seafarer in the middle of a calm and inviting sea.

**Thematic Art 2.**

![Thematic Art 2](image)

**What is their perception on how therapeutic art-making impacts students’ wellness?**

During conversations focused on wellness, participants appeared visibly enthused about their role and their passions within the field of school psychology. All participants found the concept of the Dual-Factor Model of Mental Wellness relatable, often applying it to their own experiences and quickly citing examples of students they have seen representing each presentation. Connecting areas where providers were already naturally focused on promoting wellness to therapeutic art techniques made for a natural bridge,
and also helped participants to quickly appreciate how they are well-prepared to be facilitators of this work. When considering collective perceptions around wellness, it was no surprise that mindfulness came through as a major component of participants’ understanding and belief systems regarding wellness, as this concept—and the associations of the mind and body apparent throughout artworks and interviews—was heavily saturated across data samples.

The Brain and the Body: Mindfulness

Given the training emphasis on mindfulness techniques, which truly personify brain-body connectedness, it is natural that participants built upon these concepts in their own formations of how therapeutic art promotes student wellness. And, these were four providers who very clearly integrated mindfulness not just into their work, but into their personal lives, as well. The understanding of how therapeutic art can integrate brain and body awareness and bring students in the present moment was something each participant identified and built upon in their own reflections, specifically those related to strategies for promoting wellness.

This was also apparent in participants’ reflections on their own wellness, particularly in how engaging in shared art-making together helped them to unwind after a stressful school day and to become more united mentally and physically. And, even across the huge range of developmental levels these individuals work with at their sites, they all noted how essential it is for students to have brain-body connectivity as part of their school day, and in order to enhance wellness in all settings. Mindfulness, in a sense, transcended from a topic within the training to a real shared experience and belief system of this group, thereby furthering their understanding specific to therapeutic art and
wellness in a way that really aligned with their practice and broader purpose as providers. Given their existing experience in school-based mental health, the connection between wellness and art, then, was perceived as a positive and natural alliance that simply made sense to these participants.

**Thematic Artwork.** As I hinted at in Lisa’s reaction art section previously, I was somewhat pleasantly surprised to see the very literal image of a human brain speckled across various artworks within the study. Attempting to better understand the brain has been both a professional and personal journey of mine over the last two years, and I was amazed at how the actual use of the word *brain* appeared throughout conversations and sessions, then again during the analyses and, finally, within my art-making process.

**Thematic Art 3.**

![Thematic Art 3](image)
I surprised myself, then, when the thematic piece for this topic emerged without the image of a brain, but again returned to the mind-body circles, an activity which appears to have completely fascinated and ensnared me. I wonder if I will explore this time and time again over the coming years in my own personal art-making journey, even beyond the scope of this study. The final thematic piece is a variety of paints (watercolor, oil, and acrylic) on stretched canvas. Here, my circles overlap, the mind portrayed by a metallic crescent moon, the body indicated by celestial swirls across a dark sky covered in thick purple-black paint. Four spheres dangle like ornaments from the bottom of the circles—maybe a subconscious representation of the four participants and their impact on me as a researcher, and an artist? The entire symbol sits atop an ethereal background of glowing primary colors, reminiscent of the Lazure walls in a Waldorf school. Taken together, the effect is peaceful, reminiscent of a nursery at twilight; a mindful headspace, indeed.

**Research Question 2**

*How does participating in a training on therapeutic art-making influence these school psychologists’ understanding of the therapeutic art-making process?*

The second research question digs into concepts around how participation in the training actively changed both school psychologists’ understanding *and* their skill set, going beyond their perceptions and exploring actual changes to their knowledge base on the use and benefit of therapeutic art. Of course, these findings are all still reliant on participants’ own self-reports, but were also gauged based upon the common themes apparent in unstructured group conversation, and through changes indicated in pre- and post-training forms. This holistic synthesis of data points allowed this question to be answered on both a personal and group level, indicating shared growth or change after
participation in the training (versus just exploring individual, single participant ratings or reports of an increase of understanding pre- and post-engagement).

Again, three themes act as responses to this research question and associated sub-questions: (1) opening the door: a safe leap, (2) going beyond words: when art speaks, and (3) reinvigorated and reminded: finding the flow. These themes reflect and describe participants’ growing knowledge base around the use of therapeutic arts, how therapeutic arts align with school psychology practice and counseling, and how these strategies build upon skills and service delivery within school-based mental health.

**How does participating in a training on therapeutic art-making influence these school psychologists’ understanding of their counseling practice and the use of therapeutic art to enhance student wellness?**

*Opening the Door: A Safe Leap*

More than once, Shelly posed the poetic idea that art “opens the door,” language that has appeared in several creative and art-based books, publications, and famous quotes over the years. It is somewhat unsurprising the Shelly found her way to this already well-loved metaphor, as it truly is such a beautiful yet accurate mental portrayal of the power of art, especially from a therapeutic and wellness perspective. The imagery of *opening a door* is rife with hopefulness, curiosity, and fresh beginnings. It embodies all that is new, exhilarating, and uplifting.

Across sessions and interviews, participants reflected on the ease of therapeutic art as a method for enhancing wellness, as it can simultaneously promote SWB while addressing problems. Participants shared multiple examples of visual art helping them to guide challenging conversations on several intense topics with their students, including
ideas like sexuality, anxiety, and grief. They recognized therapeutic art as a safe avenue to support the facilitation of these types of conversations, which was emphasized during conversations about the minimal risk and often huge therapeutic reward in this work. And, “opening the door,” was seen to also augment the therapeutic relationship; as providers, they identified that therapeutic art can make them feel more connected to their students and their experiences, promoting the necessary trust to perhaps push through a new door together and to make a brave leap into new territory. This theme reflects participants’ appreciation of the unique abilities of therapeutic art in terms of propelling a therapeutic experience forward, and for increasing positive therapeutic outcomes.

**Thematic Artwork.** In the analysis stage, I found this theme reflected in many of the participant pieces, and several of my own, around common imagery of growth and newness. Opening a door, especially one into the unknown, is by nature an act of courage and represents personal growth. Opening the door in a therapeutic exchange is an invitation for progress and growth, as well.
The final thematic piece I created was quite literal. Again, I returned to this very illustrative, almost picture-book-esque style of sketching and layering color. The piece is mixed media on Bristol board, with layered ink, marker, oil and chalk pastels, portraying a door that seems straight out of a fairy tale, creaking open into a mysterious and inviting sunlit space. This piece surprised me—the layers of the colors, the design of the door, all are a bit more carefree and looser than my typical style. As I continued to create these final thematic pieces, I was opening my own door into new artistic territory, again likely reacting to things I was learning and uncovering about myself within this art-making progression.
How do participants see therapeutic art-making augmenting traditional talk-based therapeutic approaches?

Going Beyond Words: When Art Speaks

Using therapeutic art as a strategy to build on more traditional talk therapies was very well received by participants, as they continually cited moments when students required some type of additional scaffolding or support to “go beyond” what they could say with language. This was recognized across specific populations as well, with Erik often noting how his young learners need this additional visual tool to promote therapeutic communication; Kayla and Lisa gave similar examples for culturally or linguistically diverse learners, while Shelly spoke about “hard-to-reach” students who simply have a difficult time opening up during more traditional therapeutic exchanges.

This was one of the keys areas of new learning reported post-training, as specific sample lessons and examples promoted the concept of art being a new and sometimes more powerful way for students to communicate a story, a feeling, a dream, a memory—all while participating in a naturally soothing activity. In discussing the use of therapeutic art to drive intent around sensory experiences, especially related to children with a trauma history, all participants reported being enlightened in how art can truly speak in these scenarios. Lisa gave the example of the old adage—“a picture is worth 1,000 words”—and as a collective group there was huge influence upon participants’ understanding of the true breadth and depth of this concept as it relates to their work as school-based mental health providers. A new and deeper understanding of how art encourages more honest and open communication, and provides multifaceted visual representations of complex concepts, was reported across all interviews and questionnaires.
**Thematic Artwork.** In the analysis process, I often found myself in a personal argument that *every* artistic representation within the study was an example of art *speaking*, especially as I attempted to then capture my reactions and interpretations of visual images as part of the study’s broader coding and categorization process. The idea of art transcending verbal language and providing a different type of voice was not only a theme from the study’s data—it is also a big component of why I incorporated arts-based inquiry into my work. I am tempted to direct the reader to all images in the sketchbook (Appendix M) to explore the different ways these rendering speak to *them*, and I anticipate the thoughts and responses would be endless.

**Thematic Art 5.**

![Thematic Art 5](image)

The thematic piece I created was a very unassuming image of connection, or what I took to represent this idea of “going beyond.” Two dual canvases come together to form a diptych piece, with thick layers of oil paint topped with delicate doodles in ink. To me, the red canvas signified verbal expressions, while the purple piece (which is also frosted
with a thick layer of gold metallic paint sitting just below the surface) symbolizes the visual world, with the quirky doodles bridging the two as a cohesive, therapeutic, and artistic experience.

**Reinvigorated and Reminded: Finding the Flow**

Kayla’s emphasis on how therapeutic art can promote a flow state was shared by others, in that flow was something she fiercely connected with and could identify in herself and her students. Regardless of the language they used to describe this state of being, all participants noted how therapeutic art can tap into a state of mindfulness and freedom that is highly supportive of wellness. The training, then, was repeatedly said to “reinvigorate” or “remind” participants around how encouraging wellness was at the core of their practice and how these strategies were perfectly suited to enhance wellness.

As noted in prior themes, this continual concept of a “reminder” is also indicative of a pre-existing belief in the use of new and perhaps sometimes unexpected strategies to do whatever possible to improve the lives and well-being of school-aged children. As Kayla pointed out (as the most senior and experienced psychologist in the study), this is a field where it is unfortunately easy and sometimes even necessary to get into a repetitive pattern as far as service delivery and specific strategies used. In this sense, participation in the training was found to be a welcome disruption to the “same old, same old,” as Shelly described it, and a reminder to experiment, and to push new concepts forward. Intriguingly, this may also be reflective of the shared exhaustion and burn-out these participants reported during such a severely challenging school year; many often spoke optimistically about “next year” as the moment to really bring therapeutic art to the forefront of their counseling practice.
**Thematic Artwork.** One could easily argue that any of my own sketches or artistic creations from the course of the study could align with the theme of flow. Indeed, my art-making approach is innately, well, flowy. Additionally, I found many of the participants discussed and portrayed some type of flow within their own artwork and designs, hence how this term, and this artistic approach, became such a core theme.

When seeking a flow state in my own art process, I often create pen-and-ink pieces heavily featuring repetitive, small doodles and other Mandala-inspired circular designs, as is certainly evidenced by the images throughout the sketchbook (Appendix M). In my thematic art piece for this area, I found myself surprised when I reached for a much more fluid material, watercolor paint, instead of my usual flow-inducing fine point pens.

