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The Possibility of Assessment Tools in Expressive Arts Therapy

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The Possibility of Assessment Tools in Expressive Arts Therapy

Capstone Thesis

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Expressive Arts Therapy

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Abstract

Mental health assessments originated as a tool to separate troubled individuals from mainstream society (Feder and Feder, 1998, p. 7). As the field of mental health has developed over time, assessments have come to serve a different purpose. Assessments provide the therapist insight into their clients' current experience and data to guide a treatment plan. Data collected from an assessment may be a DSM-V diagnosis, a numeric score, or a qualitative clinical description. As arts-based therapeutic interventions become more widely acknowledged in the field of mental health, modality specific assessments have been developed in order to gather clinical data. Data collected from these assessments may be a painted image, a series of movements, the narrative to a fictional story or the lyrics to a song. As these tools emerge, many question their validity, as they do not often have formal elements of assessment. In addition, a sufficient assessment tool for expressive arts therapists, a newer arts-based therapeutic modality, has yet to be developed. In this thesis, I will explore the necessity of assessment in mental health, the demand and evolution of formal and informal arts-based assessment, and finally, I will examine how The Expressive Assessment and the Expressive Therapies Continuum (ETC) can be used as assessments for expressive arts therapists.

The Possibility of Assessment Tools in Expressive Arts Therapy

Introduction

According to Gilroy, Tipple and Brown (2011), "Assessment comes from the Latin word 'assidere' which means to 'sit beside' or 'assist in the office of a judge'" (p.11). The etymology of this word points to the two major purposes of assessment in therapeutic practice: first, to use assessments as tools for building empathy and understanding; second, to allow for clinicians to have a more objective understanding of their client's needs, leading to a more accurate, thoughtful and efficient plan for treatment (Holmes, 2011, p.11). Assessment is a critical first step for any professional working to improve the lives of and catalyze healing in a client.

Common factors that are explored in psychotherapeutic assessments are the identification of problems or difficulties in the client, their motivation for change and their capacity to build a therapeutic relationship (Ghaffari & Caparrotta, 2011, p.27). In arts-based therapeutic interventions such as art, music, dance/movement, and expressive arts therapy, those same factors must be explored. A therapist may rely simply on verbal and non-verbal communication to get this information. However, therapists trained in arts-based approaches may also utilize their artistic modality in their assessments. For example, art therapists may use formal elements of visual expression such a color, shape and size as a way of helping to determine clients' cognitive and emotional functioning, while music therapists may utilize rhythm or scales (Betts, 2006, p. 425). Through arts-based assessments, therapists are able to identify their clients' strengths and difficulties and utilize this information as "starting points, pathways and goals" (Lusebrink, 2010, p. 171).

The art, music, drama, and dance/movement modalities all have well-established assessment tools to use in session with their clients; practitioners of these modalities can begin

their work with clients from these places. However, expressive arts therapy, a modality centered around the framework of intermodality, or "understanding what happens in the junctures between modalities, with the goal of intensifying or containing emotional and imaginal energy" (Donohue, 2011, p. 499) has very few assessment tools of its own. Intermodality gives rise to the ways that varying artistic approaches are aligned and can be utilized together to match the individualized needs of a client.

Without a reliable assessment tool for expressive arts therapy, therapists may spend their first few sessions wasting time, as they "often begin therapy in the manner they *think* would be most beneficial, or in a manner with which they are very comfortable, rather than where the *client* is most comfortable" (Hinz, 2009, p. 219). Or, they may utilize the already established assessments of other modalities, collecting data that they then have to integrate and understand to develop an intermodal approach. Both strategies are rather time-consuming for both the therapist and the client and highlight the need for a tool that can be used for expressive arts therapists to more quickly determine a detailed picture of the client's experience and thus, a treatment approach. This discrepancy leaves me wondering: what does this lack of assessment mean for the field of expressive arts therapies? In what ways might it be preventing our field from evidence-based research and thus, credibility in the larger mental health field? How might the absence and the development of these tools impact the treatment and experience of clients?

In my thesis, I will attempt to address these questions by reviewing the origins and necessity of assessment in therapy, specifically through the lens of arts-based approaches. In addition, I will discuss an already existing expressive arts therapy assessment tool developed in the 1980's called the Expressive Assessment. This informal yet structured assessment is most frequently utilized with children. It requires the client to complete eight short assessment tasks in

one hour that vary in artistic modality. Through these tasks, the therapist can gain great insight into the current state and individual needs of their client.

Finally, I will discuss the Expressive Therapies Continuum (ETC), an art therapy assessment that helps the therapist identify, based on a client's media interaction and image formation, their level of information processing. Using the ETC as an assessment tool, allows the therapist to yield client-specific data that may "point toward client strengths and challenges, potentially blocked components, and over-used functions", ultimately resulting in more accurate and efficient art-based goals and treatment plans (Hinz, 2009, p. 218). Although the tool is most commonly used by art therapists, I believe that the ETC also lends itself to expressive arts therapy as its components of information processing can be applied to any modality. Thus, the potential of another expressive arts therapy assessment tool.

