FOURTH EDITION

The Art Therapists' Primer

A Clinical Guide to Writing Assessments, Diagnosis, and Treatment

ELLEN G. HOROVITZ

THE ART THERAPISTS' PRIMER

Image by Michele Jenco.

ABOUT THE EDITOR

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Fourth Edition

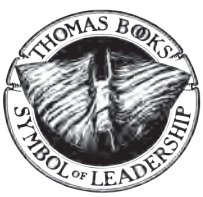
THE ART THERAPISTS' PRIMER

A Clinical Guide to Writing Assessments, Diagnosis, and Treatment

Edited by

ELLEN G. HOROVITZ, PH.D., ATR-BC, LCAT, ERYT 500, C-IAYT

(With 23 Other Contributors)



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For my husband, Eugene (Jay) V. Marino, Jr., my children, Kaitlyn (Grayson), Bryan (Heather), Nick, and Paolo (Auri), and my grandchild, Finn, whose assessment of me is unending. (For example, "Nana, what are you talking about?")

E.G.H.

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Donna J. Betts, Ph.D., ATR-BC, was Assistant Professor of Art Therapy at the George Washington University and President-Elect of the American Art Therapy Association. She has researched, published, and presented internationally on a variety of topics, including assessment and research. In 2006, Dr. Betts published her seminal article, *Art Therapy Assessments and Rating Instruments: Do They Measure Up?* She is also the Editor of the Charles C Thomas publication, *Creative Art Therapies Approaches in Adoption and Foster Care: Contemporary Strategies for Working with Individuals and Families,* and Director of the International Art Therapy Research Database, www.arttherapyresearch.com.

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Marcia Sue Cohen-Liebman, PhD, ATR-BC, LPC, is a Forensic Art Therapist. Her specialization in the realm of Forensic Art Therapy emanated from her work as a child forensic interviewer. Marcia's work extended the modality beyond diagnosis/evaluation and treatment/intervention into the realm of investigation. Marcia has written extensively on Forensic Art Therapy and related topics and recently published *Forensic Art Therapy: The Art of Investigating, Interviewing, and Testifying*. She developed a course for graduate-level students on Forensic Art Therapy while an adjunct Assistant Clinical Professor at Drexel University, where she taught from 1998 to 2017. Marcia provides consultation for forensic cases as well as guidance for art therapists engaged in judicial proceedings.

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Amy Miller Hoag, MS, completed her master's in the Creative Arts Therapy program at Nazareth College of Rochester, New York, in May 2014. She completed her undergraduate work at Stephen F. Austin State University of Nacogdoches, Texas, in 1986, earning a Bachelor of Arts in Business Communications and a minor in art, and taught photography techniques. After a career of incorporating art and business, she pursued her dream of using art to help others heal and prosper. Using clinical art therapy to treat the effects of trauma with emotionally disturbed children at Crestwood-Hillside of Rochester, NY, she became grounded in the neuroscience research of Dr. Bruce Perry as evidence of the efficacy of art therapy as a treatment modality for trauma. She pursued CASAC licensure to combine with ATR licensure to work in the field of addictions. She developed a creative arts program for young children of families affected by addiction to be used as an adjunct to family therapy. She is a member of the American Art Therapy Association and the Western New York Art Therapy Association.

Ellen G. Horovitz, Ph.D., ATR-BC, LCAT, ERYT 500, C-IAYT, is Professor Emerita and founder of the Graduate Art Therapy and the Art Therapy Clinic at Nazareth College of Rochester. She has over 45 years of experience working with diverse patient populations, specializing in family art therapy and yoga therapy, and has researched, published, and presented internationally. Dr. Horovitz is the author of numerous articles, book chapters and the following books: *Spiritual Art Therapy: An Alternate Path; A Leap of Faith: The Call to Art; Art Therapy As Witness: A Sacred Guide and Visually Speaking: Art Therapy and the Deaf; Digital Image Transfer: Creating Art With Your Photography; A Guide to Art Therapy Materials, Methods and Applications,* and *Head and HeART: Yoga Therapy and Art Therapy Interventions for Mental Health Professionals,* and co-edited *Yoga Therapy Theory and Practice.* Dr. Horovitz is in private practice (http://www.drellenhorovitz.com), incorporates yoga therapy and art therapy with her patients and is currently co-VP of Ontario County Arts Council (ocarts.org) and co-administrator of Gallery 32 (ocacgallery32.org) in Canandaigua, NY.