This piece was another artistic breakthrough for me. I layered strokes of paint in various vibrant colors in an unwinding, flowing bullseye reminiscent of a hurricane. Then, as the paint dried, I went back in and incorporated my own personal artistic representation of flow, the doodles described above. The final image is a major departure from my usual style and approach, and one that instantly fascinated me. *Where did this come from?* I found myself wondering in joy after completion. As an artist, being surprised by a finished piece is usually a sign of total rapture and escape during its creation, indicative of my own euphoric experience in finding my flow within this design.
Thematic Art 6.

Research Question 3

Which elements of the therapeutic art-making training did participants find most and least beneficial?

The final research question was most focused on the actual training itself, in attempt to discover what worked well and what did not work well for participants in terms of the format, delivery of information, focus of the curriculum, and any other
reactions to the structure or content. The following three themes were connected to this question, as they represent core areas of learning and growth specific to the training, itself, as well as participants’ changes in knowledge or awareness around therapeutic art after experiencing the curriculum: (1) art-making experience: I am a creative being, (2) sample lessons and intentional outcomes: structure and starting points, and (3) the virtual landscape: a strange opportunity. These themes are concentrated on the training itself, as opposed to some of the broader and more conceptual ideas presented within the previous research questions.

**Art-Making Experience: “I am a creative being”**

Across interviews and questionnaires, everyone cited their appreciation of the art-making opportunities embedded within the training. This was seen not only as a tool to better understand lessons before attempting them with students, as Lisa described it, but also as a chance for participants to promote their own wellness and SWB.

Additionally, participants reported feeling empowered by the idea that they are “creative beings” who have an artistic and expressive voice. These individuals came from diverse backgrounds in visual art, with some who engaged in frequent art-making experiences and others who may not have put paint to paper in several years. It was especially interesting, then, to see how all participants noted their gratefulness for art-making with a shared therapeutic goal. Participants also cited the safe environment of the training, and the trust within the group, as propelling forward their engagement in the creative process.

In an example of true cosmic serendipity, participants also remarked on how this training came at a time in their professional lives when they all reported being the most
stressed, overworked, and discouraged ever, all collectively due to the insurmountable strain caused by the pandemic. The integration of art-making moments focused on their own mental health, and opportunities to express these emotions in a group of like-minded peers, was seen as a massive benefit from participation in the training. This, in turn, furthered their understanding of how these strategies can improve student wellness and mental health, as participants had experienced it firsthand themselves.

*Thematic Artwork.* It was fantastic to see this theme come forth from the data, and to see these participants reconnect to or rediscover the artists within them. In the third session of the study, we engaged in a rich discussion around what it means to be an artist and how everyone can form their own concepts of “self as artist,” a personal creative process, and artistic self-expressions.
Thematic Art 7.

Just as I loved this theme, I love this thematic art piece. Created on a small, thick canvas (with the edges painted a glittering metallic gold, as better seen in Appendix O) using a blend of watercolor and acrylic paint, this piece has such a sense of life and energy to me—absolutely capturing this sense of being. In hindsight, I wonder if I was attempting to capture my own self as a creative being, or the concepts evoked by the participants; or, perhaps most likely, some amalgamation of all our artistic, creative selves.

Sample Lessons and Intentional Outcomes: Structure and Starting Points

From a more structural standpoint, participants found the outlines for sample lessons, and the discussion around how to adapt these lessons for various therapeutic
needs or populations, to be highly beneficial. All individuals noted how essential it is for school psychologists to return from trainings with not only new ideas and fresh inspiration, but also with practical, “real-world” strategies they can immediately implement within their practice. Findings suggested participants felt prepared to return to their sites and lead the therapeutic art-making activities we practiced or discussed, and found this curricular element to be a “hands-on” component they could pull into their daily work and caseloads, instantly.

In addition to the sample lessons, participants also felt most edified by the focus on intentional therapeutic outcomes which therapeutic art can facilitate; as noted previously, participants often referred to previous experiences using art materials with their students but lacked the depth of understanding around how art can be intentionally implemented to promote specific outcomes. This harks back to the idea of this work being “more than drawing” and to opening new avenues for therapeutic growth. All participants reported a new level of knowledge around how to use therapeutic art not just to soothe and calm students, but to actually work toward bigger treatment goals.

**Thematic Artwork.** This theme felt like one of the most practical, in a sense, and appropriately so given its purpose in addressing one of more straightforward research questions: what worked well (or not) from the study? The fact that participants not only deeply enjoyed the sample lessons but learned from them, as well, was integrated into my own visual processing of this understanding within my artmaking. Their appreciation of developing specific therapeutic outcomes when integrating visual art into their practice, the other element of this theme, was also something I considered in every step of my own artistic exploration—what was my therapeutic intent in creating these images, if any?
Were these images acts of research, or also expressions of a therapeutic experience? As noted in previous chapters, I would surely argue they are both.

**Thematic Art 8.**

This work again has that very illustrative and almost child-like energy I noticed in so many of these thematic pieces, although here it feels more graphic, more bold. The piece is ink, oil paint, and colored pencil on stretched canvas, and has an almost comic book style look to it. An illuminated light bulb feels like an overly obvious metaphor for the ideas “sparked” by the training (forgive this literary stereotype), while the interwoven and overworked design elements may be representations of the specific elements (i.e., lessons, outcomes) most beneficial to the trainees.

**The Virtual Landscape: A Strange Opportunity**

Our virtual world was naturally an unavoidable topic, especially as this was the same world these providers had been navigating for nearly a full year at the time of the
study. During interviews, I intentionally asked about the benefits or pitfalls of the virtual training, as perceived by the participants—I certainly had my own feelings about the virtual setting, which I recognized as a challenge early in the study and often found to be an obstacle in my own planning and process. I was curious if there were possible benefits that I had become blind to, beyond the perhaps obvious concept of increased accessibility.

All participants echoed their appreciation that the virtual setting made the training more available, especially for those located beyond the metro Denver area. This also created ease around timing, as participants were able to join in the early afternoon, immediately following their day, instead of opting for the later evening or weekend times that likely would have been inevitable with in-person sessions for these full-time employees. Interestingly, most participants noted a distinct benefit from the actual time of day of the study, as the art-making activities became a sort of soothing transitional period between the workday and the evening at home—even if the workday was, in fact, experienced at home. Additionally, participants reported feeling better able to engage in the artwork while at home and using their own materials; multiple individuals even cited feeling more comfortable than typical or expected for them, and not experiencing any nervousness around sharing their artwork with the group.

Of course, limitations and downsides to the virtual experience were equally abundant, mostly as they related to art materials. In fact, all negative feedback around the training was isolated to this area, with the virtual setting being reported as the only aspect of the training that “did not work well.” Participants noted curiosity around what they may have created, or how their understanding of the use and purpose of different
materials may have improved, if they walked into a physical space where materials were provided. They also wondered what else they may have learned in physically observing how I led the lessons, and how I structured more subtle concepts like clean-up, material storage, or my own intentional participation (or not) in the art-making activity. While we had opportunity to discuss these elements, multiple participants wondered what else they may have learned from in-person observation.

The inescapable fatigue of virtual learning also permeated most reflections around this element. Nearly all participants had already been involved in some type of virtual experience during the day prior to sessions, and “screen exhaustion” was seen as a real thing during this training. Participants noted this was most apparent during more lecture-focused moments, especially during session one.

**Thematic Artwork.** Some of my own hindrances and defeats around the virtual setting are clearly documented in my sketches throughout the study, particularly in the earlier stages as I processed frustration around the recruitment process, yet my ultimate thematic piece feels much more positive—likely a reflection of the generally positive remarks participants shared about the unexpected benefits of our virtual training environment.
Another mixed media piece of oil pastel, watercolor paint, and ink on Bristol board, the thematic piece portrays five planets, floating amicably through space and loosely connected with a smattering of stars or some other similar interstellar web. The five planets intentionally represent myself and the four participants, adrift and apart yet simultaneously interwoven together, our messages, images, and voices pinging across space in the span of a heartbeat. In reflection, I found something unpredictably inspiring
and uplifting about this portrayal of a virtual connection—the fact that I rendered this connectedness in a cosmic sense, one of my most cherished visual motifs as an artist, speaks volumes to me.
Chapter Five: Discussion

“A picture is a work of art, not because it is ‘modern,’ nor because it is ‘ancient,’

But because it is a sincere expression of human feeling.”

–John F. Carlson

“Art is the highest form of hope.”

–Gerhard Richter

The purpose of this single case study was to explore school psychologists’ perceptions and attitudes around the integration of therapeutic art-making into their school-based mental health practice, with a focus on connecting these strategies to common counseling modalities, including CBT, SFT, and Mindfulness-based approaches. The Dual-Factor Model of Mental Health was introduced as a guiding framework and theoretical foundation for understanding the benefits of therapeutic art in schools, with a focus on the connection between therapeutic art and increasing students’ mental wellness. Additionally, this study explored participation in a training on the use of therapeutic art by school psychologists and any perceived benefits or changes to their learning. This chapter begins with a broad summary of findings, then presents several key conclusions related to the use of therapeutic art in school psychology, the training experience, and the role of the Dual-Factor Model in understanding these concepts. Finally, limitations of the study, as well as recommendations for future research, are discussed.
Summary of Findings

The multifaceted nature of the data collection and analysis processes within this study required the detailed discussion of the findings in the previous chapter, which then allowed for greater understanding as these concepts were synthesized into distinct themes. As is not uncommon in qualitative research, simplifying these findings was challenging, as this data was reliant on human experiences, reactions, and perceptions—but, these more abstract concepts are at the core of this study’s driving purpose, and in this sense it is natural for these to be the key areas discussed as relevant findings and outcomes. Furthermore, integrating visual representations, including participant artwork and reactionary artwork, created additional layers for understanding, but also for consideration. So, taken together—what does it all mean?

Perhaps most important and pertinent to the research questions, findings indicate that school psychologists believe in the benefits of therapeutic art-making and see a real space for this utility as a part of their counseling practice. This was communicated across all participants and was reflected in sessions, interviews, and questionnaires, and is seen as a deeply embedded and major, overarching finding of the study. There was a layer of comfortability in how participants felt therapeutic art could be integrated into, and build upon, their existing counseling practice. This appeared to help participants avoid any fear around needing to rebuild or restructure what is already being done, but instead allowed them to feel encouraged and capable, and to trust their existing expertise and instincts around student needs and therapeutic techniques.

Participants understood the benefits of therapeutic art as they related to school-based counseling and student wellness, and post-training all could readily cite various
strategies and methods which they felt ready to include in their practice, while further connecting these strategies to specific therapeutic outcomes all focused on enhancing wellness. A number of elements within the training were said to be most helpful in promoting this understanding and skillset, especially the explicit guidance on therapeutic outcomes, and the emphasis on art becoming its own guiding language for students to communicate and express their wants, needs, hopes, or fears.

