Holistic Health Care and Del Giacco’s Neuro-Art Therapy

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Defining Holistic Health Care

Holistic health care involves the use of modalities that encompass the body, mind, and spirit as one unit. “First do no harm” as quoted by Hippocrates is a common thread that runs through all of the practices within this broad alternative health care field. No one part of the body is treated separately, contrary to traditional allopathic medicine, as this practice is viewed as a threat to the entire body system due to a potential harmful reaction of an alienated part. The width and breadth of holistic modalities are vast and include expressive therapies involving art, movement, dance, music, horticulture, writing, drama, and poetry. Meditation, yoga, psycho-social counseling, guided imagery, positive affirmations, aroma therapy, massage therapy, as well as nutrition and wellness coaching and consultation embrace the domain as well. These therapies are highly selective, depending on individual client needs, and in recent years are more frequently being used to compliment typical medical treatments to enhance positive outcomes.

Parallels of Del Giacco’s Neuro-Art Therapy and Holistic Health Care

Although Del Giacco’s Neuro-Art Therapy (DAT) focuses primarily on improving the cognitive and emotional function of the client, it also concerns itself with the overall well-being of the individual, including physical and psycho-social aspects. This eclectic approach to healing is highly consistent with that of holistic health care. However, DAT is unique in that it has developed a keen sensitivity to “neuro-distress” (a term coined by DAT that describes a condition where an abrupt breakdown of sensory processing and cognitive function results and that will be discussed later in more detail). This condition may occur quite frequently in clients with brain damage or mental disorders, and it can often be misunderstood and not tolerated by the untrained caregiver or teacher. As with holistic health care, profound empathy for and
understanding of the clients’ disabilities are of paramount important, and referral to additional specialists for further evaluation and treatment, including medications, is always considered.

Holistic health care practitioners with strong combined backgrounds in biological science, psychology, and art, can more easily understand and appreciate the concepts and benefits of Del Giacco’s Neuro-Art Therapy. Its foundation is based upon sound science that focuses primarily on strengthening the client’s sensory decoding and perceptual abilities to improve cognitive and emotional function. The goal is to promote neuronal cell health (eg: increased neurotransmitter production and synaptic activity), and nerve pathway regeneration. To instigate this process, the Del Giacco Neuro-Art Therapist interacts with the client using the Therapeutic Drawing Series (TDS). The TDS is developmental and employs the use of line, color, and design. As the client progresses, two more applications of the DAT process are added to the clients’ sessions. They are: (1). Computer Exercises and (2). The Cognitive Range of Motion Exercises (CRM’s). All three of these applications use the same elements; visual spatial relationships, imagery formation, and memory. They are all developmental in application. “The idea is to rebuild the decoding mechanisms (initial sensory processing of shapes) of the brain to help the client understand the very basics of cognition” (Del Giacco, example report).

Proper nutrition is also integrated into the DAT formula for success. Understanding the significance of nutrition and monitoring for deficiency states is rare in most current health care practices. Nutrition considerations are not within the domain of traditional art therapy, and are only superficially regarded in occupational therapy, speech pathology, physical therapy, psychology, nursing, special education, and most allopathic medical practices. However, they are strongly regarded in holistic health care, particularly in the fields of wellness and nutrition coaching, athletic training, chiropractic care, and massage therapy. This is especially true since
the huge insurgence of poor quality fast food in our society, with obesity and diabetes resulting to say the least. Like the holistic health care practitioner, the DAT therapist encourages good nutrition practices, including the increased consumption of particular foods high in certain micronutrients (vitamins, minerals, amino acids, and essential fatty acids) that are required for optimal brain and nervous system function. Foods that are recommended include protein sources such as tuna, chicken, and cheese which are high in the amino acid, tryptophan. Others include sources that are high in the B vitamin, choline, such as eggs, beef liver, and fish (Graccio 1997 p50-53). These foods are also high in other B vitamins as well such as folic acid, B12, and B6, and also the essential fatty acids and zinc. In addition, colorful fruits and vegetables high in folic acid and the antioxidants are also appreciated. Any significant signs of nutrient deficiencies in clients are noted and reported if necessary to appropriate health care professionals for further evaluation by a registered dietitian or nutritionist.

