

**ASSESSMENT IN THE
CREATIVE ARTS THERAPIES**

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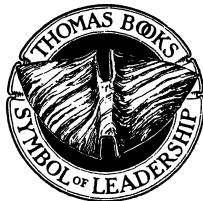
Designing and Adapting Assessment Tools
for Adults with Developmental Disabilities

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CHARLES C THOMAS • PUBLISHER, LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62794-9265

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ISBN 978-0-398-07887-4 (hard)
ISBN 978-0-398-07888-1 (paper)

Library of Congress Catalog Card Number: 2009012251

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TSR-3*

Library of Congress Cataloging in Publication Data

Assessment in the creative arts therapies : designing and adapting assessment
tools for adults with developmental disabilities / edited by Stephen Snow and
Miranda D'Amico

p. ; cm.

Includes bibliographical references and index.

ISBN 978-0-398-07887-4 (hard) -- ISBN 978-0-398-07888-1 (pbk.)

1. Developmental disabilities--Diagnosis. 2. Arts--Therapeutic use. I. Snow,
Stephen. II. D'Amico, Miranda. III. Title.

[DNLM: 1. Sensory Art Therapies--methods. 2. Adult. 3. Developmental
Disabilities--therapy. 4. Outcome Assessment (Health Care)--methods.
WM 450 A846 2009

RC570.2.A87 2009
616.89'1656--dc22

2009012251

*This book is dedicated to Lenore Vosberg, M.S.W.,
Co-founder and Executive Director of The Centre for the Arts
in Human Development at Concordia University, Montréal,
Québec, Canada. Her vision, courage, and
commitment to improving the quality of life for individuals
with developmental disabilities has had a positive impact on
the lives of many.*

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FOREWORD

The Creative Arts Therapies originated independently of one another over the second half of the twentieth century as emerging professions that taught artists to apply their distinctive media and techniques to the practice of psychotherapeutic change. Emulating the other mental health professions, early Creative Arts therapists adopted the then-dominant psychodynamic theoretical frameworks and language of therapy. This framing of, and justification for, utilizing the arts in psychotherapy had the unnoticed consequence of privileging verbal analysis over direct experience and gave rise to the enduring debate between those who viewed the products of art-making as diagnostic tools, useful in supplementing verbal assessment and in promoting insight (“art-in-therapy”), and those who saw art-making as inherently curative (“art-as-therapy”).

Contemporary values and practices throughout psychotherapy have changed considerably from that era; theoretical coherence has become de-emphasized in favor of pragmatism. In other words, therapists nowadays are less concerned with explaining why they do what they do, and more concerned with what results they achieve. Correspondingly, there has recently been increasing effort within the psychotherapies to identify “evidence-based” (i.e., empirically supported) treatments which have demonstrated their effectiveness through controlled, replicable studies.

Creative arts therapists have been aware of this trend and the challenge it poses, yet adequate responses have been neither easy to formulate nor implement. The majority of current practitioners within, or those drawn to, the Creative Arts Therapies are neither interested in nor trained as empirical researchers (“We’re artists, not scientists!”). On the other hand, therapy-outcomes researchers who are looking for innovative methods to test are more inclined to study standardized approaches that more easily lend themselves to application with large participant samples, accepted research designs and statistical interpretation of quantifiable results, conditions infrequently met in the application of Creative Arts Therapies. Indeed, the requirements set by the major sources of grants for psychotherapy research

mitigate against the likelihood of funding research designs that employ unconventional treatment, the absence of standard measurement protocols, or applications to specialized populations. Moreover, therapy conducted for research purposes not only differs considerably from therapy conducted in field settings, but appears to produce outcomes not replicated in typical, “real-world” clinical practice.

Despite these limitations, some impressive and innovative efforts have been made in researching the effectiveness of Creative Arts Therapies in recent years. It is heartening to observe that, nowadays, younger creative arts therapists and students appear more interested in research and in advancing their respective professions by means of it. What needs to be done next is to develop foundational assessment procedures from within the Creative Arts Therapies which allow research to build upon the work of others and which address commonly identified problems arising in the implementation of distinctive techniques.

