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# Art Therapy and FASD: A Promising Treatment Approach

By Erin Rafferty Bugher and Jerrod Brown

## Abstract

Fetal alcohol spectrum disorder (FASD) is a neurodevelopmental disorder characterized by cognitive (e.g., executive function), social (e.g., communication), and adaptive (e.g., decision-making ability) deficits. Because FASD often co-occurs with other psychiatric and substance use disorders, accurate diagnosis and effective treatment can be challenging. Art therapy (AT) is one promising treatment modality for FASD. This is especially true of children who suffer from both FASD and a history of trauma. AT presents many potential benefits for FASD such as improved emotional regulation, relaxation strategies, interpersonal communication skills, self-esteem, and memory functioning. Although additional empirical evaluation is needed, AT has a growing body of evidence that demonstrates its effectiveness in the treatment of FASD.

## Introduction

Individuals with FASD commonly experience cognitive (e.g., executive function, memory, and learning), social (e.g., interpersonal and communication), and adaptive (e.g., decision-making and problem-solving ability) deficits (Edwards & Greenspan, 2011; Paley & O'Connor, 2011; Streissguth, Barr, Kogan, & Bookstein, 1996). Complicating matters, FASD often has high rates of comorbidity with other

psychiatric disorders, substance use, and suicidal ideation (Steinhausen & Spohr, 1998). As a result, accurate detection of FASD can be challenging due in part to the vast array of symptoms experienced by this population. In many cases, the secondary disabilities are often misdiagnosed as the primary disability. When not accurately identified and treated, the combination of these symptoms places these individuals at risk for parental abandonment, neglect, and involvement in the child welfare system (Paley & O'Connor, 2011; Streissguth, Barr, Kogan, & Bookstein, 1996). As a result, individuals with FASD often manifest poor academic and vocational performance, which may contribute to involvement in the criminal justice system (Brown, Connor, & Adler, 2012; Paley & O'Connor, 2011; Streissguth, Barr, Kogan, & Bookstein, 1996). As such, it is imperative for mental health providers to understand the complexities of FASD. This requires them to seek out professional training opportunities on effective treatment programs for persons affected by FASD such as art therapy (AT).

Research indicates that AT is a viable treatment modality for addressing FASD and childhood trauma symptomatology. Art therapy (AATA, 2016) is the use of art materials provided in a therapeutic context with a trained art therapist. Research suggests AT enhances overall health and well-being. For example, Gerteisen (2008) found that AT increased self-esteem, improved positive social relationships, and increased self-control in children who suffered from FASD and trauma. Further, enhancements were observed in the identification of feelings including the development of nonverbal expression of feelings and improved body awareness. The use of sketchbooks, scented markers, and mandalas (Curry & Kasser, 2005) were identified as some examples that were found to have therapeutic benefits with the FASD and trauma clients in the Gerteisen (2008) study. The integration of AT approaches by a trained art therapist into the treatment process can be a beneficial way to address the complex symptomatology of FASD. Below we highlight several of the benefits of AT for FASD.

## Benefits of Art Therapy for FASD

**Visual externalization of complex feelings.** Engaging with art materials aids in an authentic expression of emotions by offering an alternative way to share feelings. This could involve simply attaching a feeling to a color. Sometimes blending colors to create a unique color can represent a feeling that is difficult to describe or share. The metaphors people may associate with their art pieces also forge a personal association to the art product. Such an art piece can often become a symbolic representation of complex emotion(s).

**Emotional regulation, recognition, and literacy.** The art produced is used as a learning and education tool for emotional expression, recognition, and understanding.

**Learn calming, coping, and relaxation strategies.** Sensory and kinesthetic exploration with materials/media often decreases stress levels (e.g., cortisol) in the brain. Examples of this may be the use of tactile media, sand, cotton fabric, or wet clay (Lusebrink, 2010). These sensory experiences soothe and/or calm the arousal system.

