

Creative Therapy Review

My internship is an after school program for students in kindergarten through twelfth grade. There are two children who have been diagnosed with Autism Spectrum Disorder and at least one student is medicated for ADHD. Many of the other children struggle in school, so the approaches that Janet Tubbs suggests in her book, *Creative Therapy for Children with Autism, ADD, and Asperger's: Using Artistic Creativity to Reach, Teach, and Touch our Children*, are applicable for many of the students which whom I work.

Autism

Tubbs discusses the various theories regarding the causes of autism. She also offers many forms of treatment: artistic therapies, diet/nutritional changes, rhythmic massage, speech therapy, sensory integration, and exercises specific to creating new neuropathways in the brain (Tubbs, 2008). My involvement with the students at New Hope does not allow for much individual time with the children who have special needs. However, I have been using some of the skills I have learned in classes, from talking to professionals who work with the population on a regular basis, and from my own encounters with these children at my practicum over the summer. There have been times that I have taken two or three students to another room to work on homework or to talk about school or home life. One of the students that I usually take with me is Anna who is on the Autism Spectrum. She often asks for help, but does not really need a whole lot of help. She mostly needs to read the directions aloud and then talk about the answers. A symptom of children on the spectrum is that they have some trouble following a series of directions or that their brain does not allow them to respond until a certain stimulus happens.

Another chapter describes some of the struggles a family faces in dealing with a child with autism. Tubbs expresses that it is often harder to face the reality of autism for family and friends because the child has no noticeable physical disabilities. At least when your child has physical disabilities that can be seen from simply looking at the child, some people are better able to accept that the child is a little different. But even still it is very difficult to admit that your loved one is different and needs extra support. She then gives a long list of common characteristics for child with autism including: resists change, has sensitive senses, walks on tip toes, flaps arms, laughs inappropriately, needs perfection, and difficulty playing with other children (Tubbs, 2008). There are also several case studies included to demonstrate how

effective therapy can be. Then Tubbs goes on to describe and provide a list of characteristics for other disorders related to autism such as Obsessive-Compulsive Disorder, Fragile X Syndrome, Landau-Kleffner Syndrome, and Rett Syndrome.

ADHD/ADD

There is an entire chapter devoted to ADHD and ADD with a description of the illness, its characteristics, possible causes, and ways to help your child. She emphasizes that these children are often very bright and observant. But with a change in diet, the therapies she lists in her book, and parental support, the child's behavior can improve significantly. It is very clear when Steve does not take his ADHD medication. He is in middle school and has an outrageous amount of energy when he does not have his medication after school. One day we were playing ping pong for a gym time and he did not stop talking for 20 minutes straight. He was extremely jumpy and kept trying to make up different rules so that he could win more points or serve the ball. While I have little influence on his overall diet, I do have some control over what he eats a program. According to Tubbs, possible dietary contributors are MSG, artificial colorings, caffeine, chocolate, preservatives in dried fruit and baked goods, sugar and honey (Tubbs, 2008, p. 75). Tubbs advises that these things should be limited or eliminated in the child's diet. Also in terms of behavior, I had Steve take several deep breaths before we continued the game in order to help him relax and be less aggressive.

Asperger's Syndrome

There is also a chapter for Asperger's syndrome. Due to the recent changes to the DSM – 5, Asperger's syndrome is no longer a disorder. The symptoms formerly used to diagnose Asperger's syndrome are now included as a mild form of Autism Spectrum Disorder. The chapter includes a comparison between girls with Asperger's and boys with Asperger's. I found this section to be interesting because boys are more likely to have Asperger's; boys are also about five times more likely to have a more severe version of the Autism Spectrum Disorder. Tubbs even says that Asperger's in girls can be easily overlooked because the characteristics are not as "abnormal" for girls as they are for boys.

Therapies and Application of Learning

Now that the reader has been introduced to all the disorders, Tubbs begins to explain several of the "creative therapies" that can be used, with much success, with these children. First is the importance of art. The creative process is important for all children, but especially for

ASD children. Art, in its various forms allows the child to release what is deep within them and what is often very difficult for them to express in words. Tubbs suggests a deep observation and perception of a child's art because these children are often very perceptive and know when an adult feels differently from what they are saying. Therefore, being fully supportive of the child is necessary.

Autism Spectrum Disorder children often have deficits in communication. These children do, however, typically understand what is being said to them. So it is of no use to yell at the children. It may be helpful to think of the child like a sponge – they soak up everything especially the negative aspects. Tubbs offers a variety of creative types of therapy to help Autism Spectrum Disorder children communicate. Some therapies involve puppets, knitting or crocheting, sculpture, horse therapy, and rhythmic massage. Unfortunately, I am not in the position to these types of therapy with the children. Since I know they are successful and available, I could provide the parents with information regarding the therapies if they are interested in seeking more help.

One of the students with Autism is a boy and the other is a girl. Ryan is in middle school and is very talkative, but can sometimes be difficult to understand. He understands his weaknesses to a point and will ask for help when needed, but enjoys figuring out the answers on his own. On the other hand, Anna is in elementary school and is generally shy and quiet. She will get frustrated when she does not know the answer. Anna seems to be very bright, but she will often guess what the answer is several times before she gets the correct answer. Sometimes I can tell she knows the answer, so she may guess just to have more attention. Anna is also a good listener when she is given one or two steps to do at a time and she almost always volunteers to help hand out snack.

Four Temperaments

Tubbs also describes four temperaments that can be found in children (Tubbs, 2008). These temperaments can provide clues for the best ways to encourage the child's strengths and virtues to show. It is important to bring out parts of what you want the child to learn when the subject is not his or her favorite topic. These temperaments could be used to determine ways to engage all of the children in the program, not just those with special needs. I will attempt to classify each student in one of the four temperaments and include it with each student's learning style. The first temperament is the "artistic extrovert" (Tubbs, 2008, p. 151). This is the most

active child, he or she reacts based on emotions and is easily distracted due to a short attention span. The “fiery manager” may also be called “bossy” (Tubbs, 2008, p. 154). We should encourage them to think and reason rather than get angry. Challenge them to do things that may be difficult at first, like saying something nice to each of their friends. The “quiet worrier” is not very flexible in his or her thinking (Tubbs, 2008, p. 156). They are often shy and loners. Understand that it is ok for the child to have some alone time, and it is not helpful to force the child to do something. But they may agree to attend group activities, but not participate at first. Finally, the “predictable introverts” are the most balanced temperament (Tubbs, 2008, p. 158). But they require directness when conversing.

Conclusion

This book illustrated an untraditional approach for helping and caring for children with special needs. From the beginning of the book, Tubbs emphasizes the importance of seeing the child as a whole and nurturing body, mind, and spirit. This idea, as well as many other suggestions Tubbs purposes, meshes well with the Christian basis for my internship. The leaders in the program strive to encourage each child to reach his or her potential in a variety of settings – in academics, in social relationships, and in a relationship with God. Tubbs also repeats that parental involvement and support is vital for the success of a child with special needs. I know the parents of one of the autistic students are involved and supportive, and it is clear that he understands there are some areas in which he struggles because he asks for help or just takes the extra time to figure it out.

References

Tubbs, J. (2008). *Creative therapy for children with autism, ADD, and Asperger's: Using artistic creativity to reach, teach, and touch our children*. Garden City Park, NY: Square One Publishers.