

THE ART THERAPISTS' PRIMER



Image by Michele Jenco.

ABOUT THE EDITOR

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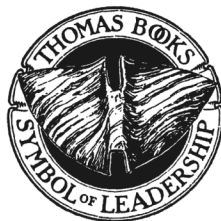
THE ART THERAPISTS' PRIMER

**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. and my children,
Kaitlyn, Bryan, Nick and Paolo, whose assessment of me is unending.
E.G.H.*

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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 had over 40 years of experience with myriad patient populations, specializes 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; Yoga Therapy: Theory and Practice* and *Head and HeART: and Yoga Therapy and Art Therapy Interventions for Mental Health Professionals*. Dr. Horovitz is in private practice (<http://www.yogatherapy.com>), incorporates yoga therapy and art therapy with her patients and is the COO for Open Sky Yoga Therapy Training at Open Sky Yoga Center in Rochester, NY.

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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 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 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 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.

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 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:

This third edition has been completely revamped and divided into five sections:

- Section I: Introduction to the Third 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 new edition now sports a chapter contribution by myself and Dr. Marcia Sue Cohen-Liebman, long considered an expert in the area of 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 web site at www.ccthomas.com.

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, Bender-Gestalt II, and FEATS have been empirically tested. The SDT and BGII can be used for pretest and posttest purposes. The CATA was chosen specifically since it is guised as an open-ended, nondirective battery, thus eliminating stress (Horovitz & Schulze, 2007; 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.

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*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 mother, Maida Horovitz, my children: Kaitlyn Leah Darby, Bryan James Darby, Nick (Schnickolas) Marino, and “The Paolo” Marino, my cheering squad and closest friends, Karen Armstrong, Janet Rock, and Dr. Jessie Drew-Cates. 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, 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 of the students and past students who have contributed to these pages, the reader can find their names in the Contributor’s Section but Michael Martin, my past graduate assistant and an author herein, has been of particular support; so Michael, thank you for making it to the “finish line.”

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

edition and has been with me since 1992 when my first manuscript was accepted. Thank you, Michael, for believing in me and offering me the ability 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. And I wish to thank Brendan O'Shea for allowing me to beta-test the BetterMind app, which has over 47 psychological assessments that can be sent to my patients even before they enter my office. In more than one instance, this has been a lifesaver and will be referenced in numerous cases throughout this book.

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.

CONTENTS

	<i>Page</i>
<i>Preface on How to Use this Book</i>	xv
<i>List of Illustrations</i>	xxv

Chapter

SECTION I: INTRODUCTION TO THE THIRD EDITION: QUANTIFYING QUALITATIVE ASSESSMENTS

1. THE EFFICACY OF ASSESSMENTS IN ART THERAPY 5
Michael E. Martin and Ellen G. Horovitz
2. GATHERING PATIENT INFORMATION, CONSTRUCTING
A GENOGRAM, ETHICAL CONSIDERATIONS, AND
RELEASES 21
Ellen G. Horovitz
3. THE APPLICATION OF QUANTIFYING FOUR
NONSTANDARDIZED ASSESSMENTS 45
Michael E. Martin
4. MULTICULTURAL ISSUES IN ASSESSMENT,
DOCUMENTATION AND TREATMENT 66
Stella A. Stepney

SECTION II: QUALITATIVE INSTRUMENTS

5. ART THERAPY DREAM ASSESSMENT (ATDA) 79
Ellen G. Horovitz and Contributors
6. BELIEF ART THERAPY ASSESSMENT (BATA) 94
Ellen G. Horovitz and Contributors

7. COGNITIVE ART THERAPY ASSESSMENT (CATA) 114
Ellen G. Horovitz and Contributors
8. HOUSE-TREE-PERSON ASSESSMENT (HTP) 126
Ellen G. Horovitz and Contributors
9. KINETIC FAMILY DRAWING ASSESSMENT (KFD) 141
Ellen G. Horovitz and Contributors
10. MARI (MANDALA ASSESSMENT RESEARCH
INSTRUMENT) 159
Shelley Takei

