

Art therapy with children with Autism Spectrum Disorders: A review of clinical case descriptions on ‘what works’



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ABSTRACT

Well-ordered empirical information on ‘what works’ in art therapy with children diagnosed with Autism Spectrum Disorders (ASD) hardly exists. For that reason a systematic review was undertaken covering the period 1985–2012. Our study explored academic and practice-based sources with the aim to identify core elements of art therapy for normal/high intelligent target group children up to 18 years. Eighteen descriptive case-studies were found and analyzed according to the Context Outcomes Art Therapy (COAT) model. The results indicate that art therapy may add to a more flexible and relaxed attitude, a better self-image, and improved communicative and learning skills in children with ASD. Art therapy might be able to contribute in mitigating two main problem areas: social communicative problems, and restricted and repetitive behavior patterns. Typical art therapeutic elements such as sensory experiences with sight and touch may improve social behavior, flexibility and attention-abilities of autistic children. Considering the limited evidence that was found, primarily existing of elaborated clinical case descriptions, further empirical research into the process and outcomes of art therapy with ASD children is strongly recommended.

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Introduction

In a survey among 541 members of the American Art Therapy Association (AATA) nearly 10% of the respondents considered themselves specialized in autism (Elkins & Deaver, 2010). Although exact numbers are lacking in the Netherlands children with Autism Spectrum Disorder (ASD) are often referred to art therapy (Teeuw, 2011). There is some evidence that art therapy applied to ASD diagnosed children in special education, contributes to a positive change in their social behavior and their focus of attention (Pioch, 2010). However, the study of Pioch does not give insight into typical elements of art therapy – like, for instance, touching and handling art materials or looking and evaluating the development of the visual artwork – that might explain these changes. Gilroy (2006) suggests in general terms that art therapy with autistic children might be effective in long term treatment in groups or individually, because the process of art making stimulates cognitive and

emotional development, enables relationships, and leads to a decrease of destructive behavior. Gilroy based her suggestion on a number of publications about art therapy with autistic children. In a qualitative study based on experiences of Dutch art therapists with ASD children, the therapists described the effects of art therapy on those children as being able to develop their competencies to direct attention, to improve flexibility, to behave in a more structured way, and to verbally express their experiences (Schweizer, 2014). Moreover, there seems to be a transfer of these developments to the home situation and the classroom (Pioch, 2010; Schweizer, 2014). This suggests that art therapy might play a role in the treatment of children diagnosed with ASD.

The new classification scheme of the DSM-5 (APA, 2013) does not classify anymore the ASD-subtypes Pervasive Developmental Disorder, not otherwise specified (PDDnos) and Asperger like the DSM IV did (APA, 2000). This implies that all the subtypes mentioned in this review, are indicated as ‘ASD’. Another subtype, not mentioned in DSM-5, is High Functioning Autism (HFA). The distinction is based on subtle differences in neuropsychological functioning but the children show comparative behavior (Buma & Van der Gaag, 1996; Klin, Volkmar, Sparrow, Cicchetti, & Rourke, 1995). This review focuses at children diagnosed with ASD implying restricted possibilities in social communication, and repetitive

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and obsessive behaviors. Those children have special ways of information processing (APA, 2013; De Bildt et al., 2010).

For children in general it is in accordance with their age and it is also a safe and natural way to express themselves through drawing as a way to cope with the world around them. Children move their fingers in sand or in porridge as soon as they realize that their movements leave traces (Kellog, 1970; Rutten-Saris, 2002). Several studies describe the positive value on children of making drawings, making things and playing to better cope with their problems (Kramer, 1971; Lowenfeld & Brittain, 1964; Meyerowitz-Katz, 2003; Waller, 2006).

Art therapy is based on experiences and theories assuming that the creative process involved in artistic self-expression supports people to handle their problems. As a consequence the most often described aims of art therapy are: increasing self-esteem and self-awareness, developing coping skills, supporting bereavement and acceptance, achieving insight, structuring behavior, reducing stress, and developing interpersonal skills (American Art Therapy Association, 2014; Case & Dalley, 1992; Malchiodi, 2003; Schweizer et al., 2009). Art therapy is an *experiential therapy* that provides a variety of sensory stimulation in a safe organized environment by offering art materials and techniques (such as paint, crayons, clay, wood, textile, etc.). The art therapist invites the client to experience and express him or herself during the process of creating art. The art shaping stimulates development of ideas, motor skills, task orientation, cause and effect links, spatial insight, shape recognition, the experience of yourself in the space around, and the development of eye contact (Gilroy, 2006; Haeyen, 2011; Hinz, 2009; Malchiodi, 2003). These tactile and visual experiences are supposed to stimulate change of behavior and integration of cognitive-, sensoric- and kinesthetic experiences and behaviors (Bergs-Lusebrink, 2013; Case & Dalley, 1990; Gilroy, 2006; Hinz, 2009; Malchiodi, 2003).

