

**ART-CENTERED EDUCATION  
AND THERAPY FOR  
CHILDREN WITH DISABILITIES**

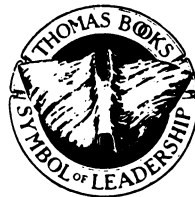


# ART-CENTERED EDUCATION AND THERAPY FOR CHILDREN WITH DISABILITIES

*By*

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*This book is dedicated to all past, present, and future members of the Dead Bug Society. May we always acknowledge God's Creative Spirit that is the foundation for our Inner Wonder Child and all artistic endeavors. (I Chronicles, xxix: 11-14)*

*F.E.A.  
President, DBS!*



## FOREWORD

It is a pleasure to write the foreword to this excellent work by Dr. Frances Anderson. *Art-Centered Education and Therapy for Children with Disabilities* is an extremely well-written and comprehensive text that addresses the needs of regular education, special education, art teachers, and art therapists who will be working with exceptional children in the classroom. Throughout the text, Dr. Anderson presents a very compelling case that "Art is fundamental to the core of the curriculum of any school." Her work affirms that art clearly serves as both a conduit and stimulant for the social, physical, emotional, and academic growth of children.

In addition to her knowledge and expertise in art and children with disabilities, I was continually impressed with the underlying values and sensitivity that Dr. Anderson conveys toward the uniqueness of the exceptional child.

As one reflects on the educational philosophy that Dr. Anderson espouses in the text, one is reminded of the aphorism "All fruit do not ripen at the same time." The effective teacher does not hold an "absolute standard against which to judge a child's art work. . . ." It is clear that Dr. Anderson views each child as an individual and as having unique adaptive needs. As she states, ". . . the concept of individualization is *crucial* in adapting art for a child with a specific disability."

The information presented was well researched and is rich with practical examples. Chapter Three provides many methods of adaptability in art, especially in the use of the computer. Chapter Four reaffirms the need for a comprehensive individualized assessment of the child, which includes a clear statement about the importance of art. Chapters Five through Nine provide a plethora of examples and strategies for integrating art into learning language arts, mathematics, reading, social studies, and science within the curriculum. Implicit in the strategies presented in the text is the strong belief that "Did Not does not equal Cannot." Teachers are provided with a wealth of practical techniques that enable them to effectively teach the exceptional child to learn and grow both academically and socially.

A cornerstone of the book can be found in the saying "Give me a fish, and I eat for a day. Teach me to fish, and I eat for a lifetime." Closely embroidered

among the myriad of strategies and techniques is the fundamental belief of the author that it is crucial to teach skills and strategies that enable students to develop the competencies that result in self-sufficiency.

In this time of increased public scrutiny of the role that faculty research and scholarship plays in higher education, one is reassured by the work of Dr. Anderson. This text reaffirms one of the major benefits of scholarship. By translating theory into practice, Dr. Anderson has succeeded in weaving into a single fabric the abstract and the applied and does so with a clarity and force that will benefit many teachers and students. Classroom teachers will become more effective, and the educational experiences of the exceptional child will be greatly enriched as a result of her work.

Through her scholarly writings and pioneering efforts, Frances Anderson has made many significant contributions in the areas of art therapy and art education for exceptional children. *Art-Centered Education and Therapy for Children with Disabilities* is another example of an important addition to the fields of exceptionality and art made by this Distinguished Professor.

GREGORY F. ALOIA, PH.D.

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## INTRODUCTION

Two years ago the second edition of *Art for All the Children: Approaches to Art Therapy for Children with Disabilities* was published. In the 14 years since the first edition of this book was published, the field of art for children with disabilities has mushroomed from less than a handful of books to over fifty. I found it impossible to do justice to this greatly expanded field with only one book. Therefore, I decided to develop two books: one for graduate students in art therapy and one for pre-service undergraduate art and special education teachers, and art therapy students. *Art-Centered Education and Therapy for Children with Disabilities* is the second of these two books.

If the trend in special education continues, there will be few if any self-contained classrooms for children with disabilities. This inclusion of all children into the regular education program will stretch the educational and moral resources of our teachers, and may work at odds with the very philosophy that is behind inclusion. This book has been written to help both the regular education, and art and special education teachers, both pre- and in-service, better understand some of the issues and realities of providing education and remediation to children with disabilities.

The book is also offered as a model of a concept that has governed my personal and professional career of over 30 years—the concept that we must live, learn and develop through art—that art belongs at the core of the public school curriculum. Additionally, I strongly feel that art offers one of the most powerful ways to grow and develop socially, physically and emotionally as well as academically. The power of art to heal, motivate, teach, and empower needs to be realized and utilized. I hope this book demonstrates art power and inspires many art therapists and teachers to try an art-centered approach.

The first chapter provides a brief overview of the main characteristics of the six major disabilities which adults are likely to encounter in children (and for which there are monies available for education and remediation via Public Law 101-476, the Individuals with Disabilities Education Act (1990), Public Law 101-336, the Americans with Disabilities Act (1990), and other related federal legislation).