In my research on micronutrients, I have found folic acid, vitamin B12, and zinc to be very much involved in the synthesis of neurotransmitters and brain function. Folic acid and B12 have fundamental functions in the nervous system beginning at conception and following through with the closure of the neural tube at the fourth week of gestation (Northrup, 2000), and then continuing with proper formation and maintenance of the brain, spinal cord, and nerve cells throughout life. Both are required for the synthesis of the protective myelin sheath formed by glia cells (oligodendrocytes in the central nervous system or Schwann cells in the peripheral nervous system) whose long arms wrap around axons of nerve fibers allowing nerve impulses to be transmitted (through the nodes of Ranvier) at phenomenal speeds compared to unmyelinated ones (Adams, 2007). Folic acid enzymes are particularly concentrated in the central nervous system (CNS) where they help methylate long chain fatty acids and phospholipids to make the
important neurotransmitters, serotonin and dopamine via SAM (S-adenosylmethionine), the main methyl donor of the CNS. These neurotransmitters help regulate brain function, such as mood, sleep, and appetite (Bottiglieri, 2000). When SAM is deficient, mental depression, cognitive impairment, and neurodegenerative disorders may result (Parry, 1994). The B vitamins are essential for neuronal synaptic activity and neurotransmitter production (Feng, 2006, de Lau, 2007). Zinc is also crucial for proper brain development and maintenance. It binds to and protects the structure of key DNA molecules called transcription factors, such as p53 which causes the expression of specific genes involved in the embryonic development of the brain cortex (Johnson S, 2001). Neurons and glial cells, which function in synaptic neurotransmission, have high concentrations of zinc, as do the synaptic vesicles, boutons, and mossy fibers of the hippocampus, the area associated with memory (Takeda A, 2000, Frederickson CJ, 2000, Eichenbaum H, 1996). Serotonin, a neurohormone that mediates neurotransmission, requires zinc for its synthesis. Serotonin is also necessary for the production of melatonin, another neurohormone that regulates sleep, mood, puberty, as well as ovarian cycles (Johnson S, 2001). Because zinc helps metabolize neurotransmitters as well as fatty acids, prostaglandins, and melatonin, and also indirectly affects dopamine metabolism, a deficiency has been implicated as a cause of many brain disorders, including ADHD (attention deficit/hyperactivity disorder) and schizophrenia (Arnold LE, 2000). Disorders in zinc metabolism may create an imbalance in zinc-brain homeostasis, and result in learning impairment and seizures, as well as neuronal degeneration from oxidative damage (Takeda A, 2000, Penland JG, 2000).

Proper daily rest and sleep are also emphasized as the DAT therapist understands how the brain requires recharging after expenditure of energy receiving and processing sensory information during waking hours. During sleep and rest periods when the brain is less active,
neurons are able to refuel themselves with key micronutrients (e.g., folic acid and zinc) that participate in the synthesis of neurotransmitters (Bottiglieri, 2000). Without proper sleep (which is usually considered eight hours for a normal brain and possibly more for one that has experienced damage) neuro-distress is more likely to occur. Furthermore, DAT sessions are designed to increase synaptic activity of neurons, so brain fatigue is more likely to occur when clients are actively involved in a DAT program. The DAT client, in particular, may experience more episodes of neuro-distress if proper sleep and rest are not obtained on a regular basis. Optimal rest is vital for a successful DAT program, and the DAT therapist understands and appreciates this component that is also part of the holistic health care paradigm.

Meditation and relaxation techniques to “warm up” and “cool down” clients before and after therapy sessions are employed in the DAT protocol as well. Warming up is necessary because many clients have come from a stressful event (e.g., car or bus ride) or environment (e.g., group home, foster care, family situation, etc.) and need to relax and focus in order to be prepared for the disciplined DAT exercises. Cooling down is also necessary in order for the client to help assimilate the DAT material presented, and to prepare him for his departure and next physical destination. It is important that the DAT session begin and end on a positive note. Holistic art therapy projects, such as clay sculpture and abstract paintings, are also used in DAT to relax and focus clients, and improve self-esteem as well. The use of expressive therapies such as dance, music, poetry, creative writing, guided imagery, drama, sand play, yoga, etc., whether structured or not, can be added to enhance the DAT process if appropriately administered.

Holistic health care and DAT share many common principles and code of ethics. Both believe in the gentle and selective application of a variety of non-invasive techniques chosen at the discretion of the therapist as well as the client to achieve positive outcomes. However, both
are uniquely alternative to the established protocols for improving mental function within our present health care system, and therefore they will require the test of time along with double-blind, placebo-controlled studies to prove their worth to this powerful bureaucracy. Recognition and appreciation of DAT is positioned well to flourish within the growing branch of “alternative” or holistic health care. Integration of its processes within a holistic health care practice can be easily envisioned.

