

# **TINY STEPS**

**THROUGH THE UPS AND DOWNS**

**A study using Arts Based Therapy as a tool for working with  
children with special needs**

**A PROJECT REPORT IN FULFILMENT OF  
THE ABT COURSE 2015**

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## **ABSTRACT**

The present study used Arts Based Therapy as a tool for working with children with special needs. The group that was chosen for the ABT intervention was within the age group of 6 years to 11 years. The heterogeneous group had one child with Autism, two with Cerebral Palsy, one child with Microcephaly and one with mental retardation. The goals identified for the group were Attention, Fine Motor and Gross Motor skills. The intervention period of the group was 36 ABT sessions from June to September.

The tools used to assess the above mentioned domains were -The WCCL rating scale (assessed by the facilitator), Observation formats (assessed by the neutral observer) and a Parent Observation format. The overall results for the whole group indicates the immense change in the area of Attention than in the Fine and Gross motor. There is some noticeable changes in the areas of Routine Interaction at Home and Communication according to the parents. Overall ABT intervention has helped in bringing about some positive change in the area of Attention.

## TABLE OF CONTENTS

SECTION 2: INTRODUCTION	4
2.1. The Larger problem	4
2.2. Literature review of Creative Arts Therapies	5
2.3. Hypothesis	7
SECTION 3: METHODS	7
3.1. Eligibility criteria for client & control group	7
3.2. Logistics	8
3.3. Data sources & Data collection protocols	8
3.4. Methods used	9
SECTION 4: RESULTS	10
4.1. Result summary	10
4.2. Results detailed	16
SECTION 5: DISCUSSION	48
5.1. Limitations	48
5.2. Learnings	49
5.3. Future	49
SECTION 6: APPENDIX	50
APPENDIX A: Rating Scales and observation formats	51
APPENDIX B: SRS Summary	65
APPENDIX C: References	74
SECTION 7: ACKNOWLEDGEMENT	75

## SECTION 2: INTRODUCTION

### 2.1. The Larger problem

The group consists of children with varied disabilities. It includes children in the Autistic Spectrum, Cerebral Palsy (CP), Microcephaly and Mental Retardation. The children are between 6 years to 11 years. The domains of the group identified for intervention using ABT were Motor, and Attention System.

**Cerebral palsy (CP)** is a disorder that appears in early childhood. Signs and symptoms vary between people. Often problems include: poor coordination, stiff muscles, weak muscles, trouble swallowing or speaking, and tremors among others.

**Microcephaly** is an abnormal smallness of the head, a congenital condition associated with incomplete brain development.

**Mental retardation (MR)** is a condition that refers to significantly sub average level of intellectual functioning associated with deficits in adaptive behavior.

**Autism** is a complex developmental disorder that typically appears during the first three years of life and is a result of a neurological and biological disorder that affects the normal functioning of the brain, impacting the areas of social interaction and communication skills. Autism typically shows difficulties in verbal and nonverbal communication, social interaction and leisure or play. All though people with autism do not have exactly the same symptoms and deficits, they have motor and sensory problems that affect their behavior in predictable ways.

Some of the challenges faced by children with disabilities in India are social inclusion- being accepted by society, scarcity of disability friendly environments, inclusive education opportunities, long term care facilities and vocational opportunities. The traditional therapies that are available for the children today include physiotherapy, speech therapy, occupational therapy, cognitive therapy, relationship development intervention (RDI) to name a few. Each of these seems to address therapy as treatment in isolation of the other. The methodology of the Arts as therapy may provide a more integrated approach and that is the purpose of this intervention through the action research.

The chosen group of six for the ABT intervention is a very diverse group. It constituted one child with Autism, two children with Cerebral Palsy, one child with Microcephaly and one with mental retardation.

The functionality level of the group is largely the same. They are non verbal with minimal voice and speech abilities. Many of them have difficulty in understanding instructions. Few of them use gestures to communicate and few use different emotions to convey their likes and dislikes/comfort and discomfort.

The group has many challenges with regards to Gross Motor abilities ranging from lack of flexibility, involuntary movement to mobility issues. Each child has exhibited actions like tapping, spinning, licking, chewing, grasping. A few children have severe involuntary movements like head nodding. The group needs activities that help them to focus/sustain attention for longer duration without too many instructions.

During the pilot session kids have shown an interest in music and dance sessions as compared to other activities.

## **2.2. Literature review of Creative Arts Therapies**

Arts Based Therapy (ABT) includes music, drama, visual arts, play, movement, dance and music for therapy. ABT gives better results of progress in children with special needs and also for those who are mentally or physically disturbed. There are many examples and experiences which say that arts help to heal motor, body, attention, expression, cognitive and social skills. ABT can be used to break a simple task into even more simpler tasks in many creative ways enabling the children to execute and understand the concept in a better way especially for special needs kids. It is more fun in a simple form and also motivates them to do a lot more things. Many art forms can be used to achieve a single therapeutic goal and a child can pick and choose what they are interested in and it gives a way for the facilitator to proceed.

To understand better about ABT here is a brief summary of different art forms which have been seen to successfully address challenges in the domains of body, attention and other challenges in children with divergent disabilities.

**Visual Arts:** As per Kendra Cherry (psychology expert) arts is an expressive medium, art can be used to help clients communicate, overcome stress, and explore different aspects of their own personalities. The American Art Therapy Association describes art therapy as "a mental health profession" that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages. Visual art can be used for kids with cerebral palsy and autism as a medium of communication in terms of expressing their emotions and to loosen their body muscles. An art therapist may use a variety of art methods including drawing, painting, sculpting and collage with clients ranging from young children to the elderly.

Here the focus is not about the outcome or a creation, the focus is on the inner experience, perception and imagination. (Cathy Maldiochi in The Art Therapy Sourcebook)

**Music therapy:** As per Brown S M, a journal of British music, music therapy can relax a person leading to very positive changes. Music can be exciting or calming, joyful or poignant. Using music in this way enables clients to create their own unique musical language in which to explore and connect with the world and express themselves. Children with autism can develop emotional, social and communication skills. Music helps in many ways, some of them are to help a child to listen, improve concentration, provide a means of self expression and facilitate a desire to vocalize and communicate. The goal of therapy is to use the music to develop other skills – those they can use in their everyday life (My child at [www.cerebralpalsy.org](http://www.cerebralpalsy.org)); to express emotions, improve their attention and create interest and enthusiasm in general. Playing an instrument improves flexibility and dexterity, which in turn helps refine gross and fine motor skills.

**Play therapy:** The Ultimate Resource for Cerebral Palsy says play activities allow children to build self-confidence, interact with other children, and learn about him or herself. Using simple equipments like rollers, balance balls, weights etc., will help Cerebral Palsy clients work on their mobility issues through employing exercises that increase physical function and using adaptive equipment such as wheelchairs, walkers, canes and orthotics to improve performance.

**Dance and Movements:** As per Candice Evans dance can be structured or free-form. Structured dance helps the clients in coordination, attention, listening ability and also memory. In the free form dance, it allows for more creativity and self expression. Through dance sometimes child will be able to achieve gross motor challenges like spinning, jumping, hopping, tip-toeing, or galloping.

As per Paula Bendfeldt-Diaz dance is used for improving not only motor skills but also for improving social interactions. Because it is done with the music it will motivate the kids to move their body. Participation of clients in these exercises will help them to improve their gross motor skills, posture, balance, body awareness, coordination and motor skills. For a child with Autism, dance will help them in calming, relaxing and also help them to express their emotions and it will also minimize the frequency and intensity of negative behaviors.

As per Candice Evans ([www.Specialneeds.com](http://www.Specialneeds.com)), dance movements using props will motivate the kids to move and use different parts of the body.

### 2.3. Hypothesis

ABT can help in improving the attention system and motor domain in non-verbal children with varied disabilities.

## SECTION 3: METHODS

### 3.1. Eligibility criteria for client & control group

The ABT group was formed with children with different disabilities. All the selected clients are from the same classroom and have been with the center for a significant period of time. Though the children have settled well and are comfortable with the space, progress in the identified domains has been very slow. Keeping this in mind the ABT group was formed to study the outcomes when sustained and intensive ABT intervention is offered to the group.

The intention and interest to choose this group has 3 main reasons:

1. That the group is non verbal, the intent was to use art forms to achieve therapeutic goals.
2. All these children are going to other therapies. This action research allows one to see the changes in other domains, in this case – attention.

The class contains 6 kids, youngest being 6 and oldest is 11 years. All the kids have been enrolled for the full day program with Snehadhara Foundation. 2 children have been with the organization from April 2012, 1 child from 2013 and 2 from the last year.

During the pilot project Aarvind, Yashas, Sagar, Hemanth, Anish were chosen to be in the ABT Action Research Project while Nikhil, Srujan, Deepu and Ulhas were also a part of the pilot sessions. While regrouping of students for next academic year during the month of April'15, Yashas and Anish moved to another group while Ulhas discontinued from the center. Hence Srujan and Deepu were now a part of the ABT Action Research Project.

#### Demographics of the group:

AGE	6 to 11 years
GENDER	5 Male and 1 Female
BACKGROUND	All from middle class homes
OTHER RELEVANT INFO	All children are not toilet trained

### 3.2. Logistics

Locations: Snehadhara Foundation.

Settings: With good ventilation, less distractive and with minimal furniture.

Duration of the study:

Start: 1st of June

End: 26<sup>th</sup> or 28<sup>th</sup> of August

Days and Time of ABT Sessions: Mon, Wed and Fri; 3pm – 4pm.

### 3.3. Data sources & Data collection protocols

Sr.no	Data source	Description	Frequency /timelines	Observers
1.	Behavior rating scales	Developed by WCCL foundation on the basis of the assessment form. It assesses observable behaviors for each domain.	Twice - Pre and post action research.(First week of June and last week of August)	ABT facilitator
2.	SRS	WCCL developed format in which ABT practitioner records the plan and observations of each client and the group after every session	Before and after all 36 sessions	ABT facilitator
3*	Observation Format –Gross Motor	Observation rating scales customized to the TG's of the group	Twice -Pre and post action research.(First week of June and last week of August)	ABT facilitator Neutral observer
4.	Comparisons of drawings and painting	ABT tool	Twice -Pre and post action research.( First week of June and last week of August)	ABT facilitator Neutral observer
5. *	Observation Format –Fine Motor	Observation rating scales customized to the TG's of the group	Twice -Pre and post action research.( First week of June and last week of August)	ABT facilitator Neutral Observer
6. *	Observation Format- Attention	Observation rating scales customized to the TG's of the group	Twice -Pre and post action research ( First week of June and last week of August)	ABT facilitator Neutral observer
7.*	Parent Interview Format	Observation rating scales customized to the TG's of the group	Twice -Pre and post action research.(First week of June and last week of August)	Parents
8.*	Observation format for drumming	ABT tool	Twice -Pre and post action research.( First week of June and last week of August)	ABT facilitator
9.	Video Recording	Video recording at regular intervals to capture the child's responses to various artistic skills	Regular intervals	ABT facilitator / observer

\* Observation Formats attached in Appendix



### 3.4. Methods used

All the children in the given group had common goals at different levels. The therapeutic goals for the group included attention and body.

The methods used to achieve these goals were many. The group explored the art forms in one on one and group settings. (Refer to SRS summary in Appendix for the detailed session plans using the following methods).

#### Arts Based Therapy methods

**Visual arts:** The group explored different mediums of visual art. Sometimes the group worked individually and otherwise worked as a whole group. They explored both wet and dry media. Most of the time the floor was used to explore the wet media rather than on the chart paper. They used tools like, paints, glue, fevicol, sponges, chalks, printing material while engaging with wet media. Some of the visual art session done by the group were ball painting, floor painting, sand work, etc

**Cooking:** To bring variety in sessions, cooking was introduced for attention by making cold coffee using mixer, milk, coffee powder, ice cubes and chocolate syrup. Each child was made to taste the ingredients before making the group to concentrate on the sound of the mixer and the preparation.

**Quiet time :** Quiet was introduced to the group during the closure to calm the group before leaving the room, "OM" were also said at the time of closure.

