

Narrative, Art and Play (NAP) Therapy: An Approach to Improve Behaviors of Children with Mild Autism

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The intricacy of managing a child with autism has posed primary caregivers to seek assistance in addressing the child's repetitive behaviors, inattentiveness, social skills deficit, and communication impairments. However, there is still a lack of knowledge on how to address their manifestations. This study investigates how Narrative, Art, and Play (NAP) therapy affects their behaviors in terms of Unsociable-Sociable (US), Restless-Settled (RS), and Inattentiveness-Attentiveness (IA) dimensions. A quasi-experimental one-group pre-test post-test design was applied to 20 children diagnosed with mild autism aged 6-13 years old, and with performance level of grade 2-3. Each session consisted of a pre-test activity about hygiene; a 25-30 minutes NAP therapy (narrative story about hygiene and clay therapy); and a post-test activity with same contents of pre-test. Primary caregivers were asked to fill-out the Rowe Behavioral Rating Inventory (RBRI) before and after each 7 sessions. One-Way Repeated-Measures Analysis of Variance (ANOVA), was used in comparing RBRI scores, showed significant differences in sociableness (p -value=0.000) and attentiveness (p -value=0.000), and insignificant difference in restlessness (p -value=0.061) dimensions of behaviors. Based from the data, NAP therapy improved their social and attentive behaviors and did not improve their restlessness behavior. Interestingly, results also showed improvements in

their memory recall and memory retention as seen in their 1st session and last session pre-test and post-test activity scores (p -value= 0.049 and 0.018 respectively).

Introduction

Children with autism are often stigmatized [1]–[3] as disruptive or indifferent because of the misconceptions of others about the clinical impression of autism. As the child remains undiagnosed, parents notice restricted, repetitive behaviors, unusual responses to sensory experiences, and problems on speech development, nonverbal communication, and social interaction [4], [5]. Upon diagnosis, parent's initial reaction leads to grief and uncertainty as they realize the unending nature of disability [6]. Caring for individuals with autism poses unique challenges as it involves physical and physiological needs, time, and energy [6]. Consequently, primary caregivers assume multiple roles such as being an advocate, caregiver and such [7].

Several therapies have been developed aiming to address the manifestations of these children. Narrative therapy alone is more effective in addressing inappropriate behaviors rather than teaching social skills [8]. Through narrative therapy, they can explain routines and social situations in a non-intimidating way [9], [10]. Meanwhile, art therapy alone is effective in improving

cognitive, emotional and social skills [11], [12]. Lastly, play therapy improves attention span [13] and resolves self-isolation, impaired social skills, and repetitive stereotyped behaviors [14]. Specifically, clay therapy, a form of art and play therapy, is more effective in improving social skills as it provide means for freedom of expression [15] and enhances attentiveness as it attracts them to focus on the object [16].

Although recent advances have helped improve treatment and care for children with mild autism, there is still no known form of treatment to predictably improve their deficits [17]. To date, it still remains a challenge on how to understand and address the clinical manifestations of Autism [17].

In order to improve the behavioral, cognitive, and social deficits of children with mild autism, addressing their behavioral deficits must be the priority. Their behaviors are easily recognized therefore they can be managed earlier as compared to their cognitive deficits and such. With this, the researchers have decided to develop a therapy which can be administered by the primary caregivers alone at home aiming to address the everyday behavioral symptoms of children with mild autism.

No studies have been done on the effects of narrative, art and play therapy if they are combined. In this study the therapies, which are usually conducted separately and specifically, were combined in order to develop the

children with mild autism's behavioral skills in terms of Unsociable-Sociable (US), Inattentive-Attentive (IA), and Restless-Settled (RS) dimensions. US

dimension is defined in this study as the ability of the child to either socialize or not with other children. Meanwhile, IA dimension pertains to

the ability to not pay or pay attention. Lastly, the RS dimension includes being easily excited, lively, and unable to sit still.

