

Incorporating Group Art Therapy for Children with Autism into the School System

Naomi Lasry

A Research Paper
in
The Department
of
Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements

for the Degree of Master of Arts

Concordia University

Montréal, Québec, Canada

August 2010

© Naomi Lasry, 2010



Library and Archives
Canada

Published Heritage
Branch

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque et
Archives Canada

Direction du
Patrimoine de l'édition

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file *Votre référence*
ISBN: 978-0-494-71077-7
Our file *Notre référence*
ISBN: 978-0-494-71077-7

NOTICE:

The author has granted a non-exclusive license allowing Library and Archives Canada to reproduce, publish, archive, preserve, conserve, communicate to the public by telecommunication or on the Internet, loan, distribute and sell theses worldwide, for commercial or non-commercial purposes, in microform, paper, electronic and/or any other formats.

The author retains copyright ownership and moral rights in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

AVIS:

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, publier, archiver, sauvegarder, conserver, transmettre au public par télécommunication ou par l'Internet, prêter, distribuer et vendre des thèses partout dans le monde, à des fins commerciales ou autres, sur support microforme, papier, électronique et/ou autres formats.

L'auteur conserve la propriété du droit d'auteur et des droits moraux qui protègent cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.


Canada

Abstract

Incorporating Group Art Therapy for Children with Autism into the School System

Naomi Lasry, M. A. Creative Arts Therapies

Concordia University, 2010

With the rising population of children with autism entering into the public school system it is becoming evident that the school personnel requires services to assist with these children's integration into a school setting. This research paper identifies the intrapersonal and interpersonal challenges with which these children may be faced throughout their daily lives at school. Theory of mind is explored as a way of understanding how children with autism may process incoming information. Art therapy activities are then suggested as a concrete and visual means of addressing these intrapersonal and interpersonal challenges. The purpose of the research paper is to create an art therapy program to be used as a means of facilitating the social integration of children with autism into their school community. The program is divided into two terms, each lasting ten weeks. The first term begins with individual art therapy sessions as a way of building rapport and trust between the therapist and each child. During this time, the children are also prepared for their last ten weeks of group art therapy, where they are helped to acquire, practice, and maintain the necessary social skills required of them at school.

Acknowledgements

I would like to thank the incredible staff at Generations Nursery School, Gerty Handleman and Chantal Lasry, the incredible staff and all the wonderful children at Generations Nursery School for welcoming me into their space and teaching me the importance of play.

I would also like to thank the English Montreal School Board (EMSB). In particular, I would like to thank the staff and students at Elizabeth Ballantyne School, for all the valuable experiences I obtained while working there as a childcare worker.

I would like to thank my research supervisor Irene Gericke, who has inspired me along the way with all of her teachings and personal experiences of working with children with autism. I would also like to thank Irene for helping me become the writer I am today and for her persistence and patience with me throughout my two years in this program.

I would like to thank my parents, Chantal and Raphael, for their continued support throughout my education. Last but not least, I would like to thank Joanna Rosciszewska for editing my paper and being such a great friend to me throughout my journey at Concordia University.

Table of Contents

| | |
|---|----|
| INTRODUCTION | 1 |
| METHODOLOGY | 3 |
| Data | 3 |
| Data Collection | 3 |
| Validity and Reliability | 4 |
| Limitations | 5 |
| LITERATURE REVIEW | 6 |
| The Present Day School System | 6 |
| Autism | 8 |
| Intrapersonal Challenges | 9 |
| Interpersonal Challenges | 10 |
| Interaction | 11 |
| Communication | 13 |
| Imagination | 15 |
| Theory of Mind | 18 |
| Art Therapy | 21 |
| Intrapersonal Solutions: Increasing Self-Awareness | 22 |
| Interpersonal Solutions: Increasing Awareness of Others | 26 |
| Group Therapy | 27 |
| Social Skills | 28 |
| Acquiring Social Skills | 29 |
| Acquiring Theory of Mind | 30 |
| The Importance of Play | 31 |
| Art as a Form of Play | 33 |
| Understanding Mental States through Art | 34 |
| PROGRAM CREATION | 37 |
| First Term: Individual Art Therapy | 38 |
| Week 1 | 39 |
| Week 2 | 39 |
| Week 3 | 39 |
| Week 4 | 40 |
| Week 5 | 40 |
| Week 6 | 40 |
| Week 7 | 41 |
| Week 8 | 41 |
| Week 9 | 41 |
| Week 10 | 41 |
| Second Term: Group Art Therapy | 42 |
| Week 1 | 42 |
| Week 2 | 43 |
| Week 3 | 43 |
| Week 4 | 44 |
| Week 5 | 44 |

| | |
|-------------------------|----|
| Week 6 | 44 |
| Week 7 | 45 |
| Week 8 | 45 |
| Week 9 | 45 |
| Week 10 | 46 |
| DISCUSSION | 46 |
| FURTHER RECOMMENDATIONS | 48 |
| CONCLUSION | 49 |
| REFERENCES | 51 |

Introduction

Childhood is the time when sense of self and personality begin to take shape. This is also the time when most of a child's day is spent in school. If children lack the adequate socialization and problem-solving skills needed to successfully manage their school days, many conflicts may arise in this particular environment. It seems, however, that the current educational system is not placing enough value on children's emotions and appropriate self-expression. Additionally, the school systems are challenged by a rising population of children with disabilities, due to the recent trend towards integration (Bush, 1997).

Children, particularly those with special needs such as autism, need to learn the appropriate intrapersonal and interpersonal skills as a way of better understanding themselves and others. With the appropriate skills, such as increased awareness of self and others, these children would be better equipped to integrate into their environment, improving their own as well as others' quality of life. Children are used to functioning as part of a group in their families and in school. Group art therapy, in the form of social skills training, can help children with autism learn the appropriate skills such as self-awareness and empathy, thus facilitating successful everyday interactions (Riley, 2001).

In this paper the present day school system will be examined in order to understand the context into which children with autism are integrated. A brief overview of autism will be explained with a particular focus on the intrapersonal and interpersonal challenges with which these children are often faced. Theory of mind, originally coined by Premack and Woodruff in 1978 in relation a study they first conducted on chimpanzees, will then be explored as a way of understanding the mental thought processes of these children

(Baron-Cohen, 1995). Art therapy techniques, used to help children increase awareness of themselves and of others, will be discussed. Group therapy combined with play therapy will be explored as a means to develop appropriate socialization skills. Finally, a two-part twenty week program will be offered as an example of a potential program which is designed to increase these children's intrapersonal and interpersonal awareness through both individual and group art therapy sessions.

This research paper aims to address the question of whether a group art therapy program can be developed for children with high-functioning autism as a way of promoting the practice of the necessary social skills needed in order to comfortably function within groups in their school settings.

Personally, I have always been fascinated by children with autism based on my experiences of working as a teacher at a nursery school and then as a childcare worker for the English Montreal School Board (EMSB). After reading more about autism and connecting with the children I have come in contact with, I came to realize that art could be used as a common point of focus and understanding. When I started learning about the increasing prevalence of autism in Canada, I felt the urgent need to respond. My motivation in writing this research paper is to help children with autism acquire the social skills that most children tend to pick up naturally. The purpose of this paper is to help educators and art therapists see the possibilities that can emerge through collaboration. I hope to inspire others to take this paper as a starting point for future projects and research as a way of facilitating the integration of these children into their surrounding environment.

Methodology

The Research Paper/Project Handbook: Policies and Procedures for Art Therapy, Drama, or Music Therapy (2008) defines Construction Research as integrating “many of the techniques of the historical-documentary method, but focuses more on producing or constructing a useful product” (p. 16). This methodology is most appropriate for this research paper as it bridges theory with the practical application of a program creation. Since most of this paper is theory-based, it focuses on the review of existing literature on children with autism and art therapy interventions with the purpose of creating a program that will best serve the needs of these children.

Data

The data collected in this methodology comes from documents such as peer-reviewed journal articles, chapters from books and textbooks, as well as case studies. Various theories and applications have been researched in the areas of psychology, education, and art therapy all relating to children within the autism spectrum disorder. The data in this research also comes from Canadian statistics on the prevalence of children with autism as well as the number of children with autism attending the English Montreal School Board (EMSB).

Data Collection

In this research paper, information was sought out by searching various databases for pertinent and credible documents relating to children with autism in elementary schools as well as social skills programs specifically targeted for these children. Additionally, individuals from the EMSB were approached to provide any relevant information.

Validity and Reliability

According to Mook (2001) “a measuring device is reliable to the extent that it gives us consistent results” (p.87), and valid “to the extent that it measures what it is supposed to measure” (p. 87). Some quantitative data has been included in this paper where proper evaluation of the tools used to measure the effectiveness of various studies has been conducted in order to determine their validity. Population characteristics, setting, and sample size have been examined in these studies in order to assess their generalizability. Several case studies were presented in this paper, and although informative their generalizability should be taken with caution.

Although this research paper contains quantitative data from various studies, it is still predominantly qualitative which poses challenges to its validity and reliability. However, it is possible to ascertain that the data is credible, transferable, dependable, and confirmable (Lincoln & Guba, 1985). For example, results are considered credible when they appear convincing given the data being presented. Lincoln and Guba define transferability as the degree to which the results of a study can be applied to other situations. They also maintain that results can be considered dependable when they are consistent with the data being gathered, and are confirmable when the conclusions appear believable to a critical audience.

In this research paper, credibility has been strived for by including objective data, such as facts and statistics. To allow for transferability, well-defined descriptions have been offered as a way of providing the reader with enough information to transfer these results to other situations (Lincoln & Guba, 1985). Dependability and confirmability

have been sought out through continuous examination of the processes of inquiry by checking for consistency and errors.