Children diagnosed with ASD show skills for detailed perception and drawing of objects, but they do have problems with drawing human expressions (Lee & Hobson, 2006; Selfe, 1983). One of the most well known treatments is TEACCH (Treatment and Education for Autistic Children and Children with Communicative Handicaps) (Schopler & Mesibov, 1995). This program uses images in a well structured way, to train communication skills. Ozonoff and Cathcart (1998) found significance about improvement of social and communication skills of young children diagnosed ASD after participating in TEACCH.

This implies that art therapy offers opportunities to support and treat children with ASD, because the attention of the child is directed to art making while the art therapist is attuning to the art shaping process of the child. For children with problems in communication, which strongly characterizes ASD diagnosed children, this might be an opportunity to develop new skills. After all, communication with the therapist through art is described as a safe opportunity to stimulate change (Schweizer, 2014). However, the evidence base for this line of thinking is still lacking.

Based on former work of the first author (Schweizer, 2014) a tentative framework has been designed to organize the main components of an art therapeutic intervention. This model is visualized in Fig. 1 and covers four areas of operation: (1) art therapeutic (AT) means and forms of expression; (2) therapists' behavior (including interactions with the client and handling of materials); (3) context (setting, reason for referral, duration of therapy, concurrent treatment); and (4) intended outcomes (including short- and long-term goals). The framework is named the *Context Outcomes Art Therapy (COAT) model*, suggesting the centrality of the 'art area' and the indispensability of the other three 'circles of influence'; without these layers one cannot speak of an *art therapeutic* intervention.

The purpose of this paper is to systematically review the scientific literature concerning the role art therapeutic elements and conditions play in the treatment of normal to high intelligent ASD

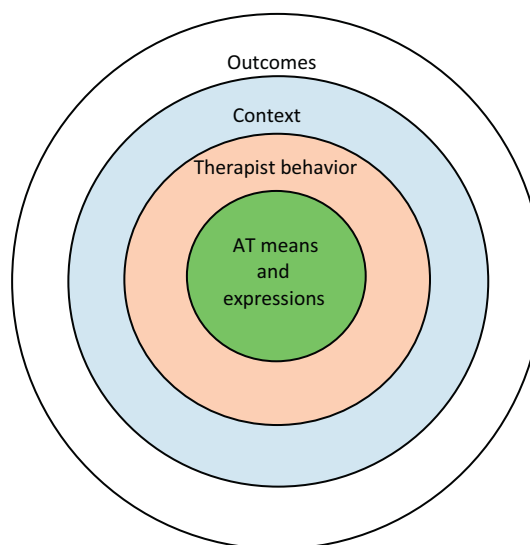


Fig. 1. Context Outcomes in Art Therapy (COAT) model.

diagnosed children. Based on this review the COAT-model will be further elaborated with the aim to construct a well-founded base for clinical and evaluative use in art therapy with ASD children. As a guideline in this review the following four research questions will be addressed.

1. What AT-means and forms of expression contribute to the treatment of children with ASD?
2. What specific art therapeutic behavior contributes to the treatment of children with ASD?
3. What AT contextual conditions contribute to the treatment of children with ASD?
4. What outcomes of AT as a treatment for children with ASD are being strived for and realized in the treatment setting and in daily life?

Method

Several studies on the outcomes of usual treatments on adults as well as on children with ASD showed only thin evidence (CVZ, 2010; Schothorst et al., 2009). A study on the efficacy of art therapy, with all kind of children's and adults' problems (Slayton, D'Archer, & Kaplan, 2010), lacked data about art therapy with autistic children and adults. Despite these not very exciting results we decided to systematically disclose the literature for reasons of completeness by searching for studies using Randomized Controlled Trial (RCT) designs, quasi-experimental designs (no random control group), one group pre-test post-test designs (no control group), and practice-based change studies including case studies (with well-defined intervention protocols). As a final step also studies of practice examples of art therapy in journals, handbooks and theses were included in the search.

Electronic searches were performed for the period 1985–2012 including Dutch as well as English literature. The consulted databases were Cochrane, Medline, PubMed, PsychINFO, Picarta, Eric, Google, and the website of the AATA. In addition, the following journals were manually searched: *Tijdschrift Vaktherapie* (formerly: *Tijdschrift Creatieve Therapie*); *Wetenschappelijk Tijdschrift Autisme*; *International Journal of Art Therapy* (formerly: *Inscape*); *The Arts in Psychotherapy*; *American Journal of Art Therapy*. Finally, correspondence with two art therapy researchers was used. The following search terms were used, solely and in combination: art, art

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