The Effectiveness of Art Therapy for Children with Autism Spectrum Disorder

A Literature Review

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Abstract
This literature review focuses on the effectiveness of using art therapy with children who have an autism spectrum disorder (ASD) while including the perspective of Adlerian theory. Autism spectrum disorder is a pervasive neurological developmental disorder (APA, 2013) which is characterized by four deficit areas: sensory, social communication, social interaction, and social imagination (Wing, Gould, & Gillberg, 2011). Art therapy approaches can be used to target these four deficits. This literature review strives to support that art therapy can be an effective and complementary treatment approach while working with children with ASD. As treatment modalities for ASD become more expansive, art therapy can provide an individually tailored process in which children with ASD can grow and develop. Art therapy has shown to improve a child’s deficit with sensory issues, social communication, social, interaction, and social imagination (Martin 2009b; Epp, 2008; D’Amico & Lalonde, 2017; Schweizer, Spreen, & Knorth, 2017). Educated and professionally trained art therapists can provide the tools and guidance to create these improvements in the lives of children with ASD. As the prevalence of ASD increases, art therapy continues to expand and the relationship between these two can be further supported. Providing art therapy to children with ASD creates a unique approach to fostering emotional growth, communication, and healthy self-expression while using an Adlerian perspective.

Keywords: Art Therapy, autism, ASD, AT, creative expression, social skills
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The Effectiveness of Art Therapy with Children with Autism Spectrum Disorders

The purpose of this literature review is to examine the effectiveness of art therapy with children with autism spectrum disorder (ASD). It is meant to educate and create an understanding of how art therapy can be an effective treatment modality when working with children with ASD. This literature review outlines both ASD and art therapy while subsequently examining the relationship between the two and how art therapy can be effective. Specifically, it examines how art therapy can be effective when targeting four characteristics common with an ASD diagnosis. These four deficits are in the realms of: sensory, social communication, social interaction, and social imagination, which are all commonly mentioned, understood, and studied throughout literature on ASD. It then continues to expose readers to the relationship between art therapy and ASD, provides in-detail examination of using art therapy with the four deficits in mind, reports on how it can best be used with children with ASD, incorporates the perspective from Adlerian theory, and the need for further research.

Current and previous research suggests that art therapy is an effective treatment modality when working with children with ASD (Schweizer, Knorth, & Spreen 2014; Schweizer, Spreen & Knorth, 2017). While not intended to be the primary source of therapy, art therapy can be an effective complementary addition to a child’s treatment approach especially when focusing upon sensory issues, social communication, social interaction, and social imagination. The social deficits are often summarized as being social skills, a target area when working with children with ASD (D’Amico & Lalonde, 2017). Art therapy can properly and ethically be used by an art therapist to encourage creativity and healthy self-expression in children with ASD.

The effectiveness of art therapy with children with ASD means finding how art therapy can best be used with these children. Connecting with children’s innate attraction to art increases the effectiveness of art therapy by connecting to a child’s inner world (Alter-Muri, 2017). This
connection is primarily important in the context of working with the child with ASD. From the perspective of Adlerian theory, what is valuable is for these children to find connections, feel capable, feel as if they count, and have courage (Bettner & Lew, 1996). Using the therapeutic process of AT, an art therapist can guide these children to find connections, encourage community, and create change. Art therapy can promote life enhancement by using arts-based media and creative self-expression.

Through reading studies on the current research between art therapy and ASD, it is evident that with continued pursuits, evidence-based literature can continue to be developed. For now, connecting the dots between art therapy and how it can be used with children with ASD is demonstrated through this literature review. It is proposed that art therapy programs can be developed to teach and shape social skills with children with ASD in ways that will benefit them in fostering emotional growth, communication, and healthy self-expression. The addition of art therapy as a treatment approach when working with children with ASD is proposed to be unique, beneficial, and complementary to many existing treatment approaches. This literature review shines light upon the effectiveness of art therapy being used with children with ASD, highlights the Adlerian theory perspective upon ASD, and encourages continued education about art therapy as a treatment option for children in the context of Individual psychology.

**Autism Spectrum Disorder**

Autism spectrum disorder (ASD) is a pervasive developmental disorder that deserves understanding. Autism spectrum disorder is the name for a group of developmental disorders which includes a wide range, or rather, a spectrum, of symptoms, skills, and levels of disability (Autism Spectrum Disorder, n.d.). Newschaffer et al. (2007) contends that these spectrum disorders are complex, lifelong, neurodevelopmental conditions of a mostly unknown cause. This complex, pervasive developmental disorder is characterized by deficits in language,
communication, social skills, and other behavioral symptoms that can cause lifelong effects. The “spectrum” of symptoms, skills, and levels of disability (National Institute of Mental Health, 2016) furthers that complexity, making the diagnosis of ASD unique and individualized.

The concept of individualized diagnosis is in response to the conditions and characteristics of this disorder that are highly specific to the individual (e.g. severity). Ousley and Cermak (2013) discussed that the context of “spectrum disorders” suggests that the features of ASD are measured dimensionally and that they fall along a continuum of severity. The impact of each diagnosis is understood through the measurement of those core features. “The degree of impairment among individuals with ASD is variable, but the impact on affected individuals and their families is universally life-altering” (Newschaffer et al., 2007, p. 236). These conditions and characteristics have been clarified and defined over time.

**Historical Perspective**

The understanding and diagnosis of ASD has gone through changes in the past seven decades. What once was a condition rarely discussed in public, is now a condition with easily accessible information. This information became accessible due to the work of two men, Leo Kanner and Hans Asperger. According to the National Autism Center (2017), in 1943, Leo Kanner began observing a group of children diagnosed with mental retardation. Resulting from this observation was the mention of the condition known as autistic disorder, childhood autism, or infantile autism (McPartland, Rechow, & Volkmar, 2012). Around the same time that Kanner was identifying symptoms, pediatrician Hans Asperger was also studying children and discovering various characteristics and deficits that would be known as autism, Asperger Syndrome, and eventually ASD (National Autism Center, 2017). Consideration of autism as a spectrum disorder is traced back to the careful and detailed clinical observations by Kanner and
Asperger, who described children with a broad range of atypical behaviors and intellectual abilities (Ousley & Cermak, 2013). Researchers and other professionals became more interested in the development of this disorder and began to question as well as shape the diagnosis of ASD.

The observations by doctors Kanner and Asperger remain relevant today and have shaped the current definition of ASD. However, it took time to accept ASD as a separate disorder. The acceptance of ASD as its own distinct diagnostic was not readily accepted by the health field. Ousley and Cermak (2014) claimed that “despite these well-documented case studies, which were published in the early 1940’s, the American Psychiatric Association (APA) and the World Health Organization (WHO) did not immediately recognize autism as a distinct diagnostic category” (p. 2). The development of the disorder went through modifications and changes as it began to have a presence in medical models.

The introduction of ASD in medical models marks remarkable developmental strides. The first recognition of autism came in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)* in 1980 (McPartland, Reichow, & Volkmar, 2013). Additional changes occurred as cases of ASD were being explored, and further research continued. As the American Psychiatric Association (2013) published the fifth edition of the *DSM*, the diagnostic criteria for ASD were modified. The changes included: the diagnosis being called Autism Spectrum Disorder without any sub diagnoses, a rearrangement of the diagnostic criteria into two areas, and symptomology being adjusted to account for severity and the age development of ASD (APA, 2013). The changes have aided in furthering the definition of ASD and aided in the diagnosis of ASD.
Autism Spectrum Disorder in the DSM-5

Adjustments to disorders in the DSM continue to occur over time as mental health develops. Autism spectrum disorder has experienced a multitude of adjustments over time. Publication of *The Diagnostic and Statistical Manual of Mental Disorders*, (5th Ed.; DSM-5; APA, 2013) happened in 2013 and with this new release came adjusted criteria for evaluating individuals with developmental disorders such as ASD. The adjusted criteria have solidified the definition of ASD along with its diagnosis. As supported by Christensen et al. (2016), “The fifth edition of DSM redefined ASD as a single disorder, along with other changes in the diagnostic classification of ASD” (p. 2). Per the DSM-5, symptoms of ASD include the following:

- persistent deficits in social communication and social interaction across multiple contexts,
- restricted, repetitive patterns of behaviors, interests, or activities,
- symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life,
- symptoms cause clinically significant impairment to social, occupational, or other critical areas of current functioning,
- intellectual disability or global developmental delay do not better explain these disturbances, and
- the ranking of severity levels for ASD is on a scale of 1 to 3 (APA, 2013).

A guideline for criteria is valuable, especially in exploring a mental disorder such as ASD. The DSM-5 provides the standardized criteria to help with diagnosis (APA, 2013). Newschaffer and Curran (2003) state, “Diagnosis of autism is purely behaviorally based. Individuals with
ASD have impairments in social interaction and communication and exhibit some rote or repetitive, often self-stimulatory behaviors” (p. 393). To summarize, individuals with ASD often have characteristics that include: ongoing social difficulties, repetitive behaviors, and symptoms that create difficulties in the ability to function socially, at school, work, or other areas of life.

