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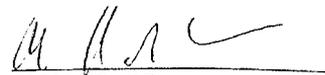
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**Art and Communication Disorders**

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## PROJECT ABSTRACT

A communication disorder involves deficits in both the understanding and expression of language. Individuals with communication disorders may have difficulty communicating effectively, preventing many from forming meaningful relationships, friendships and participating fully in all areas of their life. Without a means to communicate, individuals may experience depression, feelings of inadequacy, and isolation. Art can be a means to foster communication within these individuals. Art is a physical representation of thoughts, emotions, concepts and ideas, and it can be used to share stories and experiences, as well as bring individuals together. The process of art making provides individuals with opportunities to learn and practice social and verbal communication in a safe, multimodal environment. Incorporating art into language therapy for individuals with a variety of diagnoses and ages, has benefits in enhancing an individual's well-being, expressive and receptive language, social communication, memory and metacognitive skills. Five lesson plans have been created to target language, cognitive and social communication goals through the development of art. Lesson designs, materials chosen, methods and skills targeted were chosen with clients' various communication needs in mind. Lessons were reviewed by speech-language pathologists currently working in the field and an art educator, who specializes in art therapy with trauma victims. Lessons were found to be appropriate in meeting goals and various communication needs of individuals with communication disorders.

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## Chapter 1: Introduction and Literature Review

### Purpose

The purpose of this project is the development of a resource for speech-language pathologists that incorporates art as a means to foster communication in individuals with language disorders across multiple settings and age groups. Lessons included in this resource are not focused on the final art product, although that may be very encouraging and satisfying for many clients; the priorities of the lessons are the topics discussed and skills attained during the process of making the art. Language development and social communication were found to be the greatest concern for individuals with language disorders and therefore considered an essential aspect in each project's development.

### Language and Communication

The ability to communicate is an essential component of our lives. It allows us to share thoughts, ideas, beliefs, opinions, feelings and so much more. Through linguistic and nonlinguistic communication we can express excitement, anger, and happiness. According to the American Speech-Language-Hearing Association (2015) language is socially shared rules that include the understanding of words, ability to make new words, and the ability to put words together. Language is used and understood through four modalities which include spoken and written form, auditory comprehension and reading. Although our primary means of linguistic communication involves spoken and written language, language can also come in the form of nonlinguistic means, including gestures, body language, and facial expressions. The way in which language is created involves various components including phonology, morphology, syntax, semantics and pragmatics. Phonology involving the speech sounds of language, morphology the word structure of language, and syntax the appropriate structure of sentences.

Semantics involves the meaning of words and pragmatics deal with the rules that govern the use of language in social situations. These areas of language develop through repeated exposure and use (ASHA, 2015).

The ability to communicate linguistically and non linguistically impacts individuals professionally, socially and academically. Development of effective communication is necessary for meaningful relationships and successful interactions with others at work, school, and in the community. Language provides a mechanism to interact with the world and people around us. The lack of ability to effectively communicate can lead to depression, isolation, and lack of confidence and motivation to interact fully in life.

### **Language disorder**

A language disorder, or lack of means to communicate can result from a brain injury, stroke, other medical problems or from no known cause (ASHA, 2015). Language disorders can involve deficits in the form of language (phonology, morphology, syntax), the content of language (semantics), and/or the function of language in communication (pragmatics) (ASHA, 2015). Language disorders can be seen in both children and adults and may persist across the lifespan. They can encompass difficulty in any of the five components or four modalities of language mentioned previously. An individual may have challenges in one or all areas, resulting in difficulty understanding others, reading, writing, and sharing thoughts, feelings and ideas. Individuals often experience shock, sadness, and frustration when their ability to use language effectively to communicate with others becomes suddenly very challenging. Communication disorders can be developmentally acquired and may impact a persons ability to communicate across the lifespan. We will continue by reviewing several communication disorders that may benefit from the goals and art lessons outlined in chapter 2 of this project.

### Communication Disorders

The following populations were chosen based on their common deficits in spoken language, the understanding of language and social communication. Populations were also chosen based on their prevalence within the United States.

### TBI and language disorders

Language disorders can be seen in individuals who have experienced a TBI. According to *The Brain Injury Association of America* (2015), 2.5 million individuals sustain TBI's each year. Traumatic brain injuries result from sudden damage to the brain from open or closed injuries. Open head injuries involve anything that penetrates the brain, while closed involves non-penetrating injuries such as falls or car accidents. When a brain injury occurs, the functions of the neurons, nerve tracts, or sections of the brain can be affected, contributing to difficulty carrying the messages that tell the brain what to do. Location of injuries determine what damage and resulting neuroanatomic and behavioral changes an individual may have. The way a person thinks, acts, feels, and moves the body may be impacted along with, loss of consciousness, destruction of brain tissue, confusion, and impacts on language. Due to the complexity of the brain, effects of injuries will vary in degree and characteristics. Communication difficulties associated with a left sided TBI may include difficulties in understanding language, difficulties in speaking, increased reactions, verbal memory deficits, impaired logic, and sequencing difficulties. Injuries to the right side of the brain may result in visual spatial memory, visual memory deficits, left neglect, decreased awareness of deficits, and loss of "big picture" thinking (*The Brain Injury Association of America*, 2015).

Treatment for individuals with a TBI includes cognitive rehabilitation and direct communication training, among others. Cognitive rehabilitation involves training on attention, visual processing, and memory, while communication training looks at attending behaviors,

appropriate discourse, topic maintenance, and self correction. Increasing an individual's awareness of deficits and teaching strategies that will help maintain their greatest amount of independence should be targeted throughout therapy (Bewick et al. 2004). Therapy that targets problem solving skills, attention, comprehension, executive planning and functioning can be beneficial for individuals with TBI.

### **Autism and language disorders**

According to Autism Speaks (2012) 1 out of 68 children are diagnosed with autism. Autism can be diagnosed as early as 18 months in children. The causes of autism are still inconclusive, with studies finding both genetic and environmental factors. With a range of contributing factors, comes a wide range of symptoms. Many have coined the phrase, "If you have met one individual with autism, you have met one individual with autism," which shows that every individual with autism is unique and will present with unique abilities and challenges. Diagnostic criteria for autism includes impaired social interaction, disturbed communication, and stereotyped patterns of behavior, interests and activities. Symptoms primarily fall within these core characteristics, with individuals having difficulty with social interactions, emotional regulation and language (Osborne, 2003).

Just as characteristics or symptoms of autism may vary, treatments for autism may also. Approaches for autism intervention have been developed from various theoretical perspectives. Some based off a developmental approach, while others a social-cognitive theory. Some interventions target the behaviors of the individual through positive and negative reinforcements, while others focus on the development of certain skills.

Individual's with autism are visual learners and benefit from concrete and tangible learning. Temple Grandin, author of *The Unwritten Rules of Social Relationships*, and an

individual with autism explains that it can be difficult to acquire a healthy sense of abilities and personal worth without praise being associated with something one can see, touch or smell. With this in mind, therapy should include multi-modal learning experiences, that encompass verbal, visual and tactile opportunities to learn skills. He goes on to explain that one cannot create anything concrete without making choices, sequencing, and learning concepts and categories. And this, in turn, can lay the groundwork for more advanced skills in “the less-concrete world of social interactions” (Grandin, 2005, p.13).

Video modeling has been found to be a very effective intervention method to enhance social skills in individuals with autism. Results from a systemic review by Delano (2007) indicated positive gains from utilizing video modeling in social-communicative skills, functional skill, perspective-taking skills, and problem behavior. Videos can be taken and then analyzed later to recognize and discuss emotions, body language, facial expressions and tone of voice of not only others but themselves. Videos have been used to look at the transfer of skills to more unstructured environments with peers, allowing clinicians to gain data on generalization.

Ideal intervention should target the three core commonalities of autism addressed earlier, behavior, social interaction and communication. In choosing an intervention the clinician must consider various factors including, personality of the individual, their needs, goals, and functionality (Robledo, 2014).

### **Aphasia and language disorders**

Aphasia is a neurologically based language disorder that is most commonly caused by a stroke. According to *The Internet Stroke Center* (2015), about 795,000 new cases of strokes are reported each year. Brain trauma, intracranial tumors and infections can also cause aphasia. Aphasia involves deficits in all four modalities of language, including spoken expression, reading,

writing and auditory comprehension. Depending on the injury, individuals will present with varying degrees of language deficits. However, there is an overarching deficit of anomia, a problem in word finding, in which individuals have difficulty in the retrieval of words when speaking. Individuals may have difficulty naming objects, repeating words or phrases back, and comprehending written or spoken language. Depending on the injury, individuals may develop a range of severity of deficits in the areas mentioned above. Depending on the type of aphasia, an individual's speech may be fluent or non-fluent and be made up of neologisms, perseverations, agrammatism or paragrammatism. Neologisms being the creation of nonwords by the individual and perseverations being words in which the individual repeats and uses in conversations inappropriately. Speech can often be characterized by agrammatism, meaning a "loss of grammar," making speech production devoid of function words or by paragrammatism with speech consisting primarily of nouns and verbs (Ward, 2010, p. 249).

The assessment of aphasia involves an evaluation of speech and language skills, reading and writing skills, and other deficits noted previously. In selecting assessment and treatment methods, the individual's cultural and linguistic background must be taken into account. Therapy with these individuals should focus on the implementation of compensatory strategies that benefit the client across environments. Therapists must stress that an individual's speech by no means reflects their competence and intelligence, and interactions with them during the assessment and treatment process should reflect this.

