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Art therapy applied to an adolescent with Asperger's syndrome

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ABSTRACT

Asperger's syndrome is a neurodevelopmental disorder characterized by impairments in social interaction, restricted, repetitive and stereotyped patterns of behavior, interests, and activities. Adolescents with Asperger's syndrome have developed a compromised self-regulatory system, which leads to difficulty in many areas of functioning. Some of these areas include social, behavioral, emotional, and an increase in anxiety. Art therapy is an important activity based intervention that allows those with Asperger's syndrome to receive and learn information in a non-conventional, nonverbal, comprehensive, and expressive language. Over a 7-month period of creating art, Emma became increasingly more communicative and comfortable in areas of functioning, especially social interactions. The incorporation of visual creativity allowed her to express herself and be heard on a new level of communication. Through her artwork she was able to move from having difficulty in functioning to learning, growing, challenging herself, and making post-secondary education plans.

Introduction

This article is a case example of an adolescent with Asperger's syndrome. Therapeutic engagement in the art making process enabled Emma, an 18-year-old female, to address her difficulties with social interaction and integration appropriate for her developmental age. It became apparent that the initial diagnosis of social phobia was not consistent with Emma's presenting symptoms. A psychological evaluation was performed, and it was determined that the diagnosis that appropriately addressed Emma's symptomology was Asperger's syndrome.

Since difficulties negotiating the environment usually become apparent with Asperger's syndrome later than other pervasive developmental disorders (PDD), many times it is not until a child reaches adolescence that it is identified. The first sign of difficulty may show up within the secondary school setting, when peer interaction becomes integral to normal development (Ramsay et al., 2005). As a result of misdiagnosis, the adolescent does not receive the proper support, causing further delays in addressing the issues impeding normal development and academic achievement. This case example of Emma presents an illustration of an adolescent who was initially misdiagnosed. After art therapy, Emma is now progressing more appropriately within school and social settings.

Asperger's syndrome

Self-regulatory abilities help control, adjust, modify, and build tolerance for a range of social and sensory experiences. Self-regulation is compromised for adolescents diagnosed with Asperger's syndrome (AS). As a result, coping strategies tend to become idiosyncratic and/or socially inappropriate, leading to maladaptive patterns of behavior and excessive rigidity within familiar routines. Self-regulatory abilities that have not developed lead to emotional dysregulation, resulting in attention difficulties, and an increase in becoming stressed and withdrawn (Laurent & Rubin, 2004).

According the Diagnostic and Statistical Manuel of Mental Disorders, DSM-IV-TR (2000), Asperger's disorder (299.80) is a neurodevelopmental disorder characterized by impairments in social interaction and restricted, repetitive and stereotyped patterns of behavior, interests, and activities with no clinically significant delays identified in language and/or cognitive development. Those diagnosed with Asperger's disorder present with age-appropriate self-care, adaptive skills (outside of social interactions), and a curiosity about the environment. This typically causes a high incidence of late diagnosis for individuals with AS.

Social learning disabilities lead to the development of excessive rigidity and anxiety, especially while interacting with peers. When stressed, the AS individual may use idiosyncratic language and/or talk at length about a topic of special interest without regard for the listener's engagement (Attwood, 1998). These impairments lead to great difficulty in developing and maintaining an effective connection with others (Kaland, Mortensen, & Smith, 2007).

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Individuals with AS "describe being 'mystified' by interpersonal relationships and the reactions of others toward them" (Ramsay et al., 2005, p. 484).

As a consequence of AS, there is a manifestation of immature behaviors such as chewing on clothing, carrying unusual objects between settings, walking on one's toes, flapping, pacing, and/or rocking (Miller & Ozonoff, 2000). AS individuals tend to avoid eye contact when in social situations, leading to difficulties in conceptualizing the thoughts and feelings of other people (Ozonoff & Miller, 1995). There is increased difficulty with coordination and motor delays, leading to clumsiness when engaged in physical activity (Miller & Ozonoff, 2000). As a result of their rigid thinking, they are limited in their ability to incorporate experiences and adjust behaviors (Church, Alisanski, & Amanullah, 2000; as cited in Farrugia & Hudson, 2006).

Farrugia and Hudson (2006) acknowledged adolescents with AS present with high levels of anxiety equivalent in intensity to those diagnosed with an anxiety disorder. However, this anxiety is not related to misinterpretation, but to what they are unable to interpret within the social environment. Unfortunately, medication has not proven to have a significant effect for those adolescents with AS when compared to those not on a medication protocol (Bellini, 2004; as cited in Farrugia & Hudson, 2006).