Changes have occurred from one version of the DSM to the next in the context of the diagnosis and symptoms of ASD. Before the DSM-5, the DSM-IV referred to the primary triad of deficits underlying ASD as impaired social interaction, impaired social communication, and restricted behavior pattern (Wing, Gould, & Gillberg, 2011). This triad is often referred to when considering the deficits seen in individuals with ASD. Specifically focusing on the diagnostic criteria “conceptualizing the autism syndrome as a triad of observable impairments in social reciprocity, communication, and flexibility of thought and behavior” (Mandy, Charman, & Skuse, 2012).

The current DSM-5 combined social and communication deficits into one deficit - “impaired social interaction and communication” (Wing, Gould, & Gillberg, 2011) and restricted behavior. As presented by Wing, Gould, and Gillberg (2011), the suggested triad consists of impairments in social interaction, impairments in social communication, and impairments in social imagination. For the case of this literature review, the suggested triad of primary impairments will be addressed along with sensory impairments.

**Social interaction.** A commonly observed feature of ASD is social disconnect. Individuals with ASD may appear to be uninterested in the world around them and struggle with the ability to “read” the social world that they are experiencing. Individuals with ASD frequently struggle to pick up on verbal cues, body language, or perceive how other people are feeling.
The uninterest or inability is a deficit in social communication. According to Wing, Gould, and Gillberg (2011), the manifestation of deficits in social interaction comes by a reduction in non-verbal signs or interest, a lack of eye contact, and a marked reduction in initiating and responding to general social interaction with others. Individuals with ASD may experience social situations differently or may even have a different mindset on being social altogether. Some individuals with ASD may not be interested in people while others want friends but may not understand how to develop friendships (Centers for Disease Control and Prevention, 2018).

**Social communication.** Individuals with ASD often seem to exist in a private world. Within this private world, they seem to have a limited ability to communicate and interact with others. As defined by Wing, Gould, and Gillberg (2011), it may result in the "decreased ability to converse non-verbally and verbally with another person, sharing ideas and interests or to negotiate in a positive, friendly way" (p. 2). This causes difficulty for individuals with ASD as it can manifest itself in different ways that directly affect one’s social communication.

According to the National Institute of Mental Health (2016), characteristics of ASD can manifest as difficulties having back and forth conversation, having trouble understanding another’s point of view, or having facial expressions, movements, and gestures that do not match what is being said. These characteristics are common among individuals with ASD. However, the experience of how these characteristics effect an individual’s life may be different. According to the Centers for Disease Control and Prevention (2018), about 40% of children with ASD do not talk at all, while others may have limited words, or may not learn to speak until later in childhood. Again, individual experiences with ASD may vary.
**Social imagination.** The social imagination impairment, while not explicitly addressed in the *DSM-5*, is still to be discussed in the symptomology of ASD. An individual may experience a varying degree of difficulty with social imagination. Understanding how social imagination manifests in individuals is important although not explicitly explained or defined. A social imagination impairment is the "decreased capacity to think about and predict the consequences of one's actions for oneself and other people" (Wing, Gould, & Gillberg, 2011, p. 2). Also included in this impairment is making sense of abstract ideas and having flexible thinking. Jarrold (1996) presented that children with ASD produce pretend play acts at slower rates than typically developing peers and are less likely to produce spontaneous pretend play (as cited by Eycke & Muller, 2014). While Scott and Baron-Cohen (1996) proposed that the ability to represent fantastical entities that do not exist except in our minds (imagination) may involve a distinct neuro-cognitive mechanism that is selectively impaired in ASD (as cited by Low, Goddard, & Melser, 2009). Individuals with ASD may find being flexible and thinking abstractly to be a difficult task.

**Sensory.** Individuals with ASD often have responses to sensory input that are different from a typically developing individual. As stated by Wing, Gould, and Gillberg (2011), characterization of the abnormalities in the sensory experience of individuals come with reduced or enhanced sensitivity. Individuals may be hypersensitive or hyposensitive. Hypersensitive is characterized by those who become uncomfortable with, often, minor environmental stimuli such as light and sound. Hyposensitive is characterized by those who are underwhelmed by the world around them and seek out additional sensory information to feel content such as tactile sensations, loud sounds, or physical touch. Sensitivities may include having a difficulty processing everyday sensory information or difficulties functioning in specific environments.
Discussions of these sensory sensitivities have always been partnered with characterizing ASD. As Marco, Hinkley, Hill, and Nagarajan (2011) supported, "Sensory processing concerns have been a key feature of ASD clinical descriptions from the original independent seminal reports by Asperger and Kanner to first-person accounts" (p. 2). Sensory processing concerns are reflected by sensitivities to sound, tastes, smells, light, or touch. Furthermore, “the distress caused by sensory stimuli can cause self-injurious and aggressive behavior in those unable to communicate their duress” (Marco et al., 2011, p. 2). The inclusion and understanding of this impairment may aid in approaches to working with individuals with ASD.

**Prevalence**

Autism spectrum disorder is now considered the fastest growing developmental disorder in the United States. According to the Centers for Disease Control and Prevention (2018), about 1 in 59 children has a diagnosis of ASD. As compared to the prevalence rate in 2000 being about 1 in 150. However, this sharp growth may be due to factors such as enhanced diagnostic capabilities, a sense of increased awareness, and overall improved identification of the disorder itself. According to Rice (2013), attribution of the rise in ASD prevalence during the latter decades of the 20th century is due to the expansion of diagnostic criteria and the adoption of the concept of ASD as a spectrum of impairments (as cited by Wu & Boat, 2015). ASD has been reported to occur in all racial, ethnic, and socioeconomic groups (Centers for Disease Control and Prevention, 2018). The widespread existence of ASD creates further importance of understanding, diagnosis, and approach to working with children with ASD.

Early recognition, diagnosis, and intervention is vital when it comes to ASD. The American Academy of Pediatrics recommends ASD screening at all 18-month and 24-month well-child visits or anytime a parent has concerns (2016). According to Johnson and Myers
(2007), many children with ASD – especially those with only mild or limited speech delays – may not be diagnosed until they are of school age, when parents become concerned about an inability to make friends and teachers notice difficulties with peer interactions (as cited by the National Institute of Health, 2016). Likewise, formal diagnoses may also occur at this age because a named disorder (such as ASD) is needed for school-aged children to qualify for special education services under the Individuals with Disabilities Education Act. As Newschaffer and Curran (2003) contend, impairment is life-long and considerable support is required to navigate everyday educational and social situations. The beginning of considerable life-long support comes from the specially chosen treatment approaches.

**Steps Towards Treatment**

Commonly perceived impairments dictate treatment approaches. As the CDC explains, these problems are most often with social, emotional, and communication skills (2018). Furthermore, the CDC (2018) claims that there are many different types of treatments available. Types of treatment options include but are not limited to the following: auditory training, discrete trial training, applied behavioral analysis, anti-yeast therapy, facilitated communication, music therapy, occupational therapy, physical therapy, and sensory integration. These treatments are often on the focus on behavior modification, and then other therapies are used in conjunction.

While the CDC lists many viable options, there is no mention of art therapy as a viable therapeutic option for children with ASD. However, as ASD becomes more prevalent, families often seek alternative treatment or additional services to meet the needs of their child. As so, “more individuals have been seeking educational, medical, and social services to help confront the formidable challenges of autism” (Newschaffer & Curran, 2003, p. 393). Examination of the
current research shows that art therapy can address the triad of impairments and provide a beneficial approach when working with children with ASD.

**Art Therapy**

The core foundation of art therapy (AT) is the emphasis on the creative process and in particular the therapeutic use of materials and media in the context of a therapeutic relationship has been researched to prove art therapy has therapeutic benefits for overall health and well-being. Art therapy is defined as an integrative mental health and human services profession that enriches the lives of individuals through active art-making within a therapeutic context (American Art Therapy Association [AATA], 2017).

As AT research continues to reveal positive healing benefits and newly developed and alternative treatment protocols become more popular, art therapists can continue to advocate for the idea that art heals. Potash, Mann, Martinez, Roach, & Wallace (2016) demonstrated that art therapists have shown the ability to offer a wide-range of services. These provided services are used just like other forms of psychotherapy and counseling. According to Malchiodi (2012), “it is (AT) used to encourage personal growth, increase self-understanding, and assist in emotional reparation and has been employed in a variety of settings with children, adults, families, and groups” (p. 1). Growth in popularity has stemmed from the variety of individuals that benefit from AT.

**Brief History**

Art therapy has combined the disciplines of both art and psychology. While the relationship between art and healing is not a new phenomenon, AT as a profession continues to develop over time with the advances in research and practice. Beginning in the middle of the 20th century, a “largely independent” collection of professional individuals began to use the term “art therapy” in their writings and records (Malchiodi, 2012). In this process, the development of
the definition of AT as a discipline began. Throughout the years, pioneers such as Margaret Naumberg, Edith Kramer, Hanna Kwiatkowska, and Elinor Ulman made lasting impacts by putting AT into literature despite no formal AT training. As Malchiodi (2012) explained, “the lasting impact of their original works on the field is demonstrated by the fact that their writings continue to be used as original sources in contemporary art therapy literature” (p. 9). This lasting impact allowed for the development of AT to take place in the field of psychology. Most notably, the development of formal AT training and schooling.

