What Works in Art Therapy with Children with Autism Spectrum Disorders?

2012 - 2016

Celine Schweizer
Promotor Prof. E. Knorth
Co-promotor dr. M. Spreen
Aim:
Development of Practice Based Evidence about specific art therapeutic elements in art therapy with children with autism
Building Practice Based Evidence
( Van Yperen & Veerman, 2008)

Niveau 4
Effectiveness: N=1, repeated case study and/ or experimental study

Niveau 3
Indicating: Efficacious, Causality

Niveau 2
Theoretical: Review, Meta analysis

Niveau 1
Descriptive: Observation, Document analysis, Interviews
PhD

min. 4 publications in scientific, international, peer reviewed journals, about:

- Tacit knowledge of art therapists: Pilot, practice based evidence.
- Systematic review: theoretical evidence.
- Standardizing of theoretical concepts: Delphi study.
- Validation of treatment program: 10 case studies.
- Validation of observationlist.
Child with autism

Problems with:

- Flexibility
- Social and communicative skills
- Self image
Pilot: Practice Based Evidence

Submitted to ‘Focus on Autism and other Developmental Disabilities’:

Exploring What Works in Art Therapy with Children with Autism: Tacit Knowledge of Art Therapists

Celine Schweizer, Marinus Spreen,
Stenden University of Applied Sciences

Erik J. Knorth
University of Groningen
Pilot Results

COAT model: Context and Outcomes in Art Therapy
Pilot Results
Selection and Findings

- Dutch and English language
- 18 studies, (6 in databases, 12 handsearch)
- Incl. grey literature (onpublished theses)
  - 2 group AT studies (2x n=25)
  - 1 x case study
  - 15 x practice examples in theoretic frame, about total 19 children
AT means and expressions

1. Varied tactile visual sensory experiences of the child to encourage child to make variations and to show flexibility and expressivity.
2. Shapes and themes in the beginning often stereotyped, and both representative and pre-representative.
3. Development of personal art work
4. Increasing verbal and non-verbal communication during art making.
Art Therapist Behavior

1. Attunement on clients needs, both non-directive and directive.
2. Sharing experiences.
3. Stimulating visual and tactile sensoric experiences.
4. Supporting shaping process.
5. Verbal support and stimulation.
Context

1. Settings of treatment
2. Referrals and Aims
3. Duration and frequency of treatment
4. Transfer
Outcomes

1. More flexible and more relaxed.
2. Improved social and communication skills.
3. Improved self image.
4. Improved learning skills.
Delphi study

- Standardizing theoretical concepts
- Consensus of 20 art therapists and referrers about theoretical evidence
- 3 rounds
- Agreement in numbers (0 – 10, Gower) as well as descriptive.
Next steps

- Writing of treatment program and observation list, based on Delphi results.
- Testing treatment program in 9 AT practices with video feedback of parents and teachers.
- Validating observation list with video’s (students? international?)
New possibilities with fruitful knowledge

Thank you for your attention!