Exploratory Evaluation of a Therapeutic Art Program in an Adult Day Health Center

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Lynn Anderson
Anne Marie Sarich

Abstract
Therapeutic recreation services are in greater demand with the increasing aging population. Therapeutic recreation, including therapeutic arts, is often provided in adult day health care programs to provide stimulating, rehabilitative environments that enrich well-being. This evaluation identified the impact an 8-week therapeutic arts program, designed and implemented using the Flourishing through Leisure Model as its framework, had on leisure well-being for 16 members of the adult day health care program. Utilizing pre-test and post-test assessments of the Well-Being Index, there were statistically significant improvements in overall well-being, leisure well-being, cognitive well-being, and spiritual well-being. Despite the limitations of this evaluation, the results suggest that a therapeutic arts program designed around the Flourishing through Leisure Model may improve domains of well-being in the adult day health care setting.

Keywords
Adult day health care, APIE, flourishing through leisure, recreational therapy, therapeutic art, therapeutic recreation, well-being

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Introduction

With an aging population and the need for care increasing, long-term care options such as adult day health care programs are in greater demand (LeadingAge, 2016). Adult day health care centers are community-based centers supervised by a skilled nursing staff and provide rehabilitative or therapeutic services for individuals of various functional levels and needs (Adult Day Health Care, 2009; Adult Day Health Care Council, n.d.; U.S. Department of Health and Human Services, 2005). Adult day health care centers assist participants with activities of daily living and provide a stimulating environment while allowing attendees to maintain their independence, improve their well-being, and live at home. Within the adult day health care setting, many different therapeutic recreation programs and services meet the goals of participants who attend for a variety of reasons. Therapeutic art is one commonly offered program area that fits well in the community living model (Dabelko-Schoeny & Anderson, 2010). Therapeutic art uses the art-making process to build participants’ strengths in a variety of leisure and functional domains.

Therapeutic art benefits documented among a number of populations are reported in the literature and through several studies. Literature reports therapeutic art develops motor movements, problem-solving skills, decision-making skills, and expands leisure skills and knowledge (Dattilo, 2016). According to Kent and Li (2013), participating in the creative art process improves relaxation, cognition, self-expression, spirituality, reduces depression and anxiety, and provides a sense of control, all of which contribute to an enhanced sense of well-being. Studies suggest that the art-making process contributes to gaining the ability to manage emotions, reduce symptoms of mental illness, encourage mature behavior, and improve mental well-being and overall well-being for individuals with mental illness (Haeyen et al., 2018; Lomas, 2016; van de Venter & Buller, 2015; Uttley et al., 2015; Williams et al., 2019). One study found that art exhibitions by individuals with mental illness promote a better understanding of mental illness and a more sympathetic understanding for individuals in the recovery process. As well, art exhibitions promote literacy and social inclusion by educating the public (Koh & Shrimpton, 2014). Other studies have found that therapeutic art can lead to a reduction in symptoms, increased self-esteem, improved self-confidence, and enhanced social supports among women with post-partum depression (DeVries et al., 2017).

Studies that specifically investigated the use of therapeutic art with older adults showed that older adults with cognitive impairments (e.g., dementia, aphasia) are viewed as capable, competent, and engaged through the act of creating and sharing artwork (Lazar et al., 2016). According to Lazar et al. (2016), “In addition to participating fully in the experience of creating art, participants receive feedback from others in the group that can help somebody feel seen and heard and connected” (p. 1050). Dunphy et al. (2019), in a systematic review of research literature, found positive outcomes from therapeutic art and other expressive therapies in all domains of functioning. In the physical domain, positive effects included increased muscle strength and neurochemical effects. In the psychological/ emotional domain, there was evidence of enhanced self-concept, strengthened agency and mastery, and improved processing and communication of emotions. In the cultural or spiritual domain, outcomes included things like creative expression and aesthetic pleasure. In the cognitive domain, stimula-
tation of memory was a primary outcome and in the social domain, there was evidence of increased social skills and connection (Dunphy, et al., 2019).

