



**METHODS AND TECHNIQUES USED IN DIAGNOSTIC AND
THERAPEUTIC APPROACH FOR PEOPLE WITH MILD MENTAL
RETARDATION**

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Abstract

The present case study is focused to reveal the efficiency of the therapeutic methods and techniques for people with mild mental retardation. State of the art was reviewed before presenting the case study. The participant to the case study is a person, Mr. M. diagnosed by the Commission for the Examination of Persons with Disabilities, with: Mild delay in mental development, I.Q.= 47 and severe aggressive behavior. He was institutionalized in 1985 and being abandoned soon after birth. Some of the therapeutic plan objectives are as follows: Developing communication skills; Development of creativity; Increase of self-esteem and self-knowledge; Communication, collaboration and group integration; Decrease of anxieties, frustrations, stress and tension release. Conclusions underline the establishment of causal relationships between manifested behavior and the latent one and propose was for reducing most of the behavioral manifestations.

Keywords: *art-therapy, sand-therapy, dance and movement therapy, poetry-writing therapy.*

1. INTRODUCTION

Carole Kunkle-Miller (1978) made a theoretical review highlighting the use of art therapy with retarded adults and she finds out that for the moment being there were not so many studies regarding the mentioned topics. Ludkins-Katz (1972) cited by Carole Kunkle-Miller (1978) underlined the following stereotypes regarding the population topics: they are not able to concentrate, they are constantly repetitive and incapable of growth, and so one. Furthermore, the author underlines that the art is involved in the development of the retarded individual

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(Bryant and Schwan, 1971; Crawford, 1962; Ludkins-Katz, 1972). Gussak & Rosal (2016) presented in their book the individuals' developmental disabilities. The authors underline that the individuals with developmental disabilities have overcoming as social stigmas, facing mental, physical and emotional stressors. Hence, they highlight the role of the art therapy in developing effective individualized treatment plans for people with developmental disabilities (Bololoi, Rizeanu, 2017).

Malchiodi (2014) underlines that the creative arts therapy begins from the arts and theories related to creativity and expressive arts therapy utilizes the creative arts in the way of patient's self-expression. The methods used in the creative and expressive art are: art, drama, dance, music, movement, poetry, play, and writing.

Hence Malchiodi (2014) defines the methods used in the creative and expressive arts as follows:

1. Art Therapy – focuses on the purposeful use of visual arts materials and media in intervention, counselling, psychotherapy, and rehabilitation;
2. Music Therapy – focuses on the prescribed use of music to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals with disabilities;
3. Drama Therapy – focuses on the systematic use of drama/theatre processes, products, and associations to achieve therapeutic goals of symptom relief, emotional and physical integration, and personal growth;
4. Dance and Movement Therapy – focuses on the use of movement on the presumption that the body and mind are connected;
5. Poetry/Writing Therapy – focuses on the use of the written word and other forms of literature for healing and personal growth;
6. Play Therapy – focuses on the systematic use of play techniques by therapists to assist individuals in preventing or resolving psychological/social difficulties.

Baker, Berlowitz, Grocke and Tamplin (2014) conducted a study regarding the experience group music therapy at individuals with chronic quadriplegia. They found out that the music therapy had a positive effect on mental and physical state in the way of encouraged social engagement.

Heijenbrok-Kal, Ribbers, van de Sandt-Koenderman, van der Meulen and Visch-Brink (2014) were interested to examine the effects of melodic intonation therapy for subacute severe non fluent aphasia treatment. Using as samples a control and an experimental group, the authors found out significant improvement in verbal communication.

Inal (2014) underlines that dance may play a role in improving the physical, emotional, and cognitive functioning at individuals with disabilities. Also, the author underlines that dance improve the body image, spatial awareness and social skills.

Biddiss, Blain-Moraes, Chesser, Kingsnorth and McKeever (2013) investigated the effects of physiological signals music generated on people with profound multiple disabilities. The bio music combines the following signals: electrodermal activity, fingertip skin temperature, blood volume pulse and respiration.