The DAT Specific Approach to Healing

DAT’s non-invasive, holistic (multifaceted), client-centered approach to healing focuses on “rebuilding” of the injured brain and its neuronal pathways. Clients who may benefit from it include those who have suffered brain damage from strokes, accidents, and tumors, and others with various developmental and degenerative cognitive disorders such as mental retardation, autism, and Alzheimer’s disease.

DAT is not stagnant, but dynamic, as it examines both conventional and innovative scientific knowledge regarding the structure and function of the brain and visual system, and adds to its foundational base when justified. Emphasis is placed on understanding the primitive limbic system within the center of the brain which is intimately involved in receiving, interpreting, and sorting sensory stimulation, and processing emotions and memory. New scientific and psychological information pertaining to specific areas of the limbic system, such as the hippocampus (memory area and primary place of shape interpretation), amygdala (fear area), and thalamus (interpretive area) are of particular interest to the DAT practitioner. The DAT therapist strives to be extremely aware and conversant regarding the field of neurology, including medical disorders and cognitive and emotional function involving the brain and visual system, in
order to be more profoundly sensitive to client disabilities, limitations, needs, and capabilities. It is of paramount importance for the DAT therapist to have extreme patience, and to understand when a client is experiencing “neuro-distress” or a shut down of “top down” (cognitive) function. Because of this, the client may go into the “fight or flight” syndrome. Neuro-Distress may become very dangerous, and it involves a group of characteristic features which include glassy eyes, little or no eye contact, extreme head movements, flushed face, staring, tremors, heart palpations, nervousness, delayed reaction, nausea, anxiety, dizziness, seizures and agitation.

Extensive research regarding the client’s history is always compiled before any special assessments or treatment plans are designed. This includes discussion and documentation of any current and past diseases and conditions, accidents or traumas, including psychological, the use of all drugs and nutritional supplements, and typical diet and life-style practices.

Specialized assessments that help measure current levels of awareness and attention, sensory and visual spatial processing, and general cognitive functioning are given to the client at the initial interview/s. These assessments include the “Mini Mental Status Exam”, “The Clock Test”, “The House Drawing”, “The Self Esteem Assessment”, and DAT’s unique “Figure 8 Exercise”. Most importantly, a neuro-distress survey and assessment is always performed to help predict a client’s tolerance levels during future testing and to gage present stress levels. The above tests, especially the neuro-distress survey, are repeated periodically throughout the prescribed treatment program in order to accurately assess the program and chart client progress.
Specific DAT Therapies

The DAT program consists of three basic components that involve color, line and visual movement. These include a series of designs such as the *Therapeutic Drawing Series (TDS)* that provide manual stimulation in the form of art abstract designs; certain *Computer Exercises* that use mechanical stimulation (eg: the exercise Tetris); and the *Cognitive Range of Motion Exercises* that use verbal and visual recall exercises involving letters, words, and mental images designed to improve the clients ability to “focus” thereby having improved attention.

DAT is *progressively developmental* in its approach as it works to re-establish brain functioning, including neurotransmitter activity, by using visual/hand movement, speed of mental processing, and memory exercises in a methodically progressive manner. Prescribed DAT exercises are intended to increase in difficulty in small increments, progressing in three distinct phases: *passive, semi-active, and active*. “Passive” is when the client merely watches the therapist perform the activity. “Semi-active” is when the therapist asks the client to perform part of the activity or to engage in conversation about the activity. “Active” is when the client engages fully in the activity without help from the therapist. An example of a DAT drawing (manual) exercise utilizing all three phases is the “blind contour drawing exercise”. Engaging in the passive mode is when the client merely watches the therapist draw the contour (outside) of an object, such as a human figure, onto a large sheet of paper. This warm-up exercise using movement initiates the process of neurotransmitter and synaptic activity within the visual portions of the brain. Performance of this exercise in the semi-passive mode would occur after the client has finished watching the therapist draw the contour figure, and is then asked to copy this drawing onto a piece of paper in front of him without ever looking down at the paper he is drawing it onto. To do this same exercise “actively” the client would be allowed to copy the
therapist’s drawing while looking at his own paper as well as the therapist’s, comparing distances and using a ruler to obtain more accuracy if desired.

Above is a drawing I created that would be consistent with a TDS drawing of intermediate complexity. Performing an activity with this drawing in the “active” mode would be having the appropriate client copy it as accurately as possible, using a ruler if desired, starting in the middle of the paper and working to the left, and then from the middle again completing it to the right. Concentrating on the size, shape, and color of the objects and their distances from one another helps increase concentration, awareness of visual spatial relationships, imagination, fine motor skills, and cognitive function.

