

This is provided as an example proposal.
It is important that you follow the current
guidelines.

The mentor letter has been removed.

PURF COVER PAGE

TITLE OF PROJECT: Medical Art Therapy and Communication Disorders in the Pediatric Hospital

NAME OF APPLICANT: Elizabeth Adams
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DEPARTMENT: Honors Tutorial College- Communication Science and Disorders

BUDGET: Total Request \$303.49
(May not exceed \$1,500)

CLASS RANK: Freshman Sophomore Junior Senior

GPA:

EXPECTED DATE OF GRADUATION: May 2021 *

* Note: Students must be enrolled and maintain undergraduate student status during the proposed project period.

FACULTY MENTOR INFORMATION:

NAME: Dr. John McCarthy
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We the undersigned have read the PURF Guidelines and understand the responsibilities we undertake should funding be granted.

We certify that the application has been conceived, written and completed by the student.

Student signature: Elizabeth Adams Date: 10/01/2020

Faculty signature: J. McCarthy Date: 10/01/2020

Faculty Advisor's Dept. Chair signature: J. McCarthy Date: 10-01-2020

IRB AND IACUC APPROVAL:

To ensure that the University is in compliance with all federal regulations, complete the checklist below. Note: your proposal can be approved prior to IRB or IACUC approval (put "pending" or "to be submitted" instead of approval number), but funding will be withheld until notification of approval or exemption.

Yes	No	Office of Research Compliance	Policy #
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Human Subjects in Research (including surveys, interviews, educational interventions): <small>Interviews</small> Institutional Review Board (IRB) Approval #: <small>IRB 20-E-258</small> Expiration Date: <small>Exempt/Never</small>	19.052
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Animal Species: Institutional Animal Care & Use Committee (IACUC) Approval #: Expiration Date:	19.049

Optional:

If selected for funding, I give permission to the Research Division to use my proposal as an example during training and workshop exercises. (Sign below)

Signature: Elizabeth Adams Date: 10/01/2020

Abstract

I will conduct interviews with medical art therapists working with hospitalized children with severe communication impairments. Medical procedures can be traumatic for children, especially those with disabilities such as cerebral palsy, autism spectrum disorder, or intellectual disability who cannot talk. Medical art therapy is a practice known to reduce anxiety and improve communication of symptoms; however, there is no research on the effect of art therapy on children with severe communication disorders. Sampling from over 200 United States children's hospitals and to create a foundation for future research, interviews will be conducted remotely, transcribed, and coded for qualitative analysis.

Project Narrative

Goals and Scope

Children that have complex communication needs are children whose speech and language abilities do not meet their daily communication needs. Communication disorders overlap with a variety of medical conditions and hospitalized individuals care could cause temporary communication difficulties. It is important to consider how this may change or affect some of the services these individual receive from the hospital. Medical art therapy, a practice known to reduce anxiety and improve communication of symptoms, is often provided in pediatric hospitals. While art therapists are most certainly working with pediatric patients who have complex communication needs, there is little research on their experiences.

How art therapists adapt, work with speech language pathologists, and improve communication outcomes when working with children who have severe communication deficits is not present in current literature, despite the fact that children with communication disorders are being treated by art therapist, and have much to gain from the therapy. In order to improve research in this area, so that further studies can be done, I will be conducting individual interviews with medical art therapist working in the pediatric hospital setting with children who have complex communication needs.

Context

Medical art therapy is an evidence-based practice that is already established in children's hospitals throughout the country. Its benefits and effects have been studied in pediatric populations with cancer, and other illnesses or injuries. However, no research focuses on pediatric populations with more severe communication disorders, despite the overlap of medical conditions that cause communication difficulties and hospitalization, and the prevalence of communication disorders in children. However, there have been studies detailing the

communication benefits of art therapy for stroke patients or those with acquired brain injuries. Past studies indicate that art therapists and speech-language pathologists can make an effective interprofessional healthcare team. With the results of previous research in other populations, it is possible that children with communication disorders could improve their communication and quality of life during hospitalization. However, this gap in research has yet to be filled.

