Expressive Therapies Capstone Theses   Graduate School of Arts and Social Sciences (GSASS)

Spring 5-22-2021

Exploring Tactile Art-Making with Deafblind Students and Their Families: An Opportunity for Creative Play

Alice Rodgers
arodgers@lesley.edu

Recommended Citation

Exploring Tactile Art-Making with Deafblind Students and Their Families:

An Opportunity for Creative Play

Capstone Thesis

Lesley University

May 5, 2021

Alice Rodgers

Art Therapy

Laura L. Wood, PhD, RDT/BCT

Abstract

The impact of a deafblind diagnosis on an individual's mental health and the well-being of the family involved can be profound. However, current research and available literature for the mental health treatment and therapy practices of deafblind persons and their families is limited (Kyzar et al., 2016; "WFDB Global Report 2018," n.d.). This thesis used the Leeds Family Psychology and Therapy Service principles (Leeds FPTS) and the Expressive Therapies Continuum with established deafblind teaching strategies to facilitate an original arts-based community project entitled: "Things We Like." This project provided an opportunity for deafblind students (ages three to 22) and their families to engage in creative play, and create an accessible piece of art. In addition to providing detailed instructions to facilitating "Things We Like," this thesis also provides the author's own arts-based reflection on facilitating the process and recommendations for future directions in working with deafblind individuals and their families.

Keywords: art therapy, family therapy, critical disability theory, deafblindness, disability, expressive arts continuum, tactile art, accessibility

Acknowledgements

For Lucas.

Exploring Tactile Art-Making with Deafblind Students and Their Families:

An Opportunity for Creative Play

Deafblindness itself is in a category all its own as the lowest-incidence disability – or least occurring disability statistically – protected under the Individuals With Disabilities Education Act (IDEA). Although hearing and vision abilities in the deafblind community vary widely, any degree of dual sensory loss has the potential to significantly impact a person's ability to communicate, learn, socialize, and achieve independence (Correa-Torres & Bowen, 2016). Raising a child with deafblindness is therefore a uniquely complicated task that includes having to adapt the child's world to be inclusive and accessible, overcome barriers to communication, and to manage the mental health needs of the deafblind child, siblings, and caregivers. Families with a deafblind child report that mental health services are among their least-accessed services and supports (Kyzar et al., 2016). Compounding this, existing literature indicates that families of children with low-incidence disabilities also endure higher depression and stress levels than families of children that do not have low-incidence disabilities (Kyzar et al., 2016).

The initial concept for this community engagement project, entitled "Things We Like," originated in the spring of 2019 with the goal of inventing an opportunity for children with deafblindness and their families to engage in accessible, creative play together. Over the course of two years, it evolved into a tactilely and conceptually accessible art experience for deafblind children and their families. Current literature on the utilization of art therapy with people who are deafblind, however, is limited and lacks the appropriate evidence-based research. Although this thesis does not represent formal research, this author invites readers to consider emergent themes as guiding meaningful future research into art therapy with the deafblind community.

The "Things We Like" activity was designed to be conceptually accessible to those with varying levels of cognition and degrees of vision loss. The bottom of the shadow box was painted matte black, and the inside walls of the box were covered in blue painter's tape. The colors (described in more detail in the following Methods section) were carefully considered for their capacity to eliminate as much visual clutter as possible for participating students with some usable vision, such as students with Cortical Visual Impairment (CVI). As opposed to ocular blindness, which is defined as a structural issue of the eye, CVI is a neurological condition involving the brain's visual system. It is caused by damage to the visual processing areas or visual pathways of the brain, and is the leading cause of at-birth blindness in the United States (*What Is CVI?*, n.d.).

Etiologies of deafblindness have changed significantly over the years. In the mid 1960s the rubella virus infected people around the world, causing tens of thousands of children to be born deafblind and with additional health complications and disabilities (*HKNC: Congenital Rubella Syndrome*, n.d.). In more recent years, the leading causes of congenital deafblindness have been complications of prematurity and genetic syndromes, such as CHARGE Syndrome, Usher Syndrome, and Down Syndrome (*Causes of Deaf-Blindness | National Center on Deaf-Blindness*, n.d.). In a 2013 study by the National Consortium on Deaf-Blindness surveyed 9,454 children in the United States and found that that nine out of ten children born deafblind had at least one additional disability, and over 2/5 of children with deafblindness have four or more disabilities (Kyzar et al., 2016). This includes individuals labeled/with intellectual and developmental disabilities (IDD) (Miller, 2020) and individuals with additional sensory disorders, such as Autism Spectrum Disorder (ASD) (Argumedes et al., 2018). The presence of these additional needs added another layer of complexity to creating a community engagement

project that was accessible by all students in the deafblind program. As such, elements of

"Things We Like," such as preferred materials provided, were tailored to the needs of individual

students.

Researcher Reflexivity

Throughout the last four years of teaching in the deafblind program at the Perkins School

for the Blind, this writer has witnessed the difficulties many deafblind students experience with

grasping the concept of art, with accessing materials, the need for more accessible art on display

at Perkins, and, most notably, the regular stress experienced by families and caregivers raising a

child with multiple disabilities. By combining the professional and theoretical paradigms of art

therapy and deafblind education, this author was able to explore ways of increasing accessibility

for this population. Namely, suitable approaches and techniques for providing art therapy

services to deafblind individuals and their family members were explored in depth through the

author's passion for deepening this work. Consequently, this project was inspired by the

resilience of students and families that was witnessed by this writer at the deafblind program at

Perkins, as well as this author's conviction that art can and should be accessible to all people.

<div align="center">

Literature Review

</div>

Six primary themes will be covered in this section, including critical disability theory,

deafblindness, families of children with deafblindness, family therapy, the Expressive Arts

Continuum, and art therapy with the deafblind community. These themes define the areas that

need improvement in terms of the services and supports that are currently available to the

deafblind community and their families. Readers are invited to consider the information

organized within this literature review as an entry point for deeper reflection and action

regarding accessibility, inclusion, and equity.

Critical Disability Theory

Advocates and academics have used existing models of disability theory, such as the

social model of disability, the rights model of disability, and the cultural model of disability to

increase their understanding of the systems and barriers constantly at play in the lives of people

with disabilities. These theoretical orientations focus on the different elements of lived

experiences that people with disabilities face, with each displaying merit when applied

thoughtfully. In contrast to the relative specificity of these models, critical disability studies

strive to place the power of defining disability, equality, inclusion, and accessibility with people

who either identify themselves as disabled, or identify themselves as being affected by societal

power systems that pathologize the mental, physical, or sensory differences of the individual

(Reaume, 2014). This critical lens incorporates the societal scope embraced by the social model,

in which disability is viewed as a "construct imposed by external powers," such as the

government, legal system, and medical system (Reaume, 2014, p. 1248). This definition of

critical disability theory, however, does not end with this socio-political perspective.

