

GROUP ART THERAPY FOR CHILDREN DIAGNOSED WITH HIGH FUNCTIONING AUTISM SPECTRUM DISORDER: INTERVENTION DESIGN AND INITIAL RESULTS

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Abstract: *The current paper presents the design of a unique new eight months group art intervention for elementary school children diagnosed with high functioning autism (HFA). The goals of the intervention were to improve the children's emotional and social skills. It included gradual changes in types of art materials and activities to preserve their sense of safety while exploring social interactions and being a part of the group. It also included teaching children the use of phenomenological language to reflect on their artwork, to gain deeper understanding of themselves. Three small groups of children, of different age groups, participated in the pilot program. Initial findings at the middle of it, demonstrated that all the children were participating in the activities and were better able to connect with each other and reflect on their artworks.*

Keywords: *High Functioning Autism; Group Art therapy; social and emotional skills*

Introduction

Autism Spectrum Disorder (ASD) is a highly heritable neurodevelopmental disorder. The criteria to diagnose it includes evidence of social communication and interaction symptoms; highly restricted or repetitive behaviors and interests; sensory processing symptoms (American Psychological Association, DSM-5, 2013). High functioning autism (HFA) refers to an ASD condition in an individual presenting with a developmental age close to his/her chronological age and/or whose IQ is above or equal to 70 (Carpenter et al., 2009). The reported global prevalence of ASD is approximately 1 in 100 children (Ilan, 2022). Boys are four times more likely to be diagnosed with ASD than girls (Maenner et al., 2021). The most common symptoms of autism are: social difficulties (Hyman et al., 2020); difficulty in shifting perspective to another's viewpoint (Hyman et al., 2020); and emotion regulation (see Jahromi et al., 2012).

The goal of treatment of children with ASD is to maximize functional independence by learning adaptive skills and minimizing problem behaviors and core deficits. A wide

variety of interventions are offered to these children. Many of them focus on improving the children's **social skills**. These programs have been conducted individually or in a small group, using different treatment methods, as cognitive-behavioral, play, drama or music therapy. Most of them have only limited effectiveness in improving social and emotional skills, poor generalization of those skills to other settings and/or exhibited limited maintenance of the skills learned (i.e. Gates et al., 2017; Reichow & Volkmar, 2010).

„There are many different therapies and combinations of therapies that can help children with ASD. It is the multidisciplinary team that recommends specific therapies and educational strategies to address each child's unique social, behavioral, communication, and academic needs, as well as periodically reassessing the condition to make reasonable adjustments in therapeutic strategies. Intensive behavioral therapies are one of the most common methods used to help children with ASD.“ (Krasteva-Ivanova M,2023)

Another type of alternative intervention, that is being used increasingly with children diagnosed with ASD/HFA, is art therapy. The existence of a concrete art product can help them stay present at the here and now (Schweizer et al., 2019). In addition, working with varied art materials can help them cope with their sensory symptoms (Regev & Snir, 2013). When children diagnosed with HFA take part in an art social skill group, they feel safer in social interactions that evolve around the concrete tangible art and are more motivated to interact with other group participants. This strengthens their social skills (Lasry, 2010). A previous such group, with children 10-12 years old diagnosed with HFA, which included verbal reflection exercises, resulted in improved social and emotional skills (D'Amico & Lalonde, 2017).

The intervention presented in this article implemented the "Haifa Art Therapy" method (Hazut, 1998), as it is particularly beneficial for children diagnosed with ASD/HFA. It is based on a combination of philosophical and phenomenological psychological principles. The basic premise of this method is that the creative process provides a direct way of self-expression, passing any self judgement (Berger, 2014). The visible concrete artwork product is perceived here as representing the patient's psychological inner world (Berger, 2014; Simon, 1992). Thus, through the creative process, the client can become more aware of what he/she is going through and understand themselves better (Simon, 1992). According to this approach, the choice and use of art material leads the therapeutic process and creates the images and content of the therapy process (Orbach & Glekin, 1997). These materials offer a wide range of sensory and emotional experiences (i.e. from solid to liquid, from transparent to opaque) (Regev, 2000). Materials which are dry or rigid/inflexible (paper, pencils, iron wire),

can usually be used to express the patient's need for emotional control and order. The use of more flexible fluid materials (as plasticine, clay, paint), can often be used to express the unconscious uncontrolled parts of the patient (Dahli et al., 1995).