**Building and learning healthy socialization and relational skills.** Being part of an art therapy group may enhance social skills. For example, working with others on a group collaborative piece such as a mural could elicit many possibilities of social learning and social responses in addition to offering a safe way to create a sense of belonging and contribution to the group.

**Reduction in trauma symptoms such as hyper-arousal.** Participation with art materials and processes that include repetitive and predictable experiences can help decrease hyper-arousal by engaging the parasympathetic system. Some examples may be knitting, crocheting, using a clay pottery wheel, beading, and even the simple act of shading in lines or adding color to a coloring page.

**Increased ability to focus.** Engagement with art materials and media can be something enjoyable that sustains attention over an extended period of time. This could result in a creative flow that helps improve the ability to focus.

**Development and strengthening of self-esteem.** Working with materials and media provides opportunities for learning novel skills within the context of art therapy. This could include the courage to make mistakes, practicing diligence and commitment to the process and product, and even the possibility of gaining a type of mastery of the medium directly. All of these skills can boost the client's ego.

**Development and strengthening of identity.** Mask-making and the process of using the masks to express one's cultural experience and sense of identity in the world are one way to honor differences and similarities within the human experience.

**Tapping into implicit memory and externalization of memory(s).** If trauma and FASD are present, the use of tactile, sensory, and kinesthetic art materials is an avenue to connect with memories of past trauma. Here, the materials and media are the conduits for expression of implicit memories. Because exploration with art materials may elicit regression into past traumatic symptomatology, a trained art therapist should guide this process (Klorer, 2005).

**Connecting between and the formation of new neuropathways.** Engaging in various artistic media can help connect the whole brain. In particular, the AT process may improve integration of the lower brain stem systems to the higher functioning executive brain systems such as the frontal cortex.

**Enhancing long-term memory functioning.** Using a sketchbook in the context of art therapy offers a sense of containment. This can serve as a safe space to share personal experiences. The sketchbook could also serve as a tool to address memory-processing issues by providing a record of experiences.

## Conclusion

Art therapy holds promise in treating many of the cognitive, social, and adaptive functioning deficits of FASD. This is especially true of children who suffer from both FASD and a history of trauma. Specifically, AT presents many potential benefits for FASD such as improved emotional regulation, relaxation strategies, interpersonal communication skills, self-esteem, and memory functioning. Although additional empirical evaluation is needed, these initial findings indicate that it is important for mental health providers to understand that there are trained art therapists who can offer alternatives to traditional options for effective treatment for individuals with FASD.

## Biographies

**Erin Rafferty Bugher, ATR-BC, LPCC**, has many years of experience working as an art therapist for children, adolescents, and adults who have mild-to-severe emotional difficulties including in hospital inpatient/outpatient and day treatment settings. In addition to working as a clinician, Erin is a core faculty member at the Adler Graduate School (AGS) MN. Since 2007, she has been teaching in the art therapy and clinical programs and also holds the role of field experience coordinator for AGS. The Creative Arts Therapy Collaborative (CATC) was developed by Erin and partners in 2008. CATC provides individual sessions, family sessions, groups, supervision services, and caregiver art experiential workshops for those seeking mental health services.

**Jerrold Brown, M.A., M.S., M.S., M.S.**, is the Treatment Director for Pathways Counseling Center, Inc. Pathways provides programs and services benefiting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS), and the Editor-in-Chief of Forensic Scholars Today (FST) and the Journal of Special Populations (JSP). Jerrod holds graduate certificates in Autism Spectrum Disorder (ASD), Other Health Disabilities (OHD), and Traumatic-Brain Injuries (TBI). Jerrod is certified as a Youth Firesetter Prevention/Intervention Specialist, Thinking for a Change (T4C) Facilitator, Fetal Alcohol Spectrum Disorders (FASD) Trainer, and a Problem Gambling Treatment Provider. Jerrod is currently in the dissertation phase of his doctorate degree program in psychology.

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