Autism and Mental Health Support: A Closed Art Therapy Group Within a Community Art Studio

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ABSTRACT

AUTISM AND MENTAL HEALTH SUPPORT: A CLOSED ART THERAPY GROUP WITHIN A COMMUNITY ART STUDIO

KATRINA JULIANNA SUCHOSTAWSKI

Using an intervention research framework, this project has answered the research question: What would a closed art therapy group for adolescents and young adults with autism spectrum disorder based in a community art studio look like? After a thorough review of the pertinent literature, a tentative project was designed that focuses on the mental health and well being of adolescents and young adults with autism. This research has demonstrated that there is a marked need for this type of potential space to benefit this population and their families. There is also a marked need for a change in perception of what it means to be human. Based on the researchers experience and a thorough review of literature, the overarching goal of this project was to create an outline of what type of space would be most beneficial. The potential for growth for the individual, their support system and for the greater community can be limitless when fostered as part of a community art studio. There is a richness that exists in a community run art studio that is the perfect complement to the needs of the autism spectrum disorder population. By completing this project, and adding to the current research, it is a way to give back to children with ASD and the special needs community by creating an awareness of their needs, potentially decreasing the stigma of those who are different, and hopefully opening a dialogue between the autism spectrum disorder community and the larger population.

Keywords: art therapy, group art therapy, autism, autism spectrum disorder, language, communication, art as language, emotions, relationships, social skills, self-regulation, open format art studio, community art studio, art hive, public homeplace, active citizenship, disability, imagination, thinking, sensory, identity, education, intervention research, project design, program, treatment goals, being autistic, strategies for change, Montreal, Quebec, Canada

Dedication

The motivation for this project was borne from my work as a teacher in the field of special education and overlaps with my subsequent training in the field of art therapy. For the past fifteen years, I have worked in the field of special education as an elementary school teacher primarily with children and adolescents with intellectual disabilities. Over the years I have observed a great lack of mental health services and support in the Quebec public education system. After all the daily academic responsibilities are completed there is very little time left for the children to have the opportunity to be social in a fun and meaningful way. Many families with a special needs child have a difficult time going out in public and have little to no access to activities or learning opportunities that focus on social skills that are catered to this population. The result, from my experience, is that most families remain isolated, and are unable to give their child appropriate opportunities to socialize which can in turn stunt emotional growth. There is little to no support offered to these individuals and their families without multiple year waiting lists, and particularly as they grow older, there is a severe decline in services.

I dedicate this project to all the students and families who remain dear to my heart; whom without their acquaintance, I would not be where I am today. I would also like to dedicate this project to the many beautiful individuals I will come to meet, and hopefully support through the creative arts to be better understood in this world of ours.

> What is original and even miraculous about art making is that it represents a mode of therapy whereby the individual no longer functions as a hapless sufferer, the passive object of 'treatment' at the hands of other people, but becomes the intentional manager of his/her own reconstitution, an active subject who is substantially 'in charge' of the reconstructive process. (Cardinal, 2009)

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To the universe, you have provided some wicked, but presumably necessary lessons. I hope you continue to help me grow, but at a less intense rate from now on...

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Chapter 1: Introduction

Autism or autism spectrum disorder (ASD) is a neurodevelopmental disorder that has become a household word in the modern world. Autism was first introduced in 1943 by Kanner (1943 as cited in Takeda, 2010, p. 218; Fox, 1998), although its prevalence only became the object of mainstream study in the 1960's (Gillberg & Wing, 1999). In a relatively short time frame, there has been such a dramatic increase in the reported number of cases of ASD that it has been referred to as an epidemic (Wright, 2017). Research indicates a significant increase in prevalence (Grether, 2006; Noiseux, 2015; Ozerk, 2016; Wright, 2017), but statistical data from the past decade varies from the equivalent of 11.4 in 1000 children (Wright, 2017) to as high as 215.8 children in 1000 (Pelly, Vardy, Fernandez, Newhook, & Chafe, 2015). Although few specifically Canadian or Quebec studies are available, one study done in a specific region of the province of Quebec by Noiseux (2015) states that ASD diagnosis in that region is six times more common than the diagnosis of intellectual deficiencies.

The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) defines ASD as impairments in "social communication and social interaction across multiple contexts" (criterion A), "restricted, repetitive patterns of behavior, interests, or activities" (criterion B), symptoms must be present in the first couple years of life (criterion C), and must cause significant disturbance in daily living (criterion D) (Black & Grant, 2014, pp. 41-43; American Psychiatric Association [APA], 2013). Criterion A, more specifically, refers to impairments in: Receptive and expressive communication abilities, understanding and use of social cues, understanding and use of non-verbal language, emotion regulation, and maintaining reciprocity in relationships or a lack of interest in others altogether. Criterion B, more explicitly, refers to the need for rigidity and inflexibility in choices, daily routines, activities and thinking, as well as obsessions with objects, people or behaviors and potential "hyper- or hypo-reactivity to sensory input" (Black & Grant, 2014, p. 42).

Evidence is building to support the benefits of art therapy in treating autism (Emery, 2004; Eubanks, 1999; Gazeas, 2012; Karkou, 2010b; Levett Gerber, 2010; Martin, 2009a, 2009b; Whitman & DeWitt, 2011), although as Martin (2009a) points out, more studies are needed. Among the deficits in those with ASD, emotional regulation and social interaction skills are two main markers of a diagnosis of autism (APA, 2013; Black & Grant, 2014; Whitman & DeWitt, 2011). These can be effectively worked on using art and art therapy to bring much benefit to

these individuals (Eubanks, 1999; Martin, 2009a, 2009b; Whitman & DeWitt, 2011). Martin (2009b) states her view on art and its possibilities relative to the strengths and deficits of the individual with ASD: "Art … is an activity in which strengths (visual learners, sensory interests) and deficits (imagination, need for sensory control) merge" (p.28). Evans and Dubowski (2001) decidedly state that art therapists, through their in-depth training and widespread theoretical underpinnings, are particularly apt to deciphering the multi-faceted layers of sentiment than can be produced in an image by individuals with ASD.

Using an intervention research framework, this research project intends to answer the question, "What would a closed art therapy group for adolescents and young adults with ASD based in a community art studio look like?" To do this, a review of relevant literature was completed on the following themes: Prevalence and definition of ASD; learning and ASD; the relationship between language, communication and ASD; the relationship between art, art therapy and language; individuals with ASD and how they relate to the world; strategies for change; art therapy and ASD; and finally community-based art studios. Based on these findings, combined with the researcher's professional experience in the field, the basis for a closed art therapy group intervention plan that focuses on specific mental health issues (social skills, self-esteem and self-expression) set within a community art studio was developed.

Having been a homeroom teacher and an art educator with a special needs population (including ASD) for more than a decade, my experience has been an asset and provided a unique research lens. As an art therapy student, I also practiced individual and group art therapy in a large variety of settings and contexts (including a long-term care facility, inpatient acute care in two major urban hospitals, palliative care, outpatient individual psychotherapy, as well as bereavement, caregiver and advanced cancer support groups). In addition to this, I had the fortunate experience of completing an eight-month weekly art therapy practicum in a closed group for senior citizens in a community art studio.

Serving as a teacher in the arts and running successful art programs in educational settings, I directly observed the natural receptivity of art with this population. With an awareness of individual sensory needs and careful material choices, almost all children enjoy the process of making art, despite the known predisposition of tactile and sensory issues within the ASD population (APA, 2013; Black & Grant, 2014). The community art studio model adds an additional layer, providing a positive base for the development of a sense of belonging, safety

and comfort, which in turn naturally fosters personal growth (Turry & Marcus, 2003 as cited in Tytherleigh & Karkou, 2010, p. 211). The community art studio is also the natural link to the involvement of families during open hours. If there is interest and demand, other types of closed support groups can be proposed as well. The community art studio provides opportunities for socialization in a protected environment (Timm-Bottos, 2001, 2006) and is ideal for developing a social support system for individuals with ASD and the greater community (Timm-Bottos & Reilly, 2014), which with time, translates to interactions outside the studio.

Chapter 2: Methodology

From its inception, this paper has been envisioned as the beginning step of what will be a long-term venture to explore, test and implement a pilot project. The methodology best suited to complete this process and explore the research question, "What would a closed art therapy group for adolescents and young adults with ASD based in a community art studio look like?" and its possible directions is an intervention research model. Fawcett et al. (1994) state a main goal of "intervention research is to create means for improving community life, health, and well-being" (p. 25). This has been the motivational backbone of this project.

Intervention Research

Fraser and Galinsky (2010) outline five stages in their intervention research model, although for the purposes of this paper, only the first two will be completed: "(1) Develop problem and program theories, (2) specify program structures and processes, (3) refine and confirm in efficacy tests, (4) test effectiveness in practice settings, (5) disseminate program findings and materials" (p. 463). Fraser and Galinsky (2010) define intervention research as, "The systematic study of purposive change strategies. It is characterized by both design and development of interventions" (p. 459). This approach was developed to specifically target the connection between identifying a problem and creating a program or intervention to answer that problem (p. 462). Fraser and Galinsky (2010) state, "This process usually includes specifying social and health problems in such a way that research can inform practice activities … It requires evaluating and blending existing research and theory with other knowledge" (p. 460).

Determining problem and program theories.

Data collection. The main basis of determining the problem and program theories requires, first, collecting all the pertinent data. Fraser and Galinsky (2010) state a thorough

review of existing literature as the main basis for the data collection. This data collection is done to gain insight into methodologies and interventions that already exist (as well as their outcomes), to explore and support current assumptions and ideas, and to define and develop pertinent research variables and theories (Randolph, 2009).

The data collected has come from the researcher's own practice and professional experience as a special needs educator and art therapy student as well as a thorough review of the literature related to the research question. Data was collected through multiple database searches using combinations of the following keywords: Autism, autism spectrum disorder, disability, prevalence, Quebec, Canada, art therapy, group art therapy, art, psychology, language, communication, emotions, social skills, open format art studio, community art studio, art hive, sensory, identity, education, intervention research, project design, program, adolescent, and children. Databases that were used to gather information were: Concordia University CLUES library, PsycInfo, Taylor & Francis Online, Wiley Online Library, ScienceDirect, PsycARTICLES, PubMed Central, SAGE journals, Spectrum, SpringerLink, desLibres, NCBI, Google Books and Google Scholar. Information was also synthesized, where pertinent, from reputable internet websites.

