

Art Therapy for Children with ASD, ADHD & Siblings

A Paper

Presented to

The Faculty of the Adler Graduate School

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In Partial Fulfillment of the Requirements for

The Degree of Master of Arts in

Adlerian Counseling and Psychotherapy

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November 2012

### Art Therapy for Children with ASD, ADHD & Siblings

Art Therapy has been found to be helpful for children with invisible disabilities such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). There is no research on the use of art therapy with the siblings of children with ADHD. However, anecdotally it has been found to be helpful when working with siblings of children the ASD. This paper will provide supporting evidence for these statements and also propose the creation of a book of art therapy directives to be used in the context of a support group for siblings of children with ASD. This proposal is based both on research and the experience of this author in utilizing art therapy directives with elementary-aged siblings of children with ASD in a support group setting.

#### **Art Therapy and Autism**

According to the American Psychiatric association, individuals with autism spectrum disorder (ASD) have difficulty with social interaction, communication, and imaginative play; they also display stereotyped and repetitive patterns of behavior, interests, and activities (American Psychiatric Association, 2000). According to Temple Grandin, a renowned expert in the field who herself has the symptoms of ASD, verbal communication is difficult for people with ASD, as they think in pictures. Therefore visual means of communication are much more effective (Grandin, 2007). An example of an effective and helpful communication system for individuals with ASD is the Picture Exchange Communication System or PECS. In this system images are paired with words, and children are taught to initiate communication by exchanging an image for a desired object (Flippin, Reszka, & Watson, 2010). Scientific research has repeatedly found this system to be helpful for children with ASD (Gordon et al., 2011; Flippin, Reszka, & Watson, 2010; Yoder & Lieberman, 2010). Other kinds of visual supports such as

photographs, actual objects, and line drawings have been reported to be helpful as well (Maedan, Ostrosky, Triplett, Michna, & Fettig, 2011). Therefore it can be argued that a visually-based art therapy is well suited for individuals with ASD (Gabriels & Gaffey, 2011).

There are several examples in the literature describing how art therapy has been helpful to children with ASD. Art therapy has been found to be helpful with cognitive development, the development of abstract thinking skills, improvement of social skills, and in decreasing problem behaviors. Art therapist Melina Emery stated, “art therapy for autistic children can be an important activity-based intervention for encouraging growth” (Emery, 2004, p. 147). Emery’s work over several months with a 6-year-old boy with ASD resulted in his improved his ability to relate to others, and in his advancement beyond the concrete operational stage of development (Emery, 2004). Art therapy also helped this boy make progress towards object constancy; a developmental marker that children with ASD are slower to reach (Bruce & Zayyad, 2009). Repeatedly drawing objects (i.e. a car) helped this boy become attached to the idea of a car which made it possible for him to imagine one and draw it from memory. Another example, published by art therapist Nicole Martin, describes her quantitative study of children with ASD compared to neuro-typical peers while they engaged in drawing portraits. In Martin’s observation of the children’s behavior, she found that drawing provided a structured way to be in a relationship for the children with ASD that helped them to be more conversational than their neuro-typical peers (Martin, 2008). Martin also observed the children with ASD to be more interested and focused while drawing than neuro-typical peers, and to utilize the opportunity to free draw as a way to communicate about themselves to the therapist (Martin, 2008). This study provides hard scientific data supporting the suitability and effectiveness of art therapy for children with ASD.

Another quantitative study done by Kathleen Epp looked at a program that provided art therapy based social skills groups called Superkids for 6- to 12-year-olds with ASD, called Superkids. The Superkids groups studied were comprised of 6 similar aged children that met weekly from September to May, with 30 minutes of the one-hour sessions dedicated to participating in art therapy (Epp, 2008). Children who participated in Superkids groups were found at post-test to have improved their assertion skills, and decreased their internalizing behaviors and hyperactivity to a statistically significant degree (Epp, 2008).

