

Articles

Home-Based Art Therapy for Older Adults with Mental Health Needs: Views of Clients and Caregivers

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Abstract

The value of art therapy for older people with mental health problems is well documented although there is a paucity of research for people who are home bound. This study, based in England, involved five clients, all older people with mental health problems, receiving art therapy sessions at home. The clients and caregivers were then interviewed to ascertain their views. This study indicated that clients and caregivers do feel that art therapy can be of benefit in the home environment. These benefits include an increase in confidence and motivation, with emotional support also being valued. The study concludes that an art therapist can work in the home environment as long as he/she is flexible, organized and assertive.

Introduction

Art therapy is a widely used form of psychological therapy for people with mental health problems who attend hospitals and day centers (Dalley, 1984). Currently, it is rarely available in the United Kingdom for those who are home bound although the literature has highlighted the benefits of art therapy with this client group in the United States (Gibson, 1994; Sezaki & Bloomgarden, 2000).

Historically, other professions have worked with older people with mental health problems in the community and, more specifically, in their homes. The services offered are diverse and have included individual psychological therapies, practical support regarding activities of daily living and medical advice (Burns, Purandare & Craig, 2002). Professionals who have been providing this work include

community psychiatric nurses (CPNs), occupational therapists, and clinical psychologists. Although traditionally CPNs in community mental health teams treat people at home, art therapists can also provide a therapeutic intervention to improve an individual's mental health (Bell, 1998). Art therapy can be a bridge between the two disciplines (medical and psychiatric) to treat the whole older person (Penny, 1997).

With the general population aging, there is a greater need to provide services for older people designed around the needs of individuals. As outlined in the British National Service Framework for Older People (Department of Health, 2001), services for elders with mental health needs should be community orientated and multi-disciplinary. At a time when art therapy in the United States is being downsized, working with older people with mental health difficulties may provide an area for expansion (Spaniol, 1997). Images created through art therapy can teach us about core life events and provide a vehicle for expression and healing (Wilks & Byers, 1992). Anxiety and depression are common among older people and often go undiagnosed or suggest the early stages of dementia (Burns, Purandare & Craig, 2002). Art therapy may be an effective therapy to reduce the symptoms of these illnesses which present in older people.

With the introduction of clinical and research governance, there are many opportunities for researching the value and effectiveness of interventions (McSherry & Pearce, 2002). This project aims to investigate whether older adults and their caregivers feel that art therapy can be of benefit in their home environment.

Literature Review

As art therapy offers the opportunity for expression and communication, it can be particularly helpful to older people who find it hard to express their thoughts and feelings through other therapeutic media. An art therapist can provide an environment in which a patient can feel safe enough to express strong emotions which may not be verbal. Art therapy may be important for older people as the

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images they produce can be sequential and therefore represent change over a period of time (Miller, 1992). Art therapists have a role in guiding older people towards connectivity to create solutions in life (Kerr, 1991). Art therapy can facilitate a communication channel with the confused older person that words alone cannot create (Wilks & Byers, 1992).

Drucker (1990) stated that art therapy also may provide an outlet for expression of missed opportunities and to make sense of past life events. Art therapy has a role in the psychodynamic understanding of older people particularly in relation to loss (Wilks & Byers, 1992). It can also assist someone in dying with grace and dignity (Engle & Muller, 1997). In a nursing home-based study, it was reported that art therapy, through the use of pottery, improved psychological well-being and reduced depression (Doric-Henry, 1997). Sezaki and Bloomgarden (2000), in a paper presenting two case studies of home bound art therapy for older people, describe the focus of art therapy as enhancing life. Although both of these papers are of value, they are limited in their methodology.

There is debate in the literature regarding the environment for art therapy. Case and Dalley (1992) highlight the importance of the room remaining constant throughout therapy. This may not always be possible. In these situations, the art therapist must maintain safe boundaries and continue to use the images produced as the focus of the intervention (Case & Dalley, 1992). Art therapists need to create an art therapy environment that has physical space and quality materials (Hyland-Moon, 2002) regardless of the venue.