Fenner, Schofield and Van Lith (2013) identified a number of 23 studies focused on art-based practices having as effects the social recovery, self-expression, relationships and social identity. The results underlined the role of the art therapy in mental healthy recovery.

Alon Uri & Moran (2011) highlighted that playback theatre promotes recovery in the field of mental health. The results of the study highlighted that significant improvement using the Playback Impact Scale. The playback theatre can be used as an effective practice for enhancing recovery processes at people with disabilities.

Using interview method Fenner, Schofield and Van Lith (2011) were interested to explore participants perception regarding the art-based programs in the mental health recovery. They underlined that the art-based programs support the recovery process by creating life control, feeling stronger and confident.

De Castro, Galati, Mercadal-Brotons and Solé (2014) find out that art-based programs made changings in mental health recovery and were making researches in order to identify/analyze changes in affect and participation during music therapy sessions.

Cesarz, Dobrzynska, Rymaszewska and their collaborators (2006) conducted a study focused on highlighting of how group therapy using music therapy and cognitive-behavioural therapy techniques can treat depression.

De Morais, Eler, Roecker and Salvagioni (2014) were involved in a qualitative, descriptive and exploratory research in the way of reviling the significance of clay art therapy. The clay therapeutic method improves creativity, self-consciousness and reduce anxiety.

2. THE OBJECTIVE AND HYPOTHESES

2.1. Objectives

The objectives pursued by the above-mentioned method are: 1) to manifest motor reactions with aggressive connotations; 2) to use aggressive language; 3) to exhibit a frustrating attitude; 4) to use either violence (aggressive and violent behaviour) or aggressive language to eliminate frustration.

2.2. Hypotheses

1. M. deficit concerning the comprehension and expression of his own feelings, needs and frustrations, amid mental retardation, leads to aggressive behaviors directed towards himself and the environment.

2. Through his participation in the activities of art therapy he enhances sensitivity, aesthetic sense and the ability to express himself more easily using the verbal language, attenuating aggressiveness.

3. Ludic therapy techniques stimulate and encourage direct relationship with persons in proximity, developing empathic capabilities.

3. METHOD

In order to achieve the objectives and based on the theoretical foundations which underline the specifics and psycho-behavioural characteristics of people with mild mental retardation, we consider that the main useful methods in our approach should be: guided observation, therapy through art / art therapy (graphic expression, drawing, painting, moving, metaphor), Ludo therapy, free conversation, analysis of personal documents.

Guided observation consists in careful and systematic tracking of the subjects' behaviour in order to determine their characteristic aspects concerning, on the one hand, physiognomy, hygiene, appearance, gaze, facial expressions, gesture, conformation, and on the other hand, the reaction of subjects at certain times or specific situations (during school and free activities).

The objectives for practical activities:

- Development of the sense of self-confidence and achievement;
- Development of the sense of artistic appreciation and expression;
- Adults' familiarization with different materials that they begin to analyse while using them - shape, size, texture, colour - through motor and sensory channels;
- Development of necessary practical manual skills and abilities used in transforming simple materials into toys or artistic creations using tools and accessories;
- Enrichment and development of thinking processes, the language and the vocabulary involved during the process of creation;
- Development of maintaining attention, independent activities, perseverance, courage, self-confidence, patience, discipline and cooperation with other adults in carrying out certain group activities, e.g. team work;
- Encouraging adults to use the results obtained by participating in other forms of therapy, as well as games and activities that they are best at;
- Development of the aesthetic sense and the ability to analyse critically their own work or others' in terms of shape, colour, originality;

- Development of respect for the results of their own work;
- Strengthening the technical skills of cutting, bonding, bending different materials and forming new skills such as weaving, combining;
- Strengthening the ability to end what he has started and discipline to keep materials in order.

4. RESULTS/THE CASE STUDY

M. aged 41, is the beneficiary of specialized social services, being institutionalized in a residential center. He has been a resident in the Centre for Integration by Occupational Therapy since 1985, being abandoned soon after birth. Within the center he receives care services, assistance, recovery, rehabilitation and socio-family integration and reintegration according to the Individualized Plan of Intervention.

