

The Use of Expressive Arts in various Occupational Therapy Settings

Ryan TeBeest, Kim Kornstedt, Corynn Feldmann, and
Laura Harmasch

Faculty Sponsor: Sharon Kemnitz, Department of Clinical Science,
Occupational Therapy Program

ABSTRACT

The purpose of this research is to determine how many occupational therapy practitioners are using expressive arts, what types of expressive arts are being used, and how easily occupational therapy practitioners perceive reimbursement for these modalities. To research these questions the following practice settings were decided upon: school systems, gerontology, physical disabilities, mental health, and developmental disabilities. The research study showed that 78% of all respondents use expressive arts in practice to some degree. Expressive arts are most frequently used in school systems and mental health settings, and perceived as easy to reimburse within these settings as well. The most frequently used types of expressive arts are general arts and crafts and drawing.

INTRODUCTION

Occupational therapy practitioners have been using expressive arts as therapeutic modalities since the turn of the twentieth century, but to what extent they are being used is unknown (Lynch, 1996). Such modalities have been used for the “management of pain during recuperation, the redirection of the wandering minds of elders, and the diversion of self indulgent thoughts of depressives”(Levine, 1987). This study will examine which areas of expressive arts are being used as occupational therapy modalities, how occupational therapy practitioners are integrating them into their particular area of practice, and how easily therapists perceive reimbursement.

Literature Review

“Without art, occupational therapy would become the application of scientific knowledge in a sterile vacuum” (Peloquin, 1989). “Expressive art therapy can be defined as drawing, painting, sculpture, play, music, poetry, movement, and psychodrama” (storytelling, role play, etc...) (Synder, 1997). The main purpose of expressive art therapy is to contain the client’s self-identity in the product, as well as, “help individuals interpret images for insight, problem solving, and conflict resolution”(Malchiodi, 1999). There has been little research done in relation to the extent of use in Occupational therapy. Occupational therapy relies heavily on meaning and occupations to effectively treat their patients. Occupations are defined as everyday activities that are meaningful, goal-directed, require time, and are recognizable by others. “When we build our identities through occupations, we provide ourselves with the context necessary for creating meaningful lives, and life meaning helps us be well”(Christiansen,

1999). Meaning and occupations are inherently involved in expressive art therapy because the patient conveys thoughts and feelings through selection of activities, materials and completion of projects (Ferguson & Trombly, 1997). There have been many studies documenting the effectiveness of occupation based treatment verses rote exercise. Rote exercise can be defined as habit performance without meaning. A study done by DeKuiper et al. (1993) shows that materials based occupation exercise elicited significantly more repetitions than rote exercise. Another study by Ferguson and Trombly was "the first to demonstrate how added purpose can enhance a more permanent aspect of performance: motor learning." In conclusion, expressive arts is considered an occupation-based activity and therefore makes it more effective for patient treatment.

In addition, this study will provide clear information and evidence in the use of expressive arts in relation to evidence-based practice and billing reimbursement from third party payers. "Evidence based practice refers to clinicians using studies and data in peer reviewed journals to validate treatment techniques used in practice"(Logemann, 2000). Many third party payers are requiring documented evidence of treatment modalities for reimbursement (Munshi, 1999). "Evidence based practice is being advocated to help clinicians answer the following questions: How does rehabilitation work? For whom is it most effective? Are certain programs better for certain persons? Who should be enrolled, when, and for how long?" (Ottenbacher & Maas, 1999). Medicare coverage guidelines reimburse only for medically necessary services that "are proper and needed for diagnosis or treatment of medical condition" (Medicare glossary, 2002). There are many practice settings that have to comply with Medicare coverage guidelines in order to be reimbursed. Therefore if the evidence base is lacking, clients may have to pay out of pocket for specific treatments or may miss out on the benefits of modalities such as expressive arts.

Hypothesis

The hypothesis of this study was that expressive arts would be used most frequently in school systems and mental health settings and that it would be the most easily reimbursed within these settings as well. It was also hypothesized that general arts and crafts would be most frequently used across all settings.

