

Art Therapy and Children with ADHD:

A Survey of Art Therapists

By

Heather Lyn Bartoe

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Abstract

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Several studies suggest art therapy's (AT) effectiveness with children diagnosed with ADHD. Yet the specific AT techniques used, symptoms alleviated, and efficacy estimates are entirely lacking in the literature. As such, a survey was developed for art therapists nationwide; 31 responded. Most respondents, 87%, had read a chapter or article about AT with ADHD; 68% had attended conferences on this topic. Only 20% marketed to ADHD clients, but 91% had treated at least one ADHD child, with 102 children treated on average per therapist. Most common AT techniques for ADHD included painting, 93%; form drawing, 89%; collage, 81%; and sculpting, 78%. These 4 were also rated most valuable with ADHD. Many therapists had also used mask making, oil pastels, tissue arts, and beadwork. Few had used fiber or digital arts. Therapists differentiated which ADHD symptoms AT effectively treats. All believed AT effective with attentional problems and follow through; most believed AT effective with avoidance of sustained efforts, listening problems, organizational difficulties, distraction by extraneous stimuli, running around/climbing, and carelessness; many believed AT effective with difficulty taking turns, getting out of seat, restlessness, fidgeting, noisiness, talkativeness, and interrupting others. Few found AT effective with blurting out answers/comments, forgetfulness, and misplacing things. Overall, 81% rated AT effective with ADHD; 11%, reported AT effective enough to use without medication, but most reported AT as effective adjunctively with medication. Since more art therapists appear to use AT with ADHD than the sparse peer-reviewed literature suggests, further research into AT's efficacy with ADHD seems warranted.

Keywords: art therapy, ADHD, attention deficit/hyperactivity disorder, efficacy.

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Preliminary research evidence exists for the efficacy of Art Therapy (AT) in treating children with a wide range of psychiatric illnesses, including Attention-Deficit/Hyperactivity Disorder (ADHD; Ellis & Lawrence, 2009; Henley, 1998 and 1999; Kao, 2006; Klorer, 2009; Radcliff, 2000; Tapper & Michelsson, 1996), anxiety disorders (Henley, 1999; Stuckey & Nobel, 2010), autism (Henley, 1999; Kao, 2006), depression (Henley, 1999; Kao, 2006; Stuckey & Nobel, 2010), and schizophrenia (Kao, 2006; Stuckey & Nobel, 2010). Those who have considered AT as a treatment method for ADHD have suggested several benefits. Since many children with ADHD lack effective communication skills, AT may be a way to enhance the communication with these patients. Therapists may be able to use AT to alleviate the symptoms of ADHD that cause distraction and hyperactivity in children without the use of medication, thus permitting a more holistic approach to clinical therapy with ADHD patients. For these reasons, a major review of the role of art in public health states that future studies should continue to investigate the complexities of engagement with the arts for those with disorders such as ADHD (Stuckey and Nobel, 2010).

The American Psychiatric Association, in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR; 2000), estimates the prevalence of ADHD at three to seven percent among school-aged children. Yet several peer-reviewed studies have suggested higher rates in community samples. For example, parents report that nearly 10 percent, or 5.4 million school-aged children have been diagnosed with ADHD, as of 2007 (Centers for Disease Control and Prevention, 2010). According to this national prevalence research, the percentage of children whose parents reported an ADHD diagnosis in their children increased by 22 percent between 2003 and 2007, with rates of ADHD diagnosis increasing more swiftly among older teens. Boys were more than twice as likely as girls to have ever been diagnosed with ADHD. The Centers for Disease Control asserts that ADHD has a tremendous social and financial cost in the US.

According to the American Psychological Association, ADHD is a spectrum disorder that is defined by the presence of a persistent pattern of distraction and/or hyperactivity that is more frequent or severe than what is expected for the patient's age or developmental group (Radcliff, 2000). Symptoms of ADHD can be seen in many aspects of the child's life. Typically, symptoms are first noticed as disruptions or an inability to stay on task in the school setting, but symptoms often cause impairments in the child's family life, peer interactions, and ability to function in general (Radcliff, 2000; Tapper & Michelsson, 1996). The classic child with ADHD is smart, acts impulsively towards others often without regard to their feelings, is forgetful, gets frustrated easily, and is overly energetic (Radcliff, 2000).

Review of the literature suggests that the cause of ADHD has yet to be pinpointed (Radcliff, 2000; Tapper & Michelsson, 1996). However, several theories have been suggested based on the scant etiological data available. Above all, twin studies suggest that genetics plays an important role (ADHD Molecular Genetics Network, 2002). Klorer (2009) states that excessive amounts of time spent in front of the TV prior to school age is positively correlated to aggressive behaviors, social problems, and slower academic progress. Some research has also demonstrated hard evidence of slight neurological differences in the basal ganglia between children with ADHD and those without the disorder (Radcliff, 2000). Others, although with less evidenced-based support, have suggested nutritional factors, brain injury, environmental exposures including lead exposure, mothers' alcohol and tobacco use during pregnancy, premature delivery, and low birth weight (Centers for Disease Control and Prevention, 2012).

Unlike many other disorders, ADHD is not one that is commonly diagnosed based on reliable and valid psychological testing. Radcliff (2000) states that researchers agree that no such testing even exists. Thus, the diagnosis of ADHD comes from observations of the child's behaviors by those closest, like parents, teachers, and a psychologist.

The most common method of treating ADHD is with psychotropic medication. There are two different types of medication that are typically used: stimulants and SSRI anti-depressants (Radcliff, 2000). As much as 80 percent of children treated with medication receive stimulants (Centers for Disease Control and Prevention, 2012). Depending on the severity and types of ADHD symptoms displayed, more than one medication can be prescribed and taken at a time (Radcliff, 2000). Medications come with lists of negative side effects, and the most commonly prescribed medication for ADHD, Ritalin, certainly has its fair share. Among the negative side effects are difficulty falling asleep, loss of appetite, headaches, growth inhibition, stomachaches, and stress. Furthermore, many of the medications prescribed have not been rigorously tested for efficacy and safety with children (Radcliff, 2000). AT, on the other hand, has been shown to reduce some of the symptoms that medication is often used to control, and it provides an alternative to the harsh side effects that long-term use of those medications can have on a child (Henley, 1998 and 1999; Kao, 2006; Tapper & Michelsson, 1996).