Individuals with AS typically process information and learn in a non-conventional manner. Many diagnosed with AS tend to be more receptive to information that is experienced visually. The use of creative activities exposes the individual to a nonverbal, comprehensive, and expressive language (Martinovich, 2003).

Art therapy for those with AS is an important activity-based intervention for encouraging growth (Emery, 2004). The visual form is useful in integrating nonverbal strategies that are congruent with the AS way of thinking. The goal is to build and reinforce new pathways of behavior. Utilizing both verbal and visual interventions, strategies become reinforced and can be integrated into the individual's new learning, leading to behavioral change (Martinovich, 2003).

Those diagnosed with AS exhibit difficulty integrating concepts, linking ideas and seeing the "whole picture." They tend to understand their world through personal experience, literal interpretations, and learned rules. Applications of art therapy create the "bigger picture," and experiences can be seen as part of a great whole. This process allows for information to be integrated, developing patterns and structures that can be identified, leading to associations, generalizations, and abstract conceptual possibilities (Martinovich, 2003). Art therapy strategies can be used to emphasize visual characteristics when teaching emotions such as smiles, frowns, and excitement (Losh & Capps, 2006). Using visuals in the therapeutic session can help those diagnosed with AS gain insight into others views on social situations.

Case example

Description of presenting problem

Emma entered into therapy due to difficulty in school and socialization within her peer group. She was experiencing extreme anxiety, having difficulty tolerating the classroom environment and engaging socially, and avoiding eye contact. When her stress level increased, she would ritualistically tug at her hair and clothes, many times creating holes in her shirts.

Emma was referred by her psychiatrist for individual therapy with a private practice therapist, who is a licensed psychologist and creative arts therapist, holding both an art therapy registration and board certification. She arrived with a diagnosis of Social Phobia, having been prescribed Lexapro, a serotonin reuptake inhibitor (SSRI) prescribed for depression and/or anxiety, to help stabilize her mood. Emma continued to be anxious and demonstrated a flattened affect, a common side effect of Lexapro. The psychiatrist thought that engagement in psychotherapy would be beneficial and help to better stabilize her anxiety. After evaluation, and a change in diagnosis, it was apparent that verbal therapy and her prescribed psychiatric medication were not meeting her needs, and art therapy was introduced into her treatment.

Background history

Emma was adopted at birth and therefore her medical background is somewhat unclear. Her adoptive parents report that the biological mother experienced a normal pregnancy and full term delivery. According to her adoptive parents, the biological mother had other children and believed that an additional child would be more then she could handle; as a result she decided to give Emma up for adoption. Emma's adoptive parents report that they were present at the hospital when Emma was born and they were the only parents she ever had direct contact with. She was considered healthy at the time of her birth and the adoption. Emma has always known that she was adopted and was told that she was "a special gift."

Emma is the only child within an intact family, living in a private home with her mother, father and two dogs. She has a large extended family involved in her life, and although they live in another town they get together often. At the time of her first session she was preparing to enter her senior year of high school.

Developmentally, there were no reported abnormal signs from birth through middle school. Her early school years were unremarkable, and it was reported that she was active and involved in school activities. However, once Emma reached high school things changed and she began to withdraw from social interactions. She started to isolate and become very anxious in the classroom. During her high school career she was being privately tutored for her academic subjects, but attended school for electives. Emma has never been identified with a learning disability, and her parents stated that the decision to tutor was due to the large class size in the school district. They also stated that Emma would become anxious when she had to participate in a classroom setting.

Diagnosis

Emma's initial diagnosis was 300.23 social phobia (DSM-IV-TR, 2000). However, after evaluation and assessment her diagnosis was changed to 299.80 Asperger's disorder (DSM-IV-TR, 2000) to better target her symptomology.

Intervention

Emma arrived for her intake session with both her parents. Emma sat quietly, positioned very close to her father and avoided eye contact. After gathering all pertinent information, Emma continued to meet with the therapist without her parents. She remained sitting in the corner of the couch avoiding eye contact and started to wring her hands. She would start to answer questions, but then continue to talk without staying on topic and demonstrated idiosyncratic speech. At the end of the intake session the therapist asked Emma if meeting with her for therapy was something Emma would be interested in continuing. Emma eagerly stated that she wanted to return.

Emma attended her therapy sessions consistently, always eager to enter into the session and appearing to want to engage, but not knowing how to begin. She would avoid eye contact while wringing