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Stella A. Stepney, MS, ATR- BC, LCAT, is a Registered and Board-Certified Art Therapist. She is licensed by the New York State Education Department as a Creative Arts Therapist and holds a New York State Teaching Certification in Art Education. Ms. Stepney has worked professionally in the field of Art Therapy as a clinician, educator, and independent practitioner. As a published author, her literary contributions to the field of art therapy include *Art Therapy with Students at Risk: Introducing Art Therapy into an Alternative Learning Environment for Adolescents* (2001) and *Art Therapy with Students at Risk: Fostering Resilience and Growth Through Self-Expression* (2010). Ms. Stepney is a member of the adjunct faculty of Saint Mary-of-the-Woods College in Terre Haute, Indiana. She has served the American Art Therapy Association (AATA) as Chair of the Multicultural Committee, a member of the Education Program Approval Board, and as a Director on the Board of Directors. Ms. Stepney is a member of the American Counseling Association, the Association for Creativity in Counseling, and the Association for Multicultural Counseling and Development. Ms. Stepney is recognized in Aetna's 2013 African American History Calendar, *Complementary and Alternative Medicine: Celebrating African Americans Practicing Physical and Alternative Healing,* for her work in the field of Art Therapy.

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Kelsey H. Wall, MS, received her Master of Science in Creative Arts Therapy from Nazareth College of Rochester in May 2014. Kelsey completed her undergraduate degree in Fine Arts Studio from Rochester Institute of Technology, with a focus on printmaking and sculpture. Profoundly deaf, fluent in sign language and verbal communication, Kelsey successfully works with both hearing and deaf clients. Her graduate clinical experiences were with children and adults within the Greater Rochester community and in Buffalo, NY. Kelsey is currently an intern at the Advocacy Services for Abused Deaf Victims and the Rochester Institute of Technology. She hopes to establish a career in art therapy, providing visual expression as a means of communication and healing for individuals with developmental disabilities or hearing loss.

PREFACE ON HOW TO USE THIS BOOK

Remember how you used to get software and bundled in it was this small text file that said something like "Read This First"? Well, that's what I am hoping you will do before heading straight into the chapters. The reason is threefold: (1) if you are an educator you will want to know how to use this manual as a teaching tool; (2) it will save you some time in case you are an experienced clinician and merely want to flip around to gather what is pertinent to your practice; and (3) if you are new to the field (a student or even a seasoned graduate), it will afford you the armament to write up clinically-based reports that include assessments, objectives, modalities, goals, summaries, and termination reports. As well, the Appendices provide you with a wealth of information and forms to use in your practice.

However, bear with me for a moment, as the history of this book's birth spans a little over 40 years of my life as an educator. Around the early '90s, I developed a required textbook (which was published by Nazareth College in Rochester, NY) so that students would have a manual for my Assessment, Diagnosis and Counseling yearlong class. As luck would have it, one day I found myself sitting on a tram next to my (now deceased) and dear colleague, Dr. Rawley Silver, HLM, ATR-BC, on the way to an American Art Therapy Association (AATA) conference. Rawley was flipping through my treatise called the *Art Therapy Program Textbook* (Horovitz, 1995), which every incoming student received and was required to read before entering Day 1 of classes. Suddenly, she turned to me and adamantly demanded, "You must make this available for purchase! Everyone in the field would benefit. Do it!!" (Mind you, this approximately 200-page text, aptly called the "Bible" by my students, was not for sale and only available (gratis) for my graduate students in the art therapy program.) However, a strange thing happened: my students continued to graduate, secure employment, and increasingly became primary therapists. I slowly figured out that this was due not only to the medically based training that the students received, but more importantly, because they were able to *transliterate* their findings to a medical, educational, and/or clinical team. The "Bible" (*Art Therapy Program Textbook*) had secured them with the necessary armament to communicate their findings in a cogent manner.