Critical disability theory acknowledges disability as a lived reality that is best understood

and represented by people who are part of the disability community. This includes groups that

have been historically categorized as disabled, but do not identify themselves as disabled, such as

the Deaf community. Padden and Humphries (1988) crystalize the difference between a

lowercase and capital "D" in "Deaf" in the text *Deaf in America: Voices from a Culture* (as cited

by *National Association of the Deaf - NAD*, n.d.):

> We use the lowercase deaf when referring to the audiological condition of not hearing,
>
> and the uppercase Deaf when referring to a particular group of deaf people who share a
>
> language – American Sign Language (ASL) – and a culture. The members of this group

have inherited their sign language, use it as a primary means of communication among

themselves, and hold a set of beliefs about themselves and their connection to the larger

society. We distinguish them from, for example, those who find themselves losing their

hearing because of illness, trauma or age; although these people share the condition of

not hearing, they do not have access to the knowledge, beliefs, and practices that make up

the culture of Deaf people. (*National Association of the Deaf - NAD*, n.d.)

Thus, members of the Deaf community reject the medical model of deafness and disability, and

instead assert that they are a linguistic minority. The principle that disability should be

understood from the perspective of the person who experiences it creates room in the disability

community for attitudes that span the length of the ideological spectrum. For example, some

activists identify as "disabled people" and embrace disability as "an essential part of self-

identity" (Reaume, 2014, p. 1248). Others prefer "people with disabilities," clarifying their

perception of disability as just one piece of their complete identity. The World Health

Organization (2001) defines disability as "the outcome or result of a complex relationship

between an individual's health condition and personal factors, and of the external factors that

represent the circumstances in which the individual lives" (Koller & Stoddart, 2021, p. 3).

As such, critical disability theory is intersectional, and reflects the complex relationships

between disability and sexuality, gender, race, socioeconomic status, ethnicity, and other

dimensions of identity that amplify power dynamics and lived experiences. Critical disability

theory rejects the charity model of disability, which views people with disabilities as helpless,

tragic, and pitiable while demanding conformity to the majority group. This is reflected in

language changes, from phrases like intellectual impairments or developmental delays to "people

labeled/with intellectual and developmental disabilities (IDD)" (Miller, 2020, p. 93). The

outdated charity model never included the perspectives of people with disabilities, and has done little to dismantle the systems that perpetuate social exclusion. Among these systems are inaccessible, or lacking, public transportation, hurdles to education and employment opportunity, bias against persons with disabilities in healthcare settings, barriers to communication access, and stigma surrounding sexuality of people with disabilities (Reaume, 2014). At its heart, critical disability theory seeks to support members of the disability community as agents of change in a field about disabled people, by disabled people who are working toward the goal of universal accessibility for all people with disabilities.

Deafblindness

The World Federation of the Blind (WFDB) defines deafblindness as,

A distinct disability arising from a dual sensory impairment of a severity that makes it hard for the impaired senses to compensate for each other. In interaction with barriers in the environment, it affects social life, communication, access to information, orientation and mobility. Enabling inclusion and participation requires accessibility measures and access to specific support services, such as interpreter-guides, among others. ("WFDB Global Report 2018," n.d., p. 4)

Although it is estimated that between 0.2% and 2% of the world's population are affected by dual sensory loss, deafblindness is not universally recognized as a distinct disability group ("WFDB Global Report 2018," n.d.). Deafblindness exists on a spectrum, and many individuals have some functional hearing and vision. The impact of deafblindness on an individual's lived experience, however, is related more so to the age of onset, which is defined as pre-lingual deafblindness and post-lingual deafblindness, than the level of hearing and vision impairment ("WFDB Global Report 2018," n.d.).

Deafblindness is far rarer in children than it is in older adults, who typically develop age-related vision and auditory degradation, and there is historic evidence to suggest that this fact is owed to global health initiatives and recent advances in the medical field ("WFDB Global Report 2018," n.d.). Between 1964 and 1965, a worldwide outbreak of rubella (German measles) occurred. Pregnant women sick with rubella during their first trimester could pass the virus on to the fetus, causing approximately 20,000 children in the United States to be born deaf and blind, and with a host of other complications such as developmental delays and cardiac issues (*HKNC: Congenital Rubella Syndrome*, n.d.). Although access to healthcare initiatives such as the mumps, measles, and rubella (MMR) vaccine correlates with a lower incidence of deafblindness diagnoses globally, deafblindness and its resulting medical outcomes have also become more complex (*HKNC: Congenital Rubella Syndrome*, n.d.).

Today, the most common causes of deafblindness are genetic syndromes, such as CHARGE Syndrome and Usher Syndrome, complications of prematurity, and at-birth injuries (*Causes of Deaf-Blindness | National Center on Deaf-Blindness*, n.d.). A 2013 study by the National Consortium on Deaf-Blindness reported that 43% of the 9,454 children and youth with deafblindness in the United States had four or more additional disabilities, and more than 90% had one or more additional disabilities (Kyzar et al., 2016). With these additional disabilities comes different obstacles to learning language, developing relationships, and living independently. While its impact varies, there are interventions and tools to help assist those who are deafblind. In the United States, people with deafblindness may communicate using American Sign Language (ASL), Pro-Tactile Sign Language (PTASL), English or another spoken language, with visual or tactile symbols, gestures, or with adaptive technology such as Cochlear

implants (CI), hearing aids, or Bone-Anchored Hearing Aids (BAHAs) ("WFDB Global Report 2018," n.d.).

Inequality and Deafblindness

Some of the barriers that those who are deafblind may face regarding their social, emotional, and occupational experiences include, but are not limited to: the presence of additional disabilities, access to language and adaptive technology, and cultural perceptions of disability. Globally, persons with deafblindness experience lowered educational outcomes, a higher likelihood of living in poverty, and are more likely to struggle with unemployment ("WFDB Global Report 2018," n.d.). While the reasons for these struggles exist as part of a complex web, a predominant part of the problem is that the services offered to deafblind people are often a combination of services that were originally designed for deaf, or blind people. Due to the unique issues experienced by people with dual sensory loss, support services that are tailored to the specific needs of deafblind individuals are significantly more effective. Accessibility barriers are not limited to education, occupation, and support services, though; significant barriers also exist for members of the deafblind community seeking mental health counseling services ("WFDB Global Report 2018," n.d.).

Mental Health in the Deafblind Community

In the United States, a 2013 survey given to mental health service providers found that only 16% of providers had procedures in place to accommodate a client with deafblindness. Another 2011 study from the United Kingdom that surveyed mental health care for deafblind persons found that 60% of respondents had experienced psychological distress. Of that 60%, just 5% reported that they had access to mental health services ("WFDB Global Report 2018," n.d.). The existing research at the intersection of deafblindness and mental health suggests that

members of the deafblind community "are more likely to experience depression and other mental

health conditions compared to both people without sensory impairments or with visual or hearing

impairment alone" ("WFDB Global Report 2018," n.d., p. 19). The lack of available resources

from mental health providers is indicative of a larger issue with the overall lack of available

research.

The WFDB identified a lack of comparable, good quality research on educational,

occupational, social, and support service approaches for the deafblind community. Due to the

limited research available on mental health treatment with the deafblind community, there

continues to be a lack of literature containing evidence-based approaches to providing mental

health treatment for deafblind individuals ("WFDB Global Report 2018," n.d.). Further data

collection is required to provide meaningful mental health counseling and care to the deafblind

community. It is also required to attempt to interrupt the negative feedback loop between

inadequate opportunity for autonomy, success, and inadequate support systems for coping with

this lack of opportunity within the deafblind community.

