Art Therapy Workbook for
Children and Adolescents with Autism

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Abstract

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Jennifer Beth Silvers

Autism is a developmental disorder that negatively affects a person’s ability to communicate verbally, nonverbally and gesturally and inhibits their capability of imaginative self-play (Whetherby, 2006). The purpose of this study was to work with children and adolescents with autism using various art therapy interventions to discover which techniques improved self expression as well as communication skills and abilities. This study was done in a 5 week summer camp setting with children and adolescents who varied in their placement on the autism spectrum and had a wide range of functioning abilities. These interventions included many different variations of media and were designed to incorporate each of the camp’s weekly themes while still attempting to evoke the most self expression as possible from the clients. Many interventions were found to improve self expression, communication, and production of original artwork while allowing for alterations to be made to accommodate clients with sensory aversions and varied amounts of functioning.
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Chapter I

Introduction

Recently, it has been estimated in multiple population studies that two to three in 1,000 children have autism (Bertrand et al., 2001; Chakrabarti & Fombonne, 2001; Scott, Baron-Cohen, Bolton & Brayne, 2002; Yeargin-Allsopp et al., 2003, as cited in Zwaigenbaum & Stone, 2006). Autism is a prevalent developmental disorder that negatively affects an individual’s ability to effectively communicate with others verbally, non-verbally and gesturally. It is also difficult for individuals with autism to engage in joint attention with another person and shift their gaze to focus on an object or an action that is being pointed out to them (Wetherby, 2006). Playing alone imaginatively is also a difficult task for these individuals (Evans & Dubowski, 2007).

The number of children diagnosed with this disorder has grown in recent years, in part due to changes in diagnostic criteria (Grinker, 2007; Wetherby, 2006). In 2007, Grinker found that after thoroughly researching and conducting various interviews with experts on autism, the identification and treatment of autism spectrum disorder has evolved extensively over the last fifty years. He proves that the mental health field has developed better ways to classify the disorder, special education facilities are more accommodating and there are substantially higher rates of general public awareness and advocacy. Because of
this, Grinker states more cases of autism are being diagnosed and medical professionals can recognize the symptoms more efficiently.

Studies have been done that use a didactic approach to teach children and adolescents with autism to use complex vocabularies and proper syntax for better communication. Research indicates that when individuals left the hospital environment where they had been immersed in learning, many newly acquired language skills gradually declined (Rogers, 2006). Howlin and Rutter (1989) and Sandra Harris (1981 & 1983) found that the didactic method has been effective in training parents to continue to teach their children in the home setting. The children with moderate speech abilities made considerable improvements in verbal communication and the children with no prior speech abilities made extremely minimal improvements (as cited in Rogers, 2006).

These aforementioned studies took place primarily in clinical or hospital settings, and the children’s’ difficulty in verbalizing outside of this atmosphere may be due to their inability to generalize in other settings. Because this didactic teaching method has not been integrated consistently in natural and more comfortable settings, these findings appear incomplete. Also, if the only children that showed major improvements were ones that already had some verbalizations, then some other methods of self expression and communication must be explored to help and reach the other individuals that had very little or no speech prior to the studies.
Children and adolescents with autism do not have a specific formula that they can follow to achieve effective communication with the world around them or express what they feel when they lack the skills to speak. Art therapy may be extremely beneficial for these individuals because it is known for helping people to gain self-understanding and assisting in self-expression (Evans & Dubowski, 2007). It may not only help the children and adolescents diagnosed with autism, but also be useful to those who come in to contact with these individuals in their daily life.

**Statement of the Problem**

In 1996, a study by Bryson found that one third of children and adults with autism have no speech, and in 1997 Lord and Paul found this number to be as high as one half (as cited in Wetherby, 2006). Due to these findings, it is evident that other methods for self expression must be explored to aid these individuals in their communication skills. Lack of communication is one of the most prominent struggles these children face throughout their lives.

**Purpose of the Study**

The purpose of this qualitative research is to discover and document the most beneficial art therapy interventions that enhance communication and self expression in children and adolescents with autism. Art therapy used with children and adolescents with autism can help them with building visual-spatial strengths in addition to raising their confidence through art making abilities.
After this, the individuals can be introduced to more social art activities to promote socialization with peers as well as art tasks that are designed to have individuals take an introspective look at self image and personal ideations (Gabriels, 2003). Art therapy can be an excellent tool for self expression and can also aid individuals who lack the ability to communicate effectively.

Research Questions

1. What art therapy interventions are the most effective in enhancing communication skills for adolescent children with autism?
   - How can specific techniques be standardized so that they may be implemented in multiple settings such as school and home?
   - Are any specific materials too stimulating for certain individuals?

2. Will the confidence of creating art and experiencing social art activities increase socialization with others?
   - If socialization with others does increase, how can this behavior be generalized in multiple settings?

Definition of Terms

Art interventions: For the purpose of this paper, I will refer to the art therapy tasks done at the summer camp for children and adolescents with autism as *art interventions*. These interventions include many different variations of media and are designed to evoke the most self expression as possible from the clients.
Hand over hand: This is the term used to describe the assistance given by a helper to a client that lacks the fine motor ability to complete a specific task or intervention. The helper’s hand is lightly placed on the back of a client’s hand in order to guide their hand for more precise and controlled functioning.

Joint attention: This term refers to the coordination of attention between people and objects and is a tool that individuals with autism tend to have difficulties initiating (Wetherby, 2006).

Self expression: There are many types and ways of communicating with others, but in this study communication refers to the client’s self expression. Self expression is defined as any way that the client is able to communicate information, ideas, aspects of their personality or their feelings and emotions to another person. This self expression is recorded based on the client’s artwork primarily, but also their verbalizations and other sounds, non-verbal cues such as body language as well as any written language that has secondary consideration.

Delimitations and Limitations

The sessions consisted of 3-7 clients and 4-5 adult aids, including myself. However, because of the number of clients, I was not able to record specific data on every individual for the entire duration of every session. For this reason any information reported by parents and teachers familiar with the client was taken into consideration. The information reported by them needed to be reliable, so to assure inter-rater reliability, I compared my data with the adult aids’ observations.
of the clients. Many factors may influence a child’s behavior and affect attention, interest, fatigue, comfort level, and experience in an unfamiliar setting with a new person. These behaviors were recorded upon observation.

Many summer camps encourage the participants to produce “good art” to bring home to their parents or guardians to the point it becomes an arts and crafts session. The goal was to use art therapy and avoid making products that were simply aesthetically pleasing with no emotional or personal investment. This was not an issue at this camp because the facility has such a strong belief in the benefits of art therapy. The sessions were titled “Art Therapy” and were not simply labeled as an art or craft period. Sessions were limited to 30 minutes, so the issue of not having enough time was initially of concern. However once the sessions began, this time limit proved to be ideal due to many of the clients’ limited attention spans.
Chapter II

Procedures

During this research, I tailored all art activities to fit the clients’ developmental levels and fine motor abilities to ease the process of participation. There were three regular group sessions every day and approximately two individualized sessions per day. The individual sessions were held when a client was having a difficult day and needed some extra personal attention. I recorded observations of the clients’ reactions to the art materials and the level of self expression that manifested in their work as each session progressed. At the end of the summer camp I compiled all useful art activities into an instructional workbook for art therapists working with children or adolescents with autism.

Characteristics of Qualitative Research

The knowledge claim used in this case study was constructivism and my strategy of inquiry was a grounded theory. This entails many different factors that needed to be considered as well as specific characteristics that were followed. I met the clients in a school setting and observed them in a generally relaxing and comfortable atmosphere. Observing clients in a natural setting was important in order to observe more details about the individual as well as to be involved and experience the art activities first hand (Creswell, 2003). I also made it a priority to build rapport with the clients I was working with to better understand each
client and the artwork that they produce. These interactive and humanistic approaches are characteristics of this type of research and are important to use so that the clients are able to actively participate in the interventions while still establishing a positive therapeutic alliance between researcher and each client (Creswell, 2003). This study is emergent because the concept of this research was to identify the most effective methods of art therapy to enhance self expression. My methods evolved as I saw the clients’ reactions to the initial art interventions and was able to tailor them more efficiently as time elapsed. This information was not known until the initial art interventions were carried out and the data compared. The final data was examined thoroughly and analyzed as well as possible so to give the most accurate interpretations of the research findings (Creswell, 2003).

Qualitative Research Strategy

This study was a grounded theory because I observed the effects of particular art activities with multiple individuals in a specific population in stages. I then refined the information I gathered into more efficient art interventions. I only administered the proposed art tasks with children and adolescents with autism for five weeks of school. Because time was limited, multiple ways of gathering data were utilized to assure the most accurate observations.
Role of the Researcher

My role was as a student art therapy intern and I facilitated the groups every day of the summer camp. Although I did not have any previous experience with this particular group of children and adolescents with autism, I do have some background experience working with other children with autism. I have been an Applied Behavioral Analysis (ABA) tutor for children with autism ages two to eight years old. My job as an ABA tutor involves gathering data by running ten step trials to record the child’s reactions to specific prompts. These prompts were designed to enhance skills including joint attention, object identification, body part identification, fine and gross motor skills, communicating wants and needs, eye contact, one step commands, isolated toy play, and other skills to enhance communication and appropriate social interactions.

Data Collection Procedures

In this study, I administered art interventions with children and adolescents with autism in a school setting to see which methods were the most effective in enhancing self expression and communication. The clients were seen five days a week for 30 minute sessions. There were three groups consisting of four to seven clients that participated in the summer camp. The data collected was through observations of the participants completing specific art interventions in their school environment. The other information was gathered through verbal reports by parents and teachers who were more familiar with the clients.
Documentation of this was in the form of field notes describing behavior and reactions to the art tasks, including photographs and facsimiles. I designed a standardized checklist that was used to record observable characteristics about clients and their artwork. The checklist was descriptive in indicating the presence or absence of characteristics such as symbols, intentionality, frequency and other factors that can indicate self expression.

Setting.

The internship site where this research was gathered is an out-patient facility for children and adolescents ages 5-22 that have autism. It is located in a suburb of a mid-west city and is a year-round school setting. The sessions were held in a large art room that was approximately 40 by 60 feet long with windows lining one 60 foot wall with two sinks on a 40 foot wall. There were three tables spaced evenly in the center of the room and two different sizes of small and large chairs where the clients could sit.

Participants.

Participants were predominantly, but not exclusively male, ages 5-22 and were of varying races and ethnicities. Specific characteristics of the clients cannot be disclosed due to confidentiality reasons. There are certain clients that attended that had limitations due to heightened sensory sensitivities. All of the participants were on varying ends of the autism spectrum, but they were not all necessarily affiliated with this facility outside of the summer camp experience.
Methods of Gathering Data

The primary method of collecting data was through observation of client experiences during specific art therapy interventions. For five weeks in a school setting, children and adolescents with autism participated in art interventions tailored for each individual’s abilities while avoiding any sensory sensitivities. The observational notes were gathered as an observer and not a participant. It seemed that in this situation, observation was key and acting as a participant would have taken away from the valuable observations that were made. The clients’ personal files were available to view in order to better understand their individual needs and background information. Photographs of the artwork were taken and saved for review.

The checklist that I designed was useful in recording a standard amount of information about each client and their artwork (as seen in Appendix A). It was an efficient way to record specific characteristics such as symbols, intentionality, frequency or the absence thereof. This checklist was selected as an observational protocol because it lends itself to documenting multiple behaviors for many different clients in a short period of time. This checklist combined with other observations together formed an accurate representation of the individual and his or her attempts at self expression in their artwork.

Data Analysis Procedures

Basic art tasks were introduced to gain knowledge of the participants to
assess their level of ability at the beginning of the initial sessions. The art interventions done with the clients were the main focus of this study and were examined for coordination, attention, intentionality, frequency of specific concepts, any patterns that developed and their ability to focus. Some other characteristics to consider were the participant’s affect, their behavior before, during and after the sessions, hand-eye coordination, and any joint attention. Another aspect that was observed was if the client really knew the meanings of symbols and was not just picking up on social cues (Lord and Richler, 2006).

Artwork was analyzed for the amount of clarity present in relation to linear and spatial components as well as material handling. Images for each individual were compared to previous work to examine any improved communication. Artworks from the interventions were examined for evidence of positive self expression and self identity through symbolic imagery. Using the behavior-learning theory, observed peer interactions were examined to gauge communication skills throughout the study. For example, desired responses included increased attempts at social interactions, appropriate pro-social verbalizations and less restrictive behavior.

*Strategies for Validating Findings*

The projective drawing analysis book by Hammer (1980) is a respected tool for assessing artwork and it was used as needed to validate what was revealed from the clients’ art interventions. Any observations made of the clients were
compared with observations with other adult staff members working with the clients to assure inter-rater reliability.

**Narrative Structure**

The following chapters will discuss the interventions used during each session in full. The information gathered from these interventions was used to create the workbook in Appendix C. This study gives insight into an alternative method for children and adolescents with autism to communicate and express their inner feelings. The final workbook will be a helpful tool for art therapists to refer to when working with child and adolescent clients with autism. By the end of this study, each art intervention was individually assessed for its positive and negative qualities based on how the participants responded. As the sessions progressed, each positive quality of the art interventions that had proven helpful to the participants was revised and reinvented to incorporate in upcoming interventions. This enabled the most positive outcomes and successful self expression to be achieved by the end of this study.

**Anticipated Ethical Issues**

One of the major previously anticipated risks of this research involved the physical nature of the general activities done in a school. The facility issued a standard legal release form to all of the participants in case of injury on the school premises and had medical personnel on site. Other risks involved potential allergies to art materials, soiling clothing with different art media and potential
sensory aversions to certain materials. With the proper precautions, the art related risks were avoided completely. The clients were requested to inform staff of any and all allergies before beginning art activities so any potential issues were addressed preemptively. I proceeded cautiously during each art intervention to assure that any aversive reactions to art materials were avoided. By doing this, the adverse material was able to be removed promptly without any or extremely little disturbances. No client was coerced or forced to participate against his or her will.

Before beginning this research, all of the agency’s guidelines regarding client confidentiality were reviewed and noted to assure full compliance. All names and other information about the participants have been omitted to assure they have no connection to the art work, this study or the final workbook. The details about the clients’ personal records were only discussed with members of their treatment team or other approved officials. The data gained from this research may be reused, but the same confidentiality rules previously listed will continue to apply.

Significance of the Study

This study is significant because it potentially gives another method of enhancing communication and self expression in children and adolescents with autism. The final workbook serves as a reference tool for art therapists beginning to work in this population or simply for a set of root art interventions to use
periodically with long-term clients. Because the lack of speech is so prevalent in this population, it is extremely important to develop other strategies to help alleviate the frustration and isolation this population may feel from this barrier in communication (Wetherby, 2006).

By participating in this study, the participants had the opportunity to increase visual-spatial strengths and gain a sense of mastery through their finished artwork. This can enhance confidence through this newly acquired skill and potentially enable the participants to be involved in more pro-social activities with peers. It is important that the findings of this study be utilized in helping children and adolescents with autism communicate so that more art therapy programs can be established in school systems as well as autism therapy programs.