David Henley is the Director of the Art Therapy Program at Long Island University and Clinical Director of a psychiatric group that serves children with ADHD and related disorders; in addition to this work, he has also worked with children with ASD. In his 2001 article about the use of art therapy with children with Asperger's Syndrome and ASD, he discusses the marked improvement in a boy with ASD who participated in art therapy for four years. This boy's early drawings depicted only faceless crash test dummies in cars, never human beings (Henley, 2001). Henley described the reason for this distancing technique to be the common tendency in children with ASD to have annihilation anxiety. This type of anxiety develops because children with infantile autism cannot interpret other's actions as friendly and nurturing, they misinterpret the caring actions of others, including their mother, as hostile (Henley, 2001). So to protect themselves they withdraw into self-stimulating behaviors and avoid human contact (Henley, 2001). After four years of creating artwork with a therapeutic art educator, this boy's faceless crash test dummies became human beings that felt emotions, and "were fully animated, and magically transformed" (Henley, 2001). Through art therapy, this boy was able to overcome his fear of relating to other people, as evidenced by a significant reduction in social anxiety and ambivalence about connecting with others (Henley, 2001). In a 1999 study, also by Henley, he

describes the experience of a seven-year-old boy with ASD who attended a camp, run by Henley and others, for children with attention deficits. In this article Henley found, “art production served as the most effective bridge to social communication” (Henley, 1999, p. 42). His dramatic drawings of dragons and knights elicited the interest of his peers, and they all enjoyed imagining and discussing them together.

Sensory Integration (SI) difficulties are defined as “issues with organizing, integrating, and using sensory information from the body and environment” that manifest as problems with attention and behavior. SI difficulties are common in both children with ASD and with ADHD (Kearns, 2004). In her 2004 article, Diane Kearns describes the effectiveness of art therapy in helping an elementary-aged boy with SI difficulties. The focus of Kearns study was to assess whether participation in art therapy increased positive classroom behaviors and decreased the negative, indicating an improvement in SI (Kearns, 2004). It was a 10-week study during which the boy had a 20-minute check-in session every day; most days he worked with art media, but scattered through the 10 weeks were non-art days to provide a comparison. The boy’s teacher monitored his behavior every day during those 10 weeks, reported noticeable improvement in his behavior on the days he did art during his check-in time (Kearns, 2004).

As stated above, David Henley has worked with both children with ASD and children with ADHD. In his 2000 article, he posits that the presenting problems of children with Asperger Syndrome are similar to those who have ADHD; he lists hyperactivity, lack of impulse control, excessive anger, social deficits, and problems relating to others (Henley, 2000). Idioms are phrases that are used to describe someone or something, and the words used in the phrase have nothing to do with that actual thing, i.e. it’s raining cats and dogs doesn’t mean cats and dogs are falling out of the sky, it means that it’s raining very hard. In his art therapy groups, Henley

utilized idioms as therapeutic interventions by integrating them into art activities (Henley, 2000). An example of how this helped is an instance when one child responded to the idiom “left out in the cold” with a drawing about a time he was excluded by his peers and sought out his mother for emotional support (Henley, 2000). Peer rejection, Henley states is a common experience for children with ASD and ADHD (Henley, 2000). When this child presented his drawing to the group, it sparked a conversation about feeling “left out in the cold” and possible reasons peer rejection might happen. Utilizing art in this way allowed the child to safely externalize his experience, take a close look at his behavior, acknowledge his strengths, and within the group process receive empathic support from his peers (Henley, 2000). Another example from this article of how art therapy provided support for a group member is when a 10-year-old boy used clay as a cathartic release after he had shared a difficult story with the group about his reconnecting to his estranged father after two years of separation (Henley, 2000).

In her 2009 article about art therapy and autism, Nicole Martin describes the advantages of utilizing art therapy with children with ASD. She echoes what has been described in the above examples, by describing art therapy as having a unique ability to address several specific and difficult treatment goals [of children with ASD] that are compatible with ASD symptoms such as: trouble with imagination and abstract thinking, sensory integration, expression of emotions, and, social-emotional skills (Martin, 2009).

### **Art Therapy and Attention Deficit Hyperactivity Disorder (ADHD)**

Individuals diagnosed with ADHD, according to the American Psychological Association, exhibit a persistent pattern of trouble with inattention and hyperactivity/impulsivity that is more pronounced than would be expected of individuals of a similar age (American Psychiatric Association, 2000). Behaviors that an individual with ADHD may live with may be

low frustration tolerance, temper outbursts, bossiness, stubbornness, excessive and frequent insistence that requests be met, mood lability, demoralization, dysphoria, rejection by peers, and poor self-esteem (American Psychiatric Association, 2000). Maripat Munley observed that oftentimes these individuals have difficulty attending to details, listening, organizing, and remembering things; they are often distracted and fidgety, can't wait their turn, blurt out answers, and are always on the go (Munley, 2002).