AT is sometimes referred to as expressive arts therapy or creative arts therapy. As a general rule, AT relies on art making--drawing, painting, and sculpting--to encourage people of all ages to express their thoughts and emotions through the creative process that is art (Henley, 1998 and 1999; Radcliff, 2000; Tapper & Michelsson, 1996). Done under the supervision of a trained art therapist, the art created can provide insight into the patient's hidden emotions or the causes of their behavioral problems. For children, the art itself can help to speak for them, as they may lack the communication skills or vocabulary to effectively express what is going through their minds.

Tapper and Michelsson (1996) studied AT in the treatment of children with ADHD. Tapper and Michelsson (1996) found that the use of form drawing helped to improve concentration and attention, whereas watercolor painting helped with emotional balance and generally provided great pleasure for the children. These authors suggest that an ADHD child's

aggressive behaviors can also be redirected effectively with the use of AT. Likewise, Henley (1999) points out that a project where children with ADHD were asked to make clay models of knights was able to channel the children's aggression into high levels of aesthetic display.

In another of Henley's (1998) studies, he cites the example of a boy with impulsivity issues and a lack of empathy. Through clay model making, this boy was able to focus and create a dinosaur, which alleviated his anxiety and thus improved his social contacts. Even art forms such as Chinese Calligraphy have been shown to improve the ADHD child's attention and social communication because of the calming effects of learning and making the brush strokes (Kao, 2006).

Although a range of studies have suggested the use of AT with children who have been diagnosed with ADHD (e.g., Ellis & Lawrence, 2009; Ganim, 1999; Hass-Cohen & Carr, 2008; Henley, 1998; Henley, 1999; Kao, 2006; Klorer, 2009; Malchiodi, 2011; Radcliff, 2000; Stuckey & Nobel, 2010; Tapper & Michelsson, 1996), apart from the four studies explored immediately above, the specific art techniques that have been used are unclear, as are the specific ADHD symptoms that these techniques are impacting. It would thus seem prudent to investigate further what techniques Art Therapists have found to be helpful for which specific symptoms of ADHD in children. Accordingly, the research questions of this study are as follows. (1) What AT techniques do Art Therapists use with children who have ADHD? (2) What symptoms of ADHD do Art Therapists believe these techniques are positively affecting?

Method

Participants

This research included approximately 200 mental health professionals who specialized in AT. The participants were chosen randomly from the American Art Therapy Association (AATA) website's listed members. The website had chapters across the United States and even some international chapters. On the AATA website there was a search function that located mental health professionals who held a master's degree or above in Art Therapy and/or a related health field and who were registered members with the American Art Therapy national network. The website listed members by their state or country of practice, and included their name, contact information, and email address.

The online locator listed 362 mental health practitioners who used AT in their practice. On the AATA website there were also links to each state's individual chapter websites where some additional mental health practitioners could be found. These additional members for each state who were not listed in the master national directory were added to the final list, making it approximately 500.

Since the sample of AT professionals included practitioners from all across the United States and included some practicing internationally, diversity among the practitioner and patient groups was anticipated. The sample of practitioners was likely to include those practicing in both rural and urban settings and be representative of many different cultural and ethnic backgrounds.

Sample Size and Power

Five hundred AT professionals received a link to the survey by email. It was estimated that with two follow-up email reminders a response rate of 25% would be achieved, offering a final sample of 50. Since most questions on the survey asked for responses directly related to the professional's personal experience treating children with ADHD, it was expected that 50

responses would be a sufficient number to allow for a meaningful analysis of AT techniques that are successful in the treatment of children with ADHD.

Measures

The survey consisted of 15 questions that have multiple choice and rating scales to choose from. See Appendix A for the full text of all questions and response options. Examples of the questions include:

1. Have you ever treated a child in Art Therapy who has ADHD? YES/NO
2. How many children with ADHD have you treated using Art Therapy? _____
3. If you have treated a child in Art Therapy who has ADHD, what techniques did you use in your treatment? Check all that apply.
 - Form Drawing (mediums: charcoal, colored pencils, graphite, etc.)
 - Painting (mediums: watercolor, oil, acrylics, tempura, etc.)
 - Digital Art
 - Oil Pastels
 - Tissue Arts
 - Fiber arts
 - Beadwork
 - Mask Making
 - Sculpting
 - Chinese Calligraphy
 - Collage

The survey was created by the student for the purpose of this specific thesis study. It was reviewed and elaborated on by a doctoral level expert in survey design. The survey was created to question subjects about: (1) Which AT techniques Art Therapists use with children who have ADHD, and (2) Which symptoms of ADHD do Art Therapists believe these techniques are

positively affecting. For example, a range of studies in the literature review suggests that the use of AT has been helpful in the treatment of children with ADHD, but it is unclear what specific techniques have been found effective. As such, a question was asked about this issue. The most common method of treatment for children with ADHD is psychotropic medications. In fact, the Center of Disease Control (2012) notes that as many as 80% of children diagnosed with ADHD are treated with stimulant medications. Thus, a question to address the therapist's view on the use of medication vs. AT was asked on the survey. Likewise, for each of the remaining issues that emerged in the literature review, a question was formulated and included in the final survey.

A range of standard sociodemographic questions was included to determine such things as professionals' ethnicity and age. Finally, several questions were included in the survey to determine the professionals' degree, practice setting, marketing practices, and knowledge of AT use in treatment of ADHD.

The survey was developed in consultation with a doctoral-level expert in survey design who used sound design methodology to properly word questions and develop standardized answer categories. This approach increased the chances that a newly designed survey would be reliable. However, without extensive reliability and validity testing, it was not possible to establish the reliability or validity of the instrument used in this investigation. As with many exploratory investigations of this kind, the survey used can be said to have face validity only.

Procedure

The researcher requested from the IRB and was granted a waiver of documented consent. The completion of the survey served as the consent to participate in this research. There were minimal anticipated risks to those who decided to participate in the survey. Although unlikely, it was possible that completing this survey might lead to a small amount of anxiety or emotional discomfort if specific questions prompted complex or disturbing thoughts about the topic or clients treated. Respondents were notified in the informed consent that any such discomfort

could usually be addressed through conversation with their colleagues or a supervisor.

All members of the participant group received two email requests to participate in the survey. These emails were sent through the researcher's personal email. One email was sent to all participants, with participants BCC'd to help maintain their privacy. Each request contained an introductory letter (see Appendix B). The emails also contained a link to the survey in SurveyMonkey as well as the informed consent document (see Appendix C).