Triangulation is another way of striving for balanced and unbiased results by incorporating different sources and viewpoints in order to gain a better understanding of the question at hand (Marshall & Rossman, 2006). For this research paper, data has been collected from different sources such as journals, books, case studies, statistics, as well as firsthand accounts of people living with autism and Asperger's syndrome (i.e., Grandin, 1995 & Robison, 2007).

Limitations

The art activities mentioned in this paper can be considered as a basic starting point as there are limitless ideas that can be researched as well as created based on one's own experiences of working with this population. The suggested art activities may not be appropriate for everyone and therefore it is important to always take into account each child's specific functional level, needs, and interests while developing and implementing an art therapy group such as the one described in this paper.

Another limitation that may exist is that this program is specifically designed for higher-functioning children with autism (i.e., intellectual & verbal abilities) between the ages of seven and twelve. However, this type of a program can easily be modified for lower-functioning children with autism. In this case, more time would be allotted at the beginning of therapy to allow the child the time needed to get used to the space, the therapist, the materials, and the other group members. The size of the group might even be as small as two, depending once again on the children's functional abilities. The art activities would also be simplified with fewer steps involved.

While these particular examples of art activities do not necessarily apply to other populations or age groups, this type of a program could be altered to help any child experiencing socialization difficulties in school, such as those displaying impulsive and hyperactive behaviours. The common goal here would be to enhance these children's appreciation of others while helping them develop such skills as patience and reciprocity.

Literature Review

The Present Day School System

Given that the purpose of education is to prepare students for their future lives as citizens of this world, it is important that the school environment facilitates the development of students' academic and social competencies (Brigam & Webb, 2007). Yet, as Zsolnai (2002) explains, little attention is being given to the relation between social competence and academic achievement of children in schools today. Gazda (2007) advocates for a change in a system that lacks relevance to children's everyday problem-solving needs.

With the rising population of children with autism entering into the mainstream educational system, Dunn-Snow (1997) stresses the fact that the challenges and goals that schools are faced with today have gone beyond those of merely educating children in terms of mathematics and language arts. The English Montreal School Board (EMSB), for example, currently has more than two hundred and fifty children with autism (T. Piperni, personal communication, April 23, 2010).

Given that the number of students with disabilities has been on the rise, it is not surprising then that the classroom group dynamic merits more attention. In light of the current situation, teachers are becoming more vocal in expressing the struggle they are

presently facing in meeting the various needs of children who are experiencing learning, behavioural, physical, and sensory challenges (Bush, 1997). Consequently, they are advocating for a more holistic approach which addresses the growing intellectual, emotional, and social needs of all children, regardless of abilities, providing for a more accepting and empathetic environment in which they can flourish.

Bush (1997) states that the ways in which the educational system operated prior to the integration of children with autism is no longer applicable, since the needs of these children require more creative adaptation. However, it is essential that the diverse needs of these students are met, particularly those with social and emotional difficulties. Bush suggests that educators join forces with art therapists to help bring about this reformation in the system.

Graham and Avent (2004) state that because children spend most of their time within the school environment, it would be the ideal setting to work with those who may be experiencing difficulties. This would allow the children to apply their knowledge and skills in a convenient and hands-on approach which could then be generalized to other settings, such as in the playground and at home. When experts work together, as Somech and Drach-Zahavy (2007) point out, it can lead to more effective outcomes for both the students and school community at large. With the appropriate skills, such as self-awareness and self-expression, children with autism will be better equipped to integrate into their environments. All these efforts combined will help these children to develop the skills necessary to become successful students (Brigam & Webb, 2007).

Autism

Autism, which is considered by some to be the most severe form of child psychiatric disorders, (Baron-Cohen, 2000) is now also the most common neurological and developmental disability diagnosed in children (Autism Society of Canada, 2009). As Wolfberg (2009) points out, the prevalence of autism throughout the world has been rising dramatically to unprecedented and near-epidemic proportions. In Canada alone, the prevalence of children with autism is around one in 165 (Fombonne, Zakarian, Bennett, Meng, & McLean-Heywood, 2006).

Dr. Kanner, a physician and a child psychiatrist in the early 1940's, was the first to use the term 'autistic' (Grandin, 1995). After having observed several children, Kanner noticed that they all demonstrated some commonalities, such as the desire to be alone, insistence of routines, and islets of abilities (Wolfberg, 2009). Autism was later understood as a spectrum disorder where individuals could fit on the continuum anywhere from very high-functioning to completely non-verbal (Grandin, 1995). Cashin (2008) explains that the terms 'high-functioning' versus 'low-functioning' refer to a person's intellectual capacity such as their language development. For the purpose of this research paper, the focus will be on high-functioning children with autism, including those with Asperger's syndrome.

Autism is diagnosed based on three main behavioural patterns such as impairments in social interactions, interests, and language development (Emery, 2004). For example, a person must have at least two of the following types of impaired social interactions: lacking non-verbal social behaviours, lacking relationships with peers, lacking social and emotional reciprocity, or lacking interest in socialization altogether. Additionally, a

person must demonstrate at least one of the following repetitive behaviours to be classified as autistic: obsessed with limited interests, inflexible performance of routines without an apparent purpose, repetitive motor mannerisms, or continued fascination with elements of objects. Lastly, a person must have at least one of the following types of impaired communication skills: absence of or delayed speech with no attempts to compensate, difficulty beginning or continuing a conversation, use of repetitive language or lacking imitative behaviours or ability to play pretend (DSM-IV-TR, APA, 2000).

Autism is a spectrum disorder and, as a result, it can affect and manifest itself differently in each person, depending on the level of his or her functional ability and unique personality (Patterson, 2008). On the higher end of the spectrum is Asperger's syndrome, where individuals demonstrate social impairments but may not necessarily exhibit any intellectual delays (Cashin, 2008).

Intrapersonal Challenges

The term intrapersonal refers to the internal aspects of a person, in particular their emotions (Dunn-Snow, 1997). According to Sigman and Capps (1997) self-recognition needs to be developed in order to gain a greater sense of self-awareness. Yet, as Trevarthen, Aitken, Papoudi, and Roberts (1998) point out, people with autism tend to have an underdeveloped awareness of their own thoughts and beliefs. Despite the fact that they may have a difficulty in identifying and distinguishing thoughts and feelings, they may still experience and display negative emotions, such as fear, anger, and sadness (Sigman & Capps, 1997).

Low self-esteem and the need for a sense of control are among the most important intrapersonal problems that children with autism face at school. Dunn-Snow (1997)

observed that elementary school children, labelled as handicapped (i.e., autism), tend to have learning difficulties that hinder their communication and social skills, negatively affecting their self-esteem. Given that high levels of self-esteem, sense of control, and motivation are often the determinants of academic success, it is understandable then that low levels of these traits may contribute to poor academic performance as well as adjustment problems (Zsolnai, 2002).

Musher-Eizenman, Nesselroade, and Schmitz (2002) found that school achievement was influenced by a range of children's perceptual beliefs and attitudes. For example, they found that children who displayed beliefs of low perceived control performed worse in school than those with a higher sense of control. Accordingly, such a belief would affect the child's actions, often resulting in passive behaviours such as avoidance or withdrawal. Additionally, low perceived control may contribute to the feelings of anxiety and fear which may decrease a child's sense of confidence and competence.

People with autism may also experience body boundary problems in that they are unable to distinguish where their body ends and where, for example, the object they may be holding begins (Grandin, 1995). Grandin explains that this may be the reason why certain individuals with autism have the need for tactile and concrete reassurance, such as touching themselves or the objects around them.

Interpersonal Challenges

Children with autism often experience difficulties in interpersonal relationships with others such as impairments in social interaction, social communication, and imaginative play (Patterson, 2008). Impairment in social interaction occurs when an individual demonstrates a serious lack of emotional contact with others. Impairment in social

communication occurs when a person experiences difficulties with all forms of expression, both verbal and non-verbal. And lastly, impairment in imaginative play is due to a person's inability to play imaginatively with themselves, as well as with others. However, since autism is a spectrum disorder, the general level of social functioning can vary for each individual from mild to severe (Noble, 2001).

Interaction

Wubbolding (2007) and Bush (1997) both agree that children with autism lack the basic interpersonal skills that constitute healthy two-way interactions with their peers (Wolfberg, 2009). The results of a study by Schleien, Mustonen, and Rynders (1995) support this notion, showing that children with autism rarely interacted with their school mates during such shared activities as lunch and recess.

The ability to empathize with others is also thought to be a component of healthy social interactions (Robison, 2007). Yet, as Robison points out, people with autism may actually lack this trait. Consequently, social understanding between individuals may be hindered, affecting one's ability to perceive and respond to others' emotions (Sigman & Capps, 1997). Not surprisingly, such impairments in children with autism often manifest itself in difficulties with sustaining relationships among their peer groups (Koegel & Koegel, 1995).

One of the most difficult tasks for children with autism is the ability to initiate and maintain close relationships (Wolfberg, 2009). According to Zsolnai (2002) this may be due in large part to few opportunities in the school setting for these children to form and practice their appropriate social skills. Additionally, it has been found that even those children who are more socially advanced still develop fewer friendships during their

middle childhood (Sigman & Capps, 1997). As Patterson (2008) points out, this difficulty with forming and maintaining relationships is the main reason for referral to therapy.

According to Noble (2001) children with autism can fall within three general social categories of behaviour: socially awkward, socially indifferent, and socially avoidant. Some children may tend to fall into one category more than another, yet there is variability among their responses. Epp (2008) explains that children with autism can be seen as awkward and acting in socially unacceptable ways, such as speaking in ways that may seem rigid and unnatural.

Also, children with autism may appear to be socially indifferent as they do not understand the common social cues found in everyday interpersonal interactions (Robison, 2007). More specifically, it has been observed that children with autism have little awareness of social conventions in general, such as engaging in eye contact when conversing with another (Sigman & Capps, 1997). Not only do they have trouble understanding social situations, but they are also less likely to interpret them in terms of emotions and beliefs. Experiencing difficulties in reading others' feelings often hinders children's motivation to pay attention to those emotions. Therefore, one can see the challenge of empathizing with another if one cannot even properly interpret the situation at hand.