*Expected Outcomes*

When this study is completed, I expected to be able to identify successful themes and use them to design art tasks that would benefit this population. It was hoped that this population would be able to gain confidence, exhibit more pro-social behavior and develop an additional form or communication and self expression, so that art therapy could become an intricate characteristic of an individual’s treatment plan. I also expected to have various successful art interventions developed that would aid the majority of children and adolescent participants in their attempts at self expression and better communication. I did not expect all art intervention attempts to be successful, especially at the
beginning. Through more reading and research prior to beginning working with
the clients, efficient visual strategies were developed to ensure the most effective
art tasks were administered and were compliant with agency regulations. It was
hoped that this research would be a pivotal point of discovery and inspire
additional longitudinal studies about art therapy’s role in communication and self
expression.
Chapter III

Review of Related Literature

Autism Overview

Autism is classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) under Pervasive Developmental Disorders (PDD). PDDs affect many areas of development such as reciprocal social interaction skills and communication (American Psychiatric Association [APA], 2000). Restricted interests and activities are also characteristics of PDDs. The DSM-IV-TR lists Autistic Disorder, Rett’s Disorder, Childhood Disintegrative Disorder, Asperger’s Disorder and Pervasive Disorder Not Otherwise Specified (NOS) as the collective disorders composing PDD, but for the purpose of this research Autistic Disorder will be the only disorder discussed in detail.

Emery (2004) and the DSM-IV-TR (2000) state that autism can generally be detected within a child’s first year of life and suggests the importance of early intervention. The DSM-IV-TR also states that about 75% of children diagnosed with autism function at a retarded level with IQs ranging from 35-50 and the prevalence of the disorder is 4 to 5 times higher in males (2000). Other characteristics of autism can include crying or giggling for no apparent reason, expressing fear over harmless objects and having abnormal food and sleep habits (APA, 2000).
The etiology of autism is currently unknown, but many theories exist as to what may be the cause. One theory discusses genetic factors (Emery, 2004), which in a study by Mercer, Creighton, Holden and Lewis (2006), 37 of 41 parents surveyed believe that genetics were significant in their child's development of the disorder. Sixty one percent of these families had at least one relative with some form of PDD and believed this to be a significant contributing factor (Mercer et al, 2006). In this study, many parents also believed that vaccines could be to blame because they may generate extreme stress on an already abnormal immune system (Mercer et al., 2006). Also 51.2% of the parents surveyed believed that dietary factors were to blame for their child’s disorder citing the concept of intolerance to foods containing gluten and casein (2006).

Autism is a form of PDD that inhibits social skills and the ability to communicate with others (Emery, 2004). Autism is often characterized by severe language and verbal deficiencies and also a lack of response to social cues. The DSM-IV-TR states that many children with autism have a failure to develop peer relationships at the appropriate developmental level. Some children have absolutely no interest in developing friendships, while many older children develop friendships but do not understand the reasons or social rules for these interactions (APA, 2000). Children with autism that are higher functioning tend to have a greater vocabulary, called their expressive language (APA, 2000). Their
understanding of spoken words, called their receptive language is often less enhanced.

Most communication problems occur due to the inability for children with autism to perceptually and cognitively make connections with people around them, thereby limiting the amount of communication possible between them. Osborne states that it is not merely a lack of ability to communicate, but rather children with autism do not see the necessity or have the desire to establish communication with others (2003).

Children with autism often rigidly rely on a daily schedule as a constant in their life and can become extremely emotionally distressed and even violent if it is altered in any way. Some of these children may have obsessive compulsive disorder, repetitious tendencies, extreme attention to important and mundane details, and the inability to alter their daily schedule (Emery, 2004). Emery states that these ritualistic behaviors and obsessive compulsive tendencies are partly due to a lack of object consistency (2004). They have difficulty organizing and relating to objects in their inner world and by completing a task the same way each time brings order back into their world (Emery, 2004). A study by Lewis, Tanimura, Lee and Bodfish (2007), labels the characteristics of the autism disorder as “lower order” and “higher order” behaviors and motor actions. Repetitive movements, self- injurious behavior, object attachments and routines are all considered “lower order” movements while compulsions, rituals, restricted
interests and the perseverance for similitude are all classified as “higher order”
behaviors.

Emery states that the child with autism does not live in a chaotic world of
confusion with unexplained behaviors, but rather they put order to their world in a
different way than others and described it as an “inner mirror that cannot reflect”
(2004). In normal child development, children are able to have a kinesthetic tie to
their external world so that the objects remain constant in their lives. Because of
this connection to their surroundings, their object consistency is strong and they
are able to make artwork that is physically and emotionally related to the people
and world around them (Gardner, 1980 as cited in Emery, 2004).

Children can have many different verbal developments that range from
being delayed to not being able to develop any spoken language (APA, 2000).
The DSM-IV-TR also states that children with autism who do speak often use
repetitive and idiosyncratic language that effects pitch, intonation, rate and
rhythm of words (2000). Spoken words can include phrases from television
shows or commercials, or words that are unique to that individual and not
understood by others, which the DSM-IV-TR calls metaphorical language (APA,
2000).

Drawing Development in Children

There are many different theories that describe the typical development
stages in the ways that children create art. This information has been included to
compare with the artwork and collective data from this research. Some of these theorists that will be discussed include Joseph Di Leo, Rhonda Kellogg, Victor Lowenfeld and Judith Rubin.

Dr. Joseph Di Leo developed a three stage model of childhood development in art and published his book, “Young Children and Their Drawings” in 1970. In this book he described the way he viewed children’s artistic developmental process. His stages include: 1) Kinesthetic stage (13 months to 3 years of age), 2) Transitional stage (between ages 1 and 3) and 3) Representational stage (ages 3 and up). Di Leo (1970) stated that in the Kinesthetic stage, scribbling represents a “progressive gradation of neuromuscular maturation and visual motor coordination”, meaning that the child’s muscular development is in a sense recorded on to the paper through the movements that they make with their drawing material. Di Leo’s second “transition” stage occurs when the child begins to create multiple primitive forms such as circles, horizontal/vertical lines, or squares and eventually sees them evolving into specific objects he knows, such as a human head (1970). His last is the “representational” stage that occurs when a child represents something that usually has emotional and imaginative elements and generally cannot distinguish between reality and their own fantasy version of it (1970). He also stresses that representation absolutely does not mean reproduction and children should even be
discouraged from copying images because it encourages them to conform to others ideas of creativity and stifling any of their own.

Ronda Kellogg published her stages of childhood art development in 1967 after 20 years of working with and analyzing artwork of children from the United States and 30 other countries. In her book “The Psychology of Children’s Art” Kellogg observed that all children go through the same developmental stages in their artwork throughout the world. She developed six stages of her own including 1) Scribble (ages 2 to 3); 2) Outline of Shape (ages 3 to 4); 3) Design Combine (ages 3 to 5); 4) Mandalas, Suns, Radials (ages 3 to 5); 5) Early Humans/Pictoral (ages 4 to 6); and 6) Later pictorial/pictures (ages 5 to 7). Kellogg’s “scribble” stage coincides with many of her colleagues first stages and includes three subcategories: 1) Kinesthetic, which are random marks; 2) Controlled scribble, which are the beginning of shapes; and 3) Naming scribble, which is when they assign a name to their scribble (1967). Kellogg states she has found 20 different types of scribbles and 17 different scribble placement patterns that are uniform across the world (1967).

In the second “outline of shape” stage, the child begins to be able to draw shapes and then eventually outline shapes, but Kellogg stresses the importance of not forcing the child to name their object and assigning it representation (1967). In Kellogg’s third “design” stage, children learn to combine the shapes and
outlines they learned in the previous stage and begin to experiment by overlapping and combining them while making an entirely new design.

In Kellogg’s fourth stage “mandalas, suns, radials”, children begin by drawing circles, then add lines to make it look like a sun and then eventually begin adding more to these objects and they turn into objects such as bike wheels, or the lines turn into fireworks or a water sprinkler (Kellogg, 1967). In her fifth stage “early humans/pictoral”, children begin to draw primitive human figures which seem to evolve from what was once a sun (the head) and its rays (now the human’s hair). The drawings are usually simple and have omitted body parts and include arms growing out of the head (Kellogg, 1967). In her final stage “later pictoral/pictures”, children begin drawing multiple representational objects, and begin to add basic details while developing more fine motor control. One of the most crucial points of Kellogg’s research is that it encompasses many different populations of children across the world and enables her to generalize her findings in a universal manner.

Lowenfeld’s six stages of childhood development in art will be discussed. He states that because subject matter does not change throughout development, and it is actually our subjective relationship with the environment that evolves according to various mental levels (Lowenfeld, 1960). Lowenfeld’s six stages consist of the Scribbling stage (2 to 4 years), Pre-schematic stage (4 to 7 years), Schematic stage (7 to 9 years), Gang age (9 to 11 years), Stage of Reasoning (11
to 13 years), and the Adolescent Art stage (13 to 17 years). Lowenfeld’s “scribbling” stage (ages 2 to 4) is divided into three subcategories: 1) without differentiation, 2) longitudinal, or controlled scribbling, and 3) Naming of scribbling (1960). He insists that it is important to let a child scribble without forcing them to try to make something representational because it is the equivalent to forcing a baby that is babbling into articulating words before they are developmentally able to do so. In the first subcategory “without differentiation”, Lowenfeld states that the child connects the idea that their body movements are what create the marks on a page when they scribble. In the second subcategory, “longitudinal” scribbling is when a child begins to create repetitious marks and also some controlled vertical and horizontal lines intermixed with uncontrolled movements. The final of Lowenfeld’s first stage subcategories is the “naming” of scribbling which occurs when a child labels their scribble with a name such as “Mommy” or “truck”, even if it is still completely unidentifiable (Lowenfeld, 1960).

The second of Lowenfeld’s stages is the “pre-schematic” stage (ages 4 to 7) and is the child’s first attempts at making something representational, but the drawings are usually not proportionate, do not have a ground line, are distorted within their space and figures usually have omitted body parts (1960). It is highly significant though because it is the first point when children attempt to represent their world and morph their scribbles into a representation of something else.
The third of Lowenfeld’s stages is the “schematic stage” (ages 7 to 9) where a child achieves a form concept, or develops his or her personal schema for various objects, meaning they draw the same object over and over the same way. One characteristic of this stage includes the introduction of the baseline, or a ground on which the objects in a drawing are standing or placed. Another characteristic incorporates the creation of “x-ray” drawings in which various perspectives of objects are drawn that would not realistically be viewed all at the same time such as legs and feet that are seen through a table.

Lowenfeld’s fourth stage is the “gang age” (ages 9 to 11) and it is where the child’s development of realism begins. The baseline established in the “schematic” stage is replaced with a plane where depth and perspective begin to evolve and a greater awareness to detail occurs (1960). The “stage of reasoning” or the “pseudo-naturalistic” stage (ages 11 to 13) happens next because even more detail, depth, perception and correct proportions occur resulting in more realistic imagery. Children become increasingly self-critical, action is depicted more, cartooning becomes popular and parts of the child’s personality begin to project onto their artwork (Lowenfeld, 1960).

Lowenfeld’s final stage is the “adolescent” art stage (ages 13 to 17) and many different elements begin to emerge in the drawings such as exaggerated details, controlled purposeful expression and the use of satire or humor (1960). He stated that a child must creatively evolve based on their specific needs and not
be forced into creating artwork above their developmental level. Lowenfeld continues to remark that it is the instructor’s responsibility to understand that artwork should not simply be intended for aesthetic purposes. The child’s art should be more about freely exploring their art and not inhibiting this process by insisting on correct composition.

Rubin (2005), like many theorists has built her research based on the previous information gathered by her colleagues. She believes in Victor Lowenfeld’s six stages of development, but thinks that they are limited to specific types of media and are unable to accommodate all two and three dimensional media. Rubin states that all theories of art development in children consist of a type of cyclical rhythm which is a sequence of “moving forward and backward, expanding and contracting, with a progressive thrust over time” (2005). Rubin’s theory of childhood art development consists of nine stages and includes: Manipulating (1 to 2 years), Forming (2 to 3 years), Naming (3 to 4 years), Representing (4 to 6 years), Containing, Experimenting, Consolidating (6 to 9 years), Naturalizing (9-12 years) and Personalizing (12 to 18 years) (2005).

Rubin (2005) states that experiencing the sensory and kinesthetic quality of materials is extremely important in the “manipulating” stage so that the child can explore their world and understand what they are capable of making. In the “forming” stage, she explains that children begin to have more control over their movements and begin to make more deliberate and repetitive markings. The next
stage, “naming”, coincides with the previous “forming” stage and occurs when a child begins to label their creations with specific names, such as “dog.” In the “representing” stage, Rubin (2005) states that children “draw what they know and not what they see” so there are many cephalopod drawings which are usually composed of a shape representing a head and body with very little features and some lines protruding from it indicating limbs. In the “consolidating” stage some hallmarks are that children switch to a more social perspective instead of egocentric and create “x-ray” drawings with the various perspectives depicted that were discussed in and coincide with Lowenfeld’s “schematic” stage.

Rubin’s next stage “naturalizing” occurs when children begin to make drawings more proportionate and accurate, but also become much more self critical of their art making abilities (2005). Rubin’s final stage is “personalizing” when children begin to express an intense desire to create prolific art and express externally what they are experiencing internally while increasing their self-criticism. Rubin goes on to state that her theory of childhood art development is not meant to be rigid and does not only occur in specific developmental stages. She describes the characteristics of children’s art stages as growing, evolving and reappearing periodically.

Art Therapy and Autism

Osborne (2003) believes that art is an excellent tool to bridge the communication gap between children with autism because it does not rely on
verbal communication or purely cognitive skills. Art therapy offers the child a new pattern and form of relating to others while helping them become more confident, creative and establish a feeling of control in their world (Waller, 2006). Although children with autism often have difficulties understanding and processing verbal instructions, Tissot and Evans (2003) insist that this is not always correct when the instructions take a visual form. For example, many children can process and retain information when it is presented to them in written words, icons, pictures, gestures or expressions (Tissot & Evans, 2003). They do not suggest that verbal cues be eliminated, but in fact encourage spoken words to help the children make connections between auditory and visual stimuli.

Emery (2004) discusses how art making helps children develop their internal schema of objects around them, or a personal “blue print” to represent the external world around them. As stated by Robbins (1994), these schema drawings can indicate a child’s object consistency and give insight to how they feel in and view their internal world (as cited in Emery, 2004). Osborne (2003) states that many children with autism do not have a developed inner or outer reality due to their lack of symbolic understanding. This inhibits the ability to imagine and forces children to think in the present in a concrete manner.

Evans and Dubowski (2007) discuss the difficulties using art therapy with this population, but insist that the benefits can be great. They state the importance of learning the child’s non-verbal signals and having the sensitivity and patience
to evolve with other methods of communication outside of the verbal realm. Evans and Dubowski also state that children with autism respond to order and structure, so it is important to have this in the art therapy setting to create an environment that is conducive to learning and to the flow of creativity (2007). Osborne stresses the responsibility of not encouraging the child to make something purely aesthetically appealing, but rather to let them enjoy the creative activity and not guide them too much (2003). Art making should be an exploratory and enjoyable process for these children and too much hand-over-hand assistance takes this away from their experience (Osborne, 2003). This overused assistance is often due to society’s ideals of successful art products and the desire to produce “good art” products.

The following case study by Janet Preis does not specifically discuss the effects of art therapy, but reveals a connection with children that have autism and various visual stimuli. Preis (2006) described her success using visual techniques with children with autism. A girl called Susan was able to recognize objects from images presented to her as long as there were no more than 6 at a time and actually used this picture identification system as her primary form of communication. Another boy called Aaron was able to recognize pictures as well and used the visual images to aid in his verbal communication. When presented with a board of visual imagery depicting action, it assisted him in forming the words they depicted, such as “I want…” or “Give me…” A girl called Colleen...
was able to recognize and identify objects in a group of up to 10 pictures and was able to retrieve items requested through these visual methods as well as identify body parts, clothing and colors. The last participant in this study, John, actually learned to develop comprehension of negation, meaning that he was able to correctly identify an object that did not have specific qualities, such as “choose the article of clothing that does not have long sleeves” (Preis, 2006).

