



Research Article

Discovering good practice for art therapy with children who have Autism Spectrum Disorder: The results of a small scale survey



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ABSTRACT

The purpose of this study was to develop a clearer understanding of how art therapists currently practice with children who have ASD. A convenience sample of participants was chosen from established and emerging art therapy practitioners in the United States. Perspectives from were gathered via survey from 14 art therapists. These were analyzed following consensual qualitative research guidelines. From this process of analysis the following domains of importance were identified: art therapists' level of experience and scope, unique aspects of using art therapy with children who have ASD, preferred choice of art materials for children with ASD, primary aims when using art therapy for children with ASD, and preferred theoretical approaches and their practical application. These findings were further distilled into practical guidelines to follow in art therapy provision with children who have ASD. This is a first step towards aiding the expansion of the current evidence-base to support provision of art therapy as a routine form of treatment for ASD. As the field continues to develop, further investigation is needed as to the effectiveness of art therapy to address cognitive, emotional, behavioral, and physical needs for children who have ASD.

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Introduction

Autism Spectrum Disorder (ASD) is a lifelong condition that occurs with a spectrum of presentations that reside on a continuum from high to low functioning (Rice et al., 2013). According to estimates provided by the Center for Disease Control and Prevention's Autism and Developmental Disabilities Monitoring Network (2014), one in 68 children are diagnosed with ASD by age 8 each year. However, more recent numbers have estimated a higher prevalence of one in 45 children (Zablotsky, Black, Maenner, Schieve, & Blumberg, 2015). Reports have also established that ASD places additional economic burden and pressure on families, with 92% of children who had ASD utilizing health care services, compared to 82% of typical developing peers (Lavelle et al., 2014). Children diagnosed with ASD also require additional assistance in school settings, and the stigma of the diagnosis along with children's additional needs can be a source of emotional strain for their

caregivers. Therefore, alternatives to traditional treatment options are necessary to help ease this burden.

When speaking about her own lived experience at a National Art Therapy conference, world-renowned spokesperson on ASD, Temple Grandin (2015), emphasized how art therapy has the potential to address sensory issues that generally accompany ASD. Grandin's (2006) work highlights how people who have ASD tend to think in pictures and noted that nouns are the easiest words to learn, because they directly relate to an image. As a result, Grandin (2006) encouraged using kinesthetic movement to help physically learn new concepts. Research using brain imaging found similar results, as individuals with ASD were found to engage with visual centers more frequently than typical peers when processing sentences (Kana, Keller, Cherassky, Minshew, & Just, 2006).

Known benefits of art therapy for children with ASD

A recent National Art Therapy Association survey of art therapy members' current practices indicated that approximately 10–15%, of art therapists were specifically working with people who have ASD (Elkins & Deaver, 2010, 2015). For art therapists working with children who have ASD, the majority worked within educational settings (Elkins & Deaver, 2010, 2015). Using art therapy in educa-

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tional settings has been noted for being conducive to fostering of biopsychosocial development using visual expression and communication methods within a structured environment (Martin & Betts, 2010).

According to Betts, Harmer, and Schmulevich (2014) four areas of need that art therapy has been identified to address are: 1) Cognitive growth, 2) Emotional regulation, 3) Adaptive behavioral styles, and 4) Physical development. Several studies have addressed art therapy as a catalyst for cognitive growth, in particular encouraging focus and sensory integration (Anderson, Wolf-Bordonaro, Stallings, & Carter, 2014; Kearns, 2004; Kuo & Plavnick, 2015; Martin, 2008; Richard, More, & Joy, 2015; Stallings, Heller, Schuldt, O'Brien, & Carter, 2013). For example, Richard et al. (2015) developed the build a face intervention “to assist with facial emotional recognition that would reinforce identification of emotions through the use of three-dimensional materials” (p. 13). While, there were no statistically significant different results found between the control and experimental groups, the effect size indicated there was more improvement in the experimental than control group. Richard et al. (2015) structured the intervention based on the Expressive Therapies Continuum (ETC), arguing that face construction engages all levels of the ETC.