As its framework to design the program protocol and assess program outcomes, this program used the Flourishing through Leisure Model: An Ecological Extension of the Leisure and Well-Being Model. The Flourishing through Leisure Model posits that enhancing leisure experiences and developing strengths and resources of participants and their environments will heighten well-being (Anderson & Heyne, 2012b). Developing the participants’ competencies and strengths through leisure can improve functioning in other domains, contributing to overall well-being. This leads to an upward spiral of positive emotion and engagement in one’s life (Anderson & Heyne, 2016).

The Flourishing through Leisure Model focuses on both personal and environmental strengths. The outcomes of therapeutic recreation services are enhanced well-being across domains, which in turn lead to a flourishing life. In the Flourishing through Leisure Model, the domains of leisure, psychological/emotional, cognitive, social, physical, and spiritual functioning are the focus of therapeutic recreation services, using a person-centered approach. The outcomes of therapeutic recreation services are well-being in leisure and in the psychological/emotional, cognitive, social, physical, and spiritual aspects of participants’ lives. The two areas of outcomes, leisure well-being and well-being in other domains of one’s life, are reciprocating and reinforcing. Well-being, where one experiences productive, satisfying, and successful engagement with one’s life in a resource-rich environment (Hood & Carruthers, 2007), leads to a flourishing life (Anderson & Heyne, 2012a).

The multi-domain applications and identified benefits of therapeutic art suggest a natural alignment with the Flourishing through Leisure Model (Anderson & Heyne, 2012b). Therapeutic art is an intervention area that aligns well with a strengths approach in therapeutic recreation practice - the art-making process can utilize one’s strengths while enhancing all domains of functioning. By providing an array of art projects with education in multiple techniques, media, and individualized adaptations, one can develop clients’ competencies, begin to understand their leisure preferences within the creative domain, and develop an understanding of how the art-making process can be done outside the facility. The intent of the program was to improve leisure well-being by developing knowledge, strengths, and an understanding of interests.

Thus, the Flourishing through Leisure Model was used as the theoretical construct to design a therapeutic art program with participants attending an adult day health center. In addition, this model served as the basis to evaluate an 8-week therapeutic art program that intended to improve the leisure well-being of participants. The purpose of this paper is to report the outcomes of the therapeutic art program as evaluated by the Well-Being Index, an assessment tool grounded on the strengths approach.

**Program Design**

The Adult Day Health Care Program consisted of registrants aging from the mid ’30s to mid to late ’90s. The program’s population characteristics included geriatrics, individuals with mental health diagnoses, and individuals with intellectual disabilities. The treatment team of the Adult Day Health Care Program includes Certified Therapeutic Recreation Specialists, Licensed Master of Social Work, Registered Nurse, Certified Nursing Assistants, and a Therapeutic Recreation intern.
Participants

The treatment team recruited 26 registrants of the Adult Day Health Care Program to participate in the art program. Data were collected for the evaluation on 16 of the 26 participants due to cognitive functioning, communication barriers, and long-term absences from the program. The registrants volunteered for the program and attended the Adult Day Health Care program at least twice a week. The registrants recruited were assigned a day of the week to attend the art program dependent on the days they attend the Adult Day Health Care program.

The ages of the participants ranged from 38 to 83. There were 11 females and 5 males in the program evaluation. Diagnoses included schizoaffective disorder, cardiovascular accident, aphasia, schizophrenia, frontotemporal dementia, hemiplegia, depression, intellectual developmental disability, mood disorder, impulse control disorder, Parkinson’s disease, osteoarthritis, degenerative joint disease, Asperger’s disorder, and seizure disorder. The average Mini-Mental State Exam scores for the participants evaluated was 23, showing mild cognitive impairment.

Assessment

The therapeutic art program utilized a pretest-posttest design to evaluate changes in leisure well-being as a result of participating in the program. The Well-Being Index was administered to the registrants with staff assistance.