Participants’ understanding of the therapeutic art-making process was also seen as improved, as even those who were highly experienced and trained in visual art techniques reported an increase in their knowledge base across all areas of the process, including materials, structure, environment, and therapeutic goals, to name just a few. Participants noted they felt the information was expansive yet digestible, and they did not feel overwhelmed by the content. One participant mentioned the emphasis on core visual art strategies (drawing, painting, collage, clay) that most are “probably at least somewhat similar with” was an essential piece of their “growing confidence” as a potential facilitator. Another participant appreciated the stress on appropriate language to describe this work (i.e., therapeutic art versus art therapy), not only to respect art therapists as a field but to make her feel better equipped to incorporate this into her work. Essentially, there was agreement that learning was enhanced across subject matter, without making participants feel inundated or out of their depth.

Feedback on the overall experience of the training was emphatically positive, as all participants would recommend these sessions to a peer, with one participant feeling these concepts should be shared with “all school psychologists to increase our awareness of creative supports for mental health.” Another individual noted that while she would
recommend it, she felt there are so many responsibilities associated with school psychologists’ roles that “tapping into another training can be hard” and noted this was best-suited only for providers with a large practice emphasis on counseling and intervention. As discussed previously, there was some negative feedback around the virtual landscape and potential limitations to the training; this was the sole element that was said to “not work well” and was the only constructive feedback provided by participants. All reported the curriculum was an appropriate length and depth, the art-making activities were presented well, and their learning was improved across all goals of the training (improving school psychologists’ knowledge of art therapy practices, understanding why these practices enhance students’ mental wellness and how they relate to overall school-based mental health strategies, and learning how to incorporate these practices into their current counseling and mental health services).

Overall, participants reported positive perceptions around the use of therapeutic art in their school-based counseling practice, the framework of mental wellness for developing this intervention, and for their role as a facilitator. They provided similarly positive outcomes with regards to the training experience and how it enhanced their knowledge while providing hands-on learning and rich group discussion. Post-training, all participants reported feeling confident in their ability to utilize therapeutic art in their counseling practice, and all noted they would integrate it whenever possible and when appropriate for the needs of their students.

**Interpretation of Findings and Conclusions**

Given this broad summary of findings, I have drawn several conclusions to best represent the outcomes of this study, with an emphasis on incorporating potential next
steps in bridging the therapeutic arts into school-based mental health, as well as considerations for the use of the Dual-Factor Model of Mental Health in designing and implementing school-based interventions. I felt it was also important for me to discuss and highlight elements of the art-making experience and the benefits participants reported regarding the opportunity to engage in art, as well as the role of my own art-making within this process. Future implications and considerations around the training curriculum are also discussed.

**Recommendations for School Psychology Practice: Using Therapeutic Arts in School-Based Mental Health**

Findings from the study demonstrated school psychologists believe therapeutic art has a place in their practice, and that they felt capable to facilitate this work after participating in a training on various approaches. The integration of art therapy into schools in several capacities, including as a curriculum, as an intervention, and as a stand-alone class, is known to be beneficial to students in myriad ways (Bokoch & Hass-Cohen, 2020; Isis et al, 2010; Moula, 2020). Given the perspectives of these participants and the existing knowledge base around the benefits of incorporating art therapy in schools, it is recommended school psychologists strongly consider incorporating therapeutic art into their mental health service delivery.

Connecting therapeutic arts to counseling modalities school psychologists already know well and use often emerged as a perceived strength of the training experience, and a core theme of the overall study. This suggests integrating therapeutic art into these approaches, specifically, will be a useful approach for bolstering and furthering the link between therapeutic art and school-based counseling.
As CBT is such a commonly used intervention with children and in schools, specifically (Joyce-Beaulieu & Sulkowski, 2020), it is likely that the vast majority of practicing school psychologists will have some exposure or even expertise with this approach. Per constructivist educational theories, building upon existing areas of proficiency when attempting to integrate new learning, or in this case new interventions, is known to strengthen overall outcomes (Ellis & Salisbury, 2004). Additionally, participants reported they often already incorporated some aspect of visualization or illustration into their current use of CBT, making it even more natural and easier for them to branch these ideas out into therapeutic art-making methods.

SFT, similarly, is known to be an effective therapeutic approach in school-based practice (Kim et al., 2017), especially in terms of promoting collaboration between providers and students, and addressing and solving problems quickly yet fittingly (Murphy, 2015). Participants noted the connection between SFT and therapeutic art also felt like a natural correlation, and they reported often using visuals and other artistic strategies to help students best communicate or understand problems, which by nature tend to be complex. They reported SFT-focused therapeutic art activities felt approachable and practical, with the “Miracle Question” or “Perfect Day” activity emerging as a favorite for its usefulness in further enhancing a therapeutic dialogue and perhaps a conceptualization of a problem.

Mindfulness has recently gained more traction in mental health services, in general, and its use in schools has been widely reported (Sapthiang et al., 2019; Kuyken et al., 2013; Dray et al., 2017; Schonert-Reichel & Lawlor, 2010). As is discussed in more depth in the next section, these participants seemed particularly excited by the
integration of therapeutic art into their mindfulness-based counseling approaches, and all had a high level of familiarity with the benefits and implementation of mindfulness strategies.

Taken together, findings indicated participants felt secure in their skillset across these modalities, which then promoted more confidence in terms of incorporating therapeutic art into their counseling practice. By building upon areas of existing knowledge, participants were better able to envision themselves as facilitators of this work, and were thereby more engaged in the overall training process—with stronger outcomes around their learning and perceptions being reported.

The Standout: Why Mindfulness is the Key

As was noted in the findings section and discussion of resulting themes, mindfulness emerged as a major standout in terms of counseling modalities, but also in terms of how school psychologists understood and communicated mental wellness. This was evident across data points—including artistic, visual representations of data—and continually came up in sessions and interviews. Participants felt the ability for therapeutic art to create a state of mindfulness, or flow, was one of its absolute greatest strengths and one of the main reasons they wanted to incorporate these approaches into their counseling work.

School psychologists receive a depth and breadth of training focused on numerous aspects of child development, psychological assessment, counseling delivery, education, academic interventions, family-school partnerships, and schools as systems, to name only a few. As part of this extensive training, they become providers with a high level of expertise across numerous areas of childhood functioning, including an emphasis on both
the biological and ecological or environmental elements impacting a child. School psychologists are then uniquely suited to understand the importance of brain and body awareness and integration, as they have training across both aspects of this continuum. To put it simply, school psychologists have foundational knowledge of how the brain works and how children learn, while also understanding methods to promote children’s self-awareness, self-efficacy, and self-concept, among other important abstractions of the mind-body relationship.

Recently, more schools have begun to incorporate mindfulness as part of their programming (Rensaw, 2020), be this in student support services, curriculum, or even in environmental aspects, like gardens or other mindfully-inspired outdoor spaces (Latane, 2021). It makes sense, then, that these school psychologists would so easily draw the parallel between therapeutic art and mindfulness, while also indicating a deep appreciation and understanding of how mindfulness promotes wellness.

Implications for the Training Curriculum and Approach

Participant feedback around the training curriculum and overall experience was resoundingly positive. This may be partially due to the structure of the study, as it is known participants are sometimes reluctant to provide negative feedback or criticism in interviews or member checks (Locke & Velamuri, 2009). Implications for this are discussed in the limitations section, but regardless, based on their reports it is likely participants did benefit from and enjoy the training, even if some of their positive feedback was over-reported or over-emphasized.

This indicates a potential advantage in terms of continuing to provide this training curriculum to school psychologists, and perhaps to continued experimentation in terms of
implementation approach (i.e., virtual versus in-person) or possible adaptations to the curriculum based on participant wants and needs (discussed in more depth in later sections). Overall, findings from this study imply the training curriculum was valuable, easy to navigate without being overwhelming, and was engaging, well-rounded, and enjoyable.

Per the participants, the strongest aspects of the training included the sample art-making activities, and the major emphasis on how to use therapeutic art to reach specific therapeutic outcomes or goals. Time and time again, these school psychologists commented on how having this very intentional and guided approach to planning and integrating therapeutic art goes far beyond what they have often done or seen in their own practice (i.e., unstructured coloring). In addition to the usefulness of promoting the counseling modalities described above as fantastic entry points for this work in their practice, the participants also cited appreciation around the review of areas like art and child development, ethical and cultural considerations, possible risks, and environmental and material-specific points.

While participants felt the virtual landscape allowed them to better access the training and promoted their availability to be part of the study, many did report some curiosity around what the experience may have been like in person, especially regarding the art-making components. Future sessions with options for in-person learning should explore potential differences in engagement, outcomes, or perceptions.

Overall, the positive feedback around the training curriculum indicates school psychologists benefitted from participating in training opportunities specific to therapeutic art-making, and the goals of the training curriculum were achieved, even in a
virtual experience. This indicates other school psychologists may experience a similar benefit, and opportunities to engage in this training or similar trainings should be made more available to interested providers. Providers who are already integrating some aspect of therapeutic art into their work, or those who provide counseling services and Tier 2 and 3 interventions regularly in their work with students, are most likely to have a high level of benefit and engagement.

**School Psychologists’ Engagement in Art-Making**

All participants gave resoundingly positive feedback around the opportunity to engage in their own art-making, with specific therapeutic intent, as part of the training curriculum. This was continually cited as one of the main strengths of the training, overall, and participants provided the following specific feedback around their art-making experience:

- Engaging in their own art-making allowed participants to feel more confident around integrating these concepts into their own practice. They felt “better equipped” to understand and thereby facilitate this work within a therapeutic framework. This also gave participants the chance to notice what may have felt challenging or surprising for them within the art activities, making them better prepared to intervene and provide support with any possible difficulties students may experience in their own art-making process.

- Each individual reported having a therapeutic experience as part of the art-making, with multiple participants describing this as a healthy “bridge” or transition between their workday and their evening at home. This may have felt particularly relevant in the virtual setting, where many of our natural transitions
(i.e., a walk, drive, or other commute between the work and home settings) had been stripped away from most daily routines. In any event, as mental health workers, having a chance to engage in a soothing activity focused on promoting their own mental wellness was seen as a massive advantage of the training.

- To put it simply, the participants also had fun while art-making. They noted it improved and enhanced the group dynamic, and helped them to feel more at ease, more grounded, and more open within the training sessions, in general. Participants reported looking forward to the art activities, specifically, even in the hours leading up the sessions (i.e., “I would have a moment like ah, ok—it’s Monday, I get to make art later, that’ll be good”).

Taken together, this feedback indicates school psychologists would likely benefit from regular opportunities to engage in therapeutic art-making of their own, especially as a reflective and perhaps reactive experience following challenging, draining, or complex interactions (e.g., retraumatizing counseling sessions, navigating difficult conversations with families or co-workers, crisis work).