They could *walk the walk,* but more significantly, they could *talk the talk.* So, I knew that Rawley was right: it was time to share my main cooking ingredient (informed treatment) with others.

After 40-some-odd years of educating, I asked my students who had turned in A or A+ papers if they wanted to publish their samples in this (now) publicly available opus. It was a win-win for everyone. My students got published (some even before graduating) and art therapists would be able to use my formula to cultivate a clinical recipe guaranteed to offer them acceptance in a scientific community, thus elevating the Art Therapy field.

In a nutshell, that's the game plan in this book. All chapters of assessments walk the reader through the history of the actual assessment tool and how to administer it. Those chapters offer several case samples for the reader to review, allowing them to glean not only how to administer the test but also how to write up the results for dissemination to other clinicians.

So now let me tell you how it's re-organized: This fourth edition has been revamped and divided into five sections, including *a new introduction on teletherapy and its applications:*

- A new introductory chapter to the fourth edition starts with a review of telehealth/teletherapy since COVID. Additionally, a complicated case study details the use of telehealth in assessment, diagnosis, and treatment. This introduction is essential for both the incipient and seasoned clinician, as it places the subject of assessment, diagnosis, and treatment squarely in the aftermath of COVID and summarizes the technological changes (including apps, software, AI, and more) that have altered the playing field.
- Section I: Introduction to the Revised Fourth Edition: Quantifying Qualitative Assessments (which contains a chapter on gathering client information, constructing genograms, releases, and ethical considerations), a chapter on the application of quantifying four nonstandardized assessments, (which sets the cornerstone for the second section, should the reader want to standardize any qualitative assessments for research and/or forensic purposes) and Stepney's chapter on multicultural issues in assessment, documentation, and treatment, which is mandatory in considering the assessment of the whole person including cultural and ethical considerations.
- Section II: Qualitative Instruments includes chapters on the Art Therapy Dream Assessment (ATDA), Belief Art Therapy Assessment (BATA), Cognitive Art Therapy Assessment (CATA), the House Tree Person Test (HTP) and the Kinetic Family Drawing (KFD) as well as a new chapter on the Mandala Assessment Research Instrument (MARI) written by Shelley Takei.

- Section III: Standardized Instruments contains sample chapters of normed batteries such as the Bender Gestalt II (BG II), Person Picking an Apple from a Tree (PPAT), Silver Drawing Test (SDT), and the Face Stimulus Assessment (FSA), revised by Donna Betts and normed to the Formal Elements Scale as outlined by Gannt and Tabone (1998).
- Section IV: Combining Multiple Assessments contains a comparative look at conducting batteries on several individual clients, as well as a multigenerational family assessment. Contributions include assessing a refugee in resettlement (James Albertson); a three-generation familial assessment (Shawna Boynton); assessment of a Deaf woman (Kelsey Wall); and an assessment of a schizophrenic man (Chelsey Vano). This fourth edition also sports a chapter contribution by me and Dr. Marcia Sue Cohen-Liebman, who is long considered an expert in sexual abuse and an expert witness in the court systems.
- Section V: Conclusion contains a chapter on treatment objectives and modalities, internet referrals, a few case samples, and termination summaries and referrals.
- Appendices: Finally, the reader will find all the appendix forms at the back of the book. These forms, along with three movies on conducting the CATA, ATDA, and BATA, are available separately on the publisher's website at www.ccthomas.com.

In conclusion, although not all assessments currently available to art therapy practitioners are covered in this treatise, what is offered is a systematic review of the assessments outlined above. These assessments were *chosen* due to their ease of administration and the information they provide to the practitioner. The SDT, Bender-Gestalt II (BG II), and FEATS have been empirically tested. The SDT and BG II can be used for pretest and posttest purposes. The CATA was chosen specifically because it is guised as an open-ended, nondirective battery, thus eliminating stress (Horovitz & Schulze, 2007, 2008). Also, the CATA can also be used for pretest and posttest purposes and has been submitted for empirical testing as part of an NIH-funded pilot study.