Families of Children with Deafblindness

Raising a child with special needs or disabilities is associated with higher levels of

parenting stress, as opposed to raising a child without disabilities or special needs (Lindo et al.,

2016). This same notion is also applied to raising a child with significant communication

impairments, poor social relations, and challenging behaviors (Argumedes et al., 2018). For the

purposes of this thesis, challenging behaviors in children with disabilities, including

deafblindness, are defined as aggression, self-injurious behavior, and property destruction. These

maladaptive behaviors, in addition to physical burdens, increased financial responsibilities,

social isolation, and anxiety about the lifelong care of their child, are implicated as significant sources of stress for the children's parents (Lindo et al., 2016).

For example, challenging behaviors alone may be responsible for about 25% of parents' variability regarding their level of parenting stress (Argumedes et al., 2018, p. 2585). Due to these high needs, siblings of children with deafblindness and additional disabilities may also experience mental health struggles that are related to feeling forgotten, or overlooked by parental figures. These children may also resent their deafblind sibling, or may become parentified due to expectations and responsibilities of care placed on them by caregivers (Raghuraman, 2002). The available research that is related to this topic covers children diagnosed with other behavioral or developmental disabilities, as well as interventions for parents.

Argumedes et al. (2018) evaluated two different forms of behavioral interventions for, 1) efficacy in reducing frequency and severity of challenging behaviors in children with ASD, and 2) exploring each intervention's capacity to reduce parental stress levels, as assessed by the Parenting Stress Index-3rd Edition (Argumedes et al., 2018). For example, one intervention consisted of a one-time behavioral intervention education session for parents. It occurred in each participating family's home, and lasted about three hours. Another example of an intervention consisted of a one to two-hour long meeting each week for eight weeks, and utilized the school-based, multi-component behavior intervention program called Prevent-Teach-Reinforce (PTR). Results indicated that receiving the eight-week PTR intervention was correlated with greater reductions in parenting stress, and that the program's effects persisted even after the eight-week program had ended. Even though these behavioral programs did not contain components specifically designed to reduce parental stress, Argumedes et al. (2018) did discuss the idea that

informed, well-supported parents were better able to manage their child's challenging behaviors

and, therefore, experienced lower stress levels.

Families of children with deafblindness access many services and supports, including

education and related service providers, family members and friends, and medical providers. A

2014 study (as cited by Kyzar and Summers) found that despite access to services, most parents

were only moderately satisfied with the quality of these services, and reported the lowest levels

of use for mental health services (Kyzar et al., 2016). Without adequate emotional support and

mental health care for families of children with deafblindness and related developmental

disabilities, families experience dysregulation and rupture. According to the WFDB, children

with deafblindness are more likely to have an absent parent than children without disabilities

("WFDB Global Report 2018," n.d.). Since most deafblind children are born to parents with

vision and hearing, language acquisition is a critical consideration in a family's overall mental

health. More specifically, over 90% of deaf children are born to hearing parents, which can then

delay language acquisition and development of emotional regulation skills. Many hearing parents

do not learn, or they struggle to learn to communicate fluently in American Sign Language or

Pro-Tactile Sign Language (ASL and PTASL), which creates an additional layer of stress in

daily life for the deafblind child, their siblings, and their parents ("WFDB Global Report 2018,"

n.d.).

Family Therapy With Deafblind Children and Their Families

For most families, family therapy is an opportunity to improve communication, build

empathy, and develop skills to resolve conflict. Family therapy is often short-term, and is highly

goal driven. For families of children with deafblindness, however, improving communication

might look like creating more opportunities for communication between the deafblind child, their

siblings, and their parents or caregiver. In these families, building empathy and understanding of

one another may be a goal primarily for the siblings, and parents or caregiver of the child with

the disability (Correa-Torres & Bowen, 2016). Working to grow empathy as a child with

deafblindness and additional disabilities might look like practicing turn-taking, increasing

emotional regulation skills, and increasing tolerance for boundaries and limits (Correa-Torres &

Bowen, 2016).

Leeds Family Psychology and Therapy Service

There are a variety of theoretical approaches to family therapy, and each one has merit

for a range of reasons. Due to the language barriers, socioemotional struggles, and interpersonal

dynamics unique to deafblind children and their families, however, family therapy with this

population requires a theoretical orientation capable of meeting a diverse range of needs across

abilities and stages of development. One possible approach to meeting this need is the Leeds

Family Psychology and Therapy Service (Leeds FPTS). Baum and Lynggaard (2006) identify

the Leeds FPTS as a highly effective approach to providing meaningful family therapy to people

with intellectual disabilities and their families due to its applicability to families' needs across

the lifespan (Baum & Lynggaard, 2006).

Along with addressing issues across the lifespan, the Leeds FPTS approach stresses

inclusion, equality, accessibility, and personal choice as key values. The program aspires to

provide services to families, caregivers, and partners who traditionally do not have easy access to

family therapy. It also offers comprehensive services across the lifespan for people with

intellectual and physical disabilities, which includes a community team approach to mental

health treatment. Leeds FPTS creates space for persons with disabilities to receive one-on-one

counseling services to create appropriate individual treatment goals, in addition to family therapy

services. Leeds FPTS also believes in providing a family with children and adults with disability

services across the lifespan, which is a notable strength when considering the significant impacts

of deafblindness across all stages of human development (Baum & Lynggaard, 2006).

Guiding Principles of the Leeds FPTS

The merit of the Leeds FPTS is well-summarized by the service's nine guiding principles.

The first principle states that the focus in family therapy is on the family as a system, as opposed

to on an individual. The second principle is that systemic and family therapy practice is

considered a shared process. The third principle states that professionals should avoid

unnecessarily pathologizing people, while continuing to recognize the real issues and struggles

of families. The Leeds FPTS then identifies a strengths-based therapeutic approach, including

focusing on family members' abilities and use of resources, as its fourth principle. The fifth

principle states that even when a problem is not currently significant in a person's life, it should

still be identified and discussed to help family members understand other approaches to

managing problems. This is reinforced by the sixth guiding principle, which states that sessions

should be facilitated in such a way that helps family members to hear one another and be heard.

The fifth principle is also reinforced by the seventh principle, which states that specific

therapeutic goals provide focus for family sessions, and should be identified by the counselor

and family together. In the eighth principle, the family is empowered to recognize multiple

solutions or explanations to problems, however seems fit. The ninth and final principle affirms

families' rights to set the pace of their therapy, respecting that tough therapeutic work should not

be rushed or forced (Baum & Lynggaard, 2006).