The group element of this training is also important to highlight, as the participants continually noted how satisfying and reinvigorating it was to connect to other practitioners who innately understood the singular uniqueness of a day in the life of a school psychologist. As is evident in the previous chapter, the cohesion amongst this group was extraordinary, and, perhaps, rare—but, the benefits of shared, group-based therapeutic art-making amongst these school psychologists cannot be over-emphasized. Considering group-based therapeutic-art opportunities, as opposed to individualized or self-guided experiences, is very important in contemplating future directions of this work.
In general, research indicates *all* mental health workers would likely benefit from regular engagement in healthy self-care activities (Lee & Miller, 2013), and this was surely demonstrated within this study. Having the added element of participating in a naturally comforting and calming art-making activities, which also had *specific therapeutic intent*, may have even further strengthened these benefits, especially given the foundational dialogue around *wellness* as part of these activities.

School psychologists who choose to pursue additional training in the therapeutic arts may benefit from participating in an intentional therapeutic art practice of their own, in order to not only better understand the process and unique experience, but also as a therapeutic outlet of their own, especially considering the often-challenging work they conduct on a daily basis. Having this experience within a group of other school psychologists may have provided even further benefit.

**Additional Training and Partnership Possibilities**

Throughout the training experience and the study at large, participants and I discussed our role as school psychologists, which was constantly indicated by the intentional use of the language of *therapeutic art*, versus *art therapy*. I was also transparent about my training as an art educator and psychologist, with a research lens focused on aligning elements of the fields of both art therapy and school psychology—but, I am *not* an art therapist, and this curriculum was designed and delivered by me.

The sheer enthusiasm for this topic, the increased learning and knowledge reported, and the positive feedback around the training curriculum all imply school psychologists will likely benefit from continuing to work with and learn from individuals with expertise in therapeutic arts—namely, *art therapists*! As has been so eloquently
demonstrated by the work within Miami-Dade Public Schools (Isis et al., 2010), students have directly benefitted from school art therapy programs and from participating in school-based mental health services with trained art therapists. This, coupled with the findings from this study, reveals school psychologists and art therapists are in a unique position to form a compelling partnership.

School psychologists may work directly with art therapists in the design and implementation of future therapeutic art programming, inviting for other variations of school art therapy programs with potential to have a wider reach. Statistically, a school system is simply much more likely to have school psychologists on staff versus art therapists; a partnership between these two positions at a state or even district-wide level may allow for wide-reaching trainings and curricular changes, without having to drastically modify funding or positions within a school system. For example, a school psychologist and art therapist may work together at a district level to provide training to school psychologists, or other school-based mental health providers (e.g., counselors, social workers) to inform them on best practices and sample lessons for integrating the therapeutic arts. This means more students could have access to the expertise of art therapists as part of their school-based therapeutic art service delivery, without requiring art therapists to be physically present in every school building. Similarly, school psychologists will benefit from the highly focused training and knowledge art therapists could provide in terms of facilitating and integrating art therapy techniques into common school-based mental health services.

The Dual-Factor Model of Mental Health: Why it Has a Place in School Psychology
No participants reported pre-existing familiarity with the Dual-Factor Model of Mental Health, and all noted the introduction to this concept, a core part of session one of the training, was the very first time they had heard of this model and theory. All expressed a shared surprise around this, with one participant remarking, “I feel like this wasn’t in my grad school training and now I wonder why.”

Applying the Dual-Factor Model to school-based mental health practice allowed participants to better connect to therapeutic art and how to integrate it into their existing work with a clear, specific purpose. Emphasizing methods to go beyond problem-solving, and expanding beyond addressing only psychopathology and mental illness within school-based treatment, was extremely well perceived by participants.

Research indicates an integration of the Dual-Factor Model into schools, and school-based mental health specifically, can better inform and direct intervention planning and reach more students from a mental health perspective (Suldo & Doll, 2021). Additionally, students who present with more elements of mental wellness (i.e., those who are flourishing or symptomatic but content) are known to have better outcomes across the board—a academically, socially, and emotionally (Suldo et al., 2011; Xiong et al., 2017). An understanding of the Dual-Factor Model, and a skillset around how to promote mental wellness, specifically, should be incorporated into school psychologists’ training and practice.

The participants within this study felt the Dual-Factor Model was not only succinct and approachable within their own practice—many also commented on how this approach would likely be easily understood and digested by students, families, and other educators. They felt they would likely be able to explain this concept, and the benefits of
approaching mental wellness from this lens, to others within their scope and school setting. This initial finding suggests the Dual-Factor Model could be applied not only to mental health service delivery, but into other aspects of schools including curriculum design, social experiences, and broader systems-level work. As a group, the participants were highly enthusiastic about the model and incorporating it into their existing conceptualization of mental health. They also noted it aided their understanding of the reasoning for integrating therapeutic arts into school-based counseling, and how to incorporate these concepts thoughtfully and well.

**An Art-Based Study in the Era of Covid-19: The Power of a Sketchbook**

I wanted to combine aspects of case study with arts-based inquiry because I felt the inclusion of visual data strengthened the overall study and aligned with the goals and purpose of the work, at large. I also identify as an arts-based researcher and knew that my own role in the study as an instrument of interpretation (Eisner, 1991) would allow me to make better meaning from the findings if I included visual art. Despite this forethought, I had no idea how essential the art-making would become for my own engagement and dedication to this work. I experienced numerous benefits, both as a researcher and simply as an individual, from including art-making throughout every step of the study.

It is common practice in qualitative research to complete an ongoing research journal, which can then also act as a tool for reflection throughout the data collection and analysis processes (Annink, 2016). While I engaged in this practice, I also captured ongoing and evolving visual representations of this experience through a research sketchbook. These sketches can be reviewed in chronological order in Appendix M. While some of these sketches were subsumed into the reaction art section and were

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representations of how I felt following a session or other element of the study, considering the entire sketchbook in chronological order really tells an entirely new story about my experience as a researcher; when I review them, I can see a singularly unique research journey unfolding.

Conducting a human-based study of this nature during an era of in-person restriction was not easy. As a very people-oriented individual who feeds off collective energy and shared in-person connections, I do wonder if I was doubly impacted as I sought out to complete a task I have dreamed about for many years, and during such a time of cultural and collective disarray. The initial recruitment phase, especially, was a troublesome time. As a former teacher, I was sensitive to that fact that anyone in the educational system was navigating a complex and arduous school year, and nervous about practitioners’ ability to take on anything additional when they were already carrying so much.

I found my sketchbook to be a huge comfort during this initial phase, and although I was not yet engaging in any formal data analysis, I find that those images captured my own experience in attempting to get the study off the ground. I would make sketches after sending follow up emails about inclusion in the study, or even after meetings with my advisor discussing my progress. In hindsight, I wished I had done even more visual recording during these first phases of the study, as I really feel the sketchbook has the potential to be an autoethnographic time capsule for my own emotional and professional journey through this study as a researcher and as a doctoral student.
I would encourage future exploration of this concept, and would argue for the inclusion of a research sketchbook component for those engaging in qualitative research. I believe my own sketchbook became a living storyboard of what it was like to conduct a study during Covid-19, which invites for near endless interpretation in and of itself. While I included this sketchbook as an element of arts-based inquiry, I believe it could be a helpful tool across many qualitative approaches, and would encourage the researcher to determine if this acts as an additional source of data, a tool for their analyses, or possibly a simple opportunity for reflection.

As was so deeply discussed within the findings of the study and the positive implications of therapeutic art making, I benefitted from having this artistic anchor across the course of the study. Engaging in these simple sketches, and then in the more fleshed out paintings and mixed media creations, was really a therapeutic experience for me. How fascinating then, for me to have had a therapeutic experience embedded even in processes like data collection and analysis, often assumed to be tedious, monotonous, or impersonal. And, how appropriate for my role as a qualitative researcher—this became a bit of an example of life imitating art, or in this case, life imitating arts-based inquiry.

**Assumptions & Limitations**

The nature and design of this study involved at least three main assumptions. First, the assumption practicing school psychologists are interested in therapeutic arts and have a desire to learn about and implement these techniques in their practice. Second, the assumption therapeutic arts are of potential value in the field of school psychology, which was the very driving force of the need for this study. And third, the assumption that
despite the complications around this unusual academic year, the unique combination of methodological approaches and structure of the study would still allow for adequate data and, ultimately, results.

All studies have inherent limitations, and this study included several. Due to the unusual climate of the world and of the educational system, especially, the participant pool was likely impacted. This was clear during the recruitment stage, as interested practitioners were unable to proceed forward due to stressors largely related to Covid-19, or were simply working on just staying afloat in their role. Although this study still included the appropriate number of participants, the group of four was the minimum I sought out to enroll in the training. In hindsight, some aspects of this were a probably a benefit: scheduling was challenging and attempting to schedule more participants may have become problematic; the pilot study also had four participants, making for a nice parallel; and, the group dialogue with this smaller group felt rich, robust, and easy to navigate virtually. Despite these potential perceived benefits, this smaller participant pool limits the generalizability of the study.

Amongst the participants, there was also a lack of diversity in terms of age, with three participants all being in their late 20s to early 30s; in racial identity, with all participants identifying as White; and, in geographical location, with all providers currently practicing in the state of Colorado. As a researcher and facilitator within this group, I also reflected much of this homogeneity as a White woman in my early 30s, living and working in Colorado at the time of the study. This limitation was echoed in some of the uniformity across the group, as these participants appeared to hold very similar value and belief patterns which ultimately influenced some of the major findings.
of the study (e.g., an emphasis on health and nature as Colorado residents, their scope of practice being limited to reflect common practices in Colorado, receiving training through the same programs or universities). Racial and cultural elements also surely impacted some of these similarities. Furthermore, study design involved self-selection in terms of participation in the study; these participants elected to join a research study, devoting time to their learning beyond their already demanding working schedules during an exceptionally taxing year. This suggests the potential of greater access to resources or supports, either professionally or personally, amongst this participant group.

As is not uncommon in qualitative research, especially as I took on multiple roles in this study (i.e., researcher, facilitator, teacher), I received very little negative feedback around the structure of the training and participants’ experience as it related to learning from me, specifically. Member checking, as a practice in general, does not always elicit honest responses or feedback from participants (Koelsch, 2013), as they may be less likely to share negative feedback in a face-to-face setting or conversation. Although an additional opportunity to provide constructive feedback was given in the form of the post-questionnaire, participants gave unequivocally positive feedback around the study, the curriculum, and my role as the facilitator across all feedback tools and data sources. This likely overly-positive response style, which is perhaps a reflection of our strong rapport as a group, was a limitation on the study, especially with regards to understanding the efficacy of the training.