The participants remained completely anonymous. The data collected was not able to identify what mental health professional answered each question or their particular responses. The only potentially identifying questions on the survey were the age and ethnicity of the participants, the highest held degree, and in which professional setting they worked. This information allowed the participants to remain anonymous, because the combination of demographics could not reasonably lead to deductive disclosure of any individual's identity given the national scope of the study. Once the initial email was sent out, there was a follow-up email sent out one week later to all participants as a reminder to increase the likelihood of their participation.

All results were presented in aggregate form to further protect subjects' identities. Data were accessible through the online survey system only by using a strong password known only to the researcher. The online survey system was set not to collect email or IP addresses, to further protect subjects' anonymity. Once the data were collected, they were downloaded into SPSS and stored only on the researcher's and adviser's laptop computers, and deleted from the online survey system. The SPSS database used for data analysis is accessible only by using a strong password known to the researcher and thesis adviser. Neither dataset contains any coded identifiers and, as such, is completely anonymous.

The thesis chair and the student researcher had access to the downloaded SPSS data. The data are stored on the two computers owned by these individuals. The data have been placed in a

separate Windows folder on each computer, segregated from any other files that are not related to the data set. Both computers are locked by strong Windows passwords, known only to the computer owners. The data were retained on both computer systems for the duration of the research, approximately six months. Following completion of the research, the data set and related files will be retained by the researcher for a minimum of five years to address any questions that may arise regarding the analyses. The data set and related files will be transferred to any future computer owned by the researcher until the five years have expired. Throughout the study and subsequent five years, the researcher will implement a weekly backup plan wherein the data set and related files are backed up using a secure online data backup system. After the five years, the researcher will destroy the SPSS data file using then-current Department of Defense data destruction standards. An affordable technique, such as encryption, will likely be chosen. Thus, the standards on privacy and confidentiality will be adhered to as per APA guidelines for research.

Since this is an exploratory investigation, response frequencies to each question were presented in tabular format and discussed. Responses to the open-ended question were logically categorized.

Results

Recruitment efforts yielded 31 Art Therapists who responded to the questionnaire. Of the 500 emails sent to potential participants, this yielded a response rate of 6%, typical for this form of subject recruitment. Detailed sociodemographic data on the sample appear in Table 1.

Subjects' average age was 46 years old ($SD = 12$), and 100% were Caucasian. The large majority had Master's degrees, with 16% having Doctoral degrees, and 90% had an ATR. Half were in private practice, with the remainder distributed roughly evenly across residential treatment centers, schools, clinics, and hospitals. Most, 87%, had read a book or journal article about using AT with ADHD; 68% had attended a conference on using AT with ADHD but only

20% specifically marketed their work to parents of children with ADHD.

Of the 31 subjects, 91% reported that they had treated at least one child having ADHD. The mean number of children treated was 102 (SD = 308), but with enormous variability across Art Therapists, ranging from 0 to 1500 clients per therapist. Among the most common AT techniques queried, there was wide variability regarding which the Art Therapists in the participant group used. Most had used painting, 93%; form drawing, 89%; collage, 81%; or sculpting, 78%. These 4 techniques were also rated by the Art Therapists as the most valuable in treating children with ADHD, but many fewer Art Therapists found these techniques to be effective, between 42% and 69%, as compared to the percentages who actually used them. Many had used mask making, 71%; oil pastels, 67%; tissue arts, 52%; or beadwork, 44%. Smaller percentages had used fiber arts, 30%, or digital art, 11%. None had used Chinese calligraphy.

Art Therapists were able to differentiate which symptoms of ADHD their AT interventions are most and least effective at treating. All Art Therapists believed that AT is effective in treating the client's trouble sustaining attention to tasks and follow through with instructions. Most Art Therapists, 82% to 93%, believed that AT is effective in treating inattention to details, avoidance of sustained efforts, failure to listen, difficulty with organization, distraction by extraneous stimuli, running around/climbing, and carelessness. Many Art Therapists, 60% to 79%, believed that AT is effective in treating difficulty waiting one's turn, getting out of seat, restlessness, fidgeting, noisiness, excessive talkativeness, and interrupting others. A minority of Art Therapists, 22% to 39%, believed that AT is effective in treating the blurting out of answers or comments, forgetfulness, and misplacing things.

Art Therapists were also asked to rate the overall effectiveness of AT in treating ADHD. A minority, 11%, reported that AT is so effective in treating ADHD that it can be used without medication. Most, 70% reported that AT is effective as an adjunct in treating ADHD along with medication. A minority of participants, 19% reported that AT is not effective in treating ADHD

whatsoever.

Many of the respondents wrote responses to the open-ended question on the questionnaire. These responses have been categorized into 4 main themes: 1) Respondents' perceptions of the efficacy of AT with ADHD; 2) AT's effects on ADHD; 3) Techniques Used; and 4) Limitations of AT with ADHD. The responses, by category, can be found in Appendix E. These open-ended responses are utilized in the Discussion to explore in greater depth the numerical findings from the survey.

Discussion

The research questions for this study were: (1) What AT techniques do Art Therapists use with children who have ADHD, and (2) What symptoms of ADHD do Art Therapists believe their chosen techniques are positively affecting? Results from the survey of Art Therapists demonstrate that Art Therapists are clearly able to state which AT techniques they use and do not use often with ADHD, which techniques are most and least effective, and which symptoms of ADHD are most and least impacted by AT. Art Therapists also appear to possess a modal evaluation of the overall extent to which AT is useful in treating children with ADHD.

Subjects in this study had a mean age of 46 years old ($SD = 12$), and 100% reported their ethnicity as Caucasian. Although the racial breakdown of respondents may seem askew in terms of the general US population, a 2003 survey of AATA membership indicated that 90% of members were Caucasian (Talwer, Iyer, & Doby-Copeland, 2004). As such, the predominance of Caucasian respondents is close to the actual racial breakdown among Art Therapists in practice and thus reasonably representative of the AT field.

A novel finding in this study was that most of the survey respondents, 87%, had read a book or journal article about using AT with ADHD, and 68% had attended a conference on using AT with ADHD. When reviewing literature regarding the use of AT with ADHD, articles and previous findings linking the two were scarce. As such, the responses to the present survey

suggest that there is a perhaps a more recent professional awareness of AT's value in treating ADHD, such that Art Therapists are reading about this in trade journals and are finding this topic covered at conferences. These findings suggest that the topic is becoming more popular within the professional AT community and that further research on the efficacy of AT with ADHD can be done as more people incorporate these techniques into their practice. One would eventually expect the peer-reviewed AT literature to catch up to this apparent trend in AT practice.