Art therapist Diane Safran lists the advantages of using art therapy with children with ADHD by saying, “(1) it is a child-appropriate activity, (2) it uses visual learning skills, (3) it lends structure to therapy, and (4) it gives children a way to express themselves” (Safran, 2011, pp. 194-5). In addition, Munley's 2002 research found the Person Picking an Apple from a Tree (PPAT) art therapy assessment scored by the Formal Elements Art Therapy Scale (FEATS) to be helpful in the assessment of ADHD. She found the combination of these art therapy assessments effective in differentiating between children who have un-medicated ADHD and children who do not have an ADHD diagnosis (Munley, 2002).

With an art therapy group for impulsive children, Jenny Murphy, Dot Paisley, and Liz Pardoe attempted to improve children's self-esteem by providing a rewarding and meaningful social experience (Murphy, Paisley, & Pardoe, 2004). The group ran for seven months with weekly 90-minute sessions at a child and adolescent mental health outpatient clinic. Sessions were divided into three phases, each in a different environment: an active game, an art experience, and a winding down period. Art making was often in an open studio. One directive guided the children to design a theme park together. An important finding from this research is that Murphy et al. found that art-making provided the children with a safe way to externalize and contain their feelings which caused them to be less intrusive with each other and to increase the

possibility of personal insight (Murphy, Paisley, & Pardoe, 2004). At the end of the seven months, the children's parents reported that they noticed an increase in their children's self-control; their ability to share appropriately; their ability to maintain appropriate physical space; an increase in their ability to follow the rules of their environment; and that they took fewer risks (Murphy, Paisley, & Pardoe, 2004).

Individuals diagnosed with ADHD are often also diagnosed with other disorders (Safran, 2011); David Henley found art therapy to be helpful working with a 16-year-old with a dual diagnosis of hypomania and Attention Deficit Disorder (ADD). In an example from his 2007 publication, Henley observed that while he was drawing, this boy's "manic and ADD symptoms would fall away" (Henley, 2007). Drawing appeared to calm the boy and increase his self-regulation; which as Henley describes, "increases the chances for productive sublimation" (Henley, 2007). It could be therapeutic for someone to have an outlet through which to channel the frustrations that come with the symptoms of ADD or ADHD such as forgetfulness, difficulty with completing tasks, the results of inadequate organization; as well as the sadness that accompanies being continually rejected by one's peers.

David Henley has also focused on the utilization of arts therapies, specifically to improve the socialization skills of children with ADHD (1998 & 1999). His 1998 project was a year-round program, which entailed 2-hour weekly meetings for a group of children up through the latency age that utilized the expressive arts to facilitate behavioral, cognitive, and psychodynamic therapy techniques (Henley, 1998). The expressive therapy groups in this program consisted of three sections: free play, group circle, and a creative art activity. The art activity incorporated topics and issues that came up during free play or friendship circle, and provided the group with an outlet through which they explored their anxieties, fears, problematic

behaviors in social situations, and how these shaped their identity. The creation of a self-portrait allowed the participants to explore their identity, and their personal struggles. One boy expressed his anxiety about interacting with peers by positioning himself in a tree, hiding in the leaves and playing a video game; another boy put himself inside a tree house so he would be safe from the wind that could blow him out of the tree (Henley, 1998). For another boy, working with clay during group had the effect of reducing his anxiety and making appropriate social interaction more accessible to him (Henley, 1998).

An example of a collaborative art activity is the sand tray session in which participants created a story together to successfully work through conflicts that arose in the process and bring the story to resolution (Henley, 1998). The creative process allowed them to have success doing something with which they struggled in their daily lives.

Art making also helped a child deal with his specific and ongoing issue with throwing tantrums upon arrival at baseball practice. He drew out the anxiety-provoking event in storyboard format, which allowed him to visualize the future event and foresee any problems that may arise, thereby reducing his anxiety (Henley, 1998).