The event of the Covid-19 pandemic was, in and of itself, a major limitation on this study. The training design, as well as the broader structure of the study, was intentionally crafted to allow for a workable investigation that could still successfully
completed during the 2020 – 2021 academic year. But, not being able to physically engage in training sessions or in-person interview conversations surely impacted the findings. This was perhaps a main limitation of the therapeutic art-making sample lessons embedded within the study; while participants discussed some of their perceived benefits, we were limited in terms of materials and environment, and this also drastically changed my own approach in terms of facilitation (e.g., not being able to control materials provided, being unable to accurately model how to structure the art-making activities for in-person sessions, etc.). In the event that this training is conducted in-person, a comparison to understand the true level of these limitations may be explored.

**Recommendations for Future Research**

Moving forward, it will be important to continue to explore how school psychologists may be integrating therapeutic art into their practice. The current research on this is incredibly limited, yet each of the participants noted they incorporated visual art, at least to some degree, into their counseling practice before participating in the training. Lisa, in particular, is an excellent example of a school psychologist who was consistently using therapeutic art within her practice, and even beginning to design her own approach and scope and sequence of various lessons. It is likely there are other school psychologists who may be doing similar things, and it will be important for the body of research around school psychology and therapeutic art to understand the process and work of these individuals. This also suggests that not only are school psychologists likely using, or perhaps exploring or attempting to use, visual art in some therapeutic regard—they may then also be specifically interested in learning more and gaining more knowledge.
This indicates a need for future research around any potential trainings or other formalized programming to educate school psychologists on foundational aspects of therapeutic art. This curriculum is not exempt from this; while this study provided some initial feedback and other considerations around the actual content and structure of the study, future iterations—particularly any that may be conducted in-person, which could change the approach and outcomes drastically—must continue to be studied. Future directions for this research may include adapting the training emphasis and curriculum structure, which was quite broad for the nature and purpose of this study. Considerations may include specific “sub-trainings” or other foci on areas like art materials or modalities, developmental levels or populations, or mental health presentations or diagnoses. Again, there is still much to explore within this training and any others with similar goals or content.

This study indicated school psychologists perceive a compelling usefulness in terms of therapeutic art within school-based mental health, which suggests formalizing some type of overarching training experience, or enhancing existing literature around therapeutic art and school psychology, will be important to consider in future research. Researching any potential partnerships between school-based mental health providers and art therapists will be highly beneficial, as will continued study of school art therapy programs, as is so well illustrated in Miami-Dade.

As noted previously, a major limitation of this study was the small participant pool, and the homogeneity amongst the participants in terms of race, age, and geographical location. Future research should include larger participant pools and more diverse demographics represented within the participants. Indeed, these similarities
appear to have impacted several aspects of the thematic findings and overall direction of the study, as these participants all presented with notable alignment and crossover in terms of their values, beliefs, and many of their approaches as school psychologists. A similar study in a different state, where the outdoors and nature may not be as accessible or esteemed, might have produced very different results and outcomes in terms of art-making, themes, or emphasis.

Additionally, visual art is deeply tied to culture, and arts education often strives to emphasize different cultural, ethic, and racial considerations around specific art-making styles, approaches, and tools. While this was discussed in the training curriculum, the racial homogeneousness of this participant pool likely impacted possible conversations or discourse around the importance of incorporating race, gender, and ethnic identity into not only therapeutic art-making, but into school-based mental health service delivery, in general. Future studies around therapeutic arts in school psychology should work to further explore and uncover these very important elements, as cultural competence, awareness of biases, and recognition of racial disparities will all only strengthen the potential benefit of therapeutic arts within this field.

This study provided a first glimpse into how school psychologists perceive these ideas, understood this training, and engaged in this learning. Future research regarding therapeutic arts and school psychology practice should incorporate additional methodological approaches; while this study was highly unique in its use of art both therapeutically and as an inquiry method, expanding understanding by integrating other types of data and analyses will surely be helpful.
Conclusion

This qualitative study aimed to uncover school psychologists’ perceptions around the use of therapeutic art within their counseling practice, with an emphasis on integrating these approaches into Tier 2 and Tier 3 interventions and within CBT, SFT, and mindfulness-based approaches, specifically. School psychologists participated in a virtual training experience focused on how to bridge these concepts, which included opportunities for engagement in therapeutic art-making activities and lessons. Throughout the course of the study, participant artwork and my own ongoing art-making process were integrated into the data collection and analyses processes. Findings from this study were organized into distinct themes, which emerged from both visual, artistic data and more traditional qualitative tools (i.e., interviews, observations) and conveyed the participants’ reactions, attitudes, and perceptions, as well as my own artistic voice and renderings as the researcher.

The findings of this study add to extremely limited literature around the use of therapeutic art in school psychology and illustrated how participants not only reacted to the concept of themselves as therapeutic art facilitators, but also to the training sequence as a whole. Participants reported excitement, curiosity, and acceptance around the use of therapeutic art in their practice and noted a post-training increase in their knowledge base around specific practices and approaches, including how to connect these ideas to students’ wellness as defined by the Dual-Factor Model of Mental Health. This first iteration of the training experience was seen as a success by the participants, with the art-making opportunities and emphasis on utilizing art within a specific therapeutic lens, highlighted as strengths.
Recommendations for future research included further exploration of how school psychologists may be integrating therapeutic arts in their current practice, future studies of this training sequence and others like it, and ongoing exploration of how to best bridge the fields of art therapy and school psychology in a manner that is meaningful and, ultimately, beneficial to students and their mental health.

Creating art has been an act of surrender, freedom, and clarity for me for as long as I can remember, and I believe art has allowed me to become a more expressive and communicative human being. I also feel it is partially what led me to psychology, as art-making promoted areas like empathy, listening, and acceptance within my own human experience. As a former art educator and psychologist-in-training, I hope the findings and conclusions drawn from this study continue to promote the use of therapeutic art in schools, and to give more children access to the power of art—for expression, for growth, for communication, and for healing.
References


https://www.cdc.gov/violenceprevention/suicide/fastfact.html

Centers for Disease Control. (2020). What are childhood mental disorders?
https://www.ncbi.nlm.nih.gov/books/NBK32776/


https://digital.lib.washington.edu/researchworks/bitstream/handle/1773/37096


https://doi.org/10.1186/1471-2288-11-100


202


https://doi.org/10.1080/07421656.2004.10129500


Herbstrith, J.C., & Tobin, R.M. (2014). Best practices in group counseling. In P. Harrison & A. Thomas (Eds.), Best practices in school psychology: Student-level services. NASP.


https://doi.org/10.1080/10632910109600008


Pullen, P.C., van Dijk, W., Gonsalves, V.E., Lane, H.B., & Ashworth, K.E. (2018). Response to intervention and multi-tiered systems of support: How do they differ and how are they the same, if at all? In P.C. Pullen & M.J. Kennedy (Eds.), *Handbook to response to intervention and multi-tiered systems of support* (pp. 5 – 11). Routledge.


of Mental Health and Addiction, 17, 112–119 Retrieved from
https://doi.org/10.1007/s11469-018-0001-y.

education program on pre- and early adolescents’ well-being and social and
emotional competence. Mindfulness, 1, 137–151.


Slayton, S., D'Archer, J., & Kaplan, F. (2010). Outcome studies on the efficacy of art
https://doi.org/10.1080/07421656.2010.10129660


adolescents and parents (SITCAP). Edwin Mellen Press.

Stephney, S.A. (2010). Art therapy with students at risk: Fostering resilience and growth

procedures and techniques. Sage.

Suldo, S.M., & Doll, B. (2021). Conceptualizing youth mental health through a dual-
factor model. In P.J. Lazarus, S.M. Suldo, & B. Doll (Eds.), Fostering the

Suldo, S.M., & Shaffer, E.J. (2008). Beyond psychopathology: The dual-factor model of
mental health in youth. School Psychology Review, 37(1), 52-68.

by early adolescents’ subjective well-being, psychopathology, and mental health


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The Miami-Dade Story

Within this district, licensed art therapists act as specialized members of the school-based mental health and special education teams. The district defines the purpose of their Clinical Art Therapy program as “helping at-risk students reach their maximum cognitive and emotional potential through the vehicle of creative expression” (M-DCPS, 2015). They further define the program as “school art therapy” (M-DCPS, 2015).

The Clinical Art Therapy program has been in practice in M-DCPS for nearly 40 years and is regarded as the oldest and largest school art therapy program in existence (Isis et al., 2015). In 1975, Janet Bush developed a pilot art therapy program in Miami to meet the needs of incoming students with disabilities, who required new, specialized services to be successful in traditional schools. Bush (1997) also implemented a yearlong training experience for staff, families, and administrators on the benefits of art therapy. The pilot year was declared a massive success, as these students were engaging in positive school experiences due to their access to the therapeutic arts, and the school community was highly in favor of continuing forward with this model (Isis et al., 2015).

In the coming years, the program expanded service to areas like assessment, evaluation, consultation, and broader interventions. Professional development and research efforts within the program ramped up, as they expanded knowledge of their work through publications and presentations at a number of national conferences (Isis et al., 2015). As the needs of the district’s students evolved, so too did the Clinical Art Program. Services became more specialized for supporting students with severe emotional and behavioral disturbances (Isis et al., 2015).
They remained focused on issues relevant to the district, including test-taking anxiety, drop-out rates, and developing students’ advocacy around understanding their individual difficulties or disabilities.

Currently, the Clinical Art Therapy program continues to provide initial services and hone their model to best meet the ever-evolving needs of their students. The program model remains focused on working with students with emotional and behavioral disabilities. Services provided include weekly individual or group therapy sessions—again, all conducted by art therapists—with an emphasis on the student’s emotional, behavioral, and cognitive needs, with students being referred by members of the treatment team (e.g., teachers, school counselors or psychologists, and art therapists) (Isis et al., 2015). In order to qualify for the Clinical Art Therapy program, a student must meet a threshold of need, determined by assessments (both psychoeducational and art-based), educational data, background history, and referral reason. Engagement in the program can also be recommended and included as part of a formalized special education process, like an Individualized Education Program (IEP).

The work being done in M-DCPS is extremely relevant when considering the application of therapeutic art-making in school psychology, but it is important to note that this example is highly specific and, again, does not include the use of therapeutic art-making facilitated by school psychologists; rather, art therapists are included as members of the special education team and provide therapeutic services. While the model is different from the approach proposed in this study, the guiding principles are similar, in that the Clinical Art Therapy program promotes the use of art therapy in schools. This program has also developed strong evidence for the benefits of therapeutic art-making...
with several school-going populations, most notably students with emotional and behavioral disturbance. M-DCPS is, in many ways, paving the way for integrating art therapy into special education and school-based mental health.
Appendix B

Benefits of Therapeutic Art in Schools & Referral to Outside Art Therapy

In addition to the Miami-Dade example, McDonald and Drey (2018) synthesized studies of primary-school student art therapy participation, where students received art therapy services, facilitated by art therapists, in school settings. Across their samples, school-based art therapy was found to have a positive effect on numerous behavioral and emotional difficulties, as well as overall classroom behavior, opposition, locus of control, and self-concept. An additional follow-up study found improvement in children’s stress, conduct, attention, and prosocial behaviors (McDonald, Holttum, & Drey, 2019).