Another reason why children with autism may display social indifference is due to their inability to properly problem-solve. As Sigman and Capps (1997) point out, people with autism lack the capacity to identify and utilize alternative strategies, such as finding appropriate solutions to novel challenges. For example, they may not be able to

distinguish between actions of the past, present, or those which will occur in the future, hindering their ability to adapt to changes in their environment. Accordingly, this can manifest itself in anxiety, especially when there is an interference in the child's routine (Grandin, 1995).

Sigman and Capps (1997) stress the importance of learning problem-solving abilities as early on as possible, because without a repertoire of alternative strategies the individual's behaviour may result in a loss of self-control. For example, lacking the understanding of basic vocabulary and concepts, children with communicative disorders (e.g., autism) may also be missing the necessary problem-solving skills to maintain proper relationships, potentially leading to impulsive and conflictual behaviours (Graham & Avent, 2004). Aggression and self-injury are just some of the consequences which may result from the lack of appropriate problem-solving skills (Koegel & Koegel, 1995).

Children with autism may have the tendency to be socially avoidant due to the constant social demands placed upon them (Epp, 2008). Cashin (2008) points out that since the majority of people do not have autism, a serious mismatch occurs when those with the disorder are forced to enter into the mainstream society. For example, being constantly faced with social demands that will most likely result in peer rejection may lead a child with autism to feel anxious and apprehensive, possibly resulting in social avoidance altogether (Baker, Koegel, & Koegel, 1998).

Communication

Children with autism lack the ability to communicate effectively within their environment. For example, according to Hadwin, Baron-Cohen, Howlin, and Hill (1997), people with autism are less likely to use mental state terms, such as words

describing different emotions. According to Sigman and Capps (1997), children with autism scored lowest on the verbal and social understanding aspects of the tasks assigned to them, once again demonstrating little awareness of social and cultural norms. In part, this can be explained by the fact that children with autism tend to be extremely literal in their understanding and the use of language (Wolfberg, 2009).

It has also been found that children with autism demonstrate more difficulty in developing and expanding upon conversations in general (Epp, 2008). Pronoun reversals, such as confusing I and you, are common mistakes found in speech patterns of people with autism (Wolfberg, 2009) impeding their ability to maintain reciprocal conversations (Cashin, 2008). Such a difficulty may lie within the individual's inability to self-identify which may explain their difficulty in differentiating themselves from others. Frith (1997) explains that even those at the higher end of the autistic spectrum will still demonstrate difficulty with the back-and-forth rules of conversation. As Emery (2004) points out, it is the inability to adequately perceive other people's messages which exacerbates the communicative problems that children with autism often display. As a result, they may experience difficulties in reaching optimal school setting performance and may also display inappropriate behaviours towards themselves and others. Withdrawal and/or feelings of helplessness often ensue, further affecting their level of motivation to interact with others.

Those who find communicating difficult may also fall back on earlier forms of non-verbal communication, such as outburst and tantrums, which may become increasingly more debilitating as the child gets older (Epp, 2008). Trevarthen and colleagues (1998)

remind us that even though children with autism may communicate less than others, it may not actually indicate the lack of their desire to communicate.

In terms of perceiving and interpreting non-verbal cues from other people in their environment, children with autism demonstrate greater impairments in such areas as eye contact, facial expressions, and body language (Wolfberg, 2009). According to Martin (2008) this phenomenon is related to sensory overload that these children often face. Furthermore, she describes that the ability to read faces is a basic way in which children learn, and since children with autism are often uneasy making eye contact they are hindered in their capacity to learn from others.

Imagination

The ability to play imaginatively is another striking impairment found in children with autism (Tipple, 2008). Wolfberg (2009) found that children with autism played less often when compared to typical developing children. Trevarthen and colleagues (1998) explain that play behaviours of children with autism tend to be present-focused and practically-oriented. Also, Sigman and Capps (1997) found that children with autism are less likely to initiate social interactions with either toys or people. The challenge for these children lies in their inability to properly relate and interpret the behaviours of their peers (Wolfberg, 2009). According to Trevarthen and colleagues (1998), impairments in playful imagination correlate directly with children's communicative difficulties.

Creativity, diversity, and flexibility are the elements found to be the most absent in the play behaviour of children with autism (Wolfberg, 2009), whereas restrictive and repetitive play are the most commonly found characteristics (Restall & Magill-Evans, 1994). When not guided by an adult, play patterns of children with autism were found to

be stereotyped, such as engaging in unusual and repetitive behaviours (Sigman & Capps, 1997).

When compared to non-autistic children, those with autism showed specific areas of difficulty in pretend play, to the extent that it was almost non-existent (Sigman & Capps, 1997). Sigman and Capps view this occurrence as the result of children's inability to attribute attitudes to other people. Wolfberg (2009) explains that lacking the experience of social pretend play can lead children into a solitary world, solely defined by literal meanings.

Since children with autism have difficulties in understanding concepts beyond their literal meanings, it impairs their imagination and the utilization of symbols (e.g., pretending that a banana is a telephone) in their play behaviours (Fox, 1998). Fox explains that if this ability is not properly developed, it can leave the child in a world where everything is experienced as new and unpredictable. Accordingly, it can also prevent children from being able to express their own inner realities, further adding to their sense of confusion and isolation (Osborne, 2003). Furthermore, developing a child's imagination can act as a foundation for new cognitive capacities to emerge which will help the child to make sense of the behaviours and feelings of others as well as their own (Happe & Frith, 1995).

A distinct impairment found in the play of children with autism is that of joint attention which is thought to be a fundamental building block for creating and maintaining close relationships (Lewy & Dawson, 1992). Yet, as Sigman and Capps (1997) explain, children with autism are less likely to initiate, follow, or share in the activities that require the attention of others.

Another difficulty that children with autism face is that of receiving constant negative feedback about their inappropriate socialization skills (Restall & Magill-Evans, 1994). Restall and Magill-Evans explain that this constant negative feedback can lead the child to become less motivated to partake in any situations involving social interactions. Given the resulting lack of motivation to communicate, it is not surprising then that these children are often faced with challenges when they begin attending school (Koegel & Koegel, 1995). Peer exclusion, which often results, further eliminates the opportunity to learn and develop more appropriate ways of playing (Wolfberg, 2009). Additionally, it may result in feelings of loneliness. For example, Robison (2007) helps illustrate the impact of solitude resulting from living with Asperger's syndrome:

I played by myself because I was a failure at playing with others. I was alone as a result of my own limitations, and being alone was one of the bitterest disappointments of my young life. The sting of those early failures followed me long into adulthood, even after I learned about Asperger's. (p.211)

Change and transition in general can be difficult for children with autism, but when those changes take place in the school environment these children may experience even greater distress (Noble, 2001). Because of their inability to access relevant information needed to adapt to those changes, they might retreat into avoidance behaviours and preference for routines (Cashin, 2008).

Graham and Avent (2004) found that children with communicative disorders often suffer from feelings of loneliness, depression, and hopelessness. For example, Sigman and Capps (1997) found that children with autism often feel greater levels of loneliness than those without. When asked about their relationships with others, these children

reported having limited peer friendships as well as spending most of their time alone. In addition, such experiences often give rise to a child's perceived sense of inadequacy and failure (Epp, 2008).

According to Cashin (2008), people with autism are more likely to experience anxiety disorders and depression brought on by the demands of various social contexts. More specifically, functioning within the school system is especially hard for such children, where the differences between them and others are most apparent. Consequently, they may engage in disruptive behaviours which can interfere with the learning processes of both the child with the disorder and the class at large (Scattone, Wilchynski, Edwards, & Rabian, 2002). According to Epp (2008) there is a rising consensus among various professionals for the need to guide children with autism to improve their social development, and as Damarell and Paisley (2008) point out, this needs to take place as early on as possible.

Theory of Mind

The prevailing beliefs up until the 1980's were that autism was caused by the mothers' poor parenting skills and lack of affection towards their children (Frith, 2000). For the past thirty years however there has been a growing increase in research re-examining the root causes of autism in various fields from cognitive sciences, developmental psychology, to social psychology and neuroscience (Goldman & Mason, 2007). The developmental cognitive neuroscientists help to clarify the old understanding of autism, showing that it may be a cognitive disorder with a neurological basis (Frith, 2000).

Baron-Cohen (2000) claims that the core cognitive deficit found in individuals with autism is due to their impairment in understanding and reflecting upon their own and

other people's minds, also known as lacking a theory of mind. The theory of mind is thought to be an innate ability to infer other people's mental states, such as beliefs, emotions, desires, and intentions as precursors for their actions. Understanding that others possess mental states helps a person to differentiate between the world of objects and people, and helps them better relate to others (Frith, 2000). Furthermore, theory of mind is used as a way of reading other people's minds to help explain and predict behaviours, which can be helpful in many situations. It is thought that the three core impairments in autism (i.e., socialization, communication, and imagination) result from the absence of theory of mind. However, as with other deficits, the lack of theory of mind varies from one individual to the next (Baron-Cohen, 2000).

According to the theory of mind, children with autism lack the ability to understand that they, as well as others, possess mental states (Frith, 2000). Wolfberg (2009) explains that since they show impairments in the development of joint attention, social imitation, emotional reciprocity, and symbolic play, it is understandable that they would have more difficulty acquiring a theory of mind. These children also have difficulty in understanding that other people have thoughts and feelings that differ from their own (Epp, 2008). Without the ability to properly reflect or describe mental states, one can understand how making sense of and predicting the behaviours of others would be a difficult task for children with autism (Frith, 1997). The ability to reflect, for example, allows one to learn from mistakes, but in order to learn from mistakes, one must first be able to recognize that a mistake has been made (Frith, 2000). Frith also maintains that it is possible for children with autism to learn to identify the basic emotions in other people but in order to learn the more complex ones, like embarrassment or guilt, these children

need to first understand that mental states do exist and can change depending on the circumstances.