Expressive Arts Continuum

The Expressive Therapies Continuum (ETC) is a framework which organizes interactions with art materials and art experientials into a progressive hierarchy that mirrors the phases of human development, and the two hemispheres of the brain. The ETC identifies four levels of information processing, from least to most complex. The first three levels of the ETC reflect the duality within established stages of human development. These complementing levels include the Kinesthetic/Sensory level, the Perceptual/Affective level, and the Cognitive/Symbolic level. The fourth stage is the Creative level, which exists both within and transcends beyond the other levels of the ETC (Hinz, 2009). Hinz (2009) muses that creativity itself is a special type of intelligence; it has been described as the functional union of convergent and divergent thinking, and even as the unique birthright of all human beings. In relation to the continuum, Hinz (2009) defines creativity as the experience of fulfillment through participation in an art experiential, or by using art media, and both are capable of existing at any level of the ETC. The Creative level is also the highest level of processing on the continuum, and reflects harmonious functionality between each component of the first three levels (Hinz, 2009). By assessing the formal elements of client artwork, therapists can use the ETC to evaluate how a client is processing information (Lusebrink, 2010).

Kinesthetic/Sensory Level

The Kinesthetic/Sensory level of the Expressive Therapies Continuum aligns with Piaget's sensorimotor stage of cognitive development, and represents the lowest developmental level of the ETC. The left hemisphere of the brain is represented by the Kinesthetic component, while the right hemisphere is represented by the Sensory component. According to Hinz (2009), "Information gathered through these channels does not require words; it is rhythmic, tactile, and

sensual" (p. 6). The ETC identifies movement as the most basic form of self-expression, and therefore, the primary way to express. The Kinesthetic component is tied to non-verbal communication, expression of energy, decreasing tension in the body, and increasing or decreasing a person's level of arousal. This is exemplified by repeated kinesthetic action, which is a self-soothing technique for infants and people with developmental disabilities (Hinz, 2009).

The Sensory component uses art to engage deeply with the tactile, olfactory, gustatory, visual and auditory senses. It focuses on internal and external sensations resulting from engaging with art media, but without any cognitive processing. When engaging with the Sensory component, the mediators of the art materials are phased out, or are removed entirely. This allows participants to engage more directly with haptic art materials, and enriches the clients' experience of external reality (Hinz, 2009). Art materials that stimulate two or more senses at a time support increased engagement for clients with reduced sensory abilities, as well as for seniors with limited opportunities for environmental changes (Hinz, 2009).

Perceptual/Affective Level

Image formation and information processing strengthens at the second level of the ETC, the Perceptual/Affective level. Art created at this level is infused with emotion, which gives pieces personal meaning, and offers opportunities to explore different perceptions of reality. At this level, clients practice identifying and discriminating between emotions, appropriately expressing emotion, and perspective-taking (Hinz, 2009). The perceptual component focuses on the structural qualities of materials and formal elements of visual art, such as direction, color, line, size and form. According Ulman (1975), (as cited in Hinz, 2009) "The healing quality of the perceptual component of the Expressive Therapies Continuum has to do with the power of limits. Increasing structural awareness, as happens in perceptual expression, also has been said to

impose order on chaos" (p. 82). When implemented well, these boundaries act as containment

for the emotional experience of art-making (Hinz, 2009).

Complementing the Perceptual component's structure and containment of emotion is the

Affective component's arousal and amplification of emotional expression. Although many art-

making experiences induce emotion, therapeutic work focused on the Affective component has

an overt goal of alleviating emotional dysregulation and bolstering healthy expression through

the use of vivid colors and fluid media (Hinz, 2009). This component also seeks to destigmatize

the expression of uncomfortable or intimidating emotions for clients through creative expression.

As stated by Hinz (2009), "Creativity can be an authentic companion on a difficult journey to

reclaim appropriate emotional expression" (p. 104). Finding harmony within perceptual

boundaries and affective regulation opens clients up to a new level of processing, involving

problem-solving and metaphor.

Cognitive/Symbolic Level

The third level of the ETC is defined by sophisticated, complex thought, and is known as

the Cognitive/Symbolic level. Artwork created at this level is intentional, makes use of

metaphor, and can have meaning derived from sources beyond the client's personal experience

(Hinz, 2009). Emphasis on the Cognitive component helps clients generalize one specific life

experience to other circumstances. Art directives focused on this component teach and reinforce

decision making, planning, and sequencing through creative expression, as well as problem

solving skills and cause-and-effect thinking (Hinz, 2009). Hinz (2009) noted that expressive art

is well-suited for cognitive development due to its scaffolding ability. For example, observing

and identifying spatial relationships among art materials, such as front/back or above/below,

matching or sorting art media, and choosing where to begin a piece are all experiences that can

be made more or less complex to meet the client's developmental and functional levels (Hinz, 2009). Jung (1964) (as cited by Hinz, 2009) defined a symbol as "something that implies meaning greater than that which is immediately obvious and straightforward" (p. 146). The Symbolic component of the ETC emphasizes intuition, metaphor, and self-oriented concept formation (Hinz, 2009, p. 145). This component builds a connection between inner meaning and outer existence. According to Hinz (2009), it supports the realization of "personal meaning within the larger context of universal symbols," the integration of abstract personal qualities from individual experiences, and nonverbal communication strategies (p. 147).

Art Therapy with the Deafblind Community

The American Art Therapy Association (2017) defined art therapy 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" ("About Art Therapy," n.d.). Emily Walters, a creative arts therapist in Australia, shared her experience from providing art therapy services to deafblind people in a virtual lecture, stating "the differences in art therapy are as varied as the differences in deafblindness" (Connect, 2020). Walters identified a variety of areas to consider when facilitating art therapy with people who are deafblind. Five of these areas include general awareness of the individual client's sensory experience of the world, use of resistive or structured art materials versus fluid media, level of experiential structure offered by the counselor, window of tolerance, and counselor reflexivity (Connect, 2020).

Client Sensory Experience

Awareness of the specific sensory needs and abilities of clients with deafblindness prevents counselors from presenting clients with art experientials that are inaccessible,

understimulating, or overstimulating. Since the deafblind community is not a heterogeneous

group, the sensory needs and abilities of one deafblind client cannot necessarily be generalized to

another ("WFDB Global Report 2018," n.d., p. 17). In order to best meet these needs, Walter

(2020) recommends that therapists respectfully ask the deafblind client or their caregiver about

the client's audiovisual experience (Connect, 2020). This ensures that adapted art experientials

meet clients' needs and maximize their art experience. Examples of this include increasing

contrast of materials by using thick, bold markers instead of light pencil and incorporating

materials that make sounds, like ripping paper or slapping wet clay (Connect, 2020).

Structure of Media

Structure of art materials is conceptualized as existing on a spectrum. Fluid, loose

materials, such as water, wet paint, and wet clay, exist at the unstructured or less structured end

of the spectrum, while hard, firm, or resistive materials such as wire, mosaic tile, beads,

woodwork or pencil on paper exist at the structured end. Someone who became deafblind later in

life may abhor the messiness of wet paint or clay, instead seeking security through control over

the creative process and materials in their environment (Connect, 2020). Conversely, people with

congenital deafblindness often require more sensory input than those without sensory loss. They

may love intense sensory experiences such as splashing water or paint, stroking soft fabric,

bright lights or colors, or touching wet, squishy clay (Connect, 2020).