METHODS

Survey

A 14-question survey was constructed (see appendix A). The survey began with a demographics section, which included gender, years in practice, state in which they practice, population of the city they practice in, and practice setting. The five practice settings available to choose from included: school systems, gerontology, physical disabilities, mental health, and developmental disabilities. These practice settings were chosen for the survey based on the top five practice settings provided by The American Occupational Therapy Association (2001). A Likert Scale was utilized in the survey for questions such as "how often do you use expressive arts?" And, "do you feel it is easy or difficult to receive reimbursement for expressive arts therapy?" By using the Likert Scale, survey participants were able to rate responses on a scale from 1-5. A Likert Scale was utilized to provide more variety in response choices as opposed to a yes/no question. For the question, "What types of Expressive arts do you use?" Synder (1997) defined expressive arts as "drawing, painting, sculpture, play, music, poetry, movement, and psychodrama" (storytelling, role play, etc...).

For the list of disabilities listed in question 10, a list was acquired from AOTA (2001) and modified by researchers. This question was omitted because it was found to be a poorly written question based on respondents advice. For questions 11-13, regarding education and training of expressive arts were discarded due to the fact that they did not support the research questions. All of the qualitative questions in the survey were also discarded because they did not support the research question and it made statistical analysis difficult.

Pilot Study

A pilot study was sent out to 10 practicing occupational therapists in La Crosse, WI and 9 were returned. The survey questions were then modified according to suggestions given on the returned pilot studies. The modified survey was sent to 250 randomly selected occupational therapy practitioners within the five practice areas of occupational therapy: school systems, gerontology, physical disabilities, developmental disabilities, and mental health (AOTA, 2001). The list of practitioners was acquired from the American Occupational Therapy Association (2001). Of the 250 surveys sent out 121 surveys were returned.

RESULTS

Statistical Analysis

Data from the surveys was entered into the SPSS 10.1 (Cronk, 1999). Once entered the data was cross-tabulated and analyzed according to research goals using descriptive statistics. The data was represented as frequencies and percentages and is displayed as graphs and tables.

Demographics

Out of the 121 respondents, there were 110 females and 11 males and they had an average of 12 years of experience. The surveys were returned from 31 states across the nation. 48% of respondents came from the east coast and 41% practiced in a city with a population greater than 150,000. Respondents included 16 practitioners from geriatric settings, 39 from school systems, 25 from mental health settings, 27 from physical disabilities settings, and 11 from developmental disabilities settings.

Areas of Practice

When comparing the practitioners in different practice settings with the use of expressive arts, the following results were found. School systems and mental health settings use expressive arts the most. (Refer to figure 1)

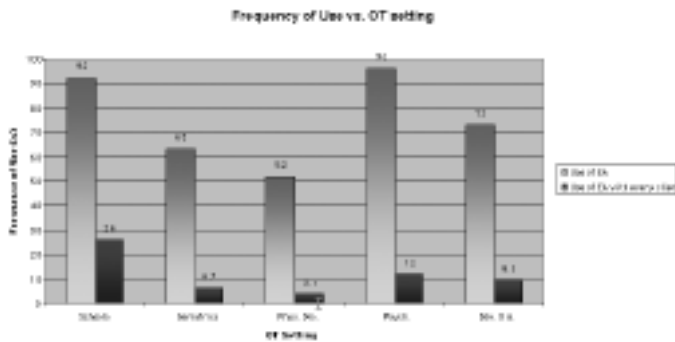


Figure 1

Forms of Expressive Arts

The comparison between the types of expressive arts used in practice to the different practice settings is represented in Table 1. In general, arts and crafts are the most widely used form of expressive arts used by occupational therapy practitioners as it is indicated as one of the top two art modalities in each of the five settings analyzed.

Table 1: The Use of Specific Modalities within Practice Settings

	School Systems	Gerontology	Physical Disabilities	Mental Health	Developmental Disabilities
Drawing	30	5	9	17	6
Painting	25	1	5	15	5
Sculpture	8	0	0	4	0
Play	27	2	5	7	8
Music	18	5	6	13	4
Poetry	30	1	10	1	
Movement	24	5	4	10	4
Drama	6	1	2	8	1
General arts and crafts	31	9	7	20	7
Other	2	0	4	2	1
None	3	7	14	2	2

*Bolded portions represent the top two expressive art modalities used within each practice setting.