When working with children diagnosed with ASD/HFA, the therapist provides an empathic, non-judgmental neutral presence and creates a safe space where strong emotions can be contained (Hazut & Siano, 2008). This also allows children to experiment and explore their outer and inner spaces in the presence of other children (Evans & Dobovski, 2011), from a safe, non-threatening emotional distance, using projective methods. As a result, the children can learn how to recognize and express emotions through interpreting the meanings of their artwork (Hazut, 2014).

The current paper will present a unique eight-month group intervention program for elementary school children diagnosed with HFA, focused on improving their emotional and social skills. By conducting the program in their school, and gradually creating a safe space where the children can explore and express themselves, it will try to demonstrate an effective intervention for them.

Designing the intervention

The importance and possible significance of group art therapy to improve the social and emotional skills of children diagnosed with HFA was first apparent to the researcher in her private clinic. She noticed that when a six-year-old child diagnosed with HFA, was joined by another student from his class, his communication and willingness to cooperate eventually improved as a result of the presence of the other child.

The intervention includes a slow progressive structure based on three main parallel gradual processes. First, with the art material used. During the intervention the art material used will gradually move from the more controlled ones to the more flexible ones. This process is designed to allow the children to constantly feel safe and be able to slowly release their need for control and get closer to deeper parts of themselves, they might have not been aware of before. In addition, this gradual change will also provide the children with appropriate emotion regulation tools using creative means.

Second with the phenomenological inquiry. Each group session will end with every child using phenomenological language to talk about their own artwork and to provide feedback to other group participants. The children will gradually learn how to use this language. In the first sessions the art therapist will model how to implement this process. An example of a phenomenological observation intervention, called "characteristic shape":

Children will be asked to draw a closed shape and continue drawing inside its lines using paper and chalk. The reflection and phenomenological observation of the shapes drawn will be guided by the therapists' observations (i.e. "I see you chose to draw a shape of... and that your shape is placed in the... of the page") and questions (i.e. "How would you call it? What does it remind you of?"), which will demonstrate the phenomenological language. During the second stage, the children will be asked to find a place for their shape in the group space, glue it in place and draw a defense for the shape using chalk and a bigger paper. Possible questions for the phenomenological observation process after this assignment: "Where did you choose to place the shape? Is there a reason for that?" Over time, the children will learn to use this tool for themselves and for helping other group members' reflection. The goal is that the children will mostly conduct this process on their own, without the prompts from the therapist (Hazut, 2014). The third gradual process will be a shift from individual to group and back to individual projects. This process is designed to help the children with HFA feel safe and increase their willingness to cooperate with the activities.

These processes will be part of the five-stage intervention, each with five sessions. The first stage, the "introduction", is designed to allow the children to discover and be discovered by the other group members, according to their comfort level. The art materials chosen for this stage are controlled materials designed to provide for them a sense of control and safety (including paper, glue, markers, pictures). The activities the child will be asked to take part in will allow him/her to express himself/herself both in a defined structured way (as personal collage) and in a more amorphic way, using a wider variety of art material. During this stage each child will examine and choose how safe they feel in front of themselves and the rest of the group's participants. The use of art will allow creating a dialogue by taking a step back and conducting a phenomenological observation.

The second stage will invite the participating children to create a safe personal space inside the group, before they start the journey of becoming a part of it. This is an important stage in which the child learns what helps him/her to protect himself/herself and what he/she needs from his/her environment to feel safe. The art material provided to the children at this stage will still be relatively controllable, as pages, with some mid-range materials as plasteline and chalk. Another element in this stage is a drawing of their family and their environment, designed to start the discussion around more personal emotional issues. The insights from the different activities will be manifested through the group interaction and the phenomenological observation.