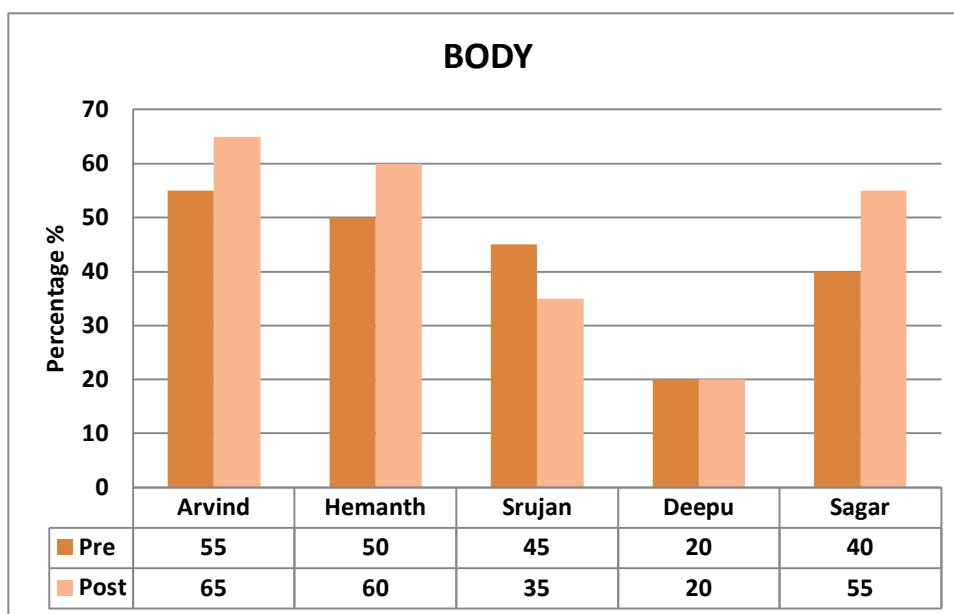
**Games and exercise:** Games of various kinds were played by the group in one-on-one setting. All were indoor games like bursting the water balloons, pick and drop.

**Physical activities:** Many sessions were based on physical activities which were required by most in the group. Some of the sessions were climbing trees, structured play, balancing while walking on a slippery surface, swinging, etc.

## SECTION 4: RESULTS

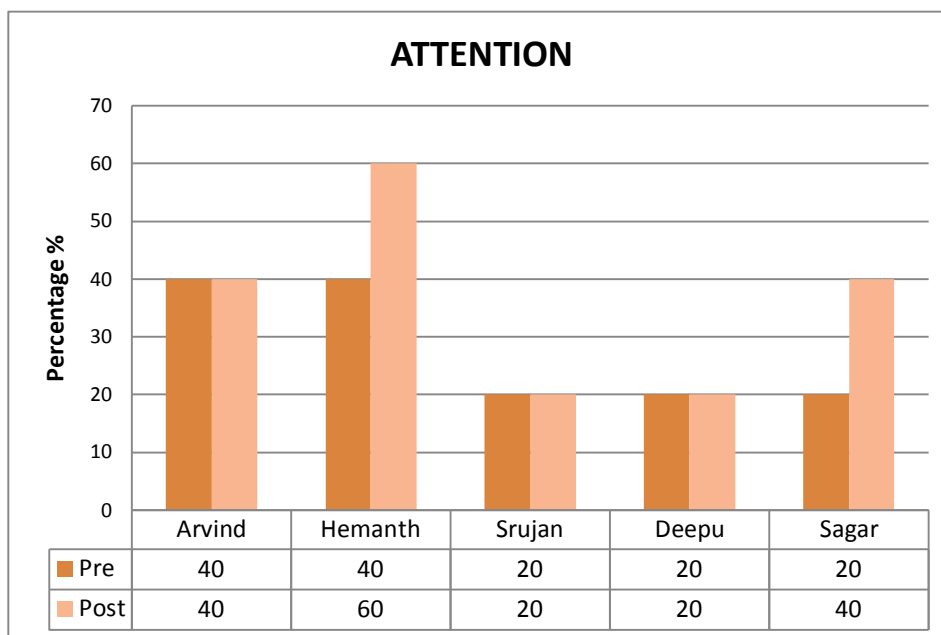
### 4.1. Result summary

Graph no 1: WCCL rating scale : Group results



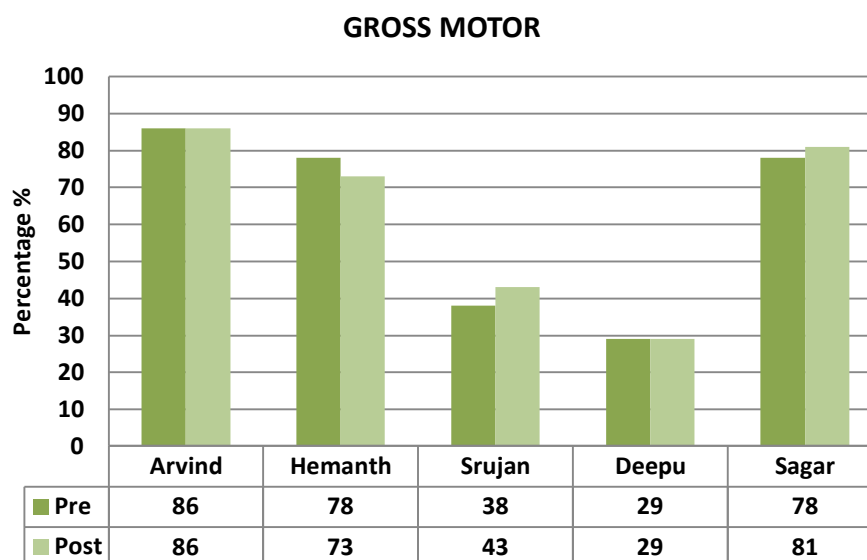
Total scores for the group on the WCCL rating scale were assessed in June and September. Apart from Srujan and Deepu the remaining three children have shown some improvement in the domains of Body. Although the improvement may be mild, some change has been noted on the above domain in sessions from June to September.

**Graph no 2: WCCL rating scale : Group results**



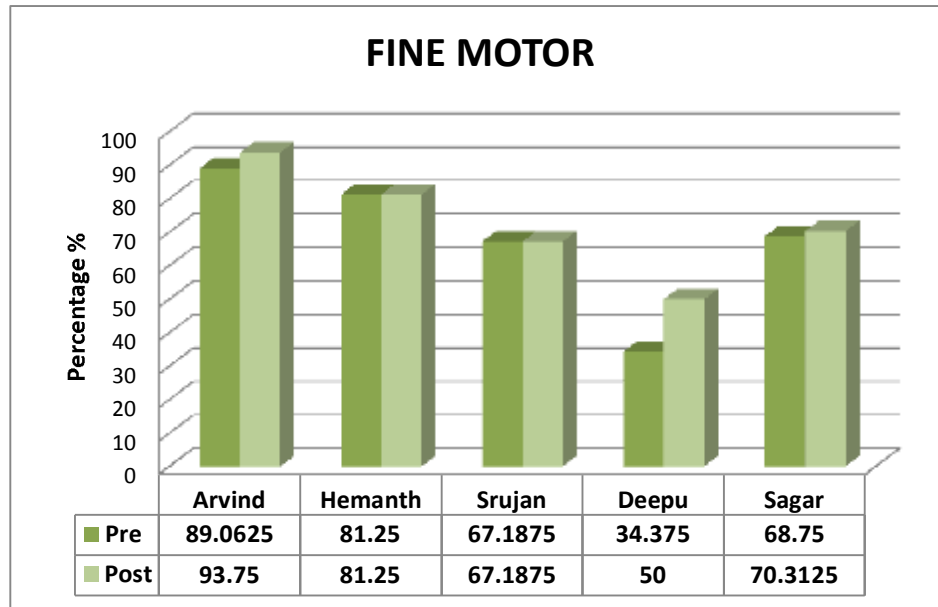
Total scores for the group on the WCCL rating scale were assessed in June and September. In the area of Hemanth and Sagar have shown improvement .Arvind,Srujan and Deepu have shown the consistency. Although the 3 children have shown consistency, some change has been noted in the area of Attention during the sessions from June to September.

**Graph no 3 :Observation format for Gross motor – Group results**



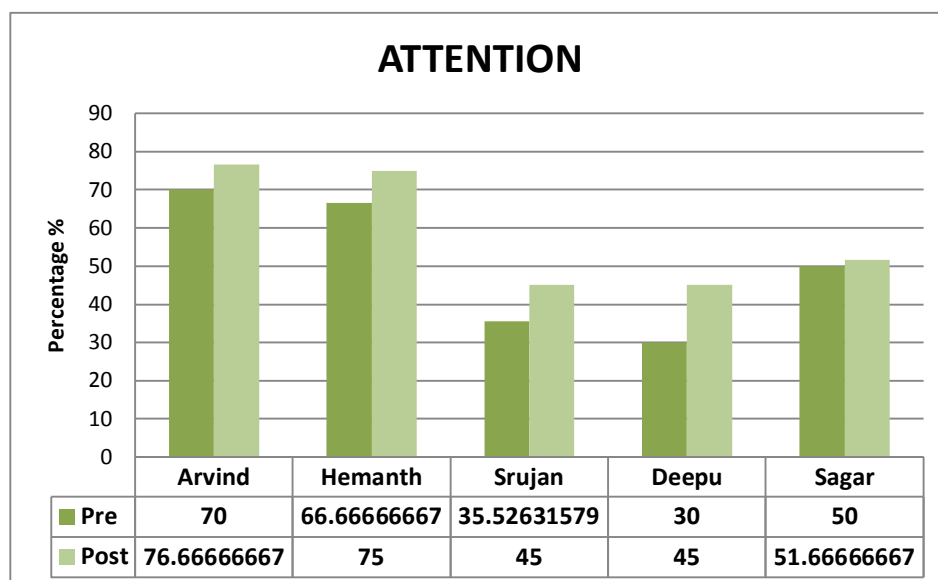
Total Scores for the group on the Observation format for the domain of Gross motor were assessed in June and September. Apart from Sagar who shows slight improvements, Arvind and Deepu's results remain consistent while the remaining two children have shown regression. During sessions addressing the Gross motor domain each child needed one on one attention. It was observed that with prompts, most of the children were able to give their best in physical activities. The group responded well to sessions based on Visual arts with paints and other wet media which involved hand and leg movements.

**Graph no 4 : Observation format for Fine motor – Group results**



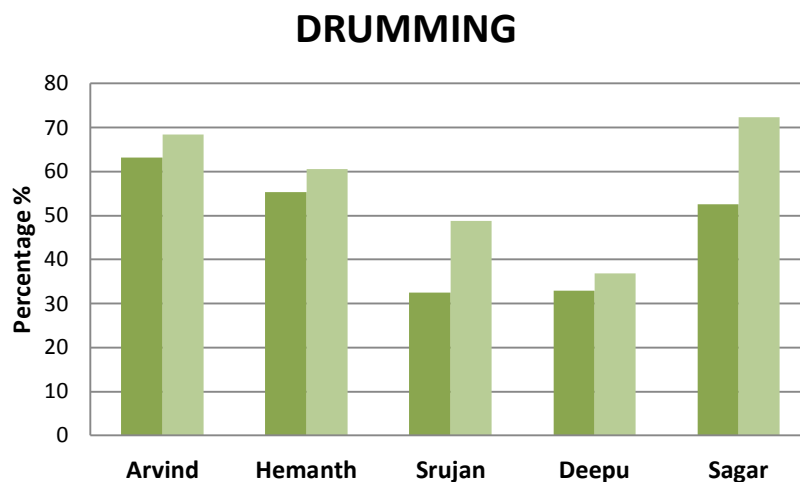
Total Scores for the group on the Observation format for Fine motor domain were assessed in June and September. Arvind, Sagar and Deepu has shown some improvements, Hemant and Srujan have shown consistent. As a group the participation level for Fine motor activities was very minimal as each child needed one on one attention, this is reflected in the results obtained.

**Graph no 5 : Observation format for Attention – Group results**



Total Scores for the group on the Observation format were assessed in June and September. All the children have shown positive shifts and it is quite visible even outside the session. Diversity of activities helped in bringing about this positive shift. Bringing in music, visual art sessions, a variety of sounds etc, were used to gain their attention. In sessions like visual arts and drumming it was observed that hand and eye coordination was very much visible.

