

# Viewpoint

## Art Therapy and Autism: Overview and Recommendations

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### Abstract

*Work with individuals diagnosed with autism spectrum disorders (ASD) is a growing area of significant interest for many art therapists. The purpose of this viewpoint is to outline the current impediments to the expansion of this specialty as well as to highlight the unique treatment advantages of art therapy from the author's perspectives as an art therapist and sibling of a person with autism. A rationale for the use of art therapy to treat ASD and recommendations are provided.*

### Summary of the Literature

Autism, now commonly called autism spectrum disorder, refers to the five diagnoses of the pervasive developmental disorder spectrum (Autistic Disorder, Asperger's Syndrome, Childhood Disintegrative Disorder, Rett's Disorder, and Pervasive Developmental Disorder-Not Otherwise Specified), all of which are characterized by impairments in social, communication, and imagination skills and the presence of restricted or repetitive behaviors to greater or lesser degrees (American Psychiatric Association, 2000).

Art therapy is viewed as a complementary or adjunctive therapy in the field of autism treatments; its status is equivalent to professions such as music therapy, play therapy, and recreation therapy. Although listed as a related service in previous versions of the Individuals with Disabilities Education Act (IDEA; Anderson, 1992), art therapy is not included in the current version of IDEA (United States Department of Education, 2004).

Treatment approaches used with clients with autism described in art therapy literature include object relations (Evans & Dubowski, 2001), developmental approaches (Emery, 2004), developmental/behavioral approaches (Martin, 2009), and psychotherapy (Henley, 2001; Stack, 1998). Other authors specify no primary approach, or use

eclectic approaches (Gabriels, 2003; Kornreich & Schimmel, 1991). Highlighted treatment goals include symbol formation and communication (Bentivegna, Schwartz, & Deschner, 1983; Fox, 1998), socialization (Noble, 2001), early intervention (Martin, 2009), and sensory regulation (Scanlon, 1993). Special techniques include using idioms as a stimulus in group therapy (Henley, 2000), portrait drawing assessments (Betts, 2003; Martin, 2008), and video (Henley, 1992). Research methods used consist of case studies (Bentivegna, Schwartz, & Deschner, 1983; Emery, 2004; Evans & Dubowski, 2001; Fox, 1998; Henley, 1989b, 2000, 2001; Kornreich & Schimmel, 1991; Noble, 2001; Scanlon, 1993; Stack, 1998), survey (Henley, 1989a), and standardized assessment with a comparison group (Martin, 2008). The current literature on art therapy and autism has been described as "robust" and supports the use of long-term group and individual art therapy with children with ASD (Gilroy, 2006).

Art therapy literature contains many sound arguments for and descriptions of the use of art therapy with clients with ASD (Fox, 1998; Gabriels, 2003; Henley, 2001; Martin, 2008; Noble, 2001) but lacks a significant amount of quantitative data, comparison groups, larger subject groups, multi-site or replicated studies, studies with adult or adolescent clients, or outcome-based studies. To reverse a quote from Gilroy (2006), we have the "stories and pictures" but "need the facts and figures" (p. 150).

### Difficulties

There are in my opinion several interrelated factors that currently impede art therapists from achieving a more significant role in the treatment of individuals with autism.

**Overlap.** Overlap often occurs because the use of visual, nonverbal communication is a very useful tool when working with clients with ASD; other therapists regularly attempt to incorporate art therapy-like projects into their sessions. Some of the most useful visual teaching tools (e.g., Gray, 1994), books (e.g., Kellman, 2001), and research (e.g., Charman & Baron-Cohen, 1993) on the topic of art and autism do not even mention art therapy. Overlap occurs naturally with similar professions, such as recreational therapy, play therapy, and art education; the

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distinctions between these professions and art therapy are often lost on the average consumer.

**Research differences.** The particular demand for evidence-based treatment goals in the field of autism therapies often engenders prejudice against art therapy, despite anecdotal evidence that supports its use with clients with ASD, due to its lack of experimental data.

**Lack of information.** The websites of major autism organizations in the United States suggest a lack of understanding about how art therapy is used with clients with ASD. Although some general or vague descriptions of art therapy are often provided, there are frequently no reference lists, no description of how art therapy specifically addresses ASD symptoms, and no information on art therapy credentials or educational requirements. Furthermore, art therapy is often listed with “alternative” therapies such as acupuncture. This is in contrast to music therapy, which is often better defined, referenced, and included in lists of common ASD treatments when art therapy is not. Major autism conferences rarely offer presentations on art therapy.

**Increased competition.** The variety and sophistication of autism therapies has grown a great deal in the last decade. Competition for health care dollars is stiff when families are on a tight budget; young children with ASD are often in therapy more than 20 hours a week. Therapists must offer compelling arguments for their specialization in order to justify further strain on families’ time and resources.

