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**Utilizing the Therapeutic Relationship to Promote Prosocial Behavior in Youth Diagnosed
with Autism Spectrum Disorder: An Expressive Arts Therapy Framework**

Capstone Thesis

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Clinical Mental Health Counseling: Expressive Arts Therapy

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Abstract

This critical review of the literature aims to evaluate the extant literature on the role the Expressive Arts Therapist plays in promoting prosocial behaviors in children and adolescents diagnosed with Autism Spectrum Disorder (ASD). It further inspects the quality of the therapeutic relationship, its specific applicability to work with an Expressive Arts Therapist, as an agent of change in sociability in youth who struggle with socialization. Per the *Diagnostic Statistical Manual of Mental Disorders, 5th edition* (American Psychiatric Association [APA], 2013), ASD is characterized by core deficits in social interaction, communication, and maintaining interpersonal relationships. Existing treatment methods such as Applied Behavioral Analysis (ABA) and social skills training emphasize behavioral change, however, do not address the relational skills necessary for successful social interaction. Expressive Arts Therapy (ExAT) and its efficacy in promoting prosocial behaviors in youth with ASD is reviewed. The therapeutic relationship between an Expressive Arts Therapist and youth with ASD is hypothesized as being more effective than non-expressive arts treatment methods in promoting prosocial behaviors. ExAT provides opportunities to foster connection between client and therapist via nonverbal communication, a means conducive to social limitations characterizing ASD. Future application of the combination of visual art, dance/movement, drama, and music will benefit the field of ExAT in addition to providing benefits for youth diagnosed with Autism Spectrum Disorder.

Keywords: Autism Spectrum Disorder (ASD), Expressive Arts Therapy (ExAT), expressive therapies, prosocial behavior, therapeutic relationship, youth

Utilizing the Therapeutic Relationship to Promote Prosocial Behavior in Youth Diagnosed with Autism Spectrum Disorder: An Expressive Arts Therapy Framework

This critical review of the literature intends to explore how the quality of the therapeutic relationship with an Expressive Arts Therapist may serve as a vehicle to foster positive social behavior in children and adolescents diagnosed with Autism Spectrum Disorder (ASD). Additionally, this review will assess how the therapeutic alliance with an Expressive Arts Therapist itself may serve as a predictor of change for social behavior in youth with ASD. This paper aims to review the extant literature on the therapeutic relationship and apply it specifically to the Expressive Arts Therapist. This paper will critically review: (a) social behavior in children and adolescents in ASD; (b) the therapeutic relationship as a predictor of change; (c) the Expressive Arts Therapist and; (d) the assessment of the expressive arts therapeutic relationship as a way to foster positive social behavior. The discussion section will present reflections, findings, clinical implications for the Expressive Arts Therapy (ExAT), and recommendations for future exploration regarding effective treatment methods for youth diagnosed with autism.

Autism Spectrum Disorder

Autism Spectrum Disorder is a heterogenous neurodevelopmental condition characterized by two symptom clusters, according to the *Diagnostic Statistical Manual of Mental Disorders, 5th edition* (American Psychiatric Association [APA], 2013). The first symptom cluster includes deficits in verbal and nonverbal communication, interpersonal relationships, and social-emotional reciprocity (Criterion A). The second cluster of symptoms describes restricted interests, ritualistic and repetitive behaviors, hypo- and hyper-sensitivities to external stimuli, and stereotypic movements (Criterion B). Stereotypic movements may include hand flapping or body rocking as self-soothing or self-stimulating behaviors. Symptoms appear in early childhood

(Criterion C), although they may not manifest until social demands become prevalent such as when the child reaches school age. There exists a “wide variation in the type and severity of symptoms” (National Institute of Mental Health, n.d., para. 3) in individuals diagnosed with ASD. Autism symptoms manifest in diverse presentations, hence, the diagnosis is described as existing along a continuum or spectrum. It is important to note that Asperger’s Syndrome is no longer a diagnosis independent of ASD, per the *DSM-5* (APA, 2013), a change from the previous edition, the *DSM-IV* (APA, 1994) (Centers for Disease Control and Prevention [CDC], 2020).

As a core deficit of the disorder, social communication and interaction affects the ability for individuals with autism to relate to others, foster and maintain relationships, and engage in social-emotional reciprocity (Woodcock et al., 2019). The neural functioning of individuals who have been diagnosed with ASD will be discussed to introduce the physiological and neurological deficits which result in behavioral and relational disparities.

Prosocial Behavior

Prosocial behavior is a broad category of behavior which is defined as “voluntary behavior intended to benefit another” (Eisenberg, 1986 as cited in Eisenberg et al., 2010, p. 146). Prosocial behavior includes, but is not limited to apologizing, empathy, sympathy, helping, sharing, cooperating, comforting, praising, and volunteering (Eisenberg et al., 2010; Oerlemans et al., 2018; Rum et al., 2020; Van Hoot et al., 2017). Prosocial behaviors are typically learned early in a child’s life “through frequent social interactions with parents, siblings, and peers” (Oerlemans et al., 2018, p. 1034). Through such frequent interactions, prosocial behaviors are practiced and strengthened as the child matures.

Interpersonal relationships and social interactions require spontaneous responses, adaptive behaviors, and joint attention (Vaisvaser, 2019). One must possess the capacity to pay

attention to another individual who is speaking, interpret body language, infer meaning, and respond accordingly and appropriately in successful social interactions. In those diagnosed with autism, such skills are hindered, and the capacity to relate socially with others and maintain social relationships is impaired (APA, 2013). The deficits in skills, therefore, result in limited opportunities to learn, apply, and practice such prosocial behaviors. This perpetuates a cycle of ostracization, isolation, and loneliness in youth diagnosed with autism as they are not practicing such skills at the same rate their peers who are not diagnosed with ASD are.