The preceding summary of the challenges facing the Creative Arts Therapies professions leads me to appreciate deeply the timeliness and usefulness of Stephen Snow and Miranda D’Amico’s coedited book. By tackling the quite difficult problems of satisfactory assessment in the Creative Arts Therapies, they offer a scientist-practitioner model for the Creative Arts professions not previously available. In each chapter devoted to one of the Creative Arts Therapies, the authors illuminate the process of creating assessment tools that use arts media (rather than psychometric instruments in use in verbal psychotherapy) and creating them under “real-world” conditions, thereby encouraging the readers to consider how they might similarly proceed in their own endeavors.

The core of this book consists of five chapters devoted to developing and applying assessment tools from one of the Creative Arts Therapies. In all cases, the assessment tools developed were tested on the same population of adults with ID-DD (intellectual disabilities/developmental disabilities) that had been receiving multiple Creative Arts Therapies over a three-year period, allowing comparisons of progress, both on each assessment measure and, potentially, across modalities over time. Case studies in each chapter make clear the longitudinal progress of participants as measured by these assessment tools.

The emphasis in three of these chapters is on the process of development of assessment tools, rather than on the results of their application, allowing the reader to appreciate the problems encountered and the avenues explored by the researchers. These authors built upon and modified long-existing assessment tools to apply to the ID-DD population, providing standardization, improving both their interrater reliability and construct validity. Quite distinct aspects and challenges emerged in the narratives of the development

of these assessment tools. Lister and Rosales, developing the Kinetic House-Tree-Person test, shift the theoretical emphasis underlying earlier versions in order to focus better on developmental levels. Shelley Snow first addresses several problems inherent in existing methods of assessment in music therapy; next carefully sets forth the criteria needed for assessment of this population; then demonstrates how she creates ecologically valid tasks paired with psychometrically sound scales; and finally uses the data generated to identify difficulties and limitations pointing to further future refinements of her work. Snow, Maeng-Cleveland, and Steinfort take the reader through the sequential development of their Drama Therapy Role-Play Interview in considerable detail, starting from the original Dramatic Role-Play Test of D. R. Johnson, devising numerous changes to improve its use as an assessment tool for adults with ID-DD.

In the other two chapters, the authors apply extant assessment tools to the measurement of improvement in the ID-DD population. Tanguay utilizes Buhler's sandtray World Test, also proposing protocol and scoring modifications better suited for assessing this population. Sack and Bolster apply Leoce-Schappin's Functional Assessment of Movement Scale in Dance-Movement Therapy to the analysis of participants' performances in the above-mentioned Drama Therapy Role-Play Interview, demonstrating a rare instance of how quantitative measurement may be used in the domain of bodily movement.

A final chapter by D'Amico, Miodrag, and Dinolfo on the assessment of quality of life for these same participants combines interview and observational data to document the significant improvement of these adults with ID-DD that had received Art, Music, Dance Movement, and Drama Therapies. Taken as a whole, a kaleidoscopic view of assessment emerges from the book, making it clear that collaboration, convergence, and synergy across the Creative Arts Therapies is a real possibility, bridging the "narcissism of small differences" that has impeded organizational cooperation among its professional organizations. Finally, use of this book will aid greatly in integrating research into the culture of the Creative Arts Therapies professions by providing a pragmatic model of the relationship between research and practice.

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PREFACE

This book addresses one of the most dynamic, complicated, and challenging areas in the field of the Creative Arts Therapies. It is the result of seven years of research into the complex question of how arts media can be adapted, structured, and implemented as assessment tools. Beginning in 1998, a pilot project was established to explore the adaptation of improvisational role-playing and a simple drawing test as ways to assess aspects of psychological functioning for adults with developmental disabilities. All of the individuals being assessed were participants in a three-year program at the Centre for the Arts in Human Development at Concordia University in Montréal. We use the term, “participant,” here, to acknowledge the team spirit and community framework that guides the Centre’s approach. In 2001, our research team received a grant from the Social Science and Humanities Research Council (SSHRC) to formalize this study. Between 2001 and 2005, five areas of assessment were explored in relation to the modalities of Art Therapy, Drama Therapy, Dance Movement Therapy, Music Therapy, and Sandtray Therapy.