The first master’s program in the world to offer an education in AT was at The College of Nursing and Health Professions at Drexel University in 1967. According to the AATA (2017), in 2007 educational standards for AT master’s programs were established and are overseen by the Educational Programs Approval Board (EPAB). With accredited and EPAB-approved master’s programs individuals can achieve their degree in AT, pursue board certification, and even, in some states, pursue licensure. These opportunities and the development over time support AT as a viable therapeutic approach.

**General Practice**

Art therapy is used to enrich clients’ lives through the utilization of a therapeutic space, the use of materials, and the encouragement of the creative process within individuals. With educational training and school, art therapists can provide guidance in the use of AT to improve physical, mental, and community health. As Potash et al. (2016) encouraged, art therapists can use the creative process to help individuals resolve problems, foster expression, increase self-awareness, manage behavior, reduce stress, restore health, promote creativity, support resiliency, enhance well-being, achieve insight, develop interpersonal skills, and build community. More so, art making is possible for everyone, so AT can be used with everyone. The idea that art
expression is acceptable and encouraged should be embraced by mental health professionals alike.

The process of achieving these goals with AT can be demonstrated through a variety of modalities, interventions, and approaches depending on the individual’s needs. Even with the adaptability of AT approaches, there are common and standard guidelines that are followed by art therapists. As Malchiodi (2012) explained, “art therapy supports the belief that all individuals have the capacity to express themselves creatively and that the product is less important than the therapeutic process involved” (p. 1). Therefore, practicing AT, regardless of client and setting, the key is to not focus upon the aesthetic merit of the art making but rather, as a clinician, focus on the therapeutic needs of the person to express through the art. Doing so creates an individualized approach to working with clients. With that, it is important to create a personalized involvement in the work. Personalized involvement means, "choosing facilitating art activities that are helpful to the person, helping the person to find meaning in the creative process, and facilitating the sharing of the experience of image making with the therapists" (Malchiodi, 2012, p. 1). These individualized experiences allow for unique approaches to working with individuals, creating a holistic experience to address what is best for encouragement and enrichment of the life.

Effectiveness

Art therapy presents a unique approach to counseling and treatment. Based on the creative process of art making is how the field differentiates from other forms of psychotherapy and counseling. As Malchiodi (1998) reports, AT is a modality that can help individuals of all ages create meaning and achieve insight, find relief from overwhelming emotions or trauma, resolve conflicts and problems, enrich daily life, and produce an increased sense of well-being
(as cited by Malchiodi, 2012). The well-rounded application of AT with individuals of all ages and with a variety of populations furthers the efficacy while also being used in a variety of health-care settings. As Malchiodi (2012) further presented,

While other forms of therapy are effective, art therapy is increasingly being used by therapists with individuals of all ages and with a variety of populations. Not only art therapists, but counselors, psychologists, psychiatrists, social workers, and even physicians are using art expression for therapy. (p. 1)

The use of art expression in therapeutic settings often helps clients express what words fail to do. Art therapy targets the visual thinking, helps non-verbal expression, provides a sensory experience, and can provide emotional release. As Malchiodi (2010) contended, “art therapy is a modality with special qualities for reparation, transformation, and self-exploration” (p. 9). This modality allows the application of AT and expressive therapies throughout healthcare.

Art therapy belongs in the continuum of healthcare. Doing so would allow the understanding of AT to be on a spectrum, a way to conceptualize what AT offers. Orr (1997) noted that art therapists have a role in being able to bridge the gap between the psychiatric and medical communities and aid in helping see the whole patient (as cited by Potash et al., 2016). Spanning this bridge means continuously conceptualizing how best to utilize AT in the healthcare field. Giving the best utilization involves continuing to showcase how it will be used in a variety of settings, with a variety of individuals, and provide practices for behavioral changes.

As training continues to grow in the AT field, so does the application and the efficacy among those who practice. Art therapy has begun to integrate and root itself into the mental
health care continuum. This will continue as new art therapists practice their skills. Potash et al. (2016) convey support for the idea that "now is the time for art therapists to continue to offer their creativity to reach beyond the narrow focus of therapy and toward the full breadth of practices on the health continuum" (p. 124). Art therapy is expanding and is being acknowledged as an efficacious, viable, and preferred treatment option in a variety of settings.

**Directives**

The making and viewing of art has natural therapeutic potential for the client. The therapeutic nature of AT is further emphasized by the idea that “art therapists tend to use more varied and expressive materials and to deemphasize verbal directives and stress the role of clients as interpreters of their own work” (Malchiodi, 2012, p. 8). Art therapy is an intervention, and the therapeutic techniques used by art therapists are called directives. The directives are the planned and intentional techniques art therapists use to approach certain problems, issues, or facilitate the therapy process. In the context of AT, “term is understood as an art therapeutic plan based on clinical treatment goals provided by a master’s level trained art therapist” (Rafferty-Bugher, Brown, Hastings, & Arndt, 2015). Art therapists are qualified to implement such directives with their clients. Choosing and planning directives takes proper education and knowledge to provide the best practices to clients.

**Materials**

Art materials play a central role in AT. Within AT, art therapists hold the responsibility of providing art material access, choosing proper art materials to use, interpretation of art materials, and recognize material interaction with clients. When using art for therapeutic purposes, such as AT, it is vital to be mindful of the materials chosen. As a therapist trained in art therapy, there is extensive learning and training about the continuum of material options and
what potential each material has. Materials are used to connect to the clients in purposeful ways and are chosen to meet the needs of the clients as well. According to Malchiodi (2010), “Art therapy involves more than learning to trust the creative process and drawing from within – it also requires knowing how to create an appropriate environment and understanding how art materials promote a wide range of expression” (p. 79). Helping clients to learn more about the materials and encouraging exploration enhances the AT process in the therapeutic setting.

Art therapists often design their directives for their clients based on the characteristics of specific materials. As mentioned, the continuum of art materials and media can provide a framework for choosing art materials to work with. Per Hinz (2009), “The art therapy literature demonstrates that various media and methods can work effectively with all clients, whether they present in similar or different ways” (p. 3). Following the expressive therapies continuum can guide art therapists in making informed decisions about material use in the therapeutic setting.

**Art Therapy and Autism**

Using arts-based media and creative self-expression, the creative process of AT can facilitate and promote healing and life enhancement. “Art therapists have shown the ability to offer a wide-range of services” (Potash et al., 2016, p. 124). Art therapy is used to improve cognitive and sensorimotor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts, and advance societal change (American Art Therapy Association, 2017). Targeting various aspects during the use of process promotes these qualities. Educated art therapists can integrate the individual’s needs into the AT process. This integration is done by knowing that the “kinesthetic, sensory, perceptual, and symbolic opportunities invite alternative modes of reception and expression communication, which can circumvent the limitations of language” (American Art Therapy
Art therapy can go beyond just sole verbal articulation in a therapeutic setting.

Art therapy continues to grow as an integral tool utilized by professionals in the continuum of healthcare. Taking advantage of this continued utilization will only benefit AT. According to Potash et al. (2016) "Utilizing a behavioral health framework offers a way to conceptualize a complete spectrum of what art therapy can and does offer" (p. 119). With its relevancy, one aspect of that spectrum is the consideration of AT as a complementary and viable treatment modality for children with ASD.

**Art Therapy and Children with ASD**

Finding alternate and additional treatments to use with children with ASD can expand their scope of progress. According to Cooper and Widdows (2004), AT is appropriate for children with ASD because often, they are visual, concrete thinkers (as cited by Epp, 2008). According to Emery (2004), “for many children with ASD, the art-making process attracts them more than a desire to complete a finished product (as cited by Martin, 2008). With the ability to gain a sense of a child’s world by observing their drawings creates a unique experience especially when targeting a population such as children with ASD. Pulling out the symbolic meaning, guiding kinesthetic, sensory, and perceptual opportunities, and providing modes of expression and communication can allow access to a child's world (Martin, 2009b). The use of nonverbal expression through the experience of making art encourages children, especially those with ASD to begin making meaning of their experiences and therefore continuing to make meaning of themselves as they develop. Encouragement can serve as a catapult toward a sense of increased awareness of the self which innately creates the bridge to relating. A cornerstone for relating can then base itself in the process of addressing issues of social communication, social
interaction, and social imagination. Art therapy and AT interventions influence the encouragement of growth for children with ASD.

As the formation of the therapist/client relationship is unique with children with ASD, it means that the therapeutic approach takes a sense of thoughtfulness. Due to the impairment within the realm of social skills, often children with ASD require encouragement, direction, and often hold a sensitivity to participating in the activity. However, being an art therapist who can approach the work with these children can open a world of opportunities within the impairments. Educated art therapists have skills in which other professionals may not have. For example, “the art therapist’s expertise with visuals is a huge advantage when working on clients’ social-emotional skills and self-expression” (Martin, 2009a, p. 188). Channeling that expertise into working on age-appropriate, ability-appropriate art, targeting fine-motor skills while creating individualized approaches to facilitate socialization and communication skills amongst these children will result in growth. More so, the appeal of working with visuals with children with ASD is natural. As Martin (2009a) claimed, "The rich sensory experience of art making, as well as its ability to encapsulate and organize complex topics, makes art therapy a natural fit for individuals with autism" (p. 188). That natural fit and conjoint working that AT produces with these clients allow for the relationship of doing AT with children with ASD to continue to thrive.

