THE ART THERAPISTS' PRIMER

ABOUT THE EDITORS

Photo by Nancy Bachrach.

Dr. Ellen G. Horovitz, Ph.D., ATR-BC, LCAT, RYT is Professor/Director of Graduate Art Therapy and the Art Therapy Clinic at Nazareth College of Rochester. She has had over thirty years of experience with myriad patient populations and specializes in family art therapy with the Deaf. Dr. Horovitz currently is in private practice and 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.* As well, Dr. Horovitz has directed and produced ten films available in DVD format (Dr. Horovitz's films are available through www.arttxfilms.com). She is past President Elect of the American Art Therapy Association (AATA), currently serves as a Board Director for the Society for the Arts in Healthcare (www.theSAH.org), and is Media Editor for the forthcoming Society for the Arts in Healthcare journal, *Arts and Health: Research, Policy and Practice*. She recently completed a rigorous seven-month, 200+ hour Iyengar Yoga Essential Teacher Training under the renowned Francois Raoult, MS. Dr. Horovitz incorporates Yoga Therapy at her Art Therapy Clinic at Nazareth College of Rochester.

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A Clinical Guide to Writing Assessments, Diagnosis, and Treatment

Edited by

ELLEN G. HOROVITZ, PH.D., ATR-BC, LCAT, RYT

and

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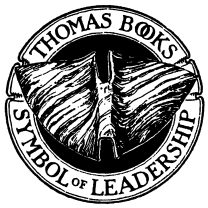

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For my mother, Maida Pearl Shaw Horovitz, a mensch in action, whose assessment of living life sustains my judgment and evaluation of all things pivotal.

E.G.H.

To my parents, Larry and Clara Eksten, who have inspired me to dream large and live freely to reach my highest potential.

S.L.E.

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Ellen G. Horovitz, Ph.D., ATR-BC, LCAT, RYT is Professor/Director of Graduate Art Therapy and the Art Therapy Clinic at Nazareth College of Rochester. She has had over 30 years of experience with myriad patient populations and specializes in family art therapy with the Deaf. Dr. Horovitz currently is in private practice and 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.* As well, Dr. Horovitz has directed and produced ten films available in DVD format (Dr. Horovitz's films are available through www.arttxfilms.com). She is past President Elect of the American Art Therapy Association (AATA) and currently serves as a Board Director for the Society for the Arts in Healthcare (www.theSAH.org) and is Media Editor for the forthcoming Society for the Arts in Healthcare journal, *Arts and Health: Research, Policy and Practice*. She recently completed a rigorous seven-month, 200+ hour Iyengar Yoga Essential Teacher Training under the renowned Francois Raoult, MS. Dr. Horovitz incorporates Yoga Therapy at her Art Therapy Clinic at Nazareth College of Rochester.

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Luke M. Sworts is currently a Research Assistant at the University of Rochester Medical Center where he is working on a NIMH-funded grant evaluating the efficacy of a school-based intervention program. He earned his BS from SUNY Geneseo where he majored in Psychology and Art Studio and is currently enrolled in the Creative Arts Therapy Graduate program at Nazareth College of Rochester. Luke's current clinical experience is with emotionally and behaviorally challenged youth. He has been included on several research publications and plans to pursue doctorate-level work related to his interests in art therapy and urban adolescents.

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PREFACE ON HOW TO USE THIS BOOK

You know how you get software and bundled in it is this small text file that says 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 (A-G), provide you with a wealth of information and forms to use in your practice.

But bear with me for a moment, because the history of this book's birth represents a little over 25 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 (ATR 522 & ATR 523) my Assessment, Diagnosis and Counseling I and II, year-long class. As luck would have it, one day I found myself sitting on a tram next to my 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 to anyone outside of my art therapy program.) But a strange thing happened: my students kept graduating and getting work, and more often than not as 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.