Methods

Design

This study will use a qualitative interview methodology. Individual, semi-structured, interviews will be conducted with art therapist over video conferencing software (Zoom or Microsoft Teams) or phone call if necessary. The purpose of using a qualitative research design is because it is considered the appropriate design choice for new research areas (Patton, 1990; Kent-Walsh & Light, 2003). Additionally, qualitative interviews will allow art therapists to share detailed descriptions with specific information regarding their experiences. Not every child that is hospitalized with a communication disorder will be hospitalized for the same reason, have the same communication needs, mobility, age, background, comorbidities, and emotional or therapeutic needs. As a result, it is necessary to use a format that will allow interviewees to specify this information with rich details when sharing their experiences (Kent-Walsh & Light, 2003). The semi-structured format of interviews will allow for variation, follow-up, and expansion while ensuring core topics are covered.

Participants

These interviews will be conducted with participants who meet the following criterion:

- (a) are at least 18 years old;
- (b) have a degree that qualifies them to work as an art therapist;
- (c) currently work in a children's hospital providing art therapy, and have at least 1 year of experience doing so;
- (d) have had an experience with a child with complex communication needs

when providing art therapy in the pediatric hospital setting. At this point there are five participants who have completed the consent process and are scheduled to be interviewed. For this study the ideal number of participants will be 7-10 people. This number was chosen because two previous studies about professionals working with people who have complex communication needs fall into this range. A study about volunteers working with people who have complex communication needs had 9 participants (Hajjar, McCarthy, Benigno, & Chabot, 2016). Another study about teachers and children who use AAC devices had 11 participants (Kent-Walsh & Light, 2003). At the conclusion of each interview, the interviewee will also be asked to recommend another potential participant. This process will continue until the desired number of participants is reached.

Procedures

Participants will be interviewed individually using an interview guide. The interviews will be semi-structured, and the guide will contain the main themes and topics that will be covered. The main themes covered will be experiences, adaptations, art as a form of communication, and interprofessional experiences. Specific topics that will be covered will include experiences the art therapist has had working in pediatric hospitals had with children who have complex communication needs, how they have adapted their practice to work with these patients, the benefits and challenges they have encountered when working with children with complex communication needs, their experiences of working with speech-language pathologists or the lack of, and their experiences working with other health professionals. Participants will be able to expand on any area of these themes or vary from them with relevant information. The interviews will be conducted online using the preferred platform of the participant, or on the phone. They interview portion will last no longer than one hour.

Data Preparation & Analysis

All interviews will be transcribed verbatim from the audio/video recording into written text. Next, concept-drive coding will be used (Kvale & Brinkman, 2009; Hajjar, McCarthy, Benigno, & Chabot, 2016). The purpose of this type of coding will be used to identify primary themes that occur in the interviews. These primary themes will be turned into individual units (Rubin & Rubin, 2012; Hajjar, McCarthy, Benigno, & Chabot, 2016). The program NVivo for Mac can be used to analyze and organize these codes. Themes will be shared with participants, so they can confirm the themes are accurate and represent their interview.

Timeline

This research project will begin in October of 2020. The IRB proposal has been approved. The last two weeks of September were used to reach out to participants and to organize interviews. Five interviews have been scheduled and will be completed by October 20th. Two to five more interviews will be completed by December. These additional participants will be gained from recommendations from previous interviewees. The interviews will be transcribed throughout the fall semester and the start of the spring semester. The spring of 2021 will be spent completing data analysis and writing the report. I will spend anywhere from 2.5 hours to 10 hours conducting interviews. Transcribing these interviews will take approximately one hour per 10-15 minutes of video, in total this could be up to 300 hours spent transcribing. I estimate in total I will devote an additional 10 hours to this project.

Student's Role

This project is the result of two semesters of exploration. My thesis mentor and I came up with the idea based on mutual interest, timing, and need. I will be conducting all of the

interviews, transcribing them, conducting analysis, and writing the final thesis with guidance from my thesis mentor.