**Graph no 6 : Observation format for Drumming– Group results**



Total Scores for the group on drumming was assessed in June and September. All the children have shown positive shifts. The group needed one on one attention and it was observed that when one child was engaged with the drum all the others turned their focus onto him/her. Each child engaged with the drum in one way or the other either by holding it differently or hitting it. It was observed that their hand and eye coordination has slightly developed with the drums.

## 4.2. Results detailed

### 1.ARVIND

**Family Background:** Arvind is an 11 year old boy, diagnosed with Microcephaly. He lives with his parents and has a younger brother named Shivram aged 2 years. His mother is a homemaker and father works for a corporate.

**Academic and Rehab Background:** Arvind is very friendly child and was undergoing speech therapy, physiotherapy and occupational therapy before joining Snehadhara Foundation.

He uses gestures to communicate. He is scared of long shirts and long pants. He resists touching sticky food and swallows quickly instead of biting. His likes and dislikes are very strong. Dance, movement and music are his natural interests. He is a very social and caring person. He loves to take responsibility for self and others.

**Medical Back ground:** Besides being diagnosed for Microcephaly, there is not much medical history available.

**Strengths/challenges:** He has a fairly good receptive language and is able to engage in the activity. He is good in movements and dance. He is able to imitate the actions well and follow the instructions. He is good with handling objects, carrying his own belonging when required. He is often distracted by other interests and fails to respond promptly or with sustained interest. His end to end participation is minimal. The focus will be to bring him out from his habitual movements and to try and stay with new movements. His responses to imitation are very slow. He does not use all his fingers and his palm as a whole in a more flexible manner.

#### **Creation:**

Arvind's main area of need and therapeutic goals are:

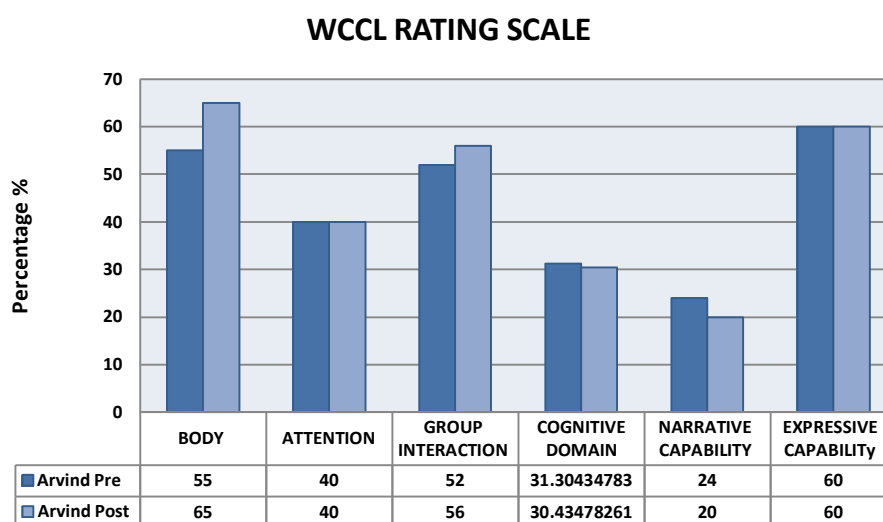
- Improving his levels of attention.
- Enhancing his motor coordination
- Regulating his movements and also strengthening his fine motor skills.



On the above domains it has been observed that his engagement with material during sessions has increased in more meaningful ways. He tries to explore rather than just looking at them. Even when he does not participate throughout the session, he would jump in whenever he felt like engaging himself in the session by complying to the instructions without any prompts. There were days when during the session he used to just watch the facilitator and other children. Leaving him alone and not giving him too much attention made him want to be more involved in the session. Day by day his interest in movement and physical activity- based sessions increased and he started enjoying participating from start to end.

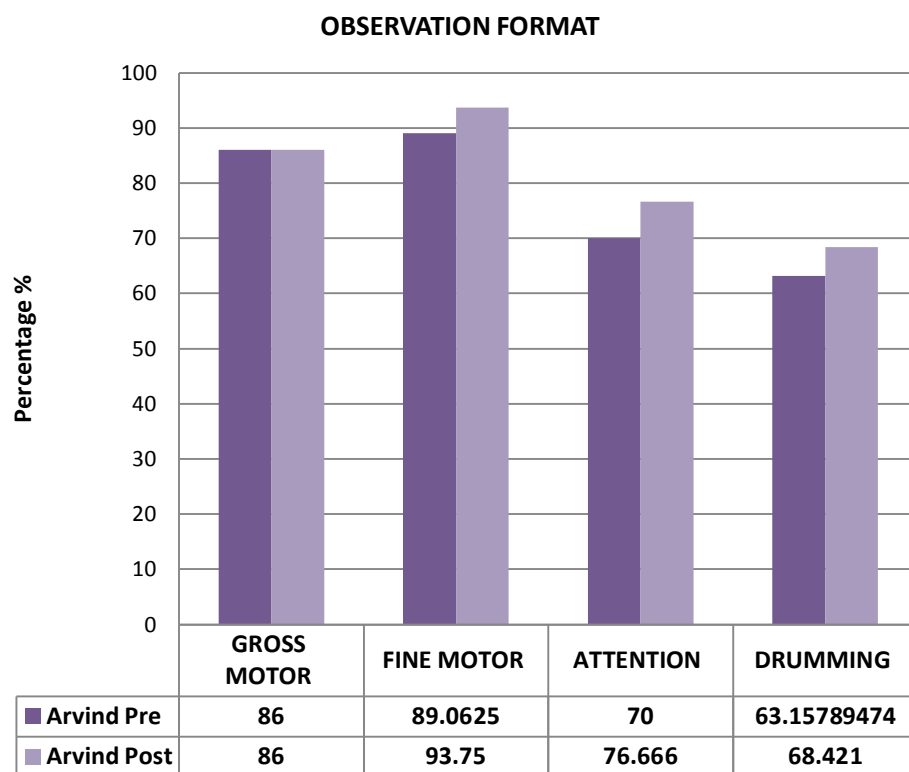
He was refusing to participate in physical activity based sessions which required him to climb up, he slowly started to participate without being forced by watching the encouragement and support that other children were getting from the facilitator.

**Graph 7- Arvind's pre and post test rating on WCCL-Rating scale**



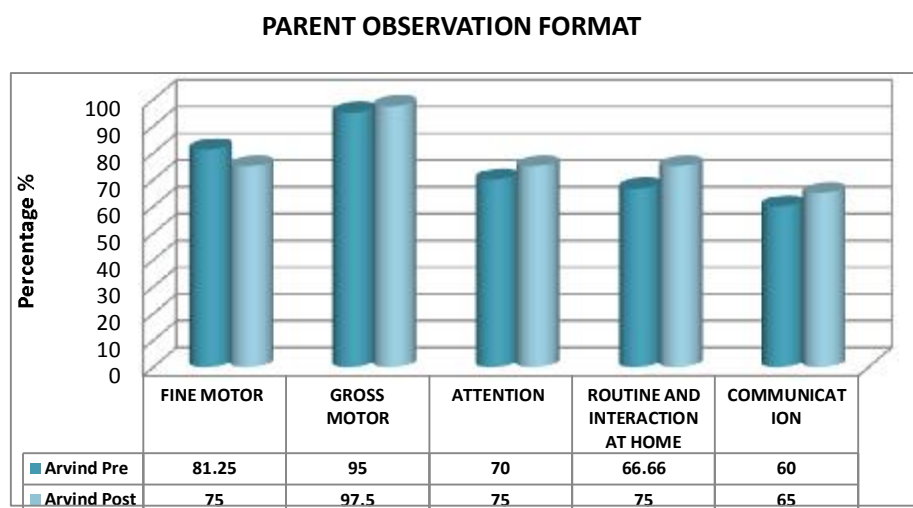
Results on the WCCL Rating scale from June to September for Arvind indicates that he has shown some improvement in the areas on body and group interactions. He has shown slight regression in the areas of Narrative capability and Cognitive domain. His rating has remained constant in the areas on Attention and Expressive capability

**Graph 8- Arvind's pre and post test rating on Observation formats**



Results on the Observation format for Arvind indicates that he has shown some improvements in the areas of Fine motor, Attention and Drumming from June to September. His ratings have remained constant in the area of Gross motor.

**Graph 9- Arvind's pre and post test rating on Parent observation format.**



Results on Parent observation format for Arvind indicates that he has shown some improvements in the areas of Gross motor, Attention, Routine and interaction at home and Communication from pre to post test. There is slight regression in the area of Fine motor according to his parents.

#### **Analysis of data:**

**Fine Motor:** Results on WCCL scale for body shows some improvement from April to September, this is consistent with the results of the Facilitator's observation format for the domain of Fine motor. Parent's observation shows a slight regression in Fine motor activity, this could be because he may not have been given much opportunity to use his fingers at home. In ABT sessions not too much change was noted when it came to fine motor. This may be because most of the time he did not show much interest in fine motor sessions and he would prefer to watch others participate.

**Gross Motor:** Results on Facilitator's observation format for Gross motor shows consistency from June to Sept. Parent Observation format indicates slight progression in Gross motor. According to WCCL rating scale Body domain does show some improvement. In sessions it has been observed that his fear of climbing heights has come down hence his ability to climb increased. His reaction time when engaging in physical activity has increased. For ex: running, jumping, passing object.

**Attention:** Results on WCCL rating scale for Arvind on the domain of Attention show consistency from June to September. In both Parent observation format and Facilitators observation format results indicate improvement. As sessions progressed he began to show some interest in participation without much prompts. He is able to pay attention towards the session though in some of the session he does not want to participate even when not faced with other distractions. Having additional people in a session would typically distract him but this tendency has decreased. Though he has good hand and eye coordination, sustaining attention while execution of a task has increased.

**Drumming for gross and attention:** Results on Facilitator's observation format on the Drumming shows slight improvement from June to September. During the sessions Arvind was quite responsive and attentive .He needed some prompting to focus on hitting rather than just watching others, he could copy a few of the rhythms in which the facilitator hit the drum. He could lift his arms very well and hit with good force. With the mallet too, duration of his engagement with the drum has increased.

**Drawing/Painting:**

Arvind is capable of using a brush for painting, with prompts he uses it to make random strokes. Largely he uses his fingers and with prompts he uses his whole palm to paint. Illustrated below are two paintings made by Arvind. In the first painting he used his palms upon prompting. In the second painting he used a brush for a longer time independently and then used all fingers to fill the paper.

**June**



**September**



## 2. HEMANTH

**Family Background:** Hemanth is an 11 year old boy and is diagnosed with MR. He lives with his parents and has a younger sister named Vasuki aged 3 years. Father has his own business and mother is a homemaker.

**Academic and Rehab Background:** Hemanth is quite observant when it comes to visual media/art like computer presentation, shadow and puppets play. He prefers activities involving materials and participates during sensorial activities involving vision, hearing, touching, smelling and tasting with very less focus/attention. He is able to stack blocks and beads when forced. He doesn't enjoy and resists doing gross motor exercises as he is not flexible with his body. He is very careful while putting his foot forward, and he is scared of even small heights. Most of the time he prefers flat surface and shows his discomfort when different heights are involved. He prefers walking around and exploring and resists sitting for longer duration of time. He is fixated towards spinning objects and this seems to be self stimulatory in nature. He has a tendency to pinch to show his irritations. He stays with the group during the sessions.

**Medical Back ground:** He is not undergoing any medication.

**Strengths/challenges:** He loves to play with the objects by spinning, he is able to open the bottle and tiffin box. He pays attention if the things are new to him. He is neither more flexible in using his body nor confident with different surfaces/heights. He doesn't use his hands to engage in creative play rather than just stimulatory play. He does not pay attention and stay focused with the activity for a long time.