Data analysis. The "cue card method" was used to help organize data. The literature review was organized into the following sections: Prevalence of autism; definition of autism; autism and learning; autism, language and communication; art and art therapy as language; autism and relationships; being autistic, strategies for change; autism and art therapy; group art therapy; and finally, community art studio. The section of autism and art therapy was further categorized by detailing the benefits of art therapy. Under the benefits of art therapy, the literature review is sectioned as follows: Imagination and thinking, sensory issues, maturation and concept of identity, communication and emotional development, and ending with other benefits. The information gleaned from the data collection was then organized as cohesively as possible to allow for an interesting and logical flow for the reader.

Determining problem and program theories. Once the data was collected and sorted, it was used to write the literature review. The research question or problem was continually refined throughout this process. The literature review was synthesized through the discussion section. From this step, the problems and processes were used to develop the program strategy.

Program structure and processes. The program structure was laid out based on the data collection and synthesis that occurred in the first step of the research project. The project design includes discussion of the following sections: Space, physical room setup, miscellany, materials, community art studio (sub-categorized sections duration and structure, participants), and closed art therapy group for ASD clients. The closed art therapy group for ASD clients section includes a look at duration and structure, participants, treatment goals (further sectioned into communication and social skills, self-regulation skills and self-help skills), and session overview. The session overview section of the closed art therapy group for ASD clients heading was further categorized: Introduction, opening rituals, art, and closing rituals.

Ethical considerations. At this stage of development, ethical considerations are minimal as there are no participants involved. The intervention developed will remain hypothetical until a formal pilot project can be developed and further steps are carried out to complete the intervention research model. The intervention to this point has been designed respectfully, and with consideration of the well-being, protection and privacy of the target population as would be done within any therapeutic framework.

Assumptions, bias, and limitations. This project grew out of observations that the researcher surmised when working as a special needs educator in the public education system in the Montreal area of Quebec, Canada. The researcher assumes that there is a need for this type of program or intervention within the community she is employed. In working as a professional in Quebec for many years, the researcher has the sense that there is a need for these types of programs elsewhere within Quebec and Canada as well. This opinion has been gathered from personal discussions, articles, workshops and social media over the past fifteen years and through interactions with other professionals (principals, teachers, technicians, social workers, physiotherapists, occupational therapists, nurses, school board commissioners, professors, educational consultants, and art therapists) that work in special education or are associated with the population somehow. This idea that there is a need for this type of intervention has also been received from many families of individuals who have special needs through professional relationships and discussions, personal relationships and discussions, social media, articles and blogs.

As the researcher began this project with these assumptions, data collection may be biased as it was used to further investigate the assumptions, in part looking to find proof of

validity of these notions. Finding data to prove these assumptions has been difficult as consumer satisfaction of programs and services in this geographical location and with this population has not been surveyed.

Another bias is the belief that the intervention program being proposed will work and prove beneficial to this population. If this project moves towards a pilot study the researcher will have to be mindful of this bias.

With regards to limitations, qualitative analysis of data can take time to sift through and can be difficult to summarize in a meaningful way. The process of synthesizing the data generally relies on the researcher alone, which, no matter how stringent and rigorous they may be will contain some level of personal bias that could influence the data in one way or another. This research paper is limited by the assumptions and biases of the researcher.

Validity and reliability. Although having previously admitted to specific assumptions and biases, the hope is that the culmination of this project could provide a valid and reliable intervention for the greater ASD population. Stating researcher assumptions and biases exemplifies a level of self-awareness, therefore adding to the validity and reliability of the project. Although the researcher has announced specific professional observations, ideas and opinions, she will share all findings that are related to the project within the data collection even if they contradict the professional observations and opinions. The researcher's awareness of and stringent use of research methodologies framework, as well as a focus on scholarly, high quality data increases the overall credibility of the project. To increase reliability and validity, the findings were ethically and appropriately disseminated throughout the research process with colleagues in the education and art therapy fields with the goal of receiving feedback regarding potential issues with the project and research process.

Chapter 3: Literature Review

Prevalence of Autism

Ozerk (2016) summarized data from 50 studies of 21 countries, concluding that ASD is on the rise, although researchers agree statistics are inconsistent and varied (p. 263). Grether (2006) maintains ASD affects an average of 7 in 1000 children throughout the world based on a summary of data from studies prior to 2006 (p. 119). To simplify the comparison of data for the purposes of this literature review, the researcher calculated the statistics of each study on a base

of 1000 individuals. Wright (2017) confirms these upward trends stating that ASD prevalence has increased by 30% from the year 2000 to 2017. Wright (2017) shares the prevalence statistics in children: 1 in 68 (14.7 in 1000) in 2017; 1 in 88 (11.4 in 1000) in 2008 and 1 in 150 (6.7 in 1000) in 2000. The Centers for Disease Control and Prevention (CDC, 2016) states an average of 1 in 68 children (14.7 in 1000) had a diagnosis of autism in 2012 in the United States of America (Christensen et al., 2016). The CDC (2016), in the same study of 2012 data, states autism affects 1 in 42 boys (23.8 in 1000) and 1 in 189 girls (5.3 in 1000) (Christensen et al., 2016).

Investigation closer to home shows the statistics on the prevalence of autism continue to be varied, and frankly sparse. One Canadian study by Pelly, Vardy, Fernandez, Newhook, and Chafe (2015) from Newfoundland and Labrador, stipulates results of 1 in 46 children (215.8 in 1000) born in the year 2006 had a diagnosis of autism (p. E276). The Federation Quebecoise de l'autisme (FQA, 2017) cites 1.4% of the population or 1 in 70 children (14.3 in 1000) had an ASD diagnosis; their data calculated from school registrations in Quebec in the 2015-2016 school year. The FQA (2017) derived their data from a study published by Noiseux (2015), who was writing on behalf of the Direction de santé publique of the Centre intégré de santé et de services sociaux de la Montérégie-Centre. This data references the geographical location, Montérégie, of the school where the researcher was employed as a special needs teacher. Noiseaux (2015) states the prevalence of autism within Montérégie has increased by 24% on average every year since the year 2000, with autism being six times more prevalent than other intellectual deficiencies. Noiseaux (2015) also confirms significant variation in prevalence from region to region, with a two to three-time higher incidence in districts closer to the Montreal area as opposed to outlying regions included in the study. Please refer to Appendix A for a discussion on the possible reasoning behind the large variations in prevalence statistics relating to ASD.

Definition of Autism

To better understand how to help individuals with autism, it must first be understood what autism is. It is a condition that has specific characteristic traits but affects the individual in a global way. In Canada, the criterion set out in the *DSM-5*, authored by the APA, is what is used to classify a diagnosis of ASD; the most recent edition was published in 2013. Fung and Hardan (2014) compared the *DSM-5* (2013) with its predecessor (*Diagnostic and Statistical Manual of Mental Disorders IV* [*DSM-IV*], 2000) and broke down the current diagnostic criterion succinctly as follows:

> In *DSM-5*, ASD defined 2 behavioral domains – social communication deficits and repetitive/stereotypic behaviors. Under social communication deficits, there are three criteria – 'deficits in social–emotional reciprocity,' 'deficits in non-verbal communicative behaviors used for social interaction,' and 'deficits in developing, maintaining and understanding relationships.' Under repetitive/stereotypic behaviors, there are four criteria – 'stereotyped or repetitive motor movements, use of objects, or speech,' 'insistence of sameness or inflexible adherence to routines,' 'highly restricted, fixated interests,' and 'hyper- or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment.' In order to fulfill the diagnosis of ASD, all three social criteria, and at least 2 out of 4 symptoms in the stereotypic behaviors domain are needed. Unlike *DSM-IV, DSM-5* does not have specific age requirement for the onset of symptoms. (p. 94)

For each of the two main behavioral criteria, the *DSM-5* introduced a severity rating scale: Level 1 - requiring support, level 2 - requiring substantial support and level 3 - requiring very substantial support (APA, 2013; Autism Canada, 2017; Fung & Hardan, 2014). In addition to the above criteria, the APA (2013) lists autism as a continuum of disorders that range in characteristics and severity as opposed to distinct disorders under one category as it was previously listed in the *DSM-IV* (APA, 2000; Fung & Hardan, 2014). In sharing the *DSM-5* criteria for their readers, Autism Canada (2017) add that to diagnose autism there must be indicative evidence in the early years of life, deficits must cause significant disruption to an individual's life, and are not explained by another disorder or condition (para. 13-15). Many disorders have significant crossover in symptoms and are often diagnosed in conjunction with autism such as: Attention deficit hyperactivity disorder, oppositional-defiant disorder, anxiety disorders, depression, intellectual impairment, learning disability, developmental delay, language disorders and hearing impairments (Mayes, 2014). Great care must be taken to ensure the diagnosis of ASD is correct, and that any co-morbid diagnoses are determined as well. ASD is frequently co-morbidly diagnosed with varying degrees (mild to severe) of intellectual impairment, language delays or disorders, depression, anxiety, obsessive compulsive disorder, defiance disorder, sensory processing, and a plethora of physical disabilities. Hu (2014) states, "'Savant skills,' which refer to abilities far above the norm in a specific area (such as art, music, memory, or computational skills) are often exhibited by individuals with ASD with a frequency

that is estimated to be ten times that within the general population" (p. 3). From person to person, there can be a large variation in presentation and severity of symptoms, and in the overall functioning level (Autism Canada, 2017). Grandin and Panek (2013) write, "The genetics of autism is an exceedingly complex quagmire. Many small variations in the genetic code that control brain development are involved. A genetic variation that is found in one autistic child will be absent in another autistic child" (p. vii). It is evident that there is still much to learn about ASD and its causes.

Autism and Learning

One area that appears to be quite developed with regards to ASD individuals, even though there is still much to identify about the causes of autism, is the education domain. As there are endless amounts of literature that could be reviewed and discussed, the researcher will limit the strategies to those pertinent to accomplishing the end goal of this paper.