Emotional regulation involves “frustration tolerance/delayed gratification, self-monitoring/evaluating, control, fantasy versus reality, sublimation, ego development, self-image, expression and cathartic release of emotions” (Betts et al., 2014; p. 629). Art therapy has addressed each of these aspects in multiple studies (Elkis-Abuhoff, 2008, 2009; Schweizer, 1997). For instance, Elkis-Abuhoff (2009), noted that through sensory collage and abstract drawing, the client was able to practice social interaction and recognition of facial cues to facilitate emotional self-expression, self-regulation as well as integration of new sensory experiences.

Adaptive behavioral styles are often target areas for art therapy interventions as they address: “Independence, maturation, socialization, positive peer interaction, group identity, motivation, initiative and responsibility” (Betts et al., 2014; p. 629). Several key studies noted improvement in these areas following art therapy (Emery, 2004; Epp, 2008; Martin, 2011; Stallings et al., 2013). In the study by Epp (2008), 44 participants' social skills and behaviors were evaluated for improvement through art therapy. She found “statistically significant improvement in assertion scores coupled with decreased internalizing behavior, hyperactivity scores, and problem behavior scores” (p. 33).

Physical development can be defined as the motor skills practiced during the art process. For instance, Stallings et al. (2013) detailed case studies combining art therapy with applied behavioral analysis. In these case studies, they utilized art therapy to assist in development of physical/fine motor skills such as cutting, gluing, coloring and clay work. The research also notes that art therapy provides motivation to engage in motor skills tasks. For instance, Gabriels (2003) provided a case study of a 4 1/2 year old boy who “was motivated to engage in a variety of motor activities to create an hours for his father” (p. 198).

A recent review on ‘what works’ when using art therapy for children with ASD reviewed 18 qualitative studies and developed a framework for key areas that influence art therapy practice (Schweizer, Knorth, & Spreen, 2014). In this framework, they noted the importance of offering varied materials and opportunities for expression to enable various kinesthetic, creative as well as sensory means to communicate. The therapist's rapport and engagement with the client through attuning to the client's needs, supporting and shaping sensory experiences, as well as providing prompts to assist challenging, yet rewarding experiences was also emphasized. Furthermore, the structure, treatment goals, length and number of sessions, as well as monitoring how benefits occur outside of sessions were all found to be important elements that helped influence

outcomes including increased flexibility and relaxation, improved social and communication skills, as well as enhanced self-image as well as learning skills.

Together the reviewed studies suggest that art therapy has the potential to impact multiple areas of a child who has ASD. However, this art therapy research focused largely on case studies examining specific aspects of ASD, and not on the global aspects of working with individuals with ASD. In reviewing these studies closely, it was also clear that the majority lacked specific models for consistent implementation of art therapy with individuals who have ASD. Therefore, when looking at this body of research it became evident that for the benefits of art therapy to be realized we still need to understand how art therapists typically structure and facilitate their practice, as well as to identify which practices and theories were common among new and seasoned art therapists. This brought to light the need to ask art therapists: What aspects of art therapy are important when working with children who have ASD?

Method

The main purpose of this study was to gain a clearer understanding of how new and seasoned art therapists currently practice with children who have ASD. In order to target art therapists who had this specialized experience, participants were selectively chosen based on their known expertise. This included both new and seasoned professional art therapists working specifically with children who have ASD in the United States. As a result, 14 art therapists completed the survey that upon receiving IRB approval was provided in an online format using Survey Monkey.

Questionnaire

The first two authors developed a questionnaire titled: ‘Understanding what works, when using art therapy with children who have Autism’. The questionnaire began with a series of descriptive questions, which asked the following:

- In what settings do you see children with Autism?
- What age range(s) best describe the individuals with whom you work?
- How many years have you been working as an Art Therapist?
- What art materials do you use most often with individuals on the spectrum?
- What category (ies) do your primary treatment goals fall into?

Then 10 open-ended questions were asked, which included:

1. What factors do you think are unique [exclusive] to working with children who have Autism?
2. What qualities are essential [you use them routinely] when applying art therapy with children who have Autism?
3. Are there qualities that are unique to applying art therapy with children who have Autism compared to applying art therapy with other children? Please explain.
4. What theoretical model do you base your art therapy practice on?
5. Explain what this art therapy approach means in practical terms working with children who have Autism? And provide an example of how you apply it.
6. What qualities are essential to practicing art therapy, but are not unique to art therapy with children who have Autism?
7. Describe the techniques (art-based or other) you use to build rapport and when you begin when working with child who has Autism? Please indicate any important factors at this stage that need to be taken into consideration.

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