In an article by Sandstrom (2007), a 23 year old individual with autism named Seth was interviewed due to the growing number of paintings he produced as well as the public interest in his art shows. He had very low verbal skills, but a non-verbal IQ of approximately 148 and was highly sensitive to noise to the point that he usually wore earplugs daily. He began drawing first and then added color, often working for eight to ten hours at a time. His subject matter began with abstract art, but evolved into many paintings of horses, whales, peacocks, cellos and griffins. When asked if he was happy, he said, “Happy. Orange horse and griffin”, which was the name of his latest painting. This article portrays the excitement and creativity Seth was able to evoke in his art and use it as a personal therapeutic way to increase his confidence and happiness (Sandstrom, 2007).

In a case study by Emery (2004), a 6-year-old boy with autism that had not yet developed a schema and did not appear to enjoy creating artwork- even if it was just a scribble drawing. When asked to draw a specific object, he would write the word out instead, not understanding that the art therapist requested a
representational drawing. He did the same thing with people, which made it quite obvious that he had no symbol in his mind for any of the words spoken to him. Emery gave the boy play dough because it was a positive kinesthetic experience for him and enabled him to pound the material into a circular shape. She then worked over many months with him so that he was finally able to trace the circle shape with his finger and eventually cut the circle out like he would with a cookie cutter. After this, he moved forward and was able to draw a circle that was a disconnected head from a human figure. His fine motor skills had evolved significantly and he was beginning schema drawings. Emery continued with the boy by introducing puppets for role play and attempting to reduce the high-pitched and mechanical sounding voice the child had. Although this tactic was seemingly not as effective as the drawings, the boy began to draw figures that were less fragmented and had various body parts such as a neck that were previously omitted. His drawing and speech improved and he eventually told her, “These are called people”, which was extremely significant because it proved that he was able to generalize the human figure and start creating his schema (Emery, 2004).

Further into Emery’s case study, the child made tremendous progress by achieving object consistency represented by an original drawing of a car and a fast food place. He did this even though he sated that he would have rather had a model to copy (2004). Two of these drawings had a baseline which was
noteworthy because it represents the child’s contact with reality and the ability to be and feel grounded (Hammer, 1980). The boy demonstrated the ability to relate and imagine himself in the situation taking place in his drawing by placing himself and his mother in a car (2004). She also pointed out that the mother’s encouragement and work with her son along with his school’s support greatly aided in the child’s accomplishments and developments. All of these case examples demonstrate a variety of useful art therapy interventions and describe the many benefits that can be found within them.

Interviews with Professionals in Related Fields

These interviews were administered to better understand the population of children and adolescents with autism. The comments and suggestions were considered before approaching and planning each art intervention. There was not a formal structure as the interviewees were encouraged to freely speak of their related experiences while working with children and adolescents with autism. They each have worked with this population in extremely diverse roles, so a structured format for the interviews did not apply in this scenario. Some common questions included:

1. Do you have any general or specific tips for working with this population?
2. Which art tasks or techniques does this population generally respond well to?
3. Do you find using routines with this population reinforces negative behavior, or helps to make the client more comfortable?
4. What tips do you have to avoid sensory aversions or sensitivities?

*Rebecca Giles- Bachelor of Arts (BA)*

Mrs. Giles has a degree in art education for grades kindergarten through twelfth. She took undergraduate courses that gave her direct contact and experience with special needs children as well as art education classes dealing with mental retardation. Her primary experience has been with children and adolescents ages 4 to 24 on the autism spectrum over the past four years as an art teacher.

Mrs. Giles advice for working with this population includes giving the clients something to squeeze while they are not actually doing artwork, such as play dough, clay or Thera-putty. She also states the importance of always having an example for the current session’s project. She stated that her students often need an example of what she asks them to do, or they cannot always fully conceptualize what they are supposed to do. She commented that step-by-step directions and predictability are key with this population as well as keeping to a general or specifically set out schedule. Spontaneity does not work well in her opinion. For example, an ideal session for her would be five minutes of sensory activities, fifteen minutes of actual work, two minutes for clean-up and then eight minutes of an activity of the student’s choice.

Mrs. Giles also insists that every age and disability is different, so the student must be engaged by a project that is meaningful and motivating to them.
personally. Coordinating with the students’ other classes is a great way to enforce what they are learning in class and to continue their motivation. It helps to facilitate learning in multiple facets. Mrs. Giles said that one technique that has been extremely helpful for her is taking turns with the students. She says “my turn” to show the student what they are to do, and then says “your turn” once they have seen the example. This process is repeated until the student is able to independently complete the specific project. Finally, she stated that one of the most important things to remember when working with children and adolescents with autism is to try everything. “What may or may not work one time can have a totally different outcome another.”

*Denise Cooper- Art Therapist, Licensed Professional Counselor (ATR, LPC)*

Mrs. Cooper has a Bachelor of Fine Arts degree with a specialization in studio art. She received her Art Therapy and Counseling degree and is currently a state registered art therapist. She is a professional counselor and has worked mostly with adults who are Intellectually and Developmentally Delayed (IDD).

Some suggestions that Mrs. Cooper had were to take the time to get to know the client to establish a therapeutic bond. It is also important to err on the side of caution when initially working with a new client. Mrs. Cooper states that a therapist must put all preconceived expectations aside and first follow the client’s lead. Respect is also an important factor in that the therapist must value where the client wants to go with their art and what they are not willing to do.
Mrs. Cooper stresses how important it is to not force a client to do something that they do not want to do, or get into a power struggle with them. It is imperative to have a give and take relationship as in letting the client copy an example of the directives, or to take turns as Mrs. Giles also recommended. Mrs. Cooper states that it is important to balance between reinforcing a routine that benefits the client versus not letting them perseverate and go off course from treatment. Because every client is different in what they perseverate about, it is a delicate balance to make this judgment. Certain repetitive actions such as grunting or rocking the body back and forth can help a client ground themselves, so they are not necessarily negative actions. The final suggestion Mrs. Cooper had was to alter the work environment to fit the client’s needs. For example if a client has an extreme sensory aversion to a messy work area, a large sheet of white paper can be placed on a table for the client to work. This is a simple and low cost solution that can significantly relieve anxiety in the client.

*Karin Hess-Hopkins* - Master of Science in Social Administration (MSSA)

Mrs. Hess-Hopkins has a Master of Science in Social Administration degree which is a form of a Masters of Social Work degree. She has had over 30 years experience being a camp programming coordinator and special education teacher for children and adolescents.

The guidelines that Mrs. Hess-Hopkins had were that it is important and useful for the therapist to observe the client before having an initial session with
them. Also, if a client becomes frustrated with the therapist’s activity, it is imperative that another task be available to redirect their attention. Changing and adapting during each session with a client is extremely essential. A therapist must be prepared and “think on their feet” because this population can be unpredictable at times. Mrs. Hess-Hopkins notes that many facilities require clients to be seen in groups, but if clients can be seen individually, one-on-one time can be extremely beneficial for them. She also states that a new therapist starting to work with this population must not be afraid of the clients and work to understand any abnormal or bizarre behavior. Self injurious behavior, grunts, shrieking and hand flapping can be alarming for someone that has not been around this type of behavior previously. Mrs. Hess-Hopkins concluded by saying that communication with the client’s treatment team, reading files and meeting with their family is essential to fully appreciate what is going on in the child’s life and to completely understand their needs.
Chapter IV

Art Therapy Interventions

Introduction to Activities

The art interventions in chapters four, five, six and seven were designed to primarily enhance communication and self expression but to also increase fine and gross motor functioning, hand-eye coordination, conceptualization, build visual-spatial strength and promote socialization with peers. The art interventions are classified in four different categories which were Drawing, Painting, Sculpture and Mixed Media. Also, a summary about the category with suggested media are listed for each. There will be five drawing techniques that will be discussed in chapter four, four painting activities in chapter five, three sculpture techniques in chapter six and five mixed media techniques in chapter seven. Each intervention states the degrees of complexity and structure, the objectives, materials, procedures, directives and any possible modifications. The workbook is listed in full in Appendix C and the following chapter will briefly discuss the interventions along with the reactions of various children and adolescents with autism that experienced each one.

Drawing

This section from the workbook (see Appendix C) begins by discussing a list of materials that can be used for drawing and is available to assist the facilitator. The following art interventions range from being simplistic with brief
directives to more complex interventions with a detailed step by step process. Many of the tasks can be an effective way to gauge a client’s conceptualization skills and encourage imaginative thinking.

*Emotion drawing.*

In this intervention, the clients were asked to fold an 18 x 24 inch paper so that it had 12 boxes. In the boxes, they were asked to write various emotions that they knew and then think of a color and image or symbol that expressed that emotion (see Figure 1). Sharpie markers were used to create these images.

![Figure 1. Jake’s emotion drawing.](image)
The client that created the emotion drawing in Figure 1, Jake, demonstrated a great deal of understanding for the concepts as well as a strong visual interpretation of how he feels while experiencing these emotions. This was verified by the discussing the definitions of each emotion before Jake made the drawing. Jake and I also role-played, making various physical motions and facial expressions that reflected the emotions that were discussed. With the emotion love, he not only drew the traditional symbol of the heart, but he also added two people getting ready to kiss inside of the heart. With the emotion calm, Jake created a person laying down giving a relaxing sigh. There is also a visible difference in the shoulder position of the figures such as the high shoulders with the proud image, demonstrating confidence, and the drooping posture in sad and lonely demonstrating a low and dejected feeling. All of these visual factors are evidence to his interpretation of seeing others or himself experiencing these emotions and he clearly communicated them with a great deal of expression. Jake often has trouble expressing his discomfort when he is in a negative or disappointing situation so this task can be viewed as extremely successful in enhancing this client’s method of communication.

*Group member drawing.*

In an attempt to examine interpersonal group relationships and discover the root of various conflicts between group members, this intervention was developed. Eugene, the client that made the drawing in Figure 2, was having an
increased amount of unprovoked violent reactions during group sessions without any warning signals. When questioned about this, Eugene could not explain or verbalize what had provoked him. In this intervention, the client was asked to draw the members of his group using Sharpie markers and then the drawing was processed afterwards.

Figure 2. Eugene’s group member drawing.

Eugene depicted himself in the top left corner of the image, myself in the bottom left corner and a staff member in the bottom right corner. The entire middle row and the top right box were group members that have very little verbalization skills and are relatively low functioning compared to Eugene. The last box in the middle of the bottom row is of a group member that is very verbal, high functioning, but has a blunted and flat affect. The five group members that this client drew are not smiling and the low functioning members have only one
solidly blacked-out eye. As documented by Hammer (1980), the distorted eyes could indicate conflict areas with this region of the body or with these specific group members. Hammer also states that the short flat line of the other group members closed mouths could reflect that he has not received oral satisfaction from them, meaning verbal reinforcement such as a friendly conversation. The other group members are not capable of this type of peer interaction, so this could indicate that Eugene felt disconnected and unfulfilled with his group members’ interactions in this way. In contrast, the images of the other staff member and me were drawn with smiles and wide open eyes. This could signify that he has felt orally or verbally accepted by us and has a clear sense of communication with us in particular. While processing the drawing Eugene did not form complete sentences, but said my name and the other staff members name with a big smile and giggled slightly. When he spoke of his group members, his demeanor changed as his eyebrows furrowed and he slightly frowned saying their names. He did not answer any specific questions, but quoted various key phrases the other group members say when they begin to negatively react or “melt-down.”

“What’s bothering me”.

This intervention was an immediate follow up from the previous group member drawing while working with the same client, Eugene. His attitude changed when discussing the other group members in his drawing and he had a noticeable increase in physically negative reactions during group sessions as the
summer camp progressed. These facts indicate a conflict present about his group that Eugene could not verbalize. To help him let others know what he was feeling, the directive in this intervention was to draw anything that was bothering him. There was one group member in particular that acted out frequently and became violent easily. The following images depict another group member, Jason, having an altercation with a staff member with Eugene in the background (see Figure 3) and then with just Jason and Eugene (see Figure 4).

![Figure 3. “What’s bothering me”- Eugene and staff.](image1)

![Figure 4. “What’s bothering me”- Eugene and Jason.](image2)
In both of these drawings, Eugene is depicted as leaning away from Jason. While processing his feelings about this particular reoccurring altercation, he stated, “He’s kicking and hitting. It scares me.” Eugene generally becomes upset and visibly distressed after this type of physical violence occurs with Jason. Even if the outburst from another group member has nothing to do with him, Eugene still becomes very unnerved. It seems that witnessing someone else not following directions and becoming violent stirs up fear in this client that is difficult for him to process.

Inspirational card drawing.

This intervention is yet another follow up task to deal with the client’s unresolved feelings with the previously discussed group member. Using motivational speaker Tavis Smiley’s Empowerment Cards for Inspired Living, approximately 20 cards were displayed with concepts that the client could easily understand such as celebrate, remember, listen, believe, laugh and forgive. All of these cards have a more complex and spiritual message on the reverse side, but the concentration of this task involved looking at the image on the front with the single word printed on it. The client was directed to select a card or two that stood out to him and resonated with him in some way. Before selecting a card, the words and ideas that they represented were reviewed to assure understanding of each one. After looking them over for a few minutes, he selected “forgive” and stated that was the only one he wanted (as seen in Figure 5).
I attempted to see the reasoning behind this selection, but he simply stared at the card and repeated the word. I also discussed with the client what it means to forgive and asked if there was anyone he would like to forgive, or if there is someone that he would like forgiveness from. He said yes, but would not discuss the topic any further. The client was given a variety of paper color choices and drawing materials, but he chose the same 8 by 10 inch white paper and Sharpie markers he had used previously. He was asked to draw an image that reflected the meaning of forgiveness and to think about whether or not he wanted to give or receive forgiveness from anyone. His finished image can be viewed in Figure 6.

Figure 5. Eugene’s inspirational card- “Forgive”.

![Image of Eugene’s inspirational card- “Forgive”.

Remember and FORGIVE]
The client duplicated the images of the human figures that were in a spiral shape from the card, but developed a more original concept when he drew the two people in a close embrace. They were smiling at each other and staring into each other's eyes and were colored solidly in the colors the client proclaimed as “happy colors.” It is not certain that he was able to relate the concept of forgiveness to his own situation, or if he even felt it applied to how he felt about the other client. The goal was for the client to recognize through our processing that the other group member was still his friend even though he did things that the client did not always like. It was hoped that the client would be able to let go of some anxiety about the ongoing altercations the group member caused so frequently, but I am not sure he made that connection. He did however demonstrate a great
understanding and conceptualization for the concept of forgiveness and was able to generate a positive image as a reflection of this.

*Draw an animal you’d like to be.*

This intervention followed the week’s theme of animals and challenged the group to conceptualize, use fine motor skills as well as socialize with peers as they decided which animal they would like to be like and why. The clients that could not think of a creature to draw, or had difficulty remembering exactly how to create their intended animals were able to view various animal images from magazines. Many of them took advantage of this option, but surprisingly, few copied their image exactly, which was the intended outcome. The goal of this intervention was to encourage conceptualization and use of the client’s imaginations while using the magazine images only if necessary. The most popular animals that the clients drew were birds because they can fly (as seen in Figure 7) and fish because they can swim well (as seen in Figure 8).