According to the certificate of disability, M. is diagnosed by the Commission for the Examination for Persons with Disabilities, by mild delay in mental development, I.Q. = 47 and severe behavioral disorders.

Currently there are not known any data about his family of origins which has unknown address. He does not receive any visits from relatives or family and there are no contacts or information of this type in his personal history.

According to his personal documents, M. graduated from the 6th grade (Child's House in Botosani, Neuropsychiatric Hospital Siret). At present, M. carries out activities of art therapy in the workshop of creative therapy- ceramics and has a lot of works. He was part of the creative group together with other 4 beneficiaries. The creative group was led by a special education specialist and a psychologist, people who have skills in working with mentally disabled beneficiaries, counseling and empathizing with their needs and who are able to find a way to respond to these needs. The length of a session was 45 minutes and the selection criteria of the group were common:

- Close age;
- Approximately the same level of development;
- Same types of problems and concerns, as well.

At the time of taking over the case, M. had undergone a surgical operation on the right limb as a result of self-aggressiveness crisis, which had as effect a broken window; accidentally a little shard of glass penetrated the venous sinus of his hand.

We will present this case on the basis of certain observable data within the first contact with the beneficiary. M. has a robust physical constitution, his height and weight being above average in relation to the group age. His vertical body

posture manifests anxiety and psychomotor agitation with disorganized behavior, impulsivity, serious expressiveness of the face, with furrowed eyebrows. He presents scratches on the face and he is in a state of high emotional tension and speaks precipitately with a rapid verbal flow, in a high pitched voice, repeating obsessively "what do others want, if I don't want to speak with them I should be left alone... And then I'll mind my own business too the others don't let me".

M.'s problematic manifestations outlined by the special education worker but also by a psychologist, are the following:

- permanent restlessness during activities provided in the daily schedule (there are dozens of information reports about his maladaptive behavior, as well as psychological counseling sheets);
- relationships conflicting with colleagues, both during dining hours and at the residency;
- Self harming with self-mutilation tendencies (scratching deeply the facial skin) in a situation of refusal to fulfill his desire (e.g.: following their refusal to enable him to watch TV, at a late hour, he scratched violently his face, being necessary the intervention of a medical cabinet);
- verbally complaining attitude, demanding the discharge to the averagely protected houses outside the Centre;
- sometimes refusal to participate in the daily educational programs set in the daily schedule and Individualized Plan of Intervention (IPI);
- M. speaks aggressively about the occurred incident, although the problem has been solved recently, from the medical point of view.

He easily enters in spontaneous conflicts with beneficiaries, especially male and manifests an affective lability, ranging from anxious irascible feelings to excited manifestation of emotions.

Though in the beneficiary's personal history there is not information or facts regarding his biological family, he has built up a picture of his parents, mentioning them in various speeches, e.g. I'll go to "my parents", "my parents" will come.

Analyzing the psychological evaluation present in the personal file, we have picked relevant aspects of the beneficiary's psyche: average delay in mental development with behavioral disorders on a psychopathic background; psychomotor agitation with a disorganizing characteristic on adaptive behaviors (anxiety, tendency to action); incapacity to censor emotional states manifested by an accentuated excitement; low adaptability to social environment - stubbornness, negativism, rigidity, suspicion; semantic memory – existing capacity for the storage of work information, relatively faithful evocations; inactivity at the level of concrete intuitive operations of thinking; vocabulary limited to ordinary words - low-pitched tone in verbal expression; inter-relational aggressiveness (at the level of the group he belongs); autolytic tendencies in episodes of behavioral disorders

on the background of frustration intolerance; infantilism in emotional- affective relationships.

Tree test - overall impression- disharmonic, inaccurate, chaotic expressiveness, disorganized spirit, unstable, susceptible and agitated subject; he does not present rich psychic activity being nervous and sometimes even negativistic; he is precipitated in decision making process and most of the times he manifests contradictions in his way of thinking. He has an inferiority complex and other times he overestimates himself; he is lacking empathy in relationships having a limited capacity of relating to others; he has a developed critical sense, his reactions are violent; choleric temperament.