So after 25 some-odd years of educating, I decided to ask my recent students who had turned in A or A+ papers if they wanted to publish their samples in this (now)

publicly available opus. And I decided to enlist one of my former students, Sarah Eksten, MS, ATR, to co-edit this opus with me. 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.

So in a nutshell, that's the game plan in this book. All chapters of assessments (Chapters 1–10) 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 purview so that he or she might be able to glean not only how to administer the test but also how one should write-up the results for dissemination to other clinicians.

So now let me tell you how it's organized:

- Chapter 1 – Gathering Client Information and Constructing a Genogram: This is the first step in creating a cogent treatment plan. The reader learns how to create a genogram (literally a visual map of a client's family system) and the importance of understanding the transitional conflicts handed down from generation to generation. This is Step 1 in understanding the identified patient (IP) as a product of his environmental family system, from the micro to the macrosystem. Additionally, this construct can include psychological scores (intelligence quotient scores such as a WISC-R), strengths and weaknesses, DSM IV-TR (soon to be DSM V-TR) information from the attending psychiatrist, and visual symbols that all clinicians can code and understand. As well, a chronological timeline is created which maps out any nodal events that have affected the IP's history. It is important to note that *Appendix A* has the genograms of every client used throughout this book in the varying chapters. Tab it so you can flip to it as you read the various assessments in each chapter.
- Chapter 2 – The Art Therapy Dream Assessment (ATDA): This simple assessment was developed (Horovitz, 1999) to offer insight into objectives and treatment goals to move the client towards resolve of unresolved emotional conflicts while contemporaneously offering perception, information, and direction to the clinician. This tool cuts through the tangled undercurrents of dream information that often bubbles to the conscious surface in an array of confusing metaphors, symbols, and personalities. The magical sword yielded by the art therapist is the result of mirroring back the client's words through empathic reading and simultaneous viewing of the nonverbal (i.e., artistic response to the dream). Samples abound from varying pathologies offering the reader a rich mixture of case studies.
- Chapter 3 – Belief Art Therapy Assessment (BATA): When indicated, the BATA is deployed when a client questions his or her belief system and/or brings up issues of faith (wavering or not). (However, it should be underscored that one should employ the BATA **only** when warranted. The reason is that when florid, psychotic thinking is present, conducting the test in its entirety can in fact exacerbate this condition, plaguing emotionally disturbed individuals.) In this chapter, the reader again gets a full sense of not only how to conduct this assessment but how to view the findings for treatment and resolve of belief system issues.

- Chapter 4 – Bender-Gestalt II: The new calibration system involved in the revision of the Bender-Gestalt II walks the reader through a procedure that systematically ranks original and new test cards along a continuum of difficulty. Beyond the Copy Test, the new version now employs a Recall Test, and Global Scoring System. Additionally, instruction on the new Motor and Perception test is added with several cases of varying pathology. These samples offer the administrant a scientific and empirical test that reviews cognitive, perceptual, neurological, and emotive functioning.
- Chapter 5 – Cognitive Art Therapy Assessment (CATA): This assessment tool is guised as an open-ended studio activity and thus little to no stress is involved on the subject's part. Since it does not feel like a "test" since the directive is open-ended, the client is virtually unaware that his or her response can later be measured for cognitive and developmental change on pretest/posttest measure when utilizing Lowenfeld and Brittain's (1975) developmental scoring system (based on norms for Art Education) or using Horovitz's Adult, Artistic or Brain Injured Stages and scoring system (Horovitz, 2002). Indeed, these artistic developmental stages offer a "snapshot" for the art therapist when beginning treatment planning and preparing to use two and three-dimensional media to facilitate emotional, physical, cognitive, and spiritual recovery. Again full instructions on administration follow with several case vignettes.
- Chapter 6 – Face Stimulus Assessment (FSA): In this chapter Donna Betts, author of the FSA, defines the history, use of this assessment, and current research indications. Following, the chapter presents two case studies using the FSA, one with a traumatic brain-injured client. For both of these cases, the informal rating procedure from the FSA Guidelines (Betts, 2008) was used to formulate possible interpretations of the drawings.
- Chapter 7 – House-Tree-Person Test (HTP): The subtests of the HTP are saturated with symbolic, emotional, and ideational experiences linked to personality development; therefore, the drawings of these images drive projection of the drawer. Developmentally, the favorite drawing object of young children has been touted as the human figure, followed by the house, and then the tree. While the authors will not cover all of the specific interpretations of the HTP, the editors redirect the reader to the Hammer (1980) text for an in-depth review of these variables. Administration of the subtests is reviewed and presentation of various case samples follow.
- Chapter 8 – Kinetic Family Drawing (KFD): As a clinician for over 30 years, Horovitz (2002, 2005, 2007) has found the KFD to be the single most important projective tool in her arsenal. This simple projective task can elicit information that recreates all the transitional conflicts handed down from generation to generation (as gleaned from the IP genogram). While analysis of the KFD symbols are expressed in great detail in Burns and Kaufman's (1972) opus, the authors again point the reader back to that book in order to offer the reader a more detailed account of the symbolic meanings of barriers, competition, action items, compartmentalization, and so forth. Several case samples follow the historical review, administration of this instrument, and review of the analysis and grid sheets, which accompany this battery.

