

**THE USE OF THE CREATIVE
THERAPIES WITH AUTISM
SPECTRUM DISORDERS**

THE USE OF THE CREATIVE THERAPIES WITH AUTISM SPECTRUM DISORDERS

Edited by

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(With 20 Contributors)



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PREFACE

The Use of the Creative Therapies with Autism Spectrum Disorders is a comprehensive work that examines the use of art, play, music, dance/movement, and drama with respect to treatment issues relating to these developmental disorders. The editor's primary purpose is to examine treatment approaches which cover the broad spectrum of the creative art therapies. The collection of chapters are written by renowned, well-credentialed, and professional creative art therapists in the areas of art, play, music, dance/movement, and drama. In addition, some of the chapters are complimented with photographs of client artwork, diagrams, and tables. The reader is provided with a snapshot of how these various creative art therapies are used to treat children and adults diagnosed with autism spectrum disorders. This informative book will be of special interest to educators, students, therapists as well as people working with families and children touched by this diagnosis.

S.L.B.

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Chapter 1

INTRODUCTION – VIDEO MODELING

STEPHANIE L. BROOKE

INTRODUCTION

Several years ago, I took a part-time position with Easter Seals as a residential relief worker specifically working with children with autism. I will never forget my first day shadowing on the job – it is vivid as yesterday. It was early on a Saturday morning when I met a veteran residential relief worker at the home of an autistic child whose behaviors were severe. This was a child I would eventually be working with on the weekends. About an hour later, I went home. I was very disturbed watching this child bite and beat on the residential relief worker. I thought I was not strong enough to handle working with a child like this who had special needs. Thankfully, on Sunday morning, I decided to go back and continue shadowing. I am so glad that I did because it ended up being one of the most enlightening and rewarding positions I have ever had. I worked with Easter Seals in this position for well over a year before I had to give it up to continue my education. The two young boys that I worked with touched me deeply and gave me a new understanding of what autism meant for them and their foster families.

Although I have not had counseling experience among children with autism, the authors in this book have specifically used the creative therapies in their counseling work with autistic children, teens, or adults and their families. Given the lack of literature on the use of the creative therapies with autism spectrum disorders, I decided to create this book, much in line with my previous books on sexual abuse (Brooke, 2007), eating disorders (Brooke, 2008), domestic violence (Brooke, 2008), and substance abuse issues (Brooke, 2009). The purpose of my chapter is to present research on the use of video modeling with autism spectrum disorders. I was fascinated by my research of this technique for working with autistic children. From what I

have read and written about, video modeling holds great promise in working with autism spectrum disorders.

AUTISM SPECTRUM DISORDERS

Children with Autism Spectrum Disorders (ASD) demonstrate an array of deficits and excesses that require educational intervention. With children diagnosed with ASD, communication, social interaction, and restricted/repetitive maladaptive patterns of behavior, interest, or activity are the three primary areas of impairment associated with most ASD (Wilczynski, Menousek, Hunter, & Mudga, 2007). Given that early identification of communication delay is not one of the diagnostic features associated with all disorders on the autism spectrum, such as Asperger's Disorder, difficulties with the complex pragmatic aspects of communication continues to be an area of significant educational concern for all individuals from this population (Adams, Green, Gilchrist, & Cox, 2002). Children with ASD portray problems with conversation, social skills, and demonstrate restrictive or repetitive behaviors.

People with ASD have difficulty initiating conversations with others or, "if conversations are initiated, they are not sustained with the usual reciprocity and flexibility that is evidenced in the speech of 'neurotypicals'" (Wilczynski, Menousek, Hunter, & Mudga, 2007, p. 654). Further, their intonation or pace of speech may be atypical compared to their peers of the same age. People with Asperger's Disorder, who do not show a developmental delay in the area of communication during early childhood, often show extreme difficulty with pragmatic features of communication (Adams et al., 2002). Very often, children diagnosed with ASD are lost when jokes, abstract concepts, or innuendos are used by their peers (Wilczynski, Menousek, Hunter, & Mudga, 2007). This communication deficit often is more apparent as the child gets older and the complexity of human communication patterns increase (Adams et al., 2002; Gilchrist et al., 2001). "In sum, children with ASD requiring educational services related to communication may or may not successfully (a) speak, (b) use nonverbal means of communication, (c) understand the social use of language, (d) engage in repetitive nonverbal utterances, or (e) engage in pretend play" (Wilczynski, Menousek, Hunter, & Mudga, 2007, p. 655).

In addition to problems with communication, children with ASD demonstrate problems with social skills.

Social skill impairments associated with ASD involve a lack of interest or an inability to effectively use strategies that maintain the "give-and-take" in a

typical social interaction. For young children, it is most evidenced in a deficit in joint attention (e.g., the ability to regulate the social behavior of others using eye gaze and gestures in the presence of relevant stimuli . . . and a failure to initiate shared experiences (e.g., showing accomplishments to others, pointing out interesting events). (Wilczynski, Menousek, Hunter, & Mudga, 2007, p. 655)

Children with ASD are more likely to spend their time examining parts of objects or engaging in other solitary activities rather than focusing on social skills. Throughout the preschool years, poor understanding and use of facial expression and body use becomes more apparent (Celani, Bettacchi, & Arcidiacono, 1999). “As children with ASD get older, additional impairments in social interaction become easier to identify because the discrepancy between the child with ASD and his or her peers becomes greater” (Wilczynski, Menousek, Hunter, & Mudga, 2007, p. 655).

The last defining feature of ASD involves the restricted and repetitive maladaptive pattern of motoric behaviors, interests, and activities (Goodman & Linn, 2003). Some children with ASD engage in unusual stereotypic behaviors such as hand-flapping, looking at their unusually postured fingers, or rocking back and forth. “Other children tend to use objects in a restricted and inappropriate way, such as turning over a car and playing with the wheels, spinning any and all objects, or staring at illuminated toys through their peripheral vision” (Wilczynski, Menousek, Hunter, & Mudga, 2007, p. 657). These stereotypic behaviors can conflict with academic skills if children cannot be redirected to school materials and/or instruction and may interfere with social skills when peers refrain from initiating with socially odd children (Elliott, Dobbin, Rose, & Soper, 1994).

VIDEO MODELING DEFINED

Video modeling is used with children with autism spectrum disorders to help them understand the roles and responsibilities people take on in particular situations, providing the children with opportunities to exhibit perspective taking (Ayres & Langone, 2005). In addition, video modeling allows children to take what they have learned in a video modeling session and generalize that information into other areas of their day-to-day life. “Video modeling is the procedure of videotaping targeted behaviors in order to expand the learner’s capability to memorize, imitate, and generalize or adapt targeted behaviors” (McCoy & Hermansen, 2007, p. 183). This is a technique that therapists use to instruct autistic children how to play. Whereas typically developing children can use their imaginations to play, autistic children can-