CONCLUSIONS:

- Manifestation of low sociability by isolating from collectivity;
- Lack of self-control on states of anger, fear in certain situations;
- Incapacity to solve various problems he is facing;
- Inability to express his wishes, needs, emotions, feelings;
- He is emotionally unstable;
- He manifests increased nervousness, aggressively, violence;
- Negativity (I do NOT want ... I do NOT do ...);
- Reduced self-esteem and self-respect (I am good for nothing, I know nothing);
- Hyperactivity;
- Language disorders (stuttering due to emotional background).

RECOMMENDATIONS:

Attending an art therapy program within the framework of the creative therapy Workshop – clay modeling in order to: support the development of capacities to express verbally or non-verbally the desires, feelings, emotions; re-establish self-respect and self-confidence and to provide personal strategies to solve the problems and intra- and interpersonal conflicts; to break emotional blockage, to relieve the tension, accumulated anxieties, stress, frustrations and negative feelings; and to contribute to the development of the capacity to integrate in groups; and last but not least to develop capacities of self-knowledge and self-acceptance.

SESSION ONE AND TWO

M. was invited to the Creative Therapy Workshop - pottery - together with 4 other of his colleagues to come into contact with work materials.

In the first meeting M. refused dialogue and eye contact with the therapist. He manifested anxiety, body agitation, changing his place from chair to chair, negativism (he does not wish to touch materials).

On the level of verbal language he expressed a complaining attitude, verbal stereotypes and behavioral aggressiveness.

Any aspect of the beneficiary's behavior from body movements, posture and walking, to verbal manifestations intentioned or less intentioned may set a scene of the mental condition or can communicate certain personality traits. These observations will retain their relative status, being included in the therapeutic approach as hypotheses.

Aggressiveness can be a form of adaptation and counter-reaction to institutionalized persons of adult age. This premise is based on the assertion that the aggressiveness, as well as aggressive behavior, is a form of adaptation, but also a counter-reaction to a frustrating situation.

M. has built a way of reaction to the institutional environment, the communication barrier imposed between himself and therapist representing an aggressive form of withdrawing when facing a request that implies a minimum involvement regarding "the other". The low level of understanding requires from the therapist to proceed with a ludic approach, easy, close to the level of infantile behavior.

In the first meeting, at the time of group formation we used an introduction technique called "THREAD BALL" which has the following objectives:

- Development of abilities to communicate and cooperate in group;
- Interpersonal knowledge;
- Group integration;
- Breaking emotional and intra-group connection blockages;
- Development of attention and memory;
- Complying with group rules;
- Collaboration and mutual support in work team.

Pursued purpose:

- Elimination of inhibitions and conflicts due to first inter-relational contact;
- Facilitating freedom of manifestation, encouraging expression;
- Diminution of anxieties, elimination of inhibitions, relieve of tensions;
- Carrying-out a verbal and nonverbal contact (through body touch) between the members of the group;
- Physical and emotional integration within the group;

DESCRIPTION OF THE EXERCISE

Before starting the game the beneficiaries are placed in a circle and are asked to be very attentive to the game. After that they have been seated in a circle, a pretty big ball is brought, each person after saying his name gives the ball to the colleague next to him, the end of the ball remaining at the therapist. Thus the ball reaches the next member, and the one who gives it forward remains with the thread in his hand in order to create a network, till the end. The ball is in the hand of the

last member of the group, then this one gives it to the person who has started the game. This will take the ball and will say the name of the person who handed it to him, then he will say: “My name is ...”, the ball will go to each member who says his name as well as the name of the previous member.

It is an exercise in which beneficiaries will learn how to integrate in the group.

The first two meetings were aimed at establishing a therapeutic alliance based on trust but also gathering information through participatory observation with regard to symptomatology and the establishment of causal relationships between manifested behavior and the latent one. Getting close in a space proximate to the beneficiary and the touches confirming the protective affection (caresses, verbal encouragements, touching arm) have created a positive therapeutic relationship.