Whitman and DeWitt (2011, p. 24) and Stone (1998) describe the importance of a learning technique called *scaffolding* in the teaching and support of individuals with learning disabilities (as well as neurotypically developing individuals). Wood, Bruner, and Ross (1976) formally developed and published the idea of scaffolding, although it was popularized by Vygotsky's (1962, 1978) theory of development (as cited in Stone, 1998). A scaffold works by providing the individual with as minimal support as possible to successfully complete a task while positively encouraging autonomy (Stone, 1998; Whitman & DeWitt, 2011, p. 24). The overarching idea being that the individual will require less and less intervention and correction from the caregiver as they master new skills (Stone, 1998; Whitman & DeWitt, 2011, p. 24). The level of support varying as skill acquisition occurs from one-to-one physical prompting to verbal reminders to positive reinforcement for a job well done. The support required will depend on where the individual is in the skill acquisition and can vary widely for the same skill from person to person.

Another learning technique that is particularly valuable with the ASD population is play. The pertinence of play lies in how it relates to the ASD diagnosis criteria. As the Definition of Autism section describes, deficits in language abilities and social exchanges (criterion A) as well as controlled, inflexible and repetitive behaviours (criterion B) are main markers of ASD (APA, 2013; Autism Canada, 2017; Black & Grant, 2014). Play can be used as a tool to work on these deficits in a non-threatening and enjoyable way. Neurotypically developing children have a

natural inclination towards play; this is where they learn many of the intricacies of language, communication and social interactions (Whitman & DeWitt, 2011). Children with ASD are much less inclined to play on their own, so it must be encouraged and taught as a skill for them to receive the same benefits as neurotypically developing children. Play also helps ASD individuals develop a greater acceptance of flexibility. It is a way to push their personal boundaries (sensory issues, expectations, rigidity, thinking, etc.) in a respectful and non-threatening way that can be done repeatedly without inducing boredom or loss of interest.

Autism, Language and Communication

Rozensky and Gomez (1983) have described communication as a process wherein "the experience of the world must be communicated to oneself, then this internalized representation is communicated to another person" (as cited in Morrell, 2011, p. 28). Morrell (2011) believes language to be a basic human experience consisting of the sharing of "internal and external experiences" (p. 26). Elefant (2010) states the ability to communicate wants and needs is a necessity (p. 245; see also Morrell, 2011). Equally important is the ability to make decisions and preferences known, which holds a direct link to "normalization, empowerment, quality of life and self-determination" (Hughes, Pitkin, & London, 1998 as cited in Elefant, 2010, p. 246). Hughes, Pitkin, and London (1998) have specified this ability as instrumental in the development of a well adjusted, happy and secure person (as cited in Elefant, 2010, p. 246).

Whitman and DeWitt (2011) state the importance and necessity of language, both receptive and expressive, as a building block in all aspects of an individual's growth and development: "Motor, cognitive, and social skills," "regulation of behavior" by others and self (p. 181). *Receptive language* is defined as the elements of communication (auditory, visual, etc.) taken in or received by an individual and their level of understanding of them. Receptive language, as one might imagine, is essential in understanding what is going on in the surrounding environment. This directly relates to most of criterion A of the ASD diagnosis: Taking in social cues as well as non-verbal language, and awareness of and understanding the experiences of others (APA, 2013; Black & Grant, 2014). *Expressive language* is defined as the elements of communication (again, including auditory, visual, etc.) that are expressed or articulated by an individual and their level of comprehension and expression of them. Expressive language is essential to being able to communicate the wants and needs of an individual to another person, and to be able to self-regulate. This directly relates to the remainder of criterion A: Use of social

cues and non-verbal language, emotional regulation, interest and reciprocity in relationships (APA, 2013; Black & Grant, 2014). O'Neil (2008) re-iterates: "Difficulties with non-verbal communication (such as eye gaze, facial expression and gestures), with forming peer relationships, with seeking to share enjoyment with others and with social reciprocity" (APA, 2000; O'Neil, 2008).

Language (verbal or otherwise) must be developed in a social context as an exchange with another. Being able to converse with others is an essential element of making choices known (Elefant, 2010, p. 246). Everyone has the potential to develop language and communication skills, but it is more difficult for someone with ASD because communication development is reliant on repeated interactions and reciprocity with others (Evans & Dubowski, 2001, p. 12). Frith (1989) maintains individuals with ASD have trouble taking in and categorizing what they see, feel and experience in a useful and productive way (as cited in Dolphin, Byers, Goldsmith, & Jones, 2014, p. 10). Bowlby (1988) stated every action of a child typically has a point (as cited in Emery, 2004, p. 144) with Emery (2004) in agreement that this includes children with autism. However, because individuals with ASD organize themselves differently than neurotypically developing individuals, the link between the action and the purpose is not always clear to non-autistic individuals (p. 144).

Individuals with severe intellectual disabilities frequently have no verbal communication skills, although they do have plenty to share and communicate (Iacono, Carter, & Hook, 1998, Siegel-Causey & Bashinki, 1971 as cited in Elefant, 2010, p. 243). It has been suggested that approximately half of the individuals with ASD do not use speech as their main means of communication (Whitman & DeWitt, 2011), requiring another effective means. O'Neil (2008) aptly states: "Communication is not synonymous with speech, or even with face-to-face encounters. Communication is the ability to express oneself and to receive messages" (p. 791). One of the main tools in working with individuals with ASD are photos or pictograms (Evans & Dubowski, 2001, p. 10). There are several communication systems in existence that have been created to teach and communicate specifically with the ASD population. They work on the basic premise of exchanging an image (illustration, photograph, or even an object in the beginning stages) with another person to communicate wants and needs. Individuals with ASD, even those functioning at a very low level of comprehension, can much more easily recognize images than letters and words. In neurotypical child development, as well as with ASD, understanding visual

stimuli is achieved long before the ability to process verbal language (Whitman & DeWitt, 2011). Evans and Dubowski (2001) state figurative and symbolic language use is difficult for individuals with ASD; they are very literal and linear in their thinking, and so they lack the vocabulary to describe their emotions (p. 25; see also Cooper & Widdows, 2004 as cited in Epp, 2008).

Art and Art Therapy as Language

Cardinal (2009) eloquently states, "It is art that offers the subtle key to liberate the confined person…A latent intentionality and potential for communication is almost always on the verge of manifesting itself" (p. xii). Many agree the exchange of visuals to communicate lends itself a natural connection to the visual arts. Eubanks (1999) has written, "Art is a visual language, with receptive and expressive components, in which ideas are both spoken and heard. This perspective can lead to an understanding that art can become a valuable partner in language development" (p. 115). Collingwood (1938) theorized, "Art and language serve similar functions: External representations of an internal process" (as cited in Morrell, 2011, p. 28). Morrell (2011) describes art as an "intermediary," further defining it as having the ability to provide meanings, communicate, and be used to negotiate with others (p. 29).

Morell (2011) describes her perception of how art therapy can become a language with which to communicate. At the beginning of the therapeutic relationship, the art therapist acts as a teacher by introducing artistic methods, tools and articles with which to create (Morrell, 2011). It is important to state to the client they can use the act of creating to explore their thoughts and feelings (Morrell, 2011). As practice and proficiency increase, the work to decipher the new dialect of the client becomes the task of the therapist (Morrell, 2011). Wadeson (1995) states the new dialect can be learned through closely observing the artistic components (i.e. line, colour, shape, subject, etc.) that appear and particularly those that repeat (as cited in Morrell, 2011, p. 30). Listening to the dialogue, if any, that comes with each image and the process of art making can also be important to determine the client's dialect. As the client's dialect is deciphered, the therapeutic relationship and process will transform to a point "where they communicate *about* the art, *through* and *with* it" (Morrell, 2011, p. 30). It should be kept in mind that each type or mode of art therapy has a slightly different relationship with the process and treatment of language and images produced (Morrell, 2011, p. 26).

Autism and Relationships

Clarkson (1994) defines relationships as "the interconnectedness between two people" and "the first condition of being human" (as cited in Tytherleigh & Karkou, 2010, p. 197). Although social impairment is a main part of the clinical diagnosis of ASD, research suggests those with ASD want relationships with others and are affected deeply by these interactions (Blotzer, 1995; Cesaroni & Garber, 1991; Hobson, 2007 as cited in Tytherleigh & Karkou, 2010, p. 198). Greenspan and Wieder (1997) state the interpersonal experiences children with ASD have with others, whether positive or negative, directly affect their overall evolution as a person (as cited in Tytherleigh & Karkou, 2010, p. 198). Noble (2001) claims clients with ASD seek to develop and maintain friendships provided they haven't previously experienced related trauma or embarrassment (as cited in Tytherleigh & Karkou, 2010, p. 198). Emery (2004) states how the family feels towards the individual with autism is integral in whether they successfully develop or not and that the entire support system should act in unison to produce the best results (p. 147).

Evans and Dubowski (2001) describe how individuals with autism perform repetitive acts (verbal, physical, etc.) also known as "stimming," to help themselves avoid becoming overwhelmed by stimuli from the environment or to survive the bombardment on their senses (p. 10). Williams (1996), having ASD herself, explained that these repetitive behaviours help to function and process the world by directing her focus (as cited in Evans & Dubowski, 2001, p. 65). Dolphin (2014) states the ASD individual's tendency to obsess over specific topics or interests may be a way of avoiding interactions with other people (p. 20).

Being Autistic

In recent years, there has been a growing body of literature and information authored by individuals diagnosed with ASD. It has been informative and enlightening in teaching others about the elusive world of ASD. Sinclair (1993) writes, "Autism is a way of being. It is pervasive; it colors every experience, every sensation, perception, thought, emotion, and encounter, every aspect of existence" (as cited in O'Neil, 2008, p. 788). It is uniquely the voices of individuals with ASD and their close counterparts who can truthfully represent what it feels like to live with a diagnosis of autism daily within a personal context as well as within society.

Experiences from those who are on the autism spectrum provide important insights in trying to understand ASD, but they also provide a forum for those with ASD to better understand who they are, and to perhaps, feel a little less alone. Kelly (2005) states there has been an

increase in qualitative studies focused on seeing the world through the eyes of those living with special needs. Jones, Zahl, and Huws (2001) discovered some common issues in the personal experiences of individuals with autism: “Sense of alienation, sense of frustration, depression and fear and apprehension” (as cited in O’Neil, 2008, p. 792). Martin (2009a) states that individuals with ASD are prone to “anxiety, stress, depression, and frustration as a result of their symptoms and the social impact of their symptoms” (p. 188). Hu (2014) reported a 42% to 79% prevalence of anxiety disorders in individuals with autism. Reaven and Willar (2017) confirm this co-morbidity. Gargulio (2003) states children with ASD have a higher incidence of depression and a staggering one in five will self-harm (as cited in Epp, 2008, p. 28). This is highly disconcerting.