As an extension of his 1998 work, Henley ran a therapeutic summer day camp designed to utilize expressive therapies to aid children with socialization problems associated with attention deficits and hyperactivity. The camp ran for five weeks, and serviced about 25 campers ages 6 through 12. The campers went fishing three times a week, and after one session the children were encouraged to make a drawing that explored the idiom a “fish out of water”, after which group discussion followed. Each child created a drawing exploring their own personal feelings of anxiety in a new and unfamiliar environment; one child drew about moving to a new house and another drew about his new “mean” step-siblings (Henley, 1999). This

activity allowed the children to externalize their feelings and process them within a therapeutic group of children with similar experiences.

An activity centered on knights and jousting allowed the children to sublimate their aggressive energies in a non-destructive way. Each child created a knight and participated in a pretend joust complete with on-looking ladies in waiting. The game emphasized creating the best outfit for the knights and the goal was to gently knock one's opponent off his horse. In this game, "aggression was channeled into high levels of aesthetic display and social discourse" (Henley, 1999, p. 47).

At the end of the five weeks, the children participated in a culminating activity in which they were explorers who "discovered" a new land on which they were to create a new community. According to Henley this project demonstrated how skilled the children had become in working collaboratively with one other person as well as working together as a larger community (Henley, 1999). During the game, the children navigated the issues that come with creating and maintaining boundaries between personal territories, and negotiated about sharing resources such as fishing rights and land use; things that, according to Henley, they would have been able to do at the beginning of the camp. When the camp was over, parents reported that they noticed definite changes in their children's capacity to control impulsive behavior, check aggressive reactions, and to begin to empathize with the needs of others (Henley, 1999).

### **Support for Siblings of Children with ASD and ADHD**

Alongside the children with ASD and ADHD are their siblings struggling with issues of their own. There has been much recent research on the experience and psychological struggles of typically developing children with a sibling with ASD, but not much, on methods of providing

these children with support. With regard to the siblings of children with ADHD, there is no research on their experiences or methods for supporting them.

### **Siblings of Children Who are Medically Ill**

Much research has been conducted on the adjustment and quality of life of siblings of pediatric cancer patients. A 1998 study on the siblings of pediatric bone marrow transplant (BMT) patients, found that symptoms of traumatic stress were a part of well-siblings' reactions to the anxiety, proximity of death, and isolation that accompanies BMT treatment (Packman, 1999). A later study conducted in 2004 focused on the psychological adjustment and support needs of siblings of pediatric cancer patients (Barrera, Fleming, & Khan, 2004). This study found that the siblings had a higher rate of depression, anxiety, and behavior problems than the control group, and that providing social support to these children resulted in a decrease in all three (Barrera, Fleming, & Khan, 2004).

In a 2010 study of 109 Child Life Departments in Canadian hospitals, Newton et. al found that the provision of support to the siblings of hospitalized children had a positive effect on their emotional and physical well-being, created statistically and clinically significant gains in participants' mood states and self-concept, as well as helped improve family communication (Newton, Wolgemuth, Gallivan, & Wrightson, 2010). Another 2010 study found that the siblings of pediatric cancer patients found the provision of three 1½ -hour sibling support sessions that included art activities to be quite helpful. These groups incorporated the use of photographs and watercolor painting to aid the participants in telling their stories. The participants reported that they appreciated being part of a group of others in their same situation, and that it helped them realize they were not alone (Nolbris, Abrahamsson, Hellstrom, Olofsson, & Enskar, 2010). Some also reported that they appreciated being able to tell their own story

and felt the group gave them permission to show happiness (Nolbris, Abrahamsson, Hellstrom, Olofsson, & Enskar, 2010). Some participants also said they felt a connection to the other members of the group and wished they had had the opportunity to be in such a group earlier; some even reported that the groups were the only place they felt comfortable (Nolbris, Abrahamsson, Hellstrom, Olofsson, & Enskar, 2010). The participants reported that painting helped them understand and express their emotions as well as the resurfaced memories resulting from the group's activities (Nolbris, Abrahamsson, Hellstrom, Olofsson, & Enskar, 2010).