The results of these individual research endeavors to adapt or create assessments constitute the chapters of this book. Each chapter presents a brief historical background of the development of assessments in the different modalities, especially focusing on the other arts-based instruments specifically created for persons with developmental disabilities. The final chapter is a summation of how this assessment research has fed into our measuring and analyzing improvements in the Quality of Life (QOL) of our participants at the Centre. The QOL paradigm has received a good deal of attention, over the past few decades, in regards to research in education, healthcare, and social services, and we felt it was a very appropriate framework in which to measure improvements in our participants. The statistical results and methods for recording and analyzing data are reported in the appendices to each chapter.

Nowhere does the field of the Creative Arts Therapies come into a more profound interface with the discipline of Psychology than in the creation and

implementation of assessment. In fact, many of the earliest assessment tools based on arts media were developed by psychologists and psychiatrists. However, it made sense to us that creative arts therapists, who use music, dance, art, drama, and poetry, everyday within their clinical practice, and know these media intimately, should also learn to develop such instruments. This book is meant to advance the development of assessment tools *by* and *for* creative arts therapists in all modalities. It is meant to help the student as well as the professional; therefore, a glossary of technical terminologies is provided at the end.

Finally, as our research project unfolded, we discovered a serious gap in the amount of design and study of assessment tools for persons with developmental disabilities. We hope that this book will be a small step towards filling this caesura and that the tools presented in this book will be utilized and further researched by professionals in both the field of Developmental Disability as well by those in the Creative Arts Therapies.

Stephen Snow and Miranda D'Amico

ACKNOWLEDGMENTS

It has been a long and winding path since this project, *Assessment in the Creative Arts Therapies*, began over a decade ago. It is consequently very important to us that all those who have helped on the journey be acknowledged. First of all, as the journey began there, we wish to thank the Centre for the Arts in Human Development at Concordia University and its entire staff. The Faculty of Fine Arts, both former Dean Christopher Jackson and present Dean Catherine Wild, have been continuously supportive of this research as have the former deans of the Faculty of Arts and Science, Martin Singer and David Graham. We especially want to thank the Seagram's Grant for Academic Innovation, and the Social Science and Humanities Research Council of Canada and its Interdisciplinary Committee, for the financial support that really made the completion of this project possible and, also, the Concordia Aid to Scholarly Activities (CASA) grant that gave us an added year to test one of the assessment methods.

We have been blessed with many wonderful research assistants who have worked on this project: Anna Barrafato, Barbara Welburn, Tracy Bursich, Annie Potter, Poppy Baktis, Franca Dinolfo, Nancy Miodrag, Stephanie Varga, Cecile Puretz, Sora Davis, Amy Thomas, Thomas Baron, Cindy Gaffney, Sophie Huot, Abba Singh, Jade Powers, Jennifer Mosher, Jane Maeng-Cleveland, Teresa Steinfort, Carole de Beaumont, Yasmine Lemzoudi, Lindsay Chipman, and Rania Abdul-Rahim. We would also like to thank our colleagues, music therapist Dr. Debbie Carroll and art therapist Professor Leland Peterson for their helpful consultations. Gratitude is extended to our talented photographer, Vincenzo D'Alto, who shot all the simulations of assessment and Creative Arts Therapies groups, and to the volunteer participants who consented to be photographed for this book. Also, we wish to thank Dr. Daniel Wiener for his astute and perceptive Foreword. We are especially grateful to Nathan Leoce-Schappin for allowing us to publish his Functional Assessment of Movement (FAM) Scale, as appendices to Chapter 5. Finally, we want to wholeheartedly thank two people for their

skill, intelligence and persistence: Rachel Alkallay, our copy editor and indexer, herself a professional writer and editor, and Calli Armstrong, presently a doctoral student in Counselling Psychology at McGill University, who formatted the entire manuscript according to the publisher's specifications. Thank you to one and all for your hard work and commitment to this project.

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Participant improvising the role of teenager in the Drama Therapy Role-Play Interview.

Chapter 1

FACING THE CHALLENGES OF ASSESSMENT

STEPHEN SNOW AND MIRANDA D'AMICO

Assessment within therapy is a notoriously complex business and its use in the arts is contentious.