It has been established that social cognitive abilities (e.g., engaging in small talk) are necessary in order to communicate effectively (Schopler & Mesibov, 1995). For example, Hadwin and colleagues (1997) suggest that children with autism have more difficulties with understanding and maintaining conversations because of their impaired sense of theory of mind. Due to their inability to read the cues of the speaker as well as to understand other people's mental states and intentions, children with autism are unable to form the necessary skills to ensure proper communication (Happe & Frith, 1995).

The most common test to assess whether a child possesses a theory of mind is the Sally-Anne task, where the participant is either told or shown a story with two dolls, Sally and Anne (Colle, Baron-Cohen, & Hill, 2007). The child is first shown a basket, a box, and Sally the doll. The experimenter then moves Sally to place a ball inside the box, after which he removes the doll from the child's view. Afterwards, the experimenter shows the child the second doll, Anne, who moves the object from the box into the basket. When Sally returns, the child is asked where Sally will look for the ball. If the child answers that Sally will look inside the basket, then she or he is said to have failed the task, not understanding that Sally has different thoughts.

Normally developing children, as well as those with Down syndrome, can pass the Sally-Anne task, demonstrating that they have an understanding of other people's mental states (Frith, 2000). However, children with autism most often fail this task, indicating that they do not consider what Sally is thinking and therefore cannot predict her

behaviour. This sheds light on the mental processes of those living with autism, which are found to be predominantly focused in the here and now (Baron-Cohen, 1995).

While the theory of mind helps explain the three basic symptoms found in autism (i.e., interaction, communication, imagination), some limitations remain in its application to autism in general (Frith, 2000). For example, it does not explain the other commonly found symptoms, such as restricted interests, stereotyped, and perseverative behaviours. Additionally, it does not explain the various levels of severity of symptoms within the autistic spectrum disorder.

Art Therapy

According to Cashin (2008) the processing of information for people with autism is primarily visual, which helps account for their tendency to think in literal terms. This way of information processing however is thought to be an adaptive learning strategy (Grandin, 1995). For example, the advantage of being a visual learner is that the information is stored in a way that is more easily remembered and more accessible. For this reason, it is suggested that art therapy may be the best approach to learning for most people with autism (Epp, 2008). As Epp explains, through the visual and concrete nature of art therapy, children can be better equipped to understand and find solutions to their problems, such as gaining a better understanding of themselves and their relationships with others.

The way in which children create their artwork often parallels the way in which they view their world (McGregor, 1990) and may therefore provide the therapist with insightful information that can be useful in the therapeutic process (Shapiro, Friedberg, & Bardenstein, 2006). For example, Tipple (2008) explains that children with autism may

sometimes talk at length about certain fantasy worlds providing useful information about how they may see their own world in general. These stories are often rich in metaphor, and when combined with art-making, may provide the child with the motivation needed to work through their presenting difficulties (Cartledge & Milburn, 1995). Art making can be also helpful in teaching children to integrate their newly-discovered insights (Bloomgarden, 2000).

According to Bush (1997), structured art therapy programs within the school system can greatly benefit children with autism as well as the classroom at large. For example, Bloomgarden and Schwartz (1997) explain that if the school staff along with art therapist can work together, they can help support and complement each other's disciplines. Since learning, behavioural, and emotional development are interrelated, such partnership can provide greater educational opportunities for the child (Dalley, 1990). Indeed, this form of collaboration has dramatically increased in recent years due to a trend of including children with special needs into the mainstream school programs (Bloomgarden & Schwartz, 1997). According to Dalley (1990) it is precisely the implementation of art therapy for children with autism that may prove most helpful in targeting their emotional and/or behavioural challenges as well as facilitating their integration into the mainstream classroom setting.

Intrapersonal Solutions: Increasing Self-Awareness

One of the first goals in art therapy for children with high-functioning autism is to achieve a proper sense of self-awareness. To address this intrapersonal need, a strong therapeutic alliance between the art therapist and the child needs to be established so that the child has a secure base with which to explore himself (Evans & Dubowski, 2001).

This however may take time to establish as children with autism may require more time to form a therapeutic relationship. It is integral, therefore, that the child is given the appropriate time needed to familiarize himself with the therapist prior to any therapeutic interventions. Later, when the predictability of the relationship has been established, the child may feel more at ease to move forward and more willing to discover aspects of himself. It is through this relationship that the child can begin to trust the therapist enough to form an emotional attachment and begin investing in the therapeutic process. According to Rabiger (1998), it is the therapist's undivided attention and empathy that provide the child with the support and trust needed to bring forth and explore anything that may come to the child's mind during each session.

With the establishment of the therapeutic relationship, a sharing of meaning and emotion can then occur to help facilitate the child's ability to self-express (Evans & Dubowski, 2001). For those who have difficulty expressing themselves in words, Shapiro and colleagues (2006) suggest using art. According to Dalley (1990), the various media found in art therapy (e.g., markers, paints) can help children to express their concerns and needs by creating an artwork which is reflective of their situation. During the discussion period, the therapist and child can explore the artwork together to find deeper meaning as well as possible solutions. Art therapy can therefore offer children the tools to increase their emotional and cognitive competencies (Rabiger, 1998). By experimenting with the different media, the child can then begin to interpret and understand the representational possibilities in the art making process (Guay, 1999) through which they then come to express their inner thoughts and feelings (Dalley, 1990). Embedded in this process of creation is the child's invested energy which adds relevance

and meaning to the task at hand (Noble, 2001). This is especially beneficial for children with communication difficulties whose process of creating artwork as well as the final product often contains deeper meanings than could have otherwise been expressed in words (Epp, 2008).

Harvey (1989) suggests that creative art therapy interventions improve children's ability to express themselves and therefore can increase their feelings of positive self-regard. To begin to understand the client's self-concept, the therapist can ask a child to draw an image of himself, depending on their functional abilities (i.e., high-functioning), which can then be used to help develop any necessary interventions (Shapiro et al., 2006). Dubowski (1990) explains that this way, art can be utilized as a way of increasing a child's full potential, helping him to discover a true sense of self and a sense of belonging. Furthermore, establishing a true sense of self can help lay the foundation for relating to others (Emery, 2004).

Children with autism may find interpersonal interactions so stressful that they withdraw into the predictable world of objects where their attempts to interact with inanimate objects will most likely be met with success (Noble, 2001). Given this preference for objects and a sense of comfort that playing with inanimate objects may bring to the child, art can be used as a successful and pleasurable way of externalizing their problems. Dunn-Snow and Joy-Smellie (2000) add that when challenges are met with successful outcomes this can lead to an increase in self-esteem and improvement in academic performance (Bush, 1997).

Since art therapy is provided, at a minimum, on a weekly basis with the therapist and art materials remaining the same, it allows for consistency within the child's routine.

This is especially important to a child with autism, as when factors remain the same they allow the child to know what to expect, thereby fostering a sense of security and comfort. This achieved sense of comfort and familiarity then lends its way to testing out alternative strategies, such as initiating interactions with peers, in order to promote the child's fullest capacity for change and growth (Katz & Yellen, 2000). According to Rabiger (1998), it is precisely the therapist's exploration of alternative strategies and slow introduction of change that can better prepare children with autism to deal with the day-to-day challenges with which they may be faced.

Drawing, painting, and even clay work can all be used as creative outlets for expressing oneself and increasing one's self-awareness when working with children with autism (Rabiger, 1998). For example, according to Case (2005) creating animals provides children with a safe metaphor to facilitate the exploration of self in order to help them discover their fullest potential. This can also be done with any of the aforementioned media or even through other activities, such as mask-making.

Dunn-Snow and Joy Smellie (2000) suggest mask-making as one possible art therapy activity aimed at increasing self-awareness, understanding facial features, expressing emotions, and helping to think creatively. Masks, which can be used as a symbol for the self, can allow the person to integrate the different aspects of their psyche, conscious or unconscious. They can also serve as an element of protection to hide behind, or as an element of clarification to discover one's true identity. Ultimately, mask-making as well as mask play can facilitate the process of transformation by working through the presenting challenges in a way that enables growth and increases higher levels of functioning.

Another art activity aimed at increasing self-awareness is combining story-telling with art therapy (Dunn-Snow, 1997). This type of activity stems from the ideas found in social stories, or books describing specific social situations, aimed at teaching children with autism appropriate social skills. Dunn-Snow proposes that the therapist read books with specific themes (e.g., how to make a friend) and then ask children to make a drawing in response to what they have just heard. She states that this helps them to identify the main character's feelings as well as the circumstances in which they may have arisen. This offers the child a sense of normalcy, as these stories are carefully chosen to parallel a presenting problem, while at the same time demonstrating various solutions. This approach offers children opportunities to better understand themselves as well as their relationships with others. Also, the metaphors contained in these stories and the use of various characters can help children feel more secure to explore their own emotions which they may have felt afraid to confront otherwise. For instance, any presenting problems that the characters are faced with may become more easily explored to help gain a better understanding of their own difficulties. Lastly, Dunn-Snow adds that this form of therapy can help children with their behavioural and emotional adjustments, which in turn can have a positive affect on their school behaviour.

Interpersonal Solutions: Increasing Awareness of Others

The relationships that children form in school are essential to their development, especially in terms of increasing their learning and socialization abilities (Dalley, 1990). It stands to reason then, since school is part of children's everyday life, that there should be resources available that encourage the development of healthy interpersonal skills. As Trevarthen and colleagues (1998) point out, affectionate regard, along with consistent

and supportive relationships within the school community, have been found to be the main aspects that contribute to an increase in cognitive understanding, such as awareness of others' feelings and thoughts. Cognitive and social competencies, when combined, can facilitate the development of healthy interpersonal skills required for successful functioning throughout the school day.