Additionally, the practitioner is offered sample formats, legends, and abbreviations for clinical and psychiatric terms, guidelines for recording significant events, instructions on writing up objectives, modalities, and treatment goals, as well as training on composing progress versus process notes.

Currently, I utilize an online software program, TherapyNotes.com, to electronically assess patients and use the results to create a DSM-5 diagnosis for insurance reimbursement purposes. However, this amazing software program features built-in client history forms and numerous other forms that can be sent electronically through the client portal. TherapyNotes also allows you to upload your own forms and diagnostic assessments, which has been a win-win for me. More on this will be in the introductory chapter.

It is hoped that this book will serve as a companion guide for every art therapist in creating clinical reports on patients to aid their trajectory towards wellness, recovery, and above all, health.

E.G.H.

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ACKNOWLEDGMENTS

My mother taught me to always make my bed, say thank you and to write thank you notes acknowledging the kindness by others. Thanks for teaching me so well, Mom.

Books take time and constant seasoning until they are baked, just like a good meal. But this treatise has been a wholly different order since the concoction being stirred was not only my words and work, but also that of my colleagues and (past) students who contributed to the chapters herein. For it is my students that I wish to thank and acknowledge.

As Jacob Bronoski said, "*It is important that students bring a certain ragamuffin barefoot irreverence to their studies. They are here . . . to question it."*

Yet, categorically, I need to thank some very important people who continue to sustain me and have been in my life for the long haul: my immediate family and friends: My husband, Eugene (Jay) V. Marino, Jr., my sister, Dr. Nancy Bachrach, my brother, Dr. Len Horovitz, my brother-in-law (now deceased), Orin Wechsberg, my sister-in-law, Valerie Saalbach, my children and extended family: Kaitlyn Leah Darby (son-in-law Grayson Kelly), Bryan James Darby (daughter-in-law, Dr. Heather Darby) my grandchild, Finnegan James Darby, Nick (Schnickolas) Marino, and "The Paolo" Marino, (and lovely Auri Pope). My cheering squad and closest friends also need to be named: Karen Armstrong, Diane Olivet, Mercedes Santos, and Dr Celine-Marie Pascale and Wendy Oyler. I also need to acknowledge my closest and most admired art therapy friends: Dr. Irene Rosner David (my Rendala), Dr. Donna Betts (my Donnala), Dr. Bruce Moon, Cathy Moon, (my dancing partner on the AATA floor), Dr. Michael Franklin, Dr. David Gussak, Dr. Patricia Isis, Dr. Judy Rubin, the late Dr. Rawley Silver, Dr. Lori Wilson, Elizabeth Stone, the late Don Jones, the late Bob Ault, and my wonderful mentor, the late Edith Kramer. While I could list all students and past students who have contributed to these pages, the reader can find their names in the Contributors.

It goes without saying that I am extremely indebted to Michael Thomas, publisher of Charles C Thomas, who has patiently awaited this revised fourth

edition and has been with me since 1992, when my first manuscript was accepted. Thank you, Michael, for believing in me and enabling me to share my work with others.

I also wish to thank Chrissie Probert Jones of Doodle Stitch and Loie West, Ph.D., and Tom West of Genogram Analytics for their generous donation to my work and research through their in-kind donation of products. I would also like to thank Brendan O'Shea for allowing me to beta-test the BetterMind app, which features over 60 psychological assessments that can be sent to my patients even before they enter my office. Although admittedly, all of that has now been incorporated into the TherapyNotes platform. In more than one instance, this has been a lifesaver and will be referenced in numerous cases throughout this book. As technology continues to adapt, I now use iGenogram, an app available on iPads.

Finally, I wish to thank my patients, whose stories and hearts I have held and entwined with mine, as we worked towards a trajectory of wellness. Thank you for giving meaning to my life.