*Figure 7. Eugene’s bird drawing.*
Some clients that were non-verbal or were low functioning had a more difficult time with this intervention because it was almost impossible to process with them about their reasons for selecting an animal. Many simply selected one of their favorite animals, which was completely acceptable because there were obviously some admirable qualities for them to appreciate, despite not being able to verbalize them. One of these almost completely non-verbal clients selected a bull magazine image and created a detailed drawing as seen in Figure 9.
Although in the drawing in Figure 9, it is difficult to visualize a bull, there are many elements of the bull that the client was able to capture. The dark jagged lines mimic the coarse hair on top of the bull’s head, and the many jagged lines all over the page are reminiscent of the thousands of rippling muscles throughout the bull’s flexed body. Even the position of the body was similar to the picture as the large circle on the left side of the page is where the bull’s upper body was and the other lines are shaped like the bull’s lower half that angled off to the side. This client had an incredible eye for detail that was not obvious before this intervention.

Another client that has an obsession for fantasy related games, cartoons, television shows and books created an uncharacteristic image for his personality when he drew a mother cheetah with her cub in Figure 10. This image was surprisingly nurturing and maternal compared to his previous work. It was difficult for him to focus on anything unrelated to fantasy, so this seemed to be an excellent intervention to curb his obsession.

Figure 10. Jeremy’s mother cheetah and cub drawing.
This intervention unintentionally helped one client demonstrate his keen sense of detail (as seen in Figure 9) and another demonstrate a deeper aspect of himself and his inner feeling (as seen in Figure 10). Most clients in their own way found a way to relate to this directive and demonstrated an understanding of the directive and the concept of appreciating a specific quality of someone or something. Many were able to identify specific qualities that they would love to possess thereby demonstrating the use of their imagination. Imaginative play and thinking are usually suppressed or is not evident in many individuals with autism, so the clients’ response to this task seems to be a great success (Evans & Dubowski, 2007).
Chapter V

Art Therapy Interventions

Painting

This category gives a brief summary of ways to use paint, tips for use as well as commonly used varieties of paint. The differences between each type of paint are discussed as well as tips for using paint with children and adolescents. The interventions listed have a range of simple and complex directives that are able to accommodate most clients functioning and developmental levels.

Puff Paint Mural.

In this intervention, the clients worked together as a group to create a 4 feet by 11 feet long underwater mural using puff paint. The puff paint used is made by mixing 2/3 shaving cream with 1/3 white glue and adding pigment to achieve the desired color. A long sheet of white paper from a roll was used as a background and a basic sand and water scene was painted so that the clients had a frame of reference on which they could base their mural. Due to time constraints, I painted a basic blue-green sea that had the plain white paper as the sky and brown sand at the bottom. If there could have been more sessions devoted to this intervention, the clients would have been asked to make the air, sea and land differentiations themselves. It is important to have this division in the mural though so that the creatures were not strictly limited to underwater beings. This way it enabled the
clients to make creatures coming up out of the water or crawling on the ground if they so desired.

The directives began with the clients being asked to select a color and to stir the ingredients together to make their own puff paint. This initial activity was intended to encourage fine and gross motor skills while involving them in creating something of their own before they began their group work. Most of the group members enjoyed the mixing process, but some became over stimulated by specific colors and by the texture that the shaving cream gave the paint. They were then asked to bring their mixed color over to the table and we discussed the various types of creatures that lived in or liked to be in the water. After there had been sufficient discussion about this, they began creating a sea creature of their choice as seen in Figure 11.

![Figure 11. Group puff paint mural.](image)

One client became so stimulated by the tactile feeling of the paint that he stopped working and simply worked the paint back and forth in his hands. He even stood in front of a mirror watching himself do this as he laughed hysterically.
while mumbling to himself. Other clients were so afraid of touching the material due to sensory sensitivities that they needed to put gloves on to touch the paint or would not even go near the table for fear of getting the paint on their body. Most of the clients reacted within these two extreme responses by either becoming over-stimulated by the paint or were too sensitive to the material to even approach it. Only a small portion of the clients actually enjoyed the puff paint and created actual images on the mural without hand-over-hand assistance (as seen in Figures 12 and 13). There was a common reoccurring theme demonstrated by many of the clients which included multiple depictions of the cartoon characters Sponge Bob, Patrick, Mr. Crabs and Squigward from the cartoon show Sponge Bob Square Pants (Viacom International, Inc., 2007).

Figure 12. Group puff paint mural- detail 1.
Overall this task was not successful in meeting all of the intended directives. The puff paint is similar to finger paint which encourages regression when it is used, so some playing and straying from the goal of creating the mural was expected. However the extreme loss of focus, constant perseveration of the materials and occasional complete avoidance of the puff paint was not anticipated. There were very few clients that seemed to be able to conceptualize, communicate their intended sea creature and use their fine motor skills to execute their image.

*Music Painting.*

The materials used for this intervention include 18 x 24 white paper and tempera paint in a paint palette. Various types of music were burned on a
compact disc that was played during this session in specific amounts of time. The music was of various styles and genres that ranged from slow and soft, to loud and rhythmic. The clients were directed to pick one color of paint initially to finger paint to the sound of various music rhythms and beats (as seen in Figure 14). They were supposed to move their hands fast when they heard a fast rhythm and make slow and smooth movements when the music had a slower tempo. Many of the clients needed hand-over-hand assistance initially, and on their second attempts at the intervention, many were able to follow the sound of the music with their hands. After they got the idea of what they were being asked to do in the intervention, the clients were asked to think of what color the music was as it played. For example one client, Jeff, chose blue as his soft and soothing music color and orange and red for the music with a more upbeat tempo. He said the blue was like sleep and the orange and red color was like fire.

Figure 14. Jeff’s music painting.
This intervention was successful with certain clients, but others did not quite understand the concept of it. With any client in any type of therapy, I believe it is important to tailor therapeutic techniques for each individual client. However in settings such as with this group, it is not always possible to plan activities that suit every client’s developmental and functional level every session. The clients that did not understand the directives or could not conceptualize what color a specific music piece was received more physical assistance than others, but were still able to use their gross motor and some fine motor skills. Other clients demonstrated extremely perceptive understanding of the directive, especially Jeff who said the slow music was blue like sleep and the fast music was red-orange like fire. This demonstrates communication and conceptualization for the task and an understanding of his schema or personal meanings for various colors.

What it looks like when it’s raining.

This task required the children and adolescents to use 8 x 10 inch watercolor paper and a watercolor set to visualize what it looks like when it is raining to them. Before beginning, the group discussed different types of rain and where it could be seen such as falling from the sky, in a puddle and what it looks like when it splashes up from hitting water. To make sure the non-verbal group members understood the concept, picture examples were shown to them so that their memories of rain could be stimulated in their minds. These groups did an
excellent job of creating rain or images that incorporated rain in some form. One client, Brandon, drew multiple rain drops in various colors and only needed help creating his first rain drop. The rest were completely independent (as seen in Figure 15).

![Brandon’s rain painting.](image)

*Figure 15. Brandon’s rain painting.*

Another client, Mike, spent the entire session in almost pure silence and intently worked on his image. He painted a dark blue and purple sky with black running through it first, and then added a dark brown ground with green grass growing on top. In the grass he created two small flowers that he said were roses. Mike stated that in his picture, the dark sky may look scary, but the rain is actually a good thing and makes things grow as a result (as seen in Figure 16). This is an extremely intuitive and insightful statement that clearly shows that he was able to conceptualize a more abstract way of viewing rain. Mike was also ultimately able to communicate this thought on to his image.
A third client, Eugene, also showed detail and intricate observation in his painting as he first painted all of his blue rain drops and then surrounded them by a dark black sky (as seen in Figure 17). Eugene worked in almost complete silence except for one outburst when he accidentally splashed a drop of black paint on his shorts. He became extremely agitated, but was easily calmed down when he was shown that the paint could easily be removed. Eugene was able to realize that the blue would not show though if he painted it last over the black and he also painted it slanting to an angle as rain does when it is coming down with a great deal of pressure. Eugene drew his ground line indicating he is grounded and secure (Hammer, 1980). After this he stated that “rain is good” because he likes it.
This intervention was successful in that all clients were able to make some type of rain image, even if it were simply one rain drop. All of them reached some level of conceptualization and some of the higher functioning group members identified rain as a positive occurrence that can help plants grow. The groups were able to conceptualize and communicate meaning behind their images while also exercising fine motor skills and some hand-eye coordination.

Figure Painting.

For this task, a uniform image of a full figure was cut out for each member of the groups. The figure was not quite life size as it measured approximately 2 feet wide (including the arms) and 3.5 feet tall. The clients were given a palette full of various colors, a water cup and paint brushes to paint their figure. The directive was for the clients to create a friend for themselves using the materials provided. They were also asked to try to make clear differentiations between the
figures head, neck, waist, arms, legs and feet to help them practice labeling and learning body parts.

![Figure 18. James’s figure painting.](image)

Many clients enjoyed getting as messy as they possibly could, but lost sight of painting their figure and differentiating body parts due to the kinesthetic quality of the paint (as seen in Figure 18). These particular clients had to be redirected constantly and required unvarying attention.

This intervention had a mix of some extreme problems and some great successes. It was during this particular intervention that Eugene, the client that made Figure 19, started to drink his dirty paint-water glass because he thought it was Kool-Aid. An assistant immediately demanded that he put it down, which made him drop the glass on another group member which began a negative chain
reaction. It became very obvious that keeping clean water for the clients was a necessity from that point forward. However before this incident happened, Eugene was able to create a thoughtful and positive painting of his figure that demonstrated full understanding of the directive. He made a male friend that is wearing a basketball uniform and has a big smile on his face.

Figure 19. Eugene’s figure painting.

Another client, Jonathon, was able to create a painting on his figure, but needed assistance in differentiating between the various body parts. Once the lines were established for him, he was able to fill in the blank areas in a way that was fitting to the figures specific body sections.
This intervention was successful because the clients were generally able to conceptualize, communicate and express what their friend would look like while also identifying body parts. These positive qualities outweighed the various setbacks that occurred periodically in the different groups. It can be expected that this type of intervention would be messy and that the clients that like the kinesthetic qualities of paint would want to immediately touch it as much as possible. Also, changing the paint-water was a major learning aspect that could be taken away from this session.
Chapter VI

Art Therapy Interventions

Sculpture

This category lists various types of sculpture that can be done with clients and discusses their respective differences. An inventory of commonly used sculpture materials is included to assist facilitators using the workbook composed of these interventions (see Appendix C). The interventions range in complexity so that higher and lower functioning clients may all participate.

Animal Sculpture.

There are no boundaries to the materials that could be used in this intervention, but for this population it is important to limit the amount of choices these clients need to make. With many children and adolescents with autism, deciding between two choices can be difficult, so an unlimited number of materials can be extremely overwhelming. The specific items used for this art intervention were divided into stations to give the clients the most materials possible without making choosing an overpowering process. One section had many different sizes and colors of beads with wire and pipe cleaners. Another section had small and large “puff balls” of various colors, while another section had ribbon and fabric. All of the sections had a variety of sizes, shapes and colors for the clients to choose from.
The directive asked the clients to think of their favorite animal and then construct it using the provided materials. The materials could be arranged and attached however they wished, so it promoted a great deal of original thinking and imagination. This task can be very simplistic or overwhelmingly complex, so this was an excellent way to determine the clients’ ability to conceptualize and communicate meaning behind their work. One client, Dennis, selected an elephant to make and began constructing it by creating a trunk out of beads and wire (as seen in Figure 21). He knew immediately that he wanted to make and elephant and randomly selected objects that were attractive to him to form the animal. Dennis was able to choose the objects he wanted with ease and did not indicate any feelings of frustration. He made two legs with more wire and beads and then selected the size and color of the puff balls he wanted to use for the body. The only aspect that Dennis did not do himself was the hot gluing of the body and the final twisting of the beaded wires to the base of the elephant.

Another client, Anthony, chose to create an alligator because this animal was the subject of one of his favorite songs. He knew immediately that he wanted to make an alligator and was incredibly excited and enthusiastic about starting, but he needed help to begin. I helped him think of sections of an alligator such as how many legs they have and what size he wanted to make the head, tail and body. Anthony was able to identify these observations easily and began by making sections for each body part out of wire. He instantly chose beads to work
with and became extremely focused on the process of applying each bead in a specific order. He needed help getting each piece solidly attached to each other, but needed very little help overall (see Figure 22). After it was made, Anthony began engaging imaginative play by pretending that his alligator was trying to eat various group members and staff.

Figure 21. Dennis’s elephant sculpture.

Figure 22. Anthony’s alligator sculpture.
One other client, James, needed a great deal of hand over hand assistance, but was able to identify the type of creature he would like to make. He said “bug” and then began stringing beads. Stringing beads is a common activity for James to increase his fine motor functioning. It is not clear if he chose to use beads to make his bug because he has an affinity for it, or if he chose them because they are generally a part of his routine. It did not seem that James intentionally tried to make arms or legs by doing this, and may have actually continued stringing beads without stopping due to the repetitious nature of the action. This client was redirected and what he did string was formed into arms and legs for his bug. James picked out puff balls for the body and due to weak fine motor control, was not able to fully adhere the arms and legs to the body without further assistance. He did get the wire attached in the areas that he wanted and only received help in making sure the pieces stayed secure in those areas.

*Figure 23. James’s bug sculpture.*
This art intervention could have been extremely difficult to use with this population due to many factors. The extensive amount of materials could have become overwhelming to the clients, but seemed to work out well when they were placed in separate stations for the clients benefit. Also, this intervention put a great deal of pressure on the clients’ ability to conceptualize and also execute an idea from their imagination. Some of the clients that were not high functioning had difficulty with this aspect of the intervention as they worked slower and seemed to understand less than other group members. However, they were able to make creative decisions and do the basic design work which can indicate that this task was extremely successful for this group. Other clients needed very little help and were able to successfully communicate their imagined animal. Some clients even engaged in imaginative play with the animals they created which is a significant accomplishment due to the fact that this is not a common occurrence with this population (Evans & Dubowski, 2007).

*Magic Sculpture.*

This art intervention needs a specific material by KidTech Tools called Magic Nuudles. They are biodegradable cornstarch craft foam pieces that stick to each other and paper products when moistened. This material was placed in small bowls in front of the clients along with a tray with a damp paper towel. If the Magic Nuudles were engulfed in water, they would completely dissolve, so the
damp paper towel tray worked perfectly to regulate the amount of water applied to the material.

The theme for the camp the week this intervention was used was “Friends and Feelings”, so the clients were directed to make either a sculpture showing friendship or a specific feeling. One client, Anthony, looked at an example of a sun with a happy face in the center and decided to make this. However he became extremely tense and began perseverating behavior over the Magic Nuudles. Anthony appeared to be in a trance and very deliberately began placing each piece together as he put his face within four inches from his work. He took the Magic Nuudles, smashed them into the paper tray and then slowly crushed the piece into another piece on his sculpture. Anthony even occasionally touched a piece to his mouth briefly before attaching it. These actions were a key sign that he was functioning in a way that was not congruent with his normal behavior patterns. His finished work did not resemble a sun with a happy face in any way as it was not circular and had no recognizable aspects to it. When Anthony stopped working, he seemed to break away from his trance and had a large smile on his face. Anthony had stated at least three times before ending that he was making a happy-faced sun, but when he finished he said his creation was a dog (Figure 24). Later in the day he had an emotional breakdown and lashed out at some staff members. Anthony’s teacher stated that this client did not appear to act or behave like himself that morning before the art therapy session, so it would
seem that the art task confirmed this observation. Because this was only one incident, it cannot be concluded that the art task can predict an emotional or physical outburst, but in the future it may be an important tool to observe and gauge how a client is feeling.