Table 1. Demographic Profile of the Respondents (n=20)

Profile	Frequency	Percent	Profile	Frequency	Percent	Profile	Frequency	Percent
age			age			gender		
6 years old	5	25%	12 years old	1	5%	F	9	45%
7 years old	1	5%	13 years old	2	10%	M	11	55%
8 years old	2	10%				Performance Level		
9 years old	7	35%				grade 2	16	80%
10 years old	2	10%				grade 3	4	20%

Methods

Sample

This quasi-experimental one group pre-test post-test study included 20 purposively selected Filipino children diagnosed with mild autism, aged 6-13 years old and with the same performance level of Grade 2-3 from a school that caters to special education. These children have the ability to comprehend and can verbally communicate. Table 1 showed the demographic profile of the respondents. As indicated, majority of the respondents are 9-years-old (35%) male students (55%) with performance level of Grade 2 (80%).

Instrument

This study adopted, modified and utilized Rowe Behavioral Rating Inventory (RBRI) of Rowe and Rowe, 1999 in assessing the children's typical behaviors through observation by primary caregivers. It is a 12-item five-point semantic likert scale questionnaire indicating positive and negative attitudes. The tool measures behaviors in three dimensions namely US, RS, and IA. The tool was subjected to reliability testing which generated a Cronbach Alpha ranging from 0.7-0.840 in Rowe & Rowe, 1993c, 1995, 1997c, 1999. In the

Philippine setting, a Cronbach Alpha of 0.710 [18] was gained.

Data Collection Procedure

Consent forms were provided to the parents. Once candidates for participation have consented, the primary caregivers answered the RBRI. This was collected before the 1st session and every after each therapy session. Before the therapy session, the children were asked to answer a matching type pre-test activity about hygiene. As they do the activity, their behaviors were observed. Data collected from the activity scores were also used to check their memory retention and memory recall. This is then followed by the 25-30 minutes NAP therapy which consisted of storytelling about hygiene followed by clay activity. Two stories about hygiene were utilized. The first story was read to them consecutively in four days, and the second story was read to them consecutively in the remaining three days of the sessions. After the therapy, they were given post-test activity with the same contents of pre-test. Likewise, their behaviors are being noted. At the end of each session, the primary caregivers were asked to fill-up the RBRI. The data gathered were subjected to statistical treatment.

Ethical Considerations

Prior to the actual conduction of the study, an informed consent was secured. The nature of the study was explained to the primary caregivers of the children with autism in order to observe the right of full disclosure. In upholding assent to participation and right to self-determination, the children and the primary care givers were given the option whether to voluntarily participate or withdraw from the said study, ask questions, and refuse to give information without the risk of any penalty or prejudicial treatment. In observing their right to privacy, anonymity and confidentiality, the researchers refrained from sharing the private information without the authorization of the subject.

The subjects were treated fairly and received what is due to them in accordance with the right to fair treatment.

In observing the principles of beneficence and non-maleficence, the participants' age and level of functioning were taken into consideration. The environment where the therapy was conducted was modified to resemble a classroom setting in order to minimize tantrums brought about by a change in the environment, minimize harm and maximize the benefits the respondents can get.

Table 2. 1st and last session pre-test and post-test activity scores

Paired Samples Test		Mean	SD	df	T-value	P value
1st session	pre - post	-0.35	0.74516	19	-2.101	.049*
Last session	pre - post	-0.75	1.29269	19	-2.595	.018*

*significant at p-value < 0.05 α

Results

Table 2 represented the comparison of the 1st and last session pre-test and post-test activity scores. It revealed that there is a significant difference between their pre-test and post-test activity score in the 1st and last sessions with t-values of -2.101 (p-value= 0.049) and -2.595 (p-value= 0.018) which are both more than the critical values of 2.093. This indicates that there is an improved memory retention and memory recall under the cognitive aspect of children with mild autism during the sessions.