Even though most respondents reported having read a book or article, or attended a conference, about using AT with ADHD, only 20%, reported that they market their work to the parents of children with ADHD. Those who do not market their practice to parents of children with ADHD may be choosing not to do so because they have yet to try AT with sufficient numbers of ADHD clients, and/or because they are still working to incorporate such clients into their AT practice, and/or because of the lack of evidence-based information about AT's use with ADHD. Given that many of the survey respondents reported having treated only a small number of ADHD clients, and given that the use of AT with ADHD clients has not yet become widely present in professional journals or books, it would seem that, in time, more Art Therapists may begin to market their work specifically to parents of children with ADHD. There are clearly parents who are against medicating their children, given the negative side effects that some of these medications may entail, media coverage about the harmfulness of ADHD medications, and personal inclinations toward holistic health. Having an alternative treatment method such as AT to try would likely be welcomed by these parents.

For example, one respondent in the study reported that AT helps with “many of the issues/symptoms concern[ing] impulsivity and anxiety [and in] finding ways to channel energy positively, build problem-solving skills, self-esteem, and coping resources [that] are essential to helping people manage ADD/ADHD.” Another respondent reported that “art making is a pleasurable activity. Over time, it allows for the child to build abilities to self-regulate and, with

discussion, become aware of their own symptoms and integrate skills for management of them.” Statements such as these could be used in the marketing of AT to parents of children with ADHD. With more knowledge and experience using AT in the treatment of ADHD, Art Therapists may feel more confident marketing their treatment methods to parents as an alternative way for parents to help their children cope with ADHD. As greater knowledge becomes available, including the present survey results, Art Therapists may be able to specifically advertise the ways in which AT can be used to teach children with ADHD to overcome their difficulties and increase their concentration.

A primary question that this research study was designed to explore was which techniques Art Therapists use when treating children with ADHD, and of those techniques used, which ones they find to be most effective. Among the most common AT techniques queried, there was wide variability regarding the techniques that were used by the Art Therapists in the sample. Most, however, had used painting, 93%; form drawing, 89%; collage, 81%; or sculpting, 78%. According to Tapper and Michelsson (1996), painting aids with emotional balance. Instead of focusing on form, the child is encouraged to paint the mood of the colors, imparting emotion into their work (Tapper & Michelsson, 1996). Based on the research, it is suggested that using this technique allows even small children the ability to communicate their emotions with the Art Therapist in a more effective way than they could with words, given limited verbal development. The second most used technique of form drawing is believed to help build children’s visual perception, which in turn strengthens eye-hand coordination (Tapper & Michelsson, 1996). With greater eye-hand coordination, improvements in concentration and attention have been documented (Tapper & Michelsson, 1996)—both critically important skills for children with ADHD. Form drawing may also help ADHD children learn to focus their attention on a task that gives them a sense of reward when they get to show off their finished work. The third and fourth most widely used AT techniques, collage and sculpting, may be

particularly valuable for those with less manual dexterity, serving as effective ways for these children to communicate their feelings and moods.

Henley (1998) reported that the process of art making absorbs the emotions of the art maker and thereby displaces aggression, anxiety, attachment issues, and destructive or disruptive behaviors. Collage making, in particular, allows a child's creativity to flow unobstructed and can reveal hints about what is going on in the child's mind or life. Children may add pictures of things they find interesting, pictures of events that are similar to those they are experiencing at home or in school, or they may add pictures of different places they want to go or items on their wish list. With so many options for self-expression, collages can offer a more complete picture of who the child is. After the collage is complete the Art Therapist can ask the child to explain their work and any emotions that go along with the pictures.

With sculpting, children engage in a three-dimensional tactile process where form is emphasized and a finished product is the goal. As one survey respondent wrote: "We are often talking about boys with this diagnosis, and so physical, 3-D interventions tend to be preferred [and] I have found that clay especially, and other sculptural types of art making, are the most effective." This technique is reported as having a positive effect on concentration and patience, and can even help to increase a child's attention span (Tapper & Michelsson, 1996). Using this technique can be helpful for children who experience trouble staying on task and listening, or who have trouble with distractions from external stimuli. Excess energy can be channeled into the sculpture, and the process of working the clay, or other medium, provides a calming or grounding effect for the child. According to one respondent of this research study, "art therapy requires all of the child's senses to be engaged during the art making process. They are able to practice focusing while also creating an art piece in the process."

All four of the most widely used AT techniques help to teach children how to concentrate on a task at hand to produce a finished product that they can be proud of, which may also help

with self-esteem issues that many children with ADHD have. Art Therapists rated these 4 techniques as the most valuable in treating children with ADHD, but many fewer Art Therapists found these techniques to be effective, between 42% and 69%, as compared to the percentages who actually use them. Two of the survey respondents mentioned the efficacy of sand play, which was not addressed in the present study. This may be a technique that proves to be both widely used and highly effective, and thus should be included in the AT techniques explored in further studies.

Many Art Therapists reported that they have used mask making, 71%; oil pastels, 67%; tissue arts, 52%; or beadwork, 44%. Mask making provides a way for the child to personify someone they admire, or to express their own inner feelings. Once they have created their mask, the Art Therapist can ask them to explain the colors they chose, any designs they have included on the mask, or even the meaning of the colors. One survey respondent states, “art tasks, in conjunction with a positive and supportive relationship, help such children slow down and focus”, and the process of mask making and the discussion of the finished work seem like a task that can do just that.

Oil pastels are used much like crayons, except that they are softer and draw in wider strokes so they can be a useful medium for children who are still mastering manual dexterity. One survey respondent reported that, “the physical act of pressing on the oil pastel over a large piece of paper releases some energy [and] the creativity supported and images boost esteem, and attention to task”. Tissue art and beadwork are also tasks that require a child to slow down to create. Children are naturally creative and if you foster their creativity it can help them to build self-confidence. As one of the responses from the survey points out, AT “is at times the most interesting thing in the child's stimulus so it provides an opportunity or medium to work in to develop sustained thinking,” which should help to increase their attention to detail and focus.

Smaller percentages of Art Therapists reported having used fiber arts, 30%, or digital art,

11%. Fiber arts allow a child to use synthetic fibers, fabric or yarn, to create with. Some children may enjoy the way the materials feel and the textures may become a part of the artwork they create. The therapist can inquire as to the selection of materials used and the way the child put them together. This may be a less popular technique with younger children because it can be time consuming and advanced if one is sewing or quilting.