Another DAT exercise that uses all three modes to progress would be playing the computer game Tetris (used to improve visual/spatial relationships and motor skills). Observing how the game is played would be the “passive” mode, playing one aspect of the game would be the “semi-active” mode, and playing the game independently would be the “active” mode.

The initial DAT exercises are specifically designed to help with the processing of incoming sensory information gathered from the peripheral nervous system (which consists mainly of the sensory organs of touch, sight, smell, taste, and sound), with particular emphasis on information originating from the visual system. This rudimentary level of processing is referred to in DAT as “bottom-up” processing because it is where information is first encountered, usually from the outside environment, and it is where “attention” or awareness begins. When a person is having difficulties focusing, they are having sensory decoding or “bottom-up” problems. The parts of the brain involved in this process are located in the medial portion of the
temporal lobe within the primal limbic system which houses the hippocampus (involved in short-term memory and spatial navigation), and the amygdala (the seat of our emotional reactions), the thalamus (relay station of sensory input), and corpus callosum (cross over pathway fibers linking the two sides of the brain). The initial DAT exercises use movement, shape, color, and line to exercise this system and improve the ability to relax, focus, and organize visual spatial fields.

As the art exercises gradually increase in complexity, they reach for higher brain areas (parts of the thalamus and the cerebral cortex) involved in interpreting, relaying, and sorting the initial incoming sensory information into more meaningful data. This stage is referred to in DAT as “top down” processing. Practicing the functioning and linking of these two systems is a fundamental DAT goal that is said to bring about improvement in cognitive functioning. Physical improvements of other body parts may occasionally occur as well such as the client who was able to walk again after DAT therapy (Giacco, 1997).

The DAT therapist strives to exercise both the right and left cerebral hemispheres of the brain. The right side is usually visual, spatial, perceptual, creative, intuitive, and global, whereas the left side is most often analytical, logical, and language oriented (Edward, 1999). The goal is to restore and/or improve function of the mid brain (the limbic system) in order to facilitate communication between the two hemispheres so they work efficaciously as one unit, allowing the transmission of memory and learning (Giacco, 1997, Edward, 1999). The “Figure 8 Test”, a unique drawing activity developed by Maureen Del Giacco, specifically attempts to measure the amount of damage to the cross-over pathways of the two brains. These cross-over pathways are located in the corpus callosum (Edward, 1999). Clients with brain damage often demonstrate an “awareness deficit,” often termed “neglect”, when given this test. This is evident when the client cannot move the drawing tool from one side of the paper to the other when attempting to draw a
figure 8. This often occurs when the brain cannot accurately register what the eyes can see. DAT therapy works to unblock the neuronal pathways that create these visual field deficits.

Similar to physical therapy which sets a plan of action to strengthen major muscles and ligaments, DAT provides a program aimed at strengthening the tiny dendrites on the nerve cells. This in turn helps increase their ability to interact and regenerate synaptic pathways involved in sensory decoding and cognition.

Two particular clinical studies have demonstrated the effectiveness of complex visuospatial/motor exercises like those used in DAT to improve neuronal activity and cognition. One such study was conducted in the late 1980’s by the Department of Psychiatry and Human Behavior at the University of California, Irvine. In this clinical trial, 8 young men performed exercises in the computer activity, Tetris for 4-8 weeks. Measurements of energy expenditure (glucose metabolic rate or GMR) before and after practice using positron emission tomography (PET) revealed that areas of the brain that had been stimulated experienced a distinct surge of GMR. This specific glucose surge subsided once the client became skillful at the Tetris tasks indicating that less energy (glucose) was required once the task was learned and neuronal pathways had become streamlined at receiving and interpreting information (Haier 1992).

Another more recent clinical study conducted in 1996 at the University of Purdue in Indianapolis on two sets of traumatically brain injured patients found similar findings using computer-assisted cognitive rehabilitation (CARC). The two sets included 20 patients each matched for age, education, days in coma, and time between testing. One set received the typical rehabilitation therapies of occupational therapy, speech pathology, etc. The second set received CACR exercises progressing in difficulty. When the trial ended, test scores for attention, visual spatial, memory, and problem-solving showed the CARC group scored highest with significant
improvement noted in 15 measures compared to only 7 in the control group (Chen, 1997). Providing visual spatial exercises from the DAT repertoire, including computer exercises and manual activities in the Therapeutic Drawing Series, plus memory exercises in the Cognitive Range of Motion series would most likely enhance results further. A clinical trial on sensory input, learning, and brain activity using DAT, PET and also MRI (Magnetic Resonance Imaging), and another comparing complete DAT protocols with traditional rehabilitation therapies would be very worthwhile.