Script training is a treatment that has evidenced to be effective in improving language in individuals with aphasia. A study by Anderson (2013) found script training to be an effective, functional approach in increasing the rate of speech and the percentage of script-related words used by individuals with aphasia. Along with these improvements, positive changes in verbal

communication, increased confidence, motivation and participation in everyday activities were observed in participants. Education, strategies and support for the individuals' family and caregivers should also be incorporated into intervention, along with functional goals for greater independence and quality of life

### **Art and Communication**

Art can be a means to address the communication goals and needs of the populations previously discussed. Although it may be the most common, spoken language is not always necessary for communication. Stories, ideas, thoughts and feelings can also be communicated through alternate means such as art. Art can provide a means to motivate, teach, heal, demonstrate understanding and ultimately communicate something. Because of this it is no surprise to see its benefits in individuals with communication and language disorders. Clients must be encouraged to explore his or her thoughts, feelings and behaviors, tell their story, identify problems, challenge themselves and ultimately find a means to effectively communicate. The arts can be freeing for individuals and even enticing, because of its ability to unite and bring hope (Goldberg, 2004). Art can be used by speech-language pathologists, to support and access language.

The process of making the art is really where clients of all ages and diagnoses will flourish. Art can provide an avenue for clients to express their feelings, thoughts, ideas, and memories. A sense of accomplishment, gratefulness, independence, joy and peace can also be achieved through the creation of art. It can provide an opportunity for our clients to communicate through a different modality and allow them to express themselves beyond the traditional means of oral and written language, reducing stress and anxiety. It allows for interaction with various materials, other individuals and the environment in a very natural way. As Malchiodi (2013) explains in her book *Art therapy and Healthcare*, "art can be a form of visual narrative for people of all ages, and

especially adults, who are confronted with serious illness or change, search for a sense of wholeness and provide a way to re-examine and reframe their life stories.” (p.126)

Art is a beautiful part of our world that can be found anywhere and in anything, allowing it to be enjoyed and used by individuals of all ages, backgrounds and abilities. “Art is a method of knowing and a language that provides both artists and audiences an opportunity to wonder, imagine, be passionate, be outraged and question and reflect on our lives- a chance to see things that are or aren’t there” (Goldberg, 2004, p. 10). Art can be inspirational, controversial, promote change, challenge and ultimately provide a means to express oneself. Art can bring individuals together and allow them to learn not only about themselves but about others. Not only is the final product rewarding but the process of making the art can be meaningful and therapeutic in its own way. Barriers preventing successful communication can be diminished through the making of art (Goldberg, 2004). I will continue by outlining the benefits clients experience through art.

#### *Multimodal learning experience*

Through the art making process, art provides a multi-sensory learning experience for our clients, in creating an environment that engages all the senses. Seitz and Shams (2008) examined the benefits of multisensory learning and through the analysis of multiple studies found that more effective learning and meaningful representations were made in multisensory rather than unisensory training. Through art-making clients learn concepts and retain information through visual, auditory and tactile-kinesthetic modalities. Through creating art, clients are provided a visual representation of the concept, memory, or idea, making it more concrete. Art also involves interaction with the environment, through the physical manipulation of art materials, providing the tactile-kinesthetic component. Throughout the art making there is also constant auditory

feedback from the clinician and their peers, adding an auditory component. Research has indicated using multisensory learning allows information to enter our brain system through multiple processing channels, helping to circumvent the limited processing capabilities of each individual channel in our brain, resulting in a greater total of information being spread between multiple senses (Seitz & Shams, 2004). Materials used within these lessons can provide clients with a multi-sensory learning experience, with materials including paint, clay, and music. Clients can manipulate materials to form, visualize, explain and demonstrate skills and concepts learned within each therapy session.

### **Focus on client strengths**

Art can also be used to promote positive psychology, which primarily focuses on client strengths and “reminisces and reminders of good things in the past, as well as positive expectations for the future.” (Coca, 2014). Client attitude and perspective can have a large impact on the effectiveness of therapy. Focusing on client’s strengths and using them to overcome their perceived weaknesses will bring a sense of empowerment and overall greater success in therapy. Research has shown focusing on personal strengths bring higher satisfaction in life and overall happiness (Coca, 2014). A study conducted by Davis, Henderson, & Scheel (2012) studied therapists use of client’s strengths in therapy. Models used included strength-based counseling and and strength-centered therapy. Both models incorporated identifying strengths, encouraging and instilling hope, envisioning future development, evaluating progress and empowerment. Overall, therapists recognized client characteristics and past experiences in more strength-oriented ways and observed increased trust, motivation, hope, and broadened perspectives within their clients. Within the lessons clients can be provided various materials and options to demonstrate skills, ultimately providing a means to increase communication and discover their strengths.

### **Emotional and mental well-being**

Art can also be used to support mindfulness and mental well-being. Mindfulness involves having attention in the moment and being present in the experience. According to the National Registry of Evidence-based Programs and Practices (2012), mindfulness based programs and therapy focuses on clients gaining skills in managing and coping with stress and challenges due to a serious illness or traumatic experience and change. A study conducted by Mak, Kou, Tse, & Woo (2009) at the University of Hong Kong and Chinese University of Hong Kong, Hong Kong, aimed to systematically evaluate the usefulness of art therapy and its ability to alleviate behavioral and psychological health in 12 demented elderly over 65 years old. After 20 sessions, results from behavioral and neuropsychological scales indicated participants levels of agitation and anxiety were significantly reduced. With reduced agitation and anxiety, clients are in a better mindset and state for learning and therapy.

A study by Morris et al. (2014) examined the psychosocial impacts of art during stroke rehabilitation. Researchers found that art can promote improvements in perceived physical and mental health, social functioning and well-being in long-term conditions. An additional study conducted in London, examined the effects of a person centered art program on hospital based stroke patients. Results showed that positive aspects of participation included the experiences of pleasure and enjoyment, a sense of connection with the artists, mental stimulation, learning and creativity, engagement in purposeful occupation and relief from boredom, and reconnection with valued aspects of the self (Baumann, Collings, Eades, & Peck, 2013).

Therapy effectiveness depends heavily on the well-being of the client. Being aware of the client's ideas and perspective concerning their diagnosis and outlook on life can set the stage for not only how the clinician will conduct therapy, but how the client will respond to it.

Assessment of the client's well-being is often the foundation for future therapy and client growth and success. A study conducted by Seligman (2005) found that society fails to address wellness, contentment, and overall life satisfaction and is primarily focused on decreasing mental illness. As a result of this model, it is no surprise, depression has been found to be the most common psychiatric disorder associated with communication disorders. With this in mind, it is important to consider the whole person when planning and conducting therapy.

### **Social Skills**

Art can be beneficial in augmenting social skills within language therapy sessions. Art based lessons give clients the opportunity to discuss chosen topics amongst themselves and clinician, gain new perspectives, share and hear each others stories and participate in activities that promote self discovery and growth. Skills that can be targeted within the art making process may include socio-linguistic skills such as initiating, maintaining and terminating conversations, as well as socio-relational skills used in meeting new people and building friendships. Art projects can be ideal environments for requesting, questioning, negotiating and sharing. Relationships and friendships can also be developed through the making of art, as well as reduce intimidation by leveling the playing field among clients.

As Dubowski and Evans state in the book *Art therapy with children on the autism spectrum*, "the relationship between client and therapist is as important as the art- making itself" (Dubowski & Evans, 1988, p.8). Through creating art together the clinician becomes a participant in therapy and open communication is established. Art can be used to provide an opportunity for individuals to interact with the clinician and their peers in a very natural environment, promoting trust and respect for one another. With social skills being one of the

greatest concerns of clients with autism, art based lessons can provide a great environment for these individuals to learn and practice social exchanges.

### **Expressive and Receptive language**

A study conducted by Bruscato, Moro, Ostroski and Tommasi (2011) examined the efficacy of art therapy techniques such as music, dance and painting used within speech therapy sessions with a patient diagnosed with fronto-temporal dementia. Results of the study indicated the patient showed improvement in comprehension and expression of language. Art can be used to practice existing vocabulary and introduce new words, while providing opportunities for sequencing, following directions and storytelling. Concrete details of the art materials may elicit descriptive vocabulary of sensory aspects, textures, and smells. Throughout the process, the clinician may implement parallel talk, joint attention, expansion and extension to support and enhance the client's language. Retelling of the steps to make the art project, as well as their experience making it can be discussed. Art can provide opportunities for clients to discuss and share opinions, ideas and experiences with each other. The arts can also provide an effective way to accurately assess understanding and retention of concepts (Goldberg, 2004). As well as, help healthcare professionals with assessment and treatment plans for clients by evaluating client work for clues of brain dysfunction (Malchiodi, 2013).

### **Memory, Attention and Metacognitive skills**

Art making requires whole body attention, both physical and mental concentration. Client's memory is targeted when asked to follow through various steps of the project, remember details of the project, as well as reflect on past experiences in their life. Individuals with autism struggle greatly with focusing or sustaining attention on others or topics not of their choice (Autism Speaks, 2012). While making art, shifting and sustaining attention can be focused on during therapy. Individuals must make transitions into different steps of the art making and

accept the changes that take place within their art. Individuals with autism also struggle with “theory of mind,” or the ability to recognize different mental states of their own and in others. Many also have difficulty with perspective taking (Autism Speaks, 2012). Art can also provide opportunities for clients to interpret others art.