**Evidence Base**

The growth of AT as an integral tool in health care is due to continued research and studies to support AT as an evidence-based practice. In a study by Schweizer, Spreen, and Knorth (2017), they set out to find and define promising practice-based elements or components that could contribute to practice-based evidence of AT with children with ASD. They did so by taking information from eight experienced art therapists who worked with these children.
According to Malchiodi (2003), it is under the belief that children with ASD are expected to benefit from non-verbal treatment such as AT because experiences that involve touching, looking at, and shaping art materials enable expression (as cited by Schweizer, Spreen, & Knorth, 2017). In their study, they chose to explore the implicit knowledge of art therapists concerning what they consider relevant while working with children with ASD and what elements they deem as necessary. The criterion for inclusion was to have at least two years of experience as an art therapist working with the targeted group of children diagnosed with ASD who were 8 to 12 years old. The children varied on functioning levels while diversity was ensured by selecting art therapists who came from different settings.

The participants completed a 90-minute, semi-structured, in-depth interview. These interviews were transcribed verbatim and analyzed with an inductive strategy. The data produced four central themes:

- art materials and the expressions of the child with ASD,
- therapeutic behavior,
- the influence of the context of the AT treatment, and
- outcomes of therapy (Schweizer, Spreen, & Knorth, 2017).

These categories were what these art therapists found to be most pertinent when working with children with ASD.

Making the implicit knowledge of these art therapists about their work with children with ASD explicit, brought forth new insight. The collection of essential elements on the use of AT services to children with ASD is vital. With that, “art therapy could have an effect on reducing behavioral problems of children with autism in specific problem areas including social-communicative behavior, flexibility, and self-image” (Schweizer, Spreen, & Knorth, 2017, p. 6).
In addition, the ability to reduce these behavioral concerns can then lead to the facilitation of emotional growth, communication, and healthy self-expression. According to Schweizer, Spreen, and Knorth (2017), the interventions used by art therapists while working with children with ASD can naturally promote sharing of personal experiences, help to focus attention, encourage conversations about personal issues, and provide sensory experiences.

The promotion of children of with ASD to share experiences, focus attention, and encourage conversations about personal issues will lend itself very well to targeting impairments in social communication, social expression, and social imagination. More so, the promotion of sensory experiences will contribute to positive progress. The scope of dimensions art therapists can cover when using AT with children with ASD makes it a multifocal intervention. The physical (sensory), cognitive, behavioral, and interpersonal dimensions can all be addressed (Schweizer, Spreen, & Knorth, 2017). Art therapy has the potential to provide developmental changes through art therapist trained in delivering AT interventions.

Art therapy has a uniqueness when compared to other forms of therapy due to the utilization of various art media when working with children with ASD. Art therapy has an advantage over other forms of therapy through the utilization of various art media when working with children with ASD. Creativity can promote attention, social interaction, self-reflection, and an opportunity to stimulate both verbal and non-verbal communication. There is a unique connection which art therapists can find through the art and according to Epp (2008), “through the child’s art, the therapist can gain insight into what the child is experiencing, which is information that is not readily available through verbal means” (p. 30). Furthermore, there is a sense of power within the art for children with ASD as it makes their learning experience both visual and appealing. This type of learning experience is vital to finding the value in art, and AT
for the children with ASD can allow them to make progress towards emotional growth, communication, and healthy self-expression. Progress occurs because AT is used to connect with these children and experience their world.

The use of AT and the creative arts process gives art therapists an advantage when working on children's social-emotional skills, self-expression, communication skills, and imagination skills. Martin (2009a) stated that "Developmental growth can be achieved by working on age-appropriate art and fine motor skills as well as creating individualized visual tools and art projects that facilitate socialization and communication skills" (p. 188). By targeting the focus on developmental growth, creating individualized approaches, and facilitating socialization and communication skills, art therapists can provide a unique approach for children with ASD.

**Addressing Impairments with Art Therapy**

The following sections will examine and discuss how AT can directly address the impairments of social communication, social expression, social imagination, and sensory expression for children with ASD. Included will be AT directives and modalities that can be used to address those impairments but most importantly foster developmental growth. As mentioned in an “autism tool kit” developed by the Autism Society of America and the American Art Therapy Association (2012), Nicole Martin, ATR said, “art therapy provides real relief; a visual tool for communication, a window to the imagination, and a motivation to make connections” (p. 1). Providing these valuable tools and opportunities for children with ASD means making a connection into their world using art and AT.

**Sensory Exposure**

Sensory exposure is individualized and tailored to each child’s need through AT. The individualized experience starts by allowing children with ASD to explore mediums that soothe
the sensory system. While ASD approaches often focus on behavioral controls, they may not recognize the possibility that sensory integration difficulties contribute to a child’s symptomology (Kearns, 2004). It would be beneficial to provide opportunities for sensory exploration and integrate experiences through the creation of art. Sensory exploration can open the art therapist up to the child. Even more so, “the exploration of emotions through the manipulation of art media (simple forms, colors, or cut-outs) within a therapeutic relationship, results in concrete art that can successfully match the client’s internal experiences.” (Hass-Cohen & Carr, 2008, p. 285). The exploration of sensory experiences can be facilitated by an art therapist and the knowledge of working with art materials.

While being both visual and appealing, the process of making art is an excellent tool to begin learning. Gilroy (2006) argued that AT can encourage growth in children with ASD beyond stereotypical behaviors to increased sensory, perceptual, and cognitive development (as cited by Schweizer, Spreen, & Knorth, 2017). Even more so, children are naturally attracted to art making. This natural attraction starts at a young age when children begin scribbling and eventually develop mentally while also develop their art-making abilities. A child with ASD may express their sensory deficits in a variety of ways – covering of eyes or ears, increased emotion, flapping hands, swaying, rocking, or other bodily reactions to their sensory stimulation experience.

As a trained art therapist, one could use AT to help regulate the input from sensory experiences. Better yet, regulate the input from sensory experiences in functional and manageable ways. Using AT can make this regulation for approachable as a child with ASD can channel their energy into the art. As Martin (2009b) claimed, “sensory regulation is often less stressful for the client in AT because the art provides a product to focus on beyond the process of
integrating uncomfortable sensory experiences” (p. 188). Having an art product to focus on can make the process easier while creating appropriate and functional ways to channel the results of these sensory experiences. Regulating these sensory experiences, finding socially acceptable outputs, and shaping the focus of those sensory experiences into a product will be beneficial for children with ASD.

Art therapy provides a safe and enjoyable sensory integration which can provide opportunities for children to explore experiences that can help them create calm and regulated bodies. Once that exploration happens, the child will be able to incorporate those skills into their art but also into their surrounding ways of living. As Ullmann (2012) describes, children with ASD shut out communication to regulate their hyper or under stimulated senses (as cited by Alter-Muri, 2017). Being able to shape that regulation through the art processes in AT, pave the way to address the other impairments that come along with ASD. Therefore, the art therapist plans the strategic use of AT to address sensory deficits.

Goals of the AT sessions include steps towards improvements in the child’s ability to regulate his or her body while integrating sensory experiences. As children with ASD may have difficulties filtering sensory input correctly, they may require extra help to calm or even energize themselves. An art therapist can use their professional training to implement how to explore these sensory deficits safely by incorporating the use of art. Incorporating the use of art means exploring different materials with the child and teaching them appropriate times to use specific materials (Martin, 2009a). Using tools such as the Expressive Therapies Continuum and Vija Lusebrink’s Imagery and Visual Expression in Therapy (2013) can help the art therapist have a framework as to which materials to explore with the child based on their individual experience with sensory deficits. This is important to keep in mind as, for example, a child may have an
attachment to materials that match, rather than soothe, their current sensory state (Martin, 2009b). Knowing how to explore the materials safely with the child and being able to guide them through material choices while regulating their sensory inputs will be beneficial to progress.

Using AT, an art therapist individualizes the approach to working with each child by integrating what is appropriate for their sensory needs. The use of full-body techniques and material exploration can aid in not only reducing sensory defensiveness but will provide the skills to students to regulate their own body which can be generalized into secondary results in other deficit areas.

**Imagination Skills**

Imagination and imaginative skills are a part of the triad of impairments in children with ASD. Imagination and imaginative skills often go hand in hand with creativity. Creativity allows for someone to be flexible and gain the ability to think abstractly. Children with ASD may find being flexible and thinking abstractly to be a difficult task. Using AT with children with ASD can help in the process of gaining the skills to display age-appropriate imagination and abstract thinking skills as well. Inherently, the creation of art is a natural vessel for developing both the imagination skills and the abstract thinking skills.

