Course Description

This field course provides students with an experiential introduction to the use of art therapy with the elderly population enrolled in a community Adult Day Center. The adult day care program provides services for adults who are in need of socialization, in need of supervision, in need of activities and care after a recent medical event, in need of assistance due to physical impairments and/or diagnosed with Alzheimer’s disease or a dementia related illness.

The course will include an examination of the following topics: biopsychosocial concerns for the elderly; core diagnostic features of Neurocognitive Disorders (NCD’s) such as Alzheimer’s disease and vascular NCD; descriptions and definitions of the roles of art therapists in working with the elderly; selected art therapy interventions for the elderly population; the use of creative expression to affect behavioral, emotional, and psychological changes in the elderly; and art therapy ethical standards of practice. The course includes supervised on-site practice experience and independent online coursework to assist the students understanding of how art therapy is used in the treatment of elderly individuals engaged in a community Adult Day Center.

Course Objectives

Establish the ability to knowledgeably assist the art therapist in providing art therapy for elderly individuals.

Provide an overview of the clinical rationale for providing art therapy for elderly individuals experiencing physical and mental deterioration, including memory loss.

Learn the principles of Art Therapy as they apply to treatment for the elderly.

Learn to assist in the implementation of interventions used in Art Therapy for the elderly.

Understand the multi-faceted role of art therapists in treatment of the elderly in nursing homes and elder care agencies.

Demonstrate knowledge of the ethical standards and professional competencies of Art Therapy in the practice setting.
Required Textbooks


Course Requirements

On-site Field Practicum 50
Case Presentation of Art Therapy Methods 20
Online & Independent Coursework 30

Grading Scale

92-100/ A  85-91.9/ B  78-84.9/ C  70-77.9/ D  <70/ F

Attendance Policy

Students are expected to be prompt, prepared and participatory. On-site field practicum work is required and students will demonstrate art therapy ethical practice standards at all times. Any absence regardless of the circumstances results in a loss of points. Students are expected to participate responsibly in all directives conducted in the field practicum, as well as in online and independent coursework. Students will also demonstrate integrity in online coursework, and independent coursework.

Course Schedule

This course is considered a hybrid course indicating that a significant amount of work will be conducted independently and online. The course schedule will be announced the first week of class with specific dates provided for Online Modules and Independent Coursework. Should any concerns arise in regard to course content or student concerns, the instructor will be available for consult and guidance throughout the term. It is the student’s responsibility to communicate concerns and needs as they arise to the instructor.
Assignments

On-site Field Practicum (50%) One of the primary objectives for the course is for students to competently engage in assisting the art therapist in providing services to elderly individuals enrolled in a community Adult Day Center. Students will be prompt and prepared for each on-site session and any absence regardless of the circumstances results in a 5 point deduction from the final grade. Students must abide by the Ethical Standards of Practice for Art Therapists.

Online & Independent Coursework (30%) Students are required to utilize class times identified for independent coursework to conduct research into the use of art therapy for the elderly and to complete responses to field work, which include both written and art-based assignments to be submitted online.

Case Presentation of Art Therapy Methods (20%) Students will be required to provide a case presentation from a client of their choosing with assessment information, interventions and outcomes, as well as an art-based response to the field course experience.

Supplies provided for the field course classroom:
Markers
Watercolors
Paintbrushes
Colored Pencils
Model Magic
Magazine pictures for collage
Paper (white and construction)
tempera paint sticks
rollers and stamps
stencils

*please note that some supplies are not appropriate for lower functioning groups. See session descriptions regarding appropriate use of supplies.

Below is a detailed description of the course. There are 10 modules, each consisting of independent coursework and an art therapy session at the field site. The first 5 modules are designed for a higher functioning patient group, while the last 5 modules are designed for a lower functioning patient group. Each module has an example of student independent work and a picture from the art therapy session.

Introduction

The first two weeks of the course were spent introducing students to the course material, the field study agency, and participants. Students reviewed the Art Therapy Standards of Ethical Practice (http://www.arttherapy.org/upload/ethicalprinciples.pdf), were provided with an on-site orientation of the agency, and were asked to sign an agreement for ethical conduct, informed consent, and complete a student questionnaire. Informed consent was obtained from the agency prior to the beginning of the course. See Figures 1.1, 1.2, 1.3
Module 1

Independent Coursework

Complete worksheet that was provided the first week of class on Moodle and the art-based response that we began in class. Compile and save all work in a digital format for posting and records. Begin reading journal articles posted below. (see references)

Art Therapy Session

Maintain a Field Journal throughout the course to record your perspectives, which will assist you with your independent coursework.

Each participant will receive a handmade book that will be used as a container for several of sessions. First, we will help each participant trace their hand on the cover and decorate however they wish with their name. This is usually a very grounding and tactile experience for the participant. If we have time, we will ask participants to draw a smiling face on the first page and ask them to write or draw a reason for the smile. (P.27 of the Buchalter text) Goals are to focus on positive thoughts, feelings, and optimism.

Example: Independent Coursework Module 1

Academic Background:

Describe your interest in art therapy and your goals for participating in the Art Therapy Field Experience:

How would you or others describe your strengths?

What are your thoughts and/or concerns about working with the elderly?

Identify an event in your life that has occurred in the last year that you consider to be significant:

Student Example: Illustration of a goal for this class
Here is a watercolor crayon drawing featuring a table full of dementia patients creating mandalas with watercolors. There are dialogue captions and thought clouds, alike. Both verbal communication and internal thoughts are taking place.

Module 2

Independent Coursework

Part I: Read the Spaniol (1997) article posted to Moodle. Provide 2 bulleted statements for each “myth” addressed in the editorial demonstrating you have read and understand the concepts.

Part II: Provide a brief response to your experience with Ave Maria in Session 1 (approximately 150-200 words). What are your initial thoughts and impressions? Describe your impressions of the group, the directive, and what happened.

Watch the movie The Notebook, and read the Pike (2013) article posted to Moodle. Reading from the course textbooks will be required for Module 3.

Art Therapy Session

Continue assisting participants with their books. The art directive this week is to create a shooting star (Buchalter P.26) using a stencil, which can be completed using markers or colored pencils. Assist them in writing "their wish" at the bottom. Goals are to focus on hopes, dreams, and desires.
Student Example: Independent Coursework Module 2

Part I: Read the Spaniol (1997) article posted to Moodle. Provide 2 bulleted statements for each “myth” addressed in the editorial demonstrating you have read and understand the concepts.

Myth 1: Psychotherapy does not work with elders.

In place of physical and social decline comes and increased time focusing on the mind’s internal “unresolved conflicts,” “repressed memories,” and emotions (Spaniol, 1997).

Elders often know they have a limited time on earth; creating art that represents times of their lives gives them pride knowing they have left their mark and will be remembered by many (Spaniol, 1997).

Myth 2: Elder’s artwork has little value.

There are many universal similarities found in older adults’ artwork including broken lines, dissolving boundaries, and looser styles that show an increased appreciation and value of one’s inner world over the physical things like their appearance and the appearance of their artwork (Dietz, 1996 & Spaniol, 1997).

It is crucial for an art therapist to know the participants culturally, meaning knowing their values, goals, beliefs, as well as being on their level as far as being sympathetic with the thoughts and emotions they are experiencing from their decreased ability to be independent as well as their despair from deceased love ones and their own limited time on earth (Rosowsky, 1995).

Myth 3: There is little diversity among the elderly.

Art therapists working with the elderly population should be prepared to use “a range of approaches and competencies” due to the high amount of diversity in their artwork compared to any other life stage (Spaniol, 1997).

Diversity is so high in their population in part because each person has his or her own unique path of life filled with different experiences and opportunities (Spaniol, 1997). In my opinion, each person’s life among the past and current elderly population is so rich in experience that an interesting book could be written about each of them.
Part II: Provide a brief response to your experience with Ave Maria in Session 1 (approximately 150-200 words). What are your initial thoughts and impressions? Describe your impressions of the group, the directive, and what happened.

I am very excited about this small group. I liked working in the smaller room better than the large one because it seemed cozier and was less distracting, and I liked that everyone could fit at one table with two people to one student. I am happy that the group talked a lot. Ruby is the exception and just needs to be redirected when voicing her past traumatic experiences so she can move on positively.

The directive involved a piece of their physical self (tracing the hand) and a piece their internal self (pulling from their mind what made them smile). Many said they were happy to be above the grave. They seem to overall to be both humorous and serious about the concept of death. They are trying to focus on the positive (which mainly involves younger relatives such as grandchildren) rather than put attention on the sadness and fear of death. It was interesting that each person’s smiley face featured empty eyes and closed eyes.