![Anthony’s sun sculpture](image)

*Figure 24. Anthony’s sun sculpture.*

Other clients chose to make sculptures dealing with friendship as shown in Figures 25 and 26. There was an example of two stick people holding hands, so this is the reason these two images are so similar in appearance. In Figure 25, the right figure was made by the client, Eugene, and the left one by me. After Eugene made his, he picked mine up and said, “Friend” and touched their hands together. I assisted him in putting them on an orange construction paper background that he chose and he wrote our names together on it. This is a great example of Eugene’s understanding of the process as well as his communication and conceptualization.
Figure 25. Eugene’s friends sculpture.

Figure 26 could potentially be considered a figure with a phallus, or it could simply be an indicator as to his artistic developmental level. I have included a figure drawing by this client in Figure 27 to display the geometric and distorted features that form the image. It falls under DiLeo’s third stage of transition that includes ages four to six because the cephalopod-like creature now has a trunk and some loose additional features (DiLeo, 1970). Figures 26 and 27 also can be categorized within Lowenfeld’s Pre-schematic Stage for ages four to seven because of the geometric shapes, distortion of body parts and that they are facing the viewer (Lowenfeld, 1960). Because the client is an adolescent, this demonstrates how significantly lower his functioning level is from his developmental age.
Figure 26. Dennis’s friends sculpture.

Figure 27. Dennis’s figure drawing.
Handprint ceramic paintings.

This art intervention needs to be completed over the course of two sessions. In the first session, the clients received materials to mix together and make their own clay. The clients were given a dry mixture of flour, alum and salt that I combined before the session. They were also given a small dish of water that they gradually added to their mixture with the help of staff members. This was a task that required patience as well as fine and gross motor skills, which made it difficult for some clients. However, when they were done, the clients were able to pick up their self-made clay and enjoy molding it into different shapes while experiencing its tactile exterior. Towards the end of the session, the clients were given rolling pins to make their clay flat and then cut out a square from it. Most clients needed a great deal of hand-over-hand assistance to complete this aspect of the task so that it each square came out even. A few of the higher functioning clients were actually able to cut their own square out and did not need any help at all. When this was done, they placed a single handprint in the clay before leaving the session.

The next day, the clients were given tempera paint and brushes to paint their hand print. When they were done, they added beads of their choice and then the handprint tiles were mounted on a pre-painted cork message board. One client, James, who loved the kinesthetic feel of the paint used only red and yellow and piled it up so high on his handprint that the indents were hardly visible
anymore (Figure 28). He used fine motor control as well as some conceptualization in his painting that was comprised of only the colors red and yellow. This handprint appeared to have specific creative decisions evident as demonstrated by the color choice of the paint and way it was applied.

Another client, Mike, preferred to paint his tile with extreme precision and continuously asked if he was completing his tile in the correct manner. He required a great deal of constant reassurance so that his anxiety did not escalate. Mike said that he wanted to use every color, but made sure that none of the pigments blended so they would not lose their intensity (Figure 29).

*Figure 28. James’s handprint tile.*
In Figure 30, the client, Eugene, painted in an abstract way, which differs from his past representational and non-figurative work. This work has many geometric figures and circles while being composed of mostly primary colors. Eugene did not have many verbal skills and could not discuss this work well. He only said, “My hand” and “The colors” as he smiled at it and placed his hand in his handprint. Eugene appeared happy with his work and enjoyed the kinesthetic aspect of having his handprint in his work. Because of this, the change in style from his past work seems to be a positive one. There is still a strong quality of deliberate design in this handprint tile that may not have been evident if the style change were a negative issue. Overall this intervention was successful because it was met with many positive outcomes from the clients that participated in it. This
intervention had a multitude of elements to challenge the clients such as the use of hand eye coordination, fine and gross motor skills, conceptualization, exploring sense of self, socialization factors, self expression while experiencing an extremely kinesthetic material.

Figure 30. Eugene’s handprint tile.
Chapter VII

*Art Therapy Interventions*

*Mixed Media*

Mixed Media is the final category in the workbook listed in Appendix C because it combines a variety of useful interventions that could not be classified under any other category due to its diversity. Because interventions are quite different from one another in this category, the introductions and backgrounds for each are listed in detail at the beginning of the intervention. They all range in complexity so that high and low functioning clients may participate in most of these interventions.

*Computer Art.*

The major requirements for this intervention are a computer and a computer art program designed for children. The specific program used in this intervention was Tux Paint by the New Breed Software Company (New Breed Software, 2007). Tux Paint is a drawing program for children ages 3-12 years old and is available to download at no cost. The program is extremely easy to use and has a penguin that is a guide for the user as they work. It has many different features including over 50 types of stamps and manipulating tools that can create many different affects on an image such as spirals and rainbows (as seen in Figure 31). The software also has a variety of sound effects that are geared towards children as they make cartoon sounds when different options are selected.
In this intervention the client, Eugene, was asked to first do a drawing of his choice, which was of his school bus and a digital clock showing 12:00pm (as seen in Figure 32). That time marked when the session would end and was also the time lunch started that day. These two images in this drawing both referenced events that would occur outside of the session, but it did not necessarily mean he did not want to be in the session at the time of the intervention. This was demonstrated by the fact he frequently drew this school bus and thoroughly enjoyed lunch by taking his time eating and conversing with others.

The next directive was to make an image of something he enjoys doing. Eugene said, “Mow the grass!” with a large smile and immediately began drawing a lawnmower and the grass underneath it (Figure 33). The interesting factor about this drawing is that the client demonstrated his perception and understanding of
the way the grass appears before and after it is mowed. There is a visible
difference in the grass height from where the lawnmower has cut the grass on the
left and where the grass was still uncut on the right.

*Figure 32. Eugene’s free-computer-drawing 1.*

Eugene began another drawing immediately after finishing the one in
*Figure 33, without waiting for another directive. Figure 34 continues with the
grass and mowing theme, but the person running the lawn mower appears to have
raised the mower up so that it cut away over half of the side of a tree trunk. Eugene giggled and smiled the entire time he made the drawing. When he was done, I discussed with him what he had made and he said that the lawn mower was being used to cut the tree. I asked Eugene if he thought it would hurt the tree and he said yes. He was then asked why the person in the picture was hurting the tree he simply smiled and said yes again. Eugene then said he was going to put the tree and the drawing “in the toaster.” This was a common verbal phrase he said frequently that always made him laugh and smile. Occasionally when this client began talking nonsensically or stated phrases such as putting something “in the toaster”, it was clear that he had reached his limit in the art therapy sessions. The first two images in Figures 32 and 33 had a logical explanation behind them and could be basically understood by simply viewing them. Figure 34 was not logical and the client’s verbalizations also did not make sense.

![Figure 34. Eugene’s free-computer-drawing 2.](image-url)
This intervention should not be considered a failure simply because the last image was slightly nonsensical. It was simply a signal that Eugene had reached the point that he could not productively work anymore during that session. He had deviated from the original directive in Figure 34, but exhibited communication and self expression in Figures 32 and 33. The bus and clock displayed things that Eugene liked drawing and enjoyed experiencing. The lawn mowing scene in Figure 33 showed great insight into observation and an understanding about the world around him. The difference in grass heights demonstrates a clear understanding of proportion and depth and the sky is visibly depicted at the horizon line. These factors indicate that Eugene has the capability to function at Lowenfeld’s Gang age, or “Dawning Realism” that include ages nine to twelve years old (Lowenfeld, 1960). Because Eugene’s chronological age falls within this category according to Lowenfeld, the computer as a medium could be the reason why he was able to reach his potential in drawing development.

*Feelings Box.*

This intervention needs to be completed over the course of at least two sessions, but a facilitator should allow for up to five sessions to let the client, Eugene, work. Eugene used a total of four sessions to complete his box. The materials needed are a sturdy box, paint, drawing paper, drawing materials and a clear coding media such as Modge Podge. The box used in this intervention was
a cigar box that was obtained free of charge at a local cigar store. The directive is for the client to think of how they feel inside versus how they show their feelings to others around them. Next they draw these feelings and cut them out so that they can be pasted on the inside and outside of a cigar box. After this, they assign a color to the negative feelings they hold inside and their positive feelings on the outside. They paste the images on the inside and outside of the box and then use Modge Podge over them to ensure that they stay and the box is sturdy. There is not a set format for what portion of the intervention that the client should complete during each session.

In this example, Eugene spent the first two sessions discussing the people, events and situation that gave him positive feelings and those that gave him negative feelings. After this, he depicted them through drawings and cut them out. Eugene spent the next two sessions painting the inside and outside of the box and pasting the images on the box in the areas he deemed appropriate. The final session involved the client using Modge Podge over his drawings as a sealer for the box while discussing his images and final product (as seen in Figure 35).

Eugene stated that yellow was the color that he thought reflected the emotion of happy the most. This is the emotion that Eugene said he felt most of the time and whenever he was asked how he felt, he would say “happy” the majority of the time. The images Eugene associated the most with being happy were of characters like Sponge Bob, Patrick and Mr. Crabs from the Nickelodeon
cartoon “Sponge Bob Squarepants” as well as his family and himself smiling (as seen in Figures 35 and 36). Eugene had a big smile on his face as he drew these images and even began laughing as he said, “Sponge Bob!” and “Crabby-patties!”

Figure 35. Eugene’s feelings box- top view.

Figure 36. Eugene’s feelings box- outside view.

The negative images that the client drew involved some conflicts he had with other peers in his group. Eugene chose a dark purple to reflect his negative and sad feelings on the inside of his box. Most of the conflicts involved his peers
acting in a way that was inappropriate or against the camp rules. When someone behaved in this way, it generally caused Eugene to become extremely agitated, cover his ears saying “No! No!” and even occasionally acting out violently. The goal of this intervention was to confirm this observation and to help the client resolve these conflicts, or at least help him deal with his reactions in a more positive manner. In Figure 37, Eugene depicted himself on the left and his peer, Jason on the right. In this image, Jason was upset because he was not permitted to go to the specific bathroom that he wanted to go to and was hitting and kicking whoever was around him. Eugene depicted himself as the one receiving the blows from Jason’s violent outburst and is visibly stepping back and leaning away from the impact. In the image Eugene has large wide eyes and an open mouth with his arms outstretched in an apparent attempt to protect himself from being struck and protesting the violence.

*Figure 37. Eugene’s feelings box- inside view.*
Figure 38 is located on the underneath side of the box lid and depicts the client Eugene on the left and another peer Frank on the right. Frank is depicted chewing on his shirt, which is an action that he does constantly and is redirected to stop frequently each day. Frank had a large stature for his chronological age, was at least 5 inches taller and weighs at least 50 pounds more than Eugene. In this image, Eugene is depicted on the left shrinking away from Frank dramatically and appears to be falling. Eugene frowned as he drew this image and when questioned about it, he said the word, “Afraid!” This is evident also by the fact Eugene depicted himself half the size of Frank and without any support underneath him.

![Figure 38. Eugene’s feelings box- inside lid.](image)

This intervention was positive in many ways because it gave the client an opportunity to express and communicate issues that he was having with other
clients, identify feelings associated with them and gain confidence in creating an elaborate art project. Eugene obviously appreciated his final product as he turned it around in his hands as he smiled and said “show and tell.” His class was having a “show and tell” day and Eugene wanted to share his work with the class.

Eugene was also able to distinguish colors that had emotional meaning to him such as the color purple for sadness and yellow for happiness. His overall identification with his feelings in this intervention was extremely positive. The body language of the figures in Eugene’s images reflected the way he was feeling around specific people and also the way he felt about them. For example in Figure 36, his arms are raised around his parents and they all have smiles of their faces while his demeanor completely changes in Figures 37 and 38 when Eugene is confronted by Jason and Frank. Ways to deal with his fear and sadness were discussed such as calmly telling a staff member what he was feeling, asking to be removed from the room, or even squeezing a stress ball, or lump of clay to relieve anxiety. After this discussion, Eugene seemed slightly less stressed and happily began drawing cartoon images again.

_Tie dye shirts._

This intervention did not fall under any specific planned camp theme, but was required to complete so that the camp logos could be printed on them. Generic tie dye kits were used to complete this intervention as well as rubber bands, plastic gloves, homemade “ponchos”, plastic bags and plain white shirts.
The materials were gathered from the camps housecleaning supplies and the ponchos were made by cutting two arm holes and a neck hole into large trash bags. Because so many of the participants had sensory sensitivities, it was imperative to ensure that the dye could not stain their skin or clothing. Each group was asked to first tie rubber bands on their shirts, which only parts of each group could do independently. For those that had problems, the rubber bands were twisted by a staff member and placed over a section of fabric that the client gathered themselves. This ensured that every client exercised some form of fine motor functioning. When the bands were in place, the clients were asked to put on their protective gear that was provided for them. Most agreed to this and put on their gloves and poncho with no problems, with some clients even running and jumping in their ponchos letting the wind catch them. Only a small portion refused to put any gear on, forcing staff members to work with them hand-over-hand to ensure they did not stain their skin or clothing. Figures 39 and 40 are examples of the clients’ results with this tie dye intervention.

The clients were primarily using their fine motor and conceptualization skills as they chose which colors they wanted and squeezed the containers to apply them. There are also some elements of self expression in this intervention that are not visible without some background information. The client, Anthony, who created the shirt in Figure 39, loves rainbows and using as many colors as possible in his artwork. The client, Dennis, in Figure 40 loves the
color blue and any variation of it such as purple or blue-green. Even though it was difficult to communicate in this type of media, these clients were able to communicate their favorite colors and combinations of them.

*Figure 39. Anthony’s tie dye shirt.*

*Figure 40. Dennis’s tie dye shirt.*
Safe place to grow.

This intervention is ideal to use over at least four sessions. The week this intervention was done, the camp theme was “It’s raining, it’s pouring”, so the art intervention was centered around this. The directive was for the clients to make tissue paper flowers with pipe cleaners on the first day and then construct a plant holder for them the second day by gluing together popsicle sticks. On the third day, the clients painted a shoe box that was intended to be the environment or “safe place” for their flowers to grow. On the fourth and final day of this intervention, the clients decorated their Popsicle sticks, assembled them into a plant holder by tying each corner with ribbon and cutting out rain drops to hang above their flowers.

In Figure 41, Anthony created a safe place for his flower planter and was very pleased with the results. He put green on the ground, blue in the sky and spots of yellow in the sky for a sun, but like many of his previous art tasks, the colors got blended together and a little muddled. Anthony was able to complete all of the steps of the art tasks by himself except for assembling the planter, which he needed assistance holding the sides together while tying the string.

In Figure 42, Eugene had a clear differentiation between his sky, ground, cloud and sun. He even placed the cloud slightly in front of the sun indicating an overcast day. Eugene needed help with tying the first corner of his planter to see how it was done, but was completely independent in assembling it
after that point. Eugene smiled and seemed very proud of himself as he said, “Flowers” and practiced opening and closing the lid to his box.

![Figure 41. Anthony’s safe place.](image)

![Figure 42. Eugene’s safe place.](image)
One of the messages this intervention was meant to send was that rain does not always have to be a negative factor. Many of the clients seemed to have this opinion because it made them wet and prevented them from going swimming. However, one of the primary objectives was to convey to the clients that rain can be a beneficial and a positive occurrence. When asked what rain can be good for, the clients stated that it helps things grow, “cools things off” and is fun to play in when there is no thunder or lightning. Because of this discussion about rain’s purposes and the overall response to making the “safe place”, the clients were able to conceptualize well while using fine motor skills and hand-eye coordination. Most were able to make the differentiation between sky and land while taking pride in making their safe place original and unique.