During the course of this project, there was a paucity of literature discovered on home-based art therapy services. Hyland-Moon (2002) managed to create a therapeutic space for a young male client in the family's kitchen, which reflects the reality of home-based art therapy practice. When working with clients with cancer in their home, Bell (1998) stated that a person's home can stimulate the therapeutic process. Bell (1998) also highlighted the need for art therapists to work closely with and learn from other professions in the community setting. This was supported by Sezaki and Bloomgarden (2000) who identified the need for art therapists to learn new roles and obligations.

Through reviewing the art therapy literature, the majority of studies were found to be descriptive in nature and contain the narratives of the art therapists describing their practices. There has been speculation and some preliminary studies into the use of art therapy with older people in their home environment. With the population aging, the number of community clients will increase; therefore, there is a need to evaluate the use of art therapy from different perspectives in different environments. This identified need has led to the development of this research project.

Methodology

Introduction

This pilot study was qualitative in design. It involved interviewing five older people with a functional mental

health diagnosis and five caregivers following the completion of individual art therapy sessions in the home environment. The purpose of these interviews was to capture their perceptions about the benefits of home bound art therapy sessions.

Clients

A convenience sample (Robson, 2002) was used to recruit participants for the study from the community elderly mental health team. The clients were older adults (over 65 years) with a functional mental health diagnosis (e.g. depression or anxiety). The clients were also home bound due to their mental health problems (e.g. agoraphobia) or were physically frail. The aim was to recruit eight clients and their caregivers. Five clients and five caregivers were involved in the project. Eight was not achieved due to inappropriate referrals, for example, a primary diagnosis of dementia or clients who were interested in art classes rather than art therapy.

Pilot Interview Schedules

The semi-structured interviews contained both open and closed questions (Robson, 2002). The questions were based on themes from the literature and questions relating to the art therapy sessions completed in the home environment. Following the pilot study, there were minor changes recommended regarding the order of the questions, which were implemented.

The research assistant who completed the interviews was an art therapy student with six years experience of working with older people with functional mental health problems. Both the research assistant and art therapist received training on interview skills facilitated by the co-researcher, a university lecturer with experience in qualitative methodology.

Procedure

Clients were referred from the community elderly mental health team and assessed by the art therapist for suitability for art therapy. If the clients fitted the criteria and were willing to receive art therapy in their home environment, they were treated at home for a maximum of eight sessions, one hour per week. All clients received information regarding art therapy, the research project, and a consent letter to be signed. The length of the session was based on the art therapist's previous clinical experience and the home-based study by Sezaki and Bloomgarden (2000), which allocated 60-80 minutes to each art therapy session. The art therapist took a non-directive approach during the sessions. When clients found it difficult to engage in image making, the art therapist would suggest creating images together.

During the assessment, the clients were asked to identify any particular goals that they would like to achieve during their eight art therapy sessions. One client found this difficult and the art therapist devised a goal based on the needs of the client. The goals set by clients were written in their own words and included, for example:

- To help make sense of how I am feeling
- To work on anger
- To become more motivated

Clinical notes were recorded for each session. Practical issues were also logged regarding the completion of art therapy in the home environment. These notes were examined by the research team at the end of the project to highlight any relevant clinical observations and practical issues encountered by the art therapist when completing the sessions. The client goals were also evaluated.

Following the art therapy sessions, semi-structured interviews were completed by a research assistant in the home environment to explore the views of clients and caregivers on the process and outcome of art therapy. The clients and caregivers were interviewed separately and all gave permission for their interviews to be taped.

Data Analysis

The qualitative data from the interviews were analyzed by Interpretative Phenomenological Analysis (IPA) (Smith, Osbourn, & Jarman, 1999). This method was thought to be appropriate as it discovers the meaning behind the answers from participants (Reynolds, 2003). The data were analyzed for themes by both the art therapist and co-researcher. A consensus on key points was achieved through discussion. The research project increased its trustworthiness by the clients and caregivers checking their own transcripts for credibility following the use of a convenience sample (Holloway, 1997). Both clients and caregivers were requested to check their transcripts, sign, and return them by post with comments. Triangulation of the data was achieved by using the transcripts of the interviews from clients and caregivers combined with the clinical observations of the art therapist recorded in the notes.