The third stage is the beginning of each child's journey into the group. It is a time that invites connection and working with the other children. At this point, the children have a wider choice of art material – solid to soft, controlled to fluid and messy (as oil paint, plasteline, clay). This choice is designed to allow each child to express their unique self in the group and use the material that best expresses their emotions. This is a stage that asks them to be present, exposed and visible and thus might trigger strong emotions and resistance in at least some of the children.

The fourth stage, "connections and relationships", will invite the children to work together and use art material to create connections between them, interact with each other and play together. The first two sessions in this stage are designed to prepare the children for meeting group members. In the third session, they will work in pairs on adding elements to the group space. In the final session, the children will play together with the characters in the play space they have created. This phase is based on the premise that even children on the autistic spectrum, have a basic innate need to connect and interact with others (Alvarez, 1992).

The fifth stage is the concluding phase that focuses on "separation processes". This section is designed to allow the group to collect the insights from the individual and group journey. A whole range of emotions might be triggered in the children during this time. In order to make sure this progress is sustained, this final stage is focused on activities which will gradually allow the children to refocus on themselves, not out of a disconnect or a break, but out of a need for healthy separation. The activities will include preparation and then a farewell separation ritual from the characters they created in the play space and coping with the issue of separation and its meaning. The art material at this stage will range from mid-range to controlled. It will be used as a metaphoric and sensual tool to consolidate sense of self, while providing a sense of connection adapted to the needs and abilities of each child.

The last part of the program will include children's presentation of the artwork they created during the intervention. At this time, each child will be given an opportunity to be the center of attention, presenting what he/she has created and receive resonance, acknowledgment, appreciation and positive feedback from the therapist and the other children. This will allow the child to reflect on the process he/she has underwent throughout the intervention over different time points. This can be perceived from an outside observer as the "hero's journey".

At the conclusion of the intervention, the child's parents and teachers will be invited to attend individual sessions with the therapist. These meetings will first include the child's presentation of his/her artwork to the parents, while describing what he/she experienced in the

group. The art therapist will accompany this stage with mentions of significant breakthroughs, strengths, things the child coped with through the art making and artwork. These meetings will also include a part where the child is absent, when parents will be provided with more details about the child's process during the program and recommendations how support continuous strengthening of the skills learnt.

Participants

The participants for the pilot study of the intervention were chosen from special education classes, designed for children with communication problems, in a regular school in Israel. Full cooperation and consent to participate in the intervention and the study were received from the children's parents, their teachers, school principal and the supervisor. Children were included if they were diagnosed with HFA, had consistent attendance in school, were not unbalanced emotionally or in a psychotic state, or were unstable with medications. The decisions about who to include in the intervention were made with their teachers, class therapeutic team and parents. In one of the groups, after deliberation, it was decided not to include a child who was lower functioning than the others in the group, as it seemed he might struggle with the phenomenological inquiry section.

Three intervention groups were created:

1. Five participants, all boys, 6-7 years old, two of whom receive medications to treat anxiety.
2. Four participants, three of whom are girls, 7-9 years old, one receives medication for anxiety.
3. Four participants, all boys, 10-12 years old, three of whom receive medication, two for anxiety and one for ADHD.

Procedure

Before the start of the intervention, the researcher/art therapist met with the children's parents. During this meeting, the parents received the full details of the intervention and accompanying research (goals, structure, type of activities, intended benefits, possible challenges, and requirements from their child and from them). Then they provided an informed consent (Appendix 1b) for their own and their child's participation, with the understanding that all of their information will be kept strictly confidential, and that they can withdraw from the research at any point. Then the therapist conducted with them a standard intake interview to learn about their child and his/her specific difficulties in a wide range of

areas in his/her life. They were also asked what they perceived as the main difficulties their child experienced and what they wish the intervention would focus on. In these interviews parents supported participation of their child in social interactions and receiving tools in emotional regulation.