The final technique that was discussed, digital art, may be the least used technique because it can be difficult for young children, because it requires extra training on the use of advanced software, or because of the cost of the software and computer systems needed for this approach. Digital art is also not as tactile as other forms of art making, but it may be useful with older children or young adults who have ADHD combined with an interest in and aptitude for computer use.

Art Therapists were able to differentiate which symptoms of ADHD their AT interventions are most and least effective at treating. All Art Therapists believed that AT is effective in treating the client's trouble sustaining attention to tasks and follow through with instructions. Various open-ended responses also support this, such as: "[AT] allows them [children] to get their energy out while also providing a task that requires attention and focus;" "If they [the children] connect with art making it provides a means of focusing". During the art making process, children with ADHD are focused on the task at hand. It is this focus that aids them in mastering staying on task and following the instructions they are given. In the words of a survey respondent: "Children are naturally creative and exploratory [and] the arts afford them the opportunity to be engaged in an intrinsically motivating activity to learn new skills and express themselves at the same time". A Child's finished artwork gives them something to show for their efforts and can be rewarding and esteem boosting.

Most respondents, 82% to 93%, believed that AT is effective in treating several key symptoms of ADHD: inattention to details, avoidance of sustained efforts, failure to listen,

difficulty with organization, distraction by extraneous stimuli, running around/climbing, and carelessness. When children are doing something they enjoy it is easier for them to stay organized, remain focused, pay attention, and avoid distractions. As such, one respondent reported that children “show improvements in their ability to attend to detail over time as evident in their art work and responding to opportunities to share/respond to questions”. It is known that the majority of children enjoy at least some modalities of art and through their AT treatment they may learn effective coping strategies for ADHD symptoms that can be carried over into other aspects of their lives. For instance, many Art Therapists, 60% to 79%, believed that AT is effective in treating difficulty waiting one’s turn, getting out of one’s seat, restlessness, fidgeting, noisiness, excessive talkativeness, and interrupting others. One respondent states that “natural consequences are heightened in many cases and the change in behavior is initially self chosen and later generalized to other situations”.

A smaller portion of the survey respondents, 22% to 39%, believed that AT is effective in treating ADHD’s symptoms of blurting out answers or comments, forgetfulness, and misplacing things. The process of art is sometimes a solitary project, but can be done in a group setting as well. In a group setting, children may still try to compete for the therapist’s attention by blurting out comments, lowering the reports of effectiveness in this area. It is logical that the symptoms of forgetfulness and misplacing things rank at the bottom of the list among those with which AT is effective because the art making process normally does not focus on providing ways to remember things. Consequentially, these symptoms are perhaps better addressed by life skills lessons and/or behavior therapy interventions, although one could potentially envision deliberate additions or modifications to AT that incorporate and reinforce memory skills.

Art Therapists were also asked to rate the overall effectiveness of AT in treating ADHD. A minority, 11%, reported that AT is so effective in treating ADHD that it can be used without medication. As one of these therapists indicated: “the healing aspect of art making is

beneficial... engag[ing] the child on many levels.” Another survey respondent indicated that, “art therapy is never an ‘adjunct’ from my perspective, it is a treatment modality that goes beyond words and may or may not be done as part of a treatment team with medical intervention.” Even among the remaining 89% of survey respondents who believed that AT should occur in tandem in pharmacotherapy for ADHD, many commented on the wonderful effects they have seen AT having on children with ADHD; see appendix E for a complete set of open-ended responses from the Art Therapists.

Most of the survey respondents, 70%, reported that AT is effective as an adjunct in treating ADHD along with medication. In one’s response, s/he stated that “it [is] very difficult to directly address attentional issues with weekly, outpatient art therapy alone... [but] in connection with appropriate psychiatric and medication support, ... many children with ADHD rewrite their internal stories about being a ‘problem’ or a ‘failure’ and address any connected self-esteem, depression, or anxiety issues through the art therapy”. Clearly, however, most respondents believe that, at least at present with existing AT techniques, AT alone may not be enough to manage the symptoms of ADHD. Yet this study reveals that among Art Therapists there is great interest on this topic and that, as such, perhaps modified or newer AT techniques, combined with scientific research and clinical experience, will further enhance the effectiveness of AT with children who have ADHD.

Finally, a minority, 19% reported that AT is not effective in treating ADHD whatsoever. Surprisingly, however, these respondents did not provide any elaboration on the open-ended survey question to explain their negative evaluation of AT’s use with ADHD. Some of these respondents stated that, “ADHD symptoms vary in severity and presentation of symptoms”, and that “ADHD is considered a life long disability and as such even medication is just managing symptoms that can persist throughout one’s lifetime”. These responses suggest that perhaps this minority of Art Therapists believe that ADHD is not amenable to treatment or is too variable to

treat effectively in their office, and as such, they may not have attempted to use AT with ADHD clients. Perhaps with additional continuing education and discussion with AT colleagues who have successfully used AT with ADHD, the perceptions of these individuals may change.

Limitations

This survey was sent to the emails of 500 potential participants. Of the emails sent, 31 Art Therapists completed the survey, yielding a response rate of 6%, typical for this form of subject recruitment. However, a longer collection period may generate a higher response rate and thus a sample that can be relied on as more fully representative of Art Therapists in general. Another method of subject recruitment that may yield a higher response rate is to pass along the web link containing the survey to AT group moderators for the different regional AT associations so that they may include the survey link in their publications and weekly email distributions and post it to their Facebook pages for their members to complete if they wish. Future investigators may take note of these possible modifications.

The survey itself was created by the researcher and thus has no clear information about its reliability or validity. Since few validated instruments exist for querying Art Therapists about their work, this is a difficult limitation to overcome without extensive work on developing such an instrument. In addition, the results of this study are based on the perceptions of practicing Art Therapists. Self-report, retrospective data has well known inherent limitations that need not be repeated here. Prospective, controlled investigations of efficacy are ultimately needed to determine with greater accuracy the benefits of various AT techniques in treating children with ADHD. Yet the results of the present survey suggest that many Art Therapists are using AT with ADHD and believe that it is effective; as such, there is warrant to invest in such prospective, controlled investigations, particularly given the importance of limiting long-term medication use in children due to known and unknown side effects and parental interest in holistic health.

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Appendix A

Art Therapy Survey

1. Have you ever treated a child in Art Therapy who has ADHD? YES/NO

2. How many children with ADHD have you treated using Art Therapy? _____

3. If you have treated a child in Art Therapy who has ADHD, what techniques did you use in your treatment? Check all that apply.