Ethical approval for this research was gained from the Local Research Ethics Committee. In line with research governance guidelines, this project was completed following approval from the British NHS Trust Research & Development Directorate.

Focus Group

A focus group was devised for the project consisting of clients who attended the day hospital for older people with functional mental health needs and had received art therapy. The clients were volunteers and took on the role of assisting in designing questions for the interview schedules, reviewing the interview schedules, and finally meeting to receive feedback on the results of the project. The art therapist and research assistant facilitated this group.

Limitations of Study

The main limitation related to inconsistencies in the number of sessions completed with the art therapist. This could have improved with more flexibility in the time allocated to complete the art therapy research project and inter-

views. The caregivers varied greatly in their contact with the clients, ranging from daily to bi-weekly. This affected the quality of information obtained from caregivers.

Results

Demographics

There were five clients recruited for the study with five caregivers available to be interviewed. The average age of the clients was 77, within a range of 65 to 85 years. Two thirds of the clients were female with all clients having a diagnosis of depression. One person had a suspected diagnosis of early dementia and one client had bereavement issues. Of the five caregivers, two were spouses, two were children of the clients, and one was a professional who visited the client weekly. Only one client completed all eight art therapy sessions. A variety of factors impacted on the number of sessions including physical illness, holidays, other appointments, and completing the sessions in the time allocated for the project. On average, the clients received five sessions. The key themes identified from both the client and caregiver interviews are outlined below.

The Value and Understanding of Art Therapy

The majority of clients valued the support of an art therapist at home with some enjoyment gained from the art therapy sessions. This was recorded by the art therapist in one client's clinical notes: "On arriving the client reported that during the week she felt as though she could have lied down and died. She was nervous about making an image. With some encouragement, she drew a detailed image of a large plant [over] which she took great care. At the end of the session she said that she felt much better and had enjoyed doing the drawing."

All clients liked the home venue, preferring a homey and comfortable atmosphere that one client perceived as less pressurized: "I like being at home and not being in a strange place." Clients were not keen to attend art therapy in a different location or venue as "... you tend to get waylaid with things that are going on around you." Several caregivers reported that another venue would not be possible due to their relative having mobility problems or being unable to leave the home environment. There also was concern that a hospital or day hospital would not be stimulating enough for their family member.

The majority of clients found the art therapy helpful as the art therapist acted as a guide who prompted discussion and gave support. One client said, "I was able to express my anger." This was also recorded by the art therapist in the clinical notes: "In the first session this client began by drawing an image of herself with a heavy black load on her back which she explained represented her feelings. When asked if she could put these feelings on paper the client then used a red felt tip pen to make a heavy line above the image of herself. The client said this was anger; she then added purple paint which she said represented anxiety."

Several family caregivers valued the art therapist visiting them, as they liked to see that someone else was helping. The professional caregiver appreciated that a difficult case could be shared.

By the end of the sessions, clients were asked if their understanding of art therapy had changed. One client had been expecting an art class but now realized that it was different. Another client found art therapy less formal and non-judgmental compared to what was expected. One of the comments to this effect was "Not the least what I expected but it was interesting and we had some good conversations." Another client summed up the experience as "Expressing things that you sometimes can't say in words." This was also recorded by the art therapist in the clinical notes: "This [woman] seemed to find it very difficult to talk about her thoughts and feelings. During the sessions she seemed to find it easier to draw images and symbols, for example, a person with a heavy load on their back walking up a hill, which she could then refer to using words."

When asked to explain any specific benefits of art therapy, clients felt that it had improved their confidence, making them friendlier. It had also assisted someone in becoming more motivated as the treatment was perceived as "different." It provided a time for reflection, as one client said "...you can think an awful lot about your own thoughts when you are drawing." One client felt that everyday life would show whether art therapy had helped or not. The caregivers reported that there were not any immediately discernible benefits although some clients were prompted to commence a hobby. One caregiver reported that the client appreciated the sessions and increased in self-confidence.

Use of Art Materials

A variety of art materials, including clay, paint, chalk pastels, color pencils, color pens, oil pastels, charcoal and paper, was taken to the clients' homes in a plastic storage box and plastic paper carrier. Thought was given to the weight of the box due to health and safety standards.