The second chapter provides an overview of how all children develop in art, and Chapter 3 addresses ways art can be adapted for children with

mental retardation, learning disabilities, behavioral disorders/emotional disturbance, physical disabilities, deafness and visual impairments. This information has been provided to help the art and special education teacher/consultant and art therapist plan art-centered educational and therapeutic experiences appropriate for all children—especially those with disabilities.

The next five chapters address art-centered approaches to reading, language arts, mathematics, science and social studies to demonstrate and illustrate the reality behind education through art.

The final chapter addresses issues related to health, safety, and quality of art materials, and how to obtain art supplies so that children can experience art-centered education and therapy.

## ACKNOWLEDGMENTS

This book would not have been completed without the help of many persons. First, I would like to acknowledge and thank Dr. Lynne Raiser, Associate Professor of Special Education, University of North Florida, for her willingness to contribute a chapter on art and language arts.

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I wish to thank the following publishers and professional organizations for permitting the reprinting of materials: Davis Publications, Worcester, MA; The International Collection of Child Art, The University Museum, Illinois State University, and Dr. Barry E. Moore, Curator; The National Art Education Association, Reston, Virginia; and Charles C Thomas, Publisher, Springfield, Illinois.

Thanks are also due to Dr. Tom Anderson, Chairperson of the Art Education Department, The Florida State University, Tallahassee, for assistance in photographing artwork. I also want to credit Eileen Callan for some of her art adaptation ideas and illustrations which appear in Chapter 3. Victoria Foster and Robert Mechtly need to be acknowledged for their help in creating many of the illustrations in this book.

As someone with learning disabilities, I have needed special help in copy editing and want to acknowledge the excellent work of Susan Swartwout in this capacity. Roxann Moss was a patient and dedicated word processor and thanks also go to her.

I must also thank Dr. Lanny Morreau and Dr. Mack Bowen of the Department of Specialized Educational Development, Dr. Carol Thornton of the Mathematics Department, and Dr. Maria De Gammarino of the Music Department at Illinois State University for providing timely material, information and for being important sounding boards for my ideas.

This book could not have been complete without examples of artwork from children with disabilities. I want to thank the children and their parents who so willingly permitted me to include case material and artwork

in this book. I especially wanted to thank the students from the Chattahoochee Publishing Company (Chattahoochee Elementary School, Chattahoochee Florida) for permitting me to include excerpts from their books in Chapter 5.

Finally, I wish to thank my friends who have become my family for their prayers, encouragement and support during the six years that I have labored on this book. Now it is time for rejoicing, and for the sea (Psalm 139: 9 and 10).

“If I take on wings and fly to the sea, there will Thy hand guide me.”

F.E.A.

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## Chapter 1

### A BRIEF DISCUSSION OF CHILDREN WITH DISABILITIES

Children who have a disability are first of all CHILDREN. Describing these children as persons first and then as having a disability underscores a focus on the person and not a focus on the disabling condition (Anderson, 1992). Throughout this book, therefore, handicapped, impaired, and mentally and physically challenged children will be described as children with a specific disability.

While Public Law (PL) 94-142 (1975) and PL 101-476 (the reauthorization of PL 94-142 passed in 1990) remain the major legislation affecting the education of children with disabilities (and mandating placements in the least restrictive environment), there has been a philosophical movement toward advocating the elimination of special educational placements in favor of complete integration of all children into regular education programs. This philosophy has been influenced by both the ecological, the normalizing and the Regular Education Initiative (REI) approaches to educating children with disabilities. The ecological approach advocates viewing children with disabilities in terms of their *abilities* and how they interact with their subculture, their surroundings and the significant people in the immediate environment. In the ecological approach the child's education is achieved via a team of educators, therapists and counselors.

Normalization is governed by the principle that it is essential to set up and maintain the child and his behaviors so that they are as "culturally normative as possible" (Wolfensberger, 1979, p. 28; cited by Blandy, 1989, p. 7). Art activities in a normalizing context would be those that are as age appropriate as possible—that is, they would be the same ones normally used by nondisabled age-mates, and the art experiences would occur (as much as possible) in a typical regular education art class (Blandy, 1989).

In the late 1980s the Regular Education Initiative (REI) emerged. The REI has been an effort "to move beyond the narrow bounds of special education . . . and explore new and exciting alternatives for educating *all* students in our schools" (Lilly, 1988, p. 256). The REI encourages schools

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Note: Some material in this chapter is based on Frances Anderson's *Art for All the Children: Approaches to Art Therapy for Children with Disabilities* (Springfield, IL: Charles C. Thomas, Publisher, 1992), pp. 1–102.

and school districts to consider a re-examination and “restructuring of their services to all children including those with special needs” (Lilly, 1988, p. 256).