- Form Drawing (mediums: charcoal, colored pencils, graphite, etc.)
- Painting (mediums: watercolor, oil, acrylics, tempura, etc.)
- Digital Art
- Oil Pastels
- Tissue Arts
- Fiber arts
- Beadwork
- Mask Making
- Sculpting
- Chinese Calligraphy
- Collage

4. Which Art Therapy techniques have you found to be most effective in treating ADHD? Check all that apply.

- Form Drawing (mediums: charcoal, colored pencils, graphite, etc.)
- Painting (mediums: watercolor, oil, acrylics, tempura, etc.)
- Digital Art
- Oil Pastels
- Tissue Arts
- Fiber arts
- Beadwork
- Mask Making
- Sculpting
- Chinese Calligraphy
- Collage

5. If you have treated a child in Art Therapy who has ADHD, which symptoms of ADHD did the art therapy help to reduce? Check all that apply, and then rank the top three (3) symptoms that you believe Art Therapy helps with.

Symptom	Rank
<input type="checkbox"/> Inattention to details	
<input type="checkbox"/> Carelessness	
<input type="checkbox"/> Trouble sustaining attention to tasks	
<input type="checkbox"/> Failure to listen	
<input type="checkbox"/> Follow through with instructions	
<input type="checkbox"/> Difficulty with organization	
<input type="checkbox"/> Avoidance of sustained efforts	
<input type="checkbox"/> Misplacing things	
<input type="checkbox"/> Distraction by extraneous stimuli	
<input type="checkbox"/> Forgetfulness	
<input type="checkbox"/> Fidgeting	
<input type="checkbox"/> Getting out of seat	
<input type="checkbox"/> Running around/Climbing	
<input type="checkbox"/> Noisiness	
<input type="checkbox"/> Restlessness	
<input type="checkbox"/> Excessive talkativeness	
<input type="checkbox"/> Blurting out answers or comments	
<input type="checkbox"/> Difficulty waiting his/her turn	
<input type="checkbox"/> Interrupting others	

6. How effective do you think Art Therapy is in treating ADHD?

- So effective that I think it can be used even without ADHD medications
- Effective as an adjunct when the child is on ADHD medication
- Effective not so much to treat the symptoms of ADHD, but other important problems
- Not very effective in treating ADHD

7. In your own words, why do you think that Art Therapy works or does not work for children with ADHD?

8. Have you ever read a book or journal article about using Art Therapy to treat ADHD?

YES/NO

9. Have you ever attended a professional conference presentation where using Art Therapy to treat ADHD was discussed? YES/NO

10. If you are in private practice, do you market your practice to parents of children with ADHD? In other words, do you actively solicit ADHD patients? YES/NO

11. What is your highest professional degree?

- BA
- MA/MS
- Doctorate

12. Do you have an ATR? YES/NO

13. What is your main practice setting?

- Hospital
- Residential Treatment Center
- School
- Clinic
- Private Practice

14. How old are you? _____

15. With what ethnicity do you most identify?

- African-American
- Asian-American
- Hispanic
- Native-American
- White

Appendix B

Email Announcement

Hello,

My name is Heather Bartoe and I am a psychology graduate student at Kaplan University working towards my Master's Degree. I would like to make you aware of an opportunity to complete a short, voluntary survey. You have been asked to complete this survey based on your membership in the American Art Therapy Association. This research is in regards to the use of Art Therapy in the treatment of children with ADHD. Through this research I hope to gather information on the specific art therapy techniques that are being used in the treatment of children with ADHD. In doing so I hope to also determine which symptoms of ADHD are positively affected when such art therapy techniques are used.

To be a part of this study, you will need access to a computer, where you can go to the website and complete 15 questions. I estimate that the survey should only take about 5-10 minutes to complete. Your participation is strictly voluntary and greatly appreciated. If you are interested in this study, please click here [link to surveymonkey].

Thank you for considering this opportunity!

Sincerely,

Heather Bartoe

Appendix C

Kaplan University
Consent for Participation in Research
**“ART THERAPY AND CHILDREN WITH
ADHD:
A SURVEY OF ART THERAPISTS”**

Why am I being asked?

You are being asked to be a participant in a research study about the use of art therapy in the treatment of children with ADHD conducted by Heather Bartoe, a Master’s of Science in Psychology student at Kaplan University. You have been asked to participate in the research because you were listed as a member on the American Art Therapy Association (AATA) therapist locator page and may be eligible to participate. We ask that you read this form and ask any questions you may have before agreeing to be in the research.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with Kaplan University. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

What is the purpose of this research?

The purpose of this research is:

To further investigate the specific art therapy techniques that are used in the treatment of children with ADHD. In doing so I hope to also determine which symptoms of ADHD are positively affected when such art therapy techniques are used.

What procedures are involved?

If you agree to be in this research, we would ask you to do the following things:

Follow the link to the online survey system, SurveyMonkey, and complete the informed consent document and survey.

Approximately 200 mental health professionals may be involved in this research at Kaplan University.

What are the potential risks and discomforts?

The risks and discomforts associated with this research are anticipated to be low and the completion of the survey may lead to a small amount of anxiety or emotional discomfort if specific questions prompt complex or disturbing thoughts about the topic or clients treated. If any such discomfort should occur it can usually be addressed through conversation with your colleagues or a supervisor.

Are there benefits to taking part in the research?

The specific art techniques that have been used in the treatment of children with ADHD are unclear, as are the specific ADHD symptoms that these techniques are impacting. It would thus seem prudent to investigate further what techniques art therapists have found to be helpful for which specific symptoms of ADHD in children. The benefit of doing so can reasonably be expected to benefit Art Therapist's in the development of treatment plans that will target the symptoms of ADHD that are most troublesome for their individual clients. While there may not be any direct benefit to the research subjects individually, I anticipate that the knowledge collected could be shared amongst the Art Therapist community.

What about privacy and confidentiality?

The only people who will know that you are a research subject are members of the research team. No information about you, or provided by you during the research, will be disclosed to others without your written permission. When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

All results will be presented in aggregate form to further protect subjects' identities. Data will be accessible through the online survey system only by using a strong password known only to the researcher. The online survey system will be set not to collect email or IP addresses, to further protect subjects' anonymity. Once the data are collected, they will be downloaded into SPSS and stored only on the researcher's and adviser's laptop computers, and deleted from the online survey system. The SPSS database used for data analysis will be accessible only by using a strong password known to the researcher and thesis adviser. Neither dataset will not contain any coded identifiers and, as such, will be completely anonymous.

