Art therapists who are interested in working in the public schools might find it helpful to understand the special education system and how art therapy services can be utilized in a special education setting. A good place to start with is the Individuals with Disabilities Education Act, a 1990 federal law (reauthorized in 1997 and again in 2004) that ensures a free and appropriate public education in the least restrictive environment to all youth regardless of ability. This act allows for the provision of special education services to address deficits or challenges that severely affect a student’s classroom performance.

Students who are tested and qualified for special education services have demonstrated educational deficits or challenges in one or more of the following areas: autism, deaf/blind, deafness, hearing impaired, mentally challenged, multiple disabilities, orthopedic impairment, serious emotional disturbance, specific learning disabilities, speech or language impairment, traumatic brain injury, visual impairment including blindness, and other health impairment. Due to the nature of these conditions and their adverse effect on the learning process, students who qualify for special education services are provided with an individualized education plan (IEP) to address their specific needs as they relate to the goals of an educational setting. Services that are recommended in a student’s IEP both directly or indirectly strive to improve a student’s classroom performance and are monitored by the service provider(s) and a committee to ensure that the student is making progress. Related services fall under this category in that they indirectly support a student’s educational process by addressing problems that serve as barriers to it; in other words, these services relate to a student’s academic performance.

Art therapy as a related service involves the provision of interventive assistance that addresses a particular student’s qualifications for special education services (i.e., autism, emotional disturbance, learning disabilities, etc.) in order to promote the student’s ability to function effectively in the classroom. Because a student is pulled from the classroom for art therapy sessions, art therapy as a related service is considered restrictive in that it restricts a student’s instructional time. For that reason art therapy as a related service is reserved for special education students who are experiencing a long-standing issue that warrants intervention; special education students who are experiencing a short-term need are not appropriate referrals for art therapy as a related service. Before a committee can recommend art therapy as a related service, written parental or guardian consent must be obtained to evaluate the student for this service. The evaluation results yield treatment goals if a student qualifies for art therapy as a related service, and the evaluation and goals are reviewed with the referring committee and parents/guardians/student prior to formally recommending art therapy as a related service in the student’s IEP.

Once a service has been formally recommended in the IEP, the school district must provide that service. This is true even if the student moves to a new district; the receiving district is legally required to implement the student’s existing IEP until the new district has become familiar with the student and reevaluates/reassesses her or his needs. Student progress toward related service goals are monitored by the service provider at regular intervals and reviewed by a
committee at least once per year to determine their relevance to the student’s overall performance. A student who has achieved her or his related services goals may be dismissed from that particular service via committee approval. Otherwise she or he must be reevaluated for that service at least once every three years in order to determine continued eligibility.

On the other hand, enrichment services are for special education students as a means of supplementing or enhancing their educational experience. Enrichment services are not IEP driven and thus do not require an evaluation process or the development and monitoring of treatment goals. However, it is advisable to obtain written parental/guardian consent for each student, as parents and guardians have a right to know—and to object—when a school district is offering an enrichment service to their children. Enrichment services generally are provided at the classroom level; the service provider works with the students as a group in their classroom rather than pulling them for individual or group sessions. As such, enrichment services are worked into the classroom schedule and curriculum. The focus of enrichment services is thus general to the class rather than specific for each student. Art therapy as an enrichment service can address issues that have been noted by the classroom teacher; thus it is a good idea to seek input and feedback from the teacher when proposing or refining session objectives.

Regardless of whether a student receives art therapy as a related service or as an enrichment service, the utmost reason behind the use of these services is the student’s educational need. It is important for an art therapist going into a special education setting to be able to articulate this point to administrators, teachers, and parents/guardians. Doing so will facilitate understanding and acceptance of art therapy’s applicability to the special education population and ultimately allow for more students to benefit from the important and unique contributions art therapy is well-suited to make in the world of public education. ■

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Art Therapy 101: An Intro for School Administrators

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What Do Art Therapists Know?

Required Curriculum in Graduate-level Art Therapy Educational Programs (in addition to internships/practica)

Set Forth by the American Art Therapy Association (http://www.arttherapy.org/)
Required “Related” Content Areas

- psychopathology
- human growth & development
- counseling & psychological theories
- cultural & social diversity
- assessment
- research
- studio art
- career & lifestyle development (optional)
Required “Art Therapy” Content Areas

- history & theory of art therapy
- techniques of practice in art therapy
- application of art therapy with people in different treatment settings
  - group work
  - art therapy assessment
- ethical & legal issues of art therapy practice
  - standards of practice in art therapy
  - cultural & social diversity
  - thesis or culminating project
Question: What is art therapy?

