GROUP ART THERAPY FOR CHILDREN DIAGNOSED WITH HIGH FUNCTIONING AUTISM SPECTRUM DISORDER: DESCRIPTION OF PROGRAM AND OUTCOMES

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Abstract*: The current research examined the effects of a unique group art therapy, using phenomenological psychological methods, on the emotional and social skills of elementary school children (6-12 year old) diagnosed with High functioning Autism. Thirteen children, in three small groups, of different ages, who attend special education classes in regular schools in Israel participated in an eight-month weekly intervention. Before the beginning of the program, the art therapist conducted individual sessions with each child. Each group session included: movement activity, check in, a creative process and a phenomenological reflection discussion. According to interviews conducted with the children's parents, in all three groups the children exhibited improved social skills, self-confidence, flexibility and emotional competence. In the past such improvements were only found in older children learning specific social skills. This study demonstrated that children with HFA can benefit from a group art therapy and are able to reflect on their own and others' artwork.*

Keywords*: High functioning autism; emotional competence; social skills, group art therapy*

Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by social (Hyman et al., 2020) and emotion regulation difficulties (see Jahromi et al., 2012). 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). Treatment of children with ASD is designed to maximize functional independence by learning adaptive skills and minimizing core deficits. A wide variety of treatment methods are offered to these children. Many individual and group programs focus on improving children's social skills and have limited effectiveness (i.e. Reichow & Volkmar, 2010).

Art therapy is increasingly being used with children diagnosed with ASD/HFA. The existence of a concrete art product can help them stay present at the here and now (Schweizer et al., 2019) and feel motivated to interact with other participants. This can strengthen their social skills (Lasry, 2010). For example, a group program, including visual reflection, with children 10-12 years old diagnosed with HFA, improved their social and emotional skills (D'Amico & Lalonde, 2017). The current intervention implemented the "Haifa Art Therapy" method which combines philosophical and phenomenological psychological principles. Its basic premise is that the visible concrete artwork represents the patient's psychological inner world (Berger, 2014; Simon, 1992). Thus, the creative process can help improve the client's self-awareness and self-understanding (Simon, 1992). Childre diagnosed with ASD/HFA participating in such treatment, can learn to recognize and express emotions through interpreting the meanings of their artwork (Hazut, 2014). In addition, the group's focus on the tangible artwork allows them to cope with difficult emotional issues and safely interact with and help other members. These program aspects were found to be important and meaningful when working with children with special needs (Krasteva-Ivanova, 2021).

The goal of the current study was to examine the effects of group art therapy, using phenomenological psychological methods, on the emotional and social skills of three age groups of elementary school children (6-12 year old) diagnosed with HFA.

Methods Participants

Thirteen children diagnosed with HFA from three age groups (6-7, 8-9, 10-11) and attending special education classes in one of two regular public schools in northern Israel participated in the intervention pilot. The decision which children will participate in the intervention was made in collaboration with their teachers, the class team (teacher assistants or supports, an art therapist) and their parents. Aside from an HFA diagnosis, children were included if they consistently attend school, to allow for group stability.

Pre intervention

Before the start of the program, the research was approved by the university ethics board, the ministry of education and the schools' principals. In addition, teachers and parents signed informed consent forms for them and their children. The specific social and emotional skills the intervention in each age group focused on was determined based on recommendations made by the class staff, researcher observations of the children during school recess, and an intake interview with each child's parents. The issues decided upon were: verbal emotion regulation and negative emotion expression in the younger group and low self-esteem and improved emotional responses in the other two.

Before the beginning of the group intervention, the art therapist met individually with each child to get to know him/her and provide explanations about the group processes. This was designed to lower the child's anxiety at the start of the program. Such individual sessions were recommended when working with children with special needs (Krasteva-Ivanova, 2021). If the children expressed any concerns in these sessions, they were reassured they will be supported and not forced to do anything they don't want. Following each meeting, the art therapist made note of specific strengths, difficulties, special needs, or problem behaviors. This was designed both to help her during the program and as a reference point in the intervention evaluation.

