

Art Therapist

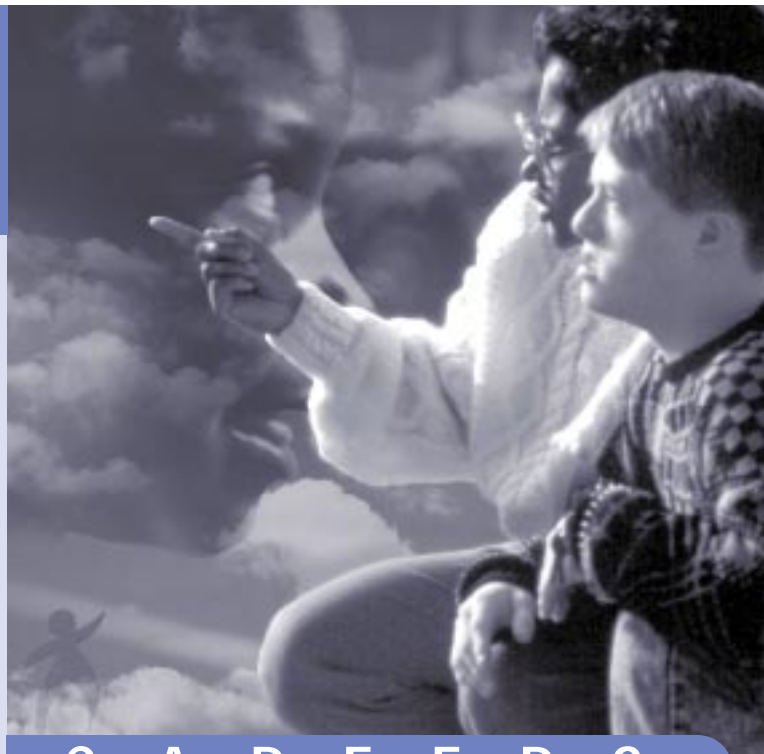
Making

A

DIFFERENCE in the **lives**
of **students** with
special needs

Jenny was a 12-year-old elective mute who, over the course of the previous 3 years, had stopped speaking to her friends, teachers, and eventually her father and two sisters. By the time Jenny began art therapy, she was speaking only to her mother and grandmother. Jenny's problems were linked to her alcoholic father; her cold and distant mother; and the strain placed on the family by having a child with severe disabilities, Jenny's 8-year-old sister.

Jenny met with the art therapist once a week for 12 months. She drew detailed drawings of birds, cars, and other realistic articles. But Jenny also began drawing a monster with a large head, dark eyes, and a gaping mouth. Gradually, the monster began to dominate the art therapy sessions. Although Jenny never spoke to the art therapist throughout her sessions, the therapist spoke to Jenny asking her about how she felt about the monster and about her life. However, Jenny still would not speak. She continued to come to the sessions but refused to respond in any way except through her drawings. The therapist, accepting where Jenny was in the healing process, continued to talk quietly and gently to Jenny in an effort to reduce her perceived anger and anxieties. The therapist stopped asking Jenny questions about the monster and talked to her in positive, supporting language.



C A R E E R S

in Special
Education
and Related **S**ervices

Although Jenny never spoke to the therapist, she did begin drawing at home and even compiled an album of her drawings. She also began speaking first to family members and eventually to her friends. Jenny continued to meet with her art therapist on a regular bases for 6 months and then as needed for support. By age 16, Jenny was an active, successful high school student. She continued to draw to express her feelings but the recurring monster with the large head and gaping mouth disappeared from her drawings.

As this story illustrates, an art therapist is someone who helps people understand their problems and guides them to solutions through the creative process. He or she is concerned with the treatment and rehabilitation of persons with mental, emotional, medical, or physical disabilities. An art therapist uses art, as well as traditional means of therapy, to lessen an individual's frustration, promote healthy development, and diminish the effects of a disability. Art has also proven to be a useful tool in diagnosis and mental health evaluation, particularly for children.

Art therapists work in a number of settings from schools and residential facilities to hospitals, mental health facilities, rehabilitation centers, and even correctional institutions. Some art therapists also have their own private practice. More and more schools are recognizing the value of art therapy. Students with developmental, medical, educational, social, or psychological impairments may be assigned to an art therapist and treated individually or in groups.

Nature of Work

Art is a nonverbal form of communication. This does not mean that an art therapist is a wizard who can magically interpret everything in a drawing. Rather an art therapist draws on his or her knowledge of art, psychology, and the “artist.” He or she may ask clients or students to create works of art using crayons, paints, clay, or other art media. The result—their artwork—is a container for strong emotions that often cannot be easily expressed any other way.

Art therapy is based on the principle that making or drawing an art object is an important element in the healing process. The therapist studies the “artwork” and determines what, if any, symbolic images or themes may be present. Anger, depression, and aggression may all be expressed through color, form, and other art elements. If the client is receptive, it is sometimes helpful, especially with children, to discuss the artwork with its creator to elicit more specific information. Children, and to a lesser extent adults, may be unwilling or unable to share their thoughts and emotions through words. The art therapist can encourage them to express themselves through art which the therapist can use to help a client explore underlying meanings and feelings.