Table 3. RBRI scores of three dimensions: Unsociable-Sociable (US), Inattentiveness-Attentiveness (IA), Restless-Settled (RS) across sessions

Sphericity assumed**	MEAN	SD	F	SIG
US	4.412	.46871	17.684	.000*
IA	3.669	.54700	12.954	.000*
RS	1.205	.76605	1.987	0.061

*Mauchly's test was significant; test of within subjects effects was utilized

*significant at p-value < 0.05 α

Table 3 presented the comparison of the RBRI scores of each dimensions across sessions. In order to compare the RBRI scores of each session per dimension, One-Way Repeated Measures Analysis of Variance (ANOVA) of SPSS version 21 was utilized. As denoted in table 3, there was a significant difference in the RBRI scores in the US and IA dimensions with f-values of 17.684 and 12.954 respectively which is more than the critical value of 3.492 (p-value 0.000 < 0.05 α). This indicates an improved sociableness and attentiveness behaviors during sessions. On the other hand, there was no significant difference in the RS dimension with f-value of 1.987 which is less than the said critical value (p-value 0.061 > 0.05 α). This signifies no improvement in their restlessness behaviors.

Table 4 showed the comparison of each dimension across one another with the use of One-Way Between Groups ANOVA of SPSS version 21. It presents that there is significant

difference (p-value= 0.041) among the sessions of each dimension when compared to one another. This means that US and IA are the dominating dimensions in the three dimensions of behavioral skills. These two dimensions are simultaneously improving rather than singly improving on each session.

Table 4. Comparison of each dimension with one another

	Mean	Std. Deviation	Between Groups		
US	3.006	0.4697			
IA	2.991	0.4303	df	F	Sig.
RS	3.465	0.2441	2	3.74	0.041*
Total	3.154	0.4383			

*significant at p-value < 0.05 α

Discussion

Results of the study indicated how Narrative, Art and Play (NAP) therapy positively affects the behaviors of children with mild autism in terms of their socialness, and attentiveness as shown in Table 3. However, there is no improvement in their restlessness dimension as also shown in Table 3.

Narrative therapy helps explain social situations. The child's ability to comprehend the story is a factor on how their behaviors have improved [8]. If the child will not be able to understand the language used in the story, the story is useless. Another factor that could have caused improvements in their behaviors is the use of visual illustrations rather than purely written text [8]. This captures their attention to listen to the story. The graphical images shown to them could have also enticed them to mold objects with the clay as they try to imitate the pictures shown to them. However, since narrative therapy was proven in studies to be effective in improving inappropriate behaviors rather than in teaching social skills, the art and play therapy could have played the role in enhancing their social skills. The children in the story were observed to be socializing with one another as they play with clay. They were observed to be sharing

their respective clay with one another. Some children were also observed to be teaching their friends how to mold an object with clay.

Meanwhile, there was no noticeable improvement in their restlessness behaviors. RS dimension includes being easily excited, lively, and unable to sit still. It was observed during the study that as the sessions progress, the routine becomes established, and the children become a lot excited— each session looking forward in listening to the story and to molding clay objects. These could have probably contributed why there were no noticeable improvements in their restlessness behaviors. In spite of being excited, they remained attentive to the facilitators and socialize with other children.

It is specified in table 4 that the US and IA dimensions are simultaneously improving, and appears to be the dominating dimensions. Therefore, the therapy enriches both US and IA dimensions of behaviors as a whole rather than singly enhancing each aspect.

In addition to the improved behaviors, it has been noted that their cognitive aspect in terms of memory retention and memory recall has improved as evidenced by their significant improvement in the pre-test and post-test activity scores shown in Table 2. They have been also noted to recall the story as they recite together with the narrator of the story.

Conclusion

NAP therapy improved children with mild autism's behaviors in terms of their socialness and attentiveness. Results of the study offer practical and empirical implications. Future nurses may use this method as a way to communicate with the children with mild autism. Primary caregivers may use this as an adjunct to the therapies their children are receiving and as a home management when they would like to teach their children social skills and improve their inappropriate behaviors. However, they should keep in mind that their child's level of

understanding, their ability to comprehend, and the use of visual illustrations are factors they should consider in developing their own narratives. Meanwhile, the clay helped them improved their creativity and became a means of expression. They should also notice the child's cues and clues when they are playing with clay

as this is a form of their communication to express how and what they feel.

