Feders'
THE ART AND SCIENCE OF EVALUATION IN THE ARTS THERAPIES

ABOUT THE AUTHORS

Robyn Flaum Cruz, Ph.D., BC-DMT studied dance/movement therapy at New York University, and received her doctorate in educational psychology specializing in measurement and methodology from The University of Arizona. Her work as a methodologist has spanned quantitative and qualitative research in many fields, including dance/movement therapy, psychology, psychiatry, and neurology. Her work has been published in professional journals, such as *Brain*, *Neuropsychologia*, *Psychiatric Services*, *Archives of Neurology*, and *American Journal of Dance Therapy*. She was co-editor of the *American Journal of Dance Therapy* from 1998 to 2001. She is core faculty in the Expressive Therapies Ph.D. Program, Lesley University, Cambridge, MA, and Editor-in-Chief of *The Arts in Psychotherapy*. She is a Past President of American Dance Therapy Association.

Bernard Feder received his Ph.D. from New York University in 1957, and has taught education and psychology at NYU, Adelphi, Hofstra, and the University of Sarasota. Among his books are *The Complete Guide to Taking Tests* (Prentice-Hall) and (with David Stutz, M.D.) *The Savvy Patient: How to Be an Active Participant in Your Medical Care* (Consumer Reports Books). In addition, he has edited a medical directory and guide and written numerous articles for general and professional journals. In 1990, he was invited to present a history of the arts therapies at the National Library of Medicine of the NIH.

Elaine Feder was a dance/movement therapist. Her background included study with such pioneers in modern dance as Martha Graham, Jose Limon, and Doris Humphrey; wide experience in teaching, performing, and choreographing; a degree in expressive arts therapies; and extensive graduate study in the psychotherapies and movement analysis. She was a member of the American Dance Therapy Association and the Laban Institute of Movement Studies.

The Feders wrote *The Expressive Arts Therapies: Art, Music and Dance as Psychotherapy* (Prentice-Hall, 1981, 1984), and wrote jointly for *Psychology Today*, *Human Behavior*, *The New York Times*, *The Chicago Tribune*, and other general and professional publications.

IN MEMORIAM

Elaine Feder
April 28, 1926 – May 22, 2010
She danced her way through life

Second Edition

Feders' THE ART AND SCIENCE OF EVALUATION IN THE ARTS THERAPIES

How Do You Know What's Working?

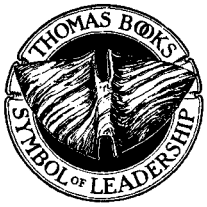
By

ROBYN FLAUM CRUZ, PH.D., BC-DMT

and

BERNARD FEDER, PH.D.

With Contributions by Donna Betts, PH.D., ATR-BC, and Barbara L. Wheeler, PH.D., MT-BC



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 62704

ISBN 978-0-398-08852-1 (hard)
ISBN 978-0-398-08853-8 (paper)
ISBN 978-0-398-08854-5 (ebook)

Library of Congress Catalog Card Number: 2012032279

First Edition, 1998
Second Edition, 2013

With THOMAS BOOKS *careful attention is given to all details of manufacturing and design. It is the Publisher's desire to present books that are satisfactory as to their physical qualities and artistic possibilities and appropriate for their particular use.* THOMAS BOOKS *will be true to those laws of quality that assure a good name and good will.*

Printed in the United States of America
SM-R-3

Library of Congress Cataloging-in-Publication Data

Cruz, Robyn Flaum.
Feders' the art and science of evaluation in the arts therapies / by Robyn Flaum Cruz and Bernard Feder ; with contributions by Donna Betts and Barbara L. Wheeler. -- 2nd ed.
p. cm.
Includes bibliographical references and index.
ISBN 978-0-398-08852-1 (hard) -- ISBN 978-0-398-08853-8 (pbk.) -- ISBN 978-0-398-08854-5 (ebook)
1. Art therapy. 2. Music therapy. 3. Dance therapy. 4. Mental illness--Treatment--Evaluation. 5. Psychodynamic psychotherapy. 6. Psychotherapist and patient. I. Feder, Bernard. II. Betts, Donna J. III. Wheeler, Barbara L. IV. Title. V. Title: Art and science of evaluation in the arts therapies.