**Contrasting DAT with Traditional Art Therapy**

Traditional art therapy uses the creative process of art making (the doing of art) to improve and enhance the psychosocial and emotional well-being of individuals of any age. It also strives to interpret a client’s art creations to find underlying psychological and emotional meanings, such as unresolved deep seated issues from past abuse and current social or communication problems. It does not concern itself with the physical healing of the client’s nervous system, nor does it delve deeply into how the brain and nervous system process information. Art exercises are not provided to improve perception and visual spatial processing of information to the brain. Techniques outside the realm of art that foster the interpretation of sensory information and memory such as computer and recall exercises are not considered. The goal of traditional art therapy is to improve the psyche and self-esteem of the client, and to also offer an avenue to purge suppressed emotions that are interfering with normal behavior. The general theory is; there is therapy in simply the “doing” of the art as it is a unique expression, giving authorship and a sense of fulfillment to the creator. It is also considered to be healing because the created art piece can hold significant meaning and provide a vehicle for revealing
hidden conflicts. Traditional art therapists part from the traditional psychological methods of testing and verbal dialog and instead use the creative, self-actualizing, and interactive modalities of art (painting, drawing, clay work, etc.) in the healing process. However, some art therapists can be quite restrictive, believing in the use of visual art and no other expressive therapies, such as music, poetry, dance, creative writing, meditation, or drama, to enhance achievement of client goals. In contrast, expressive therapists may choose art activities as well as any of the above modalities and more to reach similar goals, all depending on individual client interests (Malchiodi, 2005). DAT therapists agree, and support the use of various expressive therapies, especially those that involve movement, and may apply them in conjunction with typical DAT exercises provided they of interest to the client and support DAT’s goal of improving “bottom-up” and “top-down” functioning. This is an important concept in DAT; that the client’s program be individually tailored in order to sustain a keen interest and the continued involvement in it to maximize long lasting outcomes.

Unlike traditional art therapy, DAT does not try to delve deeply into the psyche of the client to cause an emotional purging or acting out. DAT clients are more often dealing with physical brain disorders that are beyond the emotional and psychological realm (eg: brain damage, Alzheimer’s disease, mental retardation, etc.). In a nutshell, traditional art therapists are concerned with what comes out of the client (purging, improved self-esteem, etc.), whereas DAT therapists are concerned with what goes into the client (eg: sensory information and how it is handled). Always forever in the mind of the DAT therapist is the awareness of the client’s unique disabilities and limitations, and to the possibility of serious “neuro-distress”. Any sign of this is regarded with extreme caution and most often ends the session with a cooling down exercise, such as creating a free styling abstract painting. However, as in traditional art therapy,
DAT strives to complete the session with the client having felt a sense of accomplishment and continued hope for improved well being.

So far, only a handful of traditional art therapists have considered the neurological aspects of art therapy, such as Lusebrink (2004), Riley (2004), Stewart (2004), and McNamee (2004). Lusebrink is particularly knowledgeable about the relationship between neurology and art therapy. In her article, *Art Therapy and the Brain* (2004), she delves deeply into understanding the neuro-art-brain connection reporting new findings based on PET scans and MRI regarding the location and formation of memories, and the processing of emotional, visual, motor, and sensory information (Lusebrink, 2004). There is now a website (called blog spot) on the subject called, *Neuroscience and Art therapy*, sponsored by a Neuroscience Art Therapy Research Group. Undoubtedly, interest, research, and case studies blending neurology and traditional art therapy will continue to prove its validity as a medical modality.