Although any art can have many possible meanings, the possibilities are framed by the therapist’s knowledge and understanding of the creator of the artwork and by the artist’s verbal and non-verbal responses. It is from this total “picture” of art and artist that the art therapist draws conclusions.

Sometimes the process itself aids the “artist.” Especially with children, the line between reality and fantasy can be blurred. Although children developing normally usually learn to distinguish between the two by age 6 or so, many children who have mental or emotional disorders or who suffer from extreme stress, cannot distinguish fantasy from reality or real danger from monsters. Often just drawing or otherwise artfully creating the fantasies helps to diminish their risk to the child. Vague or fuzzy images become clearer and more focused through art. These images, if positive, can then be enhanced by the therapist. If they are threatening negative images, such as monsters, the therapist can guide the child to the possibilities of a monster-free world.

Art therapists are mainly used to help children exhibiting behavioral or emotional difficulties or those with developmental disabilities. Children with autism, youth who have suffered brain damage, preschoolers through adolescents exhibiting aggressive behaviors, elective mutes, and students with mental retardation or schizophrenia have been helped by art therapy. The art therapist may work one on one with a young person or in small groups. The therapist

may be directive in choosing projects for the students or may decide to let the students choose the direction their artwork is to take. Individual diagnosis and goal setting determine the course of action for the art therapist. However, when working with a new student, the art therapist generally finds that the therapeutic relationship develops through several general stages: from the student testing the art therapist and the limits of the therapy; to trusting the art therapist and the art therapy process; to finally reaching a willingness to take risks and to communicate experiences, fears, and fantasies to the therapist either through the artwork, or language, or, if the student chooses, both.

Generally, the art therapist is part of an interdisciplinary team and may share his or her insights and conclusions with the team. This involves writing reports and filling out forms, attending team and staff meetings, and maintaining contact with parents if the clients are children. Art therapists are also often required to develop ongoing treatment programs for certain clients to help the team achieve its goals for that individual. They are responsible for supplying a variety of art media and materials, and for keeping tools and equipment in a safe and useable condition.

Art therapists may also function as supervisors, administrators, consultants, and expert witnesses.

Education Required

An art therapist needs a strong background in art and psychology. For example, an art therapist working with 7-year-olds with developmental disabilities should have a working knowledge of the normal development of a 7-year-old in order to adequately evaluate those with developmental delays.

The basic educational requirement for art therapy is a master’s degree. The American Art Therapy Association (AATA) has established education standards that must be fulfilled to qualify as a professional art therapist. These may be met by earning a master’s degree in art therapy, a master’s degree with an emphasis in art therapy; or 21 semester units in art therapy with a master’s degree in a related field. The professional preparation program will include courses in psychopathology, diagnosis and assessment, principles of art therapy, and ethics and standards of practice.

Professional certification is offered by the Art Therapy Certification Board (ATCB). In order to qualify as a registered art therapist, in addition to the education requirements, an individual must complete a minimum of 1,000 direct client contact hours; 1 hour of supervision is required for every 10 hours of client contact.

PRACTITIONER'S PROFILE



Edna Petty
Art Therapist
East St. Louis, Illinois

Edna Petty believes that all people need a voice and that art is a visual voice allowing individuals to explore their feelings and to deal with their inner pain and frustration. Edna is an art therapist who works for a child development center in East St. Louis, Illinois. This is a federally-funded demonstration and research program designed to enhance the development of at-risk children and their families and to foster economic self-sufficiency through the provision of education, health, and social services. Each day Edna meets with from 3 to 12 children and their parents for the unique combination of art and therapy that gives them a creative avenue of expression.

Edna structures her activities and group sessions to best meet the needs of that group. For example, if the group is very tense, Edna may begin with breathing exercises to get them relaxed. She frequently plays soothing background music and may use guided imagery. She will have the group close their eyes and concentrate on where they feel the tension in their bodies. Then she has them listen to her voice and visualize as she reads a specific guided imagery exercise. Afterwards, Edna asks the participants to depict the image they visualized in a particular art medium. Edna uses various media from finger paints to yarn, ribbon, clay, or paints. She then has the group discuss the process as well as their art product.

Edna also meets one on one with some of the program participants. She may meet with the parents or the child depending on their needs. We will discuss whatever is bothering that adult or child. I work with some parents who have been emotionally, physically, or sexually abused. Most of them suffer from very low self-esteem. Sometimes Edna selects specific art projects that are designed to address that need, such as having them make self-image masks out of papier-mache. I will also use poetry writing, creative writing, and the other arts beside the visual whatever works.

Children, too, are helped by the program. Edna recently worked with a 10-year-old girl, Janie at the request of her case worker. The

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girl was failing in school and had recently begun stealing small objects. Through a series of drawings the girl did, which Edna carefully dated, Edna strongly suspected that the girl had been sexually abused. Janie has not yet verbally disclosed what may have been done to her, but the case worker and Edna shared the drawings with Janie's mother and both are now receiving counseling on how to handle the aftermath of what may have been abuse.