RC489.A7F426 2013
616.89'1656--dc23

2012032279

CONTRIBUTORS

Donna Betts, Ph.D., ATR-BC, is an assistant professor in the George Washington University Graduate Art Therapy Program, Washington, DC. Dr. Betts has served on the Board of Directors of the American Art Therapy Association and the Art Therapy Credentials Board. She is a member of the advisory editorial board of *The Arts in Psychotherapy* international journal, and the editorial board of the *Journal of Art for Life.* A leading authority on art therapy assessment and rating procedures, Dr. Betts is founder and Director of the International Art Therapy Research Database, www.arttherapyresearch.com, an expanding archive of art-based data to inform practice and facilitate research.

Barbara L. Wheeler, Ph.D., MT-BC, retired in 2011 as Professor of Music Therapy and University Professor at the University of Louisville, where she began the music therapy program in 2000. She holds the designation of Professor Emerita from Montclair State University, where she taught from 1975–2000. She frequently presents and teaches in the U.S. and internationally. Her clinical work has been with a variety of clientele, most recently as Neurologic Music Therapist at several facilities. Barbara edited *Music Therapy Research: Quantitative and Qualitative Perspectives* and *Music Therapy Research*, Second Edition, and is coauthor of *Clinical Training Guide for the Student Music Therapist*. She has published numerous articles and chapters. She is a past president of the American Music Therapy Association and was recently Interview Co-Editor for *Voices: A World Forum for Music Therapy.*

PREFACE

This second edition follows the tradition of the first edition as both an introductory text and a handbook in evaluation and assessment in the creative arts therapies. It was written to be useful both for graduate students in arts therapies training programs, doctoral programs, and for practitioners in the field who want guidelines for developing and implementing evaluation programs.

The first section of the book deals with fundamentals and principles that apply to all evaluation, qualitative as well as quantitative. This general treatment is followed by chapters that deal with specific approaches to evaluation: psychometric, clinical or intuitive, and behavioral. The last section focuses on evaluation procedures in art therapy, dance/movement therapy, and music therapy, contributed by individuals who have specific expertise in those areas.

It is quite an honor to be asked to revise and update someone else's work, especially when the original work was a labor of love. The evidence of that love and the love that characterized their long relationship is clearly communicated in Bernard and Elaine Feder's introduction to the first edition which is included in this volume. In revising, I have tried to keep Bernard's lively presentation and wonderful grasp of the historical underpinnings and development of evaluation in the last century while presenting more current advancements. I am grateful for my colleagues and contributors, Barbara Wheeler and Donna Betts. Their chapters on evaluation in music therapy and art therapy, respectively, add immeasurably to the book. Wonderfully, as I worked on this revised book, it became apparent that the arts therapies professions have grown and developed even more than I had realized. I write this with the hope that this volume will be useful to current and future generations of arts therapies professionals. Creative arts therapists bring much needed humanity to caring for those in need, and we do this because of our understanding of the centrality of the arts to life.

R.F.C.

INTRODUCTION TO THE FIRST EDITION

There are two basic themes around which this book is organized. First, we believe that the argument over whether therapy is an art or a science is not only fruitless but counterproductive; it can only perpetuate divisions in a field in which both artistic creativity and scientific validation are necessary. Second, we contend that the therapeutic endeavor has little meaning if therapists cannot formulate defensible ways of ascertaining whether what they do makes a difference.

Let's begin with an overview of our first proposition.

"Art is I," wrote Claude Bernard (1813–1878); "science is we." In Isaac Newton's words, the scientist, seeking to uncover the laws that govern the operation of the universe, stands "on the shoulders of giants." Science is collaborative, incremental, and cumulative. Each scientist adds a bit of understanding to the body of knowledge, to enhance or to correct what had been discovered before. In this sense, even competitors are collaborators. What has been supplanted is either rendered obsolete or is incorporated into the revised perception of the reality of the world around us.