Group Therapy

Group therapy provides opportunities for direct connection with peers and demonstrates a sense of commonality and solidarity amongst the group members (Dunn-Snow & Joy-Smellie, 2000). According to Noble (2001), group work for children with autism can be very effective, as it is geared towards increasing children's socialization abilities. The process of group work allows for the creation of a caring and supportive atmosphere (Brigam & Webb, 2007) and can even offer children a rare experience of social pleasure (Noble, 2001). Being part of a group can offer its members a sense of belonging and shared identity (Liebman, 2002). Another beneficial aspect of group work is that it operates democratically, in that all the members have equal share of power and responsibility, and it allows for shared feedback and a chance to gain insight into their roles as group members. Prokoviev (1998) adds that being in the presence of other members who may demonstrate more willingness to test out new roles, can serve as a model to encourage others to modify their own behaviours that they may not have felt safe to try otherwise. Liebman (2002) explains that participating in groups can help children strengthen their latent abilities, such as conversational and relational skills.

With group work being situated in the here and now immediate problem-solving opportunities emerge (Riley, 2001). This can help children develop conflict resolution

skills deemed necessary to go about their daily lives at school. Epp (2008) concludes that an important element of group therapy for children with autism is that the development of these socialization skills can later be generalized into other areas of their life, like in the classroom or at home.

Social Skills

Yalom and Leszcz (2005) stress the fact that all people have a basic need to be personally connected with others. Cartledge and Milburn (1995) explain that relationships with peers are important aspects of a child's life and greatly contribute towards their social learning abilities. In fact, it is through these relationships that children's social learning is thought to begin (Trevarthen et al., 1998).

Baron-Cohen (1995) explains that the symptoms found within the diagnosis of autism have been shown to decrease with the help of educational and therapeutic interventions targeted at increasing these children's social adaptation abilities. Accordingly, Noble (2001) suggests that intervention of this kind is essential in promoting social skills as well as preventing social withdrawal or acting-out behaviours.

Social skills therapy for children with autism consists of a combination of behavioural and cognitive techniques used to improve non-verbal behaviours (e.g., eye contact), their awareness of others' feelings, conflict resolution, problem-solving, and friendship skills (Epp, 2008). Social skills in particular are used to facilitate the development of children's conversational, attentional, and turn-taking abilities (Cartledge & Milburn, 1995). All these abilities are needed for proper social interaction.

In order to establish healthy relationships, a person needs to be able to understand and appreciate other people's perspectives (Sigman & Capps, 1997). Before this can happen,

a child must first familiarize himself with various human emotions (Cartledge & Milburn, 1995). One of those emotions is empathy, or the ability to relate to others' emotions, which is thought to play a key role in the acquisition and maintenance of interpersonal skills. Cartledge and Milburn also point out that once children are fully able to identify and understand other people's feelings they can then become less self-involved and more open to begin establishing relationships with others.

Acquiring Social Skills

Social skills are acquired through observation, imitation, and feedback, all of which are impeded in children with autism (Cartledge & Milburn, 1995). Live social modeling by a group member or therapist provides visual and concrete methods to learn socially acceptable ways of behaving within a group setting. When appropriate, the therapist can intervene to help express how he or she may be feeling, with a clear explanation of why particular emotions are expressed. Cartledge and Milburn also suggest reading stories with scenarios that relate to children's lives, such as books describing stories relating to the skill of making friends. When a story is finished, a discussion period can follow to help children better understand the characters' choice of behaviours.

In order to learn and grow, one must be able to communicate, and in order to communicate, one must first understand the different range of emotions such as happiness, sadness, surprise, or anger (Trevarthen et al., 1998). Trevarthen and colleagues suggest that change can also come about from shared participation in activities such as art making. Given the opportunity to take part in meaningful social experiences where all responses are valued increases one's capacity and motivation to communicate (Fox, 1998), which can extend to other situations as well (Koegel & Koegel, 1995).

Communication also involves the appreciation of non-verbal behaviours. For example, in order to establish and maintain social relationships, one needs to be able to understand basic social cues, such as eye contact and body language, in order to adapt their behaviour accordingly (Sigman & Capps, 1997). Furthermore, the ability to infer what another person is feeling or thinking based on facial expressions greatly increases the child's ability to communicate (Cartledge & Milburn, 1995). Developmental psychologists regard the human face as a key factor in social development as it holds immediate and detailed information about how the person is feeling, and it is therefore suggested that the child begin to understand emotions by learning how to read facial expressions.

Acquiring Theory of Mind

Acquiring a theory of mind can offer children with autism a higher quality of life in that they can learn to understand the what, when, how, and why someone might think and act a certain way. This, in turn, can help them to act accordingly and help make their lives a little less stressful.

Wolfberg (2009) explains that a theory of mind typically begins to form in early infancy through social imitation, shared and reciprocated activities, as well as symbolic play, although this ability to read others' minds has been found to be impaired in varying degrees in children with autism. Given this understanding, the therapist can then implement various strategies to help improve the children's behaviours (Happé & Frith, 1995). For example, Happe and Frith advise that the therapist concentrate on the child's strengths as a way of working towards the goal of acquiring a theory of mind which will be elaborated on in the section about understanding mental states through art. The

authors compare mind-blinded people with physically blind, by suggesting that the therapist explain in detail all the elements involved in social situations in order to confidently navigate their environment. With this newly-acquired knowledge in hand, the child is better equipped to understand the concept of mental states.

Hadwin and colleagues (1997) claim that the conversational impairments found in those diagnosed with autism stem from individuals' inability to read others' minds. In their study, they taught children with autism the following mental state concepts: emotions, beliefs, and pretend play. In the emotion and belief groups, the goal was to help children understand other people's emotions. They focused on teaching the external indicators of emotions, such as facial expressions, in order to draw attention to the most important aspects needed to understand various mental states. In the play group, the teacher acted as a model by becoming actively involved in children's play activities. The results of Hadwin and colleagues study showed that it is possible to teach theory of mind, however, children's communication skills showed no significant increases. One of the explanations that Hadwin and colleagues offer, assuming that children may have understood the concepts at the time of teaching, is that they were unable to generalize them to new situations. It is also possible that these children were not able to understand the concepts to begin with, and it is suggested that a longer teaching method, such as the length of one school year, might help them learn to understand and interpret other people's mental states.

The Importance of Play

Children with autism will more often than not choose to play by themselves as opposed to playing with their peers (Trevarthen et al., 1998). According to Wolfberg

(2009) these children will often choose to play with physical stimuli, therefore increasing their knowledge of objects rather than people. Yet, the ability to play is thought to contribute to their symbolic and social development, the lack of which often results in peer rejection. Wolfberg also adds that with adequate social support from parents or educators, social forms of play have been shown to increase in children with autism.

Learning how to play by themselves as well as with others paves the path for successful development of children (Dubowski, 1990) in that it allows them to understand and relate to their social world (Wolfberg, 2009). When play is used in a therapeutic setting, for example, it has been shown to have an impact on children's socialization and communication abilities (Restall & Magill-Evans, 1994). Wolfberg (2009) states that play with objects and people has been associated with marked progress in cognitive, communicative, social, and emotional growth. Furthermore, Cartledge and Milburn (1995) explain that the ability to play is an important skill to acquire as it facilitates future interactions with peers, such as sharing, cooperation, turn-taking, and making friends. Accordingly, play is thought to lead to greater social adjustment and to more successful daily experiences.

Restall and Magill-Evans (1994) suggest that by designing enticing play activities that utilize children's learning styles, such as those based in concrete and visual modes of understanding, they will be more inclined to explore and master the interpersonal skills needed of them at school. For example, when children's preferred interests were incorporated into their play activities and conversations during treatment, they were found to be less socially avoidant (Koegel & Koegel, 1995). Additionally, play activities

such as art, construction, and interactive games were shown to increase levels of social interaction, communication, and imagination in children with autism (Wolfberg, 1995).

Children with autism often partake in obsessive behavioural rituals, such as maintaining a specific interest in a toy and insisting on playing solely with that object (Baker, Koegel, & Koegel, 1998). Baker and colleagues suggest that the therapist make use of children's obsessive interests, such as trains or cars, to help maintain their attention and focus. They add that taking advantage of children's preferred interests can be utilized to encourage socially appropriate game-playing and, consequently, social interactions. In their study, they adapted a game to meet the needs of a child whose obsessive interest was maps, and together they drew a map of the United States to play tag on. By using this child's strengths, he came to be viewed by his peers as an important member of the group. They also found that social interactions significantly increased in other play activities such as in the schoolyard and in the classroom.

Art as a Form of Play

Art and play are closely connected in that playing with materials requires creative thinking abilities (Rubin, 2005). Both art and play are non-verbal forms of communication that are greatly influenced by one's imagination (Shapiro et al., 2006). Allowing children with autism to creatively work through their difficulties with the help of various art therapy techniques will enable them to better integrate into the classroom, thus facilitating their interactions with both their peers and teachers (Dalley, 1990). If these children are helped to successfully socialize with the other group members, they will then have the confidence to further pursue these kinds of interactions in other areas of their lives. One way to accomplish this can be through playing with puppets, as a

group, to act out and find solutions to problematic situations (Cartledge & Milburn, 1995).

In art therapy, art is used as means of encouraging social reciprocity by focusing on the process of art making as opposed to direct interpersonal interactions (Noble, 2001). Since direct social interactions can often be an overwhelming experience for children with autism, it is thought that art production can help alleviate some of the anxiety and can help increase their interest in interacting with others. In this instance, art making is utilized as way to bring personal value by offering concrete reasons for interaction with other participants. This process allows for the opportunity of their efforts to be met with successful results. In general, art making paired with opportunities for socialization, can help increase children's sense of connectedness to their world and, more specifically, to their peers.