Another element of living with ASD that bears attention is the functioning of the support system of the individual with autism and how they relate to one another. Kelly (2005) describes prejudice, lack of understanding, empathy and education as prominent features regarding autism in society, but more surprisingly, within the actual personal support systems of these individuals. Kelly (2005) revealed in a study of thirty-two families of children with autism, only five had discussed with their child what it meant to have an ASD diagnosis. Granted, this is just one study based on a relatively small number of participants, however, it allows one to ponder if this is true for all ASD individuals out there. It is equivalent to an individual growing up with never knowing, for example, their sex or cultural background. As a child ages their self-identity is created by the information they receive from their family, the environment and experiences surrounding them (Specht, 2017). If they are never given information about who they are, where they come from or answers to their questions, determining self-identity can be difficult**.** Possible considerations for why families do not discuss ASD with their child could be due to lack of education and understanding about how it can directly affect the family and the child. When individuals are diagnosed with ASD, it can be overwhelming for the parents and family. There are many elements parents must manage when their child is diagnosed such as best course of treatment, schooling, undiagnosed comorbidities, medication, therapies, adaptations and changes within the family setting and routines. In addition to this, the parents and family must choose to acknowledge and accept that the individual has ASD or not. Unfortunately, there are many parents and families who have a very difficult time accepting their child’s diagnosis, which as the research supports, stunts the child’s overall growth and maturation (Emery, 2004; Grandin & Panek, 2013; Greenspan & Wieder, 1997 as cited in Tytherleigh & Karkou, 2010; Thomas, 1998

as cited in Kelly, 2005). Thomas (1998) determined the parental attitude towards their child with autism is integrally related to the child's self-perception and success in life (as cited in Kelly, 2005; see also Emery, 2004). When parents focus on the positive qualities of the child and challenge the negative ones, the child has a better chance of developing a positive self-identity. The reverse is also true, however, when individuals with ASD are treated as a burden, they will learn that they are one. Emery (2004) confirms the importance and influence the parents and family have on the success (or lack thereof) of their child with autism. Most parents just want happy and healthy children. When a child that is born with special needs or is later determined to have special needs, it can be difficult to accept this. There are a variety of reasons for this. Life becomes more of a challenge when expectations and actions need to be modified. Parents are not usually given a "care package" when their child is diagnosed with ASD (at least not in the province of Quebec). That would be lovely! Parents are left to fend for themselves and their child. There is a very fierce learning curve involved as the parent must learn about ASD, its treatments and how it all relates to their child. Education about treatments, decisions about what treatments will best serve the child, all followed by advocating for the realization of those treatments are necessary. This can be a very lonely and difficult road for the parents and the family to travel. Many parents feel alienated and isolated. Unfortunately, as well, there is a stigma within society where those who are different are not always accepted and can become targets of bullying and mistreatment (Epp, 2008; Kelly, 2005). It is not only the child that weathers this, but extends to the family as well. This is a heavy weight for anyone to bear. Returning to the overall premise of this section of the paper, and the problems evidenced within the literature that individuals with ASD must deal with, the integrity of the support system is a large one. As supported by the research, the immediate family and support system are directly influential in the success of an individual with autism. There are many factors to consider such as emotional, educational and logistical support for the families.

Another pertinent point, again, best identified through listening to the voices of those with ASD, relates to the possible causes of common mental health problems individuals with ASD are identified as having. One must first point out that individuals with ASD, as any other human being, are faced with all the same possible stressors that can come with normal human development and the roles served within the family, personal relationships, social circles, school, workplace, community and country. They must cope too with the potential stressors that

accompany the transitions humans go through anatomically, developmentally and emotionally. Undoubtedly, these can be difficult and complex elements of anyone's life, let alone someone with a neurodevelopmental disorder like autism. Potentially adding to the common causes of mental health problems in individuals with ASD, Epp (2008) cites individuals with ASD as regularly having to cope with harassment and intimidation. Individuals with ASD are also regularly disrespected by others as they are ignored and denied opportunities due to their differences (Epp, 2008, p. 28; Kelly, 2005). It is clear in the research and easily witnessed nearly any day, in any city – whether it be through inconspicuous gestures or blatant ones - prejudice and ignorance towards those who are different is abundant in society. There is a need for education and awareness about those who are different from the societal norm. People, in general, tend to be apprehensive about or fear what is different than they are. They may be conscious of this tendency or they may have no awareness of it at all. Prejudice towards others can be instigated by people of all ages and stages of life for any reason at all. Learning about ways of life other than one's own, being open to new ideas, being aware of and respectful of others are good starting points to lessen prejudice.

Strategies for Change

Temple Grandin is a 70-year-old woman with high functioning autism who has shared her voice, authoring many projects that speak explicitly about the experience of living with autism. Grandin and coauthor Panek (2013) suggest a set of simple guidelines for helping individuals with autism grow and get ready for the world beyond secondary school:

- The experiences of ASD children should be varied as much as possible to increase their breadth of interests because an individual cannot be interested in something they aren't aware of.
- Individuals should be taught to "play well with others" (p. 192). Individuals with ASD must learn the art of give and take with others as well as respecting authority figures.
- Individuals with autism must learn to regulate their emotions "by learning to cry" (p. 194). To be able to function in the world most children with ASD need to be taught appropriate outlets for emotion regulation with crying being one of them.
- Individuals need to be taught to "mind [their] manners" through regular efforts practicing appropriate socialization (p. 194).

- Individuals should follow the motto, "sell your work, not yourself" (p. 195). It is important to showcase accomplishments as opposed to difficulties with social skills. For example, the authors suggest the use of technology to share a portfolio instead of beginning with an in-person interview.
- Individuals with autism should connect with mentors to help keep them focused and motivated (p. 196).

Autism and Art Therapy

In 2006, Gilroy recounted, "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" (as cited in Martin, 2009a, p. 187). Many agree that art and art therapy bring much benefit to the ASD population (Cooper & Widdows, 2004 as cited in Epp, 2008; Emery, 2004; Epp, 2008; Eubanks, 1999; Gazeas, 2012; Martin, 2009a, 2009b). Martin (2009a) adds, however, "To reverse a quote from Gilroy (2006), we have the 'stories and pictures' but 'need the facts and figures" (p. 187).

Benefits of art therapy. Martin (2009a) states there is a natural fit between the needs of individuals with autism and art therapy. In her book, Martin (2009b) dedicates a chapter to major issues for those with ASD that art therapy is ideal to treat: "Imagination/abstract thinking," "sensory regulation and integration," "emotions/self-expression," "developmental growth," "visual-spatial skills," and "recreation/leisure skills" (p. 65). Much of the literature agrees. Loosely using Martin's categories as an organizational base, this will be demonstrated.

Imagination and thinking. Rigid and concrete thinking are well known attributes of ASD, so there have been queries into how art therapy, which involves a certain level of imagination, can be helpful. Hillman (1960) states art therapy stimulates and brings creativity to fruition in clients with ASD (as cited in Takeda, 2010, p. 218). Epp (2008) believes art therapy to be particularly useful with ASD clients as it teaches them to "solve problems visually," boosts creativity levels and metaphorical or symbolic thinking (p. 29).

Takeda (2010) cites lack of imagination as one of the least investigated symptoms of ASD, so she sought out to answer if art therapy influences imagination in ASD clients (pp. 219-220). The results of her study were inconclusive; it did not show a benefit in creativity in all the subjects, but development was apparent in some. Takeda also hypothesized the aptitude for imagination development may be directly and congruently connected to intelligence levels of

clients (p. 229). Hinz (2009) challenges this assumption, citing that regardless of intellectual level of development, creativity is evident in all levels of the expressive therapies continuum, even if it is simply expressed through repetitive movements or interaction with sensory rich materials.

Sensory issues. Harrison and Hare (2004) cite seventy to eighty percent of ASD individuals experience sensory related issues, while Baker (2008) claims up to ninety-five percent are affected (as cited in Whitman & DeWitt, 2011, p. 132). Whitman and DeWitt (2011) suggest small, repeated and controlled exposures to varied sensory stimuli helps to reduce and overcome sensory issues; the end goal being able to mute non-essential stimuli from what is important (p. 132). Although they are educators, Whitman and DeWitt (2011) cite the importance of teaching relaxation and coping skills (i.e. breathing techniques, guided imagery, doodling, etc.) as tools to help autonomously (eventually) self-soothe sensory overload. Tytherleigh and Karkou (2010) re-iterate the importance of being mindful of keeping a calm environment "free of overwhelming stimuli," adding careful choices of group-mates, and constructing "session[s] in a way that balances ritual and risk" (p. 214). Knowing each client's susceptibilities in terms of their senses (smell, touch, taste, hearing and sight) is important with regards to art material and activity selection (Hinz, 2009). These susceptibilities can fall within the physical environment (i.e. air freshener odor, lights humming, scratchy material on furniture, etc.) and the social environment (group-mate who hums, wears a certain perfume, likes to touch or smell others, etc.). All of this must be considered for each individual experience. Wall (2007), as well as Tytherleigh and Karkou (2010), state a middle ground between what the client is accustomed to and pushing their boundaries towards personal growth is essential.

Maturation and concept of identity. Sinason (1992) states the importance of acknowledging a client's disability in a frank way with them, thus giving them "permission" to determine how it makes them feel, which they may have never received (as cited in Caven, 2012, p. 40). As Kelly (2005) discovered, there are many individuals who have never spoken about their diagnosis with this being a necessary step towards the development of self-concept and acceptance. Caven (2012) put forward that families must cope with the "loss of the perfect child" (p. 40), and in turn the individual with autism must explore what this means for them in conjunction with how they are treated by their family. Kuczaj (1998) recommends discussing how individuals with ASD are the same and different from others to move towards creating

awareness of who they are and how they fit in (as cited in Caven, 2012, p. 41). Looking at strengths and weaknesses is a natural and concrete way to identify self-concept and promote self-worth and self-esteem.