In contrast, the hallmark of art is independence and autonomy, the freedom to break from what was done before, and to create the new. Artists, of course, are not completely free agents; to some degree, they are in bondage to the technology of art, to the limitations of their materials, and to the demands of tradition. More easily than scientists, artists can break with tradition. However, unlike the scientist, the artist doesn't add to the body of knowledge so much as he or she transforms what has already been learned to create a unique statement. This statement does not necessarily detract from what came before. Michelangelo's masterpieces are not diminished by the works of van Gogh, or Monet, or Jackson Pollock.

While the cultures of art and science appear to be distinct, there is an interplay, and there are vast areas of overlap. Discoveries about the properties of clay or glass or marble, improvements in the quality of pigments or oils or tempera, the development of new materials for the manufacture of musical instruments, advances in the production of varnishes, all open up vistas for

artists and provide them with the means by which they can conceive, and create, and execute their personal statements. Historian and former Librarian of Congress Daniel J. Boorstin (1994) writes of the symbiotic relationship between what he calls the culture of discovery and the culture of creation during an age in which both flourished:

> Renaissance belief in the inspired unique creator elevated the painter, equipped with the newly discovered science of perspective, from craftsman to artist. . . . The technique that Giotto had applied by rule of thumb became a science in the hands of da Vinci or Duren. (pp. 24, 29)

It would be a mistake to think of the artist only as the beneficiary of the fruits of scientific labor. During this age of exuberant discovery and creativity, we must remember, the quintessential Renaissance man was simultaneously discoverer and creator.

In da Vinci's notebooks, we find questions and more questions, and we would be hard-pressed to know if these are the questions of an artist or a scientist. How does a bird fly? How does a man walk? How can the trajectory of a mortar shell be described? What does each of the ten ways he could draw a foot reveal about its structure and function? In these notebooks, we find a bewildering assortment of drawings: pumps, a self-locking worm gear, an air hose, a steam engine, a parachute, an airplane, a submarine, roller bearings, sprocket chains, a machine gun. Was this a man who used science to master the skills of the artist? Or a scientist who used art to probe the worlds of anatomy, and geology, and mechanics, and hydraulics?

While we cannot find many Leonardos, for whom creativity and discovery are indivisible, there is a constant interplay between the worlds of art and science. Just as the artist owes much to the discoveries of the scientist, there are significant bodies of scientific knowledge that have been induced by questions posed by artists. The field of "projective geometry," dealing with the images that figures create when they are viewed from different angles, was developed by mathematicians in the seventeenth century as a result of prompting by artists.

Modern psychotherapy owes much to both cultures. From art, it draws on the artistic creative impulse driven by intuitive insight, the ability to discern relationships, to develop the personal empathetic bond between therapist and patient that acts as catalyst in the interpretive and healing processes. From science, it derives the recognition that the creative proposition must conform with what has been discovered about the ways humans actually function, so that we can distinguish between a principled proposition and a whim.

The relationship between art and science in the modern practice of psychotherapy is a restless and disturbed one. With the increasing specialization

of occupation, artist and scientist frequently speak in different tongues and have difficulty understanding each other. From what should be a harmonious chorus often comes a disturbing and dissonant cacophony.

Science seeks underlying principles and the natural order of things. The scientist wants to find the common elements that make humans human; that provide the grand structure of human nature. The individual who deviates from this order is literally the victim of a "disorder." The scientist wants to identify the nature of the disorder so that he or she can bring the victim back to normality – that is, conformity with the statistical norm, the natural order of things. The scientifically minded psychologist asks: What can we learn about depression or psychoses from studying the myriad of people who suffer from these disorders? Are we doomed to see each problem as floating in a vast void, unrelated to similar problems?

Art seeks the unique, the individual, the things that set humans apart. Why and how, the artist asks, is this human different from all other humans? How has this individual created his or her personal reality and structured his or her own world? The key to understanding the individual is to peer into that private world, to find the expression of his or her individuality. This ability to find the unique core of the individual constitutes the art of the therapist.