_Foam face collage._

The final art intervention in this chapter is simplistic in that it deals with exploring basic human emotions with only a few select materials. There were assorted foam sheets about 4 inches by 6 inches, various foam stickers, feathers, plastic eyes and glue available for use. The foam sheets were cut into a face shape using a hand-drawn template before the session. They were then displayed in chromatic order for the clients to choose from (as seen in Figure 43). The directive was for the clients to think of an emotion that they were currently feeling and then to think of what color that felt like to them. When they had that color in mind, they were asked to select a foam face from the display in Figure 43 that
matched it the best. Then the clients were given the foam stickers, feathers, plastic eyes and glue to create the facial expression on their foam face that reflected the emotion they were currently feeling.

Figure 43. Foam faces display.

In Figure 44, the client, Brandon, stated that he was feeling sad and picked a blue-green colored foam face to reflect this. He used the letter “n” foam sticker to create a frown and used another sticker to make a tear coming from the eye. The feathers were placed at an angle to also accentuate the sadness in the face. Brandon clearly understood the directive and seemed to make a face that perfectly expressed his current feelings. However, Brandon perseverates by drawing tears, sad faces and frowns frequently and does this even when he is in good spirits. So even though this foam face collage shows obvious signs of
understanding the emotion and an attention to detail even down to the shape of the eyebrows, it is a way for Brandon to perseverate.

Another client, Eugene created a smiling face in Figure 45 because he said, “I’m happy!” He said yellow is the color he most associates with happiness and is a color that actually makes him happy by looking at it. It is clear that Eugene understands the concept of assigning a color to reflect an emotion as he picked yellow as a happy color in his Feelings Box as previously seen in Figures 35 and 36. The face Eugene created reflects an understanding of facial features and their proportion on the face and because of this can be classified under Lowenfeld’s Schematic stage for ages seven to nine years old (Lowenfeld, 1960). This drawing development age is slightly younger than Eugene’s chronological
age, but the fact that these materials do not allow for much detail must be taken into consideration.

*Figure 45. Eugene’s foam face.*

This intervention proved to be successful for most clients that participated because almost all of them were able to correctly identify and communicate their current emotion, mindfully assign it to a color and correctly place facial features on their foam face. Some clients needed more help than others due to their developmental level and functioning and others needed observation so that they did not continuously perseverate on the materials (as seen in Figure 44).
Chapter VIII

Conclusions and Recommendations

Results

The need to develop positive and reliable means of self expression for children and adolescents with autism is imperative because of the many natural communication barriers that exist for them. Not being able to converse with others or say what they would like to is a reoccurring problem that this population faces constantly with little to no new developments in sight. Due to the prevalence of the autism diagnoses in today’s society, these additional methods of communication must be further developed to assist the growing number of newly diagnosed children. Through the art interventions completed in this study, evidence of self-expression, communication and increased socialization can be observed as a result of the art tasks in which the clients participated. In many of the art intervention examples, clients displayed evidence of understanding their emotions and communicating colors that they associated with those feelings. In others they demonstrated imaginative thinking when they drew and animal they would like to be, or built them from a variety of objects.

The art therapy interventions that were the most effective in this study were ones that were the least complex and had step by step directions to follow. The clients responded well when directions were written and posted for them, or when they had name tags at their seat. By making the directions clear and not
abstract in any way seemed to simplify the process and thereby engage the clients even more in the process. Interventions that worked well and did this were the “Emotion drawings” in Chapter 4, “What it looks like when its raining” and “Figure painting” in Chapter 5, “Handprint ceramics” and “Magic sculptures” in chapter 6 and the “Safe place to grow” interventions in Chapter 7. All of these interventions provided detailed directions for the clients to follow while still encouraging abstract and imaginative thinking. The concepts that were too abstract and did not seem to work as well because of this lack of structure was the “Puff paint mural” and “Music painting” in Chapter 5, and the tie dye shirts in Chapter 7. These conclusions were made based on the results from daily general observations, comments by the clients and checklists that were completed after viewing each client’s artwork (as seen in Appendix A). These checklists observed the client’s attention span, attempts at representational artwork, socialization, behavior before and after the session as well as the frequency of these factors occurring.

The workbook in Appendix C compiles the art interventions done in this study so that a standardized set of tasks can be implemented in a variety of settings. Every client is different in their developmental and functioning level as well as having different likes and dislikes, so it is important to have a variety of media and techniques with which a facilitator can work. This way art therapy interventions can be used at a child or adolescent’s school, home or any other
setting in an attempt to generalize this form of communication. These tasks are also a positive way to instill confidence and raise the client’s self-esteem. In this study, these positive attitudes were evident by the smiles on many of the clients’ faces after they finished their artwork and positive comments. Anthony stated after making his crocodile animal sculpture, “It looks good, huh? I am proud of myself!” and Mike stated after finishing his “Safe Place to grow”, “It’s so good that you can’t look away, right?” Comments such as these indicate the benefits in self confidence that these children and adolescents receive in participating in art therapy sessions. This also appears to have a positive affect on their socialization capabilities as Anthony began playfully chasing his peers around with his crocodile sculpture trying to “bite” them. Other group members made their respective animals walk around among each other in an act of imaginative play and socialization with the other “animals.” These are small steps towards independent thinking and communication with others around them. It is important that when an individual does exhibit imaginative play or pro-social behavior such as this that they are encouraged to continue it in other settings so that these actions can be generalized in all areas of life.

It is also important to recognize that not all of the interventions listed in the workbook in Appendix C are appropriate for all children and adolescents with autism. For instance while executing the “Figure painting” intervention in Chapter 5, one client Jason, who had an extreme sensory aversion to anything
messy, had difficulty holding a paint brush long enough to put any paint on his figure. When he did have it on his figure, he would simply move the same paint back and forth and not reach for more paint unless prompted. In this same group, another client named John became over-stimulated by messy media like paint and immediately dropped his brush and began finger painting. He kept grabbing more and more paint globs until his figure was covered in a muddy-brown color. The point is that these sensory aversions and over-stimulations can occur simultaneously and a facilitator must be prepared to deal with them as they arise. Waller (2006) states that redirecting the client is key so that whatever media is antagonizing them can be removed and the client can become calm again.

Final Summary

Because many of the art interventions from this study have shown to be effective in enhancing communication and self-expression in children and adolescents with autism, the findings in the workbook (see Appendix C) are significant. It may serve as a reference tool for art therapists beginning to work with this population. They may use it to begin their work with the population, or even to check their own ideas for tips or potential problems. If more children and adolescents with autism can be exposed to this alternative method of communication and receive art therapy sessions regularly, it is possible that even more individuals will find success in expressing themselves. Even though not all of the art interventions were successful in promoting communication and self-
expression, there are still benefits. For example, even though the tie dye shirts did not allow for much self-expression, the client examples in Figures 39 and 40 were able to demonstrate their color preferences. They also were able to practice their fine motor control while putting the rubber bands on and squeezing the tubes of dye. Conceptualization was also a factor as they had to choose which tubes of dye to use on their shirts. Although the purpose of the study was to decipher what art therapy interventions encouraged communication and self-expression the most, other factors such as fine and gross motor control, hand-eye coordination and conceptualization were present in almost all of the interventions. They all prove to be useful in some form for each client with the proper modifications.

Overall this study has been successful in that multiple art therapy interventions have been identified as effective in assisting children and adolescents with autism communicate through artwork. It is important for further research to be done on this topic so that more interventions can be identified and used to assist this population. Perhaps early intervention programs that provide therapy to children and adolescents with autism would add an art therapy element to their programming, thus enhancing communication could become extremely enhanced. I believe it is important to use an integrative approach because each client is different in their needs, developmental level and functioning level. Applied Behavioral Analysis (ABA) is the sole choice of many professionals when dealing with autism, while others prefer a more sensory-oriented approach.
I personally believe that because each client is so different with their likes and dislikes and functioning level, integrating approaches to find the best fit for each client can prove the most beneficial. Art therapy can be a positive component to a therapeutic team dealing with this population. I feel that an art therapist working with children with autism is very similar to people that do not speak the same language attempting to communicate with one another. Some people unconsciously or consciously speak louder and slower in the attempt to be understood, but do not realize that the volume and enunciation of the words spoken are not the underlying problem with the interaction. One must find other visual and non-verbal modes to communicate what they mean and exercise flexibility and sensitivity in doing so.
References


Appendix A
Check List for Observations

1. Did the client appear focused and maintain complete attention on his or her artwork?
   _____ Yes _____ No

2. Did the client make coordinated and deliberate movements in the art task?
   _____ Yes _____ No

3. Did the client create a recognizable object, theme or idea?
   _____ Yes _____ No

4. Did the client represent himself or someone close to him or her?
   _____ Yes _____ No

5. Has the client made previous art containing a specific object, theme or idea?
   (Frequency)
   _____ Yes _____ No

6. Was the client able to use symbology to express any current feelings or emotions?
   _____ Yes _____ No

7. Does the client’s image represent any intended linear or spatial components?
   _____ Yes _____ No
8. Is the image clear in its meaning?
   ______Yes______No

9. Did the client maintain positive hand-eye coordination?
   ______Yes______No

10. Did the client attempt to socialize with other peers?
    ______Yes______No

11. If so, did the client engage in appropriate socializations?
    ______Yes______No

12. Was the client able to engage in joint attention with other peers or adults?
    ______Yes______No

13. Was the client able to describe his or her work when finished?
    ______Yes______No

14. Did the client’s behavior seem less restrictive when the mage was finished?
    ______Yes______No

15. What was the client’s affect before, during and after the art intervention?

16. How does this image compare to any previous images? How does it differ?

17. How did the client handle the materials for this image?
Appendix B

**Summer Camp General Release Form- 2007**

*Sun Screen/ Insect Repellent*
Campers play games outside and are in the sun on and off throughout the day. It is important that they wear sunscreen for protection. Please apply sunscreen on your child before camp and also send in a labeled bottle with his/her name for the summer. The staff will reapply sunscreen to your child throughout the day.

*Emergency Permission to Treat Medically*
In the event of an emergency, I give my permission for staff to treat my child and release medical information to appropriate medical staff regarding my child.

________________________ __________________
Parent/Guardian’s Signature                Date

*Field Trip/Consent to Ride in Camp Approved Vehicles*
I give my permission for staff members to transport my child to and from camp related activities/trips in a camp van. I understand that if an emergency should arise, my child may be transported by one of the directors in a camp vehicle.

________________________ __________________
Parent/Guardian’s Signature                Date

*Valuables*
This camp is not responsible for your child’s personal property. Please do not permit your child to bring in valuable or personally significant items. I understand that this policy and will not hold this camp or its employees liable for any lost property.

________________________ __________________
Parent/Guardian’s Signature                Date

*Photograph Release*
This camp often uses photographs and videotape to help children learn more appropriate social skills, to communicate information to families and to help people understand more about this camp. This camp will have a web-based daily pictoral of camp available. You will have special access to this portion of the website and you will be able to view new photographs of your child’s group daily. I authorize this camp to use photographs/videotape for the above purposes.

________________________ __________________
Parent/Guardian’s Signature                Date
Appendix C

Art Therapy Workbook for Children and Adolescents with Autism

Art Therapy Activities for Children and Adolescents with Autism and Other Developmental Disorders
Jennifer Silvers
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* Multiple session project
How art is useful with this population:

This workbook is intended to use with Children and Adolescents with Autism and other Pervasive Developmental Disorders. Clients with these types of disorders often have difficulty verbalizing and communicating. Art Therapy can be extremely helpful with this population by providing an alternative method of communicating with others. When an individual cannot find the words to express themselves, art can often be a tool in connecting this gap in communication.

How the activities in this workbook were designed:

The activities in this book are designed to assist therapists and facilitators working with this population. The interventions listed in this workbook could be administered as documented, or used as a guide for new and original tasks. Each intervention has been used with this population and has client artwork to show the results and finished products. There are tips and strategies for each task that will assist a therapist in helping their clients improve conceptualization, fine motor skills, gross motor skills, hand-eye coordination while experiencing different kinesthetic materials.
Drawing

Drawing is a positive way to begin with many populations because it is one of the most simplistic forms of art making. There are a variety of achromatic and chromatic materials to choose from with many of these options listed below.

**Some potential drawing materials:**

- charcoal
- graphite
- drawing pencils
- colored pencils
- pastels (soft/hard)
- oil pastels
- crayons
- ink
- chalk
- pens
- markers

**Drawing activities:**

1. Emotion Drawing
2. Group member drawing
3. What’s bothering me
4. Inspirational card drawing
5. Draw an animal you’d like to be
Emotion drawing

Complexity: Low  Structure: Low

Objectives

To make a chart depicting various emotions using the child’s personal schema and colors to express feelings. The client will deal with fine motor and conceptualization skills.

Materials

A white 18 x 24 inch paper, assortment of colored markers (Sharpie is preferred because of the vibrant colors and width variety) and a small mirror.

Procedure

Set up: An example should not be made for this intervention because the objective is for the client to draw their own personal schema. By giving an example, this will alter their schema and their ability to conceptualize a personal and original depiction of an emotion. The paper should be laid out directly in front of the client and the markers placed in a container slightly away from the client’s reach. Only the paper is first available for the client so that they are not distracted by the markers and skip the step of folding the paper or listening to the directives.
Directives: The client is asked to place their paper in a horizontal orientation and fold their paper in half once and then again. The client is asked to unfold their paper and then vertically fold their paper into equal thirds so that there are 12 boxes in total. When these boxes are formed, the client is asked to name various emotions in which they or the therapist will write in each box, depending on their functioning level. When this is done, the client is asked to pick a color that corresponds with each emotion and make a symbol of each one. The symbol can be lines, shapes, colors or an image that reminds them of a specific feeling. Encourage the client to look in the mirror, close their eyes and imagine a specific feeling. Then tell them to open their eyes and draw whatever comes to mind, or what they see in their face.

Modifications

Encourage clients to try to do each part of the task on their own first, but if they are still unable to complete specific parts, modifications may be made to assist these difficulties.

Fine motor difficulties: Help clients begin folding the creases by starting the each fold the paper should have. If the crease is already there, it sill be easier for them to press down and make a crisp edge. If they are
also unable to make clear images, simply encourage them to express
themselves just using shapes and colors.

**Gross motor difficulties:** The activity may be completed on a large
empty table or on the floor, as space allows. Also, larger paper such as
butcher block paper can be utilized instead to give the client more space to
work.

**Hearing or auditory difficulties:** Write out clear step-by-step
instructions for the client to follow and limit background noise.
Objectives

For the client to make a drawing depicting members of his or her group, including a self-portrait. The client will deal with body image, group dynamics and fine motor skills.

Materials

An 8 x 11 plain paper of any color that the client chooses and an assortment of colored markers (Sharpie is preferred because of the vibrant colors and width variety).

Procedure

Set up: An example should not be made for this intervention because the objective is for the client to draw their own interpretation of their group members. By giving an example, this will alter their ability to conceptualize an original depiction of the group and the overall dynamic. The paper should be offered to the client in chromatic order and evenly displayed so that he or she may choose a paper in the most objective way. The markers should be placed in a container slightly away from the client's
reach so that they are not distracted by them and can pay full attention to
the directives.

Directives: The client is asked to simply think of the members of his
or her group and draw them however they desire. The directive should be
simple so the client feels free to place the figures in any setting and draw
them any way they choose.

Modifications

Encourage clients to try to do each part of the task on their own first, but
if they are still unable to complete specific parts, modifications may be
made to assist these difficulties.

Fine motor difficulties: Larger paper may be used, or the client
could create each group member using lines, shapes and colors.

Gross motor difficulties: The activity may be completed on a large
empty table or on the floor, as space allows.