- Chapter 9 – Person Picking an Apple from a Tree (PPAT): The manual, administration, and history of Gantt & Tabone's instrument, the PPAT (including the Formal Elements Art Therapy Scale (FEATS) as the rating instrument for the assessment), are reviewed with a method for deciphering and understanding the nonsymbolic aspects of art. Formulation of the structural characteristics and diagnosis of the IP's clinical state is highlighted as well as the primary focus of the instrument, to witness *how* people drew as opposed to hone in on *what* they drew. As well, "pattern matching" that is to distinguish the differences between the four classic Axis I disorders (major depression, schizophrenia, organic mental disorders, and bipolar disorder) as correlated with the FEATS is presented along with the review of this instrument via several case studies.
- Chapter 10 – Silver Drawing Test (SDT): In the review of the SDT, the assessment of three concepts fundamental to mathematics and reading are highlighted in the subtests of this battery, which allows for pretest and posttest reviews of the IP. Silver's work is based on Jean Piaget (1967, 1970), who remains famous for his work in conservation and spatial concepts. This short, easy-to-administer battery can be readily used when working with clients, even those who have short attention spans. Again several vignettes are offered for the reader and all aspects of the test (including scoring system and emotive scales – based on empirically valid studies) are covered in this review.
- Chapter 11 – From Africa to America: Art Assessments with a Refugee in Resettlement: Assessing the mental health of refugees in resettlement is a complex process that is often convoluted by language and intercultural barriers (Misra, Connolly, & Majeed, 2006; Savin, Seymour, Littleford, & Giese, 2005). In this chapter, James (Jim) Albertson conducted one of the most thorough assessments that ever passed before Horovitz in her year-long assessment class. Jim had been privy to working with this client throughout the semester and thus was able to draw significant conclusions based on the IP's genogram, timeline, and cultural diversity. Six art-based assessments were conducted with this adult refugee from Burundi, Africa during his eight months of resettlement in Rochester, NY. Jim's excellent synopsis presents a very thorough review of many of the assessments presented within this book and offers the reader a thorough sample of an art therapy assessment combining various batteries.
- Chapter 12 – Assessments, Treatment, Termination Summaries and Internet-Based Referrals: In this final chapter, Horovitz presents varying assessments and treatment samples that one might see when working on an interdisciplinary team or as a private practitioner. Abbreviated assessments, a creative arts therapy termination summary, a long-term Art Therapy Termination summary (complete with objectives), and a sample from an Internet-based referral are amongst the highlights of this chapter. These are offered as illustrations of what a practitioner (neophyte or experienced) might bump up against in career and private practice. Appendices C thru G are filled with some of the various forms that highlight this important culminating chapter.