This thread – the uneasy relationship between the therapist as artist and the therapist as scientist – runs through this book.

The divergences may never be resolved, but they should be understood, because the elements of both art and science are essential to a meaningful practice of therapy. Without science, therapy can degenerate into the practice of superstitious ritual, in which each practitioner owes allegiance only to his or her personal myth of existence. Without art, it can lose the very humanity it seeks to examine.

This brings us to the second issue at hand: How can individual arts therapists ascertain the appropriate treatment for their patients or clients, and how can they know whether what they do works?

When we began this book, we lived in the small university city of Athens, Georgia. As we drove from Interstate 85, we would pass a large billboard that proclaimed: PRAY. IT WORKS.

It was difficult for us to pass this sign without comment. Occasionally, we would refer to the experience of Hans J. Eysenck, a psychologist at the University of London's Institute of Psychiatry, who had raised questions about whether psychotherapy "works." Almost a half-century ago, Eysenck published a number of articles in which he questioned the efficacy of psychotherapy, concluding that no method worked better than any other, and that no form of therapy improved on the recovery rate obtained through ordinary life experiences and nonspecific treatment.

Eysenck's conclusions were the subject of intense debate among both clinicians and researchers. We have no wish here to become embroiled in the substance of his studies, which were badly flawed in a number of respects. What was most interesting about the whole affair was the furor his work created at the time in the psychotherapeutic community. The very act of testing the effectiveness of psychotherapy, he reported, aroused emotional responses that he compared with those of a true believer against a blasphemer who had attempted a statistical test of the efficacy of prayer.

Since Freud's day, debate has raged over the effectiveness of psychotherapy. The debate has often been tumultuous and, at times, acrimonious. At one end of the debate stand clinicians who are impressed with improvements they see (or claim to see) in their patients, and are understandably eager to attribute such change to their efforts. At the other end stand the researchers who demand objective evidence that real change has actually taken place and that any such change is the result of the therapeutic intervention.

This book is designed for the individual arts therapist, for whom the issue is not whether there is a change in his or her patients. Change will occur whether a patient is in therapy or not. The central issues are to recognize and identify the nature of the change, and to know with some assurance the degree to which such change is the result of the therapy, and not coincidental with it.

Much has changed in the decades since Eysenck figuratively nailed his theses to the doors of the psychotherapeutic institution. Increasing numbers of both verbal and nonverbal therapists have come to accept the need for more than faith, zeal, and uncorroborated anecdotal reports of cures in considering the effectiveness of their work.

This book explores a variety of approaches, both theoretical and methodological. Our purpose is not to provide formulas, which can be found in any basic textbook on psychological testing, or recipes, which abound in professional journals. It is to help therapists to relate their evaluation program to their goals, to identify what they are interested in evaluating, and to design the kind of evaluation program that can do what the therapist wants it to do.

In the actual development of this book, Bernard was the designated writer. He was assigned the task of putting into words the ideas on which we had agreed during extended discussions. After each draft, we argued. Elaine, the intuitive enthusiast, and Bernard, the analytic skeptic, would spend hours debating points of contention until we arrived at a consensus. The one position on which we agreed from the beginning was that the arts therapies cannot legitimately lay claim to being professions until arts therapists can establish a credible method for evaluating (literally, ascertaining the value of) their services, and until they can develop ways of knowing that what they do makes a difference to the troubled individuals with whom they work.

We believe that arts therapists are painfully aware of this problem. In large part, the problem has been brought to their attention through the demands of outsiders, such as insurance companies. In part, it is the result of the maturation process in a field undergoing an awkward adolescence. In recent years, virtually every professional conference includes panels and seminars on assessment, evaluation, and research in the therapies. Yet, it is sobering to recognize how few arts therapies programs offer instruction either in research or in evaluation. The major problem now is not the resistance to assessment that Eysenck encountered in the 1960s, but the uncritical zeal with which many practitioners have come to embrace methods and instruments that offer the illusion of certainty, and often without any real understanding of their functions and limitations.