### **Positive sense of self**

Research has found art therapy to be effective in promoting a sense of meaningfulness, ordering experiences and restoring a positive sense of self (Osborne, 2003). Expressive modalities such as art can be particularly useful in helping people communicate aspects of memories and stories that may not be readily available through verbal communication or conversation (Malchiodi, 2005). A study of women cancer survivors showed that art helped to “actualize a need to express, lose and gain control, illuminate a changing perspective, transcend the experience, lead to braver perspectives, fuel a creative spark and celebrate the feminine” (Malchiodi, 2013, p.130).

Research has shown individuals with autism to benefit greatly from concrete and visual assistance. Final art projects provide a concrete, tangible accomplishment, helping to increase self confidence and visual representation of concept or idea. This can be extremely important for clients and very satisfying. The fear of language also vanishes when creating and communicating through art (Goldberg, 2004, p. 8) Without the reliance of spoken language to get feelings and ideas across, stress and anxiety are reduced.

### **Organization, Problem Solving, Executive Functioning**

Problem solving skills can also be targeted through art making. Imaginative thinking needed to make a drawing, create a movement, or manipulate various materials offers the possibility for inventive solutions and transformation. Art can foster the imagination, to discover

and develop corrective solutions leading to change, resolution, and reparation (Malchiodi, 2005). Imagination, problem solving, and courage are necessary in the creation of art. Imagination to create something new and meaningful, skills to problem solve designs and use materials, and courage to take risks, ask questions, explore and discover. Individuals recovering from a TBI will find benefits in art, including help in organizing thoughts to make independent decisions, and follow through with task and project completions and meeting deadlines (Creative Arts Therapies, 2015).

## **Chapter 2: Process and Product**

### **Purpose**

The incorporation of art into a meaningful communication and language lesson may seem daunting and challenging, as speech-language pathologists must balance meeting goals, collecting data, and engaging clients within just one session. Art has many benefits for individuals with language disorders, however many speech-language pathologists are concerned

with targeting goals, meeting standards, and time constraints. Although there seems to be an emerging interest among teachers, school staff, therapists and other professionals, apprehension to fully embrace and include art may stem from the challenges of limited time to prepare activities and the knowledge in how, where and when to implement it.

The following curriculum was developed to meet the needs of clients with language and communication disorders. The lessons incorporate art as a means to facilitate and encourage clients to learn and use effective communication. Lessons are organized in a way that allows clinicians to easily plan and facilitate therapy with the help of art. The lessons designed accommodate the needs of clients across multiple environments including school, private clinic and hospital settings. They are ultimately designed to accommodate groups of various populations, including individuals with Aphasia, Autism, individuals with TBI, and individuals with language disorders. Each lesson encompasses a basic theme that supports well-being development, including empowerment, healing, self-confidence, independence, self-discovery and acceptance. Lessons include design rationale and purpose, skills targeted, materials used, methods, potential modifications, data collection sheets and examples.

### **Basic overview**

Lessons developed include:

- Lesson # 1: “Riding the Wave” Mosaic
- Lesson # 2: “Exploring Emotions”
- Lesson # 3: “Inside the Brain”
- Lesson # 4: “Thankfulness”
- Lesson # 5: “Who am I”

Background on the creation of the lesson and rationale for its implementation are included in this section. Clinicians are given information on why the lesson was developed and how it may be beneficial for clients. In the development of the art projects, it was considered important to design projects that gave clients opportunities to be successful within every lesson and final product of art created, regardless of the skill level and ability.

### **Skills**

Skills targeted are included within each lesson, along with a brief explanation of how each are targeted and sample goals. The client's strengths and interests are discovered and fostered throughout the process. The art making process increases sense of confidence, self-worth, and accomplishment. Organization skills are practiced while planning and organizing ideas and materials. Discussion about the art and materials used elicit conversation with peers and the clinician, allowing practice of social skills in a very natural environment. Within discussions or casual conversations clients are encouraged to initiate and maintain conversations with appropriate turn-taking and conversational exchanges. Expressive and receptive language skills are also assessed and targeted through sequencing, following directions and storytelling. Clients can request, question, negotiate and share ideas, thoughts, and feelings. Clients' memory is targeted by following directions and reflecting on past experiences. Theory of mind is also taught by encouraging clients to consider the perspectives of others. Overall, art making engages the mind and body, through the use of multiple modalities.

### **Materials**

Each lesson lists needed materials. All materials included were found to be most appropriate and useful in the making of the art projects. Materials chosen were based on availability, budget, client needs and preferences, and those that provided multi-sensory

experiences. With the variability of needs and abilities of clients, materials used were those that offered easy manipulation and flexibility of use.

### Methods

The methods provided were developed with the varying needs, abilities and ages of the clients in mind. This section includes questions that provide clinicians a starting point for conversation to discuss relevant topics with clients. Step by step directions are included within this section, which aid the clinician in preparing and facilitating the lessons. Templates and examples of the steps are also included within this section.

### Modifications

Possible modifications are also included within each lesson and may include the use of different materials, additional time in preparing materials, templates, additional assistance from the clinician, or the incorporation of various evidence based intervention methods. Within the lessons, video modeling could be used during interactions among the clients while making the art and discussing the proposed topics. Videos could be taken while clients are requesting materials, sharing information, ideas and their art with one another and then discussed during individual sessions. Script training could also be incorporated by creating scripts that relate to the art making process.

The therapist's main objective is to ensure that clients are able to express what they need to, without the influence or interference from the therapist. As Malchiodi (2013) explains in her book *Art Therapy and Healthcare*, an art therapist's role in the art making is to be the "third hand." (p. 30). This same concept can be applied to speech-language pathologists when working with individuals making art. The goal when working with individuals who need assistance is to help them be successful and also as independent as possible (Malchiodi, 2013).

**Data Collection**

Suggestions on collecting data and sample data collecting sheets are also provided.

Clinicians may collect data on a number of skills, including but not limited to initiating conversations, maintaining conversations, appropriate social interactions, expressive and receptive language, memory, organization, and completion of tasks.

**Lesson # 1: “Riding the Wave” Mosaic**

**Population:** Created for clients with:

- Traumatic Brain Injury (TBI)
- Language Disorders
- Aphasia
- Autism

**Setting:** Ideal for group therapy in hospital, school or private clinic setting.

**Duration:** Approximately 2, 1-hour therapy sessions are needed to complete lesson.

**Background and Rationale:**

The development of this lesson focuses on helping clients recognize support systems they may have or those available to them. Through the lesson, clients are provided an opportunity to establish rapport with peers and the clinician, build friendships and foster relationships. It prompts clients to recognize similarities within the group and allows them to open up and share their experiences with each other. The project may be helpful in team building and connecting peers and family members.

The questions provided elicit conversations about goals, struggles, and client support systems. This project allows the clients to design individual pieces, representing each individual's experiences, and then work together to form one beautiful piece of art, representing the act of coming together to support one another and in an essence "ride the wave of life together." The wave represents life and its unpredictable changes and highs and lows. The overall message being, everyone is here to encourage, support and share their experiences and no one is on the journey alone. Although many will come from different backgrounds and situations, the project helps clients realize that they are all working towards similar goals in communication, establishing a sense of support and appreciation for peers, family and clinician support.

Client bonds and friendships are developed within this project, perhaps setting the stage for future group activities and therapy sessions. Clinicians are encouraged to participate in this activity if time and resources allow. Significant others may also be included within the project if appropriate, to again reinforce the idea that we are all in this together. This lesson allows them to recognize their ability to overcome the fear of communicating and participate in activities and conversations with others.

**Skills Targeted:** The process of making the art piece involves the development of the following skills. Sample goals are provided, however prompting, accuracy and level of support should be modified to meet each client's objectives.

- **Social- Communication**
  - Clients are able to practice social skills within conversations with peers and clinicians in a safe and natural environment. Throughout the lesson clients have opportunities to initiate conversations with peers and demonstrate effective communication skills by asking appropriate questions, staying on topic, and taking turns. During the discussion portion of the lesson, as well as during the art

making itself, clients have the opportunity to share experiences, knowledge and opinions. Through the lesson, clients are given a number of opportunities to practice communication exchanges within a safe environment, with others who are also working on improving their communication. This decrease in fear of communicating, may contribute to greater attempts at communicating.

Sample Goal:

- Client will participate in a minimum of 5 social exchanges with the clinician or a peer, during a 30 minute therapy session .

- **Problem solving**

- Within the final step of the process, clients must problem solve how to assemble the pieces together, by working individually and as a group. Client must also consider what colors or materials are the most appropriate in making the wave, as well as cutting appropriate sizes of paper and applying amount of glue or paint.

Sample Goal:

- Client will problem solve by assembling the pieces according to numbers on pieces and boards.

- **Attention**

- Clients must sustain attention and demonstrate listening skills during the discussion and project making, in order to successfully carry out conversations and steps of the art making. Clients must also use alternating attention to attend to each task, while conversing appropriately with peers. Attention to details within the art projects is also necessary in discussing their own or others art.

Sample Goals:

- Client will sustain attention for the duration of one step of the art making process during a 30-minute session

- **Memory**

- Clients are able to reflect on and share about their support system. Clients are required to recall examples of support they have received from family or friends, and how it has made them feel. Long-term memory is targeted in recalling past memories, while short-term memory is targeted through the recall of instructions in making the art.