### **Siblings of Children with ASD and ADHD**

With siblings of medically ill children, one child in the family has significantly higher needs than the other children. The risk that siblings will not get the attention and support that they need also exists when their brothers and sisters have ADHD or ASD. Unfortunately there is little research on the siblings of children with ADHD; and none on the effects of providing support to them. The research published about the siblings of children with ADHD does not focus on their adjustment, quality of life, or on the effects of providing them with support. One study on the non-affected siblings of children with ADHD focused on motor control and found that non-affected siblings had more difficulty with certain aspects of motor control than children who did not have a sibling with ADHD (Rommelse et al., 2007). Another study found that the likelihood that a sibling of a child diagnosed with ADHD would also have an ADHD diagnosis is 7 times higher than in the general population (Yang, Shang, & Gau, 2011). However there is research on the adjustment, quality of life, and effects of providing support to siblings of children who have ASD.

### **Adjustment and Quality of Life (QuOL) of Siblings of Children with ASD**

Research has found both positive and negative effects on the experiences, adjustment, and quality of life of the siblings of children with ASD. The positive aspects have been described in terms of personality characteristics. In their 2011 study, Moyson and Roeyers discovered a theme in the content of participant interviews that centered on the siblings' development of patience and tolerance with regard to their siblings strange behavior (Moyson & Roeyers, 2011). Peter Schuntermann also observed that by middle childhood, the siblings of children with ASD could demonstrate great patience and care when interacting with others (Schuntermann, 2009). However, it has been found that the highly responsible and helpful nature of the siblings of children with ASD could point to a higher level of distress than shown in children without a sibling with ASD (Barak-Levy, Goldstein, & Weinstock, 2010). Related to the higher levels of anxiety found in the siblings of pediatric cancer patients (Barrera, Fleming, & Khan, 2004; Packman, 1999), worry has been found to regularly affect the siblings of children with ASD. Another theme that emerged from the research of Moyson and Roeyers was that non-affected siblings often worried about their brother or sister's well-being with regard to their acceptance by friends and to what was in store for their future (Moyson & Roeyers, 2011).

An aspect of ASD that siblings have been found to struggle with is the strange and sometimes aggressive behavior of their affected brother or sister. In one research study, a participant reported that his brother "just comes and starts chucking things at [me], shouts at [me], [and] screams at [me]" (Petalas, Hasting, Nash, Dowey, & Reilly, 2009, p. 387). Siblings also struggle with embarrassment with regard to their siblings' behavior. Participants in Petalas

et al's 2009 study reported feeling angry, embarrassed and anxious about their siblings' behavior and other people's reactions to it (Petalas, Hastings, Nash, Dowey, & Reilly, 2009).

The social experience of the siblings of children with ASD is also an area of struggle. A participant in Schuntermann's 2009 study was bothered by the way her brother with ASD took over when she had a friend come over to play (Schuntermann, 2009). A participant in a different study described her experience with peer rejection due to her brother with ASD, "It's like they don't really like me anymore, because they see [my brother] and they don't really want to know him (Petalas, Hastings, Nash, Dowey, & Reilly, 2009, p. 388). Schuntermann also observed that siblings of children with ASD were selective about which friends they invited into their homes or choose not to have friends over at all (Schuntermann, 2009).

As with a child who has cancer who is at risk for reduced emotional support (Barrera, Fleming, & Khan, 2004), children with a sibling with ASD live with the same risk. Differential treatment by parents was evidenced in Petalas et al's 2009 study by the interview of a boy who explained that he had given up trying to get more attention from his parents and that he felt his brother with ASD deserved more attention anyway (Petalas, Hastings, Nash, Dowey, & Reilly, 2009). Schuntermann also observed that non-affected siblings felt they were held to a "higher standard" than their developmentally challenged sibling and felt pressure to be the "normal one" in the family (Schuntermann, 2009). The possibility of parentification is also an issue the siblings of children with ASD are faced with. A participant in Petalas' 2009 study described her care-taking responsibilities for her brother with ASD required by the situation even though she was the younger sibling (Petalas, Hastings, Nash, Dowey, & Reilly, 2009). Schuntermann observed that some siblings strive to take on parental responsibilities and try to become indispensable helpers (Schuntermann, 2009)

Different from the grief associated with having a sibling with a life threatening illness, siblings of children with ASD have been found to suffer from a unique kind of grief. Before siblings arrive at feelings of acceptance after their sibling is diagnosed with ASD, they experience grief at the realization that the diagnosis is never going to go away. As part of Moyson's 2011 study, one participant described his grief about the permanence of his siblings' diagnosis," I just go to my room and cry...I often fall asleep on a wet pillow" (Moyson & Roeyers, 2011, p. 49).