Developmental progress happens in part due to the inherent nature of the art materials being both visual and concrete. This may appeal to how children with ASD approach thinking and processing (Martin, 2009b). As such, an art therapist working with children with ASD can use the creative process and art materials to enhance imagination skills and abstract thinking skills. This creative process includes getting in touch with feelings and idea, finding ways to express those feelings and ideas, experimentation with different materials, problems solving,
beholding the creation, and providing an explanation of the art product (Martin, 2009a). This creative process encourages imaginative thinking and abstract thinking in children with ASD. The creative process influences the child with ASD to generate ideas and carry them out. As an art therapist, one could use the steps of the creative process to generate imaginative skills and abstract thinking as means of enhancing their ability to communicate and socialize.

Art therapists have a framework in which they can generate those imaginative skills. According to Martin (2009a), art therapists can use non-veridical representations, visual symbols/metaphors, symbolic play, abstract representations, and seeing another’s perspective to develop imaginative skills in children with ASD. Art making through AT can provide a vehicle for developing abstract thinking and imagination skills. Martin (2009a) suggested using the elements of the art materials such as color, line, and placement to develop abstract thoughts. Other ways of fostering imagination can happen by helping the child understand another person's perspective. This will be accomplished by making art simultaneously with the child and being able to respect each other's artwork or exploring ambiguous pictures to foster ideas of imagination with the child. Handling these approaches, as an art therapist will encourage the child to think abstractly or imaginatively without any pressure. As Emery (2004) said, “art therapy for autistic children can be an important activity-based intervention for encouraging their growth” (p. 147). This encouragement to grow can help a child with ASD develop as an individual.

Use of visual symbols and metaphors are necessary when using AT with children with ASD. Visual metaphors are used to expand abstract thinking and personal symbols, or images are used to represent the child’s interests or feelings (Martin, 2009a). Connecting with the child’s interests and images as metaphors allow for a view into the child’s internal world. Martin
(2009a) goes on further to include symbolic play, abstract representations, seeing another person’s perspective, and ambiguous pictures as ways to address the imaginative deficit using AT. Expanding the imagination in children with ASD will begin to increase the idea of playing by using art symbolically and incorporating dramatic play as well. According to Wolfberg (1999), the act of playing is pleasurable, voluntary, motivated intrinsically (as cited by Kossyvaki & Papoudi, 2016). Not only do children show the act of playing on an individual basis, but they also show play in their peer relationships as well. Play, for children with ASD, may be challenging. Particularly in spontaneous social interactive play. Those difficulties in social and group play may lead to low social acceptance, neglect or rejection from peers (Kossyvaki & Papoudi, 2016). These then can all affect a child's sense of belonging. Feelings of neglect, rejection, and low acceptance put individuals at risk for isolation from peer’s which children with ASD may already struggle with.

**Communication Skills**

Children with ASD may have a hard time understanding gestures, body language, or tone of voice. Due to these deficits, children with ASD may have social problems characterized by initiating and maintaining social interactions, using and interpreting verbal behaviors, understanding others, empathy, and sharing of affective experiences (DeRosier, Swick, Davis, McMillen, & Matthews, 2010). These social problems become more pronounced over time as social interactions with peers become complex. With age, children become more aware of their difficulties, then report distress and higher levels of internalizing problems. This time typically comes during elementary school years. Skills such as emotional intelligence, emotional literacy, self and social-awareness, and self-regulation, are necessary to become an active and empathetic member of one’s social context (Hoffman, 2009) during this time. If these skills are not
developed, such as with children with ASD, there will be experiences of loneliness and isolation. Being able to target communication skills in children with ASD can help avoid the feelings of isolation and loneliness or even more so, emotional and behavioral problems and academic underachievement.

Art therapy can provide outlets and interactive ways to help arouse the communication skills in children. More than that, it can provide both verbal and non-verbal expression. With the need to relate to their world, children create art (Emery, 2004). Providing this outlet can allow children with ASD an opportunity to begin to express their internal experiences externally and without the pressure of needing to be entirely verbal. Using the non-verbal expression via the art “encourages children with autism to begin to represent their experiences” (Emery, 2004, p. 147). As Kellman (1999) discussed, art serves as a narrative to make sense of memories in their inner worlds (as cited by Alter-Muri, 2017). Being able to express these internal experiences is going to allow for the therapist to better understand the child’s world and their life as an individual. Understanding the child’s world will only benefit the AT process and foster a better relationship with the child in the therapeutic setting. According to Epp (2008), it is through the art that the art therapist can gain insight about what the child is experiencing, which is information that may not be available through verbal means. The child will be able to show and represent their inner world and use the expression through artwork to be another vessel to communicate with others, and more so, connect with others.

**Emotions and Self-expression**

Providing a space where children with ASD can use art to externalize and process thoughts and feelings can help children with their self-expression. Using art interventions as an art therapist can provide a concrete and visual format to help the child grasp the concept of
specific topics which may include emotions and self-expression. Martin (2011) presented that the advantages of using AT can include reducing the stress, frustration, and anxiety that occurs in children with ASD (as cited by Alter-Muri, 2017). As art interventions and skills are taught, these things can be referred to by the child over time to continue to strengthen their skills.

Another essential piece of fostering healthy emotional expression will come from the therapeutic relationship. One way to do this is to use art as the connection between the therapist and the child. The art can soften and facilitate the interaction in the session with the child. As so, the art therapist plays a vital role in these relationships. Suggestions to develop a trusting relationship can start by doing “art activities that involve the mirroring of the student’s process of creating may be beneficial” (Alter-Muri, 2017, p. 23). This means following the student’s process of creating within personal art work that is being made alongside the child.

Furthermore, letting the child guide the art process. The art therapist should carefully choose art interventions based on the therapeutic relationship, as well as with a consideration of the mental age and abilities of children with ASD. While art therapists can provide critical guidance in the process, they should also let the child take the lead whenever possible and wait for teachable moments to occur naturally (Martin, 2009b). Allowing the child to be the expert in the healing space means being flexible and open to where the healing process takes both the art therapist and the child.

Children with ASD can work towards developing a basic vocabulary of emotions, how to draw or represent them, and eventually connect these skills to real-life experiences which over time will increase their ability to generalize in their everyday living. The use of visual expressions in collaboration with verbal counseling can target the expression and communication difficulties present with children with ASD. The creative expression can provide productive
ways to express feelings, and the art will be used as a more efficient way of communication and provide ample amounts of opportunity to practice those communications.

**Social Skills**

Children with ASD may experience social situations differently or may even have a different mindset on being social altogether. Some children with ASD may not be interested in people while others want friends but may not understand how to develop friendships (Center for Disease Control and Prevention, 2017). Children may lack social skills which would allow them to communicate efficiently and reciprocate communication with others. Using AT provides an activity which children may naturally enjoy that can be shaped for the therapeutic benefit of helping with social skills. Group AT experiences can promote healthy and positive socialization skills through the innate interactional nature of the group experience (Epp, 2008). Providing children with ASD with the opportunity to foster these skills creatively can help these children generalize these skills into everyday living. “Art can be explored in many forms including drama and music. The concrete, visual characteristics of art help these children who often experience anxiety in social situations, to relax and enjoy themselves while they are learning social skills in the carefully controlled environment of the therapeutic group setting” (Epp, 2008, p. 30). Facilitation of the artistic process by art therapists encourages not only the practice of language but also encourages social interactions.

In an outcome-based evaluation of a social skills group using AT, conducted by Kathleen Epp, there were significant discoveries that support AT as a viable tool when working with children with ASD. One of these significant discoveries was the evidence of positive effects produced from AT in a group context for teaching social skills. The implications of the study found that “social skills can be taught in therapeutic group settings that sufficiently meets the
needs of this special population” (Epp, 2008, p. 34). In Epp’s (2008) study, children participated in a group-based program called SuperKids for 1 hour once a week after school. The group incorporated art activities, cognitive-behavioral strategies, and social skills training. There were significant changes between pre- and post-test assessment in the areas of assertion, internalizing behaviors, hyperactivity, and problem behavior scores. Results of that study included statistically significant increases in social skills scores in four categories after programming ended as well as a statistically significant decrease in internalizing and hyperactive behaviors.

Providing children with ASD group opportunities, such as the one represented in the study can further support AT to help this special population increase their social skills both through the AT group setting. Furthermore, the use of AT social skills groups begins to build a sense of connectedness within these children.

In a recent study, six 10- to 12- year-olds with a diagnosis of ASD participated in a group in which art therapists used AT to teach social skills. In the post-study, the therapist had noted meaningful results in a report on the observations of the children's progress (D'Amico & Lalonde, 2017). Changes observed in the participants included but were not limited to: enjoyed sensory exploration, a shift in self-image, assertion, self-esteem, and willingness to cooperate with one another (D'Amico & Lalonde, 2017). While these are noted as being meaningful, there was also statistically significant results. This included, “improvements in assertion, coupled with decreased hyperactivity and inattentive behaviors at the end of this study” (D’Amico & Lalonde, 2017, p. 181). Several other social skills showed improvement between pre- and post-test.