Therapeutic Alliance

The therapeutic alliance is the relationship between the therapist and the client. It can be specifically defined as, “a collaborative therapist-client relationship” (Riosa et al., 2019, p. 761). The Expressive Arts Therapist has a particular way of working with clients which fosters such collaboration using multiple creative modalities. Historically, the therapeutic alliance has been viewed as a crucial aspect in any therapeutic process. The relationship between the therapist and the client, regardless of methodology or intervention, has been found to be a predictor of change for clients’ behaviors. Though the capacity for social connection is hindered when working with youth with ASD, literature has proven the establishment of such a relationship is possible. The efficacy of the therapeutic alliance as an agent of change in youth with autism will be analyzed. For this literature review, the terms therapeutic relationship and therapeutic alliance will be used interchangeably.

Expressive Arts Therapy (ExAT)

Natalie Rogers (1993), a pioneer in the field, defines ExAT as using “various arts—movement, drawing, painting, sculpting, music, writing, sound, and improvisation—in a supportive setting to facilitate growth and healing. It is a process of discovering...through any art

form that comes from an emotional depth” (p. 1-2). Albeit a relatively new therapeutic approach, ExAT has been empirically proven to bring an additional layer to the therapeutic process and enhance the therapeutic relationship.

By way of reviewing the existing academic literature on both the therapeutic relationship and the use of ExAT, this author postulates the therapeutic relationship with an Expressive Arts Therapist may serve as a more effective vehicle in promoting prosocial behaviors in youth diagnosed with autism than traditional therapeutic methods. As ExAT emphasizes nonverbal communication, using varying nonverbal modalities may allow clients with ASD to engage in the therapeutic process organically, resulting in fostering a connection with the Expressive Arts Therapist, thereby promoting successful social functioning.

Genesis of Interest

The genesis of this hypothesis and research question is rooted in the author’s prior professional experience in fostering connections with children and adolescents with autism on a neuropsychiatric inpatient unit due to their aggressive and violent behaviors. It is not an uncommon belief that the United States health system does not account for the humanity of mental health patients, as many of these individuals are viewed as a case identification number rather than a person. The use of locked-door seclusion and multiple-point restraints can be potentially traumatizing to patients and raises ethical dilemmas as such means can be viewed as possible infringement on human rights (Blair et al., 2017; Haugom et al., 2019). When it comes to a matter of one’s own safety and the safety of those around them, however, it can be argued necessary.

This author had strong reactions to witnessing this neglect and lack of genuine humanity while interning in a neuropsychiatric inpatient setting. Over the span of several months, it

became evident the youth on the unit needed someone who would listen, play, talk, laugh, and make art with them rather than someone who disciplined them for not going to group or not finishing their meal. As an undergraduate intern, this author was able to create significant therapeutic bonds with patients, including some of the adolescents considered the most violent. This author was able to foster genuine and meaningful relationships with youth who would otherwise have great difficulty in doing so. This was accomplished through play, such as floor scooter races, dancing, and art making such as creating comic strips and using musical instruments to mimic rainstorms. In reflecting on the role this author played in establishing therapeutic relationships with the youth by using the arts, this research question emerged.

Literature Review

Autism Spectrum Disorder

Autism Spectrum Disorder (ASD or autism) is a heterogenous neurodevelopmental condition characterized by “deficits in social communication and social interaction...and restricted, repetitive patterns of behavior, interests, or activities” (APA, 2013, p. 50). It is a diagnosis which develops during early developmental periods, although cases exist in which symptoms do not manifest until the child is expected to function according to social demands such as in forming friendships or imaginative play (APA, 2013). The variability in when ASD is diagnosed parallels the diversity of the condition, as each individual’s presentation of symptoms and severity are unique. A lifelong condition, some individuals diagnosed with autism live independently in adulthood, while others experience more severe symptoms which interfere with daily functioning, requiring the assistance of others. This re-emphasizes the notion that autism exists on a spectrum, and symptoms, abilities, and levels of functioning vary amongst individuals.

According to the most recent statistical data provided, 1 in 54 children in the United States is diagnosed with autism, and that number has remained consistent over the last five years (Maenner et al., 2020). Global studies estimate the prevalence of ASD is 1 in 270 children (World Health Organization [WHO], 2021). Due to the steadily increasing prevalence of autism and its predicted trajectory, there exists the need for focusing specifically on core deficits inherent in the diagnosis, such as social behavior, to help individuals with autism reach their fullest potential.

Social Behaviors

“The most striking feature of autism is a social connection” (The Interactive Network, 2013, para. 1). Autism is characterized by hyposociability including social impairment and the limited capacity for fostering and maintaining relationships whether with caregivers, peers, or clinicians (APA, 2013). Individuals with ASD communicate, behave, and interact with others in distinct ways that are considered atypical comparable to individuals without the diagnosis. Autism affects the capacity for social behavior resulting in the impairment of social functioning via initiating social interactions; the ability to make and maintain eye contact or prolonged eye contact; recognizing nonverbal communication cues such as facial expressions and body language; social and emotional reciprocity; speech development; the interest in socially connecting with others; impulse control; and social and emotional regulation (Barak & Feng, 2016; Goldsmith & Kelley, 2018).

Aggression

The heterogeneity of autism results in a difficulty to predict the behaviors of children and adolescents on an individual basis. Aggression is a common maladaptive or negative behavior not conducive to social success in children and adolescents with ASD. Mazurek et al. (2012)

conducted a study which evaluated the prevalence of physical aggression in autism in children and adolescents. Results found 53 percent (842 of 1584) of participants displayed aggression directed either toward themselves through self-injurious behaviors or directed toward others (Mazurek et al., 2012). A large-scale study the year prior yielded similar results, as 56 percent of participants displayed aggressive behaviors (Kanne & Mazurek, 2011). These findings support the deficits found in sociability and appropriate social behaviors in autism. In autism, aggression can be a form of communication if language is delayed or limited; aggression may serve to communicate a need whether it be a change in routine or sensory overstimulation (Johnson & Rodriguez, 2013). What may be a natural reaction or proportionate response for a child with autism to express may not be considered socially appropriate or acceptable behavior. Aggression toward other people in certain social situations such as conflict, compromising, turn-taking, perspective-taking, limit setting, and sharing, could hinder the capacity for interpersonal relationships further for youth with autism.