Each intervention group was guided by the researcher who is an art therapist and psychotherapist, with ten years of experience working with children diagnosed with ASD. The younger group was also joined with their teacher and teacher assistant, who took care of any discipline issues, helped preserve the therapeutic setting and supported the children as needed. In the older group, an art therapist student joined the main therapist as a co-group leader and as a support for the children. The intervention included a weekly session lasting 50, 60 or 90 minutes (depending on age group) for eight months. This length of time stemmed from school schedule needs and adaptation to the children's age and nonfamiliarity with group therapy.

Each session always included:

1. Opening (≈10 min) – a guided movement activity designed to bring the children's body into the joint space and enter the room in a softer, gentler manner, as they had control over whether and how much to participate.

2. Check in (≈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 (≈60 min).

4. Phenomenological observations on their own and others work with the therapist's guidance (≈10 min).

The intervention included five stages, each with five sessions. The first stage was designed to allow the children to discover and be discovered by the other group members according to their comfort level. The art materials used were controlled and familiar to the children (i.e. glue, pictures). In the second, the participating children were invited to create a safe personal space inside the group, before they start the journey of becoming part of the group. This was designed to help each child learn how to protect themselves in the group. They were provided with both controllable and mid-range art materials (i.e. plasteline and oil chalk). In the third stage, the children were invited to work together and use art materials to create

connections between them, interact with each other and play together. The children had a wider choice of art materials –controlled to fluid and messy (as oil paint, plasteline, clay). In the fourth stage, the group collected the insights from the individual and group journey and prepared for separation. The art materials at this stage ranged from mid-range to controlled to allow the children to stay collected and not get emotionally triggered. At the end of the program each child presented his/her artwork to the group and to his/her parents. During each child's exhibition, the other children looked at his/her artwork, asked questions and then provided him/her verbal feedback and through art (drawing).

Research methodology

The intervention assessment implemented a longitudinal multi case study research approach (Yin, 2009) – using data from different sources (the therapist, teachers, parents), different research tools (semi-structured interviews with the parents, therapist ongoing journal and teacher questionnaires) and the comparison between before and after the intervention. Case studies will be presented for each of the three groups. The use of multi cases and multi sources strengthened research reliability (Greene, 2007). The current article will present only the qualitative data collected.

Findings

The intervention with the 6–7-year-olds: In the beginning, the children struggled to stay in the room for the whole 50 minutes, so session length was flexible. Next to each child sat a staff member. In the initial sessions three of the children struggled to enter the therapy room and be present. The therapist and class staff supported the needs of each child to help them with this process. In the movement section, most children (except one) joined and seemed to enjoy it. Allowing the children to choose the music played during the activity helped them feel a part of the activity and join the group. Each child learned with time how to interact respectfully and maturely with the adults and children in the room. In the creative section, at first the children focused on their individual work, without referring to the others' artwork. None of the children objected to experimenting with any of the art material presented to them. Through the modeling of the art therapist, they gradually learned how to use the phenomenological language to describe what they are seeing and feeling. This process helped them pay attention and be sensitive to others and start creating connections between their artworks. This group took longer to consolidate as a group, because of their young age and not knowing each other before.

When building their houses and the play character they created for themselves, the unique characteristics of each child were apparent. The group social game also developed

gradually and slowly. Most children felt a strong need to stay in the house they built, but slowly with the help of the art therapist they were able to get out of their comfort zone and visit each other. The game mostly developed thanks to the two older children who inspired the others and modeled how to play together. An example of that was Dan who described: "*Today I went to many friends; I didn't have time to be in my own house. I had fun visiting another friend*". In the following meeting Dan described more social openness saying: "*Arik has good ideas so I wanted him to come over so we can build a vegetable garden together*".

In their artwork exhibition at the end of the program, the children required a lot of preparation and guidance on how to provide their tailored feedback to the presenter. The presentation to the parents created a lot of excitement, stress and vigilance in the children. It is possible that for this age group this process should be conducted differently.

The intervention with the 7-9 years old:

This group had three girls and one boy who quit in the middle. The boy, Gavriel, emphasized to the art therapist throughout the intervention that he is not committed to attending the group. One of the girls, Ina struggled for several months to get into the room and cooperate. The two other girls entered the room without a problem, but Tali kept rejecting Nofar, who she was scared of. In the movement exercises, three of the children had no problem joining in the dancing from the start. However, they initially danced individually with little regard to the others. With time they were able to respond to the others and dance together. For Ina it took time to agree to join but towards the middle of the year, after being able to choose the music, she accepted the therapist's, staff's and the other children's invitations and became part of the dancing group.