Structure of Experience

Walter (2020) asserted that some deafblind people require high degrees of structure to

feel secure. Ability to choose art activity or materials, control over environment, and setting the

pace of an experiential are a few ways people with deafblindness can claim control and therefore

feel secure in their artmaking (Connect, 2020). Deafblind clients labeled/with IDD tend to thrive

in sensory-rich activities, but may be overwhelmed by an abundance of choice-making opportunities at one time. For these clients, counselors can offer tiers of structure to create containment. Presenting a limited number of options and clearly communicating the timing and plan for the session are ways to create structure without overly restricting the client (Connect, 2020).

Window of Tolerance

As described by Walter (2020), a window of tolerance refers to a person's ability to cope with stimuli. She reports that art therapy helps widen this window for deafblind people, first by identifying the boundaries of the client's comfort zone, and second by acting as a low-stakes opportunity to experience more structure or more fluidity through art making. Applying the window of tolerance paradigm to art therapy work with deafblind clients can address therapeutic goals like improving emotional regulation and distress tolerance, comfortability with trying new things, and discovering new communication techniques through art-making (Connect, 2020).

Counselor Reflexivity

Due to the communication differences prevalent in the deafblind community, active self-reflexivity is critical for art therapists in order to best support deafblind clients in the work. Walter (2020) shared an experience of working with a deafblind client who made watery mud by continuously adding water to clay, creating a muddy mess covering the worktable and bench the client was sitting on. Walter described noticing her own intense discomfort with the mess – even attempting to clean it up while the client was still creating – before she could identify that the client was not uncomfortable, but delighted with the experiential (Connect, 2020). Deafblind people's lives fit a different structure than their likely counselors. Art therapists should focus on client/counselor comfortability with materials, identifying which level of support to provide, and

what level of challenge is appropriate to best support the client in learning or experiencing

something new (Connect, 2020).

Currently, the available literature on art therapy with the deafblind community is lacking.

Significant gaps include identification of best practices to create and moderate structure, both in

terms of art materials offered to clients and in the nature and presentation of experientials. Other

areas of needed research include adaptive techniques and media utilized to meet the needs of

deafblind people, such as minimizing visual clutter, keeping environment and material locations

consistent and stationary while in session, and offering tactilely accessible media. Further

research is also needed on the most prevalent mental health issues impacting members of the

deafblind community, and on various art therapy techniques' efficacy at treating those issues.

Method

This author, a clinical mental health counseling and art therapy student and teaching

assistant of deafblind students, created "Things We Like" as an opportunity for deafblind

children and their families to engage in creative play. The purpose of this community art project

was to provide participants with an experience that was positive, collaborative, and low-

demand/nonstrenuous, and was not intended to be therapy. For participating students with

deafblindness, "Things We Like" aspired to be an accessible and inclusive activity in which

students could fully participate in self-expression and meaning-making with their families.

Although the directive and scope of the project was communicated to families by the deafblind

program's administration, students' individual educational goals were not part of the experience,

and student engagement was separate from academic expectations.

Material Preparation

The activity involved a pre-built shadow box, which was three inches deep and is one foot by one foot in dimension. The bottom of the shadow box is painted matte black, and the inside walls of the box were covered in blue painter's tape. Large wood panels were sourced as material to build shadow boxes. The bottom of the shadow box was cut down to 1 ft. x 1 ft. x ½ in., and the four sides for each box were cut down to 3 in. x 12 ft. ¼ in. x 3 in. After cutting the wood, the panels for the bottom of the boxes were painted with matte black paint. Black was chosen to help create a higher contrast for participants with low vision, as well as to limit visual clutter. The black panel and four sides were arranged to form a shallow, lidless box and were bonded together using wood glue and white duct tape. Lastly, this author used blue painter's tape to line the inside walls of the shadow boxes. The primary purpose of the painter's tape was to act as a barrier, preventing the resin from permanently bonding with the wooden walls of the shadow box. The secondary purpose of the tape was to heighten the visual contrast between the black bottom of the box and the blue sides.

The design of the shadow box itself serves three purposes. The first purpose is that the simple open-top box design mimics a finished bucket, which is a deafblind teaching strategy used to cue students to the end of an activity. It supports students' expressive communication, specifically in aiding a student in expressing that they are done with an activity or object (*Object Schedule Systems*, n.d.). Students place objects or tactile symbols that are "finished" into a designated box, bin, or basket. The second purpose is that the shadow box design lends containment to a deafblind person's experience of artmaking. Finally, the third purpose of the shadow box design is the ease it provides students in their creative process due to the walls of the box forming a natural barrier, making it easier to pour and cure resin for the second phase of the

project's process. Students were sent home with a printed sheet of instructions, a shadow box,

and a paper bag full of tactile materials. Families were invited to complete the art directive at

their own pace, and to include any additional materials that represent family members' interests.

The materials for "Things We Like" were prepared and delivered to participating families in

February and March 2021, and families completed the project at their own pace for the duration

of March and April of 2021.

After consultation with participating students' teachers, a set of possible materials were

selected by this author to meet the individual sensory needs and tactile preferences of the

students. Each participating family received one shadow box, one paper bag of materials that

their deafblind program student might enjoy, and one printed page of explanation and

instructions for "Things We Like." Family members were also invited to consider their own

interests for "Things We Like" to add items and materials that represented those interests. A list

of the variety of materials sent home to participating students can be found in Appendix B.

Participants

At the time of the experiential, 14 students of the deafblind program and their families

were chosen to participate in the community engagement project. Students and families were

chosen based on the feedback this author received from teachers in the deafblind program

regarding family interest. Due to the project's intention of being a relaxing and fun family

experience, coupled with the reality of the ongoing COVID-19 pandemic, families that teachers

identified as being overwhelmed with current conditions, commitments, or as otherwise being

unable to participate were not asked to participate in the project. Of the original 14 students and

families identified as able to participate, one family was unable to receive materials due to the

student resuming remote learning out of state, and seven families did not return the shadow

boxes and materials to the school and this author. Six families competed the activity and returned

their shadow boxes and chosen materials to this author. One of the six families did not provide

this author or deafblind program administration with a photo of their completed shadow box and

therefore was not able to be included in the final processing of the art pieces.

Participating students ranged in age from four to twenty years old and represented a wide

range of physical, sensory, cognitive, and socioemotional abilities. The instructions provided to

families stated that deafblind students did not have to participate for every moment of the art-

making process and explicitly stated that the deafblind students did not need to engage with the

project if they did not want to. No prior experience with art therapy or art was required to

participate, although some participating family members reported prior art experience. This art

experiential was not formal research, therefore none of the participants' demographic

information was recorded.

Material Delivery and Retrieval

Materials for "Things We Like" were delivered in two formats. Most materials were sent

home with students as they left the Perkins School for the Blind for the school day, weekend, or

week-long February vacation. Several families had their materials delivered directly to their

homes by this author because their student with deafblindness was currently participating in

remote learning due to the COVID-19 pandemic. Social distancing and sanitation practices were

rigorously observed in both types of material delivery.