Frequent experiences within therapeutic group settings allow for sharing, witnessing, and honoring which may not typically be experienced by children with ASD. The safe environment can build community, encourage collaboration, and provide a sense of connection (D’Amico &
Lalonde, 2017). These AT groups and AT methods allow children with ASD to practice communication, socialization, and have reciprocal relations with others. With the practice of communication, socialization, and opportunities to have reciprocal relationships with others, art therapists provide opportunities for children with ASD to feel connected, capable, courageous and count as individuals.

**Integrating art therapy.** Targeting social skills with AT can create a unique approach to aid children with ASD. Elkis-Abuhoff (2008) suggested that integrating AT with social skills groups designed for children with ASD offers a way for children to learn information in an unconventional, non-verbal, comprehensive, and expression manner through rich sensory experiences by using art materials (as cited by D’Amico & Lalonde, 2017). In these AT settings, there is no necessary dependence on verbal communication or cognitive functioning (Malchiodi, 2005). As social skills intervention strategies are expansive, most have a focus on inappropriate social behavior and aim to shape, change, or replace those behaviors. Teaching these social skills to children with ASD is an “effective way to provide immediate and natural occasions to practice newly learned social skills with same-aged peers” (D’Amico & Lalonde, 2017, p. 176). Providing the opportunity for children with ASD to participate in a social skills group during elementary school is valuable. As this important period for their development occurs, it is a key point in life where children begin to form important social relationships. As stated prior, this presents difficulties for children with ASD. According to Reichow and Volkmar (2010) “in elementary school, they might have important relational problems such as difficulties initiating and maintaining friendships with others” (as cited by D’Amico & Lalonde, 2017, p. 176). These problems may continue into adolescence and adulthood. In research by DeRosier et al. (2011), it was contended that “individuals with ASD to not simply outgrow their social skills deficits;
rather these difficulties might persist into their adult life and could continue to negatively after their social functioning” (as cited by D’Amico & Lalonde, 2017, p. 176). With this provided, early childhood and elementary school years are essential times to employ an AT based social skills program.

The addition of a social skills group using AT can show significant implications for children with ASD as well as provide alternative methods to increase these children’s abilities. According to Martin (2009a), “the combination of art and therapy is pertinent to address the individual’s feelings of anxiety, depression, and frustration through empathetic listening, visual feedback, and using creative projects to build a trusting relationship” (p. 188). Providing the non-verbal treatment through AT will benefit children with ASD. These groups should be led by trained art therapists as experiences with AT are unique and require education to understand the implications completely. As the experiences with AT can involve touching, looking at, and shaping art materials to enable expression while encouraging sensory, perceptual, and cognitive development (Schweizer, Spreen, & Knorth, 2017). Providing access to different outlets of expression is unique to using AT as a treatment modality.

**Teaching social skills with art therapy.** The application of AT with children with ASD will be an efficient addition to their treatment. Whether a primary or secondary treatment option, AT is formatted to fit in a variety of settings. As Betts, Harmer, and Schmulevich (2014) reported, "Art therapy can be a primary or adjunctive treatment for people with autism, depending on the setting. Services for children and adolescents are typically provided in schools” (p. 629). The access to daily or weekly treatment options are more viable for children if provided in their school rather than in-home or center-based settings. For this project, it is under
the assumption an AT based social skills group would be used in the school setting. Betts, Harmer, and Schmulevich (2014) suggested the following:

Art therapy approaches in schools can target several goals and objectives specific to children with ASD. Implications of these objectives are in four areas of physiological and psychosocial development: (1) cognitive growth, which addresses the objectives of expression of thought, flexibility, attending/focusing, communication, and sensory integration; (2) emotional regulation, which targets the objectives of frustration tolerance/delayed gratification, self-monitoring/evaluating, control, fantasy versus reality, sublimation, ego development, self-image, expression and cathartic release of emotions; (3) adaptive behavioral styles, which addresses the objective areas of independence, maturation, socialization, positive peer interaction, group identity, motivation, initiative and responsibility; and, (4) physical development, which targets the objectives of figure-ground/parts-to-whole, directionality, sequencing, fine-motor coordination. (p. 629)

These targets can all be addressed through the implementation of a social skills group in addition to individual sessions if desired. Creating the most appropriate format for teaching social skills with AT can start with the creation of a structured social skills group. As research suggests, teaching social skills is done best in a group setting (Barry et al., 2003; Collet-Klingenberg 2009). Using a psychoeducational skills-based interactional group shows improvement in the specific targeted areas of a social skills group. According to Barry et al. (2003) "Group-based social skills training (SST) is an appealing intervention approach for use with children with ASD because it provides the opportunity to practice newly learned skills in a relatively naturalistic format that may promote interaction with other children" (as cited by White, Keonig & Scahill, 2007, p. 1859). These social skills groups have inherent parental
involvement, naturally suggest a didactic format, and can include cognitive-behavioral techniques to enhance their usage (Barry et al., 2003). The benefits of using these social skills groups allow for a framework in which one can introduce AT.

The process of the group would be upon the basis of improving social skills which can lead to self-reflection on personal identity, and finally facilitating a process of increased self-esteem. Targeted skills or intervention goals with social skills groups could include but are not limited to perspective taking, conversation skills, friendship skills, problem-solving, emotion recognition, and social competence (Collet-Klingenberg, 2009). Specific interaction skills such as maintaining a conversation, turn taking, sharing, peer conflict, coping, sportsmanship, and manners could also be targeted goals. Using the Social Skills Improvement System-Rating Scales is a valuable tool when creating these social skills groups for children with ASD as they have offer guideline in the development of interventions to remediate those types of problems.

Art based interventions have the potential to be shaped by a variety of topics. Topics could include self-expression, creativity, consolidation of social skills through art marking, practice discussions and communication skills, and collaborative projects. The use of art during the verbal processing phases can also be used to explore feelings, manage behaviors, and allow for the fostering and development of social skills in children with ASD.

Social skills groups provide opportunities to cooperate and build cohesion. Art therapists can plan interventions that will naturally encourage cooperation. For example, D’Amico and Lalonde (2017) were able to create a variety of interventions for children to cooperate and to build cohesion among group members. An example of such intervention was encouraging them to build a tower using newspaper, tape, and string. Following the construction of the tower, there was a discussion about the experience of working together which included the challenges as well
as the positive aspects of working as a group (D’Amico & Lalonde, 2017). Interventions such as these are used to target specific social skills like being able to communicate with one another and practice using active listening to accomplish the task. Opportunities like this are developed by choosing interventions and activities that naturally encourage group members to work together. Doing so provides these children with opportunities for practice to better enhance self-esteem and well-being, especially in the group setting.

**Goals of social skill groups.** The goals of these groups will be to improve social functioning and work on personal issues. The AT space can provide opportunities for behavioral practice to enhance self-esteem and well-being. Working on emotional growth, communication skills, and healthy self-expression will lend itself to discovering personal identity, a sense of increased self-esteem, social functioning, and well-being. Art therapists can facilitate these social groups and ensure the children are confident while being reassured of their skills and being encouraged to incorporate their interests into the groups, art, and activities.

These social skills groups can provide a space to express ideas, thoughts, and feelings while also providing a space to share and receive feedback from their peers. A reciprocal relationship between peers will begin to be fostered. With a willingness to cooperate, share materials, and ideas these children will naturally be exposed to moments where they will need to problem solve, engage with others, and become more assertive. These skills will naturally improve social communication.

Long term, these groups help with the generalization of social skills and provide continued opportunities to initiate social exchanges independently. Success can be modeled in an increase in the capacity to reflect, an increase in self-awareness, an establishment of personal goals, an increased sense of pride, and personal satisfaction. Incorporating AT into treatment
allows for the empowerment of these children to be more active in their treatment and use their
creativity in a meaningful and productive manner.

**Adlerian and Autism**

The approach to working with individuals with ASD requires a well-rounded understanding of ASD and familiarity with creating holistic treatments. Holistic in this case meaning, that the individual with ASD is “understood in his or her totality” (Mosak & Maniaci, 1999). While direct research between Adlerian theory and ASD are limited, one can find the connections between important Adlerian values and working with children with ASD. Adlerian Theory addresses the components necessary for creating holistic treatments utilizing AT when working with children with ASD by focusing on connection, social interest, and encouragement.

**Social Interest**

When reviewing the history of ASD within the context of Adlerian Theory, resources are scarce. Even with the thin amount of resources, one can connect Adlerian content to the concept of working with children with ASD. One instance of connection is the concept of social interest. Social interest is the idea that everyone needs connectedness and community. Individuals strive towards a feeling of belonging, one where there is a purposeful connection with others. Alfred Adler promoted a strong sense of having a social feeling or social sense.