Neural Functioning in Autism

Although much remains unknown about autism, its etiology, and epidemiology, emerging research is investigating the neural functioning of individuals with ASD. Research has been exploring the deviances in the functioning of the cerebellum, amygdala, and frontal and temporal lobes in individuals with autism, and the abnormalities in these areas of the brain as related to social functioning (Barak & Feng, 2016; Phillips et al., 2015). Considering these brain regions are areas highly relevant to social cognition and functioning, it is rational the abnormalities in this area correlate to symptomatic behaviors in autism.

Imaging studies have shown deviations in neural functioning in children with ASD comparatively to control groups of children considered low risk for developing autism. Findings

showed general brain enlargement, specifically in the cerebral cortex and corpus callosum, and excessive white and gray matter in the temporal and frontal lobes of children with ASD (Barak & Feng, 2016). Researchers also found there to be significantly less gray matter in the right cerebellum in those with Asperger's Syndrome, although it is no longer a diagnosis independent of ASD (Rogers et al., 2013). Other studies supported such findings and noted similar neural differences in the brains of individuals with autism compared to those without such as interrupted neural feedback between cerebral regions of the brain (Hampson & Blatt, 2015; Phillips et al., 2015).

The amygdala is the brain region responsible for processes crucial in appropriate social behavior and emotional processing. Barak & Feng (2016) note the amygdala plays a critical role in processing emotional reactivity, recognizing facial expressions as indicators of emotional reactivity, eye contact or gazing, and facial recognition. In children with autism, the amygdala has been shown to have larger volumes and hypoactivation (Barak & Feng, 2016). Thus, supporting the idea that deviations in amygdala development may contribute to impaired social behavior in children and adolescents with ASD. These differences in brain and neural functioning in children and adolescents with autism may underlie the impaired socialization evident in autism. Such differences will serve as considerations for utilizing ExAT with youth diagnosed with ASD.

Existing Treatment Models

Applied Behavior Analysis (ABA) has grown to become the most widespread treatment method for autism after its pioneer, Ivar Lovaas, found the technique yielded social-communication gains for individuals with ASD (Trump et al., 2018). ABA utilizes behavioral principles such as behavior modification and positive reinforcement (Eckdhal, 2018; Trump et

al., 2018). ABA rests on the principle that in rewarding desired behaviors, the likelihood of the behavior increases; punishing undesired behaviors decreases the chances of the negative behavior being repeated (Trump et al., 2018). ABA can utilize discrete trial training in which a “skill or concept is taught to a child using a series of simplified scripted exchanges and an established curriculum of interactions” (Eckdahl, 2018, p. 49). Pivotal response treatment (PRT) is another form of ABA during which social communication and language skills are improved through reinforcements and motivations.

Though ABA is the primary intervention method when working with those diagnosed with ASD, it is not the only existing method. Other intervention and treatment methods for improving prosocial behaviors in ASD include training and education of autistic and related communication handicapped children (TEACCH); developmental individual-difference relationship-based model; Cognitive Behavior Therapy (CBT); picture exchange communication system; and Sensory Integration (SI) (Eckdahl, 2018). TEACCH is typically utilized in educational settings and uses structured and scheduled activities, clear language, and reinforcements. Developmental individual-difference relationship-based model is also referred to as floortime and highlights the concept of play in improving social, emotional, and intellectual functioning. CBT aims to change emotions and behaviors by challenging and reconstructing negative thinking patterns. The picture exchange communication system requires the individual with ASD to initiate conversation by using visual cues to meet a need, such as pointing to a picture of a glass of water when the child is thirsty. The goal of SI is to use structured play activities to alter the child’s reactions to sensory stimuli such as sounds, textures, and tastes (Eckdahl, 2018).

Much of the focus of these various treatment methods is exclusively on changing behavior, therefore, there is little to no emphasis on the therapeutic relationship between the clinician and the child with autism. The exception may be interventions which bring a component of play, as there may be greater opportunity to establish a connection through playful activities. The aspect of relational connectedness, however, must be evaluated, as the therapeutic relationship has been deemed an essential component to the therapy process and may serve as an agent of change in promoting desired behaviors (Mössler et al., 2017).

The Therapeutic Relationship

The therapeutic alliance is an integral component of the therapy process independent of diagnosis, intervention, approach, or theoretical orientation (Mössler et al., 2017). It can be defined as, “a collaborative therapist-client relationship” (Riosa et al., 2019, p. 761). Literature has suggested the positive correlation between the quality of the therapeutic relationship and therapy outcomes, hypothesizing a stronger alliance may result in greater measurable progress compared to control groups (Klebanoff et al., 2019; Mössler et al., 2017; Riosa et al., 2019). Specific research assesses the effects the quality of the therapeutic relationship has on youth with autism through a CBT approach.

Several studies have researched the therapeutic alliance utilizing a CBT framework with youth with ASD (Albaum et al., 2019; Kerns et al., 2017; Klebanoff et al., 2019; Riosa et al., 2019). Riosa et al., (2017) postulated a strong therapeutic alliance and positive rapport can serve as a predictor of change, and their findings demonstrated this hypothesis holds true for the autism population as well. Supplemental research discovered the therapeutic relationship to be a promoter of behavioral change regarding emotional regulation in children with comorbid autism and anxiety (Albaum et al., 2019; Brewe et al., 2020; Kerns et al., 2017). Results of statistical

analyses demonstrated emotion regulation was significantly and positively correlated to the quality of the therapeutic relationship and client treatment goals (Albaum et al., 2019; Kerns et al., 2017; Klebanoff et al., 2019).