Significance

Despite the lack of research on the effect of art therapy on the communication of pediatric patients, as a practice, medical art therapy is well-suited for this population with communication difficulties. Art is “believed to be a visual language for children and a developmentally appropriate form of communication, especially for young children who may not have the cognitive abilities to express themselves with words” (Malchiodi, 1999c, p.16). While Malchiodi only address young children in the previous statement, it is applicable to any child who struggles to communicate with speech because “art provides a way for patients to process their internal experience and convey it without requiring words” (Arnett & Malchiodi, 2013; Kinney & Muller, 2018, p.24). The practice of medical art therapy has the potential to be very beneficial for individuals with communication impairments. Many issues that art therapy aims to alleviate may be more intense for children with communication disorders. The inability or difficulty to directly communicate about symptoms, pain, or concerns. Separation from their caretaker could mean the loss of a translator for their alternative communication. They may have even more trouble communicating about and coping with loss of control or sharing preferences. Medical art therapy could provide the ability to communicate about these anxieties, symptoms, and could even give family members a better understanding of what is going on with their child. This research project will help provide a foundation for medical art therapist, speech-language pathologists, and future research.

References

- Arnett, M.C. & Malchiodi, C.A. (2013). Understanding children's drawings in medical settings. In C.A. Malchiodi (Ed.), *Art therapy and health care* (pp. 33-47). New York: Guilford Press.
- Hajjar, D. J., McCarthy, J. W., Benigno, J. P., & Chabot, J. (2016). "You Get More Than You Give": Experiences of Community Partners in Facilitating Active Recreation with Individuals who have Complex Communication Needs. *Augmentative and Alternative Communication*, 32(2), 131–142. <https://doi.org/10.3109/07434618.2015.1136686>
- Kvale, S., & Brinkman, S. (2009). Interviews: Learning the craft of qualitative research interviewing (2nd ed.). Thousand Oaks, CA: Sage Publications. <https://doi-org.proxy.library.ohio.edu/10.1002/nha3.20251>
- Kent-Walsh, J., & Light, J. (2003). General Education Teachers' Experiences with Inclusion of Students who use Augmentative and Alternative Communication. *Augmentative and Alternative Communication*, 19(2), 104–124. <https://doi.org/10.1080/0743461031000112043>
- Kinney, H., Muller, E. (2018). Medical Art Therapy. *LMU/LLS Theses and Dissertations*. 493. <http://digitalcommons.lmu.edu/etd/493>
- Malchiodi, C.A. (1999c). *Medical Art Therapy with Children*. Jessica Kingsley Publishers.
- Patton, M. Q. (1990). Qualitative evaluation and research methods. Thousand Oaks, CA: SAGE Publications.
- Rubin, H.J., & Rubin, I.S. (2012). Qualitative interviewing: The art of hearing data (3rd ed.). Thousand Oaks, CA. Sage Publications Inc.

Biographical Information

Since the spring semester of my sophomore year I have been in the Honors Tutorial College. This program has prepared me to complete the project I have proposed. My first tutorial exposed me to current research in all areas of my discipline and allowed me to read research studies while asking questions directly to the researcher and getting their perspective on the process of conducting research. My later tutorials have focused on possible avenues for my thesis. I learned to consider possible studies, the pros, the cons, and how to decide if it is realistic based on time, money, and need. I've completed a literature review, a prospectus, and an IRB proposal and amendment as a result of the program. As the start of my research study approaches, I am using all of the skills I have gained from HTC like professionalism and work ethics. I must use professionalism with my participants. There is a deadline for the thesis, but not each portion of my project, but my work ethic will keep me on track. My knowledge of my discipline and research topic will allow me to use the correct language in my proposal, thesis, and with my interviewees.

Budget

Item	Amount	Source	Justification
<u>X-keys XK-3 Rear Hinged Foot Pedal</u>	\$129.50	B & H Photo Video and Audio	This tool will allow me to transcribe interviews more efficiently from home.
<u>Behringer HC 2000BNC Wireless Active Noise-Canceling Over-Ear Headphones</u>	\$48.99	B & H Photo Video and Audio	Silence is necessary for accurate and efficient transcription. This will be especially hard to obtain when transcribing from home, and noise-canceling headphones will make this possible.
Participant Compensation	\$125	N/A	The second round of interviews can consist of 2-5 additional interviews, with each interviewee being compensated \$25 dollars. The initial 5 interviewee will not be compensated with PURF funds.
TOTAL REQUESTED			303.49