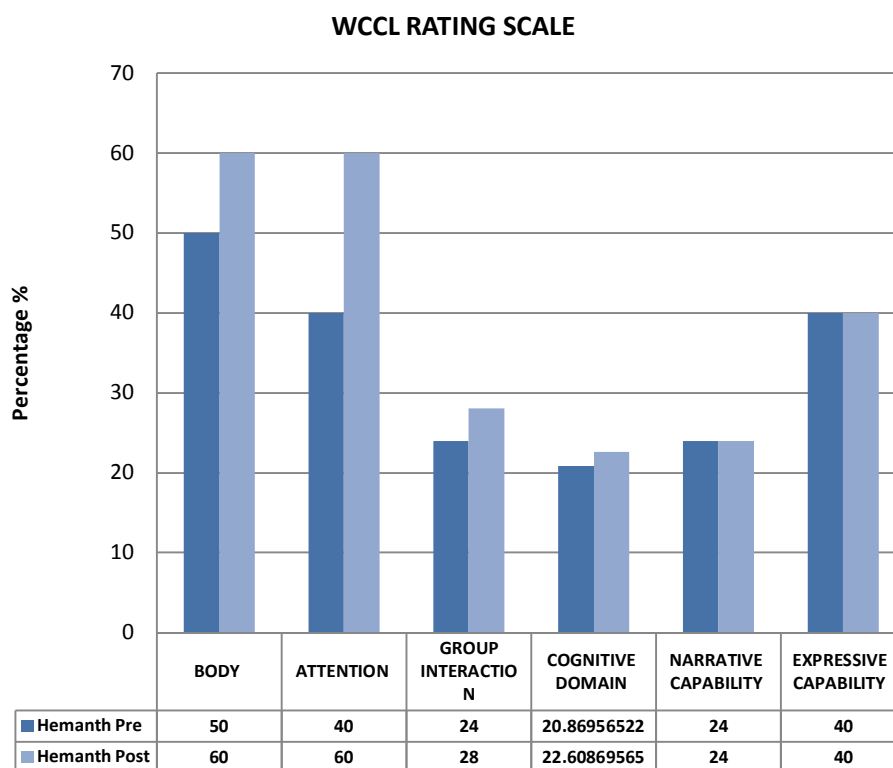
**Creation:**

Hemanth's main area of need and therapeutic goals are:

- Body - Motor Coordination,
- Fine motor
- Attention.

On the above domains it has been observed that he has shown much improvements overall compared to June. His participation level has increased a lot though he resists most of the time. Letting him be himself for few minutes helped to bring him back to the session. His awareness about the nature of the session and routine has improved. His resistance towards wet media has come down though sometimes in between the session he insists on washing his hands by walking into the restroom. He is more independent in terms of participation when it comes to material heavy sessions like visual arts. He is still fearful of heights but to some extent he is able to comply to instructions with support and climb the bench or table. During the pilot sessions he was able to pay attention towards the session only if it was something new and it was lasting for only a few minutes. But now his attention span has increased a lot though he gets distracted easily, he is able to bring his attention back towards the session. He is very good with fingers but his engagement with the material is still just 'spinning' however once in a while when forced to do certain things like beading he attempts a couple of times and goes back to his usual thing.

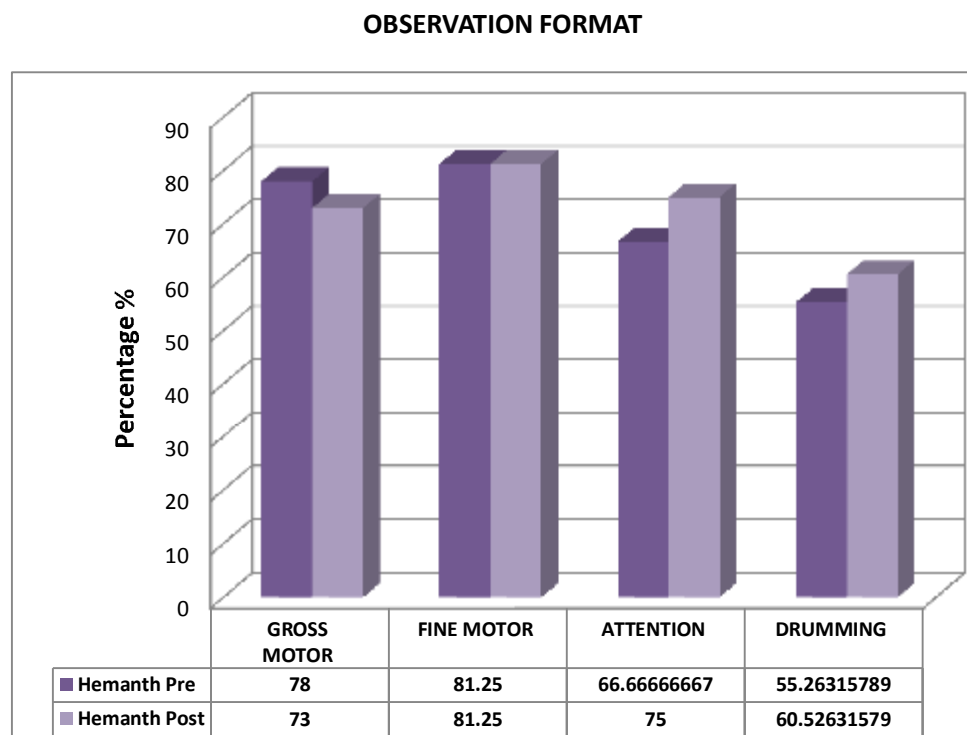
**Graph 10- Hemanth's pre and post test rating on WCCL Rating scale.**



Results on WCCL Rating scale for Hemanth indicates that he has shown some improvements in the areas of Body, Attention, Group interaction and Cognitive Domain. His Rating remained constant in the areas of Narrative capability and Expressive capability.

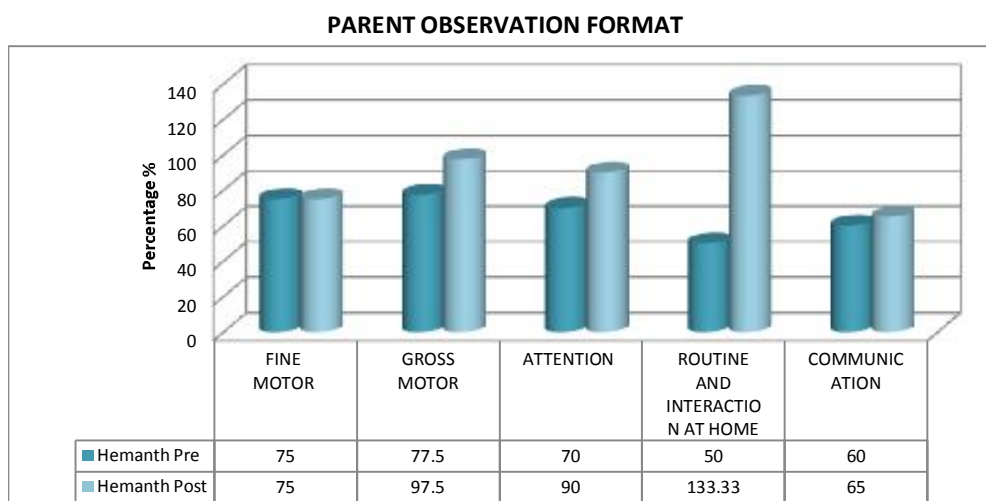


**Graph 11- Hemanth's pre and post test rating on Observation format.**



Results on Observation format for Hemanth indicates that he has shown some improvements in the areas of Attention and Drumming. His rating remained constant in the area of Fine motor and there is slight regression in the area of Gross motor.

**Graph 12- Hemanth’s pre and post test rating on Parent observation format.**



Results on Parent observation format for Hemanth indicates that he has shown some improvements in the areas of Gross motor, Attention, Routine and interaction at home and communication. His rating remained constant in the area of Fine motor.

### Analysis of Data:

**Gross Motor:** Results of Facilitator’s observation format on the domain of Gross motor for Hemanth shows some regression from June to September. Parent observation format indicates a lot of improvements. Also WCCL rating scale indicates improvement on the domain of Body. Though the facilitator observation format shows some regression, there were some visible shifts in Hemanth during the ABT sessions. As the session progressed Hemanth understood the requirement to speed his level in gross motor. Though he has a fear of heights he attempts to climb up on the benches and he learned to get down taking a lot of time to climb down. His speed in running has increased a lot, he needed prompts to increase his speed of crawling.

**Fine Motor:** Results on Facilitator's observation format and Parent observation format for Hemanth shows consistency on the domain of Fine motor. WCCL rating scale does show some improvement. In sessions it has been observed that his engagement with the objects or materials has been the same (spinning). With diverse material like clay, paints and maida dough, he has shown some difference in working with them by using his fingers to rub the paints, pinch the clay with imitation and play with maida powder and sand by sprinkling it on the floor.

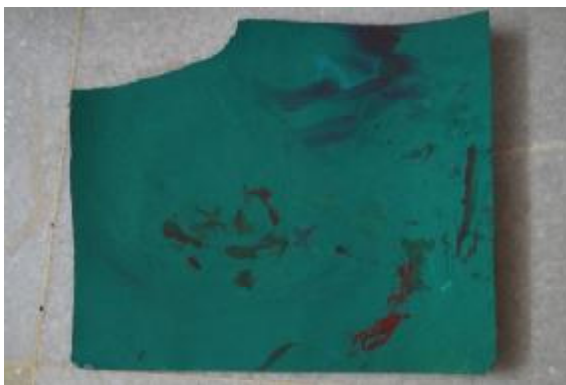
**Attention:** Results on WCCL rating scale and Parent observation format for Hemanth on the domain of Attention from June and September indicates good improvement. Facilitator's observation format indicates progression. As the ABT sessions progressed he began to pay sustained attention towards the activity. In most sessions his participation was throughout. His eye and hand coordination has increased, for example: He was able to hit the water balloon without a break till it burst. He was also able to walk and run within the parallel line drawn on the floor.

**Drumming for Gross motor and Attention:** Results on Facilitator's observation format for Hemanth on drumming indicates slight progression. His interest in hitting the djembe has increased when compared from June to September. His participation began when watching the others in the session by grabbing the mallet from facilitator's hand and hitting the djembe.

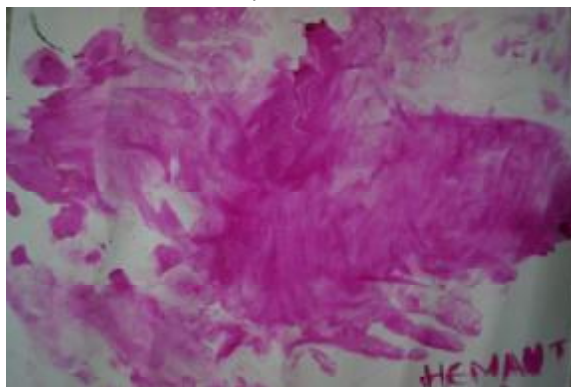
**Drawing/ Painting:**

Hemanth usually does not like wet media but with paints he touches and rubs it immediately on his shirts and everywhere on the body. He needs to be coaxed to sustain his participation with paints. In his first painting he completely resisted painting and poured the paint from the bowl, rubbed it with both hands and left the place to wash his hands. In the second painting he tried using a brush and then used his finger for a while before leaving the place.

June



September



### 3.SRUJAN

**Family Background:** Srujan is an 11 year old boy, diagnosed with cerebral palsy. He lives with his parents and has an elder sister who is 14 years. His father works in a corporate company and mother is a home maker.

**Academic and Rehab Background:** Srujan is very selective in his responses to people around him. He responds quickly to information that is of his interest like – “time to go home”, “get up” or to play with materials of his interest (e.g., balloon, sand). He mostly cooperates to do exercises and movements with assistance, but at other times, he shows resistance by screaming, tightening of his body or by way of facial expressions. He can walk with adult support and also with the walker (approx.10 meters). He needs wall support to stand and to keep his feet flat. He is aware of and choosy about the food he eats.

He demonstrates limitation in fine motor skills when prompted to hold an object for longer periods of time. He’s able to pull a weight through a pulley with both hands together; getting him to use both the hands alternately to do the same is being worked upon.

He is not verbal but uses sounds and emotions to express his comforts and discomforts (likes and dislikes). He is also able to maintain eye contact with an object moving across his field of vision (left to right or right to left) for some time. He mostly keeps moving his head from side to side and at other times, he keeps his head lowered.