The therapeutic alliance as it relates to autism has become an important research topic in recent years to explore this barrier to treatment due to the social deficits inherent in the diagnosis. Research findings over the last decade have suggested establishing rapport and fostering a positive therapeutic relationship is possible with youth with ASD, and such relationship leads to general improvements in emotion regulation and behavior change. Adding an element of nonverbal communication conducive to working with those with ASD, the expressive arts may serve as a vehicle to establish a therapeutic relationship that may further yield behavioral change and promote prosocial behaviors.

Expressive Therapies with ASD

“The arts are an avenue to developing an otherwise unheard voice” (Lara & Bowers, 2013, p. 49). The expressive therapies, also referred to as creative arts, are defined as: “the use of art, music, dance/movement, drama, poetry/creative writing, play, and sand tray within the context of psychotherapy, counseling, rehabilitation, or health care” (Malchiodi, 2005, p. 2). When utilized in therapeutic contexts, the expressive therapies provide an integrative approach to allow clients to explore emotions and thought patterns without the need to verbalize such processes. While there still exists a verbal component to expressive therapies, contrary to popular belief as Malchiodi (2005) notes, the expressive therapies certainly place a great emphasis on the creative process for self-expression to aid in conveying emotions, needs, and thoughts. Got and Cheng (2008) stated that engaging in art making processes encourages those with developmental delays or impairments to improve in social areas which may yield more socially acceptable and

appropriate functioning. Thayer & Bloomfield (2021) posit “creative arts therapies may allow for sensory regulation as well as desensitization in a safe, positive venue” (p. 2). Expressive therapies utilize nonverbal methods natural to those diagnosed with autism due to the inherent socialization difficulties and verbal communication deficits. A few of the expressive therapies modalities will be outlined below, although the list of modalities extends beyond the constraints of this thesis.

Art

Art Therapy is defined as “an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (American Art Therapy Association, 2017, para. 2).

With the capacity for socialization being impaired or hindered in youth diagnosed with autism, the use of visual art has been hypothesized to enhance communication skills within this population, albeit a gradual process (APA, 2013; Isekeeva et al., 2016). Visual arts move beyond the need for verbalizing one’s emotions. Within an autism diagnosis, there is oftentimes a disconnect between intellect and emotional experience; youth with ASD may intellectualize their emotions rather than state how they are feeling. The use of visual arts can aid in bridging that gap in a way which does not require verbal sociability.

Malhotra (2019) highlighted the therapist-client relationship as well as the relationship clients have with their artwork using puppet-making. The author’s findings postulated puppet-making can promote emotional empathy, facilitate communication, promote empathic responding, and increase self-awareness. In a case study in which a puppet-making intervention was implemented, results showed Lisa (pseudonym), a 16-year-old with ASD, improved in her capacity to externalize her feelings of anxiety and loneliness; problem solve through improvising

with the puppets she created; and using the puppets, Lisa mirrored the art therapist's facial expressions (Malhotra, 2019).

Parvathi (2020) found similar results. Presenting a case study of a 17-year-old male with autism, the author utilized an arts-based therapeutic intervention to increase the relatability between the adolescent and his artwork. In a series of tasks aligned with treatment goals and objectives, the boy was asked to use a Mandala outline to draw or write objects or people to whom he could relate. Not only was he reflecting on those with whom and which he could relate, he was simultaneously building a relationship with his Mandala artwork. A final treatment goal for this 17-year-old was language development using costumes. In a gradual progression, the client was instructed to choose costume pieces and engage in partner conversation, which he succeeded in doing. What is most important to note in this case study, is that not only did the boy engage in joint conversation, but he was also the one who initiated such conversation, a social skill typically hampered in autism.

The therapeutic outcomes from both case studies presented by Malhotra (2019) and Parvathi (2020) align with findings from other art-based interventions from Hildebrandt et al. (2016) regarding increased social interaction in motor empathy, and Jalambadani (2020) in using painting and drawing as a way for youth with autism to communicate in a way that may be more natural and accessible for autism (i.e., nonverbally) rather than through spoken language. Skills and behaviors such as recognizing facial expressions and connecting them to emotional states, empathy, externalizing emotions, and problem solving are necessary for successful socialization. Data collected from the various studies mentioned above have found that using puppet and visual art making as a therapeutic tool can encourage social-emotional development in youth with an ASD diagnosis, therefore promoting positive and appropriate social behaviors.

Dance/Movement

The American Dance Therapy Association (2020) defines Dance/Movement Therapy as, “the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual” (Home, para. 1).

Hildebrandt et al., (2016) conducted a research study which sought to examine the effects of a dance/movement mirroring intervention on negative symptoms of ASD. Negative symptoms are described as those deficits in social functioning such as lack of empathy, lack of interest in socializing, difficulty in joint attention, and lack of perspective-taking. Results demonstrated a marginally significant symptom reduction, as in a decrease of negative behaviors, and an increase in empathy and perspective-taking, two significant areas of impairment in autism (Hildebrandt et al., 2016). Although a minimal effect, these results remain statistically and clinically substantial and support the hypothesis that dance/movement can aid in improving negative behaviors in autism which affect social functioning. Such improvement, therefore, propels youth with autism toward engaging in prosocial or positive social behaviors.

In an explorative study conducted by Morris et al. (2021), combined music and dance/movement concepts such as rhythm and mirroring to build social skills in children diagnosed with ASD. The data extracted from this study demonstrated how music can be used during a session with a dance/movement therapist to cultivate a positive therapeutic relationship. In a group setting, combined with dance and movement principles, the use of music during a session can increase social bonds between group members, “and moving to the same rhythm creates a potential vehicle to increase the development of prosocial behaviors...” (Morris et al., 2021) These findings will be discussed further in a later section.