SECTION III: STANDARDIZED INSTRUMENTS

11. BENDER GESTALT II 177
Ellen G. Horovitz and Contributors
12. PERSON PICKING AN APPLE FROM A TREE
ASSESSMENT (PPAT) 193
Ellen G. Horovitz and Contributors
13. SILVER DRAWING TEST ASSESSMENT (SDT) 207
Ellen G. Horovitz and Contributors
14. FACE STIMULUS ASSESSMENT (FSA) 215
Donna Betts and Contributors

SECTION IV: COMBINING MULTIPLE ASSESSMENTS

15. FROM AFRICA TO AMERICA: ART ASSESSMENTS
WITH A REFUGEE IN RESETTLEMENT 225
James Albertson
16. THREE GENERATIONS OF ART: A FAMILIAL
ASSESSMENT 242
Shawna Boynton
17. ASSESSMENT OF A 29-YEAR-OLD DEAF WOMAN 261
Kelsey Wall

18. ASSESSMENT OF A SCHIZOPHRENIC MAN	271
<i>Chelsey Vano</i>	
19. A De NOVO CASE: EFFICACY, TELEHEALTH, AND SUPERVISION WITHIN A LEGAL CONFINEMENT	280
<i>Ellen G Horovitz and Marcia Sue Cohen-Liebman</i>	

SECTION V: CONCLUSION

20. TREATMENT OBJECTIVES, MODALITIES AND TERMINATION SUMMARIES	307
<i>Ellen G. Horovitz and Contributors</i>	
<i>Appendices</i>	329
<i>Name Index</i>	357
<i>Subject Index</i>	361

ILLUSTRATIONS

<i>Figures</i>	<i>Page</i>
Figure 1.0.	Original image created from Paper53 App by Horovitz; left lower image taken into PS Express App and changed to Spring filter; right lower image manipulated further with Film Edges adjustment
Figure 1.1.	Final image output (top) from previous app (PS Express) is saved to camera roll on smartphone; next it is manipulated in TTV app (another smartphone app), using various filters and is now ready to be sent out to the Instagram community
Figure 2.0.	Genogram Analytic Sample
Figure 2.1.	IP System
Figure 2.2.	Pam—Genogram and Nodal Events
Figure 2.3.	DASS-21 graph of patient
Figure 3.0.	ATDA Response
Figure 3.1.	BATA Response: Directive (<i>left</i>) and Directive 2 (<i>right</i>)
Figure 3.2.	CATA Drawing Subtest (<i>left</i>); Painting Subtest (<i>right</i>)
Figure 3.3.	Road Drawing Response
Figure 3.4.	Adapted Content Tally Sheet (Scored for Figure 3.3.)
Figure 3.5.	Adapted Content Tally Sheet— <i>Front</i> (see Appendix G for reproduction)
Figure 3.6.	Adapted Content Tally Sheet— <i>Back</i> (see Appendix G for reproduction)
Figure 5.0.	Blank Sample—Doodle pillowcase
Figure 5.1.	Sample—Doodle pillowcase
Figure 5.2.	K's genogram
Figure 5.3.	K's ATDA response and DASS-2 results
Figure 5.4.	Elizabeth's genogram and timeline
Figure 5.5.	Elizabeth's ATDA Art Response

Figure 6.0.	Maggie's genogram	101
Figure 6.1.	BATA Directive 1 by Maggie	103
Figure 6.2.	BATA Directive 2 by Maggie	105
Figure 6.3.	Amelia's genogram	107
Figure 6.4.	BATA First directive response	110
Figure 6.5.	BATA Second directive	111
Figure 7.0.	S's Genogram and timeline	122
Figure 7.1.	S's CATA response (Paint subtest— <i>upper left</i> ; Drawing Subtest— <i>upper right</i> ; Clay Subtest— <i>bottom center</i>)	123
Figure 8.0.	Diane's Genogram and Timeline	129
Figure 8.1.	Diane's HTP Achromatic House (<i>upper</i>) and Chromatic House (<i>lower</i>)	130
Figure 8.2.	Diane's HTP Achromatic Tree and Chromatic Tree . . .	131
Figure 8.3.	Diane's HTP Achromatic Person and Chromatic Person	132
Figure 8.4.	Joyce's Genogram and Timeline	133
Figure 8.5.	Joyce's House, Tree, Person response—achromatic version only (<i>from left to right</i>)	134
Figure 8.6.	Horizontal Placement of the Whole Sheet to place over any horizontal subtest	138
Figure 8.7.	Vertical Placement of the Whole	139
Figure 9.0.	Nathan's Genogram	143
Figure 9.1.	Nathan's KFD Response	144
Figure 9.2.	Nathan's Analysis Sheet	145
Figure 9.3.	KFD grid analysis sheet—this can be printed out on a transparency and thrown atop of the KFD result	147
Figure 9.4.	Morgan's Genogram	148
Figure 9.5.	Morgan KFD (<i>front</i>)	151
Figure 9.6.	Morgan KFD (<i>back</i>)	151
Figure 9.7.	Elizabeth's Genogram and Timeline	154
Figure 9.8.	Elizabeth's KFD	156
Figure 10.0.	Mari—The Great Round	161
Figure 10.1.	Mari Grand Round Board with samples of cards symbol and color selected images at Stage 0, Stage 4, Stage 8, and Stage 11	162
Figure 10.2.	Mandala Sample Stage 0	164
Figure 10.3.	Mandala Sample at Stage 8	165
Figure 11.0.	Corrine's Genogram and Timeline	180
Figure 11.1.	Corrine's Bender Gestalt II Copy Test attempts for cards 5–16	182
Figure 11.2.	Corrine's Bender Gestalt II Recall Test results	184
Figure 11.3.	Bender Gestalt II Perception Response	184