At the time of this thesis's completion, completed art pieces had not yet been returned to

families. The administration of the deafblind program will collaborate with this author to contact

families who participated and request permission to include the works in a temporary art

installation in the deafblind program school building. This art exhibition is tentative and

dependent on parent approval and availability of exhibition space, among other factors. This author will return the pieces to families by sending them home with their student in the deafblind program, or by scheduling meetings with the families to present them with the finished artwork.

Instructions Provided to Participants

Students and family members received one emailed and one physical copy of the "Things We Like" informational sheet. This sheet included an explanation of the community engagement project and its course of action, as well as a set of guidelines for participating in the experiential. The informational sheet is available in Appendix A.

Resin Pour and Finishing Process

Once participating families' shadow boxes had all been returned, this author recreated each piece of art with the materials chosen by students and their families, in accordance with the photos of the completed pieces that were taken by students' parents or caregivers. As most shadow boxes were returned to this author with the creators' chosen materials not affixed to the bottom panel, some pieces required that this writer used dots of hot glue to prevent objects from moving during the resin pour. Once the glue was dry and the pieces arranged to reflect the families' reference images, this author mixed artist's resin and poured a ¼ inch thick layer of resin into each shadow box. Resin was poured around objects to affix them to the bottom of the black panel and was not poured over objects unless they were a two-dimensional photograph. This author then used a blow torch to heat air bubbles in the resin and force them to rise and burst while the resin was still fully fluid, allowing the resin to be as clear as possible when it cured. Lastly, this author covered each shadow box with tin foil to prevent dust from becoming trapped in the surface of the curing resin and left the pieces in a temperature-controlled environment for two days until the resin had fully hardened.

Once the curing process was complete, this author removed the white duct tape from the outer corners of the shadow boxes and dismantled the walls of each box, breaking the pieces attached with wood glue off from the edges of the bottom black panel. This process was overall successful, and only moderate sanding was required to fully remove fragments that had broken off form the wooden walls of the shadow boxes. Fine grain sandpaper was used to smooth the edges of the black wooden panel and to remove residual blue painter's tape from the sides of the resin pour. Light sanding was also performed on the top edges of the resin, smoothing out any sharp edges where the resin had cured against the walls of the shadow boxes. Once sanding was complete for all pieces, a wet cloth was used to remove resin dust from the sides, edges, and tops of the pieces. As the last step of the finishing process this author used a paintbrush to coat the sides of each piece with a final layer of resin. By sealing the sides of the resin, which had been separated from the walls of the shadow boxes and sanded, the sides of the pieces became perfectly clear – allowing for viewers using their sense of sight to see the objects submerged in resin from new angles.

Participant and Art Piece Reunification

Reunification between the participating deafblind students and their families had not occurred at the time of this thesis's completion. The most likely method of reunification will be to pack each piece in bubble wrap and send them home with students returning home to their families at the end of the school day, or when they next return home from living at the residential program at Perkins for a future school vacation. Due to the COVID-19 pandemic, the administration of the deafblind program at the Perkins School for the Blind needs to approve any methods of returning the artwork that involves an on-campus art exhibition or parents coming to campus to pick up art pieces directly. After discussion with this author's thesis consultants, this

author elected not to send participating families photographs of their finished artwork because

this form of sharing the completed work is inaccessible to the members of the families who are

deafblind. Therefore, the first time the deafblind students and their families will view the artwork

will be in-person.

Results

Art-Based Research

In response to the artworks created by the students of the deafblind program and their

families, this author engaged in reflective artmaking using sand and miscellaneous props inside

an additional shadow box. This author designed a procedure to formally view each piece of art

before she created her arts-based response to each piece. One side of the work space had a

shadow box full of sand and a basket of miscellaneous objects (including string, bath toys, rocks,

fabric scraps, rubber bands, and crystals). The other side of the work space had the family-

created piece. This author set a ten-minute timer, put on noise-cancelling headphones, put on a

cloth that completely covered her eyes, and then explored the "Things We Like" piece until the

timer finished. The decision for this author to not use her senses of sight and hearing to view the

finished pieces and to perform art-based research was made to more closely attune to the sensory

experience of the students who contributed to the piece. After exploring the artwork for ten

minutes, this author set aside the "Things We Like" piece and began the arts-based response with

the additional shadow box, sand, and props. Each piece of response art was created in

approximately fifteen minutes. The author did not remove the noise-cancelling headphones or

the cloth covering her eyes for the duration of each response piece's creation.

First Response Piece

In this writer's written reflections, this author's first observation about the family's artwork was the amount of open space between the objects. The lowest surface of the piece felt smooth and cool, and stood in stark contrast to the roughness of other areas of the piece, especially a large area on the right and at the top of the piece. The large, rough area to the right was a longer shape. It had many rough bumps on it and felt organic. In reflections, this writer wrote "there were parts of the object that my fingers fit into surprisingly well, as though they had pushed the dent into the object themselves" (A. Rodgers, personal journal, April 4, 2021). The area toward the top of the piece felt complicated; despite feeling like one cohesive object the facets of the object all had different textures.

Figure 1: Response Piece A. Photo taken by Alice Rodgers, 2021.

Second Response Piece

In this writer's personal journal reflections, the tactile experience of the second family's piece was entirely foreign compared with the first. The piece felt cramped, with many different shapes and textures very close together. The bottom of the piece was still smooth and cool, but that sensation was interrupted frequently by rough, sharp, soft, rubbery, bumpy, and bendy textures. This writer reflected "if I imagined my fingers as a tiny person taking steps across the piece, it felt like walking through a maze" (A. Rodgers, personal journal, April 3, 2021). Several areas of the piece featured flexible components which was another stark difference to the first piece. The author noted in later reflections that the flexible parts of the piece were where the author spent the most time exploring during the ten minutes to view the piece.

Figure 2: Response Piece B. Photo taken by Alice Rodgers, 2021.

Third Response Piece

The experience of the third piece offered more tactile diversity than the first two. This writer noted in reflection writings "no two areas felt the same, not in firmness nor texture nor size" (A. Rodgers, personal journal, April 11, 2021). There was a large area in the bottom right of the piece that felt completely smooth and cool, offering no other tactile clues to understanding the area. The bottom left of the piece had a large form that was both firm and soft when pressed, and smooth over most of its surface apart from a rough yet flexible area on top of the form. Other objects in the piece were squishy but firm, returning to their original size even after being squeezed and pushed. This piece also featured forms that felt layered, as though there were connections between parts of the piece that this writer could not identify through feel.

Figure 3: Response Piece C. Photo taken by Alice Rodgers, 2021.

Fourth Response Piece

The fourth piece featured textures that ranged across the spectrum of hard to soft and simple to complex. In the upper right area of the piece there were several different soft forms. One form felt like two different types of fluffy, flexible material was joined together. Another area of the piece included rough, almost prickly hairs that encircled a hard, cylindrical shape. This writer's reflection stated, "I spent the shortest time feeling the long object in the center of the piece, which felt flimsy and breakable, and the longest time touching the large rough area that filled the top area of the piece" (A. Rodgers, personal journal, April 11, 2021). The experience of feeling the rough texture was made more dramatic by the shift to the perfectly smooth, flat texture that surrounded it on three sides. In this writer's written reflections, this author also observed that the forms in the bottom right area of the piece all had a hollow or circular component to them, musing "although the forms felt totally different, their orientation to one another felt like a united theme in the piece" (A. Rodgers, personal journal, April 11, 2021).