Drama

“Drama therapy is the intentional use of drama and/or theater processes to achieve therapeutic goals” (North American Drama Therapy Association, 2021, What is Drama Therapy?, para. 1). While typically designed for milder presentations of autism, the use of psychodrama therapeutic techniques allows for youth to explore their experiences with social interactions, or lack thereof, through dramatization, enactment, role-play, and improvisational techniques (D’Amico, et al., 2015). Researchers have investigated the use of various Drama Therapy interventions used specifically for children and adolescents diagnosed with autism who present with milder symptomatology (Corbett et al., 2011; D’Amico et al., 2015; Lerner et al., 2011). Generally, drama techniques have been shown to be effective in improving social skills behavior and reducing problem social behaviors in children and adolescents diagnosed with autism.

Corbett et al. (2011) evaluated the efficacy of an intervention program, Social Emotional NeuroScience Endocrinology (SENSE), to improve social skills in children and adolescents with ASD. Their study produced findings which supported their hypothesis. In using theater techniques, video modeling, and social skills training in combination with film and media, children and adolescents with autism demonstrated clinically significant improvements in social perception skills, increased empathy, and social referencing and communication (Corbett et al., 2011; D’Amico et al., 2015).

D’Amico et al. (2015) found analogous results in that improvements were made in terms of engagement, social skills, and externalized social behaviors in children with milder presentations of ASD through a drama-based therapeutic intervention. In a group setting, the preadolescent participants were provided the opportunity to actively role-play social scenarios

and subsequently process their thoughts and emotions around doing so. Data analysis suggested the casual relationship in rehearsing social situations and speaking freely about the experience led to a lesser likelihood of behavioral outbursts in social situations beyond the therapeutic group (D'Amico et al., 2015). Results of this study reaffirm the efficacy that drama techniques, when implemented with youth with autism, can yield improvements in social behaviors, a reduction of problem or maladaptive social behaviors, and promote prosocial behaviors by allowing youth the opportunity to rehearse situations in a therapeutic environment which inherently encouraged positive social interactions.

Yielding similar data, Lerner et al. (2011) utilized the Socio-Dramatic Affective-Relational Intervention (SDARI) intervention program, which focuses on performance-based social skills through improvisational dramatic training and games; building relationships between group and staff members as a way to strengthen social relatedness; and using developmentally conducive motivators to encourage successful social interactions beyond the therapeutic space and in other social settings (Lerner et al., 2011). Implementation of this program yielded results suggesting youth with ASD demonstrated marked gains in social assertion, and emotion detection at the conclusion of the program relative to their peers in the control group (Lerner et al., 2011). Further investigation included a six-week-post-program analysis which supported and affirmed program improvements insofar as social assertion and overall social conflict reduction.

Studies such as these outlined above demonstrate the efficacy of utilizing Drama Therapy techniques to reduce problematic social behaviors in children and adolescents with autism, as such methods provide youth the opportunities to rehearse, a skill inherent in ASD, various social interactions and promote prosocial behaviors.

Music

Music Therapy is defined as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional...” (American Music Therapy Association, 2021, What is Music Therapy?, para. 1).

Music has been found to be an effective intervention for fostering positive change in children and adolescents with autism and perhaps the most comprehensively studied expressive arts modalities as it relates to ASD. Music can be used as a form of nonverbal communication and expression and can be especially useful for those with impaired, limited, or restricted verbal capacities characterizing ASD. It has been a recommended treatment option for “social interaction, verbal communication, and socioemotional reciprocity” (Geretsegger et al., 2014 as cited in LaGasse, 2017, p. 23). The therapeutic goals and objectives established during music-making sessions can be generalized and may translate to nonmusical social development. It can also be utilized in building rapport between therapist and client and strengthening the therapeutic relationship.

Pater et al. (2020) presented the Papageno Music Therapy Program to promote prosocial behaviors and social skills. Utilizing mainly musical improvisation techniques, researchers reached a conclusion that supported the efficacy of Music Therapy to positively influence the social behavior of children with autism (Pater et al., 2020). Music-making sessions were modified to the individual needs and capabilities of the child. The music therapist was unconditionally accepting of the child’s tempos, rhythms, and patterns of music, therefore creating a shared experience between the child and therapist. Imitation has been discovered to enhance social behavior and the capacity for establishing relationships in children with autism (Field, 2017). Elements required of social interaction and engagement are parallel in music-

making processes as well including reflecting behavior and turn taking. A call-and-response improvisational directive can be used within a Music Therapy session, in which the child creates a rhythm for the therapist to match. This shared experience becomes a means for practicing social interaction through music making (LaGasse, 2017). In a series of turn-taking, the therapist and child engage in a collaborative and simultaneous process in which the therapist is connecting to the child while the child connects to the therapist via music-making. Pater et al. (2020) states when a connection on a particular rhythm or tempo is made, the therapist can begin to challenge the child to play different rhythms and ultimately introduce new behaviors. The connection is imperative to have established prior to introducing the new rhythm or behavior (Pater et al., 2019). In that connection is where the motivation to make such change lies. Results of this study showed, albeit minimal overall improvement, PMTP is “promising intervention to help children with ASD to further develop their social behavior” (Pater et al., 2020, p. 7) and progress toward successful socialization.

In their research, Mössler et al., (2017) found music can assist in fostering reciprocity in social interaction and interpersonal attunement (Mössler et al., 2017). Music can be used as a form of nonverbal communication and expression and can be especially useful for those with impaired, limited, or restricted verbal capacities characterized by a more severe ASD diagnosis. Their results posited a generalized symptom reduction in children with autism via the mutual relational processes which occur between music therapist and client during a Music Therapy session (Mössler et al., 2017).