The majority of clients responded positively to the use of art materials and made images. None of the clients chose to use clay. One client expressed concern saying, "I found it difficult at first because I hadn't done art for a very long time." This was not the case for the majority of clients, with several clients initiating artwork on their own time as reported by clients and caregivers.

Practical Difficulties

Clients reported no practical difficulties brought about by having art therapy in their home as long as any furniture was returned to its rightful place afterwards. Caregivers were not aware of any problems, especially as some of them did not live in the house. One caregiver felt that she needed to sit in on one session as her husband became confused. On this occasion, the art therapist recorded in the clinical notes that the caregiver sat at the side of the room and was invited to make her own image. "The client picked an orange piece of paper, a red pencil and ruler. He drew two

different size boxes saying that the size was important. He reported that the squares represented himself and his wife, and his wife was the biggest square." The art therapist noted that the squares were linked by a line. During the session, his wife wrote a poem about their relationship. This flexible approach to the art therapy session was then potentially of benefit to both the client and his caregiver. The art therapist described many practical difficulties in the clients' continuation notes relating to the environment. These included pets in the room, fire alarms being tested, hot weather and a radio being left on. There were problems due to a client having a poor memory, a caregiver remaining throughout a session, and sessions being cancelled due to holidays or illness. The art therapist had to deal with one critical incident during a session when a client had fallen and injured herself prior to the session.

The art therapist also had to be organized in taking equipment to the home environment and taking personal health and safety issues into account. The art therapist's pregnancy impacted on some sessions as clients were prompted to disclose their experiences of pregnancy and offer advice. One client also expressed concern at the art therapist carrying equipment.

Other Treatments

When asked to compare art therapy to other treatments, the responses were varied from no answer or confusion to some detailed responses. One client felt that art therapy was relaxing, which was different than attending a day hospital or taking medication. Two clients stated that being asked questions in counseling could be confusing or inhibiting. One client viewed their community psychiatric nurse as being there to talk through problems but liked art therapy, as art was a common interest.

Future Improvements for Home Bound Art Therapy

The majority of clients and caregivers did not state any improvements for the art therapy sessions but did comment positively about the experience. One client found that the hour went quickly. Another client used the images between sessions to create stories. The majority of clients would like art therapy in the future. Four clients were not interested in attending a group session as they were shy and preferred the individual session at home. One client aimed to attend an art class in the future. One caregiver requested further art therapy sessions for their relative. When the caregivers were asked if they would like art therapy themselves, they showed some interest but felt that they may be too busy. One caregiver was interested in a support group. One caregiver acknowledged that art was of personal interest.

Discussion

The aim of this study was to investigate whether older adults and their caregivers believe that art therapy can be of benefit in their home environment. The discussion first will

examine the demographic data of both clients and caregivers. The findings of this study will be discussed under the key headings of the value and understanding of art therapy, the benefits of art therapy and the practicalities of home bound art therapy. At this point, it is important to acknowledge that the results from this pilot study, although not generalizable due to the small sample size, still highlight important themes regarding art therapy for home bound clients.

Demographics

Five rather than eight clients completed the intervention and interviews due to inappropriate referrals and the time constraints of the project. A month of clinical time was lost due to the art therapist going on maternity leave. Also, the half day per week allocated was an underestimation of the time to complete this project as a researcher/practitioner. The balancing of the role proved at times to be challenging but also rewarding. The aim of all clients receiving eight sessions was not achieved due to the impact of changing health conditions and other appointments. Whether the art therapy would still have been cancelled if held in a hospital environment is up for debate.

The majority of the clients were female with an average age of 77. This is representative of clients referred to elderly mental health services. The diagnosis of the majority of the clients was depression, which is common in older people (Department of Health, 2001). One client had a diagnosis of early dementia. This is a client group which may benefit from art therapy, particularly linked to memory clinics when people are adjusting to their diagnosis. The issue of equity for all older people with mental health problems receiving art therapy, regardless of diagnosis, requires further investigation.

