Treatment Intervention Advisory Committee Review and Determination

Date: April 24, 2015
To: DHS/DLTC
From: Wisconsin Department of Health Services Autism and other Developmental Disabilities Treatment Intervention Advisory Committee: Lana Collet-Klingenberg, Ph.D. (chairperson)
RE: Determination of Art Therapy as a proven and effective treatment for individuals with autism spectrum disorder and/or other developmental disabilities

☐ This is an initial review
☒ This is a re-review. The initial review was July 2013; last review was July 2014

Section One: Overview and Determination

Please find below a statement of our determination as to whether or not the committee views Art Therapy as a proven and effective treatment for children with autism spectrum disorder and/or other developmental disabilities. In subsequent sections you will find documentation of our review process including a description of the proposed treatment, a synopsis of review findings, the treatment review evidence checklist, and a listing of the literature considered. In reviewing treatments presented to us by DHS/DLTC, we implement a review process that carefully and fully considers all available information regarding a proposed treatment. Our determination is limited to a statement regarding how established a practice is in regard to quality research. We do not make funding decisions.

Description of proposed treatment
According to a letter dated November 26, 2014 from Dr. Deaver (President) and Dr. Betts (President-elect) on behalf of the American Art Therapy Association to TIAC, "Art therapy is a distinct mental health and behavioral science discipline that combines knowledge of human development, psychological theories and counseling techniques with training in visual arts and the creative process to provide a unique approach for helping clients improve psychological health, cognitive abilities, and sensory-motor functions. The art therapist uses art media, and often the verbal processing of produced imagery, to help people resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, manage pain, improve school performance, increase selfesteem, and achieve insight."

Synopsis of review
In the case of Art Therapy, please refer to the attached reference listing that details the reviewed research. The committee's conclusions regarding Art Therapy include summaries of the previous two reviews, followed by the current re-review.

The initial review of Art Therapy in 2013 concluded that:
1. much of the published literature involves clinical case studies or anecdotal reports that lack experimental control;
2. much of the literature provides vague descriptions of relevant participant characteristics and ambiguous descriptions of treatment conditions;
3. most studies fail to report concurrent treatments or combine treatments preventing examination of which treatment led to changes;
4. very few studies include a control group;

5. the overall number of participants in empirical research involving Art Therapy is small;
6. several studies reported Art Therapy is either not effective at changing the reported dependent variable or is no more effective than a control condition or other treatment; leading to a recommended Level 4-Insufficient Evidence.

The re-review conducted in 2014 noted one study had been published since the initial review, which was a case study. Therefore, the recommendation was that Art Therapy remains a Level 4 therapy.

During the current review, no new studies were found. The Wisconsin Art Therapy Association did provide several pieces of literature for the committee to consider. None of those articles met criteria for rigorous studies (see list and notes in section 4). Some of the pieces of literature, while informative, were not actual intervention studies. The articles that were studies were case study, pilot, or did not have a comparison group.

Based on the advocacy efforts of the Wisconsin Art Therapy Association in reaching out to DHS and the TIAC, both via email and with a presentation at our January 30, 2015 meeting, it is clear that the Art Therapy stakeholders are very dedicated to Art Therapy and advocating for clients who receive Art Therapy. Unfortunately, there are not currently any rigorous studies supporting the effectiveness of Art Therapy related to outcomes for individual with ASD. We recommend that future research work toward employing rigorous research methods to evaluate Art Therapy.

In sum, it is the decision of the committee that Art Therapy remains at Level 4- Insufficient Evidence

Section Two: Rationale for Focus on Research Specific to Comprehensive Treatment Packages (CTP) or Models

In the professional literature, there are two classifications of interventions for individuals with Autism Spectrum Disorder (National Research Council, 2001; Odom et al., 2003; Rogers & Vismara, 2008):

(a) Focused intervention techniques are individual practices or strategies (such as positive reinforcement) designed to produce a specific behavioral or developmental outcome, and

(b) Comprehensive treatment models are "packages" or programs that consist of a set of practices or multiple techniques designed to achieve a broader learning or developmental impact.

To determine whether a treatment package is proven and effective, the Treatment Intervention Advisory Committee (TIAC) will adopt the following perspective as recommended by Odom et al. (2010):

The individual, focused intervention techniques that make up a comprehensive treatment model may be evidence-based. The research supporting the effectiveness of separate, individual components, however, does not constitute an evaluation of the comprehensive treatment model or "package." The TIAC will consider and review only research that has evaluated the efficacy of implementing the comprehensive treatment as a package. Such packages are most often identifiable in the literature by a consistently used name or label.