E.G.H.

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THE ART THERAPISTS' PRIMER

INTRODUCTION TO THE FOURTH EDITION: THE RISE OF TELEHEALTH APPLICATIONS IN ASSESSMENT, DIAGNOSIS & TREATMENT

Ellen G. Horovitz

You can't go back and change the beginning, but you can start where you are and change the ending.
—C.S. Lewis

Over the last three editions, this book has been entirely about assessment, diagnosis and treatment. However, since the first edition (2009), I have grown, continued to educate myself, and changed. Since 2009, I became a Reiki practitioner, an experienced yoga teacher (500-EYRT) and then a yoga therapist (C-IAYT). I also trained and received certification in EMDR and Eriksonian Hypnosis (the latter two trainings completed online during and post COVID). My worldview and abilities as a clinician changed while my diagnostic impressions were informed by somatic perspectives. But COVID created quite the paradox for my somatic uptake since part of my treatment sessions had me laying hands on patients. (And yes, I had additional somatic malpractice insurance.) This ability to work somatically literally invoked body, mind and spirit. Often, spirit guided me, especially when working with stroke survivors, (Horovitz, 2021).

But when COVID hit, I literally shut down to a different dimension. I could wax on about the disadvantages of not being able to assess the whole person but suffice it to say, the inability to see specific movements (like nervous ankle movements hidden below the screen) was and still is a disadvantage. Reduced to working as an essential worker (and seeing people in-person), I became used to an entirely different way of operating (wearing masks, face shields, and sterilizing art supplies between sessions). And while I had done online instruction before, nothing prepared me for COVID and what followed as an essential in conducting telehealth.

While assessment remains an important (albeit required) part of art therapy educational training programs, I no longer operate from the same

perspective that I did before the first edition of this book (2009). Simply put, my methods of assessment have changed and continue to evolve. While I believe it is beneficial for art therapy students to understand how to assess, diagnose, and treat (as described herein), my approach to working with clients, whether in-person, online, or a combination of both, is informed by my somatic training. In short, after nearly 50 years, my skills are well-honed. Therefore, I may no longer use some of the assessments mentioned herein, but my knowledge of how to administer them aids me in assessing, diagnosing, and, most importantly, treating. In this introductory chapter, I will look at how I assessed, diagnosed, and treated a Monk via telehealth. But first, we need to look at the technology behind operating via telehealth and teletherapy.

Eye Tracking Technology and then some

Thinking about assessing and/or analyzing a patient and his/her/their artwork reminds me of a conversation that I had with Dr Bruce Moon before this book's first edition. Bruce felt then (and probably still does) that assessing (deconstructing) an image was "imagicide." I totally understand what he meant, and while in part I agree, whether we transliterate our impression to others or not, we are *constantly* "assessing" images in front of us. It happens when we watch a movie, a video on the Internet, or an advertisement on our phones. Indeed, today, advertisements track what we watch and feed us more of what we are already watching. Using sophisticated cameras and advanced software, *eye-tracking technology* captures and analyzes the subtle movements of a viewer's gaze. These methods are opt-in studies conducted by expert third-party measurement companies. The process involves:

- Tracking precise eye movement patterns
- Recording focus duration on different ad elements
- Generating detailed heat maps and engagement reports
- Providing objective, data-driven insights into ad performance

And this is now part of our everyday existence, whether we agree to it or not.

In short, we are constantly evaluating and responding to what is before us. It is inherent in us to respond to imagery.

Historically speaking, pictures have been one of our earliest forms of communication, ranging from cave drawings to hieroglyphics, photographs, newsprint, and art. Pictorial analysis has always been the mainstay of our communication with others. (This may explain why my mentor, the great Edith Kramer, taught Pictorial and Sculptural Analysis at New York University when I began my training in the 1970s.)

New Ways of Working due to COVID

When COVID hit (in Wuhan, China, in December 2019), the world changed. It took a while for the world to completely shut down, but by March 2020, the world was operating on a shoestring due to the massive outbreak of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). (e.g., Essential workers were the only people allowed to work in the United States.)