Reimbursement

The therapists surveyed were asked to rate the difficulty of obtaining reimbursement for expressive arts as a therapeutic modality. The perceived difficulty, which ranged from no difficulty to great difficulty, was compared between each of the five practice settings. Reimbursement was perceived to be the easiest for therapists in school systems and mental health settings, while it was perceived to be most difficult for those therapists working in developmental disability and geriatric settings. (See figure 2)

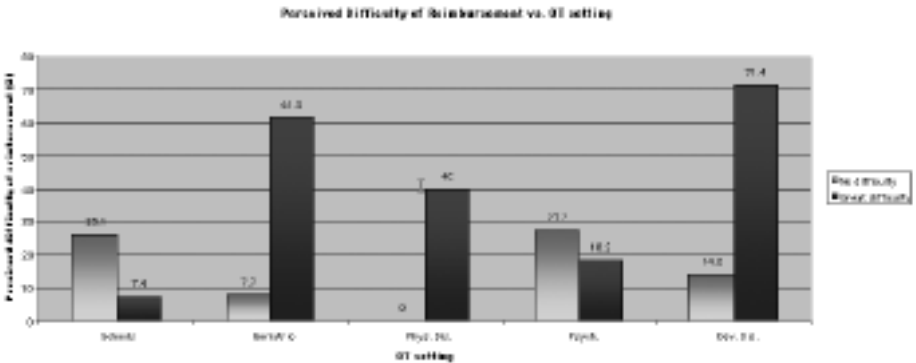


Figure 2

DISCUSSION

The data collected regarding frequency of use in various settings revealed that occupational therapists serving mental health populations, geriatric populations, and school systems use expressive arts the most. Also, mental health and schools systems have the least perceived difficulty in receiving reimbursement. This may be due to the fact that mental health and school systems do not bill specifically for expressive arts.

On the other hand, occupational therapists serving physical disability populations and developmentally disabled populations perceive reimbursement as very difficult, and therefore do not use them as much. This may be due to the fact that billing with these populations, is done for specific modalities and techniques.

Third party payers are requiring documented evidence of treatment modalities for reimbursement (Munshi, 1999). With the current push for evidence based practice within geriatrics, physical disabilities, and developmental disabilities, therapists are currently not able to prove effectiveness in treatment due to lack of literature. Therefore therapists in these settings are not utilizing expressive arts because they cannot receive reimbursement for this treatment modality. However there are studies that show that occupation based activity such as using expressive arts is more effective than rote exercise (Ferguson & Trombly, 1997). Expressive arts is an occupation for many individuals and may produce more effective results in treatment than exercise without the incorporation of meaning.

In addition, this study found that general arts and crafts were the primary modality used across all settings. This may be due to flexibility within project, accessibility of supplies, low cost, and limited training necessary to utilize this modality.

LIMITATIONS

The survey included multiple-answer questions. These questions allowed respondents to check all answers that applied. This created difficulty entering and analyzing data within the statistical package. Also, the length of the survey might have been a deterrent to respondents. The survey consisted of qualitative and quantitative questions, which were difficult to analyze in combination. Therefore, the researchers chose to eliminate the qualitative portions of the survey.

RECOMMENDATIONS

The researchers recommend that further research be done regarding what specific expressive art modalities effectively treat specific diagnosis. This will help to expand evidence-based practice and use expressive arts. The researchers also recommend that research be done to assess the amount of instruction given to occupational therapy students during their education.

ACKNOWLEDGEMENTS

We would like to thank Sharon Kemnitz for advising and guiding us through our research project. Also, thanks to Dr. Abdulaziz Elfessi for helping us with the statistical analysis of our data. Thank you to UW-La Crosse Undergraduate Research Grants Program for funding our study and AOTA for providing the list of OT's. Last but not least, we thank all of our survey respondents.