Communication and emotional development. Emery (2004) discusses relationships specifically in terms of therapy, stating that social connections develop more slowly with ASD clients because they "do not care to please, follow a directive, or be engaged with the therapist" (p. 145). Elefant (2010), speaking about music therapy, states the strength of connection in a therapeutic relationship is the indicator of success (pp. 247-248). As the connection becomes secure, Hill (1997) and Wigram (1991, 1995) indicate there is an increase in active participation, interest, willingness, and autonomy (as cited in Elefant, 2010, p. 248).

Caven (2012) suggests, in life as in the process of therapy, "[t]he child's unbearable, painful feelings need to be tolerated, contained and made more manageable by the parent, so they become bearable" (p. 40). Appleton (2001) states hurtful experiences tend to be filed as photographs in a person's mind, lending to an automatic ease in expressing and moving through those experiences with art (as cited in Ottarsdottir, 2010, p. 147). Meyer (1999) states the freedom to be imaginative and follow one's intuition are essential to processing and recovering from traumatic experiences; being able to imagine a new scenario of how to do things that results in other possible outcomes (as cited in Ottarsdottir, 2010, p. 147). Epp (2008) states art therapy provides a comforting process to cope with negative experiences (p. 29).

Stack (1998) recounts how art therapy allows the client to "move in and out of his/her shell by interacting with me," which translates to individuals being able to interact at their own will and pace (as cited in Dolphin et al., 2014, p. 12). Dolphin, Byers, Goldsmith, and Jones (2014) suggests a non-directive therapy process, setting up the session in a way that allows the client to take the lead as much as possible, so that they can go where they need to go within the session (p. 5).

Other Benefits. Evans (1998) discusses how socializing with an individual with ASD through art activities happens with more comfort and ease than other methods (as cited in Dolphin et al., 2014, p.12). Epp (2008) explains how art therapy can be relaxing and provide comfort as well as allow energy and emotional release to occur (p. 29). Wieder and Greenspan (2003) state the importance of "symbolic play" as a tool to encourage awareness and openness towards others, and in creating connections (as cited in Tytherleigh & Karkou, 2010, p. 210).

The use of symbolic play allows for the practice of real-life social and living skills, such as the examples in the Strategies for Change section, in a safe environment where individuals can be taught and guided appropriately.

Rankin (2003) describes a "task-oriented approach" in art therapy sessions as being more effective with ASD clients as it provides "a sense of control" (as cited in Ottarsdottir, 2010, p. 148). Geddes (1999) agrees, believing activities oriented around instilling new skills or ideas are especially effective in helping ASD clients feel more relaxed and provides a sense of accomplishment (as cited in Ottarsdottir, 2010, p. 148). Instilling a sense of control and accomplishment in turn increases self-esteem and promotes development of self-concept.

Grandin (2010), having a diagnosis of autism herself, suggests using the subject of an individual's obsessions as a motivator to broaden their experiences and world (p. 7). Grandin uses the example of someone who obsesses over airplanes, suggesting they draw related items or extensions of the item (i.e. airports, cities to fly to, plane interiors, etc.) to push the boundaries of their awareness and knowledge. Baker, Koegel and Kern Koegel (1998) state with the use of interactive games centered on an ASD client's fixations, a rise in interest towards others and exchanges with them can be observed (as cited in Tytherleigh & Karkou, 2010, p. 210).

Group Art Therapy

Group therapy in general is a beneficial experience for many reasons. Yalom (n.d.) reiterated working in groups has a healing effect by imparting optimism, creating connections and exchanges between individuals allowing people to see they are not alone in their struggles, to release experiences and liberate themselves through sharing, and creating a sense of community (as cited in Malchiodi, 1998, pp. 196-197; Liebmann, 1986, p. 7). A closed therapy group provides a space where all the members have commonalities with each other, and hopefully can share and learn from one another's strengths and weaknesses, in security, to better themselves. A dedicated group lends itself well to the goal of giving a vulnerable population a place to feel immediately welcome and comfortable. All individuals will grow and learn to a fuller potential when they feel safe, respected and supported. Liebmann (1986) suggests group art therapy is ideal for the client who has a difficult time with one-to-one attention or therapy (p. 7). This way they still benefit from the contained therapeutic process, but at a less intense rate. A closed group allows for a good way to process, without outside influence, the potential prejudice that ASD individuals, unfortunately, often fall victim to (please see the Being Autistic section of this

paper). A dedicated group can also create the feeling of a family or community amongst those who are members. Group art therapy can empower clients, through belonging to a group, to be an active member in its perpetuation (Liebmann, 1986, p. 7), which increases the potential for a more active membership in life, social circles and society. This sense of belonging allows for growth and learning to occur, as well as increases self-esteem and self-identity.

It is also important to understand the use of group therapy as opposed to individual therapy. Individual therapy can be beneficial in work with ASD clients at all levels (Martin, 2009a, 2009b). However, one of the main reasons why group therapy is ideal for the ASD population is because social skills remain one of their main deficits (APA, 2013; Black & Grant, 2014), and socialization does not occur alone. One can argue individual therapy allows for socialization because there are two people, however, a group of several individuals will provide more opportunities to learn from in a much shorter time. Among the merits and purpose of group art therapy relative to socialization, Liebmann (1986) cites it supplies a setting conducive to learning, to experience and repeat common situations, as well as creates a rapport between like-minded individuals to learn and benefit from each other (p. 7). Liebmann (1986) also explains how group art therapy allows individuals to experiment with their persona, testing out different ways of interacting with others and responding to them which can help foster dormant skills (p. 7). Even if they have some level of autonomy, individuals with ASD are typically never alone, and frequent the same settings (home, school) where their personalities and roles are firmly established. Having a place to play and be free to experience new or different aspects of themselves will foster personal growth, self-confidence and other pertinent interpersonal goals that are achievable through group work, such as: capacity for mindfulness, acknowledgement and respect for people, teamwork and collaboration, as well as individuation of self and a sense of "universality" (Liebmann, 1986, p. 8). Research has indicated that individuals with ASD want and are motivated by interpersonal relationships and friendships (Blotzer, 1995, Cesaroni & Garber, 1991, Hobson, 2007 as cited in Tytherleigh & Karkou, 2010), therefore using a group setting could be an effective motivator for this reason as well. Setting up art therapy groups involving individuals with ASD that are functioning at specific varied skill levels can benefit those functioning at more advanced levels by allowing them to step into mentorship or helper roles. In the reverse, individuals with ASD functioning at lower specific skill levels can learn from and be supported by mentees. There could also be benefit in grouping individuals with

ASD more homogeneously with regards to specific skills to increase the sense of community and knowing they are not alone in how they feel. Any of these relationships can become lasting bonds, or at minimum can introduce and foster the skills needed to work towards building other interpersonal relationships.

Community Art Studio

The community art studio goes by many names: Art hive, community-based arts education setting/studio, open format art studio, public homeplace and others. Belenky (1997) calls it "a tradition without a name" (as cited in Timm-Bottos & Chainey, 2015, p. 6). Remarkably, the true essence of a community art studio lies remarkably in the first attempts of humans to congregate with the goal of accomplishing something to benefit the greater good of their community (Timm-Bottos, 2005, 2006; Congdon, Blandy, & Bolin, 2001, p. 3). Watkins and Shulman (2008) describe the intent of the public homeplace as the protection, repair and growth of people, where they come from and where they live through the creation of new partnerships or reconstruction of those that have been destroyed (p. 315). Creative arts can be used successfully as the focal point in accomplishing this. Timm-Bottos and Reilly (2014) agree:

> Involvement in community creative arts can, in itself, have a sustained and positive impact on the mental and social wellbeing of participants (Argyle & Bolton, 2005), support the inclusion of marginalized populations (Maidment & Macfarlane, 2011), and be a vehicle for community development and social cohesion (Clover, 2007; Newman, Curtis, & Stephens, 2003) (p. 4).

Macoretta (2017) made several relevant discoveries in her study of art hives that are pertinent here. She states, "Behaviour modeling and vicarious learning enacts Bandura's (1986) concept of reciprocal interaction between the learner and their environment: Behaviour influences the environment, and the environment in turn influences behaviour" (as cited in Macoretta, 2017, p. 71). To positively reap the benefits of Bandura's theory, one can assume a conscious effort in how the environment is set up as well as the behaviour displayed (to model from) needs to occur, making the aptitudes of the facilitators integral in success. In writing about the role of effective facilitation in art hives Macoretta (2017) re-iterates Candy's (1991) advice that "facilitators in self-directed learning situations are good listeners and effective communicators, who can treat self-directed learning situations as 'an act of sharing, marked by warmth, empathy and authenticity'" (p. 44). Macoretta goes on to state, "the facilitator is a collaborative learner, who

demonstrates empathy, models self-reflection and encourages the consideration of alternative perspectives (Beatty & Wolf, 1996; Mezirow, 1991; Mezirow, 2003)" (p. 44).

With regards to behaviour modeling in the community art studio, particularly with ASD individuals in mind, there are several beneficial concepts worth incorporating. Rogers (1969) believed: "The only learning which significantly influences behaviour is self-discovered, self-appropriated learning" (as cited in Ziff, 2016, p. 25). It is to the advantage of all individuals, those with ASD and neurotypically developing alike, to be in control of their learning. Self-direction and working at one's own pace allow for individuals to think and problem-solve for themselves. It encourages the development of their persona, self-concept or identity and gives them the courage to develop new interests and the courage to act on their own abilities.

Another beneficial idea worth incorporating into the community art studio setting is that of a middle ground between what the client is accustomed to and pushing their boundaries towards personal growth (Tytherleigh & Karkou, 2010). It is pertinent to alternate between and balance therapeutic work and leisure, reading individuals carefully as to whether they can be pushed or if they require the status quo based on their presence of mind at the moment. Setting individuals up in activities that encourage success and are pleasing particularly at first can be helpful, as it can increase their self-confidence and comfort level. Incorporating the learning technique of scaffolding, discussed in the Autism and Learning section, can be ideal in encouraging autonomy and growth as well (Whitman & DeWitt, 2011), and lends itself nicely to the goals of the closed art therapy group as well as to the concept of the open format art studio. Individuals with ASD must be empowered, not enabled.