Teachers filled questionnaires regarding the social (The Social Skills Rating System, Gresham & Elliot, 1990) and emotional (Difficulties in Emotion Regulation Scale, Graetz & Roener, 2004) difficulties experienced by these children. According to the teachers' questionnaires the main needs of the children in the youngest group were to learn how to verbally regulate their emotions and find ways to communicate during anger or frustration. In the other two groups, the teachers' questionnaires centered around the issues of low self-esteem and extreme reactions to varied situations. These issues were deemed as the targets of the intervention in each group.

Before the beginning of the intervention, the group art therapist met individually with each child to get to know him/her and explain to him/her how the group would operate. The goal of this initial consultation was to lower the child's anxiety and increase his/her sense of safety when they enter the group. The session included discussion, play and a creative process in which his/her strengths, concerns and special needs were assessed. In all participating children the social aspect of the intervention triggered fear and resistance. One student declared he would not touch any messy art material as clay. Another one said she hates dancing and asked to avoid it. All requests were written, and it was agreed with them that they would not be forced to do anything that doesn't feel good for them, but they would be invited to try.

The eight months group intervention started on the middle of November 2023 and is still ongoing (February, 2024). It includes a weekly session lasting 50-90 minutes. Different art therapy techniques are used to help the children learn and practice the different targeted skills. In order to increase participants sense of safety and support the containment of strong emotions, the intervention is conducted in a stable, constant therapeutic setting, according to a clear set of rules and with a consistent session structure (Dudai, 2019).

Each session always include:

1. Opening (\approx 10 min) – guided movement activity designed to involve the children's body in the session activities. About 10 minutes.
2. Check in (\approx 10 min) – including a projective exercise, to allow each child to be heard and learn to consciously listen to others without judgement.
3. Creative intervention (\approx 60 min)

4. Phenomenological observations on their own and other's work with the therapist's guidance (\approx 10 min).

The main art therapist guiding the group is the researcher who is an art therapist and psychotherapist, with ten years of experience working with children diagnosed with ASD. In addition, the younger groups are joined with their teacher, as an observer, so the children have the presence of a safe known person in the room. In the older group, an art therapist student joins the main therapist as a co-group leader and as a support for the children. She has received full training and preparation for the program from

the researcher/main art therapist. The advantage of having two therapists is being able to notice anything that happens during the sessions with the children and getting help in group management.

Research Methodology

The intervention implementation and its effectiveness in improving the children's emotional and social skills are assessed using a mixed method longitudinal research approach – using both quantitative and qualitative research tools. The full findings, from this assessment, including comparisons between before and after the intervention, will be provided in a future article. The current one will present initial findings regarding the implementation of the intervention, based mostly on one of the qualitative tools used in this study, the therapist journal. After each group session, the therapist writes a summary regarding the work of each of the children and his/her progress that day –behaviors, art making process, emotional content and responses to social situations during the session, statements and/or reactions during phenomenological observation.

Initial findings

At this point of the intervention (session 12), all the children participate in the opening dance, the discussion and the creative process using a variety of art material (dry to wet, clean to messy). It is exciting to see how the group setting stimulates the children to try to experiment with all materials. For example, here the children create with clay the animal that characterize them. One of the children in the picture is the one who has stated up front he would not touch clay.

The phenomenology tool is being internalized differently in each group. In the younger group, children are able to observe mostly their own work, but are gradually starting to look at themselves in comparison to the projects of their peers, trying to create a connection

between the art projects through closeness and play. In the second group, children have internalized the use of phenomenological methods to describe what they are seeing, and the group discussion is more extensive than expected. These children are also able to recognize repeating themes and are learning to reflect to each other through dialogue. In the third and oldest group, the phenomenological tools have been first received with resistance, but gradually the children are getting used to this language and start to open up and cooperate with it.

Conclusion

The initial findings from the first half of this intervention demonstrates that elementary school children with HFA can benefit greatly from a group art intervention that focuses on strengthening their emotional and social skills. By providing them a safe setting and creating gradual processes to release control and getting close to others in the group, it allows them to open up and learn to connect with other children without getting emotionally triggered. These promising results will be further reviewed in the final analyses of all the data gathered at the end of the intervention. However, it seems to offer future opportunities for effective treatment for this population.

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