Treatment Intervention Advisory Committee Review and Determination

Date: October 26, 2018

To: Wisconsin Department of Health Services

From: Wisconsin Department of Health Services Treatment Intervention Advisory Committee:
Shannon Stuart, Ph.D. (chairperson)

RE: Determination of Art Therapy as a proven and effective treatment for children and adults

☐ This is an initial review

☒ This is a re-review. Previously reviewed (rated) on July 26, 2013 (4), July 25, 2014 (4), April 24, 2015 (4), and April 29, 2016 (4).

☒ No new research located; determination from April, 2016 stands (details below)

Section One: Overview and Determination

Please find below a statement of our determination as to whether or not the committee views Art Therapy as a proven and effective treatment. In subsequent sections you will find documentation of our review process including a description of the proposed treatment, a synopsis of review findings, the treatment review evidence checklist, and a listing of the literature considered. In reviewing treatments presented to us by the Department of Health Services, we implement a review process that carefully and fully considers all available information regarding a proposed treatment. Our determination is limited to a statement regarding how established a treatment is with regards to quality research. The committee does not make decisions regarding funding.

Description of proposed treatment

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

Synopsis of current review (October 2018)

Committee members completing current review of research base: Tia Schultz and Brooke Winchell

Please refer to the reference list (Section Four) which details the reviewed research.

Our current review of the literature from 2016 to the present yielded no new experimental or quasi-experiemental studies. We found one article (D'Amico & Lalonde, 2017) that evaluated an art therapy program, but it utilized a pre-post-test desgin with no control or comparison group. This study does not meet the level of rigor needed to be considered as part of the evidence-base for intervention effectivieness.

Committee's Determination: After reviewing the research and applying the criteria from the Treatment Review Evidence Checklist, it is the decision of the committee that Art Therapy retain an efficacy rating of Level 4 (Insufficient Evidence).

Review history
(April 2016- Lana Collet-Klingenberg & Shannon Stuart)
While conducting a literature search for this review (2016), two systematic reviews were found looking at art therapy for trauma care and for care of those with cancer. Both reviews found positive outcomes and the authors encouraged the field to conduct additional research. The references for these reviews are included with the literature citations at the end of this document.

(April 2015 - Tia Schultz & Lana Collet-Klingenberg)
During the current review, no new studies were found. The Wisconsin Art Therapy Association did provide several pieces of literature for the committee to consider. None of those articles met criteria for rigorous studies (see list and notes in section 4). Some of the pieces of literature, while informative, were not actual intervention studies. The articles that were studies were case study, pilot, or did not have a comparison group.

Based on the advocacy efforts of the Wisconsin Art Therapy Association in reaching out to DHS and the TIAC, both via email and with a presentation at our January 30, 2015 meeting, it is clear that the Art Therapy stakeholders are very dedicated to Art Therapy and advocating for clients who receive Art Therapy. Unfortunately, there are not currently any rigorous studies supporting the effectiveness of Art Therapy related to outcomes for individual with ASD. We recommend that future research work toward employing rigorous research methods to evaluate Art Therapy. The recommendation is that Art Therapy remains a Level 4 therapy.

(July 2014 - Tia Schultz & Lana Collet-Klingenberg)
The reviewers did not find any new empirical research on art therapy for youth with ASD or other developmental disabilities since the last review (July 2013) was conducted. One study has been published since the initial review, which is a case study. Therefore, the recommendation is that Art Therapy remains a Level 4 therapy.

(July 2013 - Michael Axelrod & Lana Collet-Klingenberg)
We were only able to find one published paper (i.e., Viscardi, 1994) specifically investigating the effects of art therapy with adolescents with Muscular Dystrophy. The study is best characterized as a case study or anecdotal report. Specific information regarding participants, treatment procedures, and specific outcomes were not reported. In addition, the study's focus was on the use of art therapy within the

context of a support group and not as a standalone treatment. The author did note qualitative changes in certain student behaviors during Art Therapy sessions (e.g., eye contact).