The Well-Being Index is based on the Flourishing through Leisure Model and measures well-being outcomes in six domains: leisure well-being, cognitive well-being, social well-being, physical well-being, psychological/emotional well-being, and spiritual well-being (Witman et al., 2014). The Well-Being Index is a self-administered assessment with 18 statements to rate from 0 (strongly disagree) to 4 (strongly agree) (Witman et al., 2014). Items for the Well-Being Index were taken from the portion of the Flourishing through Leisure Model concerned with participant outcomes. Three items were included for each area of well-being: (a) leisure, (b) psychological/emotional, (c) cognitive, (d) social, (e) physical, and (f) spiritual. The Well-Being Index was found to have adequate validity and reliability overall as well as for each domain subscale (Witman et al., 2014).

Data were analyzed using SPSS at the .05 level of significance. The Wilcoxon Paired Sample t-test was used to identify any significant differences between pre-test and post-test scores.

Planning and Implementation: Program Protocol

This agency offers creative arts programs on a regular basis. The structured therapeutic art program that was evaluated took place over eight weeks. The treatment team assigned the participants to a group dependent on the days they attended the Adult Day Health Care program. Each group had five to seven participants. The project sessions were the same for each group. Table 1 outlines the program protocol.

The program consisted of sessions ranging from 45 minutes to 1 hour. Each session included a group introduction, instructions and demonstrations of the project, the main project, and a debrief. The group introduction included a brief discussion on how everyone was feeling, a recap of the previous week, and introducing the main project.

The organization for each session remained consistent throughout the 8 weeks. The instructions and demonstrations consisted of explaining the process of the project and distributing supplies. The main portion of each session involved the registrants
Table 1
Therapeutic Art Program Protocol

<table>
<thead>
<tr>
<th>Therapeutic Arts Protocol</th>
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<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To improve leisure well-being through the art-making process</td>
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<tr>
<td><strong>Goals</strong></td>
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<tr>
<td>• Utilize one’s strengths in completing different art-making techniques (leisure well-being goal)</td>
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<tr>
<td>• Develop fine motor skills through art-making activities (physical goal)</td>
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<tr>
<td>• Exercise decision-making skills as therapeutic art projects are completed (cognitive goal)</td>
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<tr>
<td>• Participate in reflection and self-expression at each session and during art exhibition (spiritual and psychological/emotional goal)</td>
</tr>
<tr>
<td>• Build social relationships and participate in a valued social role through art-making process and art exhibition (social goal)</td>
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<tr>
<td>*Behavioral objectives are developed for each goal in the detailed program plan</td>
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<tr>
<td><strong>Intervention</strong></td>
</tr>
<tr>
<td>Therapeutic arts is an 8-week program. Each group in the program is limited to around seven participants. Each group meets once a week for 8-weeks, as well as weekly optional open art sessions to complete work. Pre-assessment is completed a week prior to the therapeutic art program. Post-assessment occurs at the completion of the therapeutic art program.</td>
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<tr>
<td>Intervention weekly schedule (each session 45 minutes to one hour):</td>
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<tr>
<td>Week 1: Establish group rapport – group abstract mural</td>
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<td>Week 2: Abstract non-traditional painting</td>
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<tr>
<td>Week 3: Paper mache sculptures: Part I</td>
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<tr>
<td>Week 4: Paper mache sculptures: Part II</td>
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<tr>
<td>Week 5: Clay sculptures</td>
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<tr>
<td>Week 6: Mask making</td>
</tr>
<tr>
<td>Week 7: Flower vases and floral arrangements</td>
</tr>
<tr>
<td>Week 8: Reflections, finishing touches, and art exhibition</td>
</tr>
<tr>
<td>Weekly: Optional open session to complete further work on art</td>
</tr>
<tr>
<td>Intervention process to use during each weekly session:</td>
</tr>
<tr>
<td>• Group introductions (a brief discussion on how everyone is feeling, a recap of the previous week, and introducing the main project)</td>
</tr>
<tr>
<td>• Instructions and demonstrations of the project (explaining the process of the project and distributing supplies)</td>
</tr>
<tr>
<td>• Main project work (participants work on their projects; facilitator encourages group interactions and consults with participants as a group and individually)</td>
</tr>
<tr>
<td>• Debrief (clean up, reflect on the process and the results of the project; reflect on skills used within the six domains (leisure, cognitive, social, emotional/psychological, physical, and spiritual) throughout the session and how those skills can translate into areas of daily living)</td>
</tr>
<tr>
<td>• Individualized adaptations (prepare and provide before the sessions if necessary, for successful participation)</td>
</tr>
<tr>
<td><strong>Referral, Entrance, and Exit Criteria</strong></td>
</tr>
<tr>
<td>Participants will be referred by Recreation Therapy Director; must be able to follow directions and use materials appropriately under supervision; must complete the pre-assessment; for exit criteria, must complete the post-assessment and participate in the art exhibition.</td>
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<tr>
<td><strong>Risk Management</strong></td>
</tr>
<tr>
<td>Complete activity analysis and individualized assessment of abilities prior to each session. Make adaptations and accommodations as needed to ensure safe and successful participation in the therapeutic art process; monitor all supplies, materials, and art tools to ensure safe use.</td>
</tr>
</tbody>
</table>