The social feeling creates an emphasis on the interconnectedness between individuals on all levels – affect, cognitive, communication, and behavioral. We, as individuals, feel for others, think about others, communicate with others, and behave towards others in a way that promotes social interest. This sense of social interest helps us grow and develop. As Stein and Edwards (2003) claimed, “at the heart of the concept is the feeling of community that encompasses individual’s full development of their capacities (p. 23). Using the resources around us can benefit any development.
Development of community will be understood as children develop through their elementary years. Elementary school is a time of significant development and especially the development of the community which then leads to a strong sense of social interest. Those school-aged children who have a diagnosis of ASD may struggle with this in such a way that it affects their ability to be a part of their communities. However, children with ASD need and desire those social interactions as much as any other child. According to Adler, “social interest is the true and inevitable compensation for all the natural weaknesses of individual human beings” (as cited in Ansbacher & Ansbacher, 1964, p. 154). Adler had a firm conviction that all individuals are entitled to a sense of belonging and acceptance. Using AT can increase school-aged children’s ability to gain a sense of social interest and in turn achieve that sense of belonging and acceptance especially during a period of development.

**Encouragement**

Discovering how to find an individual's positive capacities and guiding lines are done with encouragement. According to Corey (2009), Adlerian therapy is based on growth and movement and focuses on the individual’s positive capacities to live fully in society. Applying this concept to a child with ASD provides an understanding of helping to guide the child to emotional growth and increases the capability to live fully in society. It also addresses the triad of impairments and turn those impairments or challenges into strengths.

Encouragement of growth and movement can help these children fully live in society (Corey, 2009). Using the holistic, goal-orientated Adlerian approach to working with a child with ASD may result in a better understanding of themselves by fostering aspects of the crucial C’s - connection, capability, and courage (Bettner & Lew, 1996). Further connection to their system through social communication, social interest, and social imagination is done using AT to
increase social skills (Epp, 2008). As an Adlerian approach, it presents itself as being able to capitalize on the strengths of these children with ASD and improve their life functioning through fostering emotional growth, communication, and healthy self-expression.

Capitalizing on strengths of children with ASD may increase self-esteem and create a sense of purpose for children with ASD. Increase self-esteem and sense of purpose can be demonstrated through the feeling of connection, capability, a sense of being counted, and having courage (Bettner & Lew, 1996). As Alfred Adler believed, every child is born with an innate creative force (Oberst & Stewart, 2003). According to Oberst and Stewart (2003), that innate creative force “enables people to make their own decisions and to develop their opinions on what happens to them” (p. 12). The innate creative force connects consistently with the idea that AT can ignite and pull out the creative force each child is born with and therefore be used as a vessel to help children with ASD grow. The creative force is within each child and is encouraged to be used beneficially by art therapists working with children with ASD.

**Crucial Cs**

The Crucial Cs (Bettner & Lew, 1996) is an approach based on Adler’s Individual Psychology. Adler’s Individual Psychology implements the Crucial C’s (Bettner & Lew, 1996), defined as a feeling that we connect, that we are capable, that we count, and that we have courage. Bettner and Lew (1996), assert the following:

- Connection implies a feeling of belonging, of being part of a group/team; capable denotes being able to take care of oneself; count refers to being valued by others and that one makes a difference; and courage, including the risk to fail, is the feeling of being able to handle what comes in life.
The Crucial Cs are a means to help every child acquire the necessary beliefs to successfully meet the challenging tasks of life, in this case, helping children with ASD acquire the skills to feel connected and capable while also feeling as though they count and have the courage to be themselves. Using and meeting the crucial Cs for children with ASD will be achieved through an increased sense of social interest and sense of encouragement.

Discussion

The utilization of AT as an intervention tool benefits children with ASD by improving some of the major deficit areas associated with a diagnosis of ASD (Schweizer, Spreen, & Knorth, 2017; Martin 2009b; Emery, 2004; Epp, 2008; Alter-Muri, 2017; D’Amico & Lalonde, 2017). Art therapy is a complementary, supportive therapy that can reduce symptoms, help regulate impairments, and increase overall functioning. When used by a professionally trained art therapist, AT with children with ASD can foster communication, encourage emotional growth, and provide a safe space for healthy self-expression.

Implication for Practice

According to Martin (2009b), six treatment goal areas set AT apart from other therapies when approaching the treatment of ASD. These six goals are:

1. imagination/abstract thinking skills,
2. sensory regulation and integration,
3. emotional understanding and self-expression,
4. artistic developmental growth,
5. visual-spatial skills, and
6. appropriate recreation/leisure skills (as cited by Betts & Martin, 2012).

Many of these highlighted goals can target the triad of impairments to foster communication, emotional growth, and healthy self-expression in elementary school-aged
children with ASD. For example, targeting imagination/abstract thinking skills will help with brainstorming, experimenting with options, and encouraging age-appropriate descriptions. This will increase communication skills in children by giving them opportunities to explain what they made and get in touch with feelings and ideas. By targeting emotional understanding and self-expression, the child’s ability to externalize and process their own thoughts increases, which then in turn, improves the child’s emotional growth.

The use of visual art media allows for an alternative approach when working with children with ASD. Martin (2009a) claimed that "Art therapy has a unique ability to address several specific and difficult treatment goals by capitalizing on the desirable use of art materials that are compatible with ASD symptoms” (p. 188). Art therapy has the advantage over other therapeutic approaches which may not foster creativity to the extent that AT can.

**Advantages of Using Art Therapy**

Children often create art and draw because it is a way that they can relate to the world around them. Lim and Draper (2011) suggested that creativity promotes attention, social interaction, and active participation with hands-on experiences and stimulates verbal and non-verbal communication. To begin to understand a child’s art is to begin to understand the child’s experience of the world around himself/herself. It allows for a connection to the child where they are developmentally. This is best understood by examining the schematic stages of drawing. As Emery (2004) explained, “children’s art is a development process and is expressed by schematic stages that reflect that development” (p. 143). Translating the creativity and benefits of using art into a therapeutic modality is beneficial for individuals with ASD.

Art therapy has the capability of being an integral part of treatment for children with ASD. Art therapy uses creativity to address social, communication, imaginative, and sensory
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deficits while simultaneously encouraging creativity to promote attention, social interaction, active participation with hands-on experiences. These hands-on experiences facilitated through AT stimulate verbal and non-verbal communication in a fun and interesting way (Lim & Draper, 2011). Using AT with children with ASD will encourage children to both learn from and enjoy an activity that will be beneficial for them. With the access to various materials, art therapists will begin to foster independent growth with children with ASD and open them up to a world of new possibilities.

Art therapy will target a multitude of needs in children with ASD. These include but are certainly not limited to: sensory needs, alternative communication, replacement of maladaptive behaviors, daily functioning skills, and social skills. All the while AT will also foster healthy self-esteem and encourage self-expression. Through AT, a child can feel connected to his external world and be capable of expressing himself/herself freely. This alternative treatment approach is unique and allows for a safe, non-threatening alternative option for communicating while providing motivating activities that help a child develop and work on areas of difficulty due to their impairments. Working on areas of difficulty and providing activities that help a child develop can increase a child’s feeling of being capable in their world and gives them a new sense of courage as they begin to feel more connected to the world around them as well.

**School-based Art Therapy Social Skills Group**

The application of a social skills group in a school setting can provide a variety of opportunities for children to learn skills and apply those skills in a generalized setting. Social skills groups which use AT can help children with ASD develop social skills that they can then apply to their interactions in the classroom and outside of the school setting. According to Chou, Lee, and Feng (2016), “many children with ASD have been placed in regular education
classrooms for the purpose of fostering social interactions to alleviate their deficits in this important area” (p. 203). Fostering the interactions between typically developing peers and children with ASD will produce growth. Developing programs that facilitate social interactions in group settings will be imperative (Chou, Lee, & Feng, 2016). Uniquely, art therapists can facilitate these groups by using AT. Embedding social skills with AT is an alternative approach to improving social skills in children with ASD.

Making AT accessible to all children can be done in a school setting. Art therapy directed towards children with ASD is a unique alternative or addition to their school-based treatment. As children deal with cognitive, emotional, or behavioral struggles schools are often the first to notice symptoms and then deliver interventions. Cortina and Fazel (2015) claim that “while it might be difficult to intervene in some home environments, the school environment is one that can be more accessible for interventions to enhance children’s mental health and well-being” (p. 35). Art therapy services in schools can efficiently respond to the diverse and changing needs of children and be practiced in an immediate, familiar setting. Even more so, being able to provide specialized AT services to children with ASD can aid in the navigation of finding treatments and programs which can foster growth and increase healthy functioning.

Creating a space and opportunities in which growth can occur to increase health functioning is important. Growth can occur by creating a safe setting and by facilitating a group in which each member is working towards meeting their basic needs. These basic needs as seen through the crucial C’s means: 1) to belong, to fit in, to feel secure or feel connected; 2) to feel competent and to take responsibility or to feel capable; 3) to feel significant and or to feel counted; and 4) to feel able to handle difficult situations and overcome fear or to have courage. These basic needs are met by addressing the triad of impairments in a social skills group that is
facilitated by an art therapist who can integrate AT interventions and directives to best meet the child’s goals.