Sample Goal:

- Client will recall 2 steps of the art making process during 30 minute session.

- **Receptive and Expressive Language**

- Client must demonstrate understanding of concepts and directions, by following simple and complex instructions from the clinician, during the art making instruction and discussion. Clients will also show understanding of language during peer and clinician interactions, by answering appropriately during discussions. In turn, the client will also demonstrate effective expressive communication throughout the process by verbally sharing, asking questions and commenting appropriately. Clients also are given the opportunity to retell the steps of the process, as well as discuss their art with each other.

Sample Goal:

- Client will follow 1-2 step complex directions involving temporal (first, then, before, after) and spatial concepts (on, under, next to).

- **Organization and Executive Functioning**

- Clients must plan their use of colors, materials and design for their individual pieces and then organize their pieces into one cohesive design. Clients must also organize the sequence of steps necessary to carry out the project.

Sample Goal:

- Client will initiate a specified task in ¼ opportunities during a 30-minute session.

- **Positive Sense of Self**

- Through the discussion of support systems and the identification of similarities between each other, clients will gain a sense of support and increased self-confidence. Clients will leave with a sense of encouragement and appreciation for the people in their life and with a realization that they are not on the journey alone. Clients will hopefully leave therapy inspired by the people around them and use the support of their family and friends to continue to grow, learn, develop new skills and improve their communication.

Sample Goal:

- Client will demonstrate increased sense of self, awareness of strengths, challenges and support from data collected through a quality of life scale, administered prior to art session(s) and upon the project's completion.

**Discussion Questions:** Prior to beginning this project the clinician should dedicate the first half or full session to answering these suggested questions. Suggested questions or topics are organized per population.

- **Aphasia**

- Who has been your support system?
- What do you need to feel supported?
- What are your strengths?
- What are things you are working on (individual goals)?
- Compare and contrast goals with group- Can be broad categories such as memory, attention, reading, writing, communicating with others

- **Autism**

- We all have different interests, hobbies, etc. but we are all working on communicating with others and building friendships. What are your hobbies or interests? Compare.
- How can we be a good friend? Discuss:
  - Questions about friends' interests
  - Respect for friends' interests even if they are different from own
  - Open mind about the things a friend likes or likes to do.
  - Examples of kind comments or questions for friends, in order to get more information.
  - Helpful, kind and supportive attitudes.
- How can we help others?
  - Asking if they need help.
  - Say encouraging words to them.
  - Compliment them.

- **Language Disorders**

- We are all working on goals in speech. What are you working on?
  - Do we find differences and similarities?
- How can we help each other achieve our goals?
  - Encouragement, support, positivity.
- How can you achieve your goals?
  - Through practice with peers, family (support system).
- Discussion about the importance of the ocean. Who, what, where, when, why and how questions:

- For example: What lives in the ocean, how big is the ocean, what are ecosystems, how to keep our oceans clean and why it is important?

- **TBI**

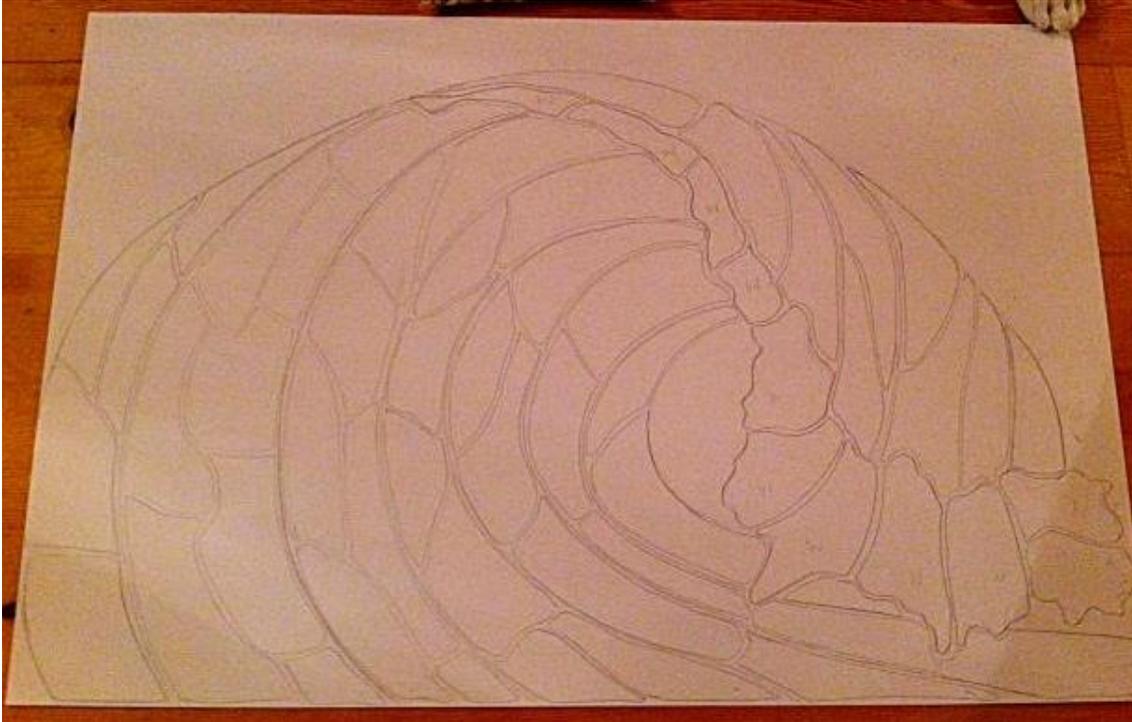
- Who has been your support system?
- What are your strengths?
- What are your challenges and what are you working on?

**Materials:**

- 1 piece of white matte board or construction paper
  - 1 piece of black matte board or construction paper
  - Acrylic paint- all different shades of blue
  - Elmers glue
  - Scissors
  - Pencil
  - White charcoal pencil or chalk
  - Exacto knife
  - (OPTIONAL) Blue or white beads, sequins, shells, glass/plastic pieces
  - (OPTIONAL) Magazine cut outs
- Recommended: SURFER magazines can be great in finding large photos of waves.

**Method:**

1. Draw a wave form on white matte board or construction paper (Template included).
2. Draw in shapes of all sizes within the wave form, making sure every space is filled.



3. Cut out pieces and lay in same format on black sheet of matte or construction paper.



4. Trace around pieces with a white charcoal pencil or chalk. DO NOT REMOVE PIECES.
5. Place numbers on the back of each piece and a corresponding number on the traced shape on the black sheet of matte or construction paper.
6. (Optional) Pieces for the whitewash of the wave should be labeled with a “W” for white.
7. Divide pieces evenly among clients. Each client should have the opportunity to design 2-5 pieces, depending on the number of clients in group and the size of the pieces.

**Directions for Client:**

1. Identify what materials are available to them.
2. Place materials in areas around the table that require and encourage clients to communicate and ask what they need from each other.
3. Clients should design ONLY on the side of the piece without the number. Also if their piece has a “W” on it, they will need to design that piece using white materials. All other pieces will be blue.
4. Allow for freedom and creativity. Directions on how each piece should be designed is not necessary. Examples may be provided, but should be used with caution, as to not influence or inhibit client creativity, expectations and imagination.
5. After clients have completed their pieces, allow them to dry overnight.
6. The following session the clinician may review the project and ask clients questions about the materials they used and what they created.
7. Clinician will then pass pieces out evenly to clients (pieces will be mixed so clients will most likely not have the ones they designed).
8. Clients will then match the numbers on the back of the pieces to the corresponding numbers and shapes traced on the black sheet.
9. Once clients have placed the pieces onto the black sheet, a wave should be visible. Clinician or clients can then glue the pieces down.
10. Clients can then find their pieces and reflect on the design process and meaning behind the piece.

Example of final piece completed by adult clients with aphasia.



**Modifications:** This project is well suited for individuals who have difficulty with fine motor skills. Large paint brushes, pre-cut paper pieces and overall larger pieces can be used. Pieces can be designed very basic or detailed depending on the ability of the client.

**Data Collection:**

Clinician may take data on:

- Initiation of conversation during the process.
- Initiation, execution and/or completion of each step of project.
- Accuracy of following directions.
- Attention
- Sounds produced accurately.
- Presence or absence of behaviors.

**Lesson # 2: Exploring Emotions**

**Population:** Created for clients with:

- TBI
- Aphasia
- Autism
- Language Disorders

**Setting:** Ideal for individual and group therapy in hospital, school or private clinic setting.

**Duration:** Approximately 1-hour therapy session.

**Purpose and rationale:**

With a communication disorder comes challenges with social interactions and full participation in daily life activities, especially those that rely heavily on effective communication. Along with these challenges come various emotions, including stress, anxiety, unhappiness, dissatisfaction, fear, and depression and these emotions can often be overwhelming. This lesson provides clients the opportunity to recognize, accept, investigate and learn how to handle overwhelming emotions. Paired with a mindfulness exercise this lesson aims to supply clients with strategies that benefit them beyond the therapy room. Techniques learned in this activity will help individuals identify and control their emotions, as well as connect them to events in their own life in order to deal with them more effectively. Emotions are also made more concrete and easier to understand by attaching drawings, words, and sculptures to them.