In this connection, it may be instructive to read the words of Oscar Buros, half-a-century ago. In the introduction to *Tests in Print* (1961), he wrote:

> At present, no matter how poor a test may be, if it is nicely packaged and if it promises to do all sorts of things which no test can do, the test will find many gullible buyers.
>
> . . . [Test users] seem to have an unshakable will to believe the exaggerated claims of test authors and publishers. If these test users were better informed regarding the merits and limitations of their testing instruments, they would probably be less happy . . . in their work. The test user who has faith – however unjustified – can speak with confidence in interpreting test results and in making recommendations. The well-informed test user cannot do this; he knows that the best of our tests are still highly fallible instruments which are extremely difficult to interpret with accuracy in individual cases. Consequently, he must interpret test results cautiously and with so many reservations that others wonder whether he really knows what he is talking about. (Buros, 1961, p. xxix)

A decade later, Buros apparently found that little had changed since his earlier comments, and he wrote in apparent exasperation that "at least half of the tests currently on the market should never have been published. Exaggerated, false, or unsubstantiated claims are the rule rather than the exception" (Buros, 1972, p. xxvii).

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 therapists today. It is our hope that this book will make some contribution in this regard.

For a number of reasons, this book is not a comprehensive primer on evaluation or a survey of assessment in the arts therapies.

First of all, practical considerations made it infeasible to try to develop a complete guide to evaluation. Such a book would have been prohibitively long and intimidating expensive.

In addition, the writing of such a book would have involved us in in-depth research in areas in which we were not comfortable, mainly because we were not familiar with their practical application. At the invitation of several faculty members of the University of Georgia, we considered applying for a grant to involve doctoral students in various areas in which we ourselves were deficient, but we decided that such an endeavor would have been too time-consuming and would have added only marginally to the book.

As a result, we chose to delimit the work in two major areas. The first decision was to deal only with the assessment of individual clients and patients, and to refer fleetingly to the vast areas of couple, group, and family therapy. While there are some tangential points between the assessment of individuals and the assessment of families and groups, there are compelling reasons to view these areas as distinct categories in the field of the therapies.

The second decision, after a good deal of painful consideration, was to abandon the work we had already begun in examining such areas as psychodrama, drama therapy, and poetry therapy. Because these therapies are fundamentally verbal, evaluation procedures tend to rely heavily on approaches that have been developed either in individual psychotherapy or in couple, family, or group therapies.

We are obligated to those arts therapists who shared with us the evaluation procedures on which they had worked or were working. Many offered comments on their experiences, their philosophies, and their frustrations.

We owe a particular debt of gratitude to those who agreed to review and comment on the chapters in which they had particular expertise and interest. These include friend and former colleague, Dr. John W. French, who had coordinated College Board research at the Educational Testing Service; Dr. Richard Graham, Director of the School of Music at the University of Georgia and former editor of the *Journal of Music Therapy;* Dr. Jerry Gale of the University of Georgia, whose area of interest is qualitative evaluation; Dr. Charles R. Martin of the Center for Applications of Psychological Types; and the numerous arts therapists, psychiatrists, psychologists, psychometricians, and scholars in a variety of fields who offered criticisms and suggestions.

Bernard and Elaine Feder

CONTENTS

Feders'
THE ART AND SCIENCE OF EVALUATION IN THE ARTS THERAPIES

Chapter 1

PURPOSES OF EVALUATION

Most arts therapists in the U.S. have some notion of the value of evaluation. This is due in part to changes in training programs, the development of doctoral programs specific to arts therapists, and developments in the arts therapies literature. While not all are comfortable with evaluation as part of research, the recognition of the need for research has been regularly documented in the literature, and across art, music, and dance/movement therapies specific texts on research are now widely available (see for example, Cruz & Berrol, 2012; Kapitan, 2010; Wheeler, 2005). In addition to acknowledgment of the need for research to promote the arts therapies, several developments have spurred arts therapists to generate plans for assessing the needs of their patients and clients and for evaluating the results of their efforts. These activities have been motivated in part by a growing culture of accountability that characterizes modern healthcare.