– *Drama as Therapy: Theatre as Living* (Jones, 1996)

Developing a psychometrically valid assessment is often a lifetime's work, but that is no reason why one should not do it.

– *The Case for Formal Art Therapy Assessments* (Gantt, 2004)

INTRODUCTION

The purpose of this book is twofold: first, to demonstrate how assessment tools based in arts media can be developed, designed, adapted, and tested by creative arts therapists. In the following pages, five creative arts therapists do just that, using drawing, music, role-play, movement, and sand-tray. An educational psychologist expands the frame by including an overview of the assessment of Quality of Life (QOL) and how the various arts-based assessments affirm the results of this outcome study. The second goal is to show how these assessments were designed and adapted to meet the needs of a “special population”: adults with a wide variety of intellectual and developmental disabilities. Each of the arts-based tools delineated herein, was specifically developed to be effective for individuals with intellectual, cognitive, and neurological challenges.

As Jones states: assessment “. . . is a notoriously complex business” (1996, p. 267). Its complexity derives from its being both an art and a science. Discussion of assessment requires careful definitions and clear, concise articulation. So, to

begin with, we are using the term, *assessment*, to mean the preliminary format for appraisal of the participant's needs and issues. In this way, we are following the linear formula of A – T – E: A (Assessment), T (Treatment), and E (Evaluation). This is especially to differentiate *assessment* and *evaluation*, terms which are frequently confused. We are in agreement with Feder and Feder's (1998) formulation that "in most clinics and hospitals . . . assessment refers only to the initial determination of the patient's problems and needs, while evaluation describes the dual process of monitoring the patient's progress and making judgments about the course of treatment" (p. 6). However, it should be stated that in our work, we have, in fact, used our five assessments, by comparing results over time, to *evaluate* the participants' progress and to demonstrate the efficacy of our treatment via the Creative Arts Therapies. In doing so, it was our first formal attempt to gather information for the purpose of making decisions for our participants—thus, we assessed!

In its most human sense, an assessment is meant to help one human being better understand how and why another human feels, acts, and thinks the way he or she does. In terms of therapy, the assessment gives the clinician clues about how to proceed with treatment, how to best use the therapeutic space to work most effectively with what the participant will bring to therapy. In Bruscia's (1988) words, "Assessment is that part of the therapy process concerned with understanding a client and his or her condition and therapeutic needs" (p. 5). In terms of Creative Arts Therapies, the arts-based assessment also indicates how the arts media might best be utilized in the therapy process.

Designing, implementing, and validating assessment tools is arduous work. As Gantt (2004) suggests, it can easily become "a lifetime's work" (p. 25). The authors of this book have spent nearly a decade in developing and testing out the assessments presented herein. In the following chapters, the unique, individual processes of developing each instrument are described in detail, so that the reader can get a clear picture of both what it takes to design an assessment "from scratch" or to adapt an already established tool to the specific needs of special populations. Our aim is to present a complete overview of the multiple challenges for creative arts therapists as they undertake this notoriously complex business of assessment.

ASSESSMENT CHALLENGES FACING CREATIVE ARTS THERAPISTS

There are many significant challenges facing the creative arts therapist as she or he begins to work in this important area of practice and research.

Perhaps the primary question is: Can we summon the strength and self-confidence to take on this difficult work? As stated in the preface and as will be documented in most of the chapters, almost all of the early arts-based tools were created by psychologists or psychiatrists (Bronfenbrenner & Newcomb, 1948; Buhler, 1951; Burns, 1987; Kerstenberg, 1992; Koppitz, 1968; McReynolds & DeVoge, 1977). As Jones (1996) reflects: “. . . its [assessment’s] use in the arts is contentious” (p. 267). There has been a dynamic debate in the field of Creative Arts Therapies, for over a decade now, as to who should be able to do assessments, what forms they should take, and even if they should be done at all! The latter opinion is frequently espoused by those creative arts therapists whose background is much stronger in the arts than in psychology. This group is fundamentally interested in the healing power of the arts, and not so much in the scientific framework of research. As Cohen (2004) insightfully expressed: “. . . as a general rule, artists tend to shy away from anything that smacks of scientific studies, especially if those involve numbers or statistics” (p. vii).