LaGasse (2017) reviewed the extant literature and found substantial evidence which suggests and supports the efficacy of musical interventions to promote socialization in youth diagnosed with ASD. Music Therapy is a unique approach and one which, as research shows,

can be translated to nonmusical settings or scenarios, as music may provide a foundation for learning and acquiring social skills necessary for interpersonal engagement (LaGasse, 2017). “...Social skills require the ability to plan, initiate, and follow through with complex motor plans” (LaGasse, 2017, p. 25). Since these abilities are hindered in youth with ASD, musical experiences can be created and structured by the therapist to provide direct musical cues for youth to plan their responses, in turn initiating social interaction. Music experiences may enhance social reciprocity and responsiveness through turn-taking in call-and-response directives; social engagement in initiating improvisational music; and encourage nonverbal and verbal communication and interactions. Previous data have shown music-based interventions yielded improvements in eye contact and gaze; joint attention; facial focusing outside the therapeutic environment; and imitation and turn-taking (Finnigan & Starr, 2010; LaGasse, 2014; Vaiouli et al., 2015). The comprehensive data discussed above indicate the success of Music Therapy interventions with youth with ASD and the subsequent social outcomes. Music Therapy provides musical experiences which promote positive social behavior and can be utilized with children and adolescents diagnosed with autism of which sociability is a core deficit.

Expressive Arts Therapy with ASD

Expressive Arts Therapy is a multimodal and intermodal therapeutic approach which combines psychology and human creativity. It emphasizes artmaking and does not require the verbalization of thoughts and emotions to initiate personal growth. The International Expressive Arts Therapy Association [IEATA] (n.d.) defines ExAT as, “combin[ing] the visual arts, movement, drama, music, writing, and other creative processes to foster deep personal growth and community development,” (About Us). The distinction between expressive therapies, as outlined above, and ExAT, lies in the conscious and unique use of more than one art modality as

a vehicle for self-expression. Expressive Arts Therapists utilize the combination of these creative arts as the primary therapeutic intervention to promote healing, insight, and change in the lives of others. ExAT brings an additional and unique dimension to establishing rapport with children and adolescents with autism, thereby strengthening the therapeutic alliance and inherently increasing the capacity for socialization. Modalities such as art, dance/movement, drama, and music can be utilized in conjunction with one another to increase interpersonal relationship skills in youth with autism, therefore promoting positive social behaviors.

Multimodal ExAT

“Multimodal art therapy has a great potential in the field of emotional and communicative problems...due to an active use of non-verbal communication means in the framework of artistic and creative activities and the expressive means of various arts” (Isekeeva et al., 2016, p. 3073). A common multimodal expressive arts approach is to utilize music in combination with other expressive modalities. Morris et al. (2021) noted the essentiality of including music specifically in dance and movement sequences when working with youth with autism as: “1) music setting an appropriate environment, 2) music helping to establish a connection, 3) music increasing engagement and attention, 4) music being used as a vehicle to explore rhythms, and 5) music helping with expression” (p. 4). Morris et al. (2021) also contended to the fact that music engagement seemed to be correlated with an increase in social bonds amongst youth with autism in a group setting, while synchronous body movements to musical rhythms “creates a potential vehicle to increase the development of prosocial behaviors” (p. 9). It can be argued that the same principle can be applied to the relationship between the Expressive Arts Therapist and the client via multimodal approaches.

Vaisvaser (2019) structured a creative arts therapy model for children with autism which utilized a combination of music, movement, and visual artmaking to increase prosocial behaviors amongst group members and amongst individuals and co-therapists. Background music was used to create a non-threatening and sensory setting. Group members were encouraged to clap, play, sway, or rock along to the rhythm of the music, much of which the therapists imitated or mirrored. Such joint rhythmic movement inherently utilizes the combination of music and movement while simultaneously creating sensory and tactile stimuli (Vaisvaser, 2021). Music in combination with other expressive modalities can serve as a non-intimidating environment in which clients diagnosed with ASD initiate communication, thereby fostering prosocial behaviors. Having clients choose what music they want to listen to may aid in fostering such connections by providing youth with the autonomy to make a choice. Creating a shared experience between group members and therapists can provide scaffolding for prosocial behaviors.

Intermodal ExAT

Pioneers in the field have defined the concept of intermodal ExAT. DeMott (2017), Knill et al., (2005), and Malchiodi (2005) define intermodal ExAT as the transition from one art form to another and the interrelatedness of various art modalities: “creating a poem in response to the image, music in response to the poem, movement in response to the music” (DeMott, 2017, p. 150-151). It is important to consider the restricted interests and rigidity of those with ASD when working intermodally, as the capacity for task switching, moving from one task to another, can be challenging (Hoof et al., 2018). It may be difficult for youth with ASD to move to a music-making directive from a visual art prompt due to cognitive inflexibility. Conversely, the arts may serve as a comfortable avenue for youth to practice and improve upon cognitive flexibility skills which are utilized in interpersonal relationships.

Artmaking or art processes, whether through dramatic approaches, painting, drawing, playing musical instruments, clay making, or dancing, can be used conjointly to reinforce the relational and behavioral benefits of any modality used independently.

The Relationship with the Expressive Arts Therapist

The therapeutic relationship or alliance has been emphasized in the therapy process regardless of the factors which come into play given the nature of therapy. Such factors include theoretical orientation, framework, diagnostic history of the client, and the intervention utilized in a session (Kerns et al., 2018). Various literature has suggested the therapeutic relationship independently may serve as an agent of change (Brewer & White, 2020; Kerns et al., 2018; Mössler et al., 2017; Riosa et al., 2019). When evaluating the therapeutic relationship with youth diagnosed with autism, a condition characterized by hyposociability and impaired social functioning, analyses yielded positive data suggesting that youth with autism show marked improvement in therapy outcomes when establishing even a slight connection with the therapist through relational attunement, embodiment, mirroring, reflection, and synchronicity (Field, 2017; Hildebrandt et al., 2016; Malhotra, 2019; Morris et al., 2021; Mössler et al., 2017). Such research has supported the hypothesis that the therapeutic relationship may serve as a predictor of change for sociability and behavioral change in youth with ASD.