Understanding Mental States through Art

There are several ways in which children with autism can increase their awareness of others. One example is mask-making, which can be used as a form of communication, where children can be helped to better express themselves both verbally and non-verbally (Dunn-Snow & Joy-Smellie, 2000). Through this process these children can also come to better understand their relationships with others. Dunn-Snow and Joy-Smellie further explain the appeal of mask-making in that as humans, we cannot help but notice and be drawn to face-like compositions.

According to Martin (2008), a characteristic feature of autism is the inability to attend to faces and she proposes portraiture drawing as a means of assessment and even intervention to help increase their socialization skills. For example, she conducted a

study where she drew children's faces as they drew hers, in order to help them learn facial expressions and practice eye contact. She made use of the participants' direct attention while they were drawing together and engaged them in conversation about what was being drawn. She then discussed such things as colour, facial features and expressions, feelings, as well as similarities and differences amongst their faces. She found that this approach offered children with autism a visual, concrete, and structured way to engage in a relationship with someone else. She also found that children with autism were rated as more interested in the activity and more conversational than those without autism.

Another way of increasing interpersonal awareness in children with autism can be through the use of social stories (Kuoeh & Mirenda, 2003) and narrative therapy (Cashin, 2008). Since information in stories is visually presented, it makes for a suitable form of intervention. For example, stories with relevant character scenarios can be used as a way of helping children learn adaptive ways of responding to a wide range of social situations in their own lives (Cartledge & Milburn, 1995).

Social stories, derived from the concept of theory of mind, are a commonly used form of therapy for children within the autism spectrum (Kuoeh & Mirenda, 2003). Social stories are short stories that explain the detailed social behaviours of others (Gray & Garand, 1993). They are custom-tailored to each child to meet his or her specific needs (Gray & Garand, 1993). Drawings or illustrations are included as a way of visually augmenting the provided information in order to help them learn the appropriate social skills needed for that situation (Scattone et al., 2002). The provided information is included in order to answer the who, what, when, where, and why of each situation they

may encounter (Gray & Garand, 1993), to help children gain insight into what other people may be thinking or feeling (Kuoeh & Mirenda, 2003).

In both these cases, whether in narrative therapy or in social stories, children can either have the story read to them and are later asked to respond to it through art, or they can be asked to create their own story. According to Cashin (2008), this is a creative way of actively engaging them in the process of therapeutic growth towards better social integration.

Wellman and colleagues (2002) expand upon the idea of social stories by using a modified version of the Sally-Anne task in which thought bubbles were used to help children acquire a theory of mind. In the first part of the experiment, thought bubbles were shown to indicate what the character (i.e., Sally) was thinking in order to show the child that the character had different thoughts from him or her. In the last part of this experiment, thought-bubbles were removed to test whether children acquired this understanding. The results indicated that after thought-bubbles were removed, children demonstrated improved understanding of theory of mind. Wellman and colleagues point out that this technique of using thought-bubbles (or speech bubbles) is familiar to children as they can also be seen in cartoons, comics, and picture books. For children with autism specifically, this technique is shown to be most effective in helping them understand and increase their awareness of their own mental states and behaviours as well as those of others.

Another way of engaging children with autism in acquiring interpersonal skills can be done through the use of comic strip conversations, which help depict conversations through drawings (Gray, 1994). The goal of this activity is to help children visually work

through their difficulties to help them clarify and understand their communication with others, as well as to identify appropriate solutions. Gray suggests including specific colours to represent different emotions and thoughts that the person may be experiencing in order to concretely differentiate amongst them.

With any of the aforementioned structured activities (i.e., narrative therapy, social stories, comic strip conversations), the child can be asked to draw himself and the people who were with him in the presenting social dilemma, such as a conflict that may have arisen in the schoolyard (Gray, 1994). The child can then be asked a series of questions in order to help explore and gain insight into this social situation. The therapist can continue asking such questions as: What were you doing? What were the other children doing? What happened? What did you say? What did the other children say? What were you thinking when that happened? What did the other children think when that happened? When the child is asked a talking question (i.e., What did you say?), he can depict it in a talking bubble and when the child is asked a thought question (i.e., What did you think?) they can depict it in a thought bubble. This is done to help the child identify not only the sequence of events but also the perspective of others as well as their own in order to resolve any presenting social dilemma.

Program Creation

The following is an example of a twenty-week art therapy program designed for elementary aged school children (ages 7 to 12) with high-functioning autism, also including children with Asperger's syndrome. This art therapy program is divided into two terms, with each weekly session lasting one hour. The first ten weeks (term one) are done on an individual basis, offering each child the chance to build a rapport and a sense

of trust with the therapist as well as to help increase his or her self-awareness and facility using arts-based media. The purpose is also to help the child develop the skills needed to participate in a group setting, paving the way for a more successful integration into the second term group format. In the last ten weeks (term two), children are placed in groups to help increase their sense of awareness in others and to help improve their socialization skills. This program is based on the most appropriate interventions for each child, respecting their unique abilities and their specific needs. The allotted time slots for each section of the sessions are approximations and are only suggested as a guide.

First Term: Individual Art Therapy

Some of the main goals for the first term are to introduce each child to the concept of art therapy and then to help build a secure and trusting relationship between the client and the therapist. At the same time the child will have the opportunity to explore and experiment with different media with a slow introduction to a larger variety of art materials as the weeks progress. Another goal is to increase the child's emotional vocabulary, so that they are able to identify and express the different emotions they may be experiencing. The therapist will help increase each child's self-esteem by focusing on his or her positive qualities. Towards the end of the first term the therapist will prepare each child for the end of their individual therapy and together they will review the progress and the artwork that was created. Finally, the therapist will prepare each child for the upcoming ten weeks of group therapy. Meeting with parents and school staff will take place at the end of the first term in order to work as a team towards the established goals.

Week 1

- explain art therapy process, length, time, rules of confidentiality, questions and comments (10 minutes)
- beginning ritual: turn-taking game, client and therapist each using different coloured marker, draw shapes or squiggles on single piece of paper and mirror child's rhythms and movements (5 minutes)
- introduce main art activity: creating a folder to contain the artwork with limited selection of art materials (coloured pencils, crayons, and markers) (25 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion: conversation exploring the child's artwork (5 minutes)
- ending ritual: play "Moody Monsters" (emotions matching game) (10 minutes)

Week 2

- beginning ritual (same as above) (5 minutes)
- main art activity: draw or use collage to depict favourite things (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (10 minutes)
- ending ritual (same as above) (10 minutes)

Week 3

- beginning ritual (5 minutes)
- main art activity: draw or make collage of individual strengths (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (10 minutes)
- ending ritual (10 minutes)

Week 4

- beginning ritual (5 minutes)
- main art activity: introduce self through drawing (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (10 minutes)
- ending ritual (10 minutes)

Week 5

- beginning ritual (5 minutes)
- main art activity: select as many different emotions from collage cut-outs of people's faces and create image and then choose one emotion to depict on another piece of paper, telling or writing story where that feeling arose (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (begin counting down sessions till end of first term and next term's group therapy sessions) (10 minutes)
- ending ritual (10 minutes)

Week 6

- beginning ritual (5 minutes)
- main art activity: body tracing and filling it in with wider selection of art materials (e.g., paints) (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (begin reviewing accumulated artwork and begin taking home artwork) (10 minutes)
- ending ritual (10 minutes)

Week 7

- beginning ritual (5 minutes)
- main art activity: self-portraiture (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (10 minutes)
- ending ritual (10 minutes)

Week 8

- beginning ritual (5 minutes)
- main art activity: child draws portrait of therapist and therapist draws portrait of child (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (10 minutes)
- ending ritual (10 minutes)

Week 9

- beginning ritual (5 minutes)
- main art activity: create party banner and prepare for last day of first term (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (10 minutes)
- ending ritual (10 minutes)

Week 10

- beginning ritual (5 minutes)

- party where child can play with art materials or toys (e.g., action figures, animals, cars) and is encouraged to interact socially with the therapist (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (10 minutes)
- ending ritual (10 minutes)

Second Term: Group Art Therapy

Depending on the needs and abilities of each child, groups will range from 2 to 4 participants. The main goal for the second term is to build upon the skills which were acquired in the first term (e.g., self-awareness, familiarity of arts-based media). The therapist will continue to positively reinforce any socially appropriate behaviours. Time will be given to allow children to familiarize themselves with each other in hopes of increasing their awareness of others, as well as helping them to develop healthy communication and socialization skills. Towards the end of the term, the therapist will begin to prepare them for final termination, and will review their art and progress. The therapist will also meet with parents and school staff to update each child's progress and to ensure that it can be continued outside of the therapeutic setting.