Oftentimes, students end up receiving outside art therapy services to support a concern occurring at school (e.g., classroom behaviors, bullying). The referral to art therapy, specifically, may stem from parental preference, or from a school-based mental health provider who is familiar with the benefits of art therapy but unable to facilitate them in a school setting. Or, perhaps students with an affinity for art seek out these types of therapeutic opportunities beyond their school environment. Yan, Chen, and Huang (2019) found students who were frequent victims of bullying showed emotional improvements in school after participating in an outside art therapy program. While bullying can occur anywhere, these students were experiencing particular distress while in the school setting, suggesting accessing support for this issue while at school may have been more appropriate and beneficial. It is reasonable to assume that providing the art therapy within the school, as part of the school-based mental health program, would have been equally or even more effective and much easier to access.
These studies demonstrate the necessity for referral out for art therapy services based on school-specific problems. Collectively, this literature indicates the benefit and even the potential necessity of therapeutic art to support students’ mental health during their school day, suggesting expanding its use to other school-based mental health providers may have positive impact.
Appendix C

Pilot Study: Pertinent Findings & Changes

Pilot study training sessions were completed in December of 2020, on December 11\textsuperscript{th}, 17\textsuperscript{th}, and 30\textsuperscript{th}. These sessions were a full run-through of the complete curriculum, with an emphasis on troubleshooting technology issues and the virtual platform, and on making any necessary adaptations to the curriculum and sequence of the training itself.

Pilot participants included four fellow graduate students in the University of Denver’s school psychology doctoral program, three of whom were fourth year students and one of whom was a fifth-year student completing a pre-doctoral internship. These individuals were all members of my original doctoral cohort and are colleagues I know well personally and respect professionally. I approached them, specifically, to be part of the pilot training as I knew they would provide honest feedback, and we all regularly supported one another’s scholarly endeavors and professional pursuits.

Throughout the pilot sessions, I would frequently pause and pose questions to the group around the structure of various aspects of the lesson, including length of time spent on specific topics, accessibility of the images and other aspects of the presentation, and components of my own delivery of the information. Additionally, all pilot participants completed both the pre- and post-training questionnaires and provided feedback on these elements. Having these sample questionnaires also allowed me to determine any potential changes or adaptations to the forms in order to gain more information specific to the research question and broader themes of the study.
Feedback from the pilot participants provided essential albeit minor updates to the curriculum, the most notable of which was less time spent discussing the development stages of art-making, and more emphasis on adapting art-making lessons and approaches to meet the needs of various school-aged populations. As a group, pilot participants felt the first session of the training was a bit dense with information and likely involved too much time spent on lecture, which helped me to restructure some of these elements across the three sessions and to allow for more community-building during the first session. My peers also provided examples of community-building activities they have seen or implemented in virtual groups and training settings, and helped me to brainstorm different methods to enhance virtual engagement (i.e., using the “poll” feature on Zoom if appropriate, inviting participants to share various items in their space as part of storytelling and team-building).

In addition to these suggestions for formatting and changes to the curriculum structure and flow, pilot participants also provided feedback on the questionnaires. Having them complete these tools gave me an opportunity to better understand how to use them in the study, and to see what type of information, exactly, I gleaned from the questionnaires. After discussing elements of the questionnaire with the pilot group, I elected to include more open-ended questions on the form, and to incorporate questions specific to participants’ perceptions and understanding of wellness—an important theoretical foundation of the study and research questions. These minor tweaks made the questionnaires more informational for my purposes, while still not becoming overwhelming or overly lengthy from the pilot participants’ point of view.
Regarding the art-making activities, the pilot participants were enthusiastic about the workability of this aspect of the training, and reported this to be, collectively, their favorite component of the training. The combination of both observing how I facilitated the lessons, and then engaging in the actual shared experience of therapeutic art-making, were said to be the most important benefits. Pilot participants also assured me they felt able to complete these tasks from home with art materials they had on hand, but made the crucial suggestion to ask those who participated in the full study about the availability or various art materials during the informed consent and general onboarding process. I found this to be an excellent recommendation, as I could then have a strong sense of the accessibility of art materials for those completing the activities and could make any necessary changes or adaptations to the lessons beforehand.

Although the changes to the training sequence were relatively minor, the pilot study proved to be an important opportunity for me to fine-tune my presentation style, to experiment with the overall flow and structure of the training in real-time, and to practice facilitating dialogue and art-making activities over Zoom. During the feedback stage of the pilot, there was some discussion around the possibility for an optional fourth training session to allow for additional shared art-making, sample lessons, and open dialogue. To adhere to the original scope of the study, and to keep study participants from feeling inundated with extensive sessions during the challenges of Covid-19 and virtual learning, I ultimately elected not to include or offer this optional fourth session. That being said, I will keep this suggestion in strong consideration for possible future iterations of the training sequence.
Appendix D

Recruitment Email

Dear School Psychologists,

My name is Alexandra (Ali) Manion, and I am a doctoral student in the Child, Family, and School Psychology program at the University of Denver. I’m emailing you as an invitation to participate in a research study for my doctoral dissertation. **This is a study about the role of therapeutic art-making in school psychology practice.** As a practicing school psychologist, you may be eligible to participate in this study. I obtained your contact information from the Colorado Society of School Psychologists’ (CSSP) list-serve.

If you decide to participate in this study, you will have the opportunity to complete a virtual training experience and learn lessons and strategies to immediately incorporate therapeutic art-making into your counseling practice with students. Pre- and post-training questionnaires will be used, and semi-structured interviews will also be conducted. Additionally, I would like to audio/video record the training sessions and interviews and use this information as part of the data analysis process.

This study is an excellent opportunity to learn new strategies to engage your students in therapeutic sessions! Your participation is completely voluntary. **If you’d like to participate, please e-mail me at ali.manion@du.edu.** I will then provide you with a screening tool to ensure your eligibility. Feel free to reach out with any questions about the study. Thank you!

Sincerely,

Alexandra (Ali) Manion, M.A.
Doctoral Student
University of Denver – Child, Family, and School Psychology Program

Faculty Sponsor: Cynthia Hazel, Ph.D.
Professor – Child, Family, and School Psychology Program
Appendix E

Participant Screening Tool

Please provide or select the response which best describes you and your current practice.

Thank you for your time!

1. Current credentials and licensure (indicate all that apply):

   Ed.S  Ph.D.  M.A.  NCSP  Licensed

   Psychologist

   Licensed Educator  Other: _______________

2. Demographics:

   Age:

   Gender:

   Racial/ethnic background:

   Location:

   Education/training:

3. What is your current school site?

   Name:

   District/Location:

   Age/grade levels:

   How long have you worked there?

   Special populations served:

4. How long have you been a practicing school psychologist (not including internship)?
5. How often do you provide direct, Tier 2 and Tier 3 counseling services with students (group or individual) each week?

- Less than once per week
- 1x/week
- 2-3x/week
- 4x/week
- 5x/week or more

6. Which counseling modalities do you currently implement with students (i.e., CBT, play therapy, Mindfulness, SFT, etc.)?

7. Briefly describe your experience with visual art/art therapy.
Appendix F

Pre-Training Questionnaire

1. Describe your understanding of the benefits of using art therapeutically in school psychology, including how therapeutic art-making improves students’ mental health.

2. Describe your knowledge of art therapy, in general.

3. What are your beliefs about art therapy (i.e., is it good, bad, important, not important, etc.)?

4. Do you think therapeutic art-making has a place in your practice in a school psychologist? Why or why not?

5. How confident are you in your ability to use art therapeutically in your practice?
   
   NOT AT ALL CONFIDENT  
   A LITTLE BIT CONFIDENT  
   CONFIDENT  
   VERY CONFIDENT

6. How likely are you to use or continue to use art therapeutically in your practice?

   I PROBABLY WON’T  
   I WILL A LITTLE  
   I WILL WHENEVER I CAN/IT’S APPROPRIATE  
   I WILL USE IT ALL THE TIME
Appendix G

Post-Training Questionnaire

1. Describe your understanding of the benefits of using art therapeutically in school psychology, including how therapeutic art-making improves students’ mental health.

2. Which elements of the training worked well/were most beneficial?

3. Which elements of the training did not work well/were least beneficial?

4. Which strategies/elements do you see yourself most likely implementing in your counseling practice?

5. Did this training change your perceptions of student wellness and its importance in your practice? If so, how?

6. What are your beliefs about art therapy (i.e., is it good, bad, important, not important, etc.)?

7. You engaged in your own therapeutic art-making process as part of this training. Briefly describe that experience (was it beneficial, challenging, etc.).

8. Do you think therapeutic art-making has a place in your practice as a school psychologist? Why or why not?

9. How confident are you in your ability to use art therapeutically in your practice?

   NOT AT ALL CONFIDENT
   A LITTLE BIT CONFIDENT
   CONFIDENT
   VERY CONFIDENT

10. How likely are you to use or continue to use art therapeutically in your practice?
I PROBABLY WON’T
I WILL A LITTLE
I WILL WHENEVER I CAN/IT’S APPROPRIATE
I WILL USE IT ALL THE TIME

11. Overall, how likely would you be to recommend this training to a fellow school psychologist?

I WOULD NOT RECOMMEND
I LIKELY WOULD NOT RECOMMEND
I WOULD PROBABLY RECOMMEND
I WOULD ABSOLUTELY RECOMMEND

Please explain your choice:
Appendix H

Interview Protocol

• Background
  o What has your art-making experience been like over the years (e.g., did you love art, hate it, take art in school)?
  o What brought you to school psychology? What was your process/path like (educationally, and professionally)?
  o Additional questions adapted per participant

• School Psychology Practice
  o What is your favorite part of your job? Your least favorite part?
  o Tell me about your counseling practice.
  o How would you define/describe mental health? Wellness?
  o What does your role look like at your current site?
  o Describe the culture of your current site
  o What are your future career/professional directions?
  o What excites you about school psychology?

• Wellness
  o Before this training, was “wellness,” or something similar, part of your conceptualization of students’ mental health?
  o How do you feel you enhance student wellness in your role?
  o Why or why not is wellness important to you as a school psychologist?
  o What was your reaction to the Dual-Factor Model? Have you seen this before? Would you incorporate into your conceptualization of mental health, or into practice in any way?

• Therapeutic Art-Making
  o Before this training, what exposure/experience did you have to therapeutic art-making?
  o How do you visualize therapeutic art-making in your counseling practice?
  o What are your thoughts on therapeutic-art making?
  o What excites you about therapeutic art-making?
  o What intimidates you about therapeutic art-making?
  o What do you believe are the benefits to therapeutic art-making?
  o How do you envision your students reacting to your use of therapeutic art-making? Teachers? Peers? Administrators? Families?