A mindfulness activity was included within this lesson to serve as a great way to focus attention to present moment experiences and emotions. Mindfulness encourages an openness and curiosity and a willingness to be with what is. To learn to be attentive and present and not lost in the past or the future. Increasing awareness and acceptance of emotions, allows clients to deal with them and move forward. A technique used in this activity is referred to as “RAIN.”

**R-** Recognize- bring your mind to the emotion and give it a label.

**A-** Accept or allow the emotion to be felt.

**I-** Investigate- Investigate how you are feeling and what is going on in your body.

**N-** Non-identification- Have some space from this emotion. Make it more impersonal. Go from “MY” emotion to “THE” emotion that’s moving through me.

**Skills Targeted:****● Attention**

- Clients are required to stay attentive while listening to a musical piece, in order to produce art pieces based on their interpretation of the song and feelings it elicits. Clients must use alternating attention, by participating in a mindfulness activity, while also creating art in response to the emotions the song may elicit.

Sample Goal:

- Client will sustain attention for the duration of one musical piece.

**● Receptive Language**

- Clients will demonstrate understanding by following simple and complex directions, during a mindfulness activity and discussion.

Sample Goal:

- Client will show understanding by following 1-2 step commands, during a 15 minute duration.

**● Expressive Language**

- Clients are required to share their experience while creating their art and also participate in discussion with clinician and peers about others artwork. Clients also are encouraged to discuss emotions they may feel throughout the day and techniques they may utilize currently or hope to use as a result of going through the mindfulness activity.

Sample Goal:

- Client will use multiple modalities such as spoken expression, gestures, alternative augmentative communication device, to effectively communicate with peers and clinician, with minimal prompting during 30 minute session.

**● Social Communication**

- Clients will take on sharing and listening roles, by sharing their feelings, experiences and artwork with peers and also listen to their peers opinions and interpretations of the musical pieces. Clients will practice turn-taking, eye contact, interpreting gestures, facial expressions within other clients to determine meanings. Clients will also gain skills in appropriately initiating, sustaining and terminating conversations during discussion.

Sample Goal:

- Client will demonstrate appropriate conversational skills (through appropriate body language, eye contact, turn-taking, topic maintenance, etc.) within 30 minute therapy session.

- **Metacognitive Skills**

- Clients are challenged to recognize personal feelings and interpret the feelings of others through abstract representations. Art produced by clients provides excellent opportunities for clients who find interpreting and accepting others perspectives challenging, a chance to practice in a safe environment.

Sample Goal:

- Client will attach representational meaning to an abstract idea or feeling, through the use of art or creative means, during a 30-minute therapy session.

- **Problem Solving**

- Clients will problem solve drawing or sculpture design, as well as identify difficult emotions and their source.

Sample Goal:

- Client will identify an emotion and its source within a 30 minute therapy session.

- **Sense of Self**

- Clients are encouraged to embrace their emotions and determine the root of them, releasing the pressure of ignoring or hiding them, which only leads to increased negative emotions. Through the release of negative emotions, and learning of strategies to prevent them from being overwhelming, clients begin to have a sense of healing and empowerment in knowing they can detach themselves from emotions that seem to have an overwhelming power.

Sample Goal:

- Client will connect an emotion to an experience or event in their life and implement RAIN strategies to cope with emotion effectively.

**Discussion questions:** Some included within the process of creating the project.

TBI and Aphasia

- What are common emotions you feel throughout the day?
- What situations create negative emotions?
- What situations create positive emotions?

- How do people handle negative emotions? Discuss both positive and negative ways.
- What are some ways you handle negative emotions?
- How do these emotions impact your life?

### Autism

- What are emotions?
- Does everyone have emotions?
- What emotions do you feel throughout a typical day.
- Identify emotions of characters within various scenarios.
- What helps us identify emotions? How do you know someone is sad, happy, frustrated or anxious? (Body language, eye contact, gestures, facial expressions, tone of voice, etc.)
- Practice identifying emotions.

### Language Disorders:

- What types of emotions do we have throughout a day?
- Do they change and why?
- What makes you feel happy, upset, frustrated, excited, nervous, etc.
- Explain a time you felt one of these emotions. What caused you to have one of these emotions and how did you handle it?
- What are some ways we can handle negative emotions?

### **Materials:**

- Various songs (representative of different genres). Instrumental pieces are suggested.
- Paper
- Markers, pastels, colored pencils
- Clay
- Pens or pencils

### **Method:**

1. Listen to a musical piece. While listening write down any words or emotions that come to mind and/or draw or sculpt something based on the emotions you are feeling from the music.
2. Share with a partner what you wrote, drew or made while listening.  
Why did you draw, write or make that particular thing?  
What emotions did you feel?

3. Clients may also create a story, while listening to the musical piece and share their story.
4. Thank clients for sharing. Transition to next portion of activity.
5. Now that we have felt some emotions from the song, what are some emotions you may feel throughout your day. Make a list of some.
6. Some may be good and others may be bad. Ask “How can we handle these emotions?” Strategies?
7. Transition into “mindfulness activity.”

### Mindfulness Activity: Script for clinician

Sit upright, relaxed.

Eyes may be open or closed.

Turn your attention to sounds. Notice how they come and go and our reaction to them.

Notice your body, seated in the chair. Scan your body for tension or discomfort. Recognize it.

Let this be a time to relax.

Notice our body breathing without us doing anything. Let your breath be natural. See if you can feel your breath. Surf the waves of your breath.

Feel your breathing one breath at a time. Rising and falling.

Sit in silence for a few minutes

Are you feeling any emotions? Notice if there is a particular emotion present for you right now.

If there isn't anything present, think about an emotion you had to deal with in the last couple days.

Notice if there is a part of your body that feels peaceful or relaxed. Find that part of your body. Let your attention rest there. Or find an area that is neutral.

Now remind yourself of the story or situation that brought up that emotion.

First begin with the R- recognize it, label it. Fear, sadness, irritation. Ask yourself is it okay to have this emotion, can I allow it and accept it. If not there may be a second emotion you are feeling. Recognize this one and disregard the previous one.

Now we will investigate it. What do you notice in your body in regards to this emotion? Is your stomach or throat tight?

Bring your attention back where it is safe. Think of a memory or sometime you felt calm. Breath.

Take your time to deal with this emotion. Be present with your breathing.

Now lets take space from the emotion. Change it from "my" emotion to "the" emotion. This makes it less personal.

Bring some kindness to yourself. Wish yourself well. Connect again with that place in your body that feels at peace and at ease. And allow that ease to flow through the rest of your body.

Sit in silence for a few moments.

After next breath open your eyes.

Adapted from Winston, D. (2015). UCLA Mindfulness Awareness Research Center.  
<http://marc.ucla.edu/body.cfm?id=107>

8. Following mindfulness activity, allow time for feedback from the clients. Reflect on what was difficult and what they found to be beneficial.

**Modifications:**

One or both portions of this activity may be done. Additional songs/music is recommended for clients to draw and create something based on their emotions. Clients can share their experience during this activity through words, drawings, or sculpture, depending on interest and ability.

**Data Collection:** Clinician may take data on:

- Times the client initiated conversation during group discussion.
- Accuracy in following directions.
- Attention
- Sounds produced accurately out of x amount of opportunities during group discussion.
- Presence or absence of behaviors.
- Use of expressive and receptive language:
  - Accuracy in answering wh- questions
  - Inclusion of essential elements of a story (Characters, setting, plot, conflict, resolution)
  - Grammatical morphemes
  - Syntax
  - Vocabulary
- Accuracy in identifying emotions of others.

## Lesson # 3: Inside the Brain

**Population:** Created for clients with:

- TBI
- Aphasia
- Autism
- Language Disorders

**Setting:** Ideal for group therapy in hospital, school or private clinic setting.

**Duration:** Approximately 2, 1-hour therapy sessions.

### **Purpose and rationale:**

Clinicians provide education and support within this lesson to clients and their families. The purpose of this lesson is to allow the client to gain awareness of the functions of the brain, discuss potential effects of brain injuries on brain function and the importance of protecting the brain. Clients will gain knowledge of the brain's role in speech and language production and comprehension. With a greater knowledge of the brain's functions, clients will have a greater understanding and acceptance of possible challenges that may occur due to injuries, resulting in more openness and willingness to discover and implement those strategies. Prior to beginning this project the clinician should dedicate the first half or full session to answering the following suggested questions.

### **Skills Targeted:**

- **Social Communication**
  - Clients will interact with peers and develop knowledge and skills in initiating conversations, sustaining communication partners attention, through appropriate turn-taking, topic maintenance, and eye contact, as well as terminate conversations appropriately.

Sample Goal:

- Client will initiate, sustain and/or terminate conversation, within a 30 minute therapy session.

- **Problem solving skills**

- Clients gain skills in problem solving by making decisions regarding colors, placement of colors, and use of materials.

Sample Goal:

- Client will problem solve appropriate selection and use of art materials, to depict a brain, in a 30-minute therapy session.

- **Memory**

- Clients are required to recall structures and functions of the brain, through discussion, labeling and creating a model brain.

Sample Goal:

- Client will recall the four structures of the brain and their functions, within a 30-minute therapy session.

- **Attention**

- Clients must sustain attention and alternate their attention between the project and discussion or conversations with peers.

Sample Goal:

- Client will sustain attention for a duration of 15 minutes.

- **Receptive and expressive language**

- Clients will participate in conversations and demonstrate understanding by answering and responding to questions with meaningful and relevant answers. Clients will also demonstrate understanding of the functions of the brain regions and label them verbally and nonverbally.