Week 1

- establish/write group rules, review boundaries of time and confidentiality, create visual contract by tracing around each child's hand on large piece of paper that travels around in circle (hang it on wall) (10 minutes)

- beginning ritual: each child chooses and glues feeling face, sharing how they are feeling, on small rectangular piece of paper which gets attached to next person's paper and creates chain (5 minutes)
- main art activity: read book "Swimmy" by Leo Lionni (1963), followed by discussion and drawing in response, how they understood main character's feelings/dilemma and how he resolved his situation (themes: differences, fears, courage, cooperation, friendship) (20 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion: guiding children's comments on their own artwork and that of others (10 minutes)
- ending ritual: play game "Moody Monsters" (10 minutes)

Week 2

- beginning ritual (5 minutes)
- main art activity: draw portrait of other group member emphasizing different emotions and facial features (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (10 minutes)
- ending ritual (10 minutes)

Week 3

- beginning ritual (5 minutes)
- main art activity: papier-mâché mask-making of favourite character (e.g., animal, superhero, movie, TV, storybook) (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)

- discussion (10 minutes)
- ending ritual (10 minutes)

Week 4

- beginning ritual (5 minutes)
- main art activity: finish papier-mâché mask-making of favourite character and allow for playtime (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (10 minutes)
- ending ritual (10 minutes)

Week 5

- beginning ritual (5 minutes)
- main art activity: puppet-making/creating miniature character (building upon last week's mask-making character) with model magic (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (begin counting down sessions till end of last term) (10 minutes)
- ending ritual (10 minutes)

Week 6

- beginning ritual (5 minutes)
- main art activity: finish puppet-making/creating miniature character and allow for play time (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (begin reviewing accumulated artwork and start taking home artwork from beginning of second term) (10 minutes)

- ending ritual (10 minutes)

Week 7

- beginning ritual (5 minutes)
- main art activity: create environment for character to live in out of recyclables, connected to each other through roads/paths and allow for play time (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (10 minutes)
- ending ritual (10 minutes)

Week 8

- beginning ritual (5 minutes)
- main art activity: share conflict/problem from previous week, select typical one to focus on, collect details (e.g., who, what, when, where, feelings), discuss possible solutions and consequences, using character created in previous week, create story or comic strip book in response (picture of problem, picture of solution and steps in between) (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (10 minutes)
- ending ritual (10 minutes)

Week 9

- beginning ritual (5 minutes)
- main art activity: plan next week's final session/party and paint banner to hang on wall (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)

- discussion (10 minutes)
- ending ritual

Week 10

- beginning ritual: once finished decide what to do with chain (e.g., divide it up and take it home) (5 minutes)
- party (30 minutes)
- ten minute reminder before clean-up time (clean-up time: 5 minutes)
- discussion (10 minutes)

Discussion

The described program serves to assist children with autism to integrate into the mainstream educational system. It is designed in a way to help children with autism acquire and master the social skills required of them at school. This program begins with individual art therapy sessions as a way of creating a trusting relationship between therapist and child. Once this relationship has been formed and secured, the therapist can then help the child to acquire such abilities as conversational and friendship-making skills. All the while through, the children are helped to familiarize themselves with the art materials as a way of outwardly expressing themselves in an acceptable and pleasurable manner.

The rituals used both in the first and second term offer the child a sense of comfort and security, as well as a sense of control. The beginning ritual in the first term, the turn-taking squiggle game, is utilized as a way of building a trusting relationship between the therapist and the child (Berger, 1980). It can be a way to ease the child into a new space while also showing them that this will be a collaborative and fun journey. The beginning

ritual in the second term, the chain of emotions, is designed to increase the child's ease of identifying and expressing their emotions in front of their peers. The ending ritual, the Moody Monsters matching game, is another way for children to increase their ease of emotional expressiveness while also enabling them to practice their socialization skills.

The first term's art activities are based on increasing the child's self-esteem and self-awareness. These art activities (e.g., draw your favourite things, draw your strengths, self-portraiture...) also help the therapist to gain a better sense of the child in terms of his or her preferences and perception of self (Baker et al., 1998). This also enables the therapist to plan appropriate and relevant interventions. Once again these art activities are also meant to help the child increase his or her emotional vocabulary and ease of expression. Towards the end of the first term, the suggested art activity where the child draws the therapist and the therapist draws the child is aimed at increasing the child's awareness of others while also preparing them for their second term group art therapy sessions (Martin, 2008).

The second term group art therapy sessions focuses on increasing the child's awareness of others as well as developing and maintaining their socialization skills. The first session begins by reading and responding to a story as a way of exploring the main character's feelings and solutions to his situation (Dunn-Snow, 1997). As the children are only beginning to familiarize themselves with each other, this offers them a safe and distant way of entering into a discussion about a scenario that may parallel their own. It also informs them that they are not alone in their situation. The children are then asked to create masks, puppets, and environments for their character of choice as a way of encouraging exploration of self in relation to others (Dunn-Snow & Joy-Smellie, 2000).

This is all done in a playful, fun, and creative way. Once the children have familiarized themselves with each other, they are then asked to share a conflict from the previous week at school in the form of a story or comic book format (Wellman et al., 2002). Throughout this process the children are helped to identify the appropriate solutions. Half-way through each term the children are prepared for the termination phase, especially in the second half, their last term. At the very end, the children help to plan a party where they can once again practice their newly acquired social skills with the hope that the friendships created will extend to settings beyond therapy.

Further Recommendations

Another direction this type of a program can be taken in could be to supplement the individual and group therapy sessions with family therapy sessions. This would help to ensure long-lasting changes or growth resulting from art therapy, by offering the entire family a safe and supportive environment where family dynamics can also be addressed. Family support groups could also be created as a way of helping family members feel that they are not alone in their daily challenges of raising children with autism.

This type of program can be extended to other settings such as community centres and group homes that would include children living with other behavioural and emotional difficulties. For example, such a program could potentially help children living with conduct or attention deficit hyperactivity disorder (ADHD) to help promote proper integration, communication, and appreciation of others.

Some recommendations for future research would include taking this construction paper and turning it into a pilot study where quantitative measures would be taken before, during, and after the study. These types of measures could be done through art therapy

drawing assessments administered to the participating children. Questionnaires could be distributed to the teachers and parents to see if there are any marked changes in the children's behaviours. Experiments such as the Sally-Anne task could also be administered to the children to test for any signs of increased understanding of theory of mind. If the results of the pilot study demonstrated significant outcomes, the researchers could then design an experiment on a much larger scale, where a larger sample size of children could be tested in order to better generalize the results of the study.

Conclusion

There is a growing demand within the public elementary school system to respond to the needs of the rising population of children diagnosed with autism. Given these children's social impairments, they need consistent and creative assistance in order to function properly within their classrooms, which can then benefit the entire school community. If these children are given the opportunities to learn and practice the tools of how to adapt to social situations, they will be better able to function inside as well as outside of the classroom, making everyone's daily lives at school a little easier and happier.

Understanding how the minds of children with autism work allows therapists to be better prepared to intervene. Theory of mind offers a well grounded explanation on how children with autism may (or may not) think, by explaining that they may experience difficulties in understanding that others have thoughts and feelings which differ from their own. As well, understanding that children with autism are concrete and visual thinkers suggests that art therapy may be a well-suited form of intervention to help them function within their social world. The incorporation of play and art-making, while using

their favourite interests, can make for an enjoyable and successful experience of socialization where children become aware of their own as well as of others' thoughts and behaviours. With increased feelings of self-confidence this type of interaction can be later applied into other arenas of their lives. This type of a process can not only help the school staff by facilitating the child's integration into the classroom but can also help the staff to appreciate and value the gifts these children have to offer to the other members of their community.

References

- American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: APA.
- Autism Society of Canada. (2009). Prevalence in Canada. Retrieved May 26, 2010, from http://www.autismsocietycanada.ca/asd_research/research_prevalence/index_e.html
- Baker, M., Koegel, R., & Koegel, L. (1998). Increasing the social behavior of young children with autism using their obsessive behaviors. *The Journal of the Association for Persons with Severe Handicaps*, 23(4), 300-308.
- Baron-Cohen, S. (1995). Mindblindness: An essay on autism and theory of mind. Cambridge, MA: The MIT Press.
- Baron-Cohen, S. (2000). The theory of mind and autism: A fifteen year review. In S. Baron-Cohen, H. Tager-Flusberg, & D. J. Cohen (Eds.), *Understanding other minds: Perspectives from developmental cognitive neuroscience* (2nd ed.) (pp. 3-20). New York, NY: Oxford University Press.
- Baron-Cohen, S. (2005). Autism and the origins of social neuroscience. In A. Easton & N. J. Emery (Eds.), *The Cognitive Neuroscience of Social Behavior* (pp. 239-255). New York, NY: Psychology Press.
- Berger, L. (1980, December). The Winnicott squiggle game: A vehicle for communicating with the school-aged child. *Pediatrics*, 66(6), 921-924.
- Bloomgarden, J. (2000). Drawing on questions. *Art Therapy: Journal of the American Art Therapy Association*, 17(3), 183-187.

- Bloomgarden, J. & Schwartz, D. (1997). Creative art therapy/special education in higher education: Toward an interdisciplinary model. *Art Therapy: Journal of the American Art Therapy Association, 14*(4), 279-281.
- Brigam, G. & Webb, L. (2007). Student success skills: Impacting achievement through large and small group work. *Group Dynamics: Theory, Research, and Practice, 11*(4), 283-292.
- Bush, J. (1997). *The handbook of school art therapy: Introducing art therapy into a school system*. Springfield, IL: Charles C. Thomas Publisher.
- Cartledge, G. & Milburn, J. F. (1995). *Teaching social skills to children and youth: Innovative approaches* (3rd ed.). Needham Heights, MA: Allyn & Bacon.
- Case, C. (2005). *Imagining animals: Art psychotherapy and primitive states of mind*. New York, NY: Routledge.
- Cashin, A. (2008, February). Narrative therapy: A psychotherapeutic approach in the treatment of adolescents with asperger's disorder. *Journal of Child and Adolescent Psychiatric Nursing, 21*(1), 48-56.
- Colle, L., Baron-Cohen, S., & Hill, J. (2007). Do children with autism have a theory of mind? A non-verbal test of autism vs. specific language impairment. *Journal of Autism and Developmental Disorders, 37*, 716-723.
- Dalley, T. (1990). Images and integration: Art therapy in a multicultural school. In C. Case & T. Dalley (Eds.), *Working with children in art therapy* (pp. 161-198). New York, NY: Routledge.
- Damarell, B. & Paisley, D. (2008). Growing up can be so hard to do: The role of art therapy during crucial life transitions and change in the lives of children with learning

- disabilities. In C. Case & T. Dalley (Eds.), *Art therapy with children: From infancy to adolescence* (pp. 139-157). New York, NY: Routledge.
- Dubowski, J. (1990). Art versus language: Separate development during childhood. In C. Case & T. Dalley, *Working with children in art therapy* (pp.7-22). New York, NY: Routledge.
- Dunn-Snow, P. (1997). The gorilla did it!: Integration of art therapy and language arts in the public schools. *Art Therapy: Journal of the American Art Therapy Association*, 14(1), 50-53.
- Dunn-Snow, P. & Joy-Smellie, S. (2000). Teaching art therapy techniques: Mask-making, a case in point. *Art Therapy: Journal of the American Art Therapy Association*, 17(2), 125-131.
- Emery, M. J. (2004). Art therapy as an intervention for autism. *Art Therapy: Journal of the American Art Therapy Association*, 21(3), 143-147.
- Epp, K. M. (2008, January). Outcome based evaluation of social skills program using art therapy in group therapy for children on the autism spectrum. *Children and Schools*, 30(1), 27-36.
- Evans, K. & Dubowski, J. (2001). *Art therapy with children in the autistic spectrum: Beyond words*. London, UK: Jessica Kingsley Publishers.
- Fombonne, E., Zakarian, R., Bennett, A., Meng, L., & McLean-Heywood, D. (2006, July). Pervasive developmental disorders in Montreal, Quebec, Canada: Prevalence and links with immunizations. *Pediatrics*, 118(1), 139-150.
- Frith, U. (1997, May). The neurocognitive basis of autism. *Trends in Cognitive Sciences*, 1(2), 73-77.