The caregivers were mixed, with one professional caregiver. The researchers were surprised that the professional viewed herself as the client's in-home caregiver but she visited the client weekly and had been doing so for a sustained period of time.

The Value and Understanding of Art Therapy

The majority of the clients in this study valued art therapy and requested further sessions. This is in agreement with a study by Kellas, Lewis, Barrow, Whitlow, King, Drucker and Aylard (1995) in their clinical audit of an art therapy service that found that the majority of the 82 clients involved in the audit commented positively on the experience of art therapy. Both clients and caregivers acknowledged the supportive element of art therapy as important. This concurs with the guidelines laid out in the British National Service Framework for Older People (Department of Health, 2001), which acknowledges that caregivers require support and information. One caregiver also expressed an interest in attending a caregiver support group and information on local support groups for family caregivers should be provided.

Clients preferred experiencing art therapy in the home environment, as it was perceived as less distracting. Sezaki

and Bloomgarden (2000) also observed in their case studies that clients felt most comfortable and secure at home. One client stated the value of being able to express anger. The ability to express anger through the use of art therapy is well documented in the literature, particularly in the areas of palliative care (Wood, 1998) and mental health (Dalley, 1984). The clients also valued being able to put in images what one cannot verbalize and also being given time to think when engaged in image making (Health Professions Council, 2006). Art therapy can assist an individual in giving a more precise account of his or her feelings through images rather than words (Liebmann, 1990).

Initially using art materials was not easy for some clients but their response became positive over time. This is supported by Morley (1998) during her own narrative on using art therapy while discovering a diagnosis of cancer. She found that using a variety of art media gave an opportunity for self-expression even when not an artist.

Art therapy is often misunderstood by clients, caregivers, and professionals. These misconceptions can lead to art therapy being undervalued (Dalley, 1984) or clients expecting to experience an art class as reported in this study. Confusion can also occur as some art therapists acknowledge that there is a role for art therapists in teaching different artistic skills (Gibson, 1994). In this study, time was spent and information given to both clients and caregivers relating to art therapy. There was still some confusion evident and this was also highlighted by Bell (1998) who identified that caregivers do not always have a clear understanding of art therapy at the time of referral. The role of art therapy is not always clearly understood by health professionals making referrals, as in the case of general practitioners in the study by Turnbull and O'May (2002). This may account for the number of inappropriate referrals from the community elderly mental health team during this study. Further investment of time and resources is required if both the public and professional image of art therapy are to change and the services are to be utilized effectively.

The Benefits of Art Therapy

The main benefits identified by clients in this study were around improved confidence and motivation. This had a positive impact on their ability to be friendlier and to commence a hobby. Liebmann (1990) stated that art therapy can be useful for non-verbal communication, exploring one's own creativity and increasing self awareness which may all lead to an increase in confidence as reported in the study. A further benefit as discussed earlier is that of using art therapy to discuss emotions. This was supported by the work of Bell (1998) where it was observed that home bound terminal casework identified art therapy as providing an outlet for emotions to be expressed. The clients also reported using art therapy as a time to think and for relaxation. Both of these are important benefits for people experiencing depression or anxiety. One client could not identify specific benefits but felt that changes in everyday life would demonstrate whether the art therapy had been of

use. It is important to acknowledge that not everyone will benefit from art therapy intervention (Liebmann, 1990).

Clients identified the friendliness of the art therapist in the study as important. The approach of the art therapist will appear less authoritarian in the community as one is in a client's home. This can have both positive and negative repercussions (Sezaki & Bloomgarden, 2000). The issue of boundaries needs to be explored with both the client, caregiver, and also within the art therapist's supervision.

By examining the clients' goals, it is positive to note that the majority were achieved. The goals focused on the areas of improving mood and being able to express emotion. These were suggested by Gibson (1994) as possible goals for art therapy for people who are home bound. Some clients in this study reported that the art therapy sessions had encouraged them to pursue art as a hobby. This also occurred in Drucker (1990) who observed that a client planned to commence art classes with a relative. It has also been noted that clients in this study initiated pictures between sessions. This also occurred in a study by Drucker (1990,) and by Sezaki and Bloomgarden (2000). The increase in activity highlights an increase in motivation around art activities in the community following the art therapy sessions. With this in mind, it may be appropriate for art therapists to spend some time demonstrating art techniques in the home environment (Gibson, 1994).