National Research Council. (2001). *Educating children with autism*. Washington, DC: National Academy Press.

Odom, S. L., Brown, W. H., Frey, T., Karusu, N., Smith-Carter, L., & Strain, P. (2003) Evidence-based practices for young children with autism: Evidence from single-subject research design. *Focus on Autism and Other Developmental Disabilities, 18*, 176-181.

Odom, S. L., Boyd, B. A., Hall, L. J., & Hume, K. (2010). Evaluation of comprehensive treatment models for individuals with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders, 40*, 425-436.

Rogers, S., & Vismara, L. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child and Adolescent Psychology*, 37, 8-38.

Section Three: DLTC-TIAC Treatment Review Evidence Checklist

Name of Treatment: Art Therapy

Level 1- Well Established or Strong Evidence (DHS 107 - Proven & Effective Treatment)

- ☐ Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, National Professional Development Center) have approved of or rated the treatment package as having a strong evidence base; authorities are in agreement about the level of evidence.
- ☐ There exist ample high quality studies that demonstrate experimental control and favorable outcomes of treatment package.
  - ☐ Minimum of two group studies or five single subject studies or a combination of the two.
  - ☐ Studies were conducted across at least two independent research groups.
  - ☐ Studies were published in peer reviewed journals.
- ☐ There is a published procedures manual for the treatment, or treatment implementation is clearly defined (i.e., replicable) within the studies.
- ☐ Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes: At this level, include ages of participants and disabilities identified in body of research

Level 2 – Established or Moderate Evidence (DHS 107 - Proven & Effective Treatment)

- ☐ Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have approved of or rated the treatment package as having at least a minimal evidence base; authorities may not be in agreement about the level of evidence.
- ☐ There exist at least two high quality studies that demonstrate experimental control and favorable outcomes of treatment package.
  - ☐ Minimum of one group study or two single subject studies or a combination of the two.
  - ☐ Studies were conducted by someone other than the creator/provider of the treatment.
  - ☐ Studies were published in peer reviewed journals.
- ☐ Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes: At this level, include ages of participants and disabilities identified in body of research

Level 3 – Emerging Evidence (DHS 107 – Promising as a Proven & Effective Treatment)

- ☐ Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have recognized the treatment package as having an emerging evidence base; authorities may not be in agreement about the level of evidence.
- ☐ There exists at least one high quality study that demonstrates experimental control and favorable outcomes of treatment package.
  - ☐ May be one group study or single subject study.
  - ☐ Study was conducted by someone other than the creator/provider of the treatment.
  - ☐ Study was published in peer reviewed journal.
- ☐ Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes: At this level, include ages of participants and disabilities identified in body of research

Level 4 – Insufficient Evidence (Experimental Treatment)

- ☐ Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have not recognized the treatment package as having an emerging evidence base; authorities are in agreement about the level of evidence.
- ☒ There is not at least one high quality study that demonstrates experimental control and favorable outcomes of treatment package.
  - ☐ Study was conducted by the creator/provider of the treatment.
  - ☐ Study was not published in a peer reviewed journal.
- ☐ Participants (i.e., N) are not clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes:

Level 5 – Untested (Experimental Treatment) &/or Potentially Harmful

☐ Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have not recognized the treatment package as having an emerging evidence base; authorities are in agreement about the level of evidence.

☐ There are no published studies supporting the proposed treatment package.

☐ **There exists evidence that the treatment package is potentially harmful.**

- ☐ Authoritative bodies have expressed concern regarding safety/outcomes.
- ☐ Professional bodies (i.e., organizations or certifying bodies) have created statements regarding safety/outcomes.

Notes: At this level, please specify if the treatment is reported to be potentially harmful, providing documentation

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Date: April 24, 2015

Committee Members Completing Initial Review of Research Base: Tia Schultz, Lana Collet-Klingenberg

Committee Decision on Level of Evidence to Suggest the Proposed Treatment is Proven and Effective: Level 4 – Insufficient Evidence/Experimental Treatment

References Supporting Identification of Evidence Levels:

Chambless, D.L., Hollon, S.D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology, 66(1),* 7-18.

Chorpita, B.F. (2003). The frontier of evidence---based practice. In A.E. Kazdin & J.R. Weisz (Eds.). *Evidence-based psychotherapies for children and adolescents* (pp. 42---59). New York: The Guilford Press.