Answer: It’s the prescriptive use of art materials and art directives to facilitate positive changes in a person’s thoughts, feelings, and behaviors.
Question: What’s the difference between art therapy and the use of art in therapy?

Answer: Art therapy relies on the neurological impact of the art materials/directives to facilitate change, so the art materials/directives are being used as primary interventions (that sometimes are backed up with verbal interventions). The use of art in therapy relies on verbal methods as the true agent of change, while the art is used to generate more verbal material for the therapist to work with.
Verbal therapy techniques are thought to work by using words to link and strengthen connections between the rational brain (neocortex) and the emotional brain (subcortical regions). This is a top-down approach.

Cozolino, 2002
Doidge, 2007

Experiential therapy techniques are thought to work in either of two ways. One way is by using motor activity to stimulate and strengthen connections between the brain’s subcortical regions and the neocortex. This is a bottom-up approach. The other way they are thought to work is by posing cognitive challenges to activate and strengthen connections between the brain’s neocortex and subcortical regions. This is a top-down approach.

Hass-Cohen & Carr, 2008
Lusebrink, 2004
How do challenges promote neuroplastic change and learning?

One of the conditions necessary for neuroplastic change is the presence of a challenge, or a mild stressor. The brain changes in response to the maneuvers it has to go through while trying to address the challenge. This is learning.

Art therapy interventions pose challenges and mild stressors in the form of materials manipulation (developing mastery). Additional challenges and mild stressors are posed by directives (or lack of directives).
How can school personnel make it safe for students to encounter challenges and mild stressors as they learn?

Another condition necessary for positive neuroplastic change is the presence of a tangible, nurturing relationship. This type of a relationship facilitates changes in the brain by triggering the unlearning of patterns that are activated by stressful relationships and replacing them with patterns associated with healthy relationships.

Art therapy makes this relationship visible through the provision of art materials (nurturance) and artmaking space (a safe environment in which to explore issues) as well as through the creation of art products that serve as reminders of progress made toward emotional/behavioral goals.
What can school personnel do to help a student focus on the challenges and mild stressors involved in learning?

A third condition necessary for positive neuroplastic change is the facilitation of purposeful and mindful action on behalf of the student. This promotes changes in the brain by redirecting “scattered” mental energy and focusing it on the task at hand, thus concentrating and reinforcing neural patterns that are neutral or pleasant rather than unpleasant.

Art therapy facilitates engagement in this type of mental activity through the prescriptive use of the artmaking process to promote the unlearning of unintegrated, dysregulated neural patterns in favor of learning integrated, regulated neural patterns.
WHICH STUDENTS MAKE GOOD REFERRALS FOR ART THERAPY SERVICES?
Many students who could benefit from a counseling referral would be equally good art therapy candidates, as both services can address the same issues and goals. Here are some general guidelines for determining when to request an art therapy evaluation rather than a counseling evaluation:

- the student is withdrawn and has difficulty articulating thoughts and feelings
- the student is emotionally blocked and refuses to discuss emotional issues
- the student intellectualizes and uses verbal processes to distance self from emotional issues
- the student has experienced pre-verbal trauma
- the student appears comfortable with and capable of expressing thoughts and feelings through visual means
- the student demonstrates emotional intensity following an artmaking experience
- there are known concerns about the content of the student’s artwork
How can art therapists and school personnel work together to make the world a better place?
We’re all on a mission to:

- facilitate notable improvements in student choices through skill acquisition and the reduction of unproductive activity

- assist students in achieving goals through the promotion of learning, which is an action-based, dynamic process

- help students see the importance of effort rather than ability, or process rather than product
School personnel and art therapists are understanding.

School personnel understand the difference and the relationship between effort (process) and its outcomes (products).

Art therapists understand the difference and the relationship between artmaking (process) and artworks (products).
School personnel and art therapists are **insight-oriented**.

School personnel promote insight by gauging a student’s responses to her/his outcomes (*products*) and helping the student see how these relate to her/his effort (*process*).

Art therapists promote insight by gauging a student’s responses to her/his artworks (*products*) and helping the student see how these relate to her/his artmaking (*process*).
School personnel and art therapists are lookers.

School personnel look for changes in student effort (process) and outcomes (products) to make decisions about whether to adjust, continue, or discontinue an educational strategy.

Art therapists look for changes in student artmaking (process) and artworks (products) to make decisions about whether to adjust, continue, or discontinue an interventive strategy.
School personnel and art therapists are different animals, but we can work productively with each other to improve the classroom performance of students via

- **COLLABORATION**
- **COMMUNICATION**
- **COOPERATION**
References


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Resources:

the American Art Therapy Association: http://www.arttherapy.org/

the Art Therapy Credentials Board: http://www.atcb.org/