**Medical Background:** Srujan gets seizures sometimes when he gets up from sleep and he takes medicines for the same.

**Strengths/challenges:** He is also able to maintain eye contact with an object moving across his field of vision (left to right or right to left) for some time. He shows signs of fine motor skills in small actions such as removing a blindfold or anything stuck on his body or face. He is easily able to crush leaves and paper with a single hand. He is able to walk with the walker( 10meters only) He does not hold the object for longer duration. Does not pay attention towards the activity. He needs complete support in walking.

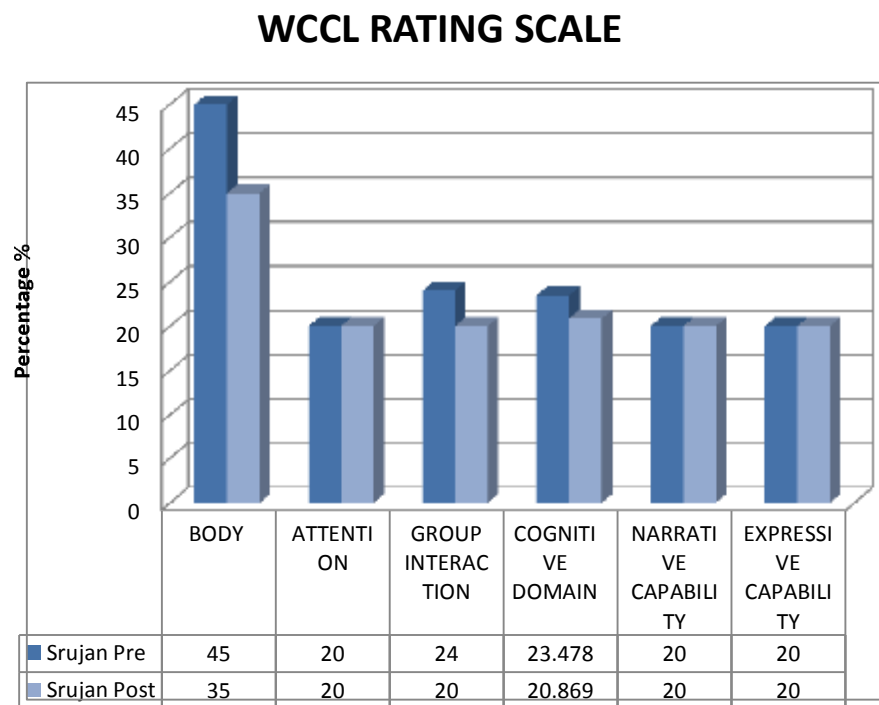
**Creation:**

Srujan's main area of need and therapeutic goals are:

- Gross motor
- Fine motor
- Attention system

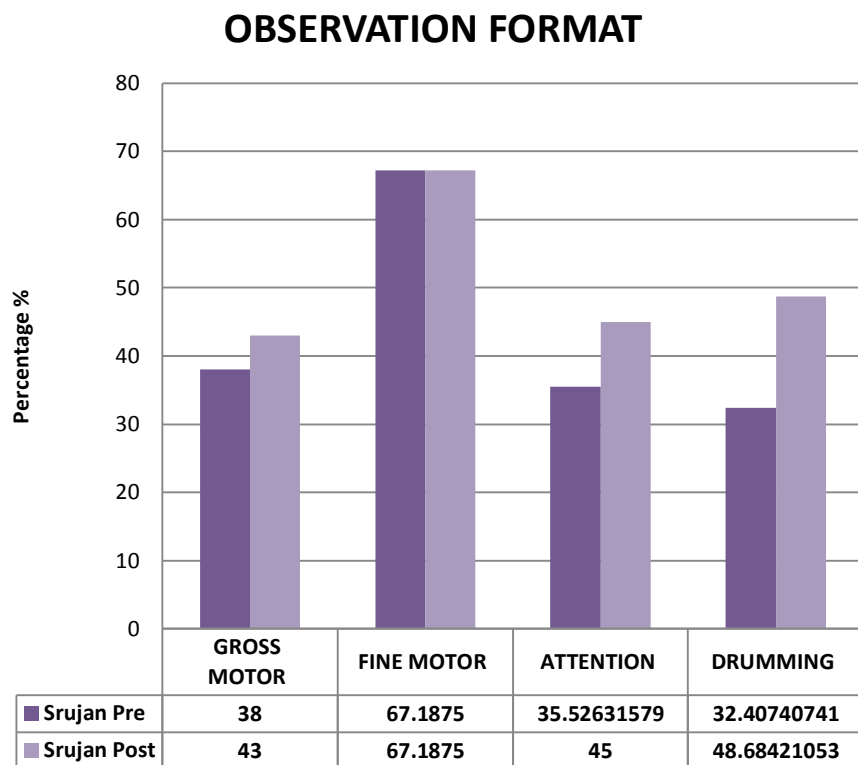
On the above domains it has been observed that his attention span and responding to the instruction has slightly increased though he does not comply. It has been observed during the pilot session that he has very strong palmer grip, but his engagement with the materials is not beyond picking, dropping and pressing the objects. But Srujan is very good at holding small objects with fingers and he is also able to eat dry food by himself using fingers. His response to sounds and music has increased compare to April. He is able to change his expression from smile to laugh and vice versa when sound is on and off , and he also tries to look at the object for a longer time than usual. Talking to him by breaking the sentences into small pieces and firm voice was helping to bring in his attention and some level of participation in the session. Most of the time he responds when the words or the instructions are repeated a couple of times, looking at him with one on one attention. His resistance towards the physical activities came down completely compare to April though sometimes he wants to just sit.

**Graph 13- Srujan's pre and post test rating on WCCL-Rating scale**



Results on WCCL observation for Srujan indicates that his rating remained constant in the areas of Attention, Narrative capability and Expressive capability. There is slight regression in the areas of Body, Group interaction and Cognitive domain.

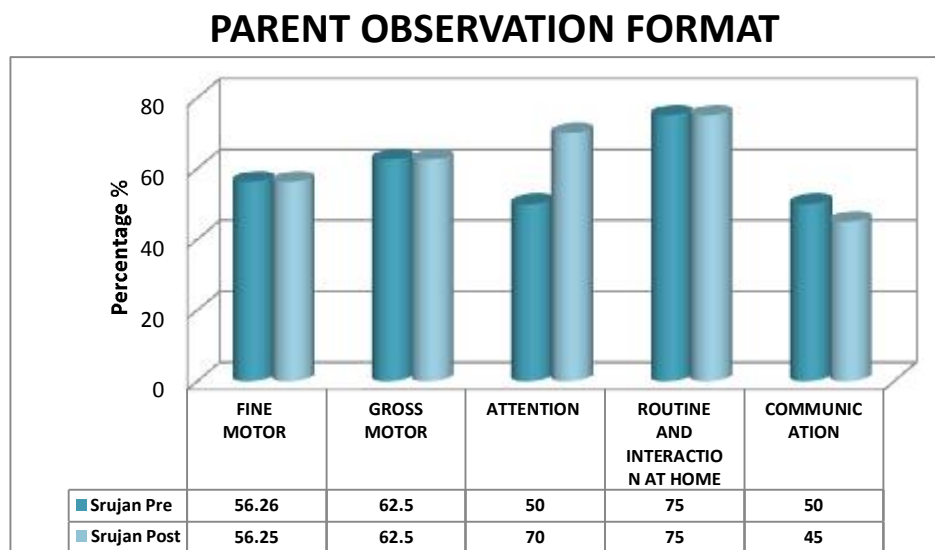
**Graph 14- Srujan's pre and post test rating on Observation format.**



Results on Observation format for Srujan indicates that he has shown some improvements in the areas of Gross motor, Attention and Drumming. His rating remained constant in the area of Fine motor.



**Graph 15- Srujan's pre and post test rating on Parent observation format.**



Results on Parent observation format for Srujan indicates that he has shown some improvement in the area of Attention and his ratings remained constant in the area of Fine motor, Gross Motor and Routine and interaction at home. There is slight regression in the area of Communication.

### **Analysis of Data:**

**Gross Motor:** Results on Facilitator's observation format for Srujan on the domain of Gross motor indicates progression. On Parent observation format indicates consistency from June to Sept. And WCCL Rating scale indicates slight regression on the domain of body. In the ABT sessions his resistance towards the physical activity has come down. If at all he resists participating with some prompts he is able to comply to some extent. He is able to put efforts in climbing the benches with less support. He is moving his hands in the visual arts session to spread the paints with least support. His interest in playing with objects by pulling has increased for ex: pulling the water balloons which were hung and attempting to burst them.

**Fine Motor:**Results on Facilitator's observation format for Srujan on the domain of fine motor indicates progression from June to Sept. Parent observation format indicates consistency and WCCL rating scale does show slight regression on the domain of body. As the ABT session began his progression on holding the object as soon as he sees has been noticed though his engagement with the object is the same of pressing and releasing the object from hand. But there has been progress during the of holding the object. For ex: attempting to burst the balloon to some extent without leaving from hand.

**Attention:** Results on Facilitator's observation format and Parent observation format for the domain of Attention shows improvements from June to Sept. This is consistent with the results of WCCL rating scale. As ABT sessions progressed he began to show some focus on the activities though it is passive participation. Looking at the facilitator, making eye contact has improved. For Ex: looking at the colours(paints)when it is introduced, paying attention towards the moving objects, looking at the drums when they are used.

**Drumming for Gross motor and Attention:** Results on Facilitator's observation format indicates that Srujan has shown some improvement in drumming sessions. It has been observed that Srujan's engagement with the drums is slightly increased from June to Sept. Number of times that he hits the drum at one go is increased and also he has shown interest in using mallets and attempting to place the mallet on the skin of the drum.

### **Drawing/Paintings:**

Srujan likes to use his hands to spread paint over the sheet, he holds the brush for a few seconds but is unable to use the brush on the sheet. In the first painting he needed help to fill in the sheet with paints. The second painting is painted with less help.

**June**



**September**



#### 4.DEEPUP

**Family Background:** Deepu is a 7 year old girl diagnosed with cerebral palsy. She lives with her parents and has a younger sister of 3 years. Her father works in a corporate company and mother is a home maker. Her grandparents take care of her in terms of her needs from end to end.

**Academic and Rehab Background:** Deepu is a non-verbal child but she make sounds, screams, uses emotion(cries and laughs)to express her likes and dislikes (comforts and discomforts). She is able to stand for a few minutes with support. She can move her legs forward while walking with support. She uses her left hand more than the right hand. Her grip in holding an object is good with her left hand when compared to the right. She is able to discriminate between edible and non-edible items to an extent and demonstrates the same by spitting it out. She doesn't chew food before swallowing. She does not maintain lip closure around utensil. She mostly keeps moving her head side to side and at other times, she keeps her head lowered. She is drowsy/sleepy most of the time. She responds to her name by keeping her head still and looking/smiling at the person.

**Medical Background:** Deepu gets a silent seizure and she just stays where ever she is without moving her body parts.

**Strengths/Challenges:** She is able to maintain eye contact with an object moving across her field of vision (left to right or right to left) for some time. She tries to hold the object if she finds it in front of her. She can stand for longer duration with wall support and shorter duration without any support. She does not hold the object for longer duration. Does not pay attention towards the activity. She needs complete support in walking, even with walker.