**Integration of DAT within My Holistic Health Care Practice**

My holistic health care ideas and practice evolved slowing over the years from a background in art and science. From early childhood, I was noted for being an artist by my teachers and peers. Although I do not have a degree in art, I have taken numerous art courses in various media throughout my life. However, I feel my best art teacher has been myself and the time I have spent practicing in it. For the past 19 years I have owned a small business creating commissioned paintings, prints, and cards of children, pets, wildlife, and nature, and more recently medical illustration. I will have this business regardless of new adventures all of my life as it has become a part of me.
My bachelor’s degree is in health with specialty training and certification in cytology, a branch of laboratory medicine devoted to the microscopic analysis of human cells (e.g., breast and lung fluids, cervical Pap smears, etc.) for cancer and related diseases. I worked in this field, both in the lab and out, since 1978. During the past ten years, I have concentrated on writing and drawing about cytology and nutrition-related diseases. A few years ago, I completed a series of cytology drawings depicting the characteristic cell changes associated with folic acid and B12 deficiency, as well as opportunistic viruses and fungi that I now provide to my peers in cytology and to other health care professionals for educational purposes. I also developed a website devoted to nutrition and cellular health, and then in 2007 published a cytology text book called, *The Art of Cytology: An Illustrative Study Guide with Micronutrient Discussions*. In 2008, I created a Power Point presentation and manual for health and special education teachers called, “Folic Acid and HPV Awareness: Combating Birth Defects and Disease Processes.” Both books illustrate how many disease processes first manifest at the cellular level due to poor nutrition, and how cytology screening can detect initial nutritional deficiencies, especially folic acid and B12. My goal in this area is to help prevent devastating neuro-tube birth defects and neurological disorders (Feng, 2006, de Lau, 2007), and also human papilloma virus (HPV), the virus associated with cervical cancer (Piyathilake, 2004). The cytology features of B vitamin deficiencies have been documented in cytology text books for over 30 years, but they continue to be ignored, even though they can be seen 8-10 weeks before changes are apparent in blood cells (the current standard test for a deficiency) (Koss LG, 1979 p.274). With the advent of computer reporting codes, a description suggesting such deficiencies is no longer allowed. I am striving to change this.
This past year, I completed a master’s certificate course in Holistic Health Care at Western Michigan University which consisted of 18 credit hours of expressive therapies, including traditional art therapy as well as psychosocial, meditative, and holistic nutrition. In my methods class, I developed a holistic assessment and wellness plan and began using it to interview and evaluated clients who came to me for help with their health problems. My final course consisted of 180+ hours of field work where I developed and taught a holistic art course to two groups of young adults with cognitive disabilities at a local public school. The students progressed from states of depression and anger to joy and contentment at an amazing speed. One of the main art projects I taught was “luma paintings”, colorful surrealist abstracts made from drips of paint and plastic wrap. Over them we embedded our favorite sayings and poems using Photo Shop to create attractive inspirational positive affirmation posters that we sold at our community local Art Hop. Below are examples of some of the artwork we created in this class:

“Positive Affirmation Luma Paintings”
I thought of this idea after seeing how depressed my students were. Many came from group homes, and abusive situations as well as having cognitive and emotional disabilities. Do you see the angel in this abstract like I do? We looked hard for images in these abstracts.
The above watercolor painting was created by a hearing and learning-impaired student who came to my class very sullen, wanting to paint only letters with black paint on black paper. I observed this, and then closely worked with her getting her to have eye contact and smile. Within the first week she was painting bright vivid paintings from memories of working with her father in their backyard gardens. Her parents were astonished by her artwork and improved attitude. She became one of my most prolific artists whose work sold very well at the Art Hop.
This is another drawing by the same student, now full of bright sunshine.

Jessie’s First Abstract  
(oil pastels)

Emily’s” Dimensions of My Heart”  
(watercolor)
Suneil’s Landscape
after a basic lesson in perspective
(this student is very artistic and also autistic)

Tori’s Abstract Luma Painting
He saw a pond through an icy window

Above photo of my students’ artwork that was on display at the local Art Hop
While finishing the holistic health certification, I also completed a 100 hour certification course in nutrition consultation and began doing nutritional and wellness assessments on clients. This led to being asked to speak about folic acid, birth defects, and human papilloma virus to 9th grade health students at a local high school and then to special education teachers at their first ever “health and wellness” education conference.

During the last couple of years while studying holistic art and expressive therapies, as well as nutrition and nervous system disorders, I discovered DAT, and knew I had to take the course. Now that I have, my desire is to integrate it into my holistic health care practice which currently consists of holistic art tutoring and nutrition consultations. I would like to use DAT as well as holistic art methods to continue helping young adults with cognitive disabilities in my local area. My immediate goal is to work one-on-one with clients using the three modalities when appropriate. My long-term goal is to work with the cognitively and emotionally impaired in a holistic health care setting where I can draw from a wide variety of modalities, especially those involving holistic art and neuro-art therapy. I am extremely grateful for having had the opportunity to absorb the innovative art, science, and practice of Maureen Del Giacco’s neuro-art therapy and hope to learn more about it in the future.
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