The data will be retained on both computer systems for the duration of the research, expected to last approximately six months. Following completion of the research, the data set and related files will be retained by the researcher for a minimum of seven years to address any questions that may arise regarding the analyses. The data set and related files will be transferred to any future computer owned by the researcher until the seven years have expired.

Will I be reimbursed for any of my expenses or paid for my participation in this research?

There will be no payment or reimbursement of any kind for participation in this research study.

Can I withdraw from the study?

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study.

Whom should I contact if I have questions?

The researcher conducting this study is Heather Bartoe. You may ask any questions you have now. If you have questions later, you may contact the researcher at: Phone: (702) 350-2383.

You may also contact the thesis adviser, Dr. Edward Cumella PhD, at ecumella@kaplan.edu.

What are my rights as a research subject?

If you feel you have not been treated according to the descriptions in this form, or you have any questions about your rights as a research subject, you may contact the Institutional Review Board (IRB) at Kaplan University through one of the following representatives:

Susan Pettine, *IRB Chair*
Phone: (772) 607-1944
Email: spettine@kaplan.edu

Remember: Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

You can print a copy of this form for your information and to keep for your records.

Appendix D

TABLES

Table 1

Sociodemographic Characteristics of the Art Therapists

Measure	All Subjects
<i>N</i>	31
Age	46 (12)
Racial/Ethnic Identity	
White	100%
Highest Professional Degree	
MA/MS	84%
Doctorate	16%
Practice Setting	
Hospital	13%
Residential Treatment Center	16%
School	13%
Clinic	16%
Private Practice	52%
Has an ATR	90%
Markets practice to parents of children with ADHD	20%
Attended professional conference on AT with ADHD	68%
Read book or journal article about AT with ADHD	87%

Table 2

Art Therapists' Experiences with and Perceptions of AT with ADHD

Measure	All Subjects
<i>N</i>	31
Ever treated a child in AT who has ADHD	91%
# children with ADHD treated using AT	102 (308) Range: 0-1500
AT techniques used	
○ Painting	93%
○ Form Drawing	89%
○ Collage	81%
○ Sculpting	78%
○ Mask Making	71%
○ Oil Pastels	67%
○ Tissue Arts	52%
○ Beadwork	44%
○ Fiber arts	30%
○ Digital Art	11%
○ Chinese Calligraphy	0%
AT techniques found most effective in treating ADHD	
Form Drawing	69%
Sculpting	61%
Collage	54%
Painting	42%
Symptoms of ADHD reduced by AT	
○ Trouble sustaining attention to tasks	100%
○ Follow through with instructions	100%
○ Inattention to details	93%
○ Avoidance of sustained efforts	88%
○ Failure to listen	87%
○ Difficulty with organization	87%
○ Distraction by extraneous stimuli	84%
○ Running around/Climbing	83%
○ Carelessness	82%
○ Difficulty waiting his/her turn	79%
○ Getting out of seat	77%
○ Restlessness	75%

○ Fidgeting	73%
○ Noisiness	71%
○ Excessive talkativeness	70%
○ Interrupting others	60%
○ Blurting out answers or comments	39%
○ Forgetfulness	32%
○ Misplacing things	22%

Effectiveness of AT in treating ADHD

○ So effective that can be used without medications	11%
○ Effective as an adjunct to medication	70%
○ Not effective with ADHD but with other problems	15%
○ Not very effective in treating ADHD	4%

Appendix E

Subject Responses to Open Ended Questions

Categorized by Theme

1) Respondents' perceptions of the efficacy of AT with ADHD

- Art making is a pleasurable activity. Over time, it allows for the child to build abilities to self regulate and, with discussion, become aware of their own symptoms and integrate skills for management of them.
- AT provides opportunities to learn skills that are needed to manage symptoms of ADHD.
- Encourages them to focus on artwork and less distracted by other stimulus.
- Helps build confidence and develop coping skill.
- I believe it does work for children with ADHD symptoms.
- I have seen art therapy work for children with ADHD. It allows them to get their energy out while also providing a task that requires attention and focus.
- If they connect with art making it provides a means of focusing, if they are invested in the art they want to work on it. The art can provide a certain momentum that helps them overcome some of the symptoms of ADD/ADHD.
- It is a good outlet.
- It is at times the most interesting thing in the child's stimulus so it provides an opportunity or medium to work in to develop sustained thinking.
- It sparks the imagination and helps the child to self-soothe, be creative, problem solve, and have something concrete that they accomplished and can be proud of. To learn a new skill that brings enjoyment.
- It's also very effective as an adjunct not only to medications, but to a life style change that is carried throughout the child's day. Art therapy involves the whole child and always has an element of self-direction, if not entirely self-directed. All those elements listed above and others are involved in the child's creations over time. Natural consequences are heightened in many cases and the change in behavior is initially self-chosen and later generalized to other situations. The ability to create something original and unique increases a child's feelings of self-worth, value and optimism. I work in a school system where these same children are bombarded with experiences of their failures and struggles. Art therapy hours attempt to put some positive balance into their day. How's that for a brief nutshell? :)
- Just as autism spectrum disorders, ADHD symptoms vary in severity and presentation of symptoms. For individuals experiencing milder symptoms, it may be possible to teach the person coping skills through the creative process that allow him or her to manage symptoms effectively. However, there are individuals that require a certain amount of medication for them to be able to process information that will assist them in managing symptoms more effectively. Children are naturally creative and exploratory. The arts afford them the opportunity to be engaged in an intrinsically motivating activity to learn new skills and express themselves at the same time.
- Many of these issues/symptoms outlined above concern impulsivity and anxiety - finding ways to channel energy positively, build problem-solving skills, self-esteem, and coping resources are essential to helping people manage ADD/ADHD.

- Provides emotional outlet, sustained consistent activity which is enjoyable and expressive, exploratory, involves physical manipulation of materials and allows for movement while expressing self.
- Some types of Art Therapy interventions can be quite effective (step based, structured) with children with ADHD as it gives them something to do during the therapy and also allows for progressive increase in practicing the challenging behavior in a controlled way through art.
- Yes, it does. I have several professional colleagues who do wonderful work with children with ADHD, using art therapy.