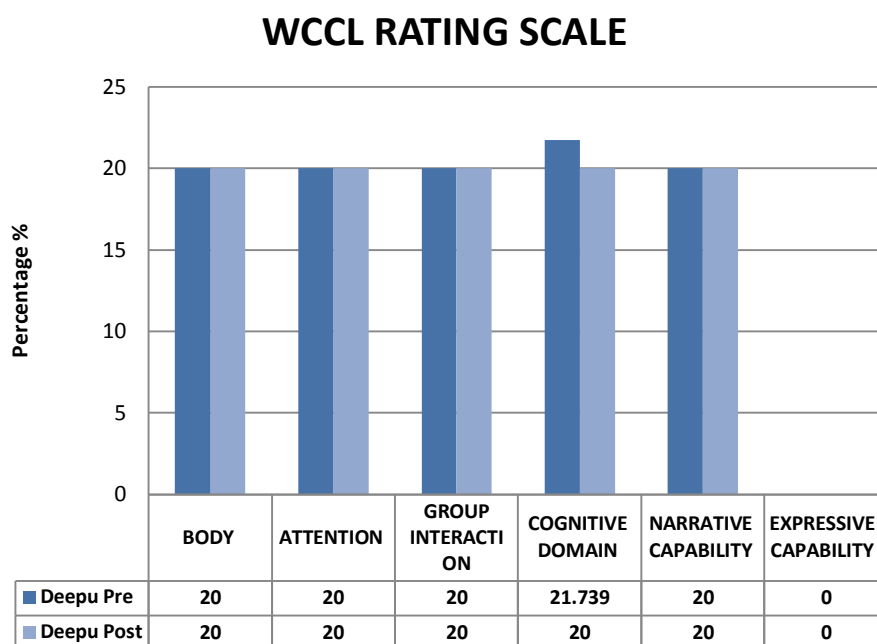
**Creation:**

Deepu's main area of need and therapeutic goals are:

- Gross motor
- Fine motor
- Attention system (hand-eye coordination needs to be worked upon)

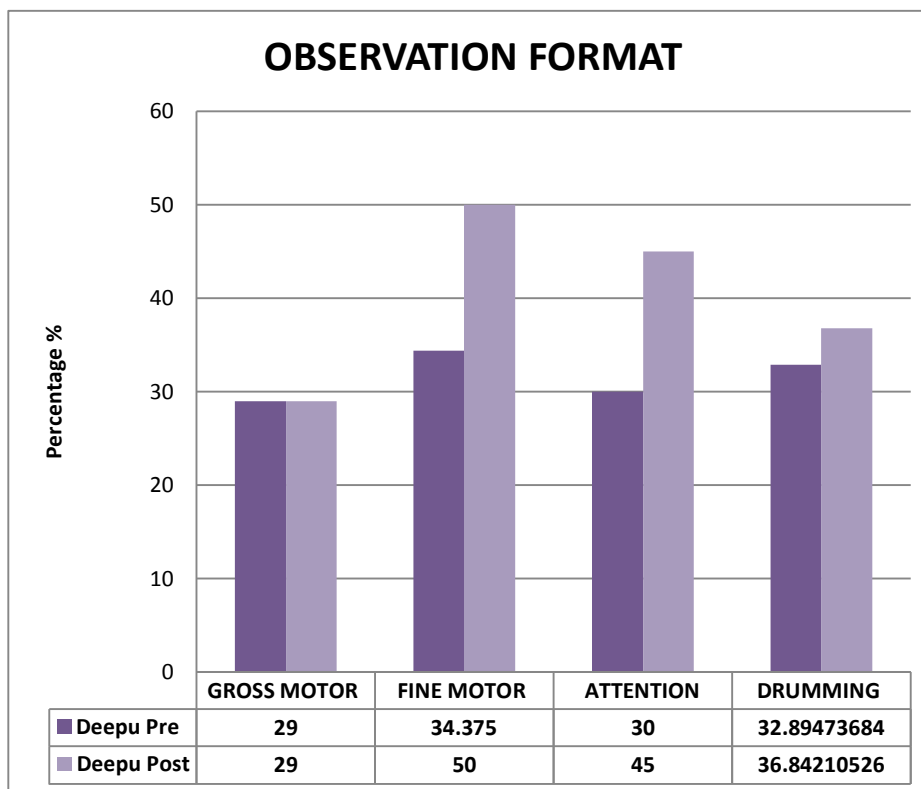
On the above domains it has been observed that Deepu has shown some interest in engaging with people by looking at them and smiling. Her level of eye contact with the people and object has increased. Her participation in the physical activities did not show any improvements, she was resisting moving even her hands. She has shown some interest in engaging her hands more to pick objects and hold them with the help of the right hand, in that way even her right hand is used more though she does not prefer it.

**Graph 16- Deepu's pre and post test rating on WCCL Rating.**



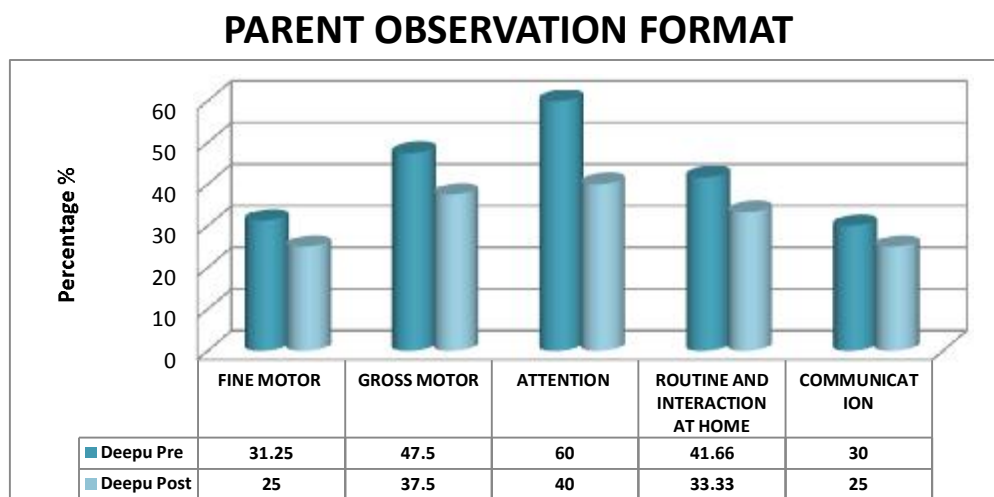
Results on WCCL Rating scale for Deepu indicates that her rating remained constant in the areas of Body, Attention, Group interaction, Narrative capability and Expressive capability. There is slight regression in the area of Cognitive domain.

**Graph 17- Deepu's pre and post test rating on Observation format**



Results on Observation format for Deepu indicates that she has shown some improvements in the areas of Drumming, Attention and Fine motor. Her rating remained constant in the area of Gross motor.

**Graph 18- Deepu's pre and post test rating on Parent observation format**



Results on Parent observation format for Deepu indicates Some regression in domains of Fine motor, Gross motor, Attention, Routine and interaction at home and Communication.

### Analysis of Data

**Gross Motor:** Results on WCCL rating scale for the domain on body and Facilitator's observation format for the domain on Gross motor indicates consistency from June to Sept. The Parent observation format shows slight regression. However in the ABT session it has been observed that though there is some resistance for the physical activities, she is complying with prompts and if she gets soft instruction or a talk from the facilitator. In any session Deepu requires hand held support but her interest and allowing the support/ facilitator has increased slightly from June to Sept. Her interest and ability to walk has been consistent.

**Fine Motor:** Results on Facilitator's observation format and Parent observation format for the domain on Fine motor indicates regression from June to Sept. WCCL rating scale does indicate consistence for the domain on body. However in ABT session it is observed that using her left hand to pick an object and taking support of her right hand to hold them together has increased a lot. Though she does not prefer using right hand fingers, she is able to engage right palm as a support to hold the object. Pressure in the left fingers has slightly improved for ex: when Maida dough is placed on her head, she was extremely disturbed and used her finger(left hand) and pulled it with full force .

**Attention:** Results on WCCL rating scale for the domain on Attention indicates consistency from June to Sept. Parent observation format and Facilitator's observation format shows slight regression. However in the ABT session it is observed that her level in making eye contact with facilitator /support has increased and she is also able to make hand eye coordination while picking objects, also when holding(for few seconds).

**Drumming for Gross Motor and Attention:** Results on Facilitator's observation format for Drumming shows some improvement From June to Sept. She needs the hand held support to hit the drum but she is able to loosen her hands slowly when the djembe is in front of her. She is given Djembe for long time, she engages it by scratching it with left hand.



**Drawing /Painting:**

Deepu resists to use her hands or move her hands. She needs complete support to paint on the paper. In the first Painting, with lots of resistance she has filled in the sheet with help. In the second painting, though she did not paint by herself, she did not resist to move her hands and used her finger to scratch the sheet.

**June**



**September**



## 5.SAGAR

**Family Background:** Sagar is a 6 year old boy and has been diagnosed with ASD. He is a single child and lives with his parents. Father is a company employee and mother is a homemaker.

**Academic and Rehab Background:** He is a very happy child. He likes music especially Shiridi Sai Baba's. His sitting tolerance is quite low and he keeps moving around. He tries to mouth all kinds of objects and materials. He finds objects and engages himself by tapping them on the floor as he enjoys listening and playing with the sounds. He makes no eye contact and keeps himself engaged by making sounds and uttering gibberish. Sagar is able to make negotiations and settles down easily. He is very happy when he is taken outdoors and he generally likes to explore the place on his own. Sagar likes to touch and feel when new textures are introduced such as paints, maida, and clay but does not stay focused and uses only one hand to engage with the material.

**Medical Background:** Sagar is diagnosed as Autistic. He is under medication for hyperactivity.

**Strengths/Challenges:** He is very good in finding the objects for himself to keep him engaged all the time. He does not look/focus on the object for long duration and engages with the material in different ways other than tapping it on the floor. He keeps his body very loose. He does not have control of his movements. He does not engage with the material more purposefully rather than just stimulatory.

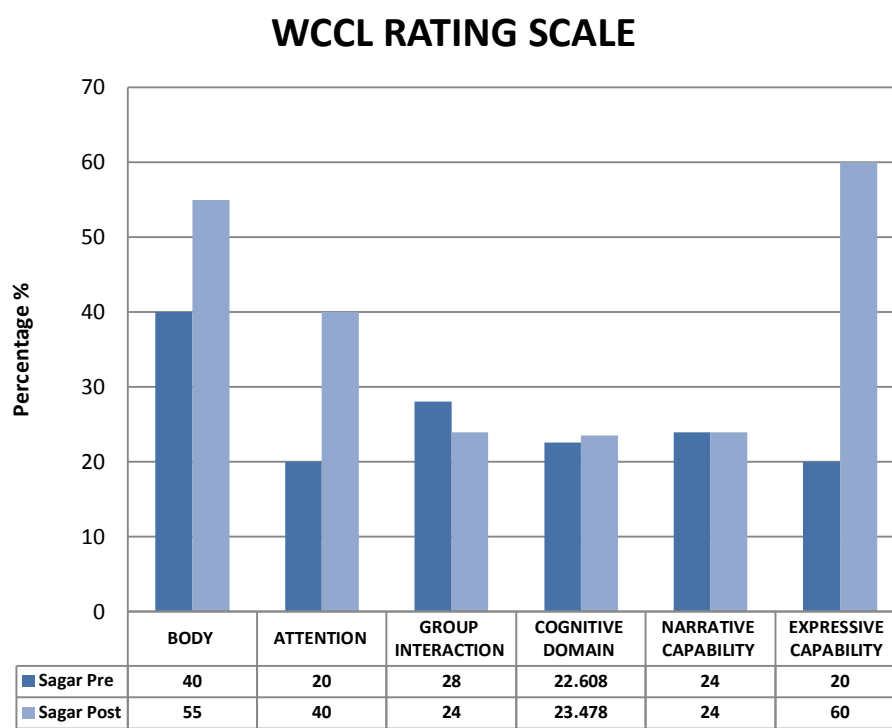
### **Creation:**

Sagar's main area of need and therapeutic goals are:

- Attention
- Gross motor coordination.
- Fine motor coordination.