THERAPEUTIC INTERVENTION

General purposes of therapeutic intervention:

- Decreasing behavioural aggressivity;
- Encouraging the development of alternative ways of expressing his own personality and stimulating positive relationship with those in the proximity.

SESSION THREE AND FOUR

In the context of educational-therapeutic valences, the projection has significant values on personal history leading to discovery, activation, outlining some personal difficulties.

In these two sessions we worked with the beneficiary an exercise “MY GIRLS” by which he was able to express his feelings freely.

PURSUED OBJECTIVES:

- Development of the capacity to express feelings, emotions;
- Decrease in stress and anxiety;
- Development of communication skills;
- Development of creativity;
- Increase in self-esteem, self-knowledge and self-control.

This fact allows the beneficiary:

- To express feelings, needs, emotions;
- To relieve accumulated stress and anxieties;
- To make a connection with himself;
- To train the group to work together.

The exercise implies the use of the game: „My girls”. The outline of four daughters is suggested: the cheerful one, the sad one, the scared one and the furious one. Each of the beneficiaries is asked to model in clay the four girls. In the end

they describe their works and can name each work with a name or a feeling. During these sessions the girls were made, coloring module being free choice.

Interpretation of models

M. started to use clay hitting it against a table, cutting it or stinging it with a tool. This is his mean of communicating his emotional state that he has, and, moreover, it unlocks his means of communication. Clay modeling helps him show his emotional state and to focus on himself forgetting about the problems he has. The beneficiary is charmed by the freedom of expression, his enthusiasm being revealed by the way that he handles the material, by his attitude, therapist encouraging his infantile manner of release. The spontaneous forms obtained by directing the movements are the ones that enable encouraging the act of creation.

During the two sessions, through this theme M. was initiated in the issues of the act of creation, thus developing his creativity and the aesthetic sense. Also, voluntary attention has been subject to a therapeutic educational process that is to be finalized by developing the spirit of order and discipline.

SESSION FIVE

The theme of this session was one focused on M.'s personal problems allowing him to express what happened to him some time ago.

"ME AND THE MONSTER" is an exercise of self-knowledge; it starts from the premise that each of us has got a beautiful part, but also an ugly part, that is a "monster" which sometimes appears and causes us a lot of problems.

PURSUED OBJECTIVES

- Developing communication skills;
- Development of creativity;
- Increase of self-esteem and self-knowledge;
- Communication, collaboration and group integration;
- Decrease in anxieties, frustrations, stress and tension release;
- Acceptance of group rules;
- Facilitation of spontaneity.

This fact allows the beneficiary:

- To develop strategies in order to resolve conflicts and issues within the framework of the group;
- To respect colleagues in the group;
- Facilitating freedom of manifestation, encouragement of expression;
- To reduce anxieties, to eliminate inhibitions and to release tensions;
- To integrate emotionally and physically in the group;
- To train his patience and to accept rules in the group.

Each member of the group will be asked to model in clay first a monster then a self-portrait. After they finish modeling, they are asked to find or to build a place for “monster” and one for the self-portrait. After modeling, M. is asked: “When does this monster appear?” A: “When I get angry...”. “How does he look like?” A: “It is black, then it bursts into flame... it’s bad”. “What does it do?” A: “It hurts me”. “Does it scare you?” A: “Yes, I’m hurt”. “Is it friendly or not?” A: “No”. “How is it?” A: “I wish it weren’t on earth so that I could be quiet”.

It is a role play, in which M. is asked to speak to "the monster". "The monster" can be modeled or an imaginary one. In this exercise the beneficiary is helped to change the monster and this only depends on his own wishes. Therefore he is invited to crinkle the monster’s image and turn it into something he wishes.

Interpretation of the models

We proposed M. to render a "monster" by modeling technique and this way to project all his anxieties and frustrations out on that piece of clay. M. complied with the theme proposed by the psychotherapists and used appropriate techniques of work. He addressed himself appreciatively to the participants with regard to their models, establishing a balanced, harmonious relationship.