**Billing and reimbursement.** Difficulties with insurance reimbursement (due to lack of licensure in most states) or government reimbursement (due to art therapy’s current lack of presence in IDEA) are very real factors when families or organizations consider hiring an art therapist. Insurance companies remain ungenerous when it comes to covering any therapy for individuals with autism, despite the evidence that autism is treatable.

**Size of the profession.** Art therapy is a small field and the number of therapists within it who have expertise with autism is even smaller. This may be an issue of quantity, but it does not necessarily have to negatively impact the quality of art therapists’ research and services. Lack of a critical mass of art therapists contributes to all the difficulties listed above.

## Advantages

Despite these difficulties, the following advantages of art therapy with individuals with ASD are important and noteworthy:

**The relevance and usefulness of treatment goal areas in which art therapy excels.** 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 (Martin, 2007). Lack of imagination and abstract thinking skills is one of the three major deficits of autism yet is the one least often addressed by most therapists; art therapists have a unique ability to improve these skills. Sensory regulation is often less stressful for the client in art therapy because the art provides a product to focus on beyond the process

of integrating uncomfortable sensory experiences. The art therapist’s expertise with visuals is a huge advantage when working on clients’ social-emotional skills and self-expression. 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. Integrating art into recreation and leisure activities can mitigate a client’s symptoms through developing socially appropriate skills; an art therapy environment can help a child with ASD make this transition much more successfully than an art education environment can. 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.

The combination of art and therapy is desirable to client families for several reasons. Individuals with autism often experience anxiety, stress, depression, and frustration as a result of their symptoms and the social impact of their symptoms. The capacity to address psychological needs sets art therapy apart from similar professions such as occupational therapy, art education, or recreational therapy, and expertise in doing so using visual modalities distinguishes art therapists from psychologists, play therapists, or social workers. Art therapists do not just assign therapeutic art projects; they are comfortable working jointly with the child, skillfully providing visual feedback, letting a project grow, and using a project to build relationships (Martin, 2008). Last but definitely not least, any quality activity that the child can both learn from and enjoy is precious to the parents of children with autism.

**Interest in the arts and autism.** Public interest in art made by people with autism continues to grow. Thanks to the outsider art and disability arts movements, the work of artists with autism has generally gained mainstream appreciation. Testimonies of high profile individuals with ASD lend support indirectly to the therapeutic power of the arts (Williams, n.d.).

## Recommendations

My experience suggests that all of the difficulties described in this article can be resolved with a team effort to address a few vital tasks:

**Develop and expand art therapy’s research to meet the current expectations of the greater autism community.** The individual therapist may determine a client’s success, but research determines the field’s success and thus how many therapists it can support. Art therapy research on autism needs to move beyond anecdotal case studies to concentrate on larger sample sizes, to record trends, to isolate the best treatment goals and techniques, and to share information about both what works and what does not work. My opinion is that a large degree of untapped or hesitant interest in art therapy and autism would greatly increase with empirical studies demonstrating the benefits of art therapy. Articles that examine the use of art therapy with clients with disabilities similar to autism (e.g., Banks, Davis, Howard, & McLaughlin, 1993; Pounsett, Parker,



Figure 1 A child drawing portraits in an art therapy socialization group

Hawtin, & Collins, 2006) are noteworthy for their inclusion of experimental design and co-authorship.

Art therapy need not necessarily hold itself up to the standards of fields with a large base of professional research scientists. Music therapy is a comparable profession to art therapy in both treatment emphasis and size, yet the quantity and quality of its research on autism surpasses our own (Coast Music Therapy, 2007).

Perhaps the status of art therapy's research on autism implicates a larger identity issue within the field. For example, the American Art Therapy Association currently describes art therapy as "based on the belief" and makes no mention of research (American Art Therapy Association, 2009), whereas the American Music Therapy Association's current definition of music therapy states "research in music therapy supports its effectiveness" (American Music Therapy Association, n.d.). A major injection of empirical data into its knowledge base is critical in order for art therapy to survive in the 21st century.

***Pursue an education in autism far beyond the scope of art therapy.*** There is a general body of practical knowledge about autism spectrum disorders that includes familiarity with the primary therapies, the major scientific research, the history of autism as a diagnosis, common adaptive tools and behavioral strategies, autism family culture, and the issues specific to age and level of functioning. This knowledge can be gained through internships, volunteering, independent study, professional development, and supervision. Traditional art therapy training alone simply is not enough in order to work successfully with clients with ASD.

I am hopeful that my recommendations will inspire new projects and collaborations so that in the future the art therapy and autism specialty will not just survive, but thrive.

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