The therapy would not entirely correct their behaviors but rather just help the children improve their understanding of social events and encourage them to vent out their feelings with clay.

Empirically, these paper challenges future researchers to investigate this with moderate and severe autism. It is further recommended to use this model and try to explore if it can also affect their cognitive deficits as it was noticed in the study to have helped improved memory recall and retention.■



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References

- [1] Mak, W., & YT, K. (2010). Internalization of stigma for parents of children with autism spectrum disorder in Hong Kong. *Social*

- Science and Medicine, 2045-2051.
- [2] Soraya, L. (April 1, 2012). Stigma and the "Othering" of Autism. *Asperger's Diary*.
- [3] Naeem, W. (2013, April 2). Autism: An unwarranted stigma. Retrieved May 21, 2013, from The Express Tribune News Network: <http://tribune.com.pk/story/529812/world-autism-awareness-day-an-unwarranted-stigma/>
- [4] Strock, & Margaret. (2007). Autism spectrum disorders (pervasive developmental disorders). Bethesda, MD: National Institute of Mental Health, National Institutes of Health U. S. Department of Health and Human Services.
- [5] Keltner, N., Bostrom, C., McGuiness, T., & Davadilla, N. (2012). *Psychiatric Nursing Philippine Edition*. Singapore: Elsevier.
- [6] Lutz, H. R., Patterson, B. J., & Klein, J. (2012). Coping With Autism: A Journey Toward Adaptation. *Journal of Pediatric Nursing*, 206–213.
- [7] Klein, S., & McCabe, H. (2007). From Mother to Disability Professional: Role Change, Resilience, and Rewards. *Journal of Early Intervention*, 306–319.
- [8] Kokina, A., & Kern, L. (2010). Social Story Interventions for Students with Autism Spectrum Disorders: A Meta-Analysis. *Journal Autism Developmental Disorder*, 812–826.
- [9] Looyeh, M. Y., Kamali, K., & Shafieian, a. R. (2012). An Exploratory Study of the Effectiveness of Group Narrative Therapy on the School Behavior of Girls With Attention-Deficit/Hyperactivity Symptoms. *Archives of Psychiatric Nursing*, 404–410.
- [10] Carlson, R., & Arthur, N. (1999). Play therapy and Therapeutic Use of Story. *Canadian Journal of*

- Counselling
- [11] Malchiodi, C. A. (2012). Developmental Art Therapy. In C. A. Malchiodi, *Handbook of Art Therapy*, Second Edition (pp. 114-129). New York: Guilford Press.
- [12] Perry, B. (2006). The neurosequential model of therapeutics: Applying principles of neuroscience to clinical work with traumatized and maltreated children. In N. B. Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 27–52). New York: Guilford Press.
- [13] Parker, N., & O'Brien, P. (80-87). Play therapy - reaching the child with autism. *International Journal of Special Education*, 2011.
- [14] Pullen, L. C. (2008). The P.L.A.Y. Project: a revolutionary treatment approach for children with autism. *EP MAGAZINE*, 42-43.
- [15] Sholt, M., & Gavron, T. (2006). Therapeutic Qualities of Clay-work in Art Therapy and Psychotherapy: A Review. *Art Therapy: Journal of American Art Therapy Association*, 66-72.
- [16] White, P. (1898). *CLAYtherapy®: The Clinical Application of Clay with Children*. Weebstar Press.
- [17] Foundation, A. R. (2013). The Autism Research Foundation. Retrieved April 18, 2013, from The Autism Research Foundation: <http://theautismresearchfoundation.org/>
- [18] Navidad, F., Tan, H., Tan, A., Tampus, G., & Talledo, P. (2013). Touch Therapy and Therapeutic Listening: An Approach to Improve Attention Span and Behaviors of People with Autism. *Education and Management Innovation II*, 9-14.