The Practicalities of Home Bound Art Therapy

When implementing the art therapy sessions in the home environment there were many practical implications that had to be considered. These ranged from a variety of environmental distractions to cancellations of sessions. During several sessions, one caregiver chose to remain in the room. Bell (1998) highlighted that interruptions by caregivers/relatives can be viewed as productive or as sabotage. In this study, the caregiver did not participate in the session but felt that she had to remain in the room to support the client. This may have been detrimental to the therapy. There are some situations where involving the family as part of the therapy has proved successful at encouraging the relatives to gain insight into the changing relationship (Sezaki & Bloomgarden, 2000) and dealing with difficult issues (Bell, 1998). Whatever the cause or agenda behind the interruption, the therapist must always respond in a positive therapeutic manner (Sezaki & Bloomgarden, 2000).

The environmental interruptions discovered during this study could be reduced by providing information before the sessions and discussing openly with the clients issues around pets and the radio. There is a limit to how much these interruptions can ever be controlled but back up strategies and forward planning can be useful in practice, for example not visiting on the days when fire alarms are tested in the sheltered accommodation.

Clients cancelling sessions due to physical illness or other appointments are common within any health or social care service and needs to be monitored. It is to be expected that clients with an average age of 77 in the study may also experience other complex health needs. After all,

it is one of the main reasons for providing this service in the home environment. It is important to note that the clients in this study would not have received art therapy at all due to being home bound, as services are not currently funded for this clinical area. But all benefited from the therapy by demonstrating achievement of their goals and through the comments made in the interviews.

There were no problems related to using the client's home as long as furniture was returned to its correct place. During this study, it is evident that the art therapist succeeded in providing a therapeutic environment by making use of resources and the circumstances in the home environment, as highlighted by Hyland-Moon (2002). The personality and experience of the art therapist may have been significant in the success of completing art therapy sessions in peoples' homes. Flexibility was required to deal with challenges as well as being able to be both assertive and sensitive to individual need (Bell, 1998; Sezaki & Bloomgarden 2000).

There were several comments made during the interviews that require further debate and investigation. The first relates to concern being expressed that a day hospital setting would be under-stimulating for the client. This viewpoint can often occur as some day hospitals provide more social care than active treatment (Kitchen, Reynolds, Ashaye, Philpot, & Orrell, 2002). Some clients found counseling confusing and inhibiting which emphasizes the importance of client choice with treatment. The clients were aware of differing roles in the multidisciplinary team and they had clear ideas of what could be offered. This reinforces the importance of good communication with clients and between team members, particularly at joint family meetings such as the Care Programme Approach (CPA) meetings provided in England (Department of Health, 1990).

The majority of clients interviewed stated a preference for individual rather than group art therapy sessions. This requires further investigation. It is interesting in light of the fact that many art therapists implement groupwork in older people mental health services.

Conclusion

This was a pilot study investigating five clients and five caregivers' views of art therapy for home bound older people with mental health problems. The results of this qualitative study indicate that older adults with mental health needs and their caregivers do feel that art therapy can be of benefit in their home environment, with some people requesting further sessions. Clients benefited from the process of art therapy by using a variety of materials and using the session for emotional support. The sessions also facilitated non-verbal communication. Clients and caregivers reported an increase in confidence and motivation, leading to the commencement of leisure pursuits in the community. The majority of clients achieved goals that were discussed at the beginning of the art therapy sessions.

On a practical note, completing art therapy in the home environment did not appear to pose many difficulties. As long as the art therapist is flexible, organized and

assertive, the sessions can run effectively. All clients approved of the home environment, finding it less distracting than other settings, with some caregivers valuing the support at home. There continues to be some misunderstanding regarding what art therapy can offer, although this can be improved by offering more information and experiential training sessions to staff.

Following analysis of the interviews with both clients and caregivers, and the review of the reflections of the art therapist, some potential value and benefits of art therapy for the home bound have been highlighted in this study.

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