Sharing what they were happy about with the rest of the group was an amazing way to end the session. They seemed overall happy with the art therapy objective. They knew that we were there for them. They were in the spotlight, valued as individuals. In Ave Maria, it seems like they are herded around like sheep. The employees talk about them but do not connect with them personally. While their families are the most dear to them, I think that they can each benefit from the art therapy.


Rosowsky, E. (1995, March). Doing Psychotherapy with the Elderly in the Nursing Home and Outpatient Setting. Presentation at the conference by the Massachusetts School of Professional Psychology & The Westwood Pembroke Health System, Braintree, MA.

Module 3

Independent Coursework

Read the Introduction, Chapter 1, and Chapter 2 of the Abraham text.

Consider the following questions and provide clear and concise responses for each of these sections in the text.

What are your first impressions of the author and of Alzheimer’s disease after reading the Introduction? What new knowledge did you gain about Alzheimer’s disease from the Introduction?

Clearly describe your understanding of the Alzheimer’s patient after reading Chapter 1 and provide an overview of 3 of the 7 distinct features discussed in this chapter: memory loss, language disruption, perceptual distortion, emotional changes, disinhibition, narcissistic worldview, and impaired senses. You may complete these with bullet remarks or in paragraph form.

Identify and describe 3 ways in which Art Therapy helps individuals with Alzheimer’s disease after reading Chapter 2.

Art Therapy Session

Art Therapy Directive: Watercolor Mandalas - we will have paper with pre-drawn circles for each participant to apply watercolor in. This directive provides structure and freedom at the same time. This population needs some sense of control/safety, so that is why we are providing the pre-drawn circle with such a freeing material as watercolors. Focus on the use of color, allowing them to make as many decisions as possible regarding color choice. Due to the multiple steps in watercolors, participants will need reminders to rinse between colors, etc. The paint will be wet prior to session as to ease the process. Please make sure participants don't confuse the paint water with drinking water. We will also work on a mandala. This is more for "modeling" the process and not about creating a piece of your own. "Mirror" their pace.
Part I. What are your first impressions of the author and of Alzheimer’s disease and what new knowledge did you gain about Alzheimer’s disease from the Introduction?

I like Ruth Abraham’s compassion for dementia patients and her rich knowledge involving them and art therapy. She wrote this book as an insightful source for people who can benefit from knowing more about the “inner world of their patients,” thereby helping the patients themselves (Abraham, 2005). I appreciate how she organizes this book with the bolded subtitles as well as how she artfully incorporates stories and pictures to illustrate parts of those stories.

I’ve read this book before, yet I have rediscovered some concepts that stand out stronger than they did prior to my experience. Abraham talks about the involved moral dilemmas; what do we do with this growing population that is dependable on us? How do we treat them? Western society is in between the cruel “Eskimo solution” that abandons their elderly and other societies that strongly revere their elders (Abraham, 2005). Within three small two-story, basement houses resides three of my great aunts, one great uncle, and my great grandparents on Walton Ave. up in Pittsburgh. Being so close together allows my great aunts and uncle to take care of my great grandparents easier. My great grandmother had eight kids. The oldest is dead, and my grandmother, the second oldest, moved when she married at age eighteen. Other than that, they are a tightly knit family who clash with each other but also provide for one another. Most families, especially now, are not like this. Furthermore, they are not like the caring communities that Tessa, Abraham’s mom’s professional caregiver, described (Abraham, 2005). Our society values success. Younger families willingly move wherever the next promotion is, leaving others...
behind. This creates a dark time of loneliness and even depression for older people whose physical, emotional, and intellectual abilities are waning. They need socialization, stimulation, and love or at least care especially since they feel like they are losing themselves.

Part 2. Clearly describe your understanding of the Alzheimer’s patient after reading Chapter 1 and provide an overview of 3 of the 7 distinct features discussed in this chapter: memory loss, language disruption, perceptual distortion, emotional changes, disinhibition, narcissistic worldview, and impaired senses.

The Alzheimer’s patient is an individual, someone that is unique. I love Abraham’s words that “the troubled person in our midst has a history, past relationships, a profession, and articulated attitudes. At one time, he earned money, brought up children, had loves, and experienced disappointments” (Abraham, 2005). While he might not be able to verbally tell us his history (like how Sherry couldn’t remember her great-grandson’s name), he can tell us using symbolism in art (Abraham, 2005). A patient changes as the disease takes them, and his art changes as well even if he has a familiarity of using art materials (Abraham, 2005).

Narcissistic worldview: Like an infant, an elderly person is hardly aware of boundaries. Like a child, they may become distraught over something trivial, yet they cannot understand or be consoled by explanations (Abraham, 2005). What is sad is that what you can say about a toddler who is throwing a tantrum is not the same for a grown adult throwing one; they will not grow out of it because they are already past that stage in their life of societal understanding. In response to narcissism, we must not judge, but rather, accept how they perceive reality (Feil, 1993).

Impaired Senses: It becomes harder for them to hear, see, and understand as their hearing, vision, and cognition begins to wear down (Abraham, 2005). They prefer incoming logic rather than confusing things because they need stability (Abraham, 2005). Many are “depressed, lethargic, and passive” in part because life around them is so busy in contrast with their inability to see, hear, understand, and participate with this busy life (Abraham, 2005). A patient who does not seem to be hearing or understanding should not be ignored because they could be listening and enjoying the presence of another (Abraham, 2005). If you are so lonely, unable to move much, talk much, or control your surroundings in general, and no one is paying attention to you…that is awful. People in this common situation wear out faster than those who are helped.

Language Disruption: Having the inability to be able to communicate verbally is described as “being lost somewhere within oneself, with no possibility of being found” (Abraham, 2005). Language is universal and a crucial part of communication in everyday life, so not being able to communicate is frustrating as the person falls into confusion and helplessness (Abraham, 2005). Because the left verbal brain is faltering, people with dementia turn to the right brain uses “nonverbal images” to “process information” and therefore communicate (Abraham, 2005). The right side of the brain stays active longer than the left (Achterberg, 1985). There are different language problems including aphasia, where there is total loss with language understanding, anomia, where the right word cannot be sought, paraphasia, where similar sounding words or words in the same category are used for one another, and confabulation, where they nonsensically invent information to try to make up for their “inability to develop a logical sentence” (Abraham, 2005).
Part 3. Identify and describe 3 ways in which Art Therapy helps individuals with Alzheimer’s disease after reading Chapter 2.

1. Therapy of the Present: The Alzheimer’s patient is going to continue to deteriorate; however, it is important to remember how active their inner mind is as opposed to their outer limitations (Abraham, 2005). It is as if their unconscious mind is begging for such stimulation that art therapy gives since it reaches into their memories and thoughts. Doing so will help keep their memories intact and perhaps outlook on life more positive since they are more familiar with themselves. As Abraham states, art therapy gives the patient “the opportunity to muster up and make use of remaining internal strengths and ego capacities that provide a series of experiences of competence, mastery, and self worth (2005).

2. Freedom and Spontaneity: Art is unlike other activities; you take an art material and move it. Art is made; a blank sheet transforms into something from that person’s inner world projected onto paper. Art therapy allows patients to express freedom and spontaneity in a safe place (Abraham, 2005). The place is made safe by the familiar art room environment, the warm art therapist, the guided instructions, and even the frames used such as a still life or pictures for them to copy can add structure (Abraham, 2005).

I have noticed from the field study that different people need different boundaries. Frances from the first session began tracing her hand as soon as the initial instructions were given. Similarly, Bobby began tracing and coloring in the stars without being told twice. Some take the instruction and run with it. Cecelia, on the other hand, stumbled after the initial tracing of the hand and tracing of the stars. When I asked her to write or draw something that made her happy (Session 1) and something that she wished for (Session 2), she became blank, trying but failing to come up with ideas. I suggested drawing a book because she liked to read a lot. She needed help drawing the book and also had a hard time writing as well, in part because she wrote slowly and misspelled words. During the second session, I drew three children for her to color in because that was easier less confusing for her.

3. The Power of Color: Can you imagine a world of a simple black and white spectrum? Colors help us identify things. We are attracted to different colors for different things (Green is my favorite color to paint with even though I hardly have any green in my closet and prefer white and blue to wear). We are drawn to some colors and repulsed by others (Abraham, 2005). In an interesting study, it was found that “blood pressure, electric conductance of the skin, respiration rate, eye blinks, and brain patterns were affected significantly differently when a person was exposed to the color red as opposed to the color blue” (Samuels & Samuels, 1975). An art therapist can learn how to predict a person’s reaction to specific colors; for instance, Abraham says red might invoke a response from a severely depressed person while an anxious person might feel comfortable introduced to a lighter pastel color 2. (2005).


**Module 4**

**Independent Coursework**

Part I: Reflect on the assigned readings and the field experiences to date. Provide a creative response for what you have experienced. This may be in the form of imagery (drawing, collage, painting, etc.), poetry, or another creative outlet that may be shared online.