Figure 11.4.	Bender Gestalt II Motor Test	185
Figure 11.5.	Elizabeth's Genogram and Timeline	187
Figure 11.6.	Elizabeth's Bender-Gestalt II Copy and Recall Test	188
Figure 11.7.	Motor Test and Perception Test. (Editor's Note: ovals were digitally placed over Elizabeth's demarcation by editor to indicate her choices, which were made with dashes	190
Figure 12.0.	CR's Genogram and Timeline	197
Figure 12.1.	CR-PPAT response	198
Figure 12.2.	E's Genogram and Timeline	201
Figure 12.3.	E's PPAT	202
Figure 13.0.	S's Genogram	209
Figure 13.1.	SDT-Predictive Drawing (<i>upper left</i>); Drawing from Observation (<i>upper right</i>); Drawing from Imagination (<i>middle bottom</i>)	211
Figure 13.2.	Pam's Genogram	212
Figure 13.3.	Pam's SDT responses	213
Figure 14.0.	Pam's Genogram	217
Figure 14.1.	Pam's FSA Picture 1, 2 and 3	218
Figure 15.0.	Alexander's Genogram and Timeline	226
Figure 15.1.	Alexander's CATA Pencil and Paint Subtest	229
Figure 15.2.	CATA Clay Subtest (<i>left and right</i>)	231
Figure 15.3.	HTP Achromatic House (<i>left</i>), Tree (<i>middle</i>), Person (<i>right</i>)	231
Figure 15.4.	SDT results	234
Figure 15.5.	KFD	236
Figure 15.6.	Alexander's PPAT Response	237
Figure 15.7.	Alexander's BATA Response	239
Figure 15.8.	Map of Alexander's Homeland	240
Figure 16.0.	Ruby, Marshall and Aldo Genogram and Timeline	244
Figure 16.1.	Ruby's PPAT	248
Figure 16.2.	Marshall's PPAT	250
Figure 16.3.	Aldo's PPAT	252
Figure 16.4.	Ruby's FSA	253
Figure 16.5.	Marshall's FSA	254
Figure 16.6.	Aldo's FSA	255
Figure 16.5.	Ruby's BG II—Copy, Backside of Paper and Recall	256
Figure 16.8.	Marshall's BG II—Copy (BG #1) and Recall (BG #2) . .	257
Figure 16.9.	Aldo's BG II—Copy, Copy (backside of paper) and Recall	258
Figure 17.0.	BW's Genogram	262
Figure 17.1.	CATA Results	263