In conclusion, while *all* the assessments that are currently available to art therapy practitioners are *not* covered in this treatise, what is offered is a systematic review of

the assessments outlined above. These assessments were *chosen* because of their *ease* in administration as well as the information procured for the practitioner. The SDT and Bender-Gestalt II have been empirically tested and both can be used for pretest and posttest purposes. The CATA was chosen specifically since it is guised as an open-ended, non-directive battery, thus eliminating stress (Horovitz & Schulze, 2008). As well, 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 of clinical and psychiatric terms, guidelines for recordable significant events, instructions on writing-up objectives, modalities, and treatment goals as well as training on composing progress versus process notes.

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.

ACKNOWLEDGMENTS

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 many of my 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: Dr. Nancy Bachrach, Dr. Len Horovitz, Orin Wechsberg, Valerie Saalbach, Maida Horovitz, Kaitlyn Leah Darby, Bryan James Darby, and *specifically* my closest colleagues and "partners in crime", Lori Houlihan Higgins, ATR-BC, LCAT and Dr. William D. Schulze. As well, I wish to wholeheartedly thank my editor at Charles C Thomas, Claire Slagle, who has fine-tuned all my books. Claire, as always, thank you for all your hard work. And, of course, Michael Thomas for your vision and all your support over the years.

Above all, I wish to thank my patients, whose stories and whose 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.

As this is my first book as a published author, I want to thank Dr. Horovitz, my professor and mentor who provided me with this opportunity. I also want to thank my colleagues who patiently worked with me on this book.

S.L.E.

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THE ART THERAPISTS' PRIMER

Chapter 1

GATHERING CLIENT INFORMATION AND CONSTRUCTING A GENOGRAM

In completing an art therapy assessment on a client, you will first need to create a genogram. A genogram is a three-generation (minimum) visual map of an identified patient's (IP) family system. Additionally, this construct can include psychological scores (intelligence quotient scores such as a WISC-R), strengths and weaknesses, DSM IV-TR (soon to be DSM V-TR) information from the attending psychiatrist, and visual symbols that help you and your supervisor track conflicts handed down from generation to generation. As well, a chronological time-line is created which maps out any nodal events that have affected the patient's history. Generally, these days the instructions are so simple that they can even be found on the Internet: http://sfhelp.org/03/geno1.htm

Indeed here are the instructions from that page:

Symbol Conventions

Here are some "standard" symbols to use:

- Use 3/4" circles for females, and squares for males. Crosshatch or color these for extra-important people (important to whom?). Use dashed circles and squares, or slashed or "X'd" symbols, to represent dead, missing, or psychologically-detached people;
- Horizontal solid lines show legal marriages, and dashed lines to show committed unmarried primary relationships, and important friendships, dependencies, hero/ines, and supporters. A horizontal line with a ––//–– or ––X–– can indicate a psychological or legal divorce;
- Vertical or slanted solid lines show genetic connections. Dashed slanted lines can show adoptions, foster parents, or other special adult-child rela-

tionships. Option – use double, triple, or colored lines to indicate the importance or relative strength of the connection between two people;
- Zigzag, double, or wavy lines can symbolize strong emotional, legal, financial, or other kinds of current relationship connections, including lust, grief, anger, fear, and "hatred." If helpful, add symbols like "+" and "–" to show friendship, love, hostility, and/or fear;
- Draw an "X" through a circle or square to indicate death;
- Include names, dates, pets, extra-important current friends, sponsors, or authorities, major illnesses and disabilities, addictions, arrows for child visitations, and any other symbolic or text information that adds clarity and meaning to your map.

In the editors' opinion, the *best* source for truly understanding this book was recently re-edited by McGoldrick, Gerson, & Petry (2008). This book gives you numerous samples and in depth cases to understand the importance of this visual map as well as more complex samples such as miscarriage, suicide, and other nodal events that are either effecting the IP (identified patient) and/or family system.