Through this topic, M. has been put into contact with his negative internal experiences, providing himself the possibility of change, with personal resources of expression and externalization of the aesthetic needs. He was encouraged in his therapeutic and ludic relationship by the psychologists and positive socialization with his colleagues.

SESSION SIX AND SEVEN

In this meeting we proposed the exercise “MODELS ROTATION” to encourage the compliance with some rules, development of self-control depending on the environmental conditions, i.e. the given theme.

PURSUED OBJECTIVES

- Increasing the capacity of cooperation within a group;
- Resistance to frustration and development of self-control;
- Respect for colleagues in the group;
- Formations of skills for intra-group connection;
- Develop skills for solving problems, conflicts;

This fact allows the beneficiary:

- To express his or her feelings, needs, emotions;
- To train frustration tolerance;
- To respect one another;
- To learn to work in a team;
- To develop management and solution strategies for conflicts and problems within the group;

- To develop the capacity to adapt to the needs and wishes of his group colleagues.

Members of the therapeutic group sit around a table. Each beneficiary may shape what he wants in front of him until group therapist says "STOP GAME!" Thereafter each member will give his model to his colleague on the right. For 5 minutes he will shape what he wants, then when therapist says "STOP! CHANGE!" and he will give the model he has to his colleague on his right.

Models go only in the same direction - right so that a model should get to all those present in the group.

Interpretation of the models

If at first M. was charmed by the opportunity to express his own feelings, this time, the idea of exchanging models put him in a difficult position because there were times when he tried to influence his colleagues not resuming what his colleagues started, but he expressed on those models his own feelings, ideas, emotions.

The exchange of work was perceived as being frustrating but on the way he learned that he had to deal with these changes in the situation, that they did not bring something bad or good, beautiful or ugly, but that it was just a joint work.

The acceptance of joint work for M. meant the acceptance of the group.

M. managed to observe the rules of the game activating his internal resources related to the ability to obey already established rules. Developing compositions stimulated personality traits associated with the ability of thought, thinking flexibility, fluency of ideas, sensitivity to problems, the spirit of observation, curiosity, self-confidence, the degree of independence in thought.

Meeting for the evaluation of therapeutic procedure

Taking into account the specific nature of the bio-psycho-behavioral profile of the present study case, we can say that the approach of art therapy (therapy of graphic expression) and ludo therapy represent some of the most appropriate therapeutic intervention strategies.

In the first meetings, we outlined a therapeutic framework based on openness, trust and empathy which make the introduction for the approach of personal difficulties and accessing appropriate resources to stimulate the latent abilities. Emotional investment had a securing protective role to meet the need for attachment obviously showed.

The dynamics of the following meetings can be regarded as being the therapeutic effect of previous meetings. The topics debated led to the discovery of new communication strategies and expression of personal needs, joys, rage, etc. In those meetings M. managed to concentrate and to maintain attention on a voluntary basis. He renounced oral aggressive manifestations marking as an alternative externalization to a different level of personal anger and discontent. He managed

successfully to comply with default rules in the external environment, receiving emotional gratification from the therapist. It represents a significant moment in the acquisition of self-control depending on the environmental conditions, to the detriment of impulsive manifestations.

The next sessions focused on activating positive inner emotions, encouraging development of aesthetic sensitivity and non-aggressive capacity to create interpersonal relationship with the ones in his proximity. The modeling language was explored by projecting a complex of emotions, affection, manifested acts, latent resources of the entire personality.

5. CONCLUSIONS

The Environment, as a factor of human development, is composed of the totality of elements with which the individual interacts, either directly or indirectly, in the course of his development. Although it appears as the main supplier of material that stimulates the hereditary potential, the environmental action, overall random, can be equally a chance to develop (an enabling environment), but also a brake or a blockage of the development (a hostile, unstimulated, insecure or alienating environment).

Such a situation, when the environment represents a brake or a blockage in the path of development, while the person remains far behind ordinary development parameters for a given age, is frequently met in the case of institutionalized adults.