Odom, S. L., Collet-Klingenberg, L., Rogers, S. J., & Hatton, D. (2010). Evidence-based practices in interventions for children and youth with autism spectrum disorders. *Preventing School Failure, 54(4),* 275-282.

Section Four: Literature Review

Journal articles pulished since last review:

No new articles found since July 2014.

Journal articles provided by the Wisconsin Art Therapy Association:

Emery, M. J. (2004). Art therapy as an intervention for autism. Art Therapy: *Journal of the American Art Therapy Association, 21(3),* 143-147. ***case study

Epp, K. M. (2008). Outcome-based evaluation of a social skills program using art therapy and group therapy for children on the autism spectrum. *Children and Schools, 30(1*), 27-36. ***pre/post design

Hess, K. L., Morrier, M. J., Heflin, L. J., & Ivey, M. L. (2008). Autism treatment survey: Services received by children with autism spectrum disorders in public school classrooms. *Journal of Autism and Developmental Disorders, 38,* 961-971. ***survey study

Martin, N. (2009). Art therapy and autism: Overview and recommendations. *Art Therapy: Journal of the American Art Therapy Association, 26(4),* 187-190. ***recommendations paper

Martin, N. (2008). Assessing portrait drawings created by children and adolescents with an autism spectrum disorder. Art Therapy: *Journal of the American Art therapy Association, 25(1),* 15-23. ***pilot study

Simpson, R. L. (2005). Evidence-based practices and students with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities, 20(3),* 140-149. ***literature review

Journal articles reviewed in the last review (2014):

Durani, H. (2014). Facilitating attachment in children with autism through art therapy: A case study. *Journal of Psychotherapy Integration, 24(2*), 99-108. ***case study

Literature reviewed in the initial review (2013):

Banks, S., David, P., Howard, V.F., & McLaughlin, T.F. (1993). The effects of directed art activities on the behavior of young children with disabilities: A multielement baseline analysis. Art Therapy: *Journal of the American Art Therapy Association, 10,* 235-240.

Chapman, L., Morabita, D., Ladakakos, C., Schreier, H., & Knudson, M.M. (2001). The effectiveness of art therapy interventions in reducing post traumatic stress disorder (PTSD) symptoms in pediatric trauma patients. *Art Therapy: Journal of the American Art Therapy Association, 18,* 100-104.

Coholic, D., Eys, M., & Lougheed, S. (2012). Investigating the effectiveness of an artsbased and mindfulness-based group program for the improvement of resilience in children in need. *Journal of Child Family Studies, 21*, 833-844.

Favara-Scacco, C., Smirne, G., Schiliro, G., & Di Cataldo, A. (2001). Art therapy as support for children with leukemia during painful procedures. *Medical and Pediatric Oncology, 36*, 474-480.

Kearns, D. (2004). Art therapy with a child experiencing sensory integration difficulty. Art Therapy: *Journal of the American Art Therapy Association, 21*, 95-101.

Lyshak-Stelzer, F., Singer, P., St. John, P., & Chemtob, C.M. (2007). Art therapy for adolescents with posttraumatic stress disorder symptoms: A pilot study. *Art Therapy: Journal of the American Art Therapy Association, 24*, 163-169.

Regev, D., & Guttmann, J. (2005). The psychological benefits of artwork: The case of children with learning disorders. *The Arts in Psychotherapy, 32*, 302-312.

Reynolds, M.W., Nabors, L., & Quinlan, A. (2000). The effectiveness of art therapy: Does it work? *Art Therapy: Journal of the American Art Therapy Association, 17*, 207-213.

Sanders, E. (2003). “Looks aren’t everything”: Pediatric spinal cord injuries and art therapy. *Trauma and Loss: Research and Interventions, 3*, 31-36.

Slayton, S.C., D’Archer, J., & Kaplan, F. (2010). Outcome studies on the efficacy of art therapy: A review of the findings. *Art Therapy: Journal of the American Art Therapy Association, 27*, 108-118.

Stafstrom, C.E., Havlena, J., & Krezinski, A.J. (2012). Art therapy focus groups for children and adolescents with epilepsy. *Epilepsy & Behavior, 24*, 227-233.

Viscardi, N. (1994). Art therapy as a support group for adolescents with muscular dystrophy. *American Journal of Art Therapy, 32*, 66.