Figure 17.2.	PPAT	265
Figure 17.3.	KFD	266
Figure 17.4.	KFD Grid Overlay and Horizontal Overlay (Overlays are in Appendix J and H)	268
Figure 17.5.	KFD Analysis Sheet	269
Figure 18.0.	Max's Genogram and Timeline	271
Figure 18.1.	Max's KFD	273
Figure 18.2.	Max's HTP Achromatic (<i>upper center—house; bottom left—tree; bottom right—person</i>)	274
Figure 18.3.	Max's HTP Chromatic (<i>upper left—house; bottom left—tree; bottom middle—tree backside; upper right— person; bottom right—person backside</i>)	275
Figure 18.4.	Max's FSA (responses: <i>upper left # 1; upper right #2; bottom center #3</i>)	277
Figure 19.0.	A's Genogram (conducted on Genogram Analytics app)	282
Figure 19.1.	A's KFD	284
Figure 19.2.	A in his blanket	285
Figure 19.3.	A's clay mug	285
Figure 19.4.	Spence Children's Anxiety Scale—Child (SCAS-Child) results	287
Figure 19.5.	DASS-21 results	288
Figure 19.6.	Anubis image created by "A"	290
Figure 19.7.	Bender Gestalt II Side 1 of the Copy Test	291
Figure 19.8.	Side 2: Backside of paper of the Copy Test (Bender Gestalt II)	291
Figure 19.9.	Anubis in clay	292
Figure 19.10.	"A's" forgiveness card for mother: the building on the lower right represents the trailer that "A" and "C" lived in when they resided with the mother	296
Figure 19.11.	"A" and stepfather's superheroes	299
Figure 19.12.	Work by "C," stepmother, and "s" respectively (<i>left to right</i>)	299
Figure 20.0.	Nora's Genogram	311
Figure 20.1.	Nora's KFD response and detail (<i>bottom</i>)	312
Figure 20.2.	Scout's Genogram and Timeline	315
Figure 20.3.	Scout's Pillows	317
Figure 20.4.	MK's Genogram and referral information	320
Figure 20.5.	MK's "Thinking Cap"	322
Figure 20.6.	MK's Narrative Story Scene	323

Table

Table 1.0.	The Horovitz Adapted Formal Elements Chart for Nonstandardized Assessments	16
Table 3.0.	Horovitz's Adapted Formal Chart for Nonstandardized Assessments	47
Table 19.0.	Spence's Children Anxiety Scale (Self-report) results . . .	283

THE ART THERAPISTS' PRIMER

Section I

**INTRODUCTION TO THE THIRD
EDITION: QUANTIFYING QUALITATIVE
ASSESSMENTS**

Chapter 1

THE EFFICACY OF ASSESSMENTS IN ART THERAPY

MICHAEL E. MARTIN AND ELLEN G. HOROVITZ

*There is curiously little art concerning the efficacy of reason—
perhaps simply because reason is not noticeably efficacious.*
—Nicholas Mosley

INTRODUCTION

As in any medical profession, the use of assessments is crucial in art therapy in order for the therapist to understand the patient's psychosocial, psychological, cognitive/developmental, physiological/genetic, cultural, emotional, and spiritual state. Armed with this information, the clinician can then track the patient's progress over time and throughout the entire therapeutic process. The field of art therapy offers many different assessments in order to accomplish this, ranging from highly directive and standardized assessments to projective drawings and even free association drawing. While this book provides an overview of some of the more widely used assessments, it *cannot* cover them all. To wit, this third edition will not only review the efficacy behind said assessments (and discuss the reliability and validity of assessments where applicable), but also offer vignettes and case samples for each battery that is covered. Then the reader will be prepared to conduct these batteries with his/her/their patient. (N.B.: *In this book, Horovitz refers to the word "patient(s)" herein since it has a distinct connection to the Latin "pati" for "suffering," meaning "the one who suffers."* Though "patients" can be much more than "customers" in terms of a word choice, "patients" are generally connected to legal and/or business contexts, which is not the scope of this work.)

Additionally, while a summation of these assessments is covered herein, it is by no means a substitute for the original publications. Therefore, it is advised that the reader refer to the original publications of all assessments herein in order to have a formal working knowledge of their constructs and administration.)