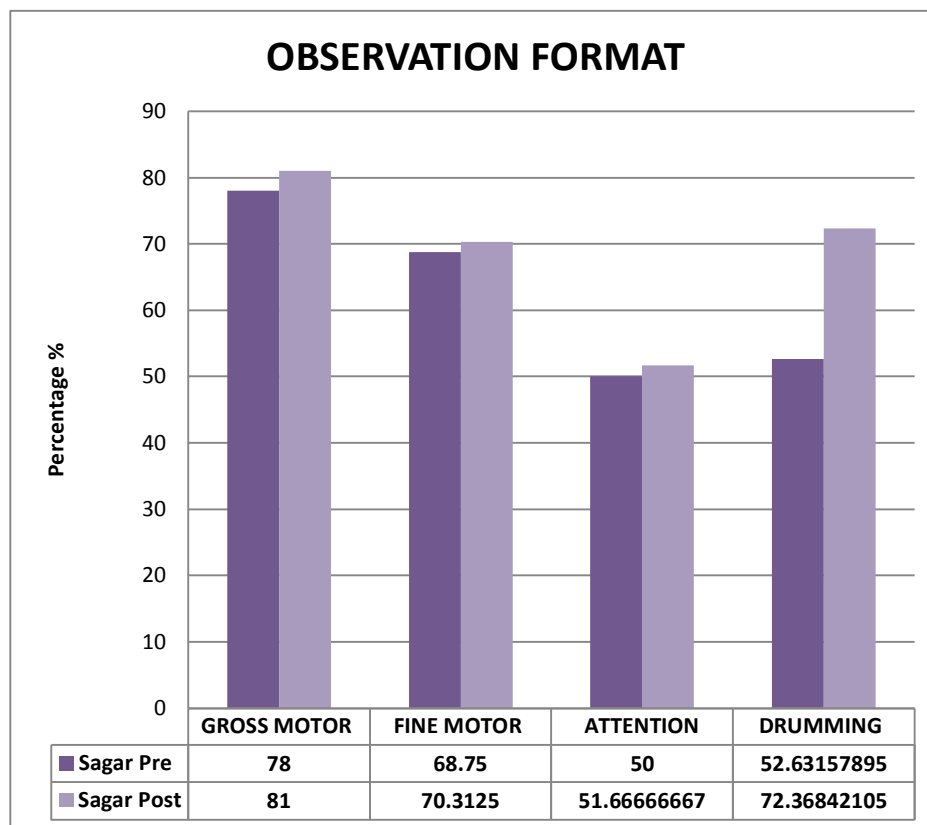
On the above domains it has been observed that Sagar enjoyed diversity in sessions, his participation was seemingly good in each and every session that was done. Since he likes exploring wet media his participation level in the visual art session was extremely good. At that moment he is able to follow the instruction and imitate some of the action. He started using more words and he also recognizes if someone is repeating the sounds of his version. Using sounds and songs has helped a lot to engage him in the session and to build an eye contact. He has increased the level of attention and hand and coordination though he does not maintain the same for more than 20-30 seconds but on and off he keeps observing what the group is doing.

**Graph 19- Sagar's pre and post test rating on WCCL Rating.**



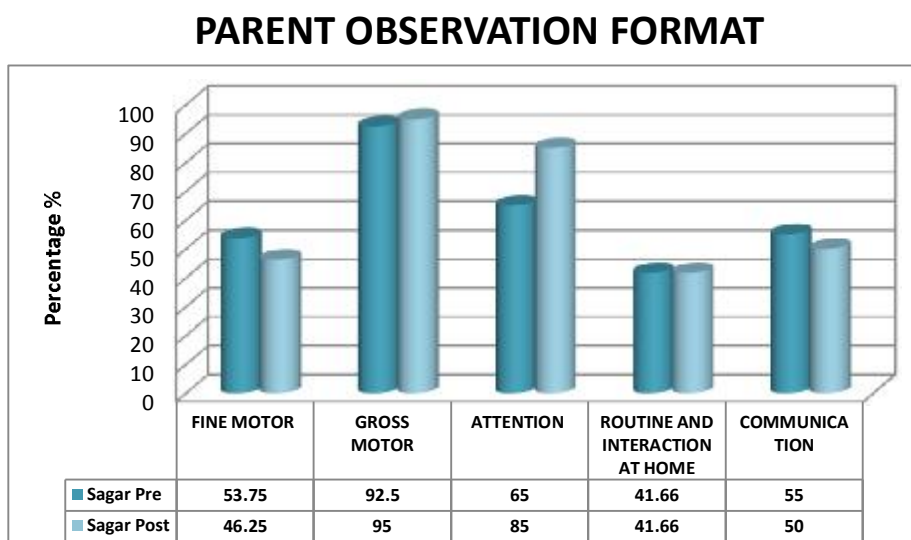
Results on WCCL rating scales for Sagar indicates that he has shown some improvements in the areas of Body, Attention, Cognitive domain and Expressive capability. His rating remained constant in the area of Narrative capability and there is slight regression in the area of Group interaction.

**Graph 20- Sagar's pre and post test rating on Observation format.**



Results on observation format for Sagar indicates that he has shown some improvements in the areas of Gross motor , Fine Motor,Attention and Drumming.

**Graph 21- Sagar's pre and post test rating on Parent observation format**



Results on Parent observation for Sagar indicate that he has shown some improvement in the areas of Gross motor and Attention. His rating remained constant in the area of Routine and interaction at home. There is slight regression in the area of Fine motor and Communication.

### **Analysis of Data:**

**Gross Motor:** Results on all three formats-WCCL rating scale, Parent observation format and in Facilitator's observation format for the domain of Gross motor indicates improvements from June to Sept. During the session it is observed that he moves only when he wants and random movements have reduced a lot. Though he did not understand running a race he was able to run for seconds. There is some looseness in his body which has got slightly progressed. He is able to balance on the slippery surface and climb heights. His hands movement is slightly more coordinated when it comes to visual session involved with paints, Glue, Maida paste, fevicol etc., where he moves his hands right/left, forward and backward.

**Fine Motor:** Results on Both Facilitator's observation format and parent observation format for the domain of Fine motor indicates consistency from the June to Sept. WCCL rating scale does indicate the improvement for the domain of body. In the sessions Sagar's involvement is very slightly improved by taking objects from others hand but he is still having the tendency of hitting them on the floor. With prompts he is able to use his hands to roll the rolling pin and tear the green leaves.

**Attention:** Results on both the WCCL rating scale and parent observation format for the domain on Attention indicate improvement from June to Sept. But in facilitator's observation format indicate slight regression. During the sessions his level of attention was not constant. He sustains attention when he is given drums. He also focuses towards the visual arts session that involves both wet and dry media. For every few seconds he is able to make hand eye coordination. Sagar still has the tendency of looking up at the ceiling which is slightly reduced due to his engagement with visual art session.

**Drumming for Gross motor and Attention:** Results on Facilitator's observation format for drumming indicates progression from June to Sept. It has been observed that his engagement with the drums has increased a lot and he uses both with coordination. Sometimes he also hits the drum with rhythm and maintains it for few seconds. He is able to sustain his attention for longer time with drums. Most of the time he prefers hands than using the mallets.

### **Drawing / Painting:**

Sagar loves wet media and he likes to use paint by rubbing it with his palm rather than on the sheet. He uses the brush for less than 3 seconds and throws it away. In the first painting he needed constant prompts to use and move his hands on the sheet. In the second painting, he placed his hands automatically on the sheet but needed prompts to move them .

**June**



**September**



## **SECTION 5:DISCUSSION**

### **5.1 LIMITATIONS**

There were a few limitations in this ABT journey. The attendance of the group was not the same for all the 36 sessions. A few children missed some of the important sessions. Since all the children are not toilet trained there were disturbances during sessions when they had to use the toilet.

Transitioning from one class to another was a challenge as some of the children had to be carried. Towards the end the classroom was changed from the first floor to the ground floor, occasionally there were a lot of disturbances of people entering and exiting during the session time which distracted the children.

The change in the support staff affected a few children in the group.

There could be a possibility of response bias in the Parent Observation format because for the pre and post observations, the same parent may not have rated the child. There might not be accurate ratings in the WCCL rating scale and facilitator's observation since the response of the children in the ABT sessions may be different from their regular behavior.



## **5.2 LEARNINGS**

There was a lot of learning from the beginning of my ABT journey. It gave me confidence in being independent and traveling alone to unfamiliar spaces.

In terms of sessions and being with children, there is a great difference in understanding and working with these children. Many new ideas and techniques were explored to engage with each child. I realized that singing, talking and showing things to the children was helping them pay some attention other than assuming they won't understand.

Learning has been from each child and also the support in my class.

From my ABT group, Hemanth taught me to be assertive-which I am learning to apply. Sagar taught me to tap things before judging. Deepu taught me to be who I am. Arvind taught me, that it is okay if I do not participate but it's important to listen and watch carefully. Srujan taught me to look at things that interest me instead of forcefully being a part of everything.

From my support staff, Rashmi taught me to be as friendly as possible with the children. Sheela taught me, heavier things are always heavier because we think they are heavier so it is better to discard them rather than focus on them. Kamma taught me to be open and to say what has to be said.

Techniques and methods used in ABT were helpful in understanding that drumming, music, dance, visual arts can be used to work on childrens' goals.

## **5.3 FUTURE**

Though the three domains have been selected as immediate goals for the ABT group, I feel that there have to be more sessions done in future to see some more progress. To sustain their attention songs, music and drumming will be continued and also to develop their Gross motor and Fine motor I will use musical instruments since this group likes and responds for sounds. Slowly I would also want work on their communication along with above domains. Since I started my learning through the ABT journey by exploring many Art forms, I will continue to do the same work with more changes in the way of execution and improvising the sessions.

## **SECTION 6: APPENDIX**

### **APPENDIX A-Rating Scales and Observation Formats**

APPENDIX A-I (WCCL Rating scale)

APPENDIX A-II (Session record sheet)

APPENDIX A-III (Observation format for Fine Motor)

APPENDIX A-IV (Observation format for Attention)

APPENDIX A-V (Observation format for Gross Motor)

APPENDIX A-VI (Observation format for Drumming)

APPENDIX A-VII( Parent Observation Format)

APPENDIX B (SRS Summary)

APPENDIX C (References)

## APPENDIX A-I



### World Centre for Creative Learning Foundation RATING SCALE – CHILDREN WITH SP. NEEDS

Dear ABT Practitioner,

Given ahead is a rating scale that describes several behaviors, ways of thinking, skills & abilities. We suggest that you utilize the rating scale in the following manner:

We would like to request you to go through each item and rate the participant on a 5 point rating scale. You can collate the scores and do a simple average.  $Average = (Score\ Total) / (Number\ of\ Questions \times 5)$ .

Please do not leave any item unmarked. We recognize that it is often difficult to rate an individual on such specific aspects, and in such a structured manner, especially when you have so much information about them. We would still like you to organize your thoughts and mark the rating scale based on your observations.

A final column has been added just in case, you absolutely want to add a comment to clarify the rating you have given.

Please read carefully and tick (✓) the appropriate rating. Write the score for each therapeutic goal in the 'score' column

1. S. No/ Code No:

2. Name of Participant being rated:

3. Name of Rater:

4. Date of Rating:



BODY		1	2	3	4	5	Score	Comment
B 1	Moves in a coordinated manner	Almost never	Rarely	Sometimes	Frequently	Almost always		
B 2	Exhibits quick reaction time	Almost never	Rarely	Sometimes	Frequently	Almost always		
B 3	Has the fine motor skills to perform given tasks	Almost none	Little	Somewhat	Quite a lot	Almost all		
B 4	Speech is clear (not slurred)	almost never	barely clear	somewhat clear	mostly clear	Almost always		
Total Score [Body] =								Average =
ATTENTION		Choose any one of the sentences below					Score	Comment
A 1	Barely manages to Focus on task/activity, hardly any eye-contact (1)							
	Sustains attention on task/activity at hand for some time (2)							
	Concentrates for long time on set task/activity even when there are distractions (3)							
	Can alternate and divide attention between two simultaneous tasks/activities (4)							
	Almost always shows a stable attention span accompanied with being present in-the-moment (5)							
Total Score [Attention] =								
GROUP INTERACTION DOMAIN		1	2	3	4	5	Score	Comment
GI 1	Shares material, ideas, solutions	Almost never	Rarely	Sometimes	Frequently	Almost always		
GI 2	Takes initiative within the group	Almost never	Rarely	Sometimes	Frequently	Almost always		
GI 3	Is sensitive to group member's needs and helps them	Almost never	Rarely	Sometimes	Frequently	Almost always		
GI 4.a	Can wait for needs/desires to be fulfilled	Almost never	Rarely	Sometimes	Frequently	Almost always		
GI 4.b	Can hold back on expressing views when appropriate to do so	Almost never	Rarely	Sometimes	Frequently	Almost always		
Total Score [Group Interaction] =								Average =