Figure 4: Response Piece D. Photo taken by Alice Rodgers, 2021.

Arts-Based Themes

This author used a combination of journaling and sand play to reflect on "Things We Like", both during the preparation period of the materials and after the artwork had been received, reassembled, and processed through the resin phase. All written reflections were collected from a physical journal belonging to the author, and all arts-based responses occurred after the pieces had been fully processed and in their final form. Feedback from participating students with deafblindness and their families and descriptions of the artwork provided by the families are not presented in this thesis. Consequently, the direct quotes included in this thesis are from this writer's personal written reflections, unless otherwise cited. The following section describes the three themes the author observed from her own meta process of the work.

Fascination and Awe

This writer experienced total immersion in the reflection process with the artworks, writing in reflection that "I did not expect to lose myself in the process of viewing the art with my hands, but I did. The ten-minute timer chime surprised me every time" (A. Rodgers, personal journal, April 13, 2021). The author's feeling of fascination with the tactile experience of materials became more apparent when the author moved into creating arts-based responses. Reflections made after the writer finished the first arts-based response stated "It was so satisfying to finally place an object in my sand response that actually matched the feeling of an object in the piece [that was being reflected on]. Most of my stuff doesn't match anything in the pieces" (A. Rodgers, personal journal, April 13, 2021). The author also reported awe at how complex pieces became when only viewed through the sense of touch, writing "I'm completely blown away at how confusing an object can feel when touch is the only sense you're working with" (A. Rodgers, personal journal, April 11, 2021). This reminder of personal reliance on the sense of sight above all other senses was a reoccurring theme in journaling about the arts-based responses.

Creativity

The participants in the experiential showed their creativity in responding to the directive in diverse ways. The author's reflection stated, "some families appeared to take a symbolic approach to representing the things the student and the family like" (A. Rodgers, personal journal, April 5, 2021). Another reflection mused "I am so curious if their objects were chosen because their kid like the thing itself or just anything similar to the thing" (A. Rodgers, personal journal, April 12, 2021). The theme "Things We Like" was represented literally at times, and more subtly other times. The author's reflections also addressed the ways family members rose

to the challenge of representing a concept with a symbol – and a symbol that conveyed its meaning primarily through tactilely engaging with it at that. One such reflection wrote, "it was so nice to see people choose objects based on a tactile experience that their deafblind family member likes, and likewise, it's cool to see how people represented their own interests in a way the deafblind kid can experience too" (A. Rodgers, personal journal, April 15, 2021).

Community Alliance

This author reflected on the level of cohesiveness among the Perkins students, Perkins staff, and student family members throughout the project's journey. The writer shared, "this would not have been as meaningful without the teachers helping choose materials," "I am so moved at how much effort the parents put into their pieces," and "it was really cool to hear how much fun they had doing the project" (A. Rodgers, personal journal, April 2, 2021). The parent community at the Perkins School for the Blind is usually very active, and it was a mark of how challenging the changes brought on by COVID-19 have been that only six of the thirteen families who received materials for "Things We Like" were able to complete and return the experiential. This writer reflected, "It's hard not to imagine how different this project might have been if we had been able to do it on campus, in person like before the pandemic" (A. Rodgers, personal journal, April 13, 2021).

Discussion

"Things We Like" came to life in this writer's final fall semester of art therapy graduate studies at Lesley University. At the start of graduate school in the fall of 2018, this author had already been working as a teaching assistant at the Perkins School for the Blind in the deafblind program for a year and a half. Although the initial interest in combining professional and academic interests was mostly for curiosity's sake, that interest grew substantially throughout the

remaining years of this writer's graduate program. As this writer's understanding of deafblind

teaching strategies, socioemotional needs of students, accessible art media, and awareness to

models of inclusive family therapy services grew, so did her interest in facilitating a community

art project for deafblind students and their families.

        The conceptual design and execution of "Things We Like" appeared to meet its goal of

being mostly, if not completely, accessible to all participating students' abilities. Critical

Disability Theory affirms that disabled people and people with disabilities are the people most

qualified to decide what their community needs (Reaume, 2014). This writer created the

opportunity for deafblind students to decide what they needed during the experiential by

providing accessible materials, clear yet flexible expectations for families, and a conceptually

accessible art directive. Participants used the shadow box as intended: as a canvas for creatively

arranging the materials preferred by family members and as a finished bucket. Therefore, the

shadow box itself functioned as a vehicle for inclusivity and meaning-making.

        Families also created their pieces across all levels of the ETC. Many objects and media

included were highly sensory in nature or suggested repetitive movement had played a role in

their creation, embodying the Kinesthetic/Sensory level of the ETC. During her arts-based

research, this writer felt different types of balance across the pieces. Sometimes this balance

manifested itself as weight distribution in the piece when held, other times it involved

arrangement of differently sized objects in the resin or the perceived gravity of objects.

Emotional expression occurred in their pieces through imagery, color, humor, and sentimentality,

and was tempered using balance, meeting the Perceptual/Affective level. A handful of pieces

showed that families must have employed moderate to advanced planning in spatial relationships

and orientation of chosen materials, and all families' pieces used symbolism abundantly. This

demonstrated artmaking on the Cognitive/Symbolic level of the ETC. From the tactile

complexity, emotional expressiveness, and thoughtful symbolism of the pieces, it is evident that

participants also reached the Creative level of the ETC (Hinz, 2009).

Limitations

A significant limitation involved the ability of this author to clearly communicate the

experience of the participants' artwork. The experience of each artwork cannot be adequately

captured through arts-based responses nor the author's written reflections. These reflections

depict the personal perspective of the author of this thesis and are limited by both this lens and

the inability for the reader of this thesis to engage with the subject matter on a tactile level.

Several limitations involved execution of "Things We Like" itself. Evidence of this

author's challenges were present throughout all stages of personal journaling. One challenge was

funding as noted in the journal: "The wood costs were only manageable because we decided to

offer the experiential to a limited number of students, but buying resin in any amount is

expensive," and "if the administration of the deafblind program had insisted that I offer the

opportunity to all students and families, I could not have afforded to do the experiential."

Another challenge was low participation. As this author reflected, "I was a little disappointed to

only get back half the shadow boxes that I sent home." This disappointment was tempered by

appreciation for the families that did return the pieces, and the understanding ongoing struggles

relating to COVID-19 were widespread. In two reflections, this author stated, "I doubt I would

have been able to do the project at all if Perkins was still enforcing its pandemic rules from the

fall," and "it was wonderful being able to offer the project to families with students who had

been remote learning until recently, or who are still remote."

The final methodological struggle noted by this author was the labor-intensiveness for the facilitator and author of this thesis. An impression of exhaustion is present throughout the reflections, such as when this author wrote, "finding time to cut all the wood has been a struggle, I have no time," "setting up the kids' shadow boxes is like a weird puzzle," and "pouring resin requires so much planning and time that I'm not going to do it until I have all the pieces ready to go." However, this author found the choice to facilitate such a demanding art experiential to be well-worth the effort. With many of the art activities presented to people with disabilities being process-oriented experiences with ephemeral outcomes, this art experiential offered students and families the possibility of lasting satisfaction in both artmaking process and final product.