A final thought about the siblings of ASD is that the condition is invisible; there are no overt physical indications that a child has this diagnosis and oftentimes children with ASD can appear typical. So if the diagnosis is unknown, a child can appear to be misbehaving, spoiled, willful, rude, etc. This is a reality that does not necessarily affect the siblings of pediatric cancer patients and those of children with other types of disabilities. Because ASD is invisible, families do not have to tell others about the diagnosis, and some don't. Some children attempt of their own volition to keep the diagnosis secret, and some are forced to do so by their parents, however the possibility of a judgmental reaction even though the diagnosis is known still exists (Moyson & and Roeyers, 2011). The dilemma about whether or not to tell others is source of stress and tension for the non-affected siblings (Moyson & and Roeyers, 2011).

### **Art Therapy as Support for Siblings of Children with ASD**

Mental health professionals have noticed and expressed a need for increased support for the siblings of children with ASD. It has been recognized that the voice of the siblings of children with ASD has not been fully heard (Petalas, Hastings, Nash, Dowey, & Reilly, 2009). Several have called for more research in this area (Barak-Levy, Goldstein, & Weinstock, 2010; Moyson & and Roeyers, 2011; Smith & Elder, 2010). Recommendations for

ways in which to provide support to these children have emerged (Conway & Meyer, 2008; Schuntermann, 2009). Schuntermann (2009) suggests that increasing siblings' ability to mentalize can increase their ability to cope and may lead to increased resiliency.

Two studies that incorporate art therapy into the support provided to the siblings of children with medical illness have been cited. In the aforementioned 2010 article by Nolbris et. al, art activities were used to provide support to the siblings of pediatric cancer patients. Participants of this study, in doing the three-step painting activity (background, setting, and words), were able to express their worry, anxiety, love, and positive memories associated with their ill siblings (Nolbris, Abrahamsson, Hellstrom, Olofsson, & Enskar, 2010).

In the other study the siblings of children with hearing loss participated in daily art therapy based support groups. Raghuramann (2002) provided a variety of art media and utilized four art therapy directives each of which was successful in helping the participants of the group. A participant that drew a picture of her family was able to explore the positive feelings she had about her sibling's disability. She explained that she thought her brother's hearing loss brought her family closer together (Raghuraman, 2002). Another directive asked the participants to draw about things they liked and disliked about their sibling. Some participants described feelings of resentment because they often served as a translator for their sibling and others felt their parents were more lenient with their siblings and that they themselves were held to a higher standard; and as with the family picture. Some participants said their sibling's hearing loss brought their family closer together (Raghuraman, 2002). The third directive described in this study was a self-portrait; Raghuramann observed that this art making experience increased participants' self-esteem because they were acknowledged as themselves, outside of the context of their family and hearing-impaired sibling (Raghuraman, 2002). The last art directive included the creation of

a feeling chart, which helped the participants learn the words to described feelings they previously had not understood or had not been able to express (Raghuraman, 2002). In addition to making it possible for participants to explore, understand, and express their feelings, art therapy also created a new way for these children to communicate with their parents (Raghuraman, 2002).

Art therapy within the context of a safe and supportive therapeutic group helped siblings of children with medical illness learn new ways to describe and communicate feelings they had previously not understood; express feelings like love, worry and anxiety; and be heard as unique individuals. Siblings of children with ASD have similar experiences and live with similar struggles, it follows that utilizing art therapy would also help them.

### **Book of Art Therapy Directives for use with the Siblings of Children with ASD**

There is a recognized need for increased support for the siblings of children with ASD. Following the logic described above, one could say that the utilization of art therapy within the context of a sibling support group would be a benefit to the siblings of children with ASD. This author would like to propose a book of art therapy directives to be used in the context of such a group. This section will describe art therapy directives that this author utilized in the context of a pilot sibling support group for elementary aged siblings of children with ASD. It will also provide the research to support the use of these directives with this population.

### **Utilizing Art Therapy in a Sibling Support Group**

The group in which the following directives were utilized, meets monthly and this author was part of running it for the better part of eight months. The group was based on the Sibshop model of Donald Meyer, Greg Schell, and other colleagues. One of these colleagues, Patricia Vadasy, co-wrote a book about Sibshops with Meyer called *Sibshops*:

*Workshops for the Siblings of Children with Special Needs* (Meyer & Vadasy, 2008).