COGNITIVE DOMAIN		1	2	3	4	5	Score	Comment
C 1.a	Can discriminate between similar sounding speech sounds (hear/hear)	Almost never	Rarely	Sometimes	Frequently	Almost always		
C 1.b	Can repeat sound patterns which s/he hears	Almost never	Rarely	Sometimes	Frequently	almost always		
C 2.a	Can read	Almost None	Little	Somewhat	Quite a lot	Fluently		
C 2.b	Can Spell	almost none	Little	Somewhat	Quite a lot	almost all		
C 3.a	Can repeat short phrases	Almost never	Rarely	Sometimes	Frequently	Almost always		
C 3.b	Can remember information or instructions, and talk about it.	Almost none	Little	Somewhat	Quite a lot	Extremely fluent		
C 4.a	Can learn movements taught, and repeat them with eyes closed	Almost none	very few	Sometimes	Frequently	even most difficult moves		
C 4.b	Can discern shapes of objects, with his/her eyes closed, using touch	almost never	Rarely	Sometimes	Frequently	almost always		
C 4.c	Is good at games, sports, athletics	Almost none	Little	Somewhat	Quite a lot	Almost all		
C 5.a	Is able to understand age appropriate number concepts.	Almost none	Little	Somewhat	Quite a lot	Almost all		
C 5.b	is able to tell how much of something he has, how much he needs and how much is left to spare (e.g. money, distance, time)	Almost never	Rarely	Sometimes	Frequently	Almost always		
C 6.a	Can describe how to go from one place to another (age appropriate)	almost never	Rarely	Sometimes	Frequently	Almost always		
C 6.b	Is able to locate objects within surroundings	Almost never	Rarely	Sometimes	Frequently	Almost always		



COGNITIVE DOMAIN (Contd.....)		1	2	3	4	5	Score	Comment
C 6.c	Can draw a floor plan of the therapy room	Almost none	no details	some details	many details	very detailed		
C 7.a	Can understand cause-effect relationship ('why' events happen)	Almost never	Rarely	Sometimes	Frequently	Almost always		
C 7.b	Understands the rules of age-appropriate games*	Almost none	Little	Somewhat	Quite a lot	Almost all		*special focus on 'If - Then' relationship
C 7.c	is able to solve simple problems by weighing options, considering alternatives, comparing & choosing	Almost never	Rarely	Sometimes	Frequently	Almost always		
C 8	is fluent in using mobile phone features, computer programs and other gadgets	almost never	Rarely	Sometimes	Frequently	Almost always		
C 9.a	Can tell the 'moral/real meaning' of a story after listening to the story.	almost never	Rarely	Sometimes	Frequently	Almost always		
C 9.b	Can delay immediate gratification for more long-term goals.	almost never	Rarely	Sometimes	Frequently	Almost always		
C 9.c	Can make a 'goal-oriented plan' - deciding what is critical and how to start	almost never	Rarely	Sometimes	Frequently	Almost always		
C 10.a	Can pick up the 'mood/feelings' of other person by observing facial expression, body language & tone*.	Almost never	Rarely	Sometimes	Frequently	Almost always		*use mime/dramatic expressions and sounds without words.
C 10.b	Can examine an image/images* and understand the picture's story-line, thereby arrive at correct conclusion	Almost never	Rarely	Sometimes	Frequently	Almost always		*test should not contain words, only images
Total Score [Cognitive] =							Average =	



NARRATIVE CAPABILITY		1	2	3	4	5	Score	Comment
NC 1	Vocalizes vowels and consonants	Almost none	very few	half of them	most of them	Almost all		
NC 2	is able to utilize words with meaning	Almost none	very few	some words	many	Almost all		
NC 3	Is able to create short simple sentences	Almost never	Rarely	Sometimes	Frequently	Almost always		
NC 4	Gives meaningful and personal answers to open-ended questions	Almost never	Rarely	Sometimes	Frequently	Almost always		
NC 5	can narrate a story in correct sequence	Almost never	Rarely	Sometimes	Frequently	Almost always		
Total [Narrative Capability] =								Average =
EXPRESSIVE CAPABILITY DOMAIN							Score	Comment
EC 1	Can express him/herself through artistic media* - <u>Choose one answer</u>	Only imitating (1)						*Specify his/her favorite artistic medium
		keeps displaying repetitive artistic skill (2)						
		Improvises with group/ABT practitioner (3)						
		Improvises on small metaphors or images (e.g. factory) (4)						
		Creates a personal artistic expression which is rich in metaphorical meaning (5)						
Total Score [Expressive Capability]								Average =
TOTAL SCORE [B + A + GI + C + NC + EC]								

## Appendix A-II

SESSION RECORD SHEET (SRS)				
<b>) SEG Practice (Please tick)</b>				
(1.a.) 30 minutes daily health practices	(1.b.) Daily meditation	(1.c.) Creating Intent	(1.d.) Protection Steps for All	(1.e.) Space Cleaning
<b>) Assessment Inputs (Please tick)</b>				
(2.a.) Observer	(2.b.) AV	(2.c.) Standardized Test		(2.d.) Mentor / ABT Guide Visit
		(2.c.i.) Pre	(2.c.ii.) Post	
<b>3) Session Plan Most commonly occurring therapeutic Domains:</b>				
<b>Therapeutic Goals for today:</b>				
<b>Key Concepts (if any):</b>				
<b>Space and Material Preparation:</b>				
<b>(3.1) Communion:</b>  Rituals:  Skill Warm Up: Tick one or multiple options below & write description if necessary:				
Rhythm <input type="checkbox"/>	Voice <input type="checkbox"/>	Body <input type="checkbox"/>	Painting & <input type="checkbox"/> Drawing	Games & Exercises
<i>Description</i>				
<b>.2) Creation:</b> Tick or cross one or multiple options below & write details of activity:				
ARTISTIC SKILLS <input type="checkbox"/>	IMPROVS <input type="checkbox"/>		METAPHORS <input type="checkbox"/>	
<b>(3.3) Closure:</b>				



Disengage from the Creation (De-roling)	Take home metaphors or creative discussions	Closing Ritual	

) Post Session: ABT Practitioner's Notes			
<p><b>(4.1) Actual session sequence:</b></p> <p><i>Use the <u>Grids Nomenclature</u> when referring to each Activity in the sequence.</i></p> <p>/Write exact sequence of events as they unfolded:</p>			
<b>(4.2) Observations about Clients:</b>			
S. No.	Name	INDIVIDUAL THERAPEUTIC GOALS	OBSERVATIONS, ANECDOTES, DIALOGUES & DISCUSSIONS
<b>(4.3) Group Observations:</b>			
Therapeutic Domains / Goals		Observations	

<p><b>(4.4) Changes:</b></p> <p><b>Any TG which needs to be added or removed next time?</b></p> <p><b>A specific Non-ABT technique/tip which was useful?</b></p> <p><b>A specific challenge area, which needs supervisory attention.</b></p> <p><b>A specific skill up-gradation /theory reading required on the part of practitioner?</b></p> <p><b>Any specific deep-rooted habitual pattern/s to be worked on</b></p>		
<p><b>(4.5) Ideas for Next Session:</b></p>		

## Appendix A-III

### Observation Format For Fine Motor

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

Reported by \_\_\_\_\_

Sr no		Always	Most time	Sometime	Never
1	Is able to open the palm				
2	Is able to close the palm				
3	Is able to wiggle the fingers				
4	Is able to make a thumbs up sign				
5	Is able to interlock fingers with both the hands				
6	Is able to hold the object with thumb and any other finger				
7	Is able to hold the small object with the palm				
8	Is able to hold the small object with the all fingers				
9	Is able to hold the bigger object with the palm				
10	Is able to hold the bigger object with the all fingers				
11	Is able to tap hands on the floor				
12	Is able to tap fingers on the floor				
13	Is able to pinch the clay/soft toy				
14	Is able to knead/press the clay/soft toy				
15	Is able to press the finger tips of both hands together				
16	Is able to open one finger at a time from a closed fist				

## Appendix A-IV

### Observation Format For Attention

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

Reported by \_\_\_\_\_

Sr no		Always	Most time	Sometime	Never
1	Can play/hold the object/toy 0 -10 secs				
2	Can play/hold the object/toy 10 -30 secs				
3	Can play/hold the object/toy for 30 secs or more				
4	Can hold an object with sustain attention(making eye contact)				
5	Can imitate hand gestures				
6	Can imitate facial expressions				
7	Can establish hand eye coordination				
8	Can pay sustained attention to task				
9	Can establish eye contact				
10	Can follow verbal instructions and responds to tasks				
11	Can complete the task with hands on assistance				
12	Can complete the task with prompts				
13	Can complete the task without prompts				
14	Can sort colored bead as instructed				
15	Can match pictures				

## Appendix A-V

### Observation format- Gross Motor

Name : \_\_\_\_\_ Date: \_\_\_\_\_ Reported by \_\_\_\_\_

s/no		Always	Most of the time	Some time	Never
1	Is able to stand without support				
2	Is able to stand upright for more than 10 seconds unsupported				
3	Is able to walk				
4	Is able to walk with balanced even gait				
5	Is able to run				
6	Is able to walk or run in varying speeds				
7	Is able to pick himself off the floor				
8	Is able to move from sitting to supine position				
9	Is able to move from supine to sitting position				
10	Is able to sit upright				
11	Is able to lift limbs above the ground in a supine position				
12	Is able to climb stairs without the support of the rail				
13	Is able to climb stairs while alternating footsteps				
14	Is able to climb stairs one step at a time				
15	Is able to walk down steps while alternating feet				
16	Is able to jump on the spot				
17	Is able to kick ball				
18	Is able to hop				
19	Is able to balance on one foot				
20	Is able to spread arms and stand				
21	Is able to move with heavy object in hand				
23	Is able to stand on an object or platform above the ground				

24	Is able to climb on to a raised surface				
25	Is able to get down from the raised platform				

## Appendix A- VI

### OBSERVATION FORMAT FOR DRUMMING

Name : \_\_\_\_\_ Date: \_\_\_\_\_ Reported by \_\_\_\_\_

Sr no		Always	Most time	Sometime	Never
1	Looks at the drum when there is sound				
2	Uses full palm to hit				
3	Lifts the hands while hitting				
4	Uses fingers to tap on drum				
5	Rubs the drum with palms				
6	Scratches the drum with finger tips				
7	Imitates hitting				
8	Uses alternative hands but no coordination				
9	Uses alternative hands with coordination				
10	Takes turn to hit				
11	Hits hardly				
12	Hits softly				
13	Is able to play soft and Loud				
14	Is able to play fast & slow				
15	Responds to start & stop cues				
16	Is able to play rumble				
17	Uses mallets to hit				
18	Lifts the arm with mallet to hit				
19	Can rumble with mallet				

**APPENDIX A - VII**

**PARENT OBSERVATION FORMAT**

Name----- Reported by----- Date-----

		Always	Most time	sometime	Never
	<b>FINE MOTOR</b>				
1	Is able to pick and bring/give objects when asked for				
2	Is able to pick and eat solid finger foods				
3	Is able to pick and eat rice				
4	Is able to eat with a spoon				
	<b>GROSS MOTOR</b>				
1	Is able to stand with support ( holding person or an object)				
2	Is able to stand without support				
3	Is able to walk with support (holding person or railing or walker)				
4	Is able to walk without support				
5	Is able to sit upright on the floor				
6	Is able to sit upright on a chair without support				
7	Is able to climb stairs with support ( holding person or railing)				
8	Is able to climb stairs without support				
9	Is able to climb on to a raised surface				
10	Is able to get down from the raised platform				
	<b>ATTENTION</b>				
1	Is able to notice changes in environment ( home, outside etc)				
2	Is interested in watching TV or Video songs / Rhymes				
3	Is able to establish the eye contact				
4	Is able to complete the given task with prompts				
5	Is able to point if the mobile or door bell is ringing				
	<b>INTERACTION AND ROUTINE AT HOME</b>				
1	Is able to recognise the siblings and family members				
2	Engages with siblings or other children				
3	Is able to follow the daily routine at home				
	<b>COMMUNICATION</b>				
1	Is able to follow the simple instruction				
2	Is able to use the gestures to communicate				
3	Is able to use voice to communicate				
4	Is able to speak or use words				
5	Is able to indicate the toilet needs				



## Appendix C

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- My child at cerebral palsy.org. ; the ultimate resource for everything cerebral palsy
- Plaza Famila: Dance Therapy and It's Benefits for Children with Special Needs by Paula Bendfeldt-Diaz
- Special needs.com (Rhythm and movements) by Candice Evans

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