While I had previously dipped my toe into online Internet communication, COVID changed everything, including how we saw/distanced people and how we treated our patients. Zoom, Google Meet, and Microsoft Teams were born out of necessity. To name a few, other options included Webex, Jitsi, Skype, WhatsApp, and Google Hangouts. Socialization moved online to meetups like Facebook groups, Instagram, Twitter (now X), Reddit, Discord, Meetup, Eventbrite, Nextdoor, and then some. The plethora of dating apps has also become a new way to meet people. Gone were the traditional ways of finding people. *Everything changed.* The result of this is yet to be understood since it affected so many people, and especially children who were yanked from their social beehives (school) and forced to go to school online, separated from their friends. At that time, many of the adolescents in my practice were incredibly depressed, often suicidal. It mattered not whether I saw them in person (I did, as an essential worker) or via telehealth/ therapy. They were enormously disconnected from their social network, and their caretakers were challenged beyond their limits.

During the COVID pandemic, I continued to work somatically (as an art therapist/yoga therapist). To best serve my telepatients, I had to educate myself on the types of cameras, computers, and monitors that would best suit my practice. Back then, I settled on a Logitech 180 because it was detailed with Full HD video (1080p at 30fps), a full HD glass lens, a 78° field of view, and HD auto light correction—plus dual microphones for clear stereo sound. I used that camera for years as opposed to my now FaceTime camera available via my iMac/MacBook/iPad. The ability to hook that camera to (my then) iMac computer while placing it on a tripod also allowed me to move it around my office, whether doing yoga or art therapy. I also had the ability to record sessions and send the video sections of our therapy to the patient(s) to watch after the session. (This was enormously helpful if we incorporated somatic work, such as breathwork and yoga therapy.)

That camera even allowed me to conduct the MARI mandala assessment with patients from afar, which I will discuss when presenting the teletherapy case herein. Conducting the MARI in-person is complicated enough: generally, it takes 3 sessions to complete: 1) creating the Mandala, 2) choosing the cards for the MARI board, and 3) analyzing/reviewing results with the patient in a subsequent session. If conducting the MARI in person, you

can easily track card choices and colors with the provided form. However, this differed from Takei's description (see Chapter 10), as choosing the cards required placement on the board while I was operating the camera. (I used a lot of small, sticky notes, numbered with choices to track what was chosen.) More on that when we get to the case.

However, beyond assessment, there were new treatments (other than art therapy) that could be conducted online, including yoga therapy (for examples, see Horovitz, 2020), EMDR, and Hypnosis.

EMDR In-person versus Online treatment

Because of my research, the manufacturers of the wireless EMDR Kit gifted me this machine for my in-person therapy sessions. This EMDR Kit can be hardwired or WiFi-enabled. I chose the Wi-Fi version because I can operate it through an app on my phone. It features tactile buzzers, a beam to track eye movement (with varying colors and size iterations), and headphones, should you want to use them.

However, due to the proliferation of EMDR training and the COVID-19 pandemic, conducting EMDR online has become both available and increasingly sophisticated. After much research, I decided on using bilateralstimulation.io for my online EMDR sessions. It seemed the best fit for my practice and is constantly evolving: 1) It has multiple audio possibilities (e.g., heartbeats, instruments, chimes, etc.) which clients can hear providing they wear headphones when connected to their devices; 2) it also can upload personal images (from you or your patient) thus personalizing your imagery background beyond the provided photo backgrounds of images (from tranquil to stimulating) for the EMDR spot/ball to traverse; 3) The stimulus ball can be changed to a number of sizes and shapes and can go in multiple directions and loops, 4) The application also includes video/movement capability should you prefer that to a static background. And finally, 5) Should you wish to employ tactile buzzers for your patients, they are available as an additional purchase, but would have to be purchased by your patient if working at a distance. (*When I use EMDR via an online platform, I have patients use self-tapping techniques in conjunction with watching the EMDR platform as opposed to the buzzers, and this seems just as effective.*) This software also has the capability of saving/naming each patient's EMDR choices (background, ball size, color, and speed) so you can retrieve them for follow-up sessions.