Play as a therapeutic and teaching concept would be another element to incorporate into the functioning of the community art studio. Blanc, Adrien, Roux, and Barthelemy (2005) state play and language abilities as directly related to the ASD individual's aptitude to control themselves (as cited in Whitman & DeWitt, 2011, p. 247). As a direct correlation exists, the more advanced the play and language skills become, the more advanced the self-control of an individual with autism will be. Grandin and Panek (2013) reference the idea of play for its ability to teach self-control and for its ability to playfully push boundaries and break the individual's mold or perception of the world.

Another beneficial concept to incorporate into the functioning of the community art studio is the idea that a "latent intentionality" to express oneself is possible at any time (Cardinal,

2009, p. xii). Cardinal (2009) believes any interest in art and creativity should always be promoted as you never know what can come from those moments. For this reason, another pertinent goal to focus on is the experience of using a variety of art materials. What one individual is comfortable with or enjoys can be very different from another. This is even more so for individuals with ASD based on sensory issues alone.

Overall, community art studios are a natural fit for individuals with ASD, and other vulnerable populations. Due to their inclusive nature, the studio creates equal footing for everyone who partakes regardless of their social stature (Macoretta, 2017; Timm-Bottos & Reilly, 2014, p. 6). Congdon, Blandy, and Bolin (2001) believed community art studios can inspire "good citizenship" (p. 3). These public spaces have the added benefit of allowing others to build relationships with ASD individuals and to learn new skills from them which can help shift existing perceptions. The community art studio provides opportunities for socialization in a protected environment and is ideal for developing a social support system for individuals with autism and their families; with time this could naturally extend outside the studio. Turry and Marcus (2003) advocate collectively working with others to mature interpersonal skills and to create a feeling of acceptance within a community (as cited in Tytherleigh & Karkou, 2010, p. 211). This connection to the greater community or world is often something that is missing for ASD clients and their families. A community art studio allows for the potential involvement of families if they choose to participate, opening possibilities for necessary emotional and social familial support (referred to in Being Autistic section).

Chapter 4: Project Design

The following project is a multi-faceted intervention designed towards individuals with ASD, their families and support systems as well as the greater community. The intervention consists of a closed art therapy group directed toward adolescent and young adult participants with ASD as well as a community art studio that would be open to the previously stated population as well as the greater community.

Space

A space within a school, community centre, storefront property or other institution would be identified as the dedicated space used to house the community art studio. This could be a section of an already existing building or the building in its entirety. A space that is introduced as

a community art studio and remains as such, would be the ideal scenario. The logistics of a dedicated space makes the setup and running of both the open and closed groups much easier as materials, furniture, art, etc. will not be disturbed or need to be transported. A space that allows for privacy and is protected from interruptions and traffic is a necessity. Good lighting is also a necessity with natural light preferable. Having access to nature, such as a garden, as part of the overall physical space or nearby to be used as inspiration for artwork and gardening by the participants is ideal. It can also be used as added living studio space, increasing the capacity of allowable persons.

Physical room setup. A well lit room including both natural light and full spectrum indoor lighting with a deep sink for clean-up that is sizeable enough to hold multiple large tables that can be put together to form one or two bigger ones depending on the project of the day or the wishes of the participants. The ideal would be to have a dedicated space large enough to be able to openly store materials (keep visible) for use any time the space is open. Visibility of materials would help with ease of access and independence of participants. If a dedicated space is not possible, clear bins that are well organized and labelled would be very helpful for material storage to ease transition between studio time and storage. Labels with words and an image of the item would facilitate independence and ease of cleanup in all cases.

Miscellany. Having a variety of painting surfaces, such as easels, high and low tables to accommodate any physical needs as well as comfort level. A simple clotheslines and pegs placed in the studio space to hang art to dry. A lockable cabinet for storage of the ASD closed art therapy group projects would be necessary. This is used to protect participant privacy and to promote a sense of containment. An area for storage of completed and in progress artwork from the open studio also needs to be identified. Bristol board folders or shoe boxes can be used for individual storage if preferred. Access to a telephone and answering service would also be useful for emergencies and to have a point of contact for participants and families who do not have internet access.

Materials

- Acrylic and watercolor paints
- Brushes (variety of sizes and shapes), canvas knives, popsicle sticks
- Oil and chalk pastels
- Markers, pencil crayons, wax crayons, pencils and erasers, pencil sharpeners, rulers, tape measure
- Air dry clay and clay tools

- Liquid white glue, glue sticks, hot glue gun and sticks
- Scissors, staplers and staples, hole punches, utility knives, brass fasteners, awls, nails, hammer, basic screwdriver set
- String, twine, wool, masking tape, scotch tape, tacks, fishing line, metal wire
- Paper for acrylic and watercolor paints, ink, oil and chalk pastels, construction, cardstock, tracing paper, bristol board
- Recycled materials for ease of art production, art creation, stimulating conversations, environmental awareness (Timm-Bottos, 2011) and storage: glass, metal and plastic containers of all shapes and sizes, lids, plastic and glass re-usable plates, muffin trays, baking trays, rags, plastic and metal cutlery, Styrofoam, material, lace and ribbon, buttons, clothespins, marbles, beads, broken jewelry, etc.
- Noodles, rice, beans, lentils
- "Googly eyes" and other small jewelry parts put into the treasure box.
- Collage materials: old books, magazines, photographs, slides
- Natural materials: twigs, leaves, seeds, moss, flowers, feathers, pebbles, rocks, etc.
- Art material donations welcome: frames and canvases all sizes and shapes, any other materials on list
- Spray bottles, sponges, rags, dish soap, hand soap, wash cloths, broom, dustpan, scraper, garbage bags, garbage can, recycling box, basket for dirty smocks, hooks or basket for clean smocks
- Locking cabinet
- Shelving and/or storage bins
- Seeds, soil, plant containers
- A visual timer, digital clock and analog clock
- Calendar
- Smocks
- Newspaper, new or recycled tablecloths
- First aid kit

Community Art Studio

Duration and structure. Ideally, once established and open, this would be an ongoing weekly space available at specific, unchanging hours, two or three days per week. The structure would involve a space that is regulated by art therapists and community art educators with the goals of the public homeplace. Please refer to the Community Art Studio section in the Literature Review for more details.

Participants. During open studio days**,** the space would be open to all individuals living with autism, their families, support systems and friends. The space would also be open to the community that it is housed in. During closed studio sessions, the space would be open to designated groups which may include youth with autism, parents of children with autism, or other targeted groups depending on the demand.

Closed Art Therapy Group for ASD Participants

Duration and structure. Ideally, once established and open, this would be an ongoing weekly group that begins and ends at the same time each week. It would be semi-structured, depending on the needs and wants of the members.

Alternatively, the group could be scheduled in three-month intervals which would allow for tailored short-term projects that participants can see to fruition. Breaking the group into intervals allows participants to experience endings and new beginnings with new participants joining at these junctures. Using short term intervals can also allow participants to step into mentoring positions allowing more fluidity in exchanging roles, providing practice in leadership skills and autonomy (J. Timm-Bottos, personal communication, July 23, 2018).

Participants. Individuals with a diagnosis of ASD would be invited to participate in the weekly closed group. The functioning level (communication, autonomy, academic, behavior, physical abilities, etc.) of participants, the main goals of the group and the resources available (professionals, aides, participant mentors) need to be carefully considered to ensure a safe and successful group process and environment. Please refer to the Group Art Therapy section of this paper for more information. To vet and get to know participants a short survey completed by family members and, if possible, the ASD participants about their goals, communication and living skills, behaviours, interests, physical and art abilities, etc. would be very helpful.

Treatment Goals. These are recommendations and should be carefully crafted with the stakeholders. Limitations may include: how many individuals are in the group, level of functioning, and participant-facilitator ratio. Although the main intention of listing the treatment goals is for use within the closed art therapy group for participants living with autism, these could be pertinent to the community art studio hours as well. Once goals have been established then more specific measurable objectives can be developed to be able to measure whether the intervention is working for the individual.

Communication and social skills.

- Listening to others
- Respecting others
- Sharing with others
- Awareness of social cues i.e. eye contact, greetings, physical boundaries, etc.
- Appropriate use of social cues
- Helping others
- Complementing others

- Being complemented by others
- Conflict resolution

Self-regulation skills.

- Identification and labelling of emotions
- Awareness of emotional state
- Appropriate expression of emotions
- Impulse control
- Flexibility
- Awareness of others emotional state
- Monitor and control emotional state
- Self-help strategies to self-regulate
- Validation of emotions and acceptance of differences

Self-help skills.

- Autonomy (independent actions)
- Independent thinking
- Awareness of others
- Ask questions
- Ask for help
- Self-expression
- Self-identification
- Problem identification
- Resource identification
- Problem-solving skills

Session overview. As discussed, individuals with ASD thrive with a certain amount of routine providing comfort and understanding about the environment they are in and the activities happening within the environment. Opening and closing rituals serve to provide this security, as well as signal the participants when the art therapy session is beginning and ending. Opening and closing rituals also provide boundaries for the sessions as they would in typical therapy with any individual.

Introduction. The first session of the closed group is an important one. It is the session where the "mold" is made for what participants can expect throughout the life of the group. Introductions of all kinds are essential.

Participants need to be introduced to the physical space if they have not already been. This would include being informed of the utilities (bathroom, sink where they can clean up, garbage, kettle, fridge, etc.), where they transition from outside to inside (where they put their

coats, boots, bags, etc.), where they can work (assigned seats or not, on tables and floors, outside, etc.), and where they can find materials to use.

Participants need to be introduced to the other individuals who will make up the closed group, including the leader(s) and other participants. A nice way to accomplish this is, in the first session, to have the goal of the art making revolve around these introductions. Nametags are helpful to get through the session in comfort and can be used if needed or desired in later sessions as well. Making an image in whichever medium one feels comfortable that incorporates the participant's name will leave a lasting impression of each participant as they introduce themselves and their piece of art towards the end of the session (if they feel comfortable). These creations can be used as nameplates on the table each session or they can be used to designate the participant's area within the locked cupboard.

In the introductory session, it is also important to have a discussion with the group members about the rules and boundaries of the group, as well as the goals of getting together each week. Transparency is an important part of creating a safe and trustworthy relationship. A poster that lists the rules of the group could be collectively created. Ziff (2016) suggests keeping it simple, and often uses the slogan, "Take care of each other and take care of the stuff" as the only rule (p. 95). The treatment goals and objectives coming from the group members themselves will increase the likelihood of success by creating a bond or collective with the others to which they will be accountable. This collective boundary creation involves their active participation. In this discussion, the logistics of the group (time, place, setup, etc.) can be discussed, as well as the potential relationship to the community art studio.