The literature, however, does include examples of research involving art therapy and children and adolescents with problems that might be indirectly associated with Muscular Dystrophy. For example, research has investigated the effects of art therapy on self-esteem and locus of control for an adolescent with a pediatric spinal cord (Sanders, 2003), attitudes toward illness of children and adolescences with epilepsy (Stafstrom, Havlena, & Krezinski, 2012), children and adolescents coping with painful Leukemia procedures (Favara-Scacco, Smirne, Schiliro, & Di Cataldo, 2001), children experiencing behavior problems in the classroom (Banks, Davis, Howard, & McLaughlin, 1993; Kearns, 2004), self-reported emotional reactivity of children referred to a mental health center (Coholic, Eys, & Lougheed, 2012), and adolescents with Post-traumatic Stress Disorder (Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001; Lyshak-Stelzer, Singer, St. John, & Chemtob, 2007). In addition, there are two published reviews of the existing literature on art therapy outcomes for child, adolescent, and adult subjects with varying presenting problems (Reynolds, Nabors, & Quinlan, 2000; Slayton, D'Archer, & Kaplan, 2010). Results of the more recent review provide varying degrees of support that art therapy works. However, Slayton and colleagues (2010) indicated that most of the published studies failed to meet high standards in efficacy research.

Our own review of the literature on Art Therapy as a treatment for children and adolescents with problems involving behavior, adjustment, and psychological functioning is generally consistent with Stayton et al.'s (2010) conclusions. First, much of the published literature involves clinical case studies or anecdotal reports that lack experimental control. While these case studies provide some insight into the potential effectiveness of Art Therapy, measured treatment outcomes are rarely provided. When they are provided, the outcomes are generally vague and nonspecific. In addition, the lack of experimental control makes it difficult to conclude the independent variable (i.e., treatment or intervention) had a demonstrated effect on any dependent variables reported. Second, much of the published Art Therapy literature provides vague descriptions of relevant participant characteristics and offers ambiguous and imprecise descriptions of specific treatment components making replication difficult. As Reynolds et al. (2000) said in their review, "the lack of standardization and reporting of art therapy methods questions the validity and usefulness of any significant results that may come from art therapy evaluation studies" (p.212). Third, most studies fail to report on concurrent treatments or combine treatments preventing an examination of which treatment led to reported changes. Fourth, very few studies include a control group. Fifth, the overall number of participants in empirical research involving Art Therapy is quite small by today's standards. Small sample sizes limit both the generalizability of results and statistical power of the analyses. Finally, several published studies indicate Art Therapy is either not effective at changing the reported dependent variable or is no more effective than a control condition or another treatment (e.g., Chapman et al., 2001; Coholic et al., 2012; Regev & Guttmann, 2005; Sanders, 2003; Stafstrom et al., 2012).

In sum, our literature review uncovered only one published study investigating Art Therapy as a treatment for adolescents with Muscular Dystrophy and that study reported anecdotal case material. In addition, the literature on Art Therapy for problems that might be indirectly associated with Muscular Dystrophy (e.g., emotional reactivity, poor self-esteem) is problematic because it fails to meet high standards in efficacy research. As a result, it is the committee's decision that Art Therapy has insufficient

evidence at this time to be considered a proven and effective treatment for adolescents with Muscular Dystrophy.

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

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

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

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

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

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

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

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

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

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

Section Three: TIAC Treatment Review Evidence Checklist

Name of Treatment: Art Therapy

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

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

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

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

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

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

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

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

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

Level 4 – Insufficient Evidence (Experimental Treatment)

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

Notes:

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

- ☐ Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have not recognized the treatment package as having an emerging evidence base; authorities are in agreement about the level of evidence.
- ☐ There are no published studies supporting the proposed treatment package.

- ☐ **There exists evidence that the treatment package is potentially harmful.**
  - ☐ Authoritative bodies have expressed concern regarding safety/outcomes.
  - ☐ Professional bodies (i.e., organizations or certifying bodies) have created statements regarding safety/outcomes.

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

References Supporting Identification of Evidence Levels:

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

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

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

Section Four: Literature Review

Literature reviewed for current determination:

No new literature since April 2015 review.

Literature reviewed for previous determinations:

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

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

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

Durani, H. (2014). Facilitating attachment in children with autism through art therapy: A case study. Journaal of Psychotherapy Integration, 24(2), 99-108. ***case study/did not meet review criteria

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

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

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

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

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

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

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

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

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

The following review articles reference art therapy for trauma care and for those with cancer diagnoses:

Archer, S., Buxton, S., & Sheffield, D. (2015). The effect of creative psychological interventions on psychological outcomes for adult cancer patients: A systematic review of randomised controlled trials. Psycho-Oncology, 24, 1-10. ***systematic review

Schouten, K.A., DeNiet, G.J., Knipscheer, J.W., Kleber, R.J., & Hutschemaekers, G.J.M. (2015) The effectiveness of art therapy in the treatment of traumatized adults: A systematic review on art therapy and trauma. Trauma, Violence, & Abuse, 16(2), 220-228.

Journal articles provided by the Wisconsin Art Therapy Association:

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

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

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

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

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

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