Hearing or auditory difficulties: Write out clear step-by-step
instructions for the client to follow and limit background noise.
Objectives

To make a drawing depicting something that is bothering the client.

Materials

An 8 x 11 plain paper of any color that the client chooses and an assortment of colored markers (Sharpie brand is preferred because of the vibrant colors and width variety).

Procedure

Set up: An example should be made and displayed to the client so that they may conceptualize what they need to make for themselves. The therapist can make a simple example such as being bothered by a rainy day, or the weather being too cold so that the client understands the concept of being "bothered." The paper should be offered to the client in chromatic order and evenly displayed so that they may choose a paper in the most objective way. The markers should be placed in a container away from the client's reach so that the client is not distracted by them and can pay full attention to the directives.
**Directives:** The client is asked to simply draw something that is bothering them.

**Modifications**

Encourage clients to try to do each part of the task on their own first, but if they are still unable to complete specific parts, modifications may be made to assist these difficulties.

**Fine motor difficulties:** Larger paper can be given to the client so the image does not have to be as small, or force strong fine motor control. Also, if the client can verbalize what they would like to make, certain parts can be drawn using dots by the therapist and then connected by the client.

**Gross motor difficulties:** The activity may be completed on a large empty table or on the floor, as space allows.

**Hearing or auditory difficulties:** Write out clear step-by-step instructions for the client to follow and limit background noise.
Complexity: Medium to High

Structure: Medium to High

Objectives

To select and inspirational card that has personal meaning to the client and then create a drawing as a reflection to the card’s message. The client will deal with fine motor and conceptualization skills while also looking introspectively at him or herself.

Materials

An 8 x 11 plain paper of any color that the client chooses and an assortment of colored markers (Sharpie is preferred because of the vibrant colors and width variety).

Procedure

Set up: An example should not be made for this intervention because the objective is for the client to select a card that is meaningful to them and to draw based on their own feelings from that card. This would not be a personal or introspective intervention if the client had an example to look at and possibly copy. The paper should be offered to the client in chromatic order and evenly displayed so that he or she may choose a paper
in the most objective way. The markers should be placed in a container slightly away from the client's reach so that the client is not distracted by them and can pay full attention to the directives. The inspirational cards should be sorted so that approximately 10 or 20 cards that the client can easily comprehend are available to display, such as remember, listen and laugh.

**Directives:** The client is asked to select a card that they are drawn to or that they can connect with in some way. The card is then discussed with the client to assure that they fully understand the meaning. Then, the client is asked to make a drawing based on how the card they pick makes them feel.

**Modifications**

Encourage clients to try to do each part of the task on their own first, but if they are still unable to complete specific parts, modifications may be made to assist these difficulties.

**Alternative directive:** Depending on the card chosen, the therapist can use their discretion and tailor the directive for the drawing to the specific card. For example, if the card "remember" is chosen, the client
could be asked to think of someone they remember from their past that meant a lot to them and make an image about them.

**Fine motor difficulties:** Larger paper can be supplied for this task, or the client may depict their chosen card using lines, shapes and colors to depict their feelings about it.

**Gross motor difficulties:** The activity may be completed on a large empty table or on the floor, as space allows.

**Hearing or auditory difficulties:** Write out clear step-by-step instructions for the client to follow and limit background noise.
Draw an animal you’d like to be

**Complexity:** Medium  
**Structure:** Low

**Objectives**

To make an animal that they would most like to be, or admire in some way.

The client will deal with fine motor and conceptualization skills as well as some potential body image issues.

**Materials**

11 x 14 inch plain white paper, pack of 12 crayons (or more), colored pencils (erasable if available) and pre-cut magazine images of animals.

**Procedure**

**Set up:** An example should be made for the client to see so they may conceptualize their own animal. However, it should not be viewed until the group has discussed various types of animals and chosen which one they intend to make. This is so that they do not just copy the example and conceptualize their own idea for an animal. The paper should be given to the clients after the discussion about animals and then the drawing materials can be placed in front of them. The materials and papers should be kept away from the clients until the discussion is over so that they are not
distracted and can pay full attention to the directives. The magazine images of animals should be given to the clients to view only if they cannot think of an animal or have a difficult time visualizing how to draw their animal of choice.

**Directives:** The client is asked to think of an animal they would like to be like and then draw it using any of the materials provided.

**Modifications**

Encourage clients to try to do each part of the task on their own first, but if they are still unable to complete specific parts, modifications may be made to assist these difficulties.

**Fine motor difficulties:** Larger paper may be used, or the therapist may make dots for the client to trace their animal’s shape.

**Gross motor difficulties:** The activity may be completed on a large empty table or on the floor, as space allows.

**Hearing or auditory difficulties:** Write out clear step-by-step instructions for the client to follow and limit background noise.
Painting

Painting is an extremely versatile material to use with almost any population because it lends itself to achieve great detail while also offering a strong tactile component. Liquid hand soap can be added to water-based paint to ease the cleaning-up process.

Common types of paint:

- Acrylic - Fast drying water-based paint with a plastic-like texture
- Tempera - Very similar to acrylic, but it is not as thick or strong
- Watercolor - Translucent water-based paint in cake or tube form
- Oil - Oil-based paint that is easily manipulated and vibrant
- Puff paint - Raised and texturized paint made with shaving cream, white glue and pigment

Painting activities:

1. Figure Painting
2. Watercolor - What does it look like when it is raining?
3. Puff Paint Group Mural
4. Rhythm Painting
Puff Paint Group Mural

Complexity: Low  Structure: Low

Objectives

To make a puff paint group mural, work together with other group members while using a tactile material and encouraging fine and gross motor skills.

Materials

Large white or blue mural paper, puff paint (1/3 glue and 2/3 shaving cream + pigment), tape and a large work area.

Procedure

Set up: The mural ideally should be set up on a table that the clients can walk all the way around. If this is not available, the floor will suffice. It should not be hung on the wall because the puff paint will drip off if it has not had time to dry. The mural paper should be spread across the work area and taped on all four sides. Depending on the number of group members, bowls and puff paint ingredients should be set out before the clients arrive.

Directives: The clients are asked to pick a color and with assistance, mix their own puff paint. They will all eventually share, but this gives them a sense of accomplishment to make their own paint and utilizes fine motor
skills by mixing. The directive is for them to create an underwater scene with sea creatures, fish, etc. by finger painting and experiencing the unique texture of the paint. The subject matter is versatile and could range from a jungle scene to a playground. The goals are the same as the clients experience the texture of puff paint and use gross motor skills.

**Modifications**

Encourage clients to try to do each part of the task on their own first, but if they are unable to complete specific parts, modifications may be made to assist these difficulties.

**Fine motor difficulties:** Dots or outlines can be made with the paint for the clients to color in or trace.

**Sensory-sensitivity difficulties:** Because the material is so tactile, clients with sensory sensitivities will generally have an aversion to the paint. In this case, encourage the clients to at least put one finger on the paint and gradually try to increase their exposure to it. If this is not acceptable, offer the client a brush to use instead.

**Hearing or auditory difficulties:** Write out clear step-by-step instructions for the client to follow and limit background noise.
Music Painting

**Complexity:** Low  
**Structure:** Low

**Objectives**

To listen to various types of music and make a painting based on the rhythm and beats in each song selection. This will encourage gross motor development and help the clients explore the tactile medium of finger paint.

**Materials**

Large white or black paper, tempera or finger paint, cd player or other music player other than a radio (music needs to be controlled), variety of music styles, tempos and beats (a custom burned cd would work perfectly).

**Procedure**

**Set up:** The music player must be set up with music and ready to go when the child arrives. Paint should be placed away from the client initially while the directive is given to them.

**Directives:** The clients are asked to listen to the music carefully, close their eyes and finger paint to the sound of the music. Encourage them to move their hands quickly and abruptly across their paper when the tempo increases and the music rapidly moves along. Then encourage them to glide...
their hands slowly over the paper when the music is soft and fluid. Ask the client what color the music feels like and have them pick colors that match the feeling of the music.

**Modifications**

Encourage clients to try to do each part of the task on their own first, but if they are still unable to complete specific parts, modifications may be made to assist these difficulties.

**Fine motor difficulties:** Tape the client's paper to the table.

**Gross motor difficulties:** Give the client plenty of work space such as on the floor or at their own table. This process is designed to exercise gross motor ability, so any attempt at movement with music is acceptable.

**Sensory-sensitivity difficulties:** Because the material is so tactile, clients with sensory sensitivities will generally have an aversion to the paint. In this case, encourage the clients to at least put one finger on the paint and gradually try to increase their exposure to it. If this is not acceptable, offer the client a brush to use instead.

**Hearing or auditory difficulties:** Write out clear step-by-step instructions for the client to follow and limit background noise.
What Does It Look Like When It’s Raining?

**Complexity:** Medium  
**Structure:** Low

**Objectives**

To make a watercolor painting of what it looks like to the client when it rains. This task will encourage conceptualization and hand-eye-coordination.

**Materials**

Watercolor paper, watercolor set (cake form), soft paint brushes and water containers.

**Procedure**

**Set up:** An example is not advised for the client to view beforehand because the concept of rain is basic enough that they should be able to complete the task with just the directive. If there is an example, the tendency is for the client to copy it without trying to think of their own image. Examples should only be done in this population for complex and broad processes that could be overwhelming for certain clients. The watercolor paper should be taped down where the client will be sitting and the paint, brushes and water container should be set out prior to the client’s arrival. These materials should be placed away from the client’s work area initially so that the directives can be given without distractions. 

*Note:*
water must be periodically changed and monitored so that it is not a
temptation for the client to accidentally consume.

**Directives:** The client is asked to think of what it looks like when it
is raining. The directives are brief so that they can conceptualize on their
own first, but if they have trouble narrowing down the concept, discuss with
them different types of rain such as a thunderstorm, when it is sprinkling or
what it looks like when raindrops hit a pool of water.

**Modifications**

Encourage clients to try to do each part of the task on their own
first, but if they are still unable to complete specific parts, modifications
may be made to assist these difficulties.

**Fine motor difficulties:** After discussing the type of rain the
client would like to make, dots can be made for the client to trace and make
their image. Also, outlines can be painted for the client to fill.

**Gross motor difficulties:** The activity may be completed on a large
empty table or on the floor, as space allows.

**Hearing or auditory difficulties:** Write out clear step-by-step
instructions for the client to follow and limit background noise.
Figure Painting

**Complexity:** Medium  
**Structure:** Medium

**Objectives**
To make a self-portrait painting on a plain white full figure of a child. The client will deal with body image, fine motor and conceptualization skills.

**Materials**
A plain white paper cut out of a full figure, about 3-5 feet tall (depending on workspace and number of clients), acrylic or tempera paints, yarn or synthetic hair, paintbrushes, water containers and mirrors upon request.

**Procedure**
**Set up:** Set up varies based on the space and materials available. An example should be made and displayed to the client so that they may conceptualize what they need to make for themselves. The paint should be on a palette with dividers, a couple of paintbrushes set out and the water container filled before the client arrives. Also, it is helpful to mix skin tones appropriate for the client if the paint available does not have specific skin colors pre-mixed. These materials should be placed away from the client’s work area initially so that the directives can be given without
distractions. *Note:* water must be periodically changed and monitored so that it is not a temptation for the client to accidentally consume.

**Directives:** The client is asked to paint the figure as a self portrait. Encourage the client to paint a clear differentiation between body parts. Lastly, give the client a choice between colors of the yarn or synthetic hair.

**Modifications**

Encourage clients to try to do each part of the task on their own first, but if they are still unable to complete specific parts, modifications may be made to assist these difficulties.

**Fine motor difficulties:** Discuss with the client where each body part is and have them help point out where lines should be drawn to section them off. These lines will help them conceptualize how they will create their figure and give them areas to color in appropriately. Also, glue dots can be made in the places the child wants to place the hair they have selected.

**Gross motor difficulties:** The activity may be completed on a large empty table or on the floor, as space allows. If there are multiple clients that need to share a table, the blank figures can be cut to an appropriate height and placed head-to-head to maximize space for the clients.
Various types of sculpture:

**Found object** - Various objects found in nature or for utilitarian purposes that are combined and redefined as a new whole.

**Casting** - Molten substance poured into a mold, then the mold is removed

**Mobile** - Suspended objects hang from rods and balance each other

**Relief sculpture** - Images carved on a surface to project from the background.

**Free-standing sculpture** - Sculpture on a base, carved around all sides

Commonly used materials:

- Wood
- Terra cotta
- Fiberglass
- Clay
- Metals
- Glass
- Stone
- Plastic
- Fabric

Sculpture activities:

1. Magic sculpture
2. Animal sculpture
3. Handprint ceramics
Animal Sculpture

**Complexity:** Medium to high  
**Structure:** Medium to high

**Objectives**

To make a sculpture of an animal that they most identify with while using tactile materials. The client will also use conceptualization, fine motor control and hand-eye coordination.

**Materials**

Pipe cleaners, popsicle sticks, wire, buttons, beads, foam pieces, fuzz balls, cloth, craft and hot glue and other various craft materials or found objects.

**Procedure**

**Set up:** The materials should be set up in small bowls or containers and placed to the side until the directive is given. The client will be offered a couple of the materials at a time to work with so that they are not overwhelmed by the amount of materials available to work with for this project. An example of this project is advised, but the client must be encouraged to attempt their own original animal.

**Directives:** Ask the client to think of an animal that they most identify with and to make it out of the materials provided. This project
tests the conceptualization skills of the client and also their hand-eye
coordination as they begin to put objects together.

**Modifications**

Encourage clients to try to do each part of the task on their own first, but
if they are still unable to complete specific parts, modifications may be
made to assist these difficulties.

**Fine motor difficulties:** For a client that does not have a lot of
fine motor control, they may need more hand-over-hand help. The client may
string beads on wire or a pipe cleaner so that they can easily manipulate this
form into their chosen animal. Also, glue dots are helpful to make for the
client so they can simply place their objects on the dot.

**Gross motor difficulties:** Give the client plenty of work space such
as on the floor or at their own table. Hand-over-hand attention may be
required with this project. Make sure to encourage as much original thinking
and independent actions as possible.

**Sensory-sensitivity difficulties:** Glue might be a material that
some clients will have an aversion to, so glue dots are a way to avoid this.
The client will not have to touch the glue bottle or any of the glue itself.
Magic Sculptures

**Complexity:** Medium to high  
**Structure:** Medium

**Objectives**

To make a sculpture of something of importance to the client— with as little or as much detail as they wish. Clients will use conceptualization and fine motor skills.

**Materials**

"Magic Nuudles" (or generic brand of cornstarch foam pieces that bond together when wet) and a shallow container with a wet paper towel. *Note:* The Magic Nuudles are gently touched to the wet towel to moisten them because dipping them in water alone will cause them to disintegrate.

**Procedure**

**Set up:** The Magic Nuudles should be placed in a large bowl or container away from the moist paper towel. The automatic reaction will be for the client to run their fingers through the Magic Nuudles, which is encouraged, but the water needs to be kept away initially so they are not ruined accidentally.
Directives: Ask the client to think of something of importance to them. It could be a person, pet, specific place, favorite activity, or anything else of significance. This directive is broad so not to limit the client’s creativity. The client will then begin moistening one end of a Magic Nuudle and pressing it gently to the dry end of another to begin their sculpture.

Modifications

Encourage clients to try to do each part of the task on their own first, but if they are still unable to complete specific parts, modifications may be made to assist these difficulties.

Fine motor difficulties: Have the client moisten one Magic Nuudle and then hold the other one up for the client to bond the two together. This way the client does not have to use as much hand-eye coordination or fine motor control.

Gross motor difficulties: Give the client plenty of work space such as on the floor or at their own table.