Sample Goal:

- Client will receptively and expressively label regions of the brain across 2 therapy sessions.

**Discussion Questions:**

Younger clients:

1. What does our brain do?
2. What does it look like?
3. What are the jobs of each section of our brain? Simple overview provided.
4. How can we protect our brain?

Adult Clients:

1. What are the different parts of the brain? What are their functions?
2. What side of the brain do we process language and speech?
3. What side is more dominant for you? Are you more “left-brained” or “right brained”? (maybe provide a self-administered test for adults and children).
4. Discuss these results.
5. Discuss benefits of being more left-brained vs. right brained.
6. How can we strengthen or protect our brain?
7. Depending on individual and group, the clinician may discuss the client’s area of injury and how it may impact certain functions.

**Materials:**

- Take home handout of brain diagram
- Sample brain template
- 4 different colors of clay, play-doh, watercolor or acrylic paint
- Wax paper
- Watercolor paper

**Method:**

Various materials may be used depending on the desires and abilities of the client.

1. Younger clients may form a brain with 4 different colored clumps of play doh, as instructed by the clinician. Each color will represent a section of the brain; frontal, temporal, occipital and parietal lobes. Clients will put together the clumps of clay or play-doh and form one cohesive brain structure.
2. Adult clients may also form a brain using play-doh or clay.
3. Young and adult clients may also use watercolor or acrylic paint to depict the brain.
  - Watercolor- When using watercolor the client will choose 4 different colors. Using watercolor paper the client will roughly sketch an oval, brain like shape on

their paper. Clients should be instructed to work “big,” and take advantage of their paper length and size. Clients will also roughly draw the location of the 4 different lobes of the brain within that structure. The client will then apply a small amount of water within the brain structure they sketched. Each color will then be applied according to the different sections of the brain.

- The colors will merge and blend together to form this fluidity. Clients should appreciate this and realize the nerves and cells in our brain do just the same and how each section is interconnected. This represents how complicated and intricate our brains are!
- Young and adult clients may also use acrylic paint to represent the brain. Client is instructed to choose 4 different colors of paint. 3 generous globs of paint will be placed in the center of wax paper. The first glob being the largest, middle being slightly smaller and the last being the smallest of the three.



- The client will then fold the piece of wax paper in half, displacing the paint with their hands towards edges of the paper.



When pulled apart a brain-like design should appear with grooves. This will represent the human brain from the aerial view.



4. Allow paint to dry. With the assistance from the clinician clients can then cut out their brain design and glue to construction paper and label the appropriate sections of the brain. Since this image represents the brain from an aerial view the temporal lobes would not be visible but paint could be added to the edges of the structure to represent the temporal lobes located at the sides of our head above our ears.
5. After projects are dried and complete the clinician may ask clients to retell the steps of the art making and/or review the components of the brain and their function.

### **Modifications:**

When needed the clinician may provide assistance with the use of any or all of the materials. Clients should be provided choices and should make decisions regarding the materials and colors they prefer. If using fine motor skills is challenging, large clumps of clay or play-doh may be used. If motor abilities prohibit the client from fully participating in the art project, the clinician should focus on the expressive component of the art making and allow the client to communicate preferred art materials, retell the steps of the process or review the names of each structure and their function. Visuals of each step can also be made or written out on a board, allowing clients to follow along and know what to expect.

### **Data Collection:**

Clinician may collect data on the number of times the client initiated:

1. The use of additional materials,
2. Asking for particular materials,
3. Beginning the next step of the art making,
4. Requests for assistance

Attention during task/ lesson

Number of redirects

Accuracy of following directions

Memory in recalling and retelling the steps of the process

Accuracy of answering wh-questions, such as:

What did we make?

What materials did we use?

How did we make it?

## Brain Functions Handout

Our brains are complex and the effects of injuries on them can vary in location, severity and deficits. This chart provides a basic overview of the functions of each lobe and hemispheres of the brain and allows individuals to deduce the possible challenges one may experience if damage has been done to that particular area.

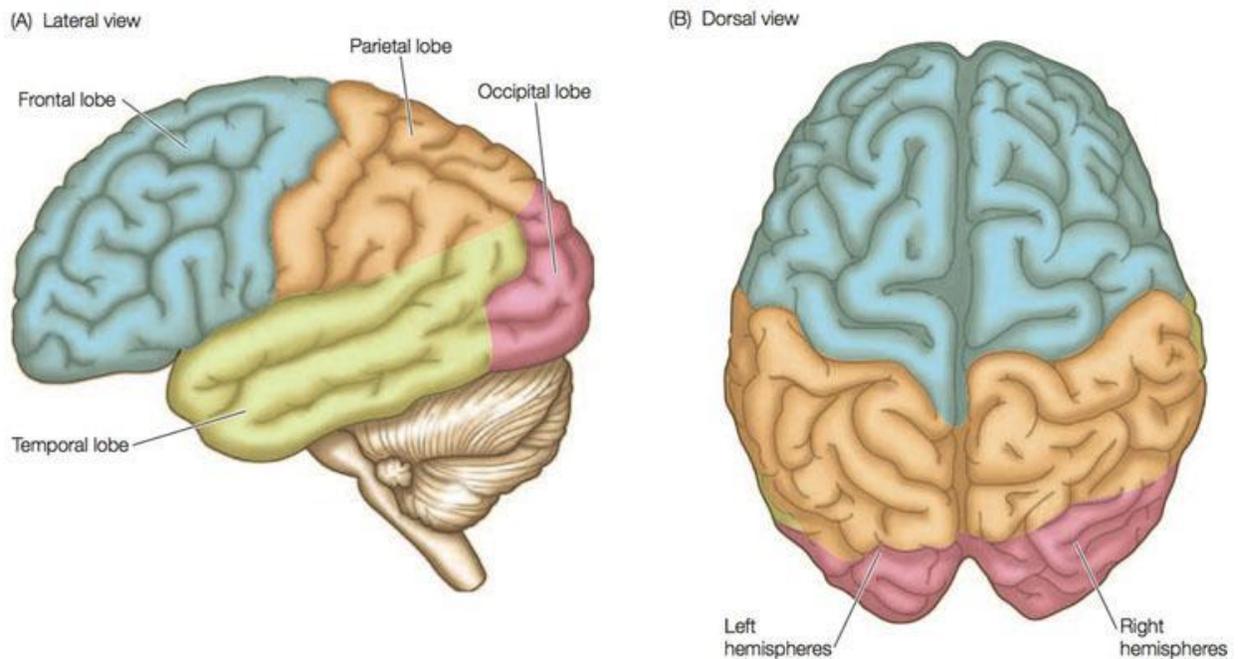
<p style="text-align: center;"><b><u>Prefrontal Lobe</u></b></p> <p>Functions:</p> <ul style="list-style-type: none"> <li>● Motor planning and initiating</li> <li>● Sequencing grammar</li> <li>● Organization</li> <li>● Emotional regulation</li> <li>● Aspects of long-term memory</li> <li>● Aspects of short-term memory</li> <li>● Interpretation of emotional cues</li> <li>● Attention and concentration</li> <li>● Problem Solving</li> <li>● Judgment</li> </ul>	<p style="text-align: center;"><b><u>Parietal Lobe</u></b></p> <p>Functions:</p> <ul style="list-style-type: none"> <li>● Sense of touch</li> <li>● Attention to body in space</li> <li>● Visual perception</li> <li>● Differentiation of sizes and shapes</li> </ul>
<p style="text-align: center;"><b><u>Temporal Lobe</u></b></p> <p>Functions:</p> <ul style="list-style-type: none"> <li>● Understanding of language</li> <li>● Hearing</li> <li>● Sequencing</li> <li>● Organization</li> <li>● Memory</li> </ul>	<p style="text-align: center;"><b><u>Occipital Lobe</u></b></p> <p>Functions:</p> <ul style="list-style-type: none"> <li>● Vision</li> </ul>

The lobes are divided up into 2 sections, right and left hemispheres. Their general characteristics are as follows:

<u>Right Hemisphere</u>	<u>Left Hemisphere</u>
Characteristics: <ul style="list-style-type: none"><li>● Nonverbal language</li><li>● “Big Picture” thinking</li><li>● Visual</li><li>● Attention</li><li>● Art/Music oriented</li><li>● Visual spatial processing</li><li>● Figurative</li><li>● Creative</li></ul>	Characteristics: <ul style="list-style-type: none"><li>● Verbal language</li><li>● Logical</li><li>● Language based</li><li>● Science/math oriented</li><li>● Analytical</li><li>● Detail oriented</li><li>● Literal</li><li>● Sequential</li></ul>

Living with brain injury. (2015). In Brain Injury Association of America. Retrieved from <http://www.biausa.org/living-with-brain-injury.htm>