Opening rituals. At the beginning of each session, opening rituals can help to establish a routine which creates a sense of comfort, understanding, and expectation, in turn decreasing anxiety levels. These need not be complicated and can be based on the practicalities and logistics that are a part of coming into a space. For example, each time participants attend the group, they can be encouraged to "sign in" as they enter the space. This acts as a register for the therapist running the group, but also as a reminder to the participant of being present as part of the group. Having a space where participants can put away their belongings (i.e. coat, boots, bag) and get ready what they need for the group (i.e. art materials they want to use) can also be a part of the ritual or settling into the space. Including a space where participants can make coffee or tea and can share small snacks can be a nice opening ritual as well.

For the beginning of each session, a group welcome and a check-in can be a nice way to begin. This can be done in a variety of ways, but for the goals of this group, going around one by one, each person listening to one another would be ideal. Each person could verbally state how they feel, what kind of week they have had or choose readily available images to represent how they feel if they do not want to talk. This opening check-in method can be selected through group decision or by the therapist running the group. The theme or focus of the day could be introduced if one has been chosen or individuals can then be encouraged to start on their individual projects.

Art. A semi-structured or unstructured group would be ideal to meet the goals set forth. This best allows participants to work at their own pace and comfort level. Towards the beginning of the group, more structure can be helpful to get the group going, to create connections between participants and to help ease into the context and space. Themes for art-making could be proposed or art techniques could be taught depending on the comfort and education level the participants have with art-making. Participants, when the group has become established, could be encouraged to teach each other a technique they enjoy or feel they are particularly good at, thus encouraging the mentorship aspect. Themed art-making can encourage cohesiveness within the group members and the courage to be more open.

Closing rituals. Like the opening rituals, closing rituals can also decrease anxiety as participants begin to transition from the group and out of the space. With the ASD population, it is particularly important to warn individuals that they are going to need to transition. Using a visual timer or clock (depending on intellectual abilities), participants should be given consistent time warnings each session to signal that they are going to need to clean up and put away what they are doing. According to Fox (1998), "anxiety, panic, disorientation, confusion, anger and denial are typical responses to external change" (as cited in Dolphin, 2014, p. 24). Being consistent with how and when participants are warned is important because it allows them to understand what happens once, will happen again in the same way. It allows a certain level of trust to be built if there are no surprises in expectations. Again, a check-in can be performed to take stock of how everyone is, as well as being the final signal that it is time to clean up and transition away from the group. Participants can close the session as they began, by putting away their art materials, washing or tidying up the space, retrieving their belongings and saying goodbye.

If the structure of the group runs on the alternate suggestion of three-month intervals, a celebration plan can be created and executed by the group to close the session interval. This could consist of bringing special foods to share, inviting a guest artist or speaker, holding an "each one, teach one" (Timm-Bottos & Reilly, 2014; 2015) or having a private or public art exhibition of the cumulated works. If a break in the sessions is expected due to holidays or the end of an interval, participants should be equally advised in advance to help get accustomed to the change in normal operation. If the format of a session will be drastically different, a therapist will be absent or there will be a guest speaker, advanced warning is needed as well. A visual calendar can be used to help explain the time frame and provide reminders each session a couple weeks ahead of time.

Chapter 5: Discussion, Recommendations and Conclusion

For over a decade, I worked in the anglophone public education system in the Montreal area of Quebec, Canada as a special education teacher. More specifically, I worked in a dedicated, special needs elementary and high school for children aged 4 to 21 with mild to severe intellectual disabilities. Working in this community, I discovered a necessity for more services for individuals in this population, particularly those nearing the end of their schooling. Many services available to individuals with mild to severe intellectual disabilities throughout childhood and/or adolescence end when they turn 21 (coinciding with the end of school). Unfortunately, there is an even greater need for services for most of these individuals after age 21 because they no longer have the school as a support. The onus falls to the families to find daily stimulation, education, social activities, work sites, living arrangements, and more for their now adult children. In my opinion, this is not an acceptable or manageable situation for families to manage alone. Individuals with ASD have many positive attributes and functional qualities that can be applied in a productive way to contribute to society. Dempsey and Nankervis (2006) state the concept of disability in past years has developed towards the "principle that people with disabilities are active participants and key players in the communities that they live in;" therefore, they should be looked on "as partners in the delivery of support services, rather than passive recipients" (p. xv). This would drastically improve the overall quality of their lives, and the lives of their families who typically bear the brunt of the responsibility of their care. The transition from the end of high school to life afterwards can be a stressful time for any family; it

is even more so for the individual with ASD and their family. Regrettably, many individuals with ASD become stagnant after leaving high school because they simply do not have the necessary support, resources and know-how (emotional, financial, physical, social, educational, etc.) to continue to move ahead in a productive direction.

Another point of insight I gleaned from working as a special needs teacher and has in turn motivated the creation of this project, is the opinion that the emotional needs of individuals with ASD are not adequately addressed and supported as part of the government mandated curriculum. There is little focus on individual or personal growth, and emotional security within the specialized curriculum mandated by the Ministère de l'Éducation, du Loisir et du Sport (MELS). Perhaps this component is meant to be left to the families to manage? However, it is not every family that has this awareness or ability to foster this support. Looking back to the Being Autistic section of this paper, it is evident that in addition to the neurotypical emotional needs, there is a whole other breadth of potential emotional stressors that can come into play for individuals living with ASD. Metcalf, Ashmun, and O'Byrne (2018) as educational therapists acknowledge the emotional needs of children are typically left unaddressed in the realm of the education system (p. 295). Children who have difficulty establishing a strong sense of self-worth, security and self-identification typically have a more difficult time developing effectively in other areas (Roberts, 2002). Individuals with a diagnosis of autism have substantial deficits in social skills, communication and emotional regulation (APA, 2000, 2013; Black & Grant, 2014). Individuals with autism, even with a mild intellectual deficit, can take years to understand what emotions are, and how to appropriately express and regulate them. Individuals with ASD learn these abstract concepts best through repetition of real-life, concrete situations that are supervised, with clear boundaries and rules. Metcalf et al. (2018) agree children with special needs are at greater risk of falling behind in the learning process; they have a more difficult time than neurotypically developing children navigating and integrating the natural "confusion" of new experiences (p. 295).

A third insight I gained from my work that directed the creation of this project is despite there being a perceived community, based within a school dedicated to the special needs population, there remains an incredibly high level of alienation and loneliness amongst the individuals with special needs as well as within their families. Reflecting on the Being Autistic section of this paper, research supports this idea. In general, stigma and prejudice exist toward

those in society who are different than the "norm" (whatever that may be). From professional and personal experience, it has been observed that most families remain isolated, and are unable to give their child appropriate opportunities to socialize which therefore limits their emotional growth. Many families with a special needs child have a difficult time going out in public and have little to no access to activities or learning opportunities focused on social skills. Small initiatives do exist, but they are not always accessible, well-advertised and, in the province of Quebec, rarely offered in English. This population and their direct support systems would greatly benefit from having a forum to encourage and create a sense of community where those differences can be celebrated. Connections with the general population could be bolstered through education and exposure to reduce stigma and prejudice. This would in turn build self-esteem, improve social skills and model appropriate interactions between individuals while decreasing feelings of isolation and alienation that are regrettably so prominent.

There continue to be many roadblocks with accessibility for individuals with learning difficulties. Into the 1980's, the concept of "disability" was solely seen as part of the health care domain and held no relation to "human rights or citizenship" (Power, Lord, & deFranco, 2013, p. 142). Ironically though, Kelly (2005) explains individuals with ASD are often not seen as capable decision makers in the eyes of their families, doctors and professionals. Grandin and Panek (2013), in asking, "If even experts can't stop thinking about what's wrong instead of what could be better, how can anyone expect the families who are dealing with autism on a daily basis to think any differently?" have raised a very valid question (p. 181). The perception of disability within society discussed throughout this paper combined with Grandin and Panek's (2013) insightfulness about the backward focus of experts and decision makers are signs that change is necessary. If we can suppose that the insights regarding parental attitude being directly influential on a child's success (Emery, 2004; Thomas, 1998 as cited in Kelly, 2005), can we extrapolate that to society as a whole? More specifically, if society looks upon those with disabilities as a burden, is that, in fact, what they will become? And in the reverse, if society looks upon those with disabilities with positivity, perhaps that is what they will become? Policies and movement toward de-institutionalization only began in Canada in 1992, and there continues to be no concrete plan in place for people living with disabilities (Power et al., 2013, p. 144). Advocacy and movement towards a better strategy have moved at a snail's pace, if at all over the

past twenty years. Those living with autism may be the ones holding the key to answering these concerns and questions. It is time that they are advocated for, heard and empowered.

This intervention project was designed to answer the research question, "What would a closed art therapy group for adolescents and young adults with ASD based in a community art studio look like?" Returning to the origin goal of the intervention research methodology, this project aimed to find a way to ameliorate "community life, health, and well-being" (Fawcett et al., 1994, p. 25). Fraser and Galinsky (2010) cite the identification of societal, well-being and systemic difficulties as the starting point so that movement towards a plan of action to work on or solve those difficulties can occur. Through information gathered in the literature review as well as the researcher's professional and personal experience, the identifiable societal, well-being and systemic difficulties are numerous. Following is a synopsis of how group art therapy within a community art studio can offer some solutions and resolutions to these problems. In addition to what follows, please refer to the Group Art Therapy and Community Art Studio sections in the Literature Review.

How can a Community Art Studio Help?

For the ASD individual, the community art studio provides a beneficial setting. On a practical level, a community art studio provides a place to go (alone or with family), to do art activities, to learn, to see friends, and is cost effective. The community art studio puts everyone on the same footing no matter their backgrounds or social status (Macoretta, 2017; Timm-Bottos & Reilly, 2014). It accepts everyone as they are, celebrates their differences and aims to rectify any mistreatment they may have suffered through re-building life experiences and partnerships (Timm-Bottos, 2006; Watkins & Shulman, 2008). Allen (1995) claims that making art around others breaks down personal barriers, allowing participants to be more open (as cited in Macoretta, 2017, p. 14). The community art studio also provides a space wherein individuals with ASD are given access to natural social situations and the guidance on how to navigate them. The community art studio can represent a forum for individuals with ASD to be with one another, to strengthen, and articulate their voices, resulting in discussion and action about changes and improvements that can be made to improve their lives (services, living arrangements, learning opportunities, employment, and more). This can, in turn, develop into a place for supporters of those with ASD to gather (J. Timm-Bottos, personal communication, July 23, 2018).