Provide a written summary of your response while being mindful of the recommendations provided.

Part II: Go back to the first art-based response created for Module 1. Compare and contrast your creative expressions between Module 1 and Module 4. Are there similarities, differences, and/or related themes? How have the readings, ethical considerations, and field experiences shaped your perspectives?

Write a brief summary of your impressions as you think about the imagery that represents how you started and where you are now with the field experience.

**Art Therapy Session**

Participants will use Model Magic (soft molding material). Please refer to the Abraham text p.81. Participants are free to create whatever they choose. We will work alongside participants to model use of the material. Some simple suggestions: rolling out the material, making balls, figures, vases, nests with eggs. Colors can be mixed. With this population, I might say "Rolling this out reminds me of rolling out dough"- and this usually sparks conversation about cooking. Please watch closely to make sure participants don't try to eat the material. We will not be using this material with the lower functioning group because that would most likely happen.
Student Example: Independent Coursework Module 4

Part I: Reflect on the assigned readings and the field experiences to date. Provide a creative response for what you have experienced. This may be in the form of imagery (drawing, collage, painting, etc.), poetry, or another creative outlet that may be shared online.

Provide a written summary of your response while being mindful of the recommendations provided.

Rereading the journal articles and book chapters from last semester is helping me know the material more solidly as I am reviewing what I didn’t already encode. I really took the first journal article “Art Therapy with Older Adults: Challenging Myths, Building Competencies” by Susan Spaniol to heart because she discusses why to even bother with this population by revealing the individuality and complexity they have (Spaniol, 1997). She, like Abraham, also support the reader who is wanting to become an art therapist but is discouraged by the way most of the world treats it (Abraham, 2005 & Spaniol, 1997).

I like the diversity of our group and that the atmosphere feels positive. With the higher functioning group last semester, I worked with Ruby, who continuously repeats her stories and a traumatic experience. She claimed most of the time that she was not an artist, but she would try and usually be proud of her work afterwards. This first group this semester I am working with Cecelia. Cecelia has a teacher vibe and used to read a lot, even though she was never a teacher but a homemaker with five children. Like Ruby she claims that she is not an artist. Unlike Ruby, she also claims she has no imagination, and this shows; she stumbles in her thinking of ideas. If I give her an idea, she stumbles upon how to execute that idea even if I give help. She does have a problem with her sight and has trouble drawing even simple shapes and pictures like a sunshine. In response, I could have guided her hand. However, I decided to tell her to paint
dots and lines for the mandala since those only require one motion each. That way, there would not be an issue worrying about if she “drew” something right, and it would add color to her mandala since we experimented with almost each color.

Part II: Go back to the first art-based response created for Module 1. Compare and contrast your creative expressions between Module 1 and Module 4. Are there similarities, differences, and/or related themes?

Similarities: Cecilia is in both of these. Both have a lot of white in the background.

Differences: In the picture from Module 1, Cecilia is talking with a group of other people with Alzheimer’s. In this module, she is alone and facing away. Everyone in the Module 1 is their own age, wearing very colorful clothes and working on mandalas, while a young Cecelia is wearing a white dress in this module.

Related themes: The theme is activity in the inside vs. activity on the outside. What is weird is that this concept can switch based on the dialogue boxes and the thought clouds. It can be that someone can be talking (or not talking) and not be able to come up with ideas. On the flipside, when someone is silently thinking and is not distracted, the mind might be producing a lot of activity. Of course, this varies from individual to individual and is not accurate, but it is interesting to think about what goes on inside their minds. It is good that our sessions naturally allow for appropriate times of socialization and silence in the art making.

Part 3: How have the readings, ethical considerations, and field experiences shaped your perspectives? Write a brief summary of your impressions as you think about the imagery that represents how you started and where you are now with the field experience.

Sometimes when I see random elderly people, I think about their histories and how their life is right now, and I wonder if they have a form of Alzheimer’s. I also wonder if his or her spouse (if any) has deceased and how he/she thinks about that and copes with it and why. I think about how their life was in childhood and early marriage and middle age, leading up to where they are now. This process I have now happens because I know that “at one time, he earned money, brought up children, had loves, and experienced disappointments” and “they too are beings with longings, desires, tastes, and loves, if only someone would see through the confusion…”
(Abraham, 2005 & Sacks, 1985). I like gaining knowledge from the readings and experiences of working with different individuals since that will eventually help with professional competence that is required to go into this field (American Art Therapy Association, 2011).

At the beginning of the field experienced, I was excited and nervous about working with Alzheimer’s patients again. I am glad I have done this before so that I knew roughly to expect especially since I have hardly been around older people since before last semester. My first picture shows a lively and introspective art therapy session talking place at Ave Maria. I was comfortable with knowing what would take place. In the latest picture, Cecelia is struggling with her lack of imagination and coming up with what to say and also me struggling with trying to make her feel okay about her limitations and artwork. This picture also represents me lost with my unfamiliar future of possible grad school, possible deployment, student loans, career as well as timing for moving, marriage, children, etc.


Module 5

Independent Coursework

Read The Therapeutic Hour: A Practical Guide (Abraham, Chapter 3, pp. 59-85) in the course text and Function of the Art Therapist (Chapter 4, pp. 94-96).

Provide a written summary of these readings and include relevant examples from your Field Experience and/or from watching the movie The Notebook. Consider ethical dilemmas regarding Abraham's (2005) comments on page 69 with respect to the varied abilities within the group. Consult the AATA Ethical Principles for Art Therapists sections 5 and 6 in regard to professional and multicultural competency.

Art Therapy Session

Participants will create a collage on paper. Please refer to P.192 in the Buchalter text and P.76 in the Abraham text. Collage projects are usually non-threatening and allow the participant freedom explore a variety of feelings regarding family members, hobbies, likes and dislikes. We will be working on joint artwork between participant and student. Allow them to make as many decisions as possible. It can be therapeutic to look through magazines to choose pictures, but
due to time constraints, pre-cute images will be provided for them to choose from. Utilize the images as a spring board for conversations. Pay attention to how the participant creates her collage - full or empty, organized or disorganized, etc.

Student Example: Independent Coursework Module 5

Chapter 3 & 4

Provide a written summary of (Ch. 3 p. 59-85; Ch. 4 p. 94-96) and include relevant examples from your Field Experience and/or from The Notebook. Consider ethical dilemmas regarding Abraham's (2005) comments on page 69 with respect to the varied abilities within the group. Consult the AATA Ethical Principles For Art Therapists sections 5 and 6 in regard to professional and multicultural competency.

Chapter 3: The Therapeutic Hour: A Practical Guide

The art therapist serves to “facilitate a meaningful creative experience” for each individual (Abraham, 2005). Even different groups in general tend to have universal preferences; for instance, with the elderly population, it is important to keep their anxiety levels low by bringing order and meaning to the art directive (Abraham, 2005). I encountered this today with Cecelia; when given different colors of model magic, she did not know what to do with them. However, after I told her we could “bake” things like pies and cookies and began making the pieces to the pie next to her, she was content with using the model magic since there was a concrete goal and easy steps to carry it out. “Setting of the room, number of participants, the art materials offered, the specific projects suggested, the therapeutic interventions” and more choices that the therapist
should take into account for the participants to feel the most comfortable with the art making process (Abraham, 2005).

**MATERIALS**

The art therapist must invest in quality and variety with regards to materials (Abraham, 2005). Abraham gives the example that a restless person might want to smear paint everywhere while a more emotional person would probably be better off using something less flowing and free (2005). In the art therapist’s bag or room should be the following:

Sharpened soft-leaded pencils for repetitive lines, control, and color predictability; they tend to have a “calming and unthreatening effect” and are best for highly anxious patients and patients unfamiliar with art (Abraham, 2005).

Colorful pencils, crayons, oil pastels, and chalks; these achieve color yet do not require much control. The exception is chalk, which can easily be picked up by clothing and smeared unintentionally (Abraham, 2005).

Liquid paints like gouache, watercolor, and acrylic; these are best with higher functioning patients who can carry out the control of the steps such as dipping the brush and cleaning the brush before the next color (Abraham, 2005).

Different sizes, qualities, and colors of paper; these choices should suit the art directive using common sense (Abraham, 2005).

A variety of good-quality brushes; different brushes suit different people and different directives better than others (Abraham, 2005).

Cardboard and construction paper; these serve as an art space that is sturdier to work on than paper. They can support 3-D objects (Abraham, 2005).

Clay, modeling dough, and plastecene; these require more motions including rolling, pounding, and flattening. 3-D objects can be more real and, therefore, satisfying to make (Abraham, 2005). Easy shapes can be made to represent many things (Abraham, 2005). For instance, today while working with model magic, Cecilia and I rolled circles to make cherries for a pie topping. I recall that Bobby also used rolled balls, yet his represented eggs in a nest.