**Local application.** Before providing the supportive resources and directive suggestions, it is necessary to mention that the development of AT programs and AT resources is a highly valuable idea especially in the context of applying these applications in a school-based setting. Early intervention is important. Intervening with AT at the elementary school level can provide tools to enhance overall life functioning as children his developmental milestones and grow as individuals. According to Betts and Martin (2012), “Goals that a child with ASD might accomplish in AT include age-appropriate drawing or modeling skills, improved self-expression and reduced anxiety or frustration, independent or semi-independent use of art making as a coping skill or self-soothing tool, improved social skills such as project collaboration and flexibility, and age-appropriate imagination and ideation skills” (p. 517). These goals being met, particularly in the school setting, can help children with ASD advance not only academically, but socially as well. With the social advancement during the school-aged years, the student can continue to gain skills as they develop, get older, and discover themselves individually within their system.

Using AT as a supportive approach to early intervention will help children form lifelong skills. An art therapist who specializes in working with children with ASD can set appropriate goals based on age, level of functioning, and interest level. Just as Betts and Martin (2012) furthered, any individual with ASD can benefit from learning the skills to express their thoughts, feelings, and interests creatively especially as it addresses impairments. Applying these possibilities in schools, particularly schools which cater to children with ASD and other learning
disabilities can not only advance the field of AT in the context of ASD but also promote and encourage those children as individuals.

**Ensuring Quality Art Therapy Experiences**

Providing children with ASD access to AT is rewarding for art therapists. Being able to provide a unique approach to working with these children by utilizing a therapeutic nature of creative expression is genuinely incredible. The approach to using AT with children with ASD is unique as it presents challenges stemmed directly from the symptoms of the child. Addressing and overcoming these challenges is the work of AT. Art therapists may come across a child who has tactile defensiveness and refuses to touch anything that heightens their sensory deficit. Such as touching paint, shaving cream, or clay. Perhaps the child perseverates on an object, so they always draw airplanes, or they have difficulty with the imaginative play of using puppets. These may seem like reasons as to why these children would not be well-suited for art activities but instead, these are reasons to use AT as a modality to tackle the relevant deficit areas for each child.

**Providing a Safe Space**

With the heightened sensitivity and awareness of surroundings in children with ASD, it is valuable to be mindful of environmental stimuli such as sights, smells, sounds, and accessible tactile items. When providing a space to do AT with children with ASD, these factors need to be considered. When creating a space or evaluating the space that would be used with the children, it is important to consider whether it provides low, moderate, or high stimulation (Martin, 2009b). While ideally, an art therapist would have his or her own space for providing services, it is more common for art therapists to use existing spaces for their work such as classrooms,
conference rooms, or other offices. For the case of this project, it would be implied that there is a designated space for conducting AT.

Creating a space that can accommodate different sensory needs would provide the best therapeutic environment. A room that has a balance between both low stimulation and high stimulation, depending on the child would be best (Martin, 2009b). A space that is flexible in nature can allow for the creation of spaces that fit best with certain children. Whether that is having a low stimulation space with fewer distractions or providing a high stimulation space that encourages exploration. Encouraging exploration, especially during AT groups is important to the development of social skills in these children. Even more so, it can help break rigidity in routines and further encourage generalization of skills.

**Building a Relationship**

The relationship the art therapist forms with the child will be just as unique as the approach to working with them. Building a trusted relationship while honoring who the child is and what aspects they bring into the therapeutic space is vital because at the same time, the therapist can set clear expectations and goals for the client to create change. Some things to take into consideration is the need to be flexible with these children, allowing them to feel that they can be themselves, respecting their art choices, being comfortable with personal space, and feeling a sense of compassion towards them. The most important thing to be aware of is personal burn out. As the process of working with children with ASD can take time, it is important to be aware of personal feelings and have a safe space to for personal expression and self-care. The therapist does not want to make the AT experience stressful or something that becomes toxic for the child and themselves.
Along with building the relationship, there are small things the therapist can do to create the best therapeutic and learning experience for these children. It can start by being knowledgeable about how the child communicates and knowing how to best support them. Finding how the child best communicates will strengthen the relationship as they are met on their level and with their skills. It is also helpful to reward appropriate behavior while also modeling good behavior. This is done by taking the time to make eye contact or use age-appropriate manners in the sessions. Art therapists can get creative and shape the sessions to best fit the child’s needs. Listening not only to their verbal responses but paying attention to their body language as well to gain a better understanding of what works with a child and what does not work.

**Adaptations**

As an art therapist, it is vital to have a sense of flexibility when working with children with ASD. Along with that, it is important to remember adaptations that can help ease the therapeutic process and ease the use of AT as an intervention for these children. These useful changes are made to facilitate learning and to help the child with the process of not only creating art but also using the materials. These adaptations may look like extensive labeling and ordering to foster a sense of order and communication, visual boundaries to create personal space, physical modifications to encourage proper use of materials, and visual schedules and visual task planning to encourage independent work. Of course, modifications and adaptations are learned over the course of working with these children as therapists learn about who they are, what skills should be focused upon, and what works to serve these children best.
Use of Materials

Since AT allows for the integration of a wide variety of materials and mediums, it is important that the art therapist know and understand their clientele and be knowledgeable about the materials they are using with their clients. The art therapist should tailor their art directives toward each child to provide them with a safe and therapeutic environment. For example, if a child came into the therapeutic environment very agitated, the art therapist would consider avoiding sharp materials such as pencils or scissors and instead provide the child with clay that they could smash or pound on the table which would allow for a release of the aggression in a socially acceptable way (Martin, 2009b). The art therapist should have the ability to be flexible as they understand and interpret the needs of the child in the moment and to be knowledgeable about what material would be most therapeutic for the child as well.

Directives

Directives are going to be highly effected by each individual child being worked with or by the structure of the group. Understanding specialized directives that can be used to target specific goals will be necessary. Art therapists can gain that knowledge through training, experience, and with a knowledge of art materials. Each AT directive will target goals such as increasing imaginative thinking, sensory regulation, increased self-expression, or developmental growth. Art therapists can then plan directives, whether in an individual or group setting, and then implement them to benefit the child. For example, to target sensory regulation an art therapist may use full-body art-making or increase material exploration. Or, to target self-expression, an art therapist may incorporate issues that the child is having and plan a directive to encourage self-expression or identification of emotions. Planning directives which are safe, contained, and focused upon specific goals is vital when working with children with ASD.
Directives should incorporate both individual interests of the children as well as thought-out usage of materials on behalf of the art therapist. Each directive will have goals to ensure a measurement of outcome while also providing a therapeutic benefit to the child or group of children.

**Suggested Materials**

Material options and accessibility is important when beginning to provide AT services to children with ASD. This list of materials is a suggestion as there are many other viable and potential materials that can be collected and added to the repertoire of an art therapist. For conciseness, the list is merely a suggested start to materials that could have potential benefits when used with children with ASD.

- Coloring utensils (e.g. crayons, colored pencils, markers)
- Paper in various sizes and colors
- Cardboard
- Fabrics
- Paints (e.g. tempura, acrylic, finger, watercolors)
- Clay
- Model magic
- Playdoh
- Shaving cream
- Found objects (e.g. feathers, buttons, rocks)
- Beads
- Rubber gloves
- String
- Sand
- Glue

**Limitations**

There are limitations to consider when integrating AT into the treatment of children with ASD. Regarding conducting AT as an intervention, there are limitations to the number of therapists who are trained in both AT and in working with children with ASD. Without proper education and training, implementation of AT as an intervention with children with ASD is not
possible. As for using AT as an intervention with children with ASD, limitations may come from the child with ASD finding art aversive or difficulties may arise considering the child’s sensory implications.

Other limitations may come from a lack of materials, inadequate access to materials, or inconsistent space for providing AT services. These limitations may affect the quality of AT services being provided to the child with ASD. Adequate space and adequate materials are of need when using AT with children with ASD. Providing a variety of materials and providing a consistent work space can create a better therapeutic atmosphere, especially with children with ASD. Finally, while growing, there is also a lack of research to support AT as a primary intervention with children with ASD. Further research will help alleviate this limitation as support can continue to grow for the implementation of AT as a treatment modality for children with ASD.

**Recommendations for Future Research**

As future research is concerned, continued support for the relationship between AT and ASD is highly recommended. Continued research and support will not only benefit children with ASD by expanding access to unique treatment modalities, but it will also support the field of AT and provide more opportunities for art therapists to practice their skills while providing life-changing services to those in need. Increasing the amount of research available will enhance the awareness of the effectiveness of using AT with children with ASD and subsequently will increase the resources people can use to gain accessibility to art therapy for children with ASD.

**Conclusion**

Art therapy can be used as a beneficial treatment when working with children with ASD. It can also be used in the perspective of Adlerian theory by focusing upon meeting goals that pertain to social interest, encouragement, and utilization of the crucial C’s. Goals and objectives
can be met using AT directives that are related to both the physiological development and psychosocial development in children with ASD. Art therapy can be used to target specific deficits that are characterized in children with ASD which include: sensory, social communication, social interaction, and social imagination. The targeting of these specific deficits can aid in the developmental growth of children with ASD while providing encouragement and increasing social interest. Art therapy programs can be developed to aid children with ASD on an individual basis while also being used in a group setting to target social skills. Art therapy can be effective with children with ASD in ways that will foster emotional growth, communication, and healthy self-expression. The addition of art therapy as a treatment approach when working with children with ASD is proposed to be unique, beneficial, and complementary to many existing treatment approaches.
References