With regards to the community art studio and society as whole, it is an opportunity to be a part of the greater community. Again, on a practical level, it is a place to go independently or as a family, to do art activities, to learn, to see friends, to relax, and is cost effective. Specifically related to the ASD community, the community art studio provides an opportunity for everyone to receive exposure to and education about ASD individuals. This directly relates to Kelly's (2005) revelations that there is a lack of knowledge and awareness about ASD in general which increases the likelihood of ASD individuals falling victim to mistreatment by others. It also provides an opportunity for everyone to receive exposure to and education about people from all walks of life. This creates an awareness of differences and similarities between peoples and promotes an inherent acceptance through respect and tolerance (Congdon et al., 2001; Timm-Bottos & Reilly, 2014). Inherent in this is also the opportunity to converse about what is and isn't working in the neighborhood, community or world, which can insight real change and progress. The community art studio can also provide a space to have public art exhibitions and targeted events that insight awareness about important issues where the community, media and government officials can be invited (J. Timm-Bottos, personal communication, July 23, 2018).

At the heart of the open art therapy studio, exists the process of the art-making and all that comes with it. Creating art, whether it be doodling on paper, forming an object out of clay, knitting, making a ceramic mosaic or painting a mural, just feels good. It also provides a forum to explore and adjust emotions, experience and challenge the senses, improve socialization and can foster a community, increases thinking and the ability to solve issues independently, fosters creativity, autonomy and independence (Ziff, 2016, pp. 11-21). The act of creating and sharing art with others in the community art studio provides an inherent "validation" (Malchiodi, 1998, p. 219), and sometimes, just that is enough.

In terms of the family and support system of the ASD individual, there are many benefits to the community art studio. On a practical level, it is a place to go independently or with their family, to do art activities, to learn, to see friends, to relax, and is cost effective. It is a place that can provide socialization for their child, and socialization, companionship and community for them as well. It is a place that can potentially provide a safe spot to talk about life, receive support from professionals and citizens alike. It is a place where they can feel accepted and honored as they are (Timm-Bottos & Reilly, 2014). And it is a place that can provide an opportunity to feel a greater involvement in the community or society (Timm-Bottos & Reilly,

2014). Reynolds (2002) stated, “Social, work and leisure roles that provide sources of self-esteem, choice, stimulation and support are intrinsic to a normal life” (as cited in Seale & Nind, 2010, p. 8).

Having experienced this type of setting as a participant and as the co-leader of a closed art therapy group for seniors, words to effectively describe the impact the experience can have on a participant are hard to define. It is a spectacular movement and concept that through its being can foster the growth of self-esteem in participants, a sense of belonging, and for some, going to the studio can be the only reason why they get out of bed that day. It is a place where everyone is welcome, respected and celebrated for their differences, all the while being kept safe by those who run the studio, and eventually by other participants’ sense of community and belonging. Great care is taken to allow people to interact and be who they are within the context of a space whose boundaries keep everyone safe and respected all the while providing educational learning opportunities to those who push or break those boundaries. The community art studio and this intervention project are uniquely apt to improve community life, health and well-being of individuals with ASD and their support systems. There is also the extended benefit to the greater community in its entirety.

Disadvantages in the use of art therapy with the ASD population are few. Martin (2009a) identified troubles mostly to do with lack of exposure to art, and logistical based issues. As discussed, sensory issues and sensory overload need to be monitored carefully to make the experience a positive and balanced one (Hinz, 2009; Tytherleigh & Karkou, 2010; Whitman & DeWitt, 2011). Liebmann (1986) cites therapists must be mindful of the privacy of vulnerable clients as a potential risk of group therapy (p. 7). This is particularly true in a shared public space but can be carefully negotiated through the therapist’s consistent boundaries, respect and protection of participant art and dialogue.

A possibility for future research related to this project would be to build on the research that already exists. Evans and Dubowski (2001), along with others, state the difference between art making for the sake of art making, teaching art and how art can be used as a tool in the therapy process needs to be distinguished and better understood. An idea also derived from this project for future research would be to survey for the consumer satisfaction of already existing programs and interventions that are related to the ASD population as there is very little out there. Surveying families through an autism advocacy organization or special needs school about what

programs and services already exist, what is needed and what is wanted could also be a very interesting and informative venture.

One recommendation I wish to add that is very much aligned with the goals of the community art studio comes from Judith Snow. Cullingham (2015), in writing about the life of the inclusion advocate and visionary, re-iterates a friend's description of her: "She believed everyone had a gift. What we have to do is figure out what the gift is and how to assist that person in making a contribution." I truly believe that looking at and treating everyone with this sentiment would change the world, one gift at a time.

Using Fraser and Galinsky's (2010) intervention research framework, this project has answered the research question: What would a closed art therapy group for adolescents and young adults with ASD based in a community art studio look like? After a thorough review of the pertinent literature, a tentative project was designed that focuses on the mental health and well being of adolescents and young adults with ASD. This research has demonstrated that there is a marked need for this type of potential space to benefit the ASD population and their families. There is also a marked need for a change in perception of what it means to be human. Based on the researchers experience and a thorough review of literature, the overarching goal of this project was to create an outline of what type of space would be most beneficial. The potential for growth for the individual, their support system and for the greater community can be limitless when fostered as part of a community art studio. There is a richness that exists in a community run art studio that is the perfect complement to the needs of the ASD population.

By completing this intervention research project, and adding to the current research, it is a way to give back to the ASD and special needs community by creating an awareness of their needs, potentially decreasing the stigma of those who are different, and hopefully opening a dialogue between the ASD community and the larger population.

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Appendix A

Prevalence and Definition

Reviewing the statistical data concerning the prevalence of autism spectrum disorder (ASD), the variation in prevalence reported could be due to a variety of reasons. In the past, there was little discrepancy between one mental health disorder and another. Levett Gerber (2010) wrote prior to 1975, an Intelligence Quotient (IQ) test was the only tool available to diagnose mental health problems. Regardless of other issues or symptoms, anyone with an IQ that measured in the mental retardation range was diagnosed as such (Levett Gerber, 2010). Acknowledgement of varied disabilities and refinement of definitions didn't come until later (Levett Gerber, 2010). It would make sense that there were plenty of individuals with ASD based on today's definitions, but it was just not recognized as such.

In more recent years, definitions and diagnostic criteria of autism as defined by the American Psychiatric Association (APA, 2000, 2013) have changed with each new version of the *Diagnostic and Statistical Manual of Mental Health* (*DSM*). Fung & Hardan (2014) indicated that there were marked definition changes from *DSM-IV* (published in 2000) to the *DSM-5* (published in 2013). How quickly mental health and medical professionals adapt to these new definitions likely varies greatly; meaning one individual in any given year could have been diagnosed with one version of criteria, and another individual using the newer criteria which could exclude or include them based on their symptoms. This also brings to light, the recognition of ASD in general or lack of recognition as has been in the past, and how that affects parents and caregivers in knowing when to see a professional or seek out a diagnosis. Research has agreed that ASD can present in different ways from one human to another (Autism Canada, 2017; Grandin & Panek, 2013; Mayes, 2014). Professionally and personally, the researcher has known several individuals, who received an ASD diagnosis in their young adult years. The statistical variation could be due to individuals not having been diagnosed before the specific age group that was surveyed or due to mis-diagnosis as there is a hearty crossover in symptoms with other disorders (Epp, 2008).

Where the data on prevalence comes from and how encompassing or rigorously scrutinized the studies are varies by the researcher, which affects the overall results. For example, the study by the Fédération Québécoise de l'Autisme (FQA, 2017) retrieved their data to establish prevalence based on school registrations in the province of Quebec during one

specific school year. For this specific study, by their selection criteria, children who are homeschooled and new admissions after September 30th would not be included, private schools and programs may or may not be included, as well as those children who had not received an ASD diagnosis by the beginning of school, which in the experience of the researcher, is a heavy number of individuals. Parents will often realize that their child is different but will not have always accepted this and sought out help. Another questionable point in the same study is the statement that incidence of ASD is higher towards the city center of Montreal. The study states the data was based on school registrations. If it was cross referenced with where the students come from, this is not a true representation of incidence. Many students come to the Montérégie region for their education using inter-board agreements because they are unable to find a satisfactory or suitable special needs school where they live. A family with a neurotypically developing child is much less likely to seek out school registration in another district than a family with a special needs child.

Other possibilities for the varied statistics in prevalence of ASD could be based on elements outside of what is currently being studied or what can be controlled in studies. The world in general is constantly changing – nothing is ever truly stagnant. Despite all the efforts, the cause or causes of autism remain unidentified (Grandin & Panek, 2013). Is the incidence of ASD the same everywhere in the world or even across Canada? Are there influences in our society that contribute to its prevalence that are not in others? There are many questions to be answered. Without going into a deeper literature review, all the possible variables as to why there is such a variation can't be truly known. These are but a few possibilities that could explain the surge of diagnosed cases of ASD.

As more research occurs, and more discoveries have been made, the definition for ASD has changed based on this. The definition of ASD is also based on how those with ASD individuals differ from the rest of the average or neurotypically developing population (Grandin & Panek, 2013). As those who have ASD themselves begin to find ways to speak out about their lives, and how they feel their brains work, the concept of what it means to "be autistic" also changes. Having first person accounts of what it means to be autistic should be taken into great consideration seeing as much of what the world knows about this condition is through the observations of non-autistic individuals who simply may not understand what is going on.

Grandin and Panek's (2013) suggestions for strategies to use with ASD individuals are more than pertinent and right on par with the researcher's professional experience.

Overall, there is a much greater awareness of autism, its causes and treatments most likely due to the dramatically increased prevalence over the past decade. This increased prevalence has produced in turn a greater need for services, research into the causes and how to appropriately and effectively define, screen for and provide treatment for the individuals affected by ASD.