Therapeutic Arts Program in an Adult Day Health Center

working on their main projects. The layout of the group for each week allowed for group interactions and the facilitator to go around and consult with the registrants as a group and individually. Once the projects were completed or time was close to finishing, each session closed with a debrief that reflected on the process, the results of the projects, skills utilized within the six domains (leisure, cognitive, social, emotional/psychological, physical, and spiritual), and how those skills translate into areas of daily living.
The main projects for this program included a group abstract mural, taped canvas painting, paper mache sculptures, clay sculptures, mask making, and vase decorating with floral arrangements. Every Monday of each week, an open art session was available for those who wanted to attend and work on individual art projects or complete projects from the structured program. As the weeks progressed, more creative freedom and fewer instructions were provided as the registrants developed their skills and confidence in the art-making process.

Individualized adaptations were prepared and provided before the sessions if they were necessary for successful participation. The program utilized the registrants’ strengths and provided education on different art-making techniques, provided fine motor exercises, and allowed for decision-making, reflection, and self-expression. The program ended with an art exhibition in the lobby of the facility. “Save the date” cards and invitations to the exhibition were distributed to the participants and their families and friends. The exhibition included beverages, snacks, and a live pianist.

**Evaluation: Program Outcomes**

Wilcoxon paired sample *t*-tests measured for statistical differences of the pre-test and post-test of the Well-Being Index with a .05 level of significance. There were statistically significant differences for Overall Well-Being (*p*=.007), Leisure Well-Being (*p*=.005), Cognitive Well-Being (*p*=.011), and Spiritual Well-Being (*p*=.011). There were no statistically significant differences for Physical Well-Being (*p*=.098), Social Well-Being (*p*=.137), and Psychological/Emotional Well-Being (*p*=.260).

Of the six domains, post-assessment means from highest to lowest were Spiritual Well-Being (7.00), Social Well-Being (6.50), Cognitive Well-Being (6.31), Leisure Well-Being (5.88), Psychological Well-Being (5.06), and Physical Well-Being (4.88) (see Table 2).

**Table 2**

*Mean Well-Being Index Scores Before and After the Therapeutic Arts Program*

<table>
<thead>
<tr>
<th>Components of Well-Being</th>
<th>Pretest (n=16)</th>
<th>Posttest (n=16)</th>
<th>SD</th>
<th><em>P</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Well-Being</td>
<td>4.77</td>
<td>5.94</td>
<td>1.08</td>
<td>.007*</td>
</tr>
<tr>
<td>Leisure Well-Being</td>
<td>4.63</td>
<td>5.88</td>
<td>1.34</td>
<td>.005*</td>
</tr>
<tr>
<td>Cognitive Well-Being</td>
<td>4.44</td>
<td>6.31</td>
<td>2.50</td>
<td>.011*</td>
</tr>
<tr>
<td>Spiritual Well-Being</td>
<td>5.56</td>
<td>7.00</td>
<td>1.86</td>
<td>.011*</td>
</tr>
<tr>
<td>Physical Well-Being</td>
<td>3.74</td>
<td>4.88</td>
<td>2.63</td>
<td>.098</td>
</tr>
<tr>
<td>Social Well-Being</td>
<td>5.94</td>
<td>6.50</td>
<td>1.99</td>
<td>.137</td>
</tr>
<tr>
<td>Psychological/Emotional Well-Being</td>
<td>4.31</td>
<td>5.06</td>
<td>2.44</td>
<td>.260</td>
</tr>
</tbody>
</table>