According to their book, the Sibshop model is designed to provide siblings with peer support and education in a recreational setting (Conway & Meyer, 2008). Sibshops are not intended to be therapy, but the experience of participants may be therapeutic (Conway & Meyer, 2008).

This author borrowed several components from the Sibshop model, but incorporated art therapy directives into the structure of the group to increase its therapeutic nature. Another variance from true Sibshops was that the groups were 90 minutes long and held on a weeknight, while Sibshops are four hours on a Saturday. From month to month attendance varied; group size ranged from 2 to 6, ages ranged from 7 to 14, and there was an overall balance between genders. This author was an intern, so always co-led with at least one staff member, and often other interns.

Each group consisted of an introductory activity, a warm up activity, an art therapy directive, and closed with participants sharing their favorite parts of that night's group. The introductory and warm up activities were borrowed from Meyer and Vadasy's book (Meyer & Vadasy, 2008). For all groups, the introductory activity was "Facetags" for which each participant chose a pre-drawn face shape and added details to create a self-portrait (Meyer & Vadasy, 2008, p. 104). The warm up activities varied, but each had the goal of helping participants become comfortable with each other. For some groups "The Web" was used, for which participants and leaders sat in a circle and asked each other questions like "What's your favorite breakfast food?" while tossing around a ball of yard. Each held on to

the tail of the yarn when they tossed the ball so by the end, a web connecting all was created (Meyer & Vadasy, 2008, p. 117).

In other groups the warm up activity was “Feelings-on-a-Rope”, for which two leaders stood and held each end of a piece of yarn identifying one end as the lowest rating, of 1, and the other as the highest rating of 10 (Meyer & Vadasy, 2008, p. 128). The participants were then asked to demonstrate to what degree they liked/disliked various things and situations by standing and placing their hand somewhere along the yarn. The questions vacillated between lighthearted subjects like pizza toppings and serious questions about experiences with the participants’ siblings. After each question, participants explained why they gave each rating. This activity provided a relaxed way to discuss both positive and negative aspects of having a sibling with ASD.

The final warm up activity utilized was called “Favorites I” (Meyer & Vadasy, 2008, p. 108). Each participant was given a small sheet of paper with three questions on it. The questions asked things like “What is your favorite color?” and “What is your favorite Olympic sport?” Each set of questions was folded and given to an adult leader who then re-passed them out giving each participant someone else’s paper. Participants then had to find out whose paper they had by asking the others things like “Is your favorite color orange?” and “Do you like Olympic diving the most?” This activity was similar to “The Web” in that it provided a fun way for participants to learn about each other.

**Art therapy directives & supporting research.** This section will describe art therapy directives for inclusion in the proposed book and provide research that supports their use

with this population. The directives are presented in the order in which they happened over the course of this author's experience with the group described above.

***Inside-outside box.*** Participants chose a shoebox from a provided selection and decorated it both inside and out using markers and collage materials. The outside represented things about themselves others could easily see while the inside was about things that are not seen unless purposely shared. Each participant was given the opportunity to share their box with the group. There is a similar activity in the Sibshop Workbook called Inside/Outside Bags or Masks (Meyer & Vadasy, 2008, p. 134). In addition, it is an iteration of the self-box. Art therapist Raquel Karrell-Kirk described a self-box as a way to differentiate between our inner and outer selves (Karell-Kirk, 2011). Renuka Sundaram Raghuramann (2002) observed the creation and sharing of a self-portrait increased self-esteem in siblings of children with hearing loss, as well as allowed them to be acknowledged outside the context of their brother or sister.

***Growing three wishes.*** In the 2011 study of Moyson and Roeyers, they observed a theme among siblings of children with ASD: they worried about their siblings' future. "Growing Three Wishes" is based on the activity called "Three Wishes" from Meyer & Vadasy's book (2008, p. 129). However, it also incorporates the metaphor of watering the seeds of wishes and helping them to grow. For this activity each child wrote three wishes down on small strips of paper: one for themselves, one for their siblings, and one for their entire family. They also decorated a small terra cotta pot using permanent markers. The wishes were placed in the bottom of the terra cotta pot, then soil and mint or nasturtium seeds were planted in the pot. Each participant was given the opportunity to share their pot and wishes with the group. This art therapy directive addresses the theme observed by Moyson and Roeyers, and provides a vehicle for addressing it in a positive light.