• The Training
  o What was your favorite part of the training experience? Least favorite?
  o What worked well for you? What didn’t work well?
  o How did this training change:
    ▪ your knowledge of therapeutic art-making?
    ▪ your conceptualization of your counseling practice?
    ▪ your knowledge of wellness?
Which elements do you think will be most essential for your practice (e.g.,
background info, sample lessons, connections to existing counseling
modalities)?
If you could change anything about this training, what would you change?

**Your Art-Making Experience**
- Describe what it was like to engage in a therapeutic art-making experience
- What surprised you? What excited you? What… (adapt based on
  participant and their art samples)
- How did therapeutic art-making make you feel, overall?
- What were your reactions to the discussions after the sessions?
- What was it like to share your artwork? (if included)

**Next Steps in Your Practice**
- How do you see this training experience playing a role in your practice?
- Is therapeutic art-making something you envision yourself regularly
  implementing? Why or why not?
- Do you want to learn more about therapeutic art-making/learn more
  strategies? Why or why not?
Appendix I

Outline of Training Curriculum

Session One

- **Introductions & Background**
  - Name, where are you from, where do you practice?
  - School & populations
  - Little-known fact/if you were invisible for a day…
  - Hopes for this training
  - What inspires you about your role/the field?
  - What frustrates or challenges you about your role/the field?
  - Hopes and dreams for your career, your students, any future directions?

- **Community Expectations**
  - Respect yourself
  - Respect each other
  - Respect space and materials
  - Trust – how will we collectively define this?

- **Create a symbol**
  - Any format, any style, that represents YOU and where you are at on your journey today

- **Defining Art & Art Therapy**
  - Visual arts vs. creative or expressive arts and what this means for us

- **Art therapy vs. therapeutic art-making and the importance of this distinction**

- **Art & Child Development**
  - Lowenfeld’s (1987) Stages of Artistic Development
    - Discuss and view examples of artworks
    - Discuss limitations of this “universal” theory

- **Artistic brain break**
  - Contour drawing (apples)

- **Materials, Structure, & Environment**
  - Malchiodi’s (2006) basic and essential materials
  - Potential limits – space and funding
  - Materials: fluid vs. resistive
    - Drawing, painting, clay, collage
  - Setting the environment
  - Task complexity and structural considerations (high vs. low)
  - Why materials matter
  - Drawing
    - Sample strategies & techniques
    - Easy-to-use and access materials
    - Typical approaches
  - Painting
    - Sample strategies & techniques
• Considerations for clean-up and storage
  • Importance of understanding fluid vs. resistive with this medium
    o Clay & sculpture
      • Sample strategies & techniques
      • Considerations for special populations (e.g., abuse, trauma)
      • Developmental stages
      • Various tools, clean-up and storage issues
    o Collage
      • Sample strategies & techniques
      • Integrating the unexpected
      • Found objects, objects from home
      • Two- and three-dimensional considerations

• Benefits of Therapeutic Art
  o Imagination, hopes, fears
  o Sensory input and output
  o Visual language
  o Risk-taking, vulnerability, safety
  o Neurocognitive, interpersonal, intrapersonal, special populations

• Artistic brain break
  o Closed-eye (“blind”) contour drawing (apples)

• Dual-Factor Model of Mental Health
  o Defining the four presentations
  o What is subjective well-being?
  o Relevance in school-based mental health
  o Participant definitions of wellness
  o How therapeutic art-making can enhance wellness

• Art therapists as members of a school-based mental health team
  o Miami-Dade story
  o Findings, benefits, and challenges

• School psychologists as facilitators
  o Building upon existing knowledge base
  o Understanding of counseling modalities
  o Understanding of schools as systems
  o Understanding of child development and special populations
  o Sensory: bridge the implicit and explicit
  o Interaction: experiential/tactile, visual & verbal
  o Storytelling: organize narratives, prompt more information, open dialogue
  o Artistic expression: cognitive, emotional, interpersonal, developmental

Session Two
• Welcome back and check-in on materials, questions
• Art & music activity
  o Fold a piece of paper into three equal sections. Listen to first song; select whatever colors/materials needed to “illustrate what you feel” in the first third of the paper
Confidentiality and Ethics
- Confidentiality: art created within therapeutic context is confidential
- Ownership: students ultimately own the artwork they create
- Cultural sensitivity: Address and respect culture in treatment; extra consideration for methods/materials, cultural ties to visual art
- Positive approach: Empower students, embrace limits, enhance trust
- Displays and feedback: structure around when and how art created in a therapeutic setting can be displayed, and for what purpose; additional considerations around feedback occurring across students (i.e., “What is that supposed to be?”) and how to protect therapeutic art from outside criticism

Art & music activity
- Same prompt, new song

Tier-2 Interventions
- Integrating art into existing programming/counseling
- Options for standalone therapeutic art-making or group structure
- Focus on addressing the concern, but also enhancing wellness
- Can be used for social skills groups, ADHD, ASD, mental health, etc.

Group Sessions: thoughts and considerations
- Space and clean-up
- Therapeutic goals
- Expectations (materials, timing, etc.)
- Benefits of therapeutic art in a group counseling session

Cognitive-Behavioral Therapy (CBT) and Therapeutic Art
- Background, benefit, prior use
- Increased accessibility
- Aids and supports, destress and relax, move toward specific images, engagement & ownership
- CBT Art-making and homework
  - Using a visual journal as part of CBT homework process
  - Increased buy-in
- Potential activities/images to create:
  - Image of the stressor
  - Image of how to prepare of the stressor
  - Images of problem-management (can be step-by-step)
  - Images of stress reduction practices
  - Comic strips, self-portraits, sculpture of the “stressor,” use of students’ photos to illustrate problems/problem-solving
  - Creating images of negative thought patterns and artistically “destroying” them

Solution-Focused Therapy (SFT) and Therapeutic Art
- Connecting visual and verbal processes to enhance outcomes
- Art-making activities are less threatening and promote partnership and collaboration
o Student is better able to convey their own perceptions of the problem and present it in a tangible form

o Potential activities:
  ▪ Goal setting through artistic representation
  ▪ Creating images after achieving a specific goal, with a focus on self-affirmation
  ▪ Creating visual representation of most troubling problem
  ▪ Visualizing and creating images of solutions
  ▪ Illustrating or creating a visual presentation of the miracle question

o Integration into groups (collaborative problem-solving through art)

o Importance of the tangible art piece in the problem-solving process

• Art & music activity
  o Same prompt, final song
  o Debrief the purpose and structure of this activity, share, and reflect on artworks

• Sample art lesson: CBT
  o Provide thoughts around virtual limitations, group dynamics, time constraints, developmental levels and therapeutic intent/purpose
  o Illustration of a negative thought patterns
    ▪ Consider: problems have been identified, now exploring negative automatic thought patterns
    ▪ Who, where, when, why
    ▪ Illustrate the thought pattern (if it is an action = give it action. If it is a feeling = portray that feeling)
    ▪ Open choice, design, and expression
    ▪ Any materials desired and available
    ▪ Option to destroy image of negative thought pattern post-completion

• Sample art lesson: SFT
  o Indicate less structure (discuss task complexity)
  o Illustration of “the perfect day,” a variation of the miracle question activity
  o Any materials desired and available

• Group art-making and shared discussion
  o Facilitate sharing of artworks, discuss materials used, which lesson was selected, outcomes and therapeutic experience

• Closing dialogue: reflection and next steps

Session Three

• Welcome back and check-in on materials, questions

• Discussion around use of therapeutic art
  o Has it been attempted or used at current sites?
  o Any changes in perceptions of different approaches or strategies?

• “The Egg Game” - a well-known way to invite storytelling in art-therapy (Tanaka, 1995; Malchiodi, 2012). Storytelling is led through both visual and verbal prompts.
o Draw an egg shape on your paper
o Something is about to be born! – “crack” your egg
o Anything can hatch out of your egg (this is a MAGICAL EGG)
o Draw whatever has hatched out of your egg!
o Share and discuss eggs and hatchlings

• **Tier-3 Interventions**
  o Additional focus on presenting problems (psychopathology) in addition to increasing wellness and SWB
  o Being thoughtful in they “why” and overall purpose of integrating therapeutic art at this level; how will it guide outcomes?

• **Individual/One-on-one counseling sessions**
  o Why will therapeutic art work well for this student? What challenges might you face?
  o Allowing for frequent student-led moments
  o Consider materials, environment, task complexity and other structural elements
  o Sample process:
    ▪ Problem analysis/therapeutic goals
    ▪ Therapeutic art-making
    ▪ Reflection and changes
    ▪ Re-assess goals and evaluate outcomes

• **Facilitator and Art-Maker?**
  o Most art therapists consider this a personal choice, but be thoughtful
  o Young children love to compare
  o Student-created examples; tricky for therapeutic art, but can be beneficial
  o What is your purpose in creating alongside the student?
  o Changes your engagement and your ability to attend to student needs, and possibility missing a moment/opportunity
  o Can be great for rapport
  o “Reaction” art as part of your therapeutic experience

• **Specific Therapeutic Outcomes and Strategies**
  o Sensory focus: connecting mind and body
  o Integrating visual and verbal: enhancing verbal dialogue and providing visual language
  o Storytelling: guiding and organization the narrative
  o Expression: promoting confidence and self-efficacy

• **Mindfulness and Therapeutic Art**
  o Mindfulness Based Art Therapy (MBAT)
  o Techniques are focused on creating mind-body connections, and may include drawing attention to bodily sensations, mindful breathing, body-scan exercises, and mindful stretching
  o Emphasis on calming both the body and the mind
  o Self-regulation
  o We are now well-aware of the sensory components of art-making, which helps to connect body to mind
Sample art lessons:

- Body scan approach
- Exploring materials (fluid) as mindfulness
- Drawing or painting to music
- Breath and art-making
- Mind-body circles

Self As Artist

- Promoting personal growth in own artistic exploration
- Emphasis on self-expression, voice, perceptions and beliefs (not on formal training, fine motor skills, something looking “good” or “bad”)

Cautionary Considerations

- Evidence: difficulties in researching the efficacy of therapeutic art; what does this mean for school psychologists?
- Scope: know and recognize boundaries of practice
- Language: using art therapeutically vs. art therapy
- Limitations: appropriate for student needs and school-based setting
- Time: therapeutic art-making and returning to the classroom setting
- Risks? Discussion around potential themes within therapeutic art and necessity for reporting, breach of confidentiality, etc. (e.g., self-harm, violence, abuse)