Again, it is important to note that we do not, by any means, live in isolation and we are affected by not only our family system (thus making the term

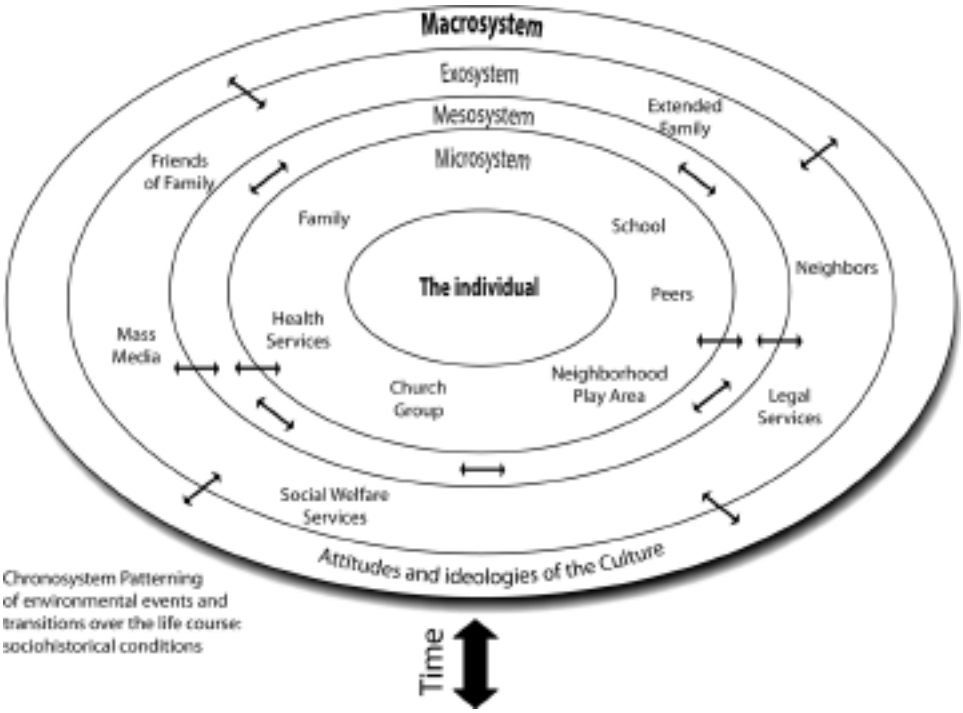

Figure 1.1. IP System.

IP almost contradictory); but we are also affected by an even larger system that impacts are entire personality including the macrosystem such as above.

All of these factors contribute to who we are and what we become as individual players within our society. So while the reader might be mapping the IP's genogramatic system, it is paramount to note that we not only do not operate in isolation, but also, the therapist needs to work from a family system's perspective, even if the family is not present. This can be done through artwork, empty chairs, and then some. So as the reader will see, the thrust of this book views the individual through the eyes of the collective whole and all of its influence.

When beginning to understand this concept, as a professor and author, Horovitz always makes the first assignment in her assessment class for each student to create a three-generation genogram of him or herself. The reason is multifaceted: (a) it initiates the student's understanding of exactly how these factors above contribute to his or her shaping as a human being operating in this world; (b) it sets the stage for the student to be able to ask the proper questions of clients (or intake workers) to construct a genogram to understand that client's genogramatic system; and (c) most importantly, it allows the student to hold onto his or her own genogram and take a good hard look at exactly how the psychosocial issues of his or her family system impact both the transference and countertransference with each individual case. Horovitz also encourages each student to then share this genogram in the confidential setting of academic supervision in order to extract maximum supervision. After over 30 years of teaching, this has proven to be an enormous asset to student understanding and processes.

Within the following pages, the reader will find some examples at collecting behavioral observations, psychosocial indicators, and constructing a genogram with timeline.