Random odds and ends like pipe cleaners, stones, beads, feathers, and tissue paper; it is important to have both “masculine” like nails, wood, and tape and “feminine” materials like cotton and fabric in order to suit how a person wants to express him or herself during the activity (Abraham, 2005).

Pre-cut magazine images and magazines; magazines help calm anxious or reluctant patients who are not required to actually produce art (Abraham, 2005). These generally stimulate ideas and memories and work well for beginning discussions and collages (Abraham, 2005).
STRUCTURING THE SESSION

Individual Sessions: These are geared towards people who are in the beginning stages of dementia. They still have a sense of self, but the therapist carefully reveals the truth about the disease at the rate and amount of information the patient is able to hold (Abraham, 2005). During the first few meetings, a therapist to patient relationship of trust builds as the patient reveals worries and the therapist addresses those worries; once that relationship and openness to art activity is established, it is safe for the person to move into a group session (Abraham, 2005).

Open Workshops: In my opinion, these are very cool. These are art therapy rooms where patients can freely come and go, making art as they please (Abraham, 2005). One woman in the session today remarked that art activities were a lot more fun than staying at home doing nothing.

Group Sessions: For every six people in a group, there should be an assistant therapist, and there should not be more than twelve participants; this small group environment gives them a “sense of togetherness” (Abraham, 2005). The therapist(s) must be attentive to each individual’s needs in the group (Abraham, 2005).

STRUCTURING A GROUP SESSION

* “The group sessions should be about one-and-a-half hours in duration and consist of three stages: the warm-up, the art activity, and processing” (Abraham, 2005).

The Warm-Up: The therapist will help them become interested and ready to make art (Abraham, 2005). This is helpful in part because they are so often confused in their daily lives; art therapy serves to connect with them emotionally in ways they understand (Abraham, 2005).

Physical exercises: A few simple exercises together helps them feel part of a group and raises their heart rate and blood flow so that they are more physically flexible and alert (Abraham, 2005).

Introductory discussions: Discussion assimilates ideas, reaches for memories, and overall cognitively stimulates them to incorporate their thoughts into the art.

Stimulating the senses: Bringing in distinguishable smelling items or even allowing them to taste certain foods can also excite their senses and pull from a different dimension of a memory (Abraham, 2005).

Artifacts from the past: Bringing in items that are familiar to them but are also uncommonly found in the present can grab their attention (Abraham, 2005). If you are in a strange, confusing world and don’t know your place in it, and you find something you do know, you will be attracted to it instantly; it is a link to your past.

A variety of visual material: Visual material can help them begin brainstorming and connecting other visual and non-visual things to the images.
Music: Music is similar to stimulating the senses in that it is not visual but comes from a different sense that can in some ways actually be stronger than visual memories. Art therapists can demonstrate different kinds of movements for the drawing utensil such as dabbing or swirling to give the participants ideas for different rhythms of music (Abraham, 2005).

The Art Activity: “Freedom and interventions,” “control and spontaneity,” and “structure and freedom” all coexist harmonically (Abraham, 2005). Simple to complex activities of many steps are preferable (Abraham, 2005). Art crafts are different from art therapy. If a group session ends with uncanny products, then that means the work was probably “technical and imitative rather than emotional and creative” (Abraham, 2005). Choice is, of course, a very important freedom to the Alzheimer’s patient, and repetition can also be helpful for its continuity and familiarity (Abraham, 2005). Art therapists need to guide but not take over all opportunities for creativity of the patient (Abraham, 2005). According to 5.7 of the American Art Therapy Association’s Ethical Principles for Art Therapists, it is unacceptable to “engage in behavior that is harassing or demeaning to persons with whom they interact” (2011). Outshining the participant would cause him/her to feel inferior. It is also important to note cultural boundaries and distinctions in order to avoid problems (American Art Therapy Association, 2011).

Mandala drawings: The circle is the basic boundary of the art and represents wholeness and balance (Abraham, 2005).

Landscapes: A horizontal line splits the earth and sky or other division (Abraham, 2005). Different seasons and climates zones give a lot of variety to color and content options (Abraham, 2005).

Templates: These are contours of shapes of things that the participant can add to; these are generally used with lower-functioning groups (Abraham, 2005).

Picture segments as a stimulus: These serve similarly to templates since the patients can elaborate on them. The difference is that they are already made up of different colors and patterns that the patient usually extends (Abraham, 2005).

The rainbow: The artist’s style and ability come out when making this iconic, pleasing object (Abraham, 2005).

Varying the format: Changing the size, color, or even texture of the surface can spark the participant’s curiosity to work in a new art space (Abraham, 2005).

Drawing from a still life: This is very pleasing to higher functioning patients who are excited to accept the challenge (Abraham, 2005).

Collage: Collage brings in the opportunity to use a variety of images and odd-and-ends that will surely cause each person’s art to be unique.

Joint artwork of therapist and patient: Nonverbal, inside conversations can be created out of taking turns making marks on a paper or working with clay-like materials (Abraham, 2005).
How the patient reacts to the therapist’s additives shows whether or not he or she feels about the therapist’s presence in the art space (Abraham, 2005).

Portraits/masks on pre-drawn outlines of a head: In addition to the mask/portrait making, dialogue boxes are often combined to show what the mask would say; “this becomes an opportunity for patients to explore and articulate uncomfortable feelings they are not consciously aware of or are reluctant to acknowledge, such as loneliness, shame, and anger” (Abraham, 2005).

The mother/child image: Mother-child relationships are often strong and memorable in old age since the Alzheimer’s patient feels dependent. Mother and child images are often complex and difficult to do because of the positioning of the people, yet it is also satisfying (Abraham, 2005).

Providing pictures to copy: This is similar in the still life in that the participant draws from something he/she sees; the picture gives the participant structure (Abraham, 2005).

Drawing a tree: Drawing a tree, a universal thing that everyone can recall memories about, can indicate how that person is feeling or where he/she is in life. For instance, if the tree is alone on the paper, then that person might feel isolated (Abraham, 2005). This is one of my favorite art activities.

Working within a frame: This gives the participant boundaries and the ability to step out of the boundaries (Abraham, 2005). People who are further along in their illness might have difficulty staying in the space even if he/she wants to (Abraham, 2005).

Modeling with clay: Like a stress ball, the tactile involvement with clay can be stress relieving and relaxing (Abraham, 2005). Clay can be manipulated in so many ways that it really stimulates the mind to think of multiple ways to transform the freeform.

Processing: Processing is “the manner in which the art therapist deals with the finished product of patients” (Abraham, 2005). It is often difficult to track the thought process that went into the art since the patient does not always verbally communicate this (Abraham, 2005). The art therapist’s response is crucial to the patient’s trust in the therapist and their willingness to make art. “Mirroring and demonstrating an active presence” show the participant that the therapist has witnessed, accepted, and appreciated his/her work (Abraham, 2005). In our group at Ave Maria, each participant has a turn to share his/her artwork with the rest of the group. They are often proud of their own works while also being appreciative of the diversity in them as well.

Chapter 4: Theoretical Perspectives

FUNCTION OF THE ART THERAPIST

“The art therapist functions as an artist and educator who is capable of modifying his working methods according to the patient’s pathology and needs” (Kramer, 1971). The art therapist must effectively understand and respond to the patient and his/her work (Abraham, 2005). Mirroring is a very helpful tool in showing the patient that the therapist is on the same level (Abraham,
Recognition, negotiation, collaboration, timalation, celebration, relaxation, and play are all positive interactions that can occur with patients (Kitwood, 1997). Kitwood also explains three more psychotherapeutic interactions including facilitation, which allows the patient to do what he would normally not be able to do without the assistance of the therapist, art directive, materials, environment, etc. (1997). The other two include validation, which is the therapist’s sincere empathetic acknowledgement of the patient’s world, and holding, which is the ultimate trust and safety zone in which the patient can feel welcome opening up about anything (Kitwood, 1997).


Midterm Review

Two classroom sessions were devoted to a review and discussion of work to date. It was helpful for students to have this transition time before starting work with the lower functioning patient group.

Module 6

Independent Coursework


Provide a brief overview of the chapter with close attention to the importance of supervision (ethics) discussed on pages 140-143.

Answer 3 of the 5 questions asked on pages143-145.

Provide an introduction to your case study.
Art Therapy Session

First session with lower functioning group. They will need more hands on assistance and there will be less verbal communication, but keep talking to them and making eye contact. Each participant will receive an accordion style book that will be used as a container for several of sessions. We will help each participant trace their hand on the cover and help them decorate it with their name. This is usually a very grounding and tactile experience for the participant. Goals are different with this group, with the goal focusing more on interaction. This may be very tiring for participants, and some may sleep intermittently.