In such situations, because of the limits imposed by a flawed institutionalized environment - generating stress and permanent affective frustrations – the personality is crippled, hard to be approached by psychotherapies.

In the previously exposed case, art therapy is the most accessible to the level of knowledge and development of the beneficiary.

We are making the mention that the therapeutic process is still ongoing, M. is participating in the art therapy sessions on a voluntary basis; currently he has many appreciated works. The results achieved in the sessions presented in this work were observed by the expert staff employed within the centre (psychologists, social workers, special education specialists, overseers), manifesting in his daily conduct: he has not presented any autolytic acts in the last two months, his presence in the dining room has not been a violent one and there have not been detected episodes of conflict in the relationship with his colleagues.

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REFERENCES

- Alon, Uri., & Moran, G.S. (2011). Playback theatre and recovery in mental health: Preliminary evidence. *The Arts in Psychotherapy*, 38(5), 318-324.
- Baker, F.A., Berlowitz, D.J., Grocke, D., & Tamplin, J. (2014). Thematic analysis of the experience of group music therapy for people with chronic quadriplegia. *Topics in Spinal Cord Injury Rehabilitation*, 20(3), 236-247.
- Biddiss, E., Blain-Moraes, S., Chesser, S., Kingsnorth, S., & McKeever, P. (2013). Biomusic: A novel technology for revealing personhood of people with profound multiple disabilities. *Augmentative and Alternative Communication*, 29(2), 159-173.
- Bololoi, D.D., Rizeanu, S. (2017). Teaching gross motor imitation skills to children diagnosed with autism. *Romanian Journal of Psychology Studies*, 5, issue 2, pp.17-23.
- Carole Kunkle-Miller M. (1978). Art therapy with mentally retarded adults, *Art Psychotherapy*, 5 (3), 123-133, [https://doi.org/10.1016/0090-9092\(78\)90002-9](https://doi.org/10.1016/0090-9092(78)90002-9)
- Cesarz, H., Dobrzynska, E., Rymaszewska, J., & Wiecko, R., et al. (2006). Music therapy and cognitive-behavioral therapy for older persons suffering from depression. *Psychogeriatrics Polska*, 3(2), 105-112.
- De Castro, M., Galati, A., Mercadal-Brotons, M., & Solé, C. (2014). Effects of group music therapy on quality of life, affect, and participation in people with varying levels of dementia. *Journal of Music Therapy*, 51(1), 103-25.
- de Moraes, A.H., Eler, G.J., Roecker, S., & Salvagioni, D.A. (2014). Significance of clay art therapy for psychiatric patients admitted in a day hospital. *Investigación y Educación en Enfermería*, 32(1), 128-38.
- Fenner, P., Schofield, M.J., & Van Lith, T. (2013). Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review. *Disability and Rehabilitation*, 35(16), 1309-1323.
- Fenner, P., Schofield, M., & Van Lith, T. (2011). The lived experience of art making as a companion to the mental health recovery process. *Disability and Rehabilitation*, 33(8), 652-660.
- Gussak, D.E. and Rosal, M.L. (2016). *Art Therapy and Developmental Disabilities*. John Wiley & Sons, DOI: 10.1002/9781118306543.ch31
- Heijenbrok-Kal, M.H., Ribbers, G.M., van de Sandt-Koenderman, W.M.E., van der Meulen, I., & Visch-Brink, E.G. (2014). The efficacy and timing of melodic intonation therapy in subacute aphasia. *Neurorehabilitation and Neural Repair*, 28(6), 536-544.
- Inal, S. (2014). Competitive dance for individuals with disabilities. *PALAESTRA: Forum of Sport, Physical Education, and Recreation for Those with Disabilities*, 28(1), 32-35.
- Malchiodi, C. (2014). Creative Arts Therapy and Expressive Arts Therapy. *Psychology Today*. (Retrieved from <https://www.psychologytoday.com/blog/arts-and-health/201406/creative-arts-therapy-and-expressive-arts-therapy>).