Out of the REI emerged the inclusion concept for the education of children with disabilities. Inclusion means that learners with disabilities attend their neighborhood/home school (the school that they would normally attend if they had no disabilities). Learners with disabilities are placed in regular classes and participate in the regular extracurricular events alongside their same-aged peers. In the inclusion approach educational support services are viewed as a process that occurs in the regular classroom. This process concept is in contrast to the way most support educational services have been provided, that is, they have been provided in a *specific place* (a segregated/self-contained special education classroom or resource room [Peters, n.d., p. 3]). In the inclusion approach, a child with disabilities is

educated with supports and aids as necessary with his/her age appropriate peers who do not have disabilities. Inclusion is a belief that all children and youth have the same needs for acceptance, friendships and connectedness. It is a belief that we need one educational system for *all* students, that all students can benefit by inclusion in the general education classroom. (Peters, n.d., p. 2)

While *philosophically* in agreement with the basic tenets of these normalizing, ecological, REI, and inclusive approaches to working with children with disabilities, this author believes that there is a *reality principle* that must be considered. For example, how appropriate is it to include children with severe disabilities in regular education classes when there are already too many students in the class (i.e. 35 to 40) and the teacher has no support staff (and may have limited training to deal with children with severe disabilities)? Additionally, inclusion relies on consultants that provide support services to the children in the regular classroom. The issues of who will provide these consultants and who will fund them have not yet been clarified.

We are still legally bound by PL 94-142 and PL 101-476 which mandate a *continuum of support services*. Under the regulations of these laws the *least restrictive environment* (LRE) into which a child with disabilities will be placed may mean a special education class or resource room as well as a regular education classroom (Bruinicks & Larkin, 1985).

While there has been one recent report of successful inclusion in regular education art classrooms by seven art teachers (Guay, 1993), this issue warrants much more scrutiny. Until experience and research on a larger scale affirms the total feasibility of inclusive approaches (that include children with the most severe disabilities), and until the economy permits the kinds of consultants and support staff enabling all children, with or without disabilities, to be educated in the regular classroom, we must continue to be

bound by the legal mandates of PL 94-142 and PL 101-476 and be committed to special placements when *they are most appropriate and indeed are the least restrictive environment*.

While some educators advocate interactions with children with disabilities *without* prior knowledge of the precise nature of those disabilities because this knowledge may cause “labeling” and “prejudging,” this author strongly believes that educational decisions must be made with informed knowledge of the specific disability that a child may have. Some disabling conditions necessitate special interventions and special working conditions. This knowledge would be especially important in working with children with epilepsy, with allergies, with physical disabilities and with children who are on medication.

Keeping these issues in mind we begin with a brief overview of the characteristics of children with the following six categories of disabilities: children with mental retardation; children with learning disabilities; children with behavioral disorders and emotional disturbances; children with physical impairments; children with deafness and children with visual impairments. These six categories are covered because they are those identified by the Individuals with Disabilities Education Act (IDEA) of 1990 (PL 101-476) (which is the reauthorization of PL 94-142). Our brief discussion of the major categories of disabilities will be presented beginning with the most frequently occurring disabilities (mental retardation) and proceed to those children with the lowest incidence of disabilities (children with visual impairments). Implications for the art program and the teacher and/or art therapist are included in this discussion. A more detailed discussion of art adaptations may be found in Chapter 3. Also, Chapters 5, 6, 7, 8, and 9 are devoted to discussing how art can become a central means of educating across the rest of the school curriculum. As a part of the discussion of art activities, specific art adaptations are included to demonstrate that no matter what type of disability a child may have, art adaptations can be developed to insure that that child can partake of the art experience and be included as much as possible in the regular education program.

Prior to each listing of characteristics the legal definition from PL 101-476 of the disability will be included.

## **CHILDREN WITH MENTAL RETARDATION**

### **Definition Issues**

The regulations governing the IDEA PL 101-476, 1990 (formerly PL 94-142) state that the term “mentally retarded” is defined as “significantly

subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance" (IDEA, Reg. 300.7 *Federal Register* 57 (189) September 29, 1992, p. 44801).

The following intelligence test scores are one means of describing degrees of mental retardation: Mild, 50–55 to 70; Moderate, 35–40 to 50–55; Severe, 20–25 to 35–40; and Profound, below 20–25. Social adaptability should be considered in determining intelligence.

In 1992, the American Association of Mental Retardation redefined mental retardation as referring to:

substantial limitations in present functioning. It is characterized by significantly subaverage intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. Mental retardation manifests before age 18. (*AAMR*, 1992, p. iii)

This definition includes a focus on adaptive skills and is based on the following four assumptions:

1. an appraisal that includes differences in linguistic, cultural, behavioral and communication factors,
2. adaptability is related to the environmental and community context of the individual's age-mates and the individual's specific support needs,
3. there are both limitations and strengths in an individual's adaptabilities and capabilities, and
4. there will be an improved ability to function with additional appropriate support over a prolonged period.

The AAMR's definition includes diagnosis, classification and types of support. First, mental retardation is diagnosed to indicate the person's qualifying for support services. Second, the person's strengths and weakness and necessity for support are appraised in the following areas: emotional, psychological, and physical health. This assessment includes these areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, work, emotional and psychological, and environmental (living, working and educational areas) (*AAMR*, 1992).