Similarly, evidence has shown ExAT provides the opportunity to foster, establish, and maintain relationships involved in social interaction among youth with autism (Morris et al., 2021). ExAT relies on nonverbal communication, therefore de-emphasizing the need to verbalize internal emotions or thought processes. As youth with autism typically find socialization and communication to be of greater challenge compared to peers who do not carry the diagnosis, using modalities which do not require verbal language can be just as engaging as traditional

psychotherapy methods for youth who do not consider verbal communication and social interaction to be challenging. The relationship fostered between client and their art, between the therapist and the client's art, and between the therapist and client comprise the multifaceted ExAT process (Malhotra, 2019; Parvathi, 2020). Hildebrandt et al. (2016) emphasized the use of embodied and nonverbal approaches to working with youth with ASD to, "reinforce the mechanisms underlying primary intersubjectivity" (p. 3), or the relationship between Expressive Arts Therapist and client.

In their research, Mössler et al., (2017) found "...the therapeutic relationship predicts generalized clinical changes of symptom severity in children with autism spectrum disorder" (p. 2802), using Music Therapy. Therapeutic music-making is a mutual process involving two or more people and offers the child with autism greater opportunity for connection and relationship through improvisational techniques. Music can be used independently or in combination with other expressive modalities to foster reciprocity in social interaction and interpersonal attunement (Morris et al., 2021; Mössler et al., 2017). "Music can often be a really useful intervention to find 'common ground' between therapist and client with which to start the therapeutic rapport and trust building" (Morris et al., 2021, p. 5).

Spontaneous music-making through improvisational play encourages youth with autism to utilize skills not unlike those involved in social interactions; the dynamics formed through improvisational music-making mimic that of being in the external social world. Such social behaviors and skills required for intersubjectivity include the integration and organization of sensory experiences; self-regulation; differentiation of the self and others; flexibility; reflexivity; emotional empathy; joint attention; parallel processing; perspective-taking; and social reciprocity (Hildebrandt et al., 2016; LaGasse, 2017; Malhotra, 2019; Morris et al., 2021; Mössler et al.,

2017; Pater et al., 2020). Improvements in these areas of challenge for youth with ASD may lead to more successful social functioning, interactions, and outcomes.

In their qualitative analysis on the use of the combination of movement and music when working with youth with ASD, Morris et al. (2021) produced data which support the use of the expressive arts in treatment with the ASD population. A major theme of their findings was the ability for music to foster cohesion and connection between therapist and client. Rhythm in music serves as an external stimulus which pairs with the internal rhythm of children and adolescents with autism. The rhythm of the music used in session can lead to rhythmic movement, a symptom of ASD, and aid in building relationships when the rhythm, behavior, and movement is matched (Morris et al., 2021). When the therapist adjusts to the youth's rhythm, behavior, and movement, the child is engaging in communication on an arts-based level, which allows for an equal give-and-take relationship between the individuals (Pater et al., 2020).

A connection between therapist and client can be made on a musical, rhythmic, arts-based, or nonverbal level, such as when the therapist mimics the client's body rocking behavior and hitting a drum or making a brush stroke on a piece of paper with every forward motion. Only then can the therapist begin to challenge the youth with a new rhythm, movement, or media (Pater et al., 2020). In doing so, the client is encouraged to match the new dynamic, which promotes social cognition through flexibility, joint attention, reflexivity, motivation, and turn-taking. ExAT interventions can be responsive to client processes, and the therapist makes modifications and adjustments to meet the needs and capabilities of the client (Pater et al., 2020). "Moving to the same rhythm creates a potential vehicle to increase the development of prosocial behaviors" (Morris et al., 2021, p. 9). This holds true for children and adolescents diagnosed with autism who are engaging in ExAT.

The intersection of the therapeutic relationship as a predictor of change and the use of ExAT to foster connection was analyzed in this literature review. “The ability to share, attend, and move to the same rhythm...can help unite individuals, increasing synchronicity, and creating a connection” (Morris et al., 2021, p. 9). This principle of ExAT practice holds true for the rhythms not just exclusively for music but for each modality, whether it be the rhythm of a paint brush across a page, a beat on a drum, or a pattern of movement. The literature reviewed yields a significant likelihood that the relationship with an Expressive Arts Therapist, fostered through engaging in artmaking processes, can increase efficacy in promoting positive social behaviors in youth diagnosed with autism.

Discussion

A core deficit inherent in autism is socialization (APA, 2013). Compared to their peers without an ASD diagnosis, youth with autism have a limited capacity for communication, social cognition, empathy, and interest in socializing with others, although degrees vary on an individual basis. Children and adolescents, dependent on the severity of symptoms, may engage in behaviors which are considered inappropriate, negative, or maladaptive in typical social settings. Aggression is common among youth with autism and can manifest during moments of frustration or anxiety. Behavioral dysregulation and temper outbursts can inhibit social interactions with youth with ASD.

ExAT offers therapeutic benefits which extend beyond traditional psychotherapy approaches. Further, the use of more than one arts modality can serve as a more effective therapeutic intervention than any singular expressive modality on its own. In utilizing interventions based in visual art, dance/movement, drama, and music, a nonverbal language is developed which is favorable to communication and social deficits which characterize ASD. The

artmaking process allows for nonverbal communication, interaction, and connection between the youth and their artwork, and fosters the intersubjectivity of the client and Expressive Arts Therapist. This interpersonal connection, therefore, can be used to promote positive social behavior in children and adolescents diagnosed with ASD. It is important to note, however, the impact of the use of directives, materials, and modalities in understimulation and overstimulation in youth with ASD, as both can negatively impact the establishment of the therapeutic relationship.