- Frith, U. (2000). Cognitive Explanations of autism. In K. Lee (Ed.), *Childhood cognitive development: The essential readings* (pp. 324-337). Malden, MA: Blackwell Publishers.
- Fox, L. (1998). Lost in Space: The relevance of art therapy with clients who have autism or autistic features. In M. Rees (Ed.), *Drawing on difference: Art therapy with people who have learning difficulties* (pp. 73-90). New York, NY: Routledge.
- Gazda, G. (2007, December). Introduction to the special issue on groups in education. *Group Dynamics: Theory, Research, and Practice*, 11(4), 243-246.
- Goldman, A. & Mason, K. (2007). Simulation. In P. Thagard (Ed.), *Philosophy of psychology and cognitive science* (pp. 267-293). Amsterdam, NL: North Holland Publications.
- Graham, M. & Avent, J. (2004). A discipline-wide approach to group treatment. *Topics in Language Disorders*, 24(2), 105-117.
- Grandin, T. (1995). *Thinking in Pictures*. New York, NY: Doubleday.
- Grandin, T. (1995). How people with autism think. In E. Schopler & G. B. Mesibov (Eds.), *Learning and cognition in autism*, (pp. 137-158). New York, NY: Plenum Press.
- Gray, C. & Garand, J. (1993, April). Social stories: Improving response of students with autism with accurate social information. In R. Simpson (Ed.), *Focus on Autistic Behavior*, 8(1), 1-10.
- Guay, D. (1999). A way in: Strategies for art instruction for students with special needs. In A. L. Nyman & A. M. Jenkins (Eds.), *Issues and approaches to art for students with special needs* (pp. 17-33). Reston, VA: The National Art Education Association.

- Hadwin, J., Baron-Cohen, S., Howlin, P., & Hill, K. (1997). Does teaching theory of mind have an affect on the ability to develop conversation in children with autism? *Journal of Autism and Developmental Disorders, 27*(5), 519-537.
- Happe, F. & Frith, U. (1995). Theory of mind in autism. In E. Schopler & G. Mesibov (Eds.), *Learning and cognition in autism* (pp.177-198). New York, NY: Plenum Press.
- Harvey, S. (1989). Creative arts therapies in the classroom: A study of cognitive, emotional, and motivational changes. *American Journal of Dance Therapy, 11*(2), 85-100.
- Katz, I. & Yellen, A. (2000). Social facilitation in action: A behavioral intervention therapy for individuals with autism, asperger's syndrome, and other related syndromes. Northridge, CA: Yellen & Associates.
- Koegel, L.K. & Koegel, R. L. (1995). Motivating communication in children with autism. In E. Schopler & G. Mesibov (Eds.), *Learning and cognition in autism* (pp.73-88). New York, NY: Plenum Press.
- Kuoch, H. & Mirenda, P. (2003). Social story interventions for young children with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities, 18*(4), 219-227.
- Lewy, A., & Dawson, G. (1992). Social stimulation and joint attention in young autistic children. *Journal of Abnormal Child Psychology, 20*(6), 555-566.
- Liebman, M. (2002). Developing games, activities and themes for art therapy groups. In C. Malchiodi (Ed.), *Handbook of art therapy* (pp. 325-338). New York, NY: The Guilford Press.

- Lincoln, Y. & Guba, E. (1985). Establishing trustworthiness. In Y. Lincoln & E. Guba, *Naturalistic inquiry* (pp.289-331). Newbury Park, CA: Sage.
- Marshall, C. & Rossman, G.B. (2006). *Designing qualitative research* (4th ed.). Thousand Oaks, CA: Sage.
- Martin, N. (2008). Assessing portrait drawings created by children and adolescents with autism spectrum disorder. *Art Therapy: Journal of the American Art Therapy Association*, 25(1), 15-23.
- McGregor, I. (1990). Unusual drawing development in children: What does it reveal about children's art? In C. Case & T. Dalley (Eds.), *Working with children in art therapy* (pp.39-53). New York, NY: Routledge.
- Mook, D. G. (2001). *Psychological research: The ideas behind the methods*. New York, NY: W. W. Norton & Company, Inc.
- Musher-Eizenman, D., Nesselroade, J., & Schmitz, B. (2002). Perceived control and academic performance: A comparison of high- and low-performing children on within-person change patterns. *International Journal of Behavioral Development*, 26(2), 540-547.
- Noble, J. (2001). Art as an instrument for creating social reciprocity: Social skills group for children with autism. In S. Riley (Ed.) *Group process made visible: Group art therapy* (pp. 82-114). New York, NY: Routledge.
- Osborne, J. (2003). Art and the child with autism: Therapy or education? *Early Child Development and Care*, 173(4), 411-423.

- Patterson, Z. (2008). From 'beanie' to 'boy'. In C. Case & T. Dalley (Eds.), *Art therapy with children: From infancy to adolescence* (pp. 123-138). New York, NY: Routledge.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Prokoviev, F. (1998). Adapting the art therapy group for children. In S. Skaife & H. Huet (Eds.), *Art psychotherapy groups: Between pictures and words* (pp.44-68). New York, NY: Routledge.
- Rabiger, S. (1998). Is art therapy?: Some issues arising in working with children with severe learning difficulties. In M. Rees (Ed.), *Drawing on difference: Art therapy with people who have learning difficulties* (pp.130-149). New York, NY: Routledge.
- Research paper/project handbook: Policies and procedures for art therapy, drama, or music therapy. (2008). Montreal, QC: Concordia University, Creative Arts Therapies Department.
- Restall, G. & Magill-Evans, J. (1994, February). Play and preschool children with autism. *The American Journal of Occupational Therapy*, 48(2), 113-120.
- Riley, S. (2001). The language of art therapy in group therapy. *Group process made visible: Group art therapy* (pp. 1-33). Philadelphia, PA: Brunner-Routledge.
- Robison, J. E. (2007). *Look me in the eye: My life with asperger's*. New York, NY: Crown Publishing Group.
- Rubin, J. A. (2005). *Child art therapy* (25th ed.). Hoboken, NJ: John Wiley & Sons, Inc.

- Scattone, D., Wilczynski, S. M., Edwards, R. P., & Rabian, B. (2002, December). Decreasing disruptive behaviors of children with autism using social stories. *Journal of Autism and Developmental Disorders, 32*(6), 535-543.
- Schleien, S., Mustonen, T., & Rynders, J. (1995, August). Participation of children with autism and nondisabled peers in a cooperatively structured community art program. *Journal of Autism and Developmental Disorders, 25*(4), 397-413.
- Schopler, E. & Mesibov, G. B. (1995). Introduction to learning and cognition in autism. In E. Schopler & G. B. Mesibov (Eds.), *Learning and cognition in autism* (pp.3-12). New York, NY: Plenum Press.
- Shapiro, J. P., Friedberg, R. D., & Bardenstein, K. K. (2006). Child and adolescent therapy: Science and art. Hoboken, NJ: John Wiley & Sons Inc.
- Sigman, M. & Capps, L. (1997). Children with autism: A developmental perspective. Cambridge, MA: Harvard University Press.
- Somech, A. & Drach-Zahavy, A. (2007). Schools as team-based organizations: A structure-process-outcomes approach. *Group Dynamics: Theory, Research, and Practice, 11*(4), 305-320.
- Tiegerman, E., & Primavera, L. H. (1984, March). Imitating the autistic child: Facilitating communicative gaze behavior. *Journal of Autism and Developmental Disorders, 14*(1), 27-38.
- Tipple, R. (2008). Paranoia and paracosms: Brief art therapy with a youngster with Asperger's syndrome. In C. Case & T. Dalley (Eds.), *Art therapy with children: From infancy to adolescence* (pp. 175-192). New York, NY: Routledge.

- Trevarthen, C., Aitken, K., Papoudi, D., & Robarts, J. (1998). Children with autism: Diagnosis and interventions to meet their needs (2nd ed.). Philadelphia, PA: Jessica Kingsley Publishers.
- Wellman, H. M., Baron-Cohen, S., Caswell, R., Gomez, J. C., Swettenham, J., Toye, E., & Lagattuta, K. (2002). Thought-bubbles help children with autism acquire an alternative to a theory of mind. *Journal of Autism*, 6(4), 343-363.
- Wolfberg, P. J. (2009). Play and imagination in children with autism (2nd ed.). Overland Park, KS: Autism Asperger Publishing Company.
- Wubbolding, R. (2007). Glasser quality school. *Group Dynamics: Theory, Research, and Practice*, 11(4), 253-261.
- Yalom, I. D. & Leszcz, M. (2005). The theory and practice of group psychotherapy (5th ed.). New York, NY: Basic Books.
- Zsolnai, A. (2002). Relationships between children social competence, learning motivation and school achievement. *Educational Psychology*, 22(3), 317-329.