Over the years, since Horovitz (1988, 1994, 1999, 2002, 2004, 2005, 2006, 2007, 2208a, 2008b, 2009; 2014) published her widely-used assessments—Cognitive Art Therapy Assessment (CATA), Belief Art Therapy Assessment (BATA), and the Art Therapy Dream Assessment (ATDA)—many inquiries have come forward about tying such instruments to a quantitative, efficacy-based platform. While Horovitz has responded to these queries by writing (via personal electronic communications) that the aforementioned batteries can be normed according to Gannt and Tabone (1998); Lowenfeld and Brittain (1980); Piaget (Piaget, J. & Inhelder, B. (1967); Horovitz, 2014; Fowler (1980) and/ or Kohlberg (1974), in this 3rd edition, Horovitz goes one step further by suggesting that for validation, these aforementioned batteries (and indeed *any other projective instruments* (such as the HTP, KFD, and the like) be tied not only to the developmental, spiritual, and/or moral stages (as cited above—see Appendix for developmental stages comparison chart) but also to an altered version of the Formal Elements Art Therapy Scale (FEATS) as designed by Gannt and Tabone (1998). (Indeed, in Chapter 14, Donna Betts ties the Face Stimulus Assessment (FSA) to specific sections of the FEATS.) Moreover, in Chapter 3, Michael Martin structures how to do such an analysis with the ATDA, BATA, CATA and the Hanes Road Drawing assessment. The reader is urged to apply this directly to any projective, qualitative or nonstandardized battery. As well, it is the opinion of the editor, that any projective (read: subjective) assessment can be rated with the FEATS as Gussak so aptly noted in his latest book (2013).

In addition to looking at the various assessments both for qualitative and quantitative analysis, in this revised edition, a new instrument has been included, the Mandala Art Research Instrument (MARI). Since Shelly Takei (author of that chapter) trained Horovitz well after the first edition had been published, it was regrettable that this extraordinary instrument was not covered. Hopefully, Takei's chapter will whet the appetite of art therapists yet to be trained in that system and urge them to seek out training as MARI practitioners.

Moreover, Stella Stepney's contribution in Chapter 4, Multicultural Issues in Assessment, Documentation and Treatment is a *very important* new addition. Here, Stepney outlines the necessity of assessing a person(s) from a multicultural perspective and underscores best practices in operating from this platform.

One of the largest changes in this book is the standardization of genogram information using Genogram Analytics software (designed by Loie West, Ph.D. and Tom West). Standardizing genogram information is as necessary to the validation of every instrument as is diagnosis and treatment; standardizing genogram and timeline information allows for multiple disciplines to understand and value inherent information that can be used in interdisciplinary format. The art therapist should consider any factors that may influence the outcomes of the assessment, such as culture, race, gender, age, religion, sexual orientation, education, and disability (AATA, 2009, sec 3.5). Genogram Analytics software takes such information into account and creates a visual schematic that allows the practitioner to consider the “whole” patient as opposed to the identified patient (I.P.). Indeed, the patient’s strengths and weaknesses can be “seen” from a generational perspective where transitional conflicts may have been handed down from generation-to-generation; having this visual map can serve to elucidate familial information. Within this chapter, Horovitz also discusses informed consent, ethical considerations and release forms. Here, she provides a variety of forms and letters that will aid the art therapist in public or private practice. In Chapter 2 of this book, Horovitz will discuss how she has been employing the Better Mind App (which she beta-tested with the developer before its release. This will also be referenced in Chapter 19 which she co-authors with Dr. Marcia Sue Cohen-Liebman,

Indeed, the structure of the book has been completely revamped and divided into five sections: Section I: Introduction to the Third Edition: Quantifying Qualitative Assessments contains (a) this chapter, (b) a chapter on gathering patient information, constructing genograms, releases, and ethical considerations, (c) a chapter on the application of quantifying four non-standardized assessments (setting the cornerstone for standardizing any qualitative assessments for research and/or forensic purposes (Gussak, 2013), and (d) Stepney’s chapter on multicultural issues in assessment, documentation and treatment as mandatory in considering the assessment of the whole person including cultural and ethical considerations.

Section II: Qualitative Instruments includes chapters on (a) the Art Therapy Dream Assessment (ATDA), (b) Belief Art Therapy Assessment (BATA), (c) Cognitive Art Therapy Assessment (CATA), (d) the House Tree Person Test (HTP), (e) Kinetic Family Drawing (KFD) as well as (f) the Mandala Assessment Research Instrument (MARI) written by Shelley Takei.

Section III: Standardized Instruments contains sample chapters of normed batteries such as (a) the Bender Gestalt II (BG II), (b) Person Picking An Apple from a Tree (PPAT), (c) Silver Drawing Test (SDT), and (d) Face Stimulus Assessment (FSA) revised by Donna Betts and normed to the Formal Elements Scale as outlined by Gannt and Tabone (1998).