More software solutions available for clinicians

Naturally, online therapy software solutions have been developed, and I currently use TherapyNotes, which enables me to send all required documentation, forms, psychological assessments, and insurance claims through

its system. New is an AI assistant to help you with notes, which is an extra charge, and one I don't employ, but it is there for those who have difficulty with documentation. The built-in features in this software feel akin to having a private secretary to manage my solo practice, as the scheduling calendar allows me to send text/email, or voice appointment reminders to all my patients. While the text reminders are an extra charge, they're well worth the cost (pennies).

While some therapists allow their patients to schedule appointments, I prefer to oversee my calendar/schedule and sync the TherapyNotes calendar appointment with it. All patient appointments are listed with the first two letters of the patient's first and last name, thus privately encoded on my calendar. While TherapyNotes also offers telehealth video sessions, I have found it somewhat archaic and unreliable. To date, although it has a chat option, it lacks a record option, which many of my patients prefer if we incorporate somatic work. I use a professional Healthcare version of Zoom, which is HIPAA compliant, as per our Business Associate Agreement (BAA).

Additionally, since my website (drellenhorovitz.com) was created through GoDaddy, I also use their Conversation*s* app, which is a separate phone line/application on my cellphone that allows me to text and communicate via voice with my patients. This also separates my personal life from my work life, creating another barrier for the protection of patients and accurate documentation.

Advantages and Disadvantages

While I could wax on about the advantages and disadvantages of teletherapy, I prefer to illustrate them through a case study. But the most obvious disadvantage, as stated previously, is the *inability* to touch your patients. Doing yoga therapy without being able to physically adjust patients is a tremendous disadvantage, let alone utilizing tuning forks and similar methods. But it can be done.

On the contrary, conducting EMDR and/or hypnosis online allows a patient to readjust while at home after a particularly emotional session, without worrying about driving or other responsibilities. Telehealth can also be done within your state in areas that would not be easily accessible by car (for example, 6 hours' drive away).

Art therapy is efficiently conducted online. Indeed, when I open a case, I send an art kit to each patient to make sure//they have some art tools at their disposal. (I chucked this off as the cost of doing business and have found some great options on Amazon.)

There are pros and cons to in-person versus telehealth therapy sessions. Some clients have suggested that they prefer the convenience of being in their own homes, rather than having to drive to an appointment. Indeed, a recent

This new *fourth edition* has been revamped and divided into five sections, including a new introduction on teletherapy and its applications since the COVID-19 pandemic. Additionally, a complicated case study details the use of telehealth in assessment, diagnosis, and treatment. This introduction is essential for both the novice and seasoned clinician, as it situates the subject of assessment, diagnosis, and treatment squarely in the aftermath of COVID and summarizes the technological changes (including apps, software, AI, and more) that have altered the landscape. Horovitz spells out the how-tos behind producing art therapy assessments, process notes, significant sessions, objectives, and modalities, termination summaries, and internet-based assessments into translatable documentation, designed to dovetail within an interdisciplinary medical model. In addition, information on how to use psychological applications and art therapy-based assessments to ensure best practices and efficacy of patient care is emphasized. This step-by-step methodology crafts these reports, placing art therapy on equal footing with all mental health clinicians, and generates records that serve as a basis for practitioners. The book is designed as a teaching tool that lays the foundation for enhancing pertinent skills essential to patient practice, including the knowledge to write clinically based reports that serve as a model for the field. Additionally, the practitioner is provided with sample formats, legends, and abbreviations for clinical and psychiatric terms, guidelines for recording events, instructions for documenting objectives, modalities, and treatment goals, as well as training on composing progress versus process notes. The Appendices provide a wealth of information and forms that can be used in one's clinical practice. This must-have reference manual compiles information that serves as a comprehensive guide for every art therapist to formulate clinical reports.

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