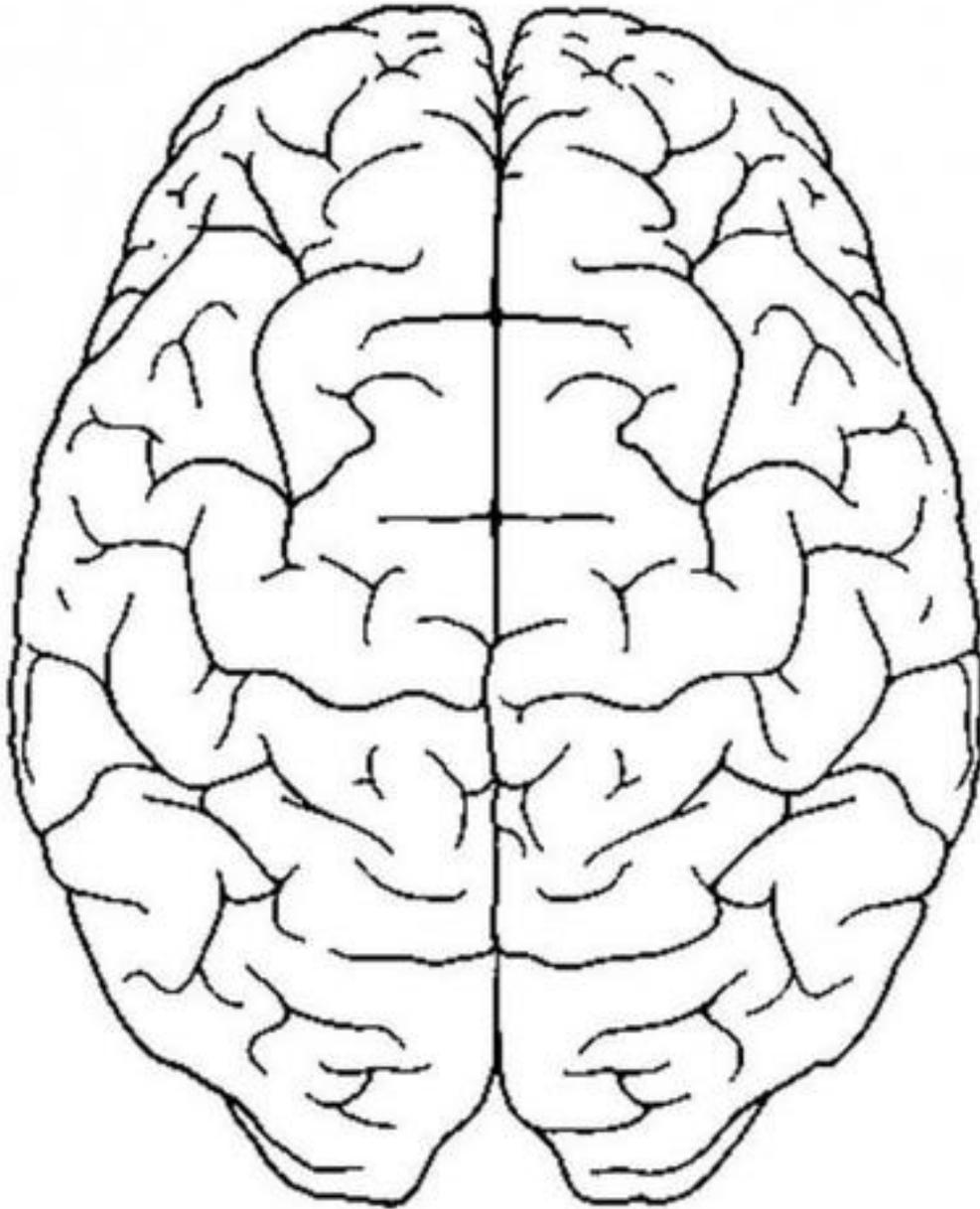
## Brain diagrams



Brain diagram from:

Web topic 8.7: Brains and decision making. (2011). Sinauer Associates, Inc. Retrieved from <http://sites.sinauer.com/animalcommunication2e/chapter08.07.html>

**Brain aerial view template**



## Lesson # 4: Thankfulness Project

**Population:** Created for clients with:

- TBI
- Language Challenges
- Aphasia
- Autism

**Setting:** Ideal for individual and group therapy in hospital, school or private clinic setting.

**Duration:** Approximately 2, 30-minute sessions.

**Purpose and rationale:** Research has shown that gratitude is strongly related to well being.

Seligman and Steen et al. (2005) showed improvements in well-being from maintaining gratitude lists overtime. Within their journals clients will have the opportunity to recognize and lists things for which they are grateful. Clients in this lesson will have opportunities to recognize and share about things for which they are grateful and a sense of appreciation for life will be gained. This positive psychology will have benefits in therapy, impacting client's attitude, happiness and overall success.

### **Skills Targeted:**

- Attention
  - Clients must sustain attention while listening to peers during discussion, and also attend to the making of their journals.

Sample Goal:

- Client will maintain attention, during a 30-minute therapy session.

- Expressive and receptive language
  - Clients will engage in listening and sharing roles with peers and the clinician during the making of their journal and discussion about gratefulness.

Sample Goal:

- Client will demonstrate expressive language, by responding to questions and clinician prompts during 30-minute therapy session.

- Social pragmatics
  - Clients will have the opportunity to demonstrate appropriate turn-taking, topic maintenance, eye contact and appropriate behavior while listening and sharing information.

Sample Goal:

- Client will demonstrate appropriate body language (eye contact, distance from communication partner, etc.) in at least 5 exchanges with a communication partner, during 30 minute therapy session.

### **Materials:**

- Handmade journals (Staples papers in book format)
- Purchased journals with blank or lined paper
- Paint
- Construction Paper
- Glitter, beads, stickers, ribbon
- Glue
- Scissors
- Anything that can be used to decorate their journal covers

### **Discussion Questions:**

#### Aphasia and TBI

- Who and what are you grateful for and why?
- What ways can we show we are grateful?
- What are the benefits of recognizing what we are grateful for?
- Has what you are grateful for changed since last year, last month, yesterday?
- Why is it important to show gratefulness?

#### Autism

- What are you thankful for and why?
- Who are you thankful for and why?
- How do we show we are thankful (facial expressions, body language, words?)

#### Language Disorder

- What are you thankful for and why?
- Who are you thankful for and why?
- How do we show we are thankful?
- What time of the year do we celebrate being thankful?
- When should we be thankful? Once a year or more?

**Methods:**

1. Introduce the purpose of creating a journal. Make sure clients are aware of its importance and its uniqueness for each individual.
2. First 30-minute session will focus on customizing their journal's cover. Provide clients with materials such as paint, stickers, construction paper, etc. Allow journals to dry overnight.  
\* For younger clients, stress the importance of "making it their own." Clients will be more interested in the activity when they have invested more quality time into making it personal.
3. Second 30-minute session ask clients suggested discussion questions. Clients may share with partners or as a whole group.
4. Instruct clients to write down 3-5 things they are grateful for. It can be words, sentences, and/or drawings.

**Modifications:**

For younger clients or individuals who may need additional assistance may complete sentences by inserting an item that corresponds to the prompt.

- "I am grateful for... (something green)."
- "I am grateful for... (something cold)."
- "I am grateful for... (someone's name)."
- "I am grateful for... (type of animal)."

**Data Collection:** The clinician may collect data on:

- Attention
- Initiation of task
- Social exchanges- turn-taking (during partner or group share)
- Relevant and appropriate comments and questions
- Memory
- Receptive and expressive language

- Appropriate syntactical and grammatical structures in oral and written responses to discussion questions

## Lesson # 5: Who am I

**Population:** Created for clients with:

- TBI
- Language Challenges
- Aphasia
- Autism

**Setting:** Ideal for group therapy in hospital, school or private clinic setting.

**Duration:** Approximately 2, 1-hour sessions

### **Purpose and rationale:**

Art making can help individuals discover and maintain their identity in the midst of overwhelming change or loss. Perceptions of an individual's loss or illness may change through the art making process and a greater meaning or purpose in life may be found. Our clients all have a story to tell and providing them with an opportunity to share it brings healing and empowerment. "Art is a form of visual narrative for people of all ages, but particularly for adults, who when confronted with serious illness or a life-changing condition, search for a sense of wholeness and a way to re-examine and reframe life stories" (Malchiodi, 2013, p. 47). In this lesson clients will create a tree through the use of paints, paper and found or recycled objects. The roots of the tree representing the clients roots which may include their family, homeland culture, and traditions. The trunk symbolizing what they stand for and believe in. The branches and the leaves representing them as individuals, their strengths and interests. The tree overall representing, an individual who is grounded and strong, and in an essence, able to withstand the storms of life. This lesson builds confidence and highlights the client's identity and strengths, as well as encourages clients to be flexible and confident through traumatic change and situations they may be going through.

**Skills Targeted:**

- Receptive and Expressive language
  - Clients will have opportunities to show understanding of symbolic language and verbally share about their background, traditions, and personal strengths.

Sample Goal:

- Client will demonstrate expressive language by verbally discussing personal strengths within small group discussion, during a 30-minute therapy session.

- Social communication
  - Clients will engage with peers and have opportunities to initiate conversation and provide appropriate reactions and interest in their communication partner.

Sample Goal:

- Client will initiate conversation at least 5 times within a 30-minute session, with peers or a clinician.

- Memory
  - Through the discussion clients must remember their personal strengths and strengths of their peers. Clients must also remember the steps of the art process and symbolism behind each aspect of the art project.

Sample Goal:

- Client will recall the symbolism of 2 aspects of the art project (tree trunk, branches, roots) with written or visual cues, during a 30-minute therapy session.

- Metacognition
  - Clients will have the opportunity to think symbolically and self evaluate what personal strengths they may exhibit or within their peers.

Sample Goal:

- Client will identify 5 strengths within themselves, with written or visual prompts, during a 30-minute therapy session.