Similar processes were apparent in the group's creative work. Most of the children, except Gavriel, had no problems and enjoyed the two-dimensional work. However, most struggled with stabilizing their three-dimensional projects, got very frustrated and had a hard time accepting help. Learning and adopting the phenomenological language took time and support as some struggled at first with receiving feedback, which they perceived as intrusive. However, when they learned to talk about their conflicts instead of acting on them, the discussion between them evolved from complaints to requests from each other and sharing of emotions and insights. For example, when Nofar fell apart emotionally as a result of her artwork collapsing, Ina reflected to her: *"you took pinecones that were too big and heavy, the glue couldn't hold them, so they fell"*. Ina emphasized in her reflection the two themes that were apparent in Nofar's behavior: too big and heavy=unregulated=unbalance and disconnected and eventually crushed. From that session onwards, Nofar started creating at a different pace and

out of her own world, feeling safe to bring herself to the group. Gavriel left the group before the social game stage, following a significant change in his family life which resulted in him being withdrawn and restless. Eventually he refused to participate in the group.

In the social game, Ina felt in control and chose to initiate and lead the game. Tali objected to taking part in the social game, was aggressive towards Nofar, turned her back to the others and placed her house far from them. Even when she agreed to participate her bridge was small and full of obstacles. The group reflected to her: "*It was hard to reach your bridge, it has a lot of rocks and stones around it*". Her response was: *"It's great that nobody will get on it! Because it can break* ". In this exchange she was able to ask the group to be sensitive to her personal boundaries. Following that, she was slowly able to meet with the other girls – first between the bridges and then in their houses. At the end, she brought her house closer to the others and became part of the group. Nofar was slowly able to be more sensitive and attentive towards others as the game progressed.

The final exhibition triggered a lot of excitement for the girls and they were very moved by the space and respect their artworks were given. The drawings they made for the presenter included resonance, gestures and supporting words. In the exhibition to their parents, they chose to also present the drawings they received from the other two. The ability to control what and how to present helped them feel safe and share with their parents the process they have undergone, using phenomenological language. The boy who quit objected to present his artwork to his mom but agreed to have her see them as long as they don't come home.

The intervention with the 10-11 year old: The children were first anxious and hesitant when entering the art room. Some of them required the therapist to be close to them to feel safe. With time their stress and rigidity lessened, and they entered the room quicker and more spontaneously. Similarly, during the movement activity it took three of them time to join the dancing and move freely. With time, as they watched the therapist and student move in space, they were able to start imitating them and then each other. The fourth child attracted a lot of attention and had discipline issues. In the creative section, each child interacted differently with the art materials and they all gradually felt safer and freer to experiment and play with them. Most didn't have any problems with the art materials provided but one expressed a lot of resistance to using the dirty messy ones (i.e. clay). However, with time he wanted to join in the fun the others were having. The children contributed to each other's work by demonstrating what is possible. In addition, getting positive feedback from the others on their work helped strengthen their self-confidence and created relationships between them. The group's phenomenological discussion developed gradually, and for some it took time to express

themselves as well as listen and open to others' feedback. The therapist's tailored support enabled each one of them to use these tools and provide feedback to others – some on a more technical level and some more insightful.

Some of the children struggled with the change from two-dimensional work to three-dimensional. They especially had a hard time stabilizing the bridge and accepting help to achieve what they wanted. After expressing anger and frustration, they all eventually agreed to accept help, following affirmations and feedback they received from the group. For example, Kfir created an impressive bridge but on a soft and unstable base and it collapsed. He was frustrated and stated: "*everything is horrible, the project is ruined*". When reflecting on the process, he was able to see that "*the bridge I built was "too exaggerated", "too big", the bridges of the others had less material. The glue couldn't hold all the materials I chose but I don't want to give up any of them. I need help to restabilize it".* The other children gave him similar reflections, which helped him accept help.