Student Example: Independent Coursework Module 6

Part I: Read Abraham (2005) Chapter 6. Provide a brief overview of the chapter with close attention to the importance of supervision (ethics) discussed on pages 140-143.

Art therapy is a job that is not always taken seriously; a lot of skepticism comes with it (Abraham, 2005). In fact, when people ask me what my major is, and I say fine arts with a concentration in art therapy, most ask what that is. I have to quickly explain that it is a type of therapy that uses nonverbal communication through art that helps people move past issues in their lives and whatnot. (Obviously more benefits come with it depending on the person). Polite people act interested with a nod and an “ohh, okay, cool.” While these people may be genuine, they usually leave it at that. I feel obligated to quickly say something like, “Yeah, it actually really helps people.” The only time I feel really confident when saying I’m in art therapy is when people asks questions that I can give examples for, and it is a bonus if they have known people who have been in art therapy or already understand the concept. I have had one instance recently where an army sergeant at University of Memphis asked me what my career plans were. His response was an arrogant, “What the hell is that?” If a family member had asked me this in a joking way, I would have understood the humor since art therapy is a newer career. However, after I explained it could be used with children in unfavorable homes, trauma victims, PTSD victims, and really anyone who needed it and how I was working with Alzheimer’s patients, he scoffed and asked, “So if I have PTSD, you’re going to cure me of my PTSD?” His tone and even his body language and expression were rude and condescending, as if he was dismissing art therapy as a real job. Later, I thought of stronger things I should have said for a counter attack.

SUPERVISION

The supervisor will guide the new art therapist to learn how to “facilitate creative events, practice the art of “reading” the meaning of the visual symbolic language, and develop the capacity to understand the final product” (Abraham, 2005). It is also the supervisor’s job to help the person “internalize a professional identity” that will battle others’ and their own doubts concerning the value of their work (Abraham, 2005). Years ago, I thought therapy was for people who had something “wrong” with them. “Therapy” is sometimes stigmatized like this, where people might think, “Who needs that? They just want attention. If they actually do need therapy, then they’re crazy.” Others who are more open-minded and more intellectual on the subject know that it helps people to a certain degree; for instance, in some cases, medication is also part of the
treatment plan. Art, the other word in “art therapy,” is also not always treated grandly. I think this is because the left side of the brain is the highlight during school. While children with musical, theatrical, and artistic talents are praised during their schooling years, once they hit college, those interests are expected to be pushed aside as hobbies. You want to be an actor? Forget that, and go audition in your school play if you want. Efficiency is our present day value. We are busy and distracted. We no longer spend time crafting stained glass windows and shaping stones, stone by stone, until we finish a glorious cathedral.

It’s important to realize that as an art therapist, chances are you’re part of a bigger ballpark of different institutions you’ll be working within; therefore, note that the other people in their professions who are working next to you might have different mindsets and objectives with regard to your shared population (Abraham, 2005). Of course, the supervisor helps the art therapist know how to stay strong intrinsically in art therapy’s belief as well as how to counter the opposition effectively (Abraham, 2005). The supervisor also acts as an objective observer, keeping a distance to watch how the art therapist and participant respond to each other and the art (Abraham, 2005). Then, the supervisor can give suggestions and general notes. Abraham mentions that no one questioned her decision to have her mother in her art therapy group. Because of this lack of supervision, it took Abraham multiple sessions to figure out that her personal life dealings with her mother interfered with herself as a professional as well as the other participants (2005).

Processing Therapists’ Motivation

This is obviously a special population, one that many brush aside; so, why choose these older people? Instead of quickly answering with the prize kind of answers in an interview-like fashion, actually thinking about some of these questions will help the art therapist find a deeper truth from within that was even perhaps unconscious before the thought process (Abraham, 2005). Some of these questions include the following: “Why have you gravitated to work with this population?” “What satisfaction does it provide?” “What might the therapist be avoiding by working with this population?” “What inner figures, demons, or superego figures are still activating the adult therapist?” “What has the power to disgust and repel us in our work?” (Abraham, 2005).

Examining the Significance of the Relationship in the Therapy

The supervisor will help the therapist recognize and review the “loving, hating, aggressive, condescending, persecuting emotions that easily well up in the therapy” (Abraham, 2005). The therapy/patient relationship is important since both interact and affect each other and the artwork (Abraham, 2005). This intersubjective approach involves two people with a “third dimension” in which “a subtle, unconscious communication takes place” (Abraham, 2005). In order to essentially respond to the participant with engaged listening and empathy, he must first confront his own unconscious mind (Abraham, 2005). As conversation ensues, patterns in dialogue emerge through each person in the relationship; the therapist must not get caught up in his own reality when sharing things about himself (Abraham, 2005). A patient can sense if the therapist is welcoming or uninviting, and this affects how they respond through their work (Abraham, 2005).
Protecting the Therapist: Avoiding Burnout

“Excessive rescue fantasies, overly strong empathy, lack of a protective distancing shield, and the risk of being overwhelmed by the suffering of the other” all cause burnout (Abraham, 2005). The supervisor will of course help repair and prevent the therapist from burnout by talking through difficult or confusing things that arise in the sessions (Abraham, 2005). Abraham gives some more anecdotes concerning the art therapist’s need to address their own thoughts and unconscious feelings in order to avoid burnout (2005).

Touching Despair versus Providing Diversion

The art therapist’s belief system influences whether she will “facilitate the connection to painful subjects” or “initiate soothing exercises and pleasant themes;” the art therapist choses the content, resulting in different feelings from the participant (Abraham, 2005). Both of these are good depending on what is suitable for the moment. There is a fine line between giving the participant enough direction to invoke creativity and giving too much that will be overwhelming internally (Abraham, 2005).

Importance of Protecting the Vulnerable Patient

Hurting the patient and contaminating the work usually results from the art therapist not examining his/her unconsciousness and lack of understanding of the patient (Abraham, 2005). For instance, a therapist should not be pushy and try to force a participant to change the content of his work (Abraham, 2005).

Processing Age Discrepancy and Dealing with Regression

Sometimes, the participant will view the therapist as a motherly figure yet still want respect as an adult (Abraham, 2005). Sensitivity is crucial in addressing someone “who is particularly susceptible to praise and comfort and easily wounded by anything that might indicate criticism” (Abraham, 2005). It is the therapist’s job to balance and relate these two different perspectives (Abraham, 2005).

Supporting Therapists as They Face Death Issues

Death is real; it’s not a game. Death should not be regarded with “superficial” cheeriness that will only make the participant feel worse about being closer to dying (Abraham, 2005). Supervisors can assist the therapist who has fears death (Abraham, 2005). For me, I have never had anyone really close die except for my Taekwondo instructor. I am past that because I don’t think about it. When I think about acquaintances that have died, I don’t feel extremely sad. I feel sympathy for these participants sometimes, but I do not spend time worrying about them. I spend enough time worrying about the what if’s of my boyfriend or close family members dying.
CREATING A BRIDGE TO THE MEDICAL STAFF

It is not uncommon for the art therapist to have to advertise his profession within the institution of which he is apart (Abraham, 2005). Recognition and integration are problems art therapists deal with, especially with Alzheimer’s patients since the association is so new (Abraham, 2005).

RECOGNITION

The therapist should not feel pressured into thinking of his work as babysitting a group of elders and should not try to have too many people in a group, less their individual needs may be overlooked (Abraham, 2005).

The Problem of Integration

The art therapist needs to acquire “courage, patience, sensitivity and the ability to compromise” in order to coexist well with other institutions of different philosophies rather than taking on the “hero innovator” role of “changing the entire system” (Edwards, 1989). Unlike verbal therapy, art therapy ends with visual products that can help explain art therapy (Abraham, 2005). Art exhibitions also help explain the “effectiveness of the art process” (Abraham, 2005). Abraham explains the importance of spreading the news of art therapy to “medical, physiological, and biochemical” perspectives despite the “daunting mission” to convince them it works despite its lack of scientific proof (2005). She allowed them to be the participants in an art therapy session and felt convinced that some of them understood the therapeutic work it produced and would recommend it to patients in the future (2005).

WORKSHOPS

Abraham has also promoted art therapy through workshops open to people with similar careers in the geriatric field that wanted to participate in the art making process in order to get a feel for the experience (2005). She then explains two workshops.

LOOKING AHEAD

This conclusion gives some specific examples of what art therapists do as well as notes that new ideas come up frequently (Abraham, 2005). Art therapists share experiences with other art therapists and learn more through lectures, literature, and collaboration (Abraham, 2005).
Part 2: Answer 3 of the 5 questions asked on pages 143-145.