*Note:* *p*-value – Wilcoxon paired-sample *t*-test was used to measure the difference of pre-assessment and post-assessment results at the .05 level of significance. Statistically significant differences are marked with (*).
Authors’ Comments

There was an improvement in average well-being post-test scores for each domain; however, not all domain score differences were statistically significant. There were significant differences in overall well-being, leisure well-being, cognitive well-being, and spiritual well-being. This information suggests that the 8-week therapeutic art program and art exhibition may have contributed to well-being for the participants.

Attributing factors to these results may include the diversity of projects provided, the education on media use and resources, a focus on highlighting the participants’ strengths throughout the program while recognizing more minute skills used throughout the art-making process, and regular and structured reflection and debriefing. The weekly debriefs discussed strengths and skills participants did not originally recognize. By the end of the program, the registrants were able to identify more skills with less prompting from the facilitator during the debrief.

As Dunphy et al. (2019) expressed, the art-making process stimulates the memory, improves social skills, promotes proficiency, self-concept, creative expression, and communication. Throughout the program, the registrants reminisced and connected the projects and techniques to memories. Additionally, clients utilized decision-making skills and problem-solving skills throughout the program. As the program progressed, less structure and less instruction were provided as the registrants demonstrated more confidence and less hesitancy in their decisions and skills. The registrants began to communicate with one another rather than just the facilitator when problem-solving was necessary and were more ready to share their thoughts about their artwork. Additionally, the registrants stated that the art-making process gave them a voice that agrees with the findings of Lazar et al. (2016). Other registrants stated that the program helped them discover their talents and strengths.

As the program progressed, attendance to the optional weekly open art group increased as more registrants stated they were looking forward to working on their projects and preparing for the art show. The art exhibit highlighted the strengths and the capabilities of the registrants to the community outside of the adult day health care program. The registrants expressed excitement and pride in presenting their artwork. Many families and friends of the registrants stated they did not know their registrant “had creative talents” or “had these skills.” The art-making process provides a therapeutic experience with a tangible result that validates the individuality, strengths, and skills of each artist.

Limitations

Due to small sample size, a convenience sample, and lack of a control group, the evaluation does not control threats to internal validity, such as history, maturation, testing, instrumentation, regression and external validity. It is difficult to conclude if the art program provided the changes to well-being or if the changes to well-being occurred due to regular recreation programs offered or life events.

In addition, because other daily therapeutic programs were offered at the adult day health program, not only this structured 8-week program, the improvements in well-being may also be influenced by participant involvement in any of the agency programs. Without a control group, it is difficult to state definitively that only the structured therapeutic arts program made the improvements seen in well-being.
Implications and Considerations for Future Practice and Research

The findings of this program evaluation suggest that an organized therapeutic art program, using the Flourishing through Leisure Model as its framework, may improve overall well-being, leisure well-being, spiritual well-being, and cognitive well-being within the adult day health care setting. The evaluation also helped gauge areas that may need more focus on future recreation programs in this facility. As well, using the Flourishing through Leisure Model as the context for design and evaluation of the outcomes provided a useful framework for protocol development and implementation.

For future research, the evaluation of the program can be turned into a full study, repeating the program using a control group, random assignment, a larger sample, and multiple adult day health care settings. Additionally, studies may consider assessing outcomes using the Well-Being Index.

References


Lazar, A., Cornejo, R., Edasis, C., & Piper, A. (2016). Designing for the Third Hand: Empowering older adults with cognitive impairment through creating and shar-
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