Limitations and Recommendations for Future Exploration

While data exist on utilizing the ExAT therapeutic relationship as a vehicle to promote prosocial behavior in autism, there are limitations to the research. Autism is defined by heterogeneity, and the research must reflect that, albeit the inherent difficulties measuring patterns in a diagnosis rooted in individual differences. This is not to go without saying, however, gaps exist within the literature.

Most analyses in this review used multi-method and qualitative research methods such as observation and parent-report data to measure behavior progression, whether it yielded improvements or regressions (Brewer et al., 2020). Most research was conducted via single-case studies; in multiple-case study methods, sample sizes were typically small and unrepresentative. There exists a need for large-scale and representative studies of individuals with ASD which extends far beyond research for younger participants. Autism is a lifelong condition, and additional research is crucial for older individuals who have received a diagnosis of ASD to gain a deeper understanding as to the social behaviors throughout the lifespan when living with autism.

Tools used for measuring and quantifying data should be considered as limitations in extant literature. Various assessment tools utilized in the research reviewed, such as the Assessment of the Quality of Relationship (AQR) and the Scale for the Assessment of Negative Symptoms (SANS) may not be relevant or include all behaviors experienced by youth with autism (Hildebrandt et al., 2016; Mössler et al., 2017). This discrepancy may yield skewed and inaccurate data results by either overgeneralizing or are not comprehensive enough in terms of behaviors and social symptoms of ASD.

Additional limitations to current research include narrow demographic information in studies of youth with autism. The data reviewed for this thesis analyzed studies which consisted of primarily males, ranging from 66 percent to 95 percent males (Bronsard et al., 2010; Riosa et al., 2019). Autism is diagnosed in males far more frequently than in females, with most recent research estimating males are diagnosed with ASD between four and five times more than females (Maenner et al., 2020). This results in disproportionate gender and sex representation in scientific and academic literature when conducting autism research.

Racial and ethnic diversity is severely lacking in the autism research reviewed above. Most studies reviewed were based in the United States of America or in Europe, two primarily Caucasian geographic locations. Sample sizes ranged from 77.7 percent to 100 percent Caucasian or those identified as non-Hispanic (Bronsard et al., 2010; Mazurek et al., 2012). Hill et al. (2014) conducted a study in which researchers divided and accounted for numerous racial and ethnic backgrounds. Numbers in categories such as Black/African American, Asian, Native American, Alaskan native, Native Hawaiian or Pacific Islander, or mixed race were included under a combined “All Other Races” category for analysis (Hill et al., 2014). For this literature review, the extent of geographic diversity included few participants from Australia, Austria,

India, Israel, Italy, Japan, Korea, the Netherlands, Norway, and Taiwan (Morris et al., 2020; Mössler et al., 2017). As the global prevalence of autism is steadily increasing, it is crucial to have accurate representation to develop the most beneficial treatment methods and models for individuals living along the autism spectrum.

The identity of the therapist with whom the client is engaging in a therapeutic relationship must also be considered. Cheng & Lo (2018) noted the limited diversity in therapist ethnic, racial, and gender identity among existing literature. The researchers found evidence that supports matching client and therapist genders is strongly correlated with establishing therapeutic alliance (Cheng & Lo, 2018). Riosa et al. (2019) calls for consideration of therapist characteristics when assessing therapeutic alliance, as such characteristics may influence the evolution of the therapeutic relationship.

Expressive therapies emphasize nonverbal language conducive to those who experience deficits in communication and socialization characterized by an autism diagnosis. Further, using modalities in combination, known as Expressive Arts Therapy, may strengthen the benefits yielded by a modality used separately. Utilizing more than one modality, each of which have been proven to yield improvements in prosocial behavior separately, can provide additional benefits to improving prosocial behaviors and fostering a positive therapeutic relationship in youth diagnosed with ASD.

Research has shown that through using modalities such as visual art, dance/movement, drama, and music, a strong and positive relationship between the therapist and the client can be established. ExAT allows for the therapeutic relationship to form organically and in a way which emphasizes the individual strengths and needs of the client. This relationship can be used as a vehicle for behavioral change and serve as a predictor of said change when established with

youth diagnosed with autism. ExAT provides the client with the opportunity to lead the direction of the therapeutic process, while the therapist fosters that connection through empathy, imitation, and attunement. Although there exists literature on the efficacy of ExAT, the therapeutic relationship, and youth with autism, additional and future research is necessary to further support findings. ExAT and the relationship established with an Expressive Arts Therapist yield unique benefits which include the promotion of prosocial behaviors in youth with autism, bringing an idiosyncratic perspective into the existing literature.

The purpose of this paper was to critically review the extant literature on methods which yield the improvement of socialization in youth diagnosed with autism. Though there have become standard treatment methods for ASD such as Applied Behavior Analysis, research has substantiated the use of the expressive therapies and ExAT in promoting social behavior change in children and adolescents with autism. The data reviewed support this author's hypothesis which postulated the relationship established with an Expressive Arts Therapist may serve as a predictor of change and promote prosocial behaviors in children and adolescents diagnosed with Autism Spectrum Disorder.

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THESIS APPROVAL FORM

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Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy, MA**

Student's Name: Kelly Schwager

Type of Project: **Thesis**

Title: Utilizing the Therapeutic Relationship to Promote Prosocial Behavior in Youth
Diagnosed with Autism Spectrum Disorder: An Expressive Arts Therapy
Framework

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: *Ara Parker* Dr. Ara Parker