**Materials:**

- Index cards
- Poster size construction paper
- Watercolor paper

- Acrylic or watercolor paints
- 3 brown 8.5 x 11 construction paper
- 3 green 8.5 x 11 construction paper
- Personal photographs (Optional)
- Synthetic or felt leaves (Optional)
- Magazines that contain various objects (People, nature, homes, animals, etc.)

### Questions:

- What is identity?
- What makes up our identity or who we are?
- What would you consider your roots to be?
  - Homeland
  - Family background
  - Culture
  - Traditions
  - Beliefs
- How do you stay true to your roots?
- What makes up your identity?
- What are your strengths? Are you a:
  - leader
  - good listener
  - compassionate
  - passionate
  - creative
  - athletic
  - imaginative

### Methods:

1. Clients will first discuss proposed questions mentioned above.
2. Clinicians will then provide clients with 15 index cards with various positive traits on them (This should be prepared before session and ideally each client will have their own set of 15 cards).
3. Clients will then identify 10 cards they believe are their strengths.
4. Then clients will narrow down their 5 cards to the top 3 that describe their personality and being most accurately.
5. Clients will then share with the group their top 3 traits or strengths.
6. After discussion, clients will begin the art project. Clients will have an option of choosing construction paper to develop their tree project.

7. Clients will first draw or cut out from construction paper a tree trunk. The tree trunk will be glued in the center of the large construction paper.
8. Clients will then discuss what makes up the “roots” of their lives. What has influenced their lives or what has grounded them? Clients can use personal photographs, magazine cut outs, or drawings, etc. Clients will then glue those objects at the bottom of the tree along with drawn or cut out roots from construction paper.
9. Next clients will discuss the branches and leaves of their tree, which represent who they are today. Clients may use photographs again or magazine cutouts to represent their interests, important people in their life, etc. In the branches, clients will include the strengths they identified having on the index cards. Artificial leaves or leaf cutouts may also be used, with the clients strengths, traits or interests written on them.

**Modifications:**

Clinicians may use pre-cut pieces for individuals with motor difficulty to assemble.

**Data Collection:**

Clinicians may collect data on the following:

- Ability to identify strengths expressively and receptively.
- Responses to discussion questions and questions asked by peers.
- Attention
- Task completion
- Initiation of conversations, and number of communication exchanges.
- Ability to plan and organize pieces on paper in a meaningful and appropriate manner.

## Sample Data Sheets

Conversational Data:

<b>Outcome</b>	<b>Description (Eye contact, joint attention, turn-taking, fluency, appropriate rate and clarity)</b>	<b>Types of Cues (verbal, visual, model, imitation)</b>	<b>Number of attempts</b>
No initiation of conversation.			
Client initiated conversation, with moderate prompting from clinician.			
Client initiated conversation, with minimal prompting from clinician			
Client initiated conversation independently.			

**Sample Data Sheet**

Data collection on initiation, execution and/or completion of steps of project;

Accuracy of following directions;

Social exchanges with clinicians and peers.

Student/Client: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Scale</b>	<b>Outcome</b>	<b>Description</b>	<b>Score</b>
1.	Not possible within this session.		
2.	Possible with hand-over-hand assistance from the therapist for initiation or completion of task.		
3.	Client requires verbal prompts from therapist for initiation or completion of task.		
4.	Client requires visual prompts from clinician for completion		
5.	Client is independent in task.		

### Sample Data Sheet

Student/Client: \_\_\_\_\_

Date/Time	Activity	Number of appropriate social exchanges/behavior/conversation comments, responses, requests	Level of Cues
			N _____ G _____ Vs _____ V _____ M _____ HOH _____

N = No cue needed

G = Gesture/Tactile cue

Vs = Visual cue

V = Verbal cue

M = Model

HOH = Hand over hand

### Chapter 3: Implementation

Lesson 1: “Riding the Wave,” was implemented at the San Marcos Speech and Language Clinic in San Marcos California, with 12 clients who exhibited deficits in language and communication. Participants included adult clients with aphasia and apraxia, with varying backgrounds, professions and degrees of deficits. The lesson took place across 2 one-hour therapy sessions. In the first session, clients were introduced to the topic and were prompted to initiate interactions with one another and discuss. As the session progressed, clients grew more comfortable and willing to participate. By the end of the first session, clients were passionate about the subject and participating in discussion significantly more. Much of the discussions centered around challenges and goals the clients had concerning their communication. Many found similarities among these goals and challenges, strengthening their bond with one another. Through observation, clients seemed to enjoy sharing experiences, challenges, growth and future goals with one another. The project addressed obstacles in clients’ lives and created a support system for clients within the therapy room.

During the art making, clients independently designed each of their pieces and interacted with one another, by requesting materials, conversing about topics and asking questions for more information or clarification. In the second, session clients reviewed topics discussed in the previous session, as well as what art was made. Clients reflected on the materials used and steps required to make their art piece. Clients then assembled the pieces to form the wave. This task was successfully completed by all the clients and upon its completion, excitement and satisfaction was observed in all the clients.

Materials for the project were organized beforehand and distributed across a table. Limited amount of supplies were provided in order to elicit interaction among the clients in order to get items needed. Each client was assisted by one clinician. Clients were well supported, however many proved to be very independent through the process, only requiring additional assistance with tasks such as cutting with scissors and squeezing a glue bottle. Multiple goals were targeted within the lesson including memory, social communication, receptive and expressive language and problem solving skills.

Upon completion of the project, clients provided feedback on the process and final art project. Overall, a sense of surprise and satisfaction was felt among many of the clients, upon seeing the completion of the project. Many were shocked at the similarity of goals each other had in improving communication and others surprised at their ability to create art.

Prior to the group sessions clinicians introduced the topics to their clients and opened discussion about their individual strengths and goals in an individual session. This proved to be helpful in preparing the clients and exposing them to the potential topics and questions before requiring them to discuss and answer them as a group. Challenges faced during the lesson included clients' comparisons to one another. During discussion of personal goals and challenges, some clients began to compare themselves to one another. With varying degrees of deficits, comparisons among clients were cautioned.

### **Feedback from therapists**

Each lesson was reviewed by licensed and credentialed speech language pathologists, as well as a credentialed art teacher, who specializes in art therapy for trauma victims. These individuals reviewed designs, methods, goals and materials for each project and answered survey questions provided. Questions answered by these individuals addressed strengths and

weaknesses of lessons, their general usefulness in the field and future modifications and development. The therapists and teacher found the lessons to be informative and helpful in implementing art into language lessons. The sample discussion questions were reported to be a valued aspect of the lessons, as well as the step by step directions, included in the methods section. As one therapist stated, "Sample questions, goals and step by step directions in how to make the art is always great." Another therapist agreed that "the problem is knowing how to incorporate art into our lessons, while making sure we hit all the students speech and language goals. I like how these lessons outline how to do that." Improvements suggested by them included providing strategies to build engagement with students and clients lacking motivation to participate, and age range and grade level recommendations for each lesson. Extending lessons to target speech sound disorders incorporating other art forms, such as dance and music were also recommended. Overall, therapist and teacher feedback were positive and supportive of future development.

## Chapter 4: Conclusions and Future Development

Art is a universal language that can be used with individuals of all ages and backgrounds. Individuals with communication disorders can benefit greatly from the incorporation of art into therapy. Upon completion of this project and feedback received from clients, clinicians and teachers, art based lessons have proven to provide an important role in fostering language development and social communication in individuals with language disorders. Art allowed clients to express themselves and interact with each other with decreased reliance on spoken expression. This in turn reduced anxiety and frustration. With reduced pressure and equal opportunity to be successful, clients were able to experience opportunities for self expression, learning and development of multiple skills. Clients' overall well-being was focused on during each lesson, by highlighting clients' strengths, allowing time to share stories and experiences and interaction with peers in a supportive and safe environment.

The lessons designed within this project strived to impact multiple areas of an individual's life, including well being, receptive and expressive language, and social communication, among many other areas. Lesson ideas and questions were designed to allow variation in implementation and allow clinicians to target multiple goals within one lesson. The materials, skills targeted, methods and modifications made within the lessons were reviewed to be appropriate and beneficial for clients. During implementation, clients were observed to be empowered, more confident and encouraged to share and interact with others.

### Future Development

Continued research on the effects of art in language therapy will be necessary for further development of this project. Additional studies supporting art in speech and language therapy will be beneficial in improving and adding new aspects to lessons, as well as developing additional lessons. The feedback and suggestions of speech language pathologists who work in

various locations and populations will be an essential component of developing additional meaningful and useful lessons. Feedback regarding implementation of these lessons, strengths and weaknesses of the lessons and appropriate goals and materials used would be helpful in improving the current project. After the gathering of additional feedback and research, the development of a website and/or paper resource is recommended to share and distribute the lessons. As suggested by the therapists and teacher who reviewed the lessons, additional lesson plans will seek to also incorporate different art forms, such as music and dance, to foster language development. Upon suggestions, additional lessons will also include information and lessons that target speech sound disorders with child and adult populations.

Speech language pathologists interested in these lessons are encouraged to use, modify, and create their own lessons based off of provided templates and questions. Art provides a means to communicate thoughts, feelings, and beliefs and foster overall language development. In the process of making, art clients share their experiences, build friendships, and acquire language skills within a very natural environment that is safe and supportive. The development of additional lessons will aim to allow speech language pathologists to see the endless possibilities and overwhelming positive impact art can have on clients and their families. Their development will also aim to inspire therapists to develop treatment plans that treat the whole person and not just the disorder.



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