REFERENCES

- American Occupational Therapy Association's list data. Retrieved May 2, 2001, from http://www.aota.org/nonmembers/area_12/docs/listdata.pdf
- Christiansen, C. H. (1999). The 1999 Eleanor Clarke Slagle Lecture. Defining lives: occupation as identity: an essay on competence, coherence, and the creation of meaning. *American Journal of Occupational Therapy*, 53, 547-548.
- Cronk, Brian C. (1999). *How to use SPSS, A step-by-step Guide to Analysis and Interpretation*. Los Angeles: Pyrczak Publishing.
- DeKuiper, W.P., Nelson, D.L., and White, B.E. (1993). Materials-based Occupation Versus Imagery-Based Occupation Versus Rote Exercise: A Replication and Extension. *The Occupational Therapy Journal of Research*, 13, 183-197.
- Ferguson, JM., Trombly, CA. (1997). The effect of added-purpose and meaningful occupation on motor learning. *American Journal of Occupational Therapy*, 51, 508-515.
- Levine, R.E. (1987). The influence of the arts-and-crafts movement on the professional status of occupational therapy. *American Journal of Occupational Therapy*, 41, 248-254.
- Logemann, Jeri A. (2000). What is Evidence-Based Practice and why should we care? *ASHA Leader*, 5, 3.
- Lynch, R.T., Chosa, D. (1996). Group oriented community-based expressive arts programming for individuals with disabilities: participant satisfaction and perceptions of psychosocial impact. *Journal of Rehabilitation*, 62, 75.
- Malchiodi, Cathy, A. (1999). Art Therapy, Arts Medicine, and Arts in Healthcare: A Vision for Collaboration in the Next Millennium. *International Journal of Arts Medicine*, 6, 1316.
- Medicare Glossary Definitions. Retrieved April 19, 2002, from <http://www.medicare.gov/glossary/search.asp>
- Munshi, J.D. (1999). On art and therapy. *Student BMJ*, 7, 388.
- Ottenbacher, K.J., Maas, F. (1999). How to detect effects: statistical power and evidence-based practice in occupational therapy research. *American Journal of Occupational Therapy*, 53, 181-188.
- Peloquin, S.M. (1989). Sustaining the art of practice in occupational therapy. *American Journal of Occupational Therapy*, 43, 219-226.
- Synder, Beverly A. (1997). Expressive art therapy techniques: healing the soul through creativity. *Journal of Humanistic Counseling, Education and Development*, 36, 74.

APPENDIX

Expressive Arts:

For the purpose of this study, expressive arts can be defined as; drawing, painting, sculpture, play, music, poetry, movement, and psychodrama (storytelling or role playing).

1. Gender: Female___ Male___
2. Years as an occupational therapist:_____
3. In what U.S. state do you practice?_____
4. Population of city/town you practice in:
___ <10,000
___ 10,000 – 50,000
___ 50,000 – 150,000
___ >150,000
5. What occupational therapy setting do you primarily work in?
 - a. school systems
 - b. gerontology
 - c. physical disabilities
 - d. mental health
 - e. developmental disabilities.
6. How often do you use expressive arts in practice? (please rate: 1=no use, 5=with every patient) 1 2 3 4 5
7. What types of expressive arts do you use? (Circle all that apply)
 - a. drawing
 - b. painting
 - c. sculpture
 - d. play
 - e. music
 - f. poetry
 - g. movement
 - h. psychodrama (storytelling or role playing)
 - i. general arts and crafts
 - j. other _____
 - k. none
8. From your professional experience, do you feel it is easy or difficult to receive reimbursement for expressive art therapy? (please rate: 1=easy, 5=difficult)
1 2 3 4 5
9. If reimbursement was not an issue would you use expressive arts? Why or why not?
10. Which of the following disabilities do you feel expressive arts are most effective for? (more than one can be checked)

___CVA	___MS	___Schizophrenia
___TBI	___Parkinson's	___Depression
___Autism	___Cancer	___Anxiety Disorders
___MR	___Learning Disability	___Arthritis
___CP	___Heart Disease	___Chronic Pain
___Dementia	___Burns	___Diabetes

11. How did you learn to use expressive arts as a therapeutic modality?

- a. Undergraduate program
- b. Graduate program
- c. Continuing education / Seminar
- d. Work place training
- e. Other: _____

12. Would you like more training in using expressive arts as a therapeutic modality?

Yes _____ No _____

13. If yes to question 12, of the following forms of expressive arts, which would you like more training in? (more than one may be checked)

- drawing
- painting
- sculpture
- play
- music
- poetry
- movement
- psychodrama (storytelling or role playing)
- general arts and crafts
- other _____

14. Overall, how effective do you feel expressive arts are as a therapeutic modality? Your comments are appreciated in the space below.

Thank you for taking the time to complete this survey! Your participation is greatly appreciated!