What are we to do as a field? Leave the whole domain of assessment to the psychologists and psychiatrists? This is highly problematic. Aren’t creative arts therapists the mental health professionals who know the arts media the most intimately? Who work with the arts, everyday, in their clinical practices? Yet, even Brooke’s 1996 book on Art Therapy assessment “. . . contains more projective drawing tasks developed by clinical psychologists (6) than procedures devised by art therapists (5)” (Rubin, 1998, p. 191). The great battle cry in this arena is now two decades old. In 1988, Johnson, then the editor of *The Arts in Psychotherapy*, proposed the major question: Can we as a field create assessments that produce reliable and valid data? He then pointedly remarked that “. . . an organized process of assessment is critical to our ability to contribute to health care” (1988b, p. 1). Others have reiterated the urgency of progress in this area (Cohen, 2004; Gantt, 2004). With their seminal work, in 1998, Feder and Feder lit the way on this path of self-development for our field: “We believe that assessment procedures will improve only if the creators and users of these procedures become more knowledgeable about evaluation and assessment than are most [creative arts] therapists today” (p. xi). Hopefully, this present volume will be another small step along this path. For, like many of the authors already cited, we believe that the advancement of the field of the Creative Arts Therapies depends, in part, on progress in this domain. As Gantt pointedly stated: “. . . we should question the position of those art therapists who *do not* [italics added] seek to develop assessment instruments” (p. 18).

So, now, in the twenty-first century, isn’t it time to take the bull by the horns and learn to create, validate, and standardize our own arts-based assessments? As artists, clinicians, and researchers, we have many special

qualities to bring to this work. Many of us have spent a lifetime working in and with the media of the arts. This depth of knowledge is a great asset in designing an assessment based on one of the arts. In our daily work, we regularly observe our participants' responses to an art form within the context of therapy. This, too, is a great aid in developing instruments to help better understand the participants' therapeutic needs. At this point, we *should* be able to answer Brooke's (2004) question: "What are we assessing that other related fields are not or can not?" (p. 9) or Gantt's (2004) similar query: "What could we devise that would be a creditable addition to the battery of existing psychological and psychiatric tests?" (p. 25).

There are some big shoulders to stand on at this point in our evolution as a field. Cohen's (2004) pioneering work with the Diagnostic Drawing Series (DDS) which ". . . after two decades of use and study, published DDS research has achieved a level of validity unprecedented in the study of art expression and psychiatric diagnosis" (Cohen, 2004, p. ix). Johnson's (1988a) work on the Diagnostic Role-Playing Test (DRPT) still stands strong and has produced research results that are "highly statistically significant" (p. 34). Although much of this endeavor was part of Johnson's doctoral research in clinical psychology at Yale, Johnson's commitment to the field of the Creative Arts Therapies is extraordinarily distinguished: past-president of the National Association for Drama Therapy; former Chairperson of the National Coalition of Creative Arts Therapists; and presently, Director of the Institutes for the Arts in Psychotherapy. His early assessment study is a great contribution to our field. Leoce-Schappin's (1998) Functional Assessment of Movement Scale (FAM) represents a complex tool that analyzes movement behavior in relation to psychological concepts. Although not yet standardized, it was tested with thousands of adult psychiatric patients at the North Shore University Hospital, Long Island, New York. It demonstrates the potential for highly subtle and refined observation of physical movement, posture, and facial expression. The manual for the FAM is appended to Chapter 5 in this book. Leoce-Schappin generously accepted the invitation to publish the FAM manual in the appendices in this book (see Chapter 5, Appendix B), thus making it available to other researchers in the field. It is hoped that creative arts therapists in all modalities will recognize the value of the FAM scale, seek the training necessary to administer the scale, and apply it to other therapeutic contexts. In this way, additional data could be compiled and the process of validation could be undertaken. Finally, Nordoff and Robbins's (1977) early work on scales that measured aspects of musical responses helped to lay the foundation for the future development of assessment in the field of Music Therapy.

The assessment process begins with careful planning where one of the most critical steps is the selection of appropriate tools since these tools will