Sample art lesson: Mindfulness

- Body Scan: discuss considerations around materials, population, structure
  - Draw a very simple outline of a human body. There are also tons of templates available for use (discuss how to facilitate with three-dimensional materials)
  - Once everyone’s template is ready, let’s complete our body scan.
  - Be mindful of where you’re noticing something particular… any sensation, good or bad
  - Let’s begin to illustrate our body scan. Allow this to be as open as possible—you can use any color, design, or shape to demonstrate a particular sensation. Feel free to pause and return to your mindful breathing activity as often as possible
  - And, feel free to illustrate other areas of your body in a way that you feel represents what you are feeling. Your heart, your head, your stomach…

Sample art lesson: Mindfulness

- Mind-Body Circles: discuss background of activity (MBAT) and structural elements
  - Can use a cup, bowl, or other round item to trace two different sized circles and cut them out. One represents your mind, one represents your body. After cutting them out, affix them to a new sheet of paper in a way that you feel best represents your current mind-body connection. Then, use collage and/or drawing materials to demonstrate what you’re feeling in your mind and your body

Group art-making and shared discussion
- Facilitate sharing of artworks, discuss materials used, which lesson was selected, outcomes and therapeutic experience

- **Closing dialogue: reflection and next steps**
  - Sharing digital artwork samples
  - Next steps within study
  - Final moments as a group; closure and goodbyes
Appendix J

Informed Consent Document

Consent to Participate in Research

**Study Title:** Exploring the Potential for Therapeutic Art-Making in School Psychology Practice: A Single Case Study of a Training Experience

**IRBNet #:** 1684932-1

**Principal Investigator:** Alexandra Manion, M.A.

**Faculty Sponsor:** Cynthia Hazel, Ph.D.

**Study Site:** Virtual (digital training sessions/interviews, emails)

You are being asked to participate in a research study. Your participation in this research study is voluntary and you do not have to participate. This document contains important information about this study and what to expect if you decide to participate. Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate.

The purpose of this form is to provide you information that may affect your decision as to whether or not you may want to participate in this research study. The person performing the research will describe the study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to give your permission to take part. If you decide to be involved in this study, this form will be used to record your permission.

**Purpose and Process**

If you participate in this research study, you will be invited to participate in a training experience on the use of therapeutic art-making techniques in school psychology practice. Strategies will be focused on how therapeutic art-making can improve students’ wellness and overall mental health, and you will be provided with real-world sample lessons and activities you may use with students as part of your counseling practice. There will be particular emphasis on how therapeutic art-making can be incorporated into your Tier 2 and 3 counseling interventions with students, and connections will be drawn with the following counseling modalities: Cognitive-Behavioral Therapy (CBT), Solution-Focused Therapy (SFT), and Mindfulness. The purpose of this study it to understand school psychologists’ perceptions and attitudes around the use of therapeutic art-making in their practice, and to gain information on elements of the training experience that worked well for the participants.

You will be provided with a pre-training questionnaire via email. After completing the questionnaire, the training sequence will begin. Trainings will be hosted via a virtual platform, most likely Zoom, and run across three sessions with a sequential curriculum.
Trainings will run from 2 – 3 hours, with frequent breaks, and will be conducted either weekly or every other week until completion. You will have the opportunity to engage in sample therapeutic art-making activities as part of the training experience. If you feel comfortable, you may provide a photograph of your finished piece of artwork from these sessions, which will not be evaluated or analyzed but will simply act as a visual representation of this portion of the training and study. Following the third and final training session, you will be provided with a post-training questionnaire, again via email. Finally, you will participate in a semi-structured one-on-one interview with the principal investigator. This will be conducted through either a virtual video platform or a phone call.

Questionnaires will be brief and likely require 10 – 15 minutes for completion. Training sessions will require 6 – 10 hours total across all three sessions, and the follow-up interview will likely be an hour or an hour and a half in length. The study will last for roughly two months, from start (initial questionnaire) to finish (interview).

At any point, you may refuse to answer any question or prompt, including those on the questionnaire and in the interview. Interview questions will be open-ended and focused on your own perceptions and beliefs about the training and the role of therapeutic art-making in your practice (e.g., “How do you envision your students reacting to your use of therapeutic art-making?”; “How did therapeutic art-making make you feel?”).

**Risks or Discomforts**
Potential risks, stress and/or discomforts of participation may include a breach of confidentiality if the virtual elements of this study are compromised, and the emotional risk associated with engaging in your own therapeutic art-making experience as part of the training. There will be a focus on emphasizing your own safety and well-being during this process, just as we would in school-based mental health with students; access to any mental health supports can certainly be provided in the event that the therapeutic art-making experience is overwhelming or brings up unexpected memories/emotions.

Visual recordings of the training sessions will be completed, as well as audio recordings of the interviews. These recordings will be used as part of the data analysis process, and visual images from the training will not be shared or included in the final study—with the exception of images of your own completed artwork, which you may share at your discretion after completing the activity. All digital recordings will be password protected and saved in encrypted folders as an added level of security. Despite this, there is still the potential for a breach of confidentiality or the risk of recordings being compromised.

**Benefits**
The benefits which may reasonably be expected to result from this study are your increased understanding of the materials and structure necessary to conduct therapeutic art-making activities as a part of your practice, and increased knowledge of how these concepts can enhance students’ mental health and engagement in school-based therapies. These concepts and activities can translate directly back into your practice regardless of your school’s current delivery model (in-person, hybrid, or virtual learning). Despite these perceived
benefits, I cannot and do not guarantee or promise that you will receive any benefits from this study.

**Confidentiality of Information**
One risk of participating in research is a loss of privacy. Data will be confidential. Myself, the principal investigator, and my faculty sponsor will have access to identifiable data, which will be securely stored. The link between your identifiers and the research data will be destroyed after the records retention period required by state and/or federal law.

With your permission, training sessions will be video-recorded, and interview sessions will be audio-recorded. These recordings will be used so that I can make an accurate transcription of your response and of dialogue during the training sessions. At the completion of the study, these recordings will be deleted.

**Limits to confidentiality**
All of the information you provide will be confidential. However, if we learn that you intend to harm yourself or others, including, but not limited to child or elder abuse/neglect, suicide ideation, or threats against others, we must report that to the authorities as required by law.

Because of the nature of the data, it may be possible to deduce your identity; however, there will be no attempt to do so and your data will be reported in a way that will not identify you.

**Use of your information for future research**
All identifiable information (e.g., your name, date of birth) will be removed from the information or samples collected in this project. After we remove all identifiers, the information or samples may be used for future research or shared with other researchers without your additional informed consent.

**Data Sharing**
De-identified data from this study may be shared with the research community at large to advance science and health. We will remove or code any personal information (e.g., your name, date of birth) that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information or samples we share. Despite these measures, we cannot guarantee anonymity of your personal data.

**Consent to video / audio recording / photography solely for purposes of this research**
This study involves video/audio recording, and/or photography. If you do not agree to be recorded, you CANNOT take part in the study.

_____ YES, I agree to be video/audio recorded/photographed.
NO, I do not agree to be video/audio recorded/photographed.

Questions
For questions, concerns, or complaints about the study you may contact:

Alexandra (Ali) Manion, M.A.
Doctoral Student
University of Denver – School Psychology Program

Cynthia Hazel, Ph.D.
Professor – School Psychology Program

If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the University of Denver (DU) Institutional Review Board to speak to someone independent of the research team at 303-871-2121 or email at IRBAdmin@du.edu.

Signing the consent form
I have read (or someone has read to me) this form, and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Printed name of subject ____________________________ Signature of subject ____________________________
Appendix K

Visualization of Code and Theme Development

“I Am a Creative Being”
Appendix L

Participant Art Catalog

Participant Art Sample 1.
Shelly’s Symbol
Participant Art Sample 2.

Shelly’s Egg Game Creation
Participant Art Sample 3.
*Shelly’s Mind-Body Circles*
Participant Art Sample 4.
Lisa Draws to Music
Participant Art Sample 5.
Lisa's Perfect Day
Participant Art Sample 6.
Lisa’s Mind-Body Circles
Participant Art Sample 7.  
Kayla Draws to Music
Participant Art Sample 8.
Kayla’s Perfect Day
The following appendix includes all images created in the research sketchbook over the course of the study, presented in dated chronological order. Many sketches have also been included in the body of the manuscript to reflect various themes or findings. They are presented here as a chronological visual journal of much of the data analyses process and my own personal experience as a researcher and artist.

Sketch 1.
Recruitment Phase – 2/10/2021
Sketch 2.
Recruitment Phase – 2/19/2021
Sketch 3.
Recruitment Phase – 2/28/2021
Sketch 4.
Recruitment Phase – 3/4/2021
Sketch 5.
Pre-Training – 3/19/2021
Sketch 7.
*Pre-Training – 4/1/2021*
Sketch 8.
Training Session 1 – 4/5/2021
Sketch 9.

Analysis – 4/9/2021
Sketch 10.
*Analysis – 4/11/2021*
Sketch 11.
Training Session 2 – 4/13/2021
Sketch 12.

Analysis – 4/17/2021
Sketch 13.
Analysis – 4/18/2021
Sketch 14.
Training Session 3 – 4/19/2021
Sketch 15.
Training Session 3 – 4/19/2021
Sketch 16.
Analysis – 4/22/2021
Sketch 17.
Interviews – 4/30/2021
Sketch 18.

Interviews – 5/7/2021
Sketch 20.

Interviews – 5/13/2021

i am seeking...
I am striving
I am in it with all my heart.
Sketch 21.
*Interviews – 5/19/2021*

- the most complex thing in the known universe.
Sketch 22.
Interviews – 5/27/2021
Sketch 23.
Analyses – 6/1/2021
Sketch 24.
Analyses – 6/7/2021
Sketch 25.
Analyses – 6/26/2021
Sketch 26.

Analyses – 7/4/2021
Sketch 28.
Analyses – 7/18/2021
Sketch 29.
Analyses – 7/19/2021
Sketch 30.
Analyses – 7/22/2021
Sketch 31.
Analyses – 7/25/2021
Sketch 33.
Analyses – 8/1/2021
Appendix N

Reaction Art Catalog

Reaction Art – Session 1.
Reaction Art – Session 2.
Reaction Art – Session 3.
Reaction Art – Shelly.
Reaction Art – Erik
Reaction Art – Kayla
Appendix O

Thematic Art Catalog

Thematic Art 1.
*A New Journey, a Familiar Destination: More than “Let’s Draw”*
Thematic Art 2.
*The Anchor and the Process*
Thematic Art 3.
*The Brain and the Body*
Thematic Art 4.
Opening the Door: A Safe Leap
Thematic Art 5.
*Going Beyond Words: When Art Speaks*
Thematic Art 6.
Reinvigorated and Reminded: Finding the Flow
Thematic Art 7.

Art-Making Experience: “I am a creative being”
Thematic Art 8.

Sample Lessons and Intentional Outcomes: Structure and Starting Points
Thematic Art 9.

The Virtual Landscape: A Strange Opportunity