1. Why have you gravitated to work with this population?

    I am afraid of death, dying, and deterioration for myself and loved ones. At times, I obsess over this to the point of over worrying and not being able to fall asleep. I am also obsessed with staying young and concerned for the wellbeing of my and others' hearing, sight, joints, heart, skin, bones, organs, etc. Children can fall and be okay. They heal very quickly. Adults on the other hand face a lot more problems that continue to get worse over time. I have lower back pain already sometimes, and my knees have sharp pain when I run in cold weather now. Even when I walked outside today, they were stiff. I feel like I used to be so invincible, a third-degree black belt who had excellent technique, yet I can no longer presently complete a pattern or spar properly without being able to breathe well. I do not look out of shape, yet I feel it, especially with asthma. I never used to get lightheaded and dizzy or have headaches after I ran. A lot has changed since early high school, only six years ago. I guess I have gravitated towards this population to learn from their mistakes and to try to prevent myself from becoming like them. I want to be ahead of the game.

2. What satisfaction does it provide?

    It satisfies me to get away from the present day American culture. The world is far too liberal for me. Politics right now-yikes! I wish people were not so in the dark and actually sought out what is going on in our country. There is no patriotism anymore. Anyways, the culture that they grew up in was considerably more conservative than ours as a whole. I like hearing about jobs that hardly exist anymore. For instance, my grandfather was a gravedigger in high school, and my uncles all had paper routes. Who does that anymore? I enjoy hearing the participants talk about how television is essentially a time waster. I completely agree, and I repulse technology even though I know it is both useful and entertaining at times. I wish I could be like my grandmother who does not own a computer, yet, that would not work today. Emails must be checked regularly. I feel like we are so busy and distracted with hectic days, that we don’t feel like we have the energy to spend time doing adventurous or productive things, but rather, crash in front of the television for “relaxation.” While watching catching a show or movie is great, the feeling after running, playing a sport, or making something (for me at least) is so much more rewarding. A lot of people are active and do use their time wisely, but the current culture as a whole seems to be doing the opposite.

3. What might the therapist be avoiding by working with this population?

    I avoid working with average-aged adults since I feel like I always have to be on guard. I become anxious easily and have nervous habits such as picking my fingers unconsciously when I am stressed out. I cannot express myself wanting to facilitate playing a learning game with a child or making artwork with an elder like I can with a normal adult. I have been on the other side of art therapy in a classroom setting and know that it can be thought provoking as well as fun and relaxing. I appreciate that different people need different prompts and materials and have different responses. In a job with people my age, I would have to constantly worry about smooth interactions, which do not come naturally since I am very introverted. I am also not
quick at thinking. For instance, sometimes I completely blank out when I am supposed to be paying attention to say an interview question, probably mainly due to the fact that I am not wanting to be interviewed in the first place. With this population, I can keep up easily with their interactions and have time to process the information later.

Part 3: Provide an introduction to your case study.

Cecelia is part of a higher functioning group of participants at Ave Maria who suffer from Alzheimer’s disease and other forms of dementia. She is in her early to mid eighties. Cecelia generally wears solid-colored clothing, wears a crucifix necklace, has a deeper and almost northern accented voice, and seems like she used to be a teacher even though she was a homemaker. Unlike many of the other women participants who usually mention their children, grandchildren, or great-grandchildren during the sessions, Cecelia never freely mentions them. She is very bookish and takes an analytical approach to the art activities. In fact, she often has difficulty figuring out how to make art since she often cannot generate ideas, which aids to her belief in her own lack of creativity that she reminds me of each session. Some of her difficulties involve impaired senses of hearing and vision, language disruption, and memory loss. Within our five sessions, I have noticed which activities have been more useful for Cecelia and can predict more kinds of activities that would suit her.


Module 7

Independent Course Work

Review the previous readings in the course text, as well as the journal articles provided in earlier modules.

Read Chapter 5 (Portraits: Three Case Studies) in the Abraham text.

Review the Introduction to your case study.

Identify four important quotes or concepts related to your experience and/or understanding of the individual for the case study. Use the previous readings and your work from earlier assignments as guidance. The quotes or concepts may be in bulleted form. Be sure to use quotations and citations appropriately. You are welcome to use other research you have identified for this assignment.

Two (or more) of the four quotes or concepts need to be directly related to the distinct features discussed in this Chapter One: memory loss, language disruption, perceptual distortion, emotional changes, disinhibition, narcissistic worldview, and impaired senses.

This module work will guide you in introducing the case study from a holistic and person-centered approach. Note the manner in which Abraham uses unconditional positive regard when describing each person in Chapter 5.

Art Therapy Session

We will modify this directive to meet the needs of the participant. Continue assisting participants with their books. The art directive this week is to create a shooting star (Buchalter P.26) using a stencil, which can be completed using markers or colored pencils. Assist them in writing "their wish" at the bottom. Goals are to focus on hopes, dreams, and desires.

Student Example: Independent Coursework Module 7

Review the previous readings and journal articles from earlier modules. Read Chapter 5 (Portraits: Three Case Studies). Review the Introduction to your case study submitted for Module 6. Identify four important quotes or concepts related to your experience and/or understanding of the individual for the case study from previous readings, your work from earlier assignments, etc. Two (or more) of the four quotes or concepts need to be directly related to the distinct features discussed in Chapter One. This module work will guide you in introducing the case study from a holistic and person-centered approach. Note the manner in which Abraham uses unconditional positive regard when describing each person in Chapter 5.
Impaired senses: The fact is losing your full capacity of hearing and sight is horrible. Aging is often seen as horrible with lower ability for physical exertion and sustainability. Age creeps up on all of us. Not only does our skin visibly wrinkle and show age spots and our hair gray and thin, but we also “fall apart” physiologically inside with joints and bones as well as our senses of touch, sight, and hearing and more. A compassionate person will actively provide “extra care” in order to maximize “the chance they will hear, see, and understand” (2005).

Language disruption: “Difficulties with verbal communication are pervasive and come in different forms, beginning with simple muddling of sentences all the way to total aphasia, in which there is complete loss of the use of understanding of language” (Abraham, 2005). This concept is scary because there is no guarantee of an easy solution to the problem; if you are blind, you can still hold a verbal conversation, and if you are deaf, you can still write out and read words and understand sign language. What is even scarier in aphasia is if you have small moments of clarity where you for a moment know what is going on and know how to express it but cannot.

Memory loss: “It is important to keep in mind, as various capacities are lost, that there are parts of the brain that continue to function, though they cannot be accessed through verbal channels” (Abraham, 2005). I, as well as probably many, have had similar experiences where we cannot remember the name of a song as we are humming the tune. Memories can be triggered by nonverbal things like music and visual matter and by senses like smell and touch.

Helplessness: “The Alzheimer’s patient will begin a sentence in an attempt to explain his anger or grief, but as he progresses one sees his words failing him, leading him further and further into a maze of confusion, helplessness, and frustration” (Abraham, 2005). This quote is from the language disruption section but also ties into memory loss since forgetting what the person just asked or said (ex. of short-term memory loss) or forgetting the memory he is trying to pull from (ex. of long-term memory loss) could be part of the cause of the language problem. This even happens when a participant is trying to make common small talk or answer simple questions. Because they know they are expected to communicate but cannot, they feel put on the spot and are embarrassed at their helpless disposition.

All of these points mentioned above are barriers of humanity. They isolate the person they directly affect and cause that person’s past relationships with others to become blurred and confused, with frustration and sadness attached to both ends. Because these people are going through such a painstaking dilemma, it is important to show them an unconditional positive regard to show them they are valued for who they are in whatever condition they are facing. Having understanding company will help them feel not as alone. Not helping bridge these barriers will endanger their already fragile sense of self as well as their status as a person.

Module 8

Independent Coursework

Create a References page for your Case Study assignment. Identify a minimum of 6 related sources of research (2 textbooks, 2 journal articles, 2 reputable online sources). You may use the course textbooks or other related texts, as well as any of the journal articles posted to Moodle if applicable.

Write a 1-2 page (12 point font, double spaced) overview of the information from the references related to your case study. Integrate the readings and use appropriate citations. For example you may include and expand the information from the quotes or concepts from Module 7. This work can be used as part of your Case Study Report assignment. A one page submission is sufficient for this assignment, but be reminded that these Modules are building your Case Study Report.

Art Therapy Session

Using crayons or oil pastels, participants will use rubbing plates to create different patterns. Allow participants to rub their fingers across the plates to feel the texture. Assist as needed, offering options for colors and textures. This is a very sensory directive, with the sounds of the rubbing, feel of the texture, and visual sense of patterns.

Student Example: Independent Coursework Module 8

References


This is a great web database that gives a lot of helpful information about Alzheimer’s disease and other forms of dementia. It distributes information about financial and legal matters, social security, caregiver advice, etc. It also gives interesting and relevant facts and figures as well as the steps to take during specific stages of dementia.