Conclusion

Even though art therapy with the deafblind community remains a largely understudied area, the development of "Things We Like" and the approaches demonstrated therein can offer a window into the possibilities of art therapy directives that are fully accessible. While this art experiential required an immense amount of preparatory and post-processing work on the part of the facilitator, the choice to take on such an involved task was an easy one. Many art activities presented to people with disabilities are process-oriented with temporary outcomes. The participating deafblind students and their families captured their interests, relationships, playfulness, and point of growth at the time of creating "Things We Like." This art experiential offered deafblind students and their families satisfaction in both process and final product. Further research is required to develop art therapy approaches for family therapy work with deafblind children and their families.

Appendix A

"Things We Like"
An Opportunity for Creative Play & Self-Expression
(for students and their families to do together!)

Phase One

Materials:
- 1ft x 1ft x 3in shadow box
- Things your student likes! (disposable or replaceable items)
- Things family members like! (disposable or replaceable items)

Rules for materials:
- no perishables (food, drinks, living things)
- no sharp objects

The Box:
The box can also be a "finished bucket" as needed. When your student has finished creating or playing with their materials, they can "finish" the item by placing it inside the box. Family members are welcome to continue creating if the student needs a break. You can always invite your child to play or create with you again at a later time! Completion of this project can also be spread out over several days if a slower pace is helpful for your student and family.

Finishing Phase One:
Once the chosen materials are in the box and your piece is finished, **please take a photo of the piece from above.** That way, if anything shifts that we can recreate the imagery.
Staff member Alice Rodgers will be **collecting the pieces back at school** for phase two.

Phase Two

Alice will pour clear resin in the bottom of the shadow boxes. Once dried, this will permanently affix the "Things We Like" to the bottom of the black panel, allowing the objects to be tactilely accessible and CVI-friendly. The sides of the shadow box will be removed and the exposed resin will be polished to be as clear as glass.
The final goal is to create an accessible art installation in the Hilton Building by and for the Deafblind Program's own students and their families!

Alice will share **visual imagery of the process and final product** with additional details via email. Alice is also available by email for questions, and for Zoom meetings upon request for anyone seeking additional remote support or guidance.

Appendix B

"Things We Like"
Possible Material List

- Mancala beads
- Marbles
- Shells
- Rocks
- seaglass
- Pipe cleaners
- Bells
- Googley eyes
- Gems
- Yarn
- Bead bracelets
- Stickers
- G-tube
- Empty container of honey mustard
- Glitter glue

References

About Art Therapy. (n.d.). *American Art Therapy Association*. Retrieved April 25, 2021, from

    https://arttherapy.org/about-art-therapy/

Argumedes, M., Lanovaz, M. J., & Larivée, S. (2018). Brief Report: Impact of Challenging

    Behavior on Parenting Stress in Mothers and Fathers of Children with Autism Spectrum

    Disorders. *Journal of Autism and Developmental Disorders*, *48*(7), 2585–2589.

Baum, S., & Lynggaard, H. (2006). *Intellectual Disabilities: A Systemic Approach*. Taylor &

    Francis Group. http://ebookcentral.proquest.com/lib/lesley/detail.action?docID=690232

Causes of Deaf-Blindness | National Center on Deaf-Blindness. (n.d.). Retrieved May 5, 2021,

    from https://www.nationaldb.org/info-center/overview/causes/

Connect, H. D. (2020, July 2). *Creative Art Therapy with Deafblind People*.

    https://vimeo.com/434583427

Correa-Torres, S. M., & Bowen, S. K. (2016). Recognizing the Needs of Families of Children

    and Youth Who Are Deafblind. *American Annals of the Deaf*, *161*(4), 454–461.

Hinz, L. D. (2009). *Expressive Therapies Continuum: A Framework for Using Art in Therapy*.

    Taylor & Francis Group.

    http://ebookcentral.proquest.com/lib/lesley/detail.action?docID=435159

HKNC: Congenital Rubella Syndrome. (n.d.). Retrieved May 5, 2021, from

    https://www.helenkeller.org/hknc/congenital-rubella-syndrome

Koller, D., & Stoddart, K. (2021). Approaches that Address Social Inclusion for Children with

    Disabilities: A Critical Review. *Child & Youth Care Forum*.

    https://doi.org/10.1007/s10566-020-09589-8

Kyzar, K. B., Brady, S. E., Summers, J. A., Haines, S. J., & Turnbull, A. P. (2016). Services and

Supports, Partnership, and Family Quality of Life. *Exceptional Children*, *83*(1), 77–91.

https://doi.org/10.1177/0014402916655432

Lindo, E. J., Kliemann, K. R., Combes, B. H., & Frank, J. (2016). Managing Stress Levels of

Parents of Children with Developmental Disabilities: A Meta-Analytic Review of

Interventions. *Family Relations*, *65*(1), 207–224. https://doi.org/10.1111/fare.12185

Lusebrink, V. B. (2010). Assessment and Therapeutic Application of the Expressive Therapies

Continuum: Implications for Brain Structures and Functions. *Art Therapy*, *27*(4), 168–

177. https://doi.org/10.1080/07421656.2010.10129380

Miller, S. M. (2020). Disability Art: Potential Intersections in Studio Practice With Artists

Labeled/With Intellectual and Developmental Disabilities. *Art Therapy*, *37*(2), 93–96.

https://doi.org/10.1080/07421656.2020.1756136

National Association of the Deaf—NAD. (n.d.). Retrieved May 2, 2021, from

https://www.nad.org/resources/american-sign-language/community-and-culture-

frequently-asked-questions/

Object Schedule Systems. (n.d.). Retrieved May 3, 2021, from

https://www.perkinselearning.org/videos/teachable-moment/object-schedule-systems

Raghuraman, R. S. (2002). Art as a cathartic tool for siblings of children with a hearing loss.

American Journal of Art Therapy, *40*(3), 203–209.

Reaume, G. (2014). Understanding critical disability studies. *CMAJ : Canadian Medical

Association Journal*, *186*(16), 1248–1249. https://doi.org/10.1503/cmaj.141236

WFDB Global Report 2018. (n.d.). *WFDB*. Retrieved December 14, 2020, from

https://www.wfdb.eu/wfdb-report-2018/

What is CVI? (n.d.). Perkins School for the Blind. Retrieved May 3, 2021, from

https://www.perkins.org/cvi-now/understanding-cvi/what-is-cvi

THESIS APPROVAL FORM

Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Drama Therapy, MA

Student's Name: _____Alice Rodgers_____

Type of Project: Thesis

   Title: ___ Exploring Tactile Art-Making with Deafblind Students and Their Families: An Opportunity for Creative Play

Date of Graduation: ____May 22, 2021_____
In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor:___ _Laura L. Wood, PhD, RDT/BCT___
E-signature 5/5/2021 10:48pm EST