2) AT's effects on ADHD

- A lot of ADHD is misdiagnosed trauma. That being said the healing aspect of art making is beneficial regardless. I believe art therapy engages the child on many levels and allows for practice of life skills to develop capacity for sustained attention and mindfulness of detail as well as awareness of surroundings and slowing down.
- Art tasks, in conjunction with a positive and supportive relationship help such children slow down and focus.
- Art therapy requires all of the child's senses to be engaged during the art making process. They are able to practice focusing while also creating an art piece in the process. Often the children that I have worked with who have been diagnosed with ADHD tend to report a lower self-esteem as well. This seems to have come from lower academic achievement and being scolded for being too "loud" or "disruptive". Creating an art piece allows the child to feel accomplished and proud.
- AT provides opportunities to learn skills that are needed to manage symptoms of ADHD.
- Helps build confidence and develop coping skill.
- I have never used Art Therapy as an exclusive therapy with a child; my work has always been in collaboration with other clinicians. The structure and reinforcing aspects of art making seems to be highly effective in enabling the ADHD children success in greater self-regulation during the Art Therapy sessions. They also show improvements in their ability to attend to detail over time as evident in their artwork and responding to opportunities to share/respond to questions.
- I have seen art therapy work for children with ADHD. It allows them to get their energy out while also providing a task that requires attention and focus.
- If they connect with art making it provides a means of focusing, if they are invested in the art they want to work on it. The art can provide a certain momentum that helps them overcome some of the symptoms of ADD/ADHD.
- In addition to symptoms listed above, it helps to enhance self-esteem and motivation by using a child's strengths.
- It is at times the most interesting thing in the child's stimulus so it provides an opportunity or medium to work in to develop sustained thinking.
- It's also very effective as an adjunct not only to medications but to a life style change that is carried throughout the child's day. Art therapy involves the whole child and always has an element of self-direction, if not entirely self-directed. All those elements listed above and others are involved in the child's creations over time. Natural consequences are heightened in many cases and the change in behavior is initially self-chosen and later generalized to other situations. The ability to create something original and unique increases a child's feelings of self-worth, value and optimism. I work in a school system where these same children are

bombarded with experiences of their failures and struggles. Art therapy hours attempt to put some positive balance into their day. How's that for a brief nutshell? :)

- Provides emotional outlet, sustained consistent activity which is enjoyable and expressive, exploratory involves physical manipulation of materials and allows for movement while expressing self.
- Shifting attention to the other side of the brain.
- The physical act of pressing on the oil pastel over a large piece of paper releases some energy. The creativity supported and images boost esteem, and attention to task.
- They are focusing on something they enjoy if you choose the right projects and through group influence.

3) Techniques Used

- Art therapy engages the child creatively and emotionally, and for a child challenged with ADHD the physical (sensorimotor) experiences allow for an integration and a focus of communication that is otherwise limited. Beyond the behavioral issues which you named here (in this survey) as symptomology, the art allows for a way inherent to the child's needs to move and show their feelings, processing his / her own perception of the challenges and possibilities, gaining insight to their own process, and gaining a sense of achievement (self-esteem building).
- Art Therapy provides a concrete hands-on focus where the child can manipulate materials stimulating right brain arousal then switching to left-brain organization/structure
- I work from a Studio Based perspective and therefore the above named "techniques" are modalities in my work versus "techniques". Also, for #7 art therapy is never an "adjunct" from my perspective, it is a treatment modality that goes beyond words and may or may not be done as part of a treatment team with medical intervention as necessary. Art therapy is effective with children with "ADHD" because it allows them to sink into "matter" "materials" including their body. It is done physically & thus children who are sensates immerse in it.
- Just as autism spectrum disorders, ADHD symptoms vary in severity and presentation of symptoms. For individuals experiencing milder symptoms, it may be possible to teach the person coping skills through the creative process that allow him or her to manage symptoms effectively. However, there are individuals that require a certain amount of medication for them to be able to process information that will assist them in managing symptoms more effectively. Children are naturally creative and exploratory. The arts afford them the opportunity to be engaged in an intrinsically motivating activity to learn new skills and express themselves at the same time.
- The physical act of pressing on the oil pastel over a large piece of paper releases some energy. The creativity supported and images boost esteem, and attention to task.
- Teaching family members how to calm down too is essential. That being said, I could not say yes or no to the symptom questions because ADHD is considered a life long disability and as such even medication is just managing symptoms that can persist throughout ones lifetime. While I use many art therapy interventions, my overall approach is to help the client develop skills and tools to access peace and calm in the long run. Primary in the treatment plan is calming the physiology, which can include meditation, mindfulness, relaxation training, eye contact, breathing exercises and guided imagery especially a "safe place" visualization.

- We are often talking about boys with this diagnosis, and so physical, 3-D interventions tend to be preferred. I have found that clay especially, and other sculptural types of art making, are the most effective. Sandplay is often the "go to" selection of clients with ADHD.
- I do not have any children with this diagnosis at present. I have found sandplay very helpful. You can look this up at sandplay.org Good luck!

4) Limitations of AT with ADHD

- A lot of ADHD is misdiagnosed trauma. That being said the healing aspect of art making is beneficial regardless. I believe art therapy engages the child on many levels and allows for practice of life skills to develop capacity for sustained attention and mindfulness of detail as well as awareness of surroundings and slowing down.
- Children did well in class but not good in school place.
- I find it very difficult to directly address attentional issues with weekly, outpatient art therapy alone. However, in connection with appropriate psychiatric and medication support, I have seen many children with ADHD rewrite their internal stories about being a "problem" or a "failure" and address any connected self-esteem, depression, or anxiety issues through the art therapy. I can't say that I've ever felt the art therapy alone was effective in directly addressing ADHD long-term.
- Just as autism spectrum disorders, ADHD symptoms vary in severity and presentation of symptoms. For individuals experiencing milder symptoms, it may be possible to teach the person coping skills through the creative process that allow him or her to manage symptoms effectively. However, there are individuals that require a certain amount of medication for them to be able to process information that will assist them in managing symptoms more effectively. Children are naturally creative and exploratory. The arts afford them the opportunity to be engaged in an intrinsically motivating activity to learn new skills and express themselves at the same time.
- I do want to make you aware, though, that children with ADHD may come to us for other causes which we do treat, particularly PTSD, depression, or phobias. Successes with these might not show up on a survey specific to ADHD. Also, there is some evidence that trauma in children may mimic ADHD. Probably the majority of children I've seen have experienced trauma. Just thought this information might be useful to your discussion. Good luck with your research/thesis!