Ave Maria is a daycare center for mostly the elderly. Though not all the people there have Alzheimer’s disease, many of them do or suffer from other forms of dementia. It is a place for family to drop their elders off during the day to get to work, school, etc. Having an older person home alone can be dangerous without supervision. On a lighter note, bringing that person to the daycare can give them socialization, physical exercise, and cognitive stimulation that their family might not be able to provide due to burn out or their own busy lives.

Abraham’s chapters include Getting to Know the Alzheimer’s Patient, Does Art Therapy Really Help?, The Therapeutic Hour: A Practical Guide, Theoretical Perspectives, Portraits: Three Case Studies, Promoting Art Therapy for Alzheimer’s Patients, and A Personal Story (2005). This book seems to have a little bit of everything when it comes to using art therapy for people with dementia. It walks the new art therapist through different facts and challenges and instructs how to handle them. She gives her own personal story of her mother’s dementia as well as many examples of others that help illustrate a plethora of things to expect when working with this population. The only thing that is really lacking in this book is statistics and how this treatment fairs in relation to other treatments.


Couch begins her article by explaining the relevance and benefits of art therapy with older adults.

She explains how art therapy facilitates a “nonverbal expression of thoughts and feelings by opening pathways into undamaged areas of the brain” (Couch, 1997). She explains the origin and purpose of the mandala. She lists some of the twelve types of dementia and emphasizes the power of choice. Couch talks about Joan Kellogg’s MARI Card Test and the twelve stages of the mandala. This article is unorganized and a bit confusing, but it still gives interesting information.


This book defines art therapy and explains how it can be used appropriately for different groups of people who may have a certain type of disease, disorder, illness, mental illness, or other problem. For instance, people with eating disorders and depression can benefit from art therapy because it helps them change their way of thinking through its involvement with Cognitive Behavior Therapy (2012). In the section concerning dementia participants, Malchiodi states plainly that it is possible for the participant to flat out dismiss art therapy since they feel like it is childish and they are above that (2012). Malchiodi also gives some examples of art therapy within adult groups (2012).


In this short article, Spaniol first reveals the paradox between the growing aging population and the art therapists’ reluctance to work with that population (1997). She talks about “cultural competence” and then clears up three myths, including “psychotherapy does not work with elders”, “elder’s artwork has little value”, and “there is little diversity among the elderly” by countering them with evidence that others overlook (1997).
Module 9

Independent Course Work

Using the previous module work and your field experience, identify the strengths and needs of your case study individual. This work should be typed in paragraph or bulleted format. Please see article regarding mandalas with elderly post on 9/24.

Create a mandala to represent the person from a holistic and person-centered perspective. Include both the image and the typed information when submitting to Moodle.

This work can be used as part of your Case Study Report assignment

Art Therapy Session

Art Therapy Directive: Mandalas - we will have paper with pre-drawn circles for each participant to apply color in. Tempera paint sticks or markers will be used with the lower functioning group because it is a one step process, and provides a better sense of control. Focus on the use of color, allowing them to make as many decisions as possible regarding color choice. They made need assistance with taking tops off and holding the paint stick marker. Depending on the hands on needs of the participant, you can determine if you are able to mirror her. This is more for "modeling" the process and not about creating a piece of your own. "Mirror" their pace as well.

Please read section on Mandala drawings, P.71 of Abraham text

Student Example: Independent Coursework Module 9

Strengths, Needs, Mandala
Using the previous module work and your field experience, identify the strengths and needs of your case study individual. This work should be typed in paragraph or bulleted format.

Create a mandala to represent the person from a holistic and person-centered perspective.

Person: Cecilia

Strengths: Generating the “big picture” of an art activity: In the collage session, she had trouble understanding what pictures to put in the suitcase and questioning what the purpose of that was. Once we found some related pictures, she was happy to categorize them based on a safari-like area and a North-pole-like area. The theme of the suitcase, she talked about, was the tour of Yellowstone National Park, which was a sticker centered on the suitcase front.

Mirroring: During the module magic session, Cecelia mirrored my pie by making a cookie in a similar fashion. She also took pleasure in rolling parts and making circles for the bakery items. I was impressed by her mirroring the small spoon I made.

Being positive: Even though Cecilia is sometimes confused about the art activity at hand, she is generally positive and seems to have a humorous, flexible personality. She dislikes when she does not follow well, whether it be due to hearing or her inability to keep her thoughts. However, if someone is there to reassure her that it is just an art activity to have fun, her mood is better. If she knows what she is doing, that is the best.

Needs: Impaired senses: According to Abraham, therapists should use loud, clear, slower voices for participants with hearing problems and should use pictures with “clear boundaries” and “large and prominent” images when working with participants with vision problems (2005). Cecilia definitely struggles with her sight and hearing. I talk to her as Abraham suggests without belittling her. Cecilia has a problem differentiating between certain colors. She needs bold markers rather than colored pencils or crayons in order to see what she is drawing.

Language disruption: One of the biggest blows of Alzheimer’s disease is the “disruption of left-brain functioning,” which causes the person to lose his or her ability to process and execute communication through speaking (Abraham, 2005). This increasing isolation is described as “being lost somewhere within oneself, with no possibility of being found” (Abraham, 2005). Cecilia sometimes loses her words. This happens during the art activities and sometimes while she is talking about her work to the rest of the group. This inability to come up with a particular word to convey what she is trying to communicate is called “anomia” (Abraham, 2005).

Memory loss: Memory loss affects “registration, comprehension, storage of any new information, retention over a period of time, and retrieval” (Abraham, 2005). It is the art therapist’s job to know which of these is the problem and how to accommodate them (Abraham, 2005). Cecilia is a “big picture” person and needs to know what the final product is going to be before she makes it. After I help her come up with a final product and give her all the steps as to how she is going to complete it, she often struggles with beginning and in-between steps. This is due to her language disruption. She cannot handle remembering all of the steps. Therefore, I must tell her and sometimes repeat the step at hand if her mind drifts off wondering about the
rest of the product. Using a loud, clear, slower voice that emphasizes the particular step helps her stay on the same thought.

Helplessness: Though Cecilia seems generally positive and is able to present her artwork well in front of the group, she does not like it when she is put on the spot for coming up with ideas. Her lack of creativity along with her other already displayed needs stall her. It is visible that not knowing what to do at some point in each art activity is unsettling to her, as if she knows that she should know something and is disappointed she cannot recall it as she knows she would have been able to years ago.

With Cecilia’s actual mandala, I decided to guide her to make any kind of line and dots since she would not be able to paint a smaller picture to her satisfaction. The randomly placed dots and lines were too abstract for her. I figured out a way to use the dots and lines to make an actual picture she could identify with. I created this mandala of a pie to represent Cecilia. I used the same colors as the model magic we used to craft the three-dimensional pie. I think this could be completed in a few easy steps; first I would instruct her to paint the circle yellow, then make vertical and horizontal lines with blue, and then dot some red cherries or other types of red fruit.

In a way, this represents Cecilia. The yellow represents her holistic, positive personality and outlook on life. The blue, crisscrossed lines symbolize all of her impaired senses, language disruptions, and memory loss that all trap her into a cage, causing her to be unable to communicate like most of the rest of the world. The red dots are her visible mistakes and growing inabilities that are stamped into her present mind; what she used to be able to think, do, or say is not what it used to be, and her growing limitations are crossing her mind as F’s until she forgets and makes another mistake.

Module 10

Independent Coursework

Provide a summary of impressions (1-2 pages) of the two groups at Ave Maria. Compare and contrast the groups with specific examples about the group strengths and needs, as well as the art therapy directives. Include two supporting citations from course readings and/or research.

Case Study Report Due

Use this time to complete the Case Study Report and prepare the Case Study Presentation

All Case Study Presentations will occur in class.

Art Therapy Session

Participants will create a collage on paper. Please refer to P.192 in the Buchalter text and P.76 in the Abraham text. Collage projects are usually non-threatening and allow the participant freedom explore a variety of feelings regarding family members, hobbies, likes and dislikes. We will be working on joint artwork between participant and student. Allow them to make as many decisions as possible. It can be therapeutic to look through magazines to choose pictures, but due to time constraints, pre-cute images will be provided for them to choose from. The finished product will serve as a self-soothing collage that the participant can refer back to for comfort.
Provide a summary of impressions (1-2 pages) of the two groups at Ave Maria. Compare and contrast the groups with specific examples about the group strengths and needs, as well as the art therapy directives. Include two supporting citations from course readings and/or research.

The higher functioning group this semester was warmer in the group setting than the lower functioning group. Overall, they seemed more talkative to others. They would joke they were happy to not be in the ground that day. When one person said something, there would sometimes be a reply from a few other people in the group, agreeing with that person. They had the mindset that they were all doing an art activity together and that it would be enjoyable. The participants of the lower functioning group tended to focus on the art and the particular student art therapist interacting with them. The lower group called for more watching art being made than making art themselves, although there were some exceptions. For example, James usually had no problem making art and even welcomed it with familiarity.