Increasing demand by third-party payers that claims for services specify the diagnosis of the patient or client has certainly played a role in shaping arts therapies practice. Arts therapists in private practice and who work within clinics, frequently hold state licenses that allow them to submit claims for treatment to insurance companies, Medicare, and other third-party payers. This often requires practitioners to couch goals and assessments in specific claims language, and to use diagnostic classification systems such as the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* developed by the American Psychiatric Association. Arts therapies training programs in states where graduates can apply for state licensing even include brief training on the *DSM* in the curriculum.

Another development is the expansion of the arts therapies beyond their original base in psychiatric settings into schools, various community programs, wellness centers, and medical treatment settings. In addition, concerns with the aging population in the U.S. and social activism have been significant factors in the expanded settings where arts therapists can be found.

Increasing numbers of arts therapists were drawn into school systems as a result of the enactment of Public Law 94–142 in 1975, and have continued to work in schools. This law, Individuals with Disabilities Education Act (IDEA), mandated the establishment of programs to serve the needs of children with physical, development, or emotional problems, and revisions to the law over the years have preserved this feature. Schools have been required to develop a host of services addressed to the problems of exceptional children. Arts therapists in these settings are involved as teachers, therapists, or consultants and are required to ascertain the developmental, physical, neurological, or emotional problems of exceptional children, to identify their disabilities, and to develop individual educational plans (IEPs) designed to remediate or ameliorate these deficiencies. Similarly, in other treatment settings, arts therapists are involved with identification of disabilities and issues with an eye to planning and delivering treatment to address perceived and reported client needs.

As an example of one of the more recent expansions of arts therapies, in medical settings, arts therapists are increasingly working with the medically ill accompanied by greater acceptance that "creative expression can make a powerful contribution to the healing process" (Stuckey & Nobel, 2010). Similarly, arts therapies for community activism and wellness (see for example, Ho, Tsao, Bloch, & Zeltzer, 2011) as well as illness continue to grow in acceptance and application around the world.

In many of the array of settings in which arts therapists now work, there are standard formats for assessing individual progress such as the Minimum Data Set, a clinical assessment mandated for use with all residents in Medicare or Medicaid certified nursing homes in the U.S. However, in settings where there is no mandated overall assessment or where an assessment lacks relevant psychosocial or mood components, arts therapists must assist in developing assessments or assessment components that are relevant for the arts therapies and the particular population treated in the program.

The approaches to evaluation are as varied as the many philosophical approaches to the arts therapies. But, regardless of approach, the problem is the same: without some meaningful criteria for evaluation, we have no way of knowing whether a patient or client is receiving treatment that is appropriate for his or her problem; whether the treatment is helping, or has helped the client; whether a therapist should augment, abandon, or change a method or an approach; whether a program is doing what it was set up to do; and whether it should be maintained or modified or abandoned.

There is no single best way to evaluate. Evaluation may be formal or informal, based on statistics or on intuition. Information may be gathered through the use of tests and measurement scales, through observation of patient/client behavior or by asking individuals about their thoughts and activities, through a qualitative assessment of an individual's drawing or movements or music-making, or through a convergence of impressionistic data. But, in terms of the definition of evaluation on which this book rests, they have a common denominator. Evaluation, for the purposes described in this volume, is a method for collecting information on which to base decisions. And for some situations and for some purposes, some forms of evaluation are far more appropriate than others. Much of the skill of the evaluator rests on knowing the differences among forms of evaluation.

FUNCTIONS OF EVALUATION

There are five basic functions of evaluation:

1. to ascertain the problems and needs of a person (a patient/client or a staff member), a program, or an institution;
2. to predict future behavior;
3. to monitor change;
4. to learn how to improve treatment methods or techniques; and
5. to know when to stop or discontinue treatment.

These functions are not independent and mutually exclusive. For example, without a baseline to establish the patient's status and need, monitoring is useless, since there is no way of knowing what change has taken place. Unless a therapist can predict a patient's behavior with some accuracy, there is no way to monitor change in any meaningful