In the joint social game, the children first worked on their own contribution to the city they chose to build. Most of them preferred to stay in their own area but when others got excited about their creation, they felt safer playing in the others' buildings. One child focused on imitating another which helped create a connection between them. The artworks presentation at the end was meaningful for them both as a way to see their own progress and to be the center of attention and receive positive feedback. In the drawings the children made for the presenter they tried to connect to the themes they detected in his art, which helped that child feel seen. For all participants, the exposure of their artwork to their parents was not easy and required preparation. Some of them were able, with the therapist's guidance, to share with them the process they underwent and their insights.

According to the interviews conducted with the children's parents, in all three groups the children were able to learn and improve in the areas deemed difficult at the beginning of the year. They exhibited improved social skills, self-confidence, flexibility and emotional competence.

Discussion

Participating children exhibited a meaningful improvement in their social skills: in their ability to talk and listen to other children, as well as their empathy and openness to others' ideas. It also reduced their tendency to withdraw into their own bubble. Previous interventions, which exhibited improvements in children with HFA's social skills (D'Amico & Lalonde, 2017; Epp, 2008) were conducted with older children (over 10 years old) and focused on learning specific social skills. The current study is unique in showing the effectiveness of a group art

therapy intervention in improving the social and emotional skills of younger children (6-11) with HFA, without directly teaching specific social skills. These improvements were made through several methods. First, mirroring, that is known as effective for improving the social skills of children with HFA (Schweizer et al., 2019), was implemented both in the movement exercises where the children were encouraged to imitate each other's movements and during the creative process where some copied other's artwork. These processes often created a connection between the children and joint work, but at times it triggered anger in the child copied from, who wanted to stay unique. In addition, during the phenomenological discussion, the children were encouraged to try to understand each other by looking at another's artwork and asking him/her questions about it. The ability to connect to other children through the tangible artwork helped these children bypass their difficulty in identifying and connecting to others' emotions. Third, these improvements resulted from the social game stage, where the children were able to use a character they created, to slowly get out of their shell and experiment with social interactions in a safe space. In addition, the presentation of their artwork, where they received and provided direct feedback to each other through art, improved their empathy.

These processes and the affirmations the children received from the art therapist and class staff also improved their self-confidence and self-esteem. The children also exhibited improved flexibility, a core difficulty of children with HFA (Vogan et al., 2018). This change resulted from the consistent setting and structure throughout the program, that helped the children feel safe (Schweizer et al., 2019) and the combination of different activities requiring different skills. The children also exhibited improved emotional competence, another common difficulty of children with ASD (Saarni, 2000). This change resulted from the reflection and phenomenological discussions of the visible concrete artworks, which improved their self-awareness and nonjudgmental emotional expression (Berger, 2014). These discussions were especially meaningful in later stages of the program when the children experienced more emotional struggles.

The current study demonstrated that a group art therapy for children with HFA can be effective in improving their self-awareness, emotional competence, self-regulation, social skills, and self-confidence, both in the group and outside of it. The tools they received could help them cope with future situations and improve their daily functioning (Jahromi et al., 2012). In order to achieve such changes, there needs to be clear structure, setting and rules to create a safe space and each process conducted in the intervention needs to take place in a very gradual manner to allow the children to slowly adjust to the changes. In addition, the study

demonstrated that children with HFA are able to take part in a phenomenological discussion – in receiving and providing feedback to others related to their emotions and mental process.

For future interventions, it is important to include additional staff and another therapist, to provide the support, sense of safety and containment the children need. In addition, as the parents interviewed expressed a wish for more transparency during the program, it is important to involve them more and provide them guidance how to continue the work with their child at home. It is also recommended to try to avoid including aggressive and unregulated children in the groups to improve participants' sense of safety.

The current study had a number of methodological limitations: The sample was very small, as a pilot study; the schools included in the study were chosen do not necessarily represent this population as they were chosen at least partly out of convenience; the younger children just started school and did not know each other, the class staff and how to behave in school. As a result, the group processes took more time and were harder; the study was conducted shortly after the October 7th attack on Israel and during the "Iron swords" war that followed. This could have affected the children's stress and mood.

It is suggested to conduct a longitudinal follow-up study to examine the long-term effects of this program and to include varied research tools, such as observations of the children in social situations, as well as interviews with their teachers. It can also be helpful in the future to assess changes in parents' perceptions of their children's abilities and difficulties, as well as in their behaviors towards them. This could help tailor parents' involvement in future programs.

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