***Strengths medallions.*** Participants helped make salt dough, roll it flat, cut out circle shapes, and decorate them with rubber stamps. They were also given 2 pre-baked medallions to decorate with permanent markers. Participants used the stamps and markers to represent strengths of their siblings and themselves. Participants were given a container for their medallions and baking instructions to bring home. This directive created a safe atmosphere in which the participants could have a discussion about both their siblings' strengths and things they do not necessarily admire. Raghuramann (2002) found evidence to support that giving siblings' the opportunity to make artwork about things they liked and disliked about their siblings, allowed them to express their feelings and be recognized outside of the context of that sibling. She also observed that doing this in a group of like peers provided an opportunity to be acknowledged. In addition, Peter Schuntermann (2009) asserted that exploration of the sibling relationship is important for the wellbeing of children who have a sibling with special needs.

***Family book.*** Participants were given a blank book to use as a visual journal. They were also provided with a list of suggestions for drawings to include. Some suggestions were: a picture of your family at home, a collage of things you like to do with your sibling, and things about your sibling that make you angry. This directive was intended to be ongoing so participants were invited to bring their books back next month and share any drawings they made between sessions. Each idea was designed to encourage the exploration of some aspect of life as a sibling of a child with ASD. The 2002 research of Raghuramann and the 2009 work of Schuntermann support this directive. In addition to the sibling relationship, this directive explores the parent/child relationship and the possibility of differential parental treatment. These concepts are also deemed important to address by Schuntermann (2009).

*Art cards.* Participants were offered markers and collage materials with which to work, and a container to keep their cards in. They were also given a list of suggestions of things to draw that addressed five different concepts: bravery, hope, feelings, good things, and self-concept. Art Cards encourage the development of coping skills and the ability to provide oneself with support. Leaders suggested that the children keep their cards in the container as concrete reminders of their feelings and experiences.

*Bravery cards.* Participants could make drawings of ways they show courage in their everyday lives as siblings of children with ASD, i.e. standing up to other children who are teasing their brother or sister. This directive is supported by the research of Raghuramann in 2002 that found drawing a self-portrait and sharing it with like peers increased the self-esteem of siblings of children with hearing loss.

*Hope cards.* Participants could make drawings of things they hoped would happen in the future for themselves, their siblings, and their families. This directive addressed the same issue that “Growing Three Wishes” did, looking forward in a positive light. The research of Moyson and Roeyers (2011), which found that siblings’ of children with ASD worry about their siblings’ future, supports this directive.

*Feelings cards.* Participants could chose different feelings and created drawings of times they felt those particular feelings about their sibling. Suggestions included anger, pride, happiness, and embarrassment. The Raghuramann research of 2002 supports this directive. She found it helpful for the siblings of children with hearing loss to explore different feelings and find the words to describe them. Other research that supports this directive is from Nolbris et al (2010) which found the creation of a three-step painting to help siblings of children with cancer express their feelings.

*Good things cards.* Participants could make drawings of things they liked about having a sibling with ASD. The cards could serve as a way to celebrate their sibling, and serve as reminders of the good things. This directive provided a safe environment in which to explore and express the good and bad of having a sibling with ASD. The 2002 research of Raghuramann supports this directive. She found that, given the opportunity to explore what they like and dislike about their siblings with ASD, children could express their feelings and be recognized outside of the context of that sibling.

*Me cards.* Participants could make drawings of things they liked about themselves as well as things they wished were different, a kind of self-portrait in cards. This directive is supported by the 2002 research of Raghuramann that found drawing a self-portrait and sharing it with like peers to increase the self-esteem of children with hearing loss.

### **Conclusion**

Not only can art therapy be helpful to children with ASD and ADHD, it can also be used successfully to support their non-affected siblings. This paper has provided evidence to support the effectiveness of art therapy with children with ASD, children with ADHD, and the siblings of children with ASD. This paper has also made a legitimate proposal for a book of art therapy directives designed for use with this population. It is the hope of this author that such a book will contribute to the widely recognized need for increased support for the siblings of children with ASD.

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