Sensory-sensitivity difficulties: This material should not cause any aversive sensory reactions, but if there is a negative reaction, gloves
may be used, or long user-friendly tweezers or tongs can be used so the
client does not have to touch the material in any way.

**Hearing or auditory difficulties:** Write out clear step-by-step
instructions for the client to follow and limit background noise.
**Handprint Ceramics**

*Two session project*

**Complexity:** Medium  
**Structure:** Medium to high

**Objectives**

To make play dough, or self-hardening clay, place handprint in it and decorate. Play dough/clay and handprint will be done in the first session and the decorating of the block will be done in the second session. Clients will be able to experience the tactile nature of the dough, use fine motor control, hand-eye coordination and conceptualize their final design.

**Materials**

Session 1: Self-hardening clay and a ruler.

Session 2: Acrylic or tempera paint, paint brushes, water container and a small cork board, or plaque.

**How to make the self-hardening clay:**

Mix 4 cups of flour, one teaspoon of alum (from spice aisle), and 1 ½ cups of salt. Gradually add water (up to 1 ½ cups) until it forms a ball. Kneed the dough and add water as needed until it is a malleable clay consistency.
Procedure

Set up:

Session 1: Mix the flour, alum and salt together in a bowl for the client and set a small cup of water next to it. Have a flat hard surface with a paper towel on it ready for when the client is done.

Session 2: Have the dried clay block laid out and ready for the client. Make sure the clay is mostly dry before giving to the client. If it is not dry enough, bake in a conventional or toaster oven at 300 degrees for 3 minute intervals until mostly hard.

Directives:

Session 1: Ask the client to add some, but not all of the water next to them into their bowl and begin mixing. Assist the client in achieving the correct clay consistency. Do not let it get too watered down or it will be very difficult to dry. Help them to cut their square shape out. If time allows, let the block set for about an hour and then have the client make
their hand print. If this is not possible, help the client gently, but firmly place their handprint in the newly made clay.

**Session 2:** Ask the clients to begin painting their hand however they wish. Encourage them to be expressive! When they are done, the therapist will place hot glue on the cork board or base for the handprint and the client will gently and carefully place their block on the glue.

**Modifications**

Encourage clients to try to do each part of the task on their own first, but if they are still unable to complete specific parts, modifications may be made to assist these difficulties.

**Fine motor difficulties:** In the first session, lines could be made where the clay block should be cut in the square shape. Then the client can easily trace around this and cut their square out independently. In the second session, paint dots can be made for the client to trace, or they could simply trace the lines of the indentation of their own hand.

**Gross motor difficulties:** Give the client plenty of work space such as on the floor or at their own table.
**Sensory-sensitivity difficulties:** Some clients may not like mixing the clay because of its texture. Encourage clients to touch with just one finger at first, but if they do not wish to touch the clay, give them a spoon or a popsicle stick to mix their clay with and help them knead and flatten their clay. They will then be able to cut the square block.

**Hearing or auditory difficulties:** Write out clear step-by-step instructions for the client to follow and limit background noise.
Mixed Media

The following activities have a combination of media areas and techniques. The materials will vary and many will take longer than one session to complete.

**Mixed media activities:**

1. Computer art
   
   *Suggested programs:* Tux Paint, Kid Pix Deluxe 3 & Jurassic Art

2. Feelings box*

3. Tie dye*

4. Safe place to grow*

5. Foam face collage

*Multiple session project*
Computer art

**Complexity:** Medium  
**Structure:** Medium

**Objectives**

To make a free drawing and then another of something the client enjoys doing. Client will use conceptualization, hand-eye coordination and fine motor skills.

**Materials**

Computer and a computer art program such as Tux Paint

**Procedure**

**Set up:** The client should be seated in a comfortable chair directly in front of the computer screen with easy accessibility to the mouse. The therapist should be seated near the client to assure that the client does not react negatively in any way and potentially harm the equipment.

**Directives:** Ask the client first play with the program if they are not familiar with it and make a free drawing of their choice. Then ask the client to create a new image of something that they enjoy doing.
**Modifications**

Encourage clients to try to do each part of the task on their own first, but if they are still unable to complete specific parts, modifications may be made to assist these difficulties.

**Fine motor difficulties:** Not every client will be able to use a computer mouse and modifications are limited in this area. There are hands-free units available that can be controlled by the client’s head, but may not be in every facility’s budget to provide. Hand-over-hand assistance can be helpful if this alternative is not available.

**Hearing or auditory difficulties:** Write out clear step-by-step instructions for the client to follow and limit background noise.
*Multiple session project*

**Complexity:** High  
**Structure:** Medium to High

**Objectives**

To discuss what makes the client feel positive and negative and have them produce a variety of drawings depicting this. Then paint a box with colors indicating positive and negative feelings and attach the corresponding pictures. Clients will use conceptualization, fine motor skills as well as looking introspectively at themselves.

**Materials**

An 8 x 11 plain white paper, an assortment of colored markers (Sharpie is preferred because of the vibrant colors and width variety), scissors, craft glue, cigar box (can be attained for cheap or free at any local cigar store), acrylic or tempera paint, paint brushes and Modge Podge (or a sealer equivalent to this product).

**Procedure**

**Set up:**

*Session 1-2:* An example should *not* be made for the drawing
portion of the intervention because the objective is for the client to
draw their own interpretation of their personal positive and negative
feelings. The paper and markers should be placed in front of the
client after discussing the directive and making sure they fully
understand. The client should be encouraged to consider what colors
reflect certain emotions to them as they draw their various images.
Have scissors on hand for the client to cut out their images when
they are finished.

**Session 3 and up:** When the client is ready to paint, first
courage them to consider which colors he or she associates with
which emotions. Give them a paint palette that has multiple colors on
it and be sure to watch the paint water cup so that the client is not
tempted to drink from it. When the paint is dry, and images are
glued on, set a paint brush and Modge Podge in front of the client so
that they may finish.

**Directives:**

**Session 1-2:** Ask the client to make various small drawings
with the provided materials that depict positive and negative
people, events or ideas in his or her life. When they are finished, ask them to cut out each image.

Session 3 and up: First discuss with the clients how they feel inside versus outside so that they understand the concept. Then ask the clients to paint their cigar box with the colors that correspond with the emotions that they feel inside and outside. When this is finished, the client will glue on his or her images and then use Modge Podge over them to seal them on the box.

Modifications

Encourage clients to try to do each part of the task on their own first, but if they are still unable to complete specific parts, modifications may be made to assist these difficulties.

Fine motor difficulties: If the client cannot cut his or her images out, they can cut around the image and then the therapist can cut out any missed details. If a paint brush is difficult to control, then the client’s fingers can be used to apply the paint if they do not have a sensory aversion to the material.
**Gross motor difficulties:** Give the client plenty of work space such as on the floor or at their own table.

**Sensory-sensitivity difficulties:** Some clients may not like using paint or Modge Podge because of their textures. Encourage clients to dip a paint brush in each media and paint with very little of the material on the brush at first and then try to ease into using more of it. If this is ineffective, then offer brushes with longer handles and gloves.

**Hearing or auditory difficulties:** Write out clear step-by-step instructions for the client to follow and limit background noise.
* Multiple session project

Complexity: Medium  
Structure: Medium

Objectives

To decorate a shirt with tie dye while using fine motor skills and hand-eye coordination.

Materials

Plain colored shirt (preferably white), tie dye kit (from almost any craft store), large trash bag (or a poncho), gloves, rubber bands, grocery sack and a gallon size re-sealable plastic bag.

Procedure

Set up: This project is designed assuming a therapist is on a budget. Before doing this project, ask the child to bring in a plain colored shirt from home. Take the large trash bag and cut 2 holes for arms and 1 for the head and it will serve as a poncho for the child and reduce the mess. The gloves poncho, rubber bands, grocery sack and shirt will all fit nicely into the gallon size bag as a “tie dye kit” for the client (this is extremely efficient when working with groups).
Directives: Ask the client to take out their shirt and rubber bands and show them how to wrap the rubber bands around a piece of the shirt. Then encourage the client to do the rest of the shirt. When this is done, assist the client in putting on their gloves and poncho. Ask them to place the rubber banded shirt into the grocery sack and begin spraying the dye over the shirt with the squirt bottles. When the shirt is covered, wrap the shirt (still in the grocery bag so the colors are sealed in) and place in the gallon re-sealable bag. Follow the directions on the tie dye package for further care instructions for rinsing and washing the finished shirt.

Modifications

Encourage clients to try to do each part of the task on their own first, but if they are still unable to complete specific parts, modifications may be made to assist these difficulties.

Fine motor difficulties: The rubber bands can be difficult to wrap around, so twist the rubber band around and hand it to the child for them to place on the shirt. If more assistance is required, have them stick their finger up under a section of the shirt and place a rubber band around their finger so that they are still assisting in the process.
**Gross motor difficulties:** Give the client plenty of work space such as on the floor or at their own table. This activity can even be done outside with weather permitting. Hand-over-hand attention may be required with this project during the rubber banding process.

**Sensory-sensitivity difficulties:** The dye can be a huge sensory aversion so it is important to get the protective equipment on the clients so that there is not an issue of stained fingers or clothing. If they refuse to wear the protective gear, at least have them choose the colors they want and point in the areas they want a particular color.

**Hearing or auditory difficulties:** Write out clear step-by-step instructions for the client to follow and limit background noise.
Safe place to grow

*Multiple session project*

**Complexity:** Medium  
**Structure:** High

**Objectives**

To make tissue flowers, design a plant holder for them and then create a safe place for them in a box decorated by the client. The client will use fine motor skills, hand-eye-coordination and conceptualization.

**Materials**

Multiple colors of tissue paper, pipe cleaners, Popsicle sticks, craft glue, markers, ribbon, shoe boxes, acrylic or tempera paint, paint brushes, variety of colored copy paper, string, tape and a hot glue gun.

**Procedure**

**Session 1, Tissue flowers:** Prepare the tissue by cutting it into strips that are approximately 1 x 4 inches and placing them in the center of the table. If clients have very good hand-eye coordination, then they can actually cut the tissue themselves. An example should be made of the flower so that the clients understand what it is supposed to look like in the end.
**Session 2, Planter:** Give clients the directive first and then place Popsicle sticks and glue in the center of the table. An example should be made for the clients to see how exactly the planter should be assembled.

**Session 3, Shoebox decoration:** An example of a finished “Safe place” shoe box should be made for the clients to understand the basic concept of painting their own box. Place paint in a small palette for each client so that they do not have to share. Some clients like to get messier with the materials than others and it is not a good idea to have clients share paint for this reason. As always, make sure the paint water stays clean and that the clients do not drink it.

**Session 4 and up, Finishing touches:** The setup for these sessions varies according to how fast the clients completed the previous tasks in this intervention. It is important to not let a group be at all different stages of this intervention, or it will become chaotic. If the clients are at different stages, set up an area specifically for painting the shoe box and decorating the planter. In another area, set up the materials to make tissue flowers (tissue and pipe cleaners) and raindrops (colored paper, scissors, string and tape).
This way if certain group members worked slower or missed earlier sessions, the group can be as orderly as possible.

**Directives:**

**Session 1, Tissue flowers:** Make a tissue flower by wrapping the end of a pipe cleaner around the middle of 5 to 7 of the pre-cut tissue strips. Make sure the bundle is wrapped tightly and that there is enough pipe cleaner left to form a stem. Fan the tissue pieces out slightly so that the flower appears "full" and in bloom.

**Session 2, Planter:** Place 10 popsicles sticks on a flat surface and apply glue to the entire surface. Lay 10 more Popsicle sticks the opposite way across the surface of the first 10 sticks. This is the planter's base. For the sides, lay 4 sticks on a flat surface with even widths apart so that they are the same length as the base. Glue 3 sticks the opposite direction on top of the 4 so that the appearance is similar to a picket fence with spaces in between the sticks. Repeat this until there are 4 sides. If the sticks dry in time, the clients may decorate each side with markers and the planter will be assembled at a later time.
**Session 3, Shoebox decoration:** The boxes used were wrapped in white paper before the clients arrived so that the shoe logos did not show through their work. If there is time, this step is recommended, but not a requirement. Direct the clients to paint a landscape inside their box so that there is a sky and ground. This is the only directive because it leaves the creative decisions up to them such as if they choose horizontal or vertical orientation for their boxes or the subject matter of their landscape.

**Session 4 and up, Finishing touches:** In these sessions, the remaining activities are for the clients to decorate their planters if they have not already, assemble them with another person, cut out rain drops and hang them. The planters must be assembled with another person because one person needs to hold it together while the other person ties ribbon around the 4 sides. When this is finished, the therapist will then use a hot glue gun to glue the connected sides to its base. When the glue has dried, the clients may stuff green or brown tissue into the planter and then place their tissue flowers inside. After this they can cut the entire planter in the safe place and hang the rain drops above the flowers.
**Modifications**

Encourage clients to try to do each part of the task on their own first, but if they are still unable to complete specific parts, modifications may be made to assist these difficulties.

**Fine motor difficulties:** If the client cannot tie the pip cleaner around the tissue to make the flower, they may select the colors they want and hook the pipe cleaner around it for the therapist to tighten and secure. If the Popsicle sticks are not perfectly arranged, this is fine as long as there are 4 sides and 1 base made. Everything will be hot glued at the end, so perfection is not important. If the client cannot gain control with a paint brush while painting their shoe box, encourage them to use their hands.

**Gross motor difficulties:** Give the client plenty of work space such as on the floor or at their own table. Hand-over-hand attention may be required to do certain aspects of this intervention such as making the tissue flowers, using the paint as well as cutting and hanging the rain drops.

**Sensory-sensitivity difficulties:** Glue is a material that some clients will have an aversion to, so glue dots are a good way to avoid this. The client will not have to touch the glue bottle or any of the glue itself.
When decorating the shoe box, a longer paint brush can be used or gloves can be put on the client. If this is not acceptable, wrap the box in paper and then encourage them to decorate their box using a less messy media like markers or crayons.

**Hearing or auditory difficulties:** Write out clear step-by-step instructions for the client to follow and limit background noise.
Foam Faces Collage

Complexity: Medium
Structure: Medium

Objectives

To develop understanding of emotions and feelings while exercising hand-eye coordination and fine motor skills.

Materials

Various colors of foam in the shape of a face, craft glue, foam stickers, beads, plastic eyes, feathers, synthetic hair, yarn, fabric and other useful collage materials.

Procedure

Set up: Materials should be placed in bowls or containers and given to the child only a couple at a time. If the child has everything in front of them all at once, this can be overwhelming and could create chaos or a lack of ability to make a decision. For example, the foam faces can be laid out in chromatic order and given to the child first. Then, the child may choose to work with stickers or beads.

Directives: The client is asked to think of an emotion that they are currently feeling. If they are happy, ask them what color face is happy to
them and to select a foam face to decorate. Next give the client a choice between a few materials to use a couple at a time. With some clients it is important to continue discussing their chosen emotion as they work so they stay on task. When done, encourage them to explore other emotions that they commonly have and to assign a color and characteristics to that emotion. Encourage the child to touch kinesthetic materials such as the feathers.

**Modifications**

Encourage clients to try to do each part of the task on their own first, but if they are still unable to complete specific parts, modifications may be made to assist these difficulties.

**Fine motor difficulties:** Make glue dots in the places the child wants to place their beads or other materials that need glued. Also, start to peel off the sticker’s paper backing, or remove it completely.

**Gross motor difficulties:** The activity may be completed on a table with only a couple of the chosen materials, or on the floor.

**Hearing or auditory difficulties:** Write out clear step-by-step instructions for the client to follow.