During the first two sessions, my person, Jean, had only traced a few objects by herself. She preferred to watch me and insisted she could not do it or do it well. This in itself was therapeutic. What’s more, I always acknowledged the power of choice. I would ask her what color she wanted. She usually wanted red. I would ask her permission to draw flowers or a rainbow on her page and ask her if she thought it would be a good idea if we should add whatever to the page to accommodate what ever else was already on the page. I felt like she appreciated that I asked her those questions because I was consulting her and asking for her advice. She did not feel like she was wasting my time or anything like I sometimes fear they think. If I had drawn whatever I had wanted without asking her thoughts or opinions, she would not have been as satisfied with the product because she wouldn’t have felt the director of a movie telling me how to set the stage or act. She was happy with the part she played in the process. Abraham remarks, “Given compassionate support and time to process and respond to information, the patient himself would often be capable of making certain decisions and acting on them, instead of which, all autonomous behavior is gradually diminished” (2005). It would be very helpful if all caregivers and those who worked with the elderly or the incapable knew this.

Seeing a blank page being transformed with lines, shapes, colors, pictures, and meanings for even non-dementia people like myself is interesting to watch. For instance, if Jean knows I am about to draw flowers, she knows a few things: they will be flowers, they will be red, and they will be around her red mandala-like drawing, as she requested. There is certainty in that, so the knowledge of what is to come is calming. Short-term memory that is intact because the process is continuing. There is a goal or certainty: flowers will appear. What she does not know is how exactly the flowers will look. She might think, “Will she add stems and leaves? Will those be a different color? Will there be different sizes? Will the petals be colored in?” She has some curiosity of details that adds to her interest and also has pride that her picture will all come together.

I believe Cecelia, the person I worked with from the higher functioning group had more difficulty following through and enjoying things because of her short-term memory loss. There was less interaction between us, or at least it was a different kind of interaction. It was more of
her being given instructions and completing them. Unlike Jean, Cecelia expected to make the art herself. She had trouble with creativity. When I would suggest creative ideas, she would still struggle with going about how to make those ideas appear on paper. I began giving her simple instructions, one by one to help her. Jean didn’t have to worry as much about how things turned out; she was just happy she had a say so and that they looked “pretty” in the end, as she usually stated. Cecelia seemed to be getting frustrated all the time at not being able to come up with ideas and not remembering things, whereas Jean automatically let me know she preferred that director/actor relationship of giving instructions and watching me execute her plan. With Cecilia, I felt she thought of herself as a student who needed help with a school project.

Oddly enough though, these two groups overall were not as different from each other as the ones were last semester. This semester, there seemed to actually be more impaired senses in the higher functioning group with Cecilia’s impaired hearing and sight and Mary Francis and Bobby’s impaired speech. Though more contained and not as talkative to the rest of the group as the higher functioning had been, there honestly was not that much of a difference. I would feel confident that this group would not try to eat clay or put markers in their mouths. The lower functioning from the first semester more overtly showed that they were lower functioning. I also believe that some people were put into the wrong groups. For instance, if it wasn’t for Ruby’s adept tendency to socialize, I believe that she should be classified as lower functioning for her constant repetition as opposed to James, who is quieter yet seems to understand art therapy. It is a hard line to draw, between higher and lower functioning participants, but there were a few from the first semester that I can definitely see as being lower functioning. For instance, Nancy was very emotionally unstable. She cried for her mother. Barry Reisberg, the man who came up with the seven stages of Alzheimer’s disease, introduced the word retrogenesis to mean the inverse relationships between stages of Alzheimer’s and the stages of childhood development for things like cognition, coordination, language, feeding, and behavior (Shenk, 2001). Nancy repeatedly tried to eat the markers. Once we drew the smiley face, and she said it was a baby. She became upset when we were about to use stencils since she said her mother used to use them with her. In response, I began drawing and labeling things for the baby like a crib, bottle, high chair, etc. She was happy the baby was being given all of those things. Mike had been quiet and had a look on his fact that could be described as patronizing absurdity, as if he were above making art. Amy, who suffered from cerebral palsy, could not communicate well at all. Another woman was usually silent, in part because there was probably a language barrier. One man could not stop talking about baseball. So really, in this semester, the only extremely noticeable differences are that they do not interact with the group as much and that they require more watching and assisting of the student art therapist making art then them making it all by themselves.


Conclusion

Students conclude the semester by submitting their Case Study Report and providing a Case Presentation in class, which includes assessment information, interventions and outcomes, as well as an art-based response to the field course experience.

Figure 1.1

ART 402 Art Therapy Field Course
Christian Brothers University
Agreement with Ave Maria for Student Practice in Art Therapy
Instructors
Karen Peacock, ATR-BC
Sarah Hamil, LCSW, RPT-S, ATR-BC
Email: midtownarttherapy@gmail.com Email: shamil@charter.net
Phone: 901-268-4048 Phone: 731-225-5933

Experiential learning is an integral part of art therapy education. Students will assist the art therapists in providing art therapy for individuals participating in Ave Maria Adult Day Care.

The participants art imagery is used in the learning process to facilitate understanding of art therapy theoretical perspectives and related methodologies. The following guidelines will be observed by the students and instructors regarding ethical conduct and art created by the participants during the course.

The created imagery is the property of the creator, and will be used to demonstrate practice principles of art therapy. Maintaining or destroying the art imagery after the course is the responsibility of the agency and the clients. However, the art images created in the course may be used as examples for art therapy education and publications by signing this agreement.

The art therapists and the students will abide by The Ethical Principles for Art Therapists. Should any concerns arise regarding student conduct the agency agrees to inform the Art Therapists (Instructors).

Ave Maria has Informed Consent for all participants in Art Therapy.
The instructors, Sarah Hamil, LCSW, RPT-S, ATR-BC and Karen Peacock, ART-BC may use selected art imagery to promote the understanding of art therapy in university level coursework, professional conferences or workshops, and professional publications. The confidentiality and identity of the creator will be protected. General and non-identifying information about the creator may be provided for educational purposes.

Agency Representative: _______________________________________________

_______________________________ __________________________   
Signature                           Date

_______________________________ __________________________   
Art Therapist                      Date
Figure 1.2
Art Therapy Field Experience
Student Information and Feedback Form

Name of Student:
Academic Background:

Describe your interest in art therapy and your goals for participating in the Art Therapy Field Experience:

How would you or others describe your strengths?

What are your thoughts and/or concerns about working with the elderly?

Identify an event in your life that has occurred in that last year that you consider to be significant:
ART 402 Art Therapy Field Course
Christian Brothers University
Spring 2014
Student Agreement for Ethical Conduct in the Field

I, _____________________________________________ have read and understand the Ethical Principles for Art Therapists. I agree to conduct myself ethically at all times when assisting the art therapist(s). I also agree to inform the art therapist(s) should any ethical concerns arise.

_________________________________________  __________________________
Signature                                      Date

_________________________________________  __________________________
Art Therapist                                  Date

Instructors
Karen Peacock, ATR-BC                          Sarah Hamil, LCSW, RPT-S, ATR-BC
Email: midtownarttherapy@gmail.com             Email: shamil@charter.net
Phone: 901-268-4048                            Phone: 731-225-5933
INFORMED CONSENT

Art making is an integral part of art therapy education. The art imagery is used in the learning process to facilitate understanding of art therapy theoretical perspectives and related methodologies. The following guidelines will be observed by the students and instructor regarding art created during the course.

The created imagery is the property of the creator/student, and will be used to demonstrate participation in art directives and course assignments.

Maintaining or destroying the art imagery after the course is the responsibility of the student.

However, the student may agree to release art and art images created in the course as examples for art therapy education and publications by signing the release of information below.

The confidentiality of art work shared during class, in groups, via the internet, email, or fax cannot be ensured. Group projects (murals, etc.) may be viewed, displayed, and photographed by the public.

The student is not required to disclose personal information in class, and the student is responsible for informing the instructor if the art imagery elicits strong emotional or psychological responses.

I _____________________________________________________(printed name of student) have read and understand the established guidelines and I consent to participation. I have been informed that I may accept or decline the release of my art and/or art imagery for use by the instructor.

_________________________________________________________  _______________________
Signature                                            Date
RELEASE OF INFORMATION

The instructors, Sarah Hamil, LCSW, RPT-S, ATR-BC and Karen Peacock, ART-BC may use selected art imagery to promote the understanding of art therapy and art imagery in university level coursework, professional conferences or workshops, and professional publications. The confidentiality and identity of the creator will be protected. General and non-identifying information about the creator may be provided for educational purposes.

I agree to the release of my art images ________________________________
I decline the release of my art images______________________________