Daily Schedule: Twice a month Edna does mental health days with the 20-member staff at the center. On these days Edna has the staff do some of the assignments that her groups do. When the Director made mental health activities for the staff mandatory, they were resistant to Edna's work and the whole idea of doing art therapy. For their first assignment, Edna had them create a visual form of what each did in his or her job and how it all came together to make the program work. The project was a huge success! The staff learned from the experience, enjoyed it, and the result became a visual mission statement that went on display when site visitors came to evaluate the program. Edna convinced the staff of the value of art therapy and they now look forward to their mental health days.

Edna became interested in art therapy as soon as she realized it existed. She had just finished her Bachelor's in Fine Arts with a minor in special education. A friend told her about his program in art therapy and invited her to sit in on a class or two. Edna felt immediately drawn to this field. She was already the kind of person to whom people told their problems (without my ever asking) and would say how good they felt afterwards. As an artist, Edna knew how healing art could be. When her son was shot to death at a party a few years back, her experience as an artist and a therapist helped get her through this traumatic event.

Challenges: Today Edna's greatest challenge is balancing her two careers as an artist and art therapist. She continues to work and do gallery shows as a fiber fabric artist. But she also plans to continue as an art therapist. I enjoy helping others feel good about themselves and about what they can do. But it can be draining. So my challenge is not to allow the problems of others to consume me. When the art therapy part of Edna's life threatens to overwhelm her, she turns to her art to renew and strengthen herself.

Satisfaction: Her greatest satisfaction comes from working with the students and staff. She is especially proud of the warm and trusting relationship she has built with her fellow professionals at the center. From a stiff and wary attitude toward Edna and her work, the staff has completely turned around and has come to trust and rely on Edna not only to help the children and adults participating in the program through therapy, but also themselves through their mental health days.

Personal Qualities

An artist needs, obviously, artistic ability as well as creativity and originality. An art therapist needs these traits and more. He or she needs to be calm, sensitive, and able to work well with team members yet be independent enough to function alone in the art classroom or studio. An art therapist must have sensitivity to human needs and expressions, emotional stability, patience, a capacity for insight into psychological processes, and an understanding of art media. Verbal and writing ability are also needed for the paperwork and verbal discussion that comprise important components of an art therapist's job. A desire to help others combined with an ability to lead and inspire confidence can bring success to the art therapist and relief to those with whom he or she works.

Job Outlook and Advancement

Art therapy is a growing occupation as it gains acceptance as a viable therapeutic and evaluative tool. Schools, nursing homes, hospitals, and residential facilities are reporting increased use of art therapists. However, it is still a relatively rare field with art therapists numbering less than 5,000 throughout the U.S.

Art therapists who work for schools or other institutions may advance to supervisory positions. However, promotion may mean leaving clinical practice and becoming an administrator. Art therapists with advanced degrees may teach at the college or university level and do research. Some art therapists try private practice and most also continue their own art career while they are practicing art therapists.

How to Prepare for a Career

Before embarking on an education in this field, it is wise to visit or volunteer at a site that has an art therapist. This may be a school, hospital, psychiatric facility, nursing home, or camp. High school students can function as art therapy aides to get an idea of what it is like working with impaired individuals, some of whom have social or emotional problems.

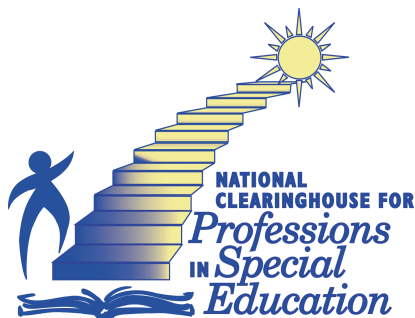
Art therapists also need to develop and maintain their own artistic ability. It is a good idea to work with different art media and pay attention to how your own moods are reflected in the art you produce. You can also contact one of the following resources for more information.

RESOURCES

American Art Therapy Association, Inc.
1202 Allanson Road
Mundelein, IL 60060
847-949-6064
www.arttherapy.org

The National Clearinghouse for Professions in Special Education
1110 North Glebe Road, Suite 300
Arlington, VA 22201-5704
1-800-641-7824
E-mail: ncpse@cec.sped.org
www.special-ed-careers.org

Art Therapy Credentials Board, Inc.
401 N. Michigan Avenue
Chicago, IL 60611
312-527-6764



1110 N. Glebe Road, Suite 300
Arlington, Virginia 22201-5704
800.641.7824
TTY: 866.915.5000
FAX: 703.264.1637
ncpse@cec.sped.org
www.special-ed-careers.org



The National Clearinghouse for Professions in Special Education is the descriptive title for the National Clearinghouse on Careers and Professions Related to Early Intervention and Education for Children with Disabilities; Cooperative Agreement H326P980002 between the U.S. Department of Education and the Council for Exceptional Children. The contents of this publication do not necessarily reflect the views or policies of either the U.S. Department of Education or the Council for Exceptional Children. This information is in the public domain unless otherwise indicated. Readers are encouraged to copy and share it, but please credit the National Clearinghouse for Professions in Special Education.

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