Literature Review

In this section, I will provide a contextual understanding of the need for an expressive arts therapy assessment tool by exploring the purpose, history, and demand for assessments in the mental health field. In addition, I will discuss the development of arts-based assessment, looking specifically at art therapy, as it is the oldest of the arts-based therapeutic modalities and thus, has the most established arts-based assessments. This section will also highlight important components of psychological assessment in general, paying specific attention to the distinctions between formal and informal qualities of assessments and their implications for reliability, validity, and credibility as a whole. I will discuss an already existing expressive arts therapy assessment called the Expressive Assessment, which uses several short arts-based assessment tasks to gather data on the client. Finally, I will discuss the Expressive Therapies Continuum, an

art therapy based assessment tool, and it's potential to be an assessment tool for expressive arts therapy.

The Role of Assessment in Mental Health

In the field of mental health, assessments play a large role as they are tools available to the therapist to gain a greater understanding of the client and their therapeutic needs (Bruscia, 1988, p. 5). Assessments are tools that can be utilized throughout the therapeutic process, but are most commonly used in the beginning of treatment in order to provide the therapist with an accurate picture of the client's experience. Assessments provide practitioners a method for collecting information on which to base decisions that will guide and direct treatment (Feder and Feder, 1998, p. 5). Further,

> 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 (or training) that is relevant to 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 approach; whether a program is doing what it was set up to do; and whether it should be maintained or modified or abandoned (Feder and Feder, 1998, p. 8)

Thus, it is the practitioner's responsibility to select appropriate tools for assessment. This important choice will allow for the therapist to gain the most relevant information from the client as well as what is necessary to create an impactful treatment plan (Feder and Feder, 1998, p. 4).

An assessment serves five main functions, which are not independent or mutually exclusive: "to predict; to identify a problem or need as a guide to treatment; to monitor change; to know when to stop; and to learn how to do it (the therapy, the program or the process) better" (Feder and Feder, 1998, p. 23). Ideally, practitioners in the field are trained in several relevant

assessments so that they may select which one is most appropriate for their client and will provide insight for the most individualized and effective treatment.

One result of assessment in mental health is a diagnosis. A diagnosis may be a disorder from the DSM-V or could be a more qualitative description of the client's current experience. Historically, diagnoses were used to "identify lunatics who might pose a danger to the community, and who were locked out of site" (Feder and Feder, 1998, p. 7). However, through developments such a talk-therapy and psychiatric drugs, a movement for greater precision in diagnosis has been catalyzed over the past several decades. This movement ultimately led to the practice of differential diagnosis, or the idea of recognizing a disease or disorder by distinguishing it from others. Differential diagnosis has become a basic principle in choosing appropriate therapeutic methods and procedures (Feder and Feder, 1998, p. 8). Therefore, "the major function of diagnosis is to match a defined condition with an appropriate treatment" (Feder and Feder, 1998, p. 12). As treatment options expand and the process of diagnosis is more malleable to the needs of the client and practitioner, it is critical that the therapist choose an assessment that will garner information to provide thoughtful, accurate and individualized treatment.

Growing Demand for Assessment in Arts-Based Therapeutic Practices

As arts-based therapeutic approaches become more popular in mainstream mental health practices, there is an increasing need for accountability in the field. The shifting culture of modern-day healthcare as well as the "increasing demands for third party payers that claim for services specify the diagnosis of a patient or client" have certainly increased the need for more formal tools of assessment and evaluation in the field of arts-based therapeutic approaches (Cruz and Bernard, 2013, p. 3).

In 1981, a publication by the Joint Commission on Accredited Hospitals of the

Consolidated Standards Manual established new requirements for psychiatric and substance

abuse facilities which required that in addition to a diagnosis being provided by the institution,

they are now mandated to provide activity services in order to assess the client's "needs,

interests, life experiences, capacities, and deficiencies" (Joint Commission, 1981, p. 6). As a

result, art therapists became a more integral part of these psychiatric settings and were given the

freedom to develop any assessment that would satisfy this requirement. Art therapists would

create interventions and arts-based strategies to identify diagnoses, learning preferences, personal

abilities, social skills and social needs (Cruz and Bernard, 2013, p. 4).

More recently, the passing of Public Law 94-142 in 1975, otherwise known as the

Individuals with Disabilities in Education Act (IDEA), has also created a rise in art therapists

being hired in school or community settings (Feder and Feder, 1998, p. 4). In this role, art

therapists and other mental health professionals who use arts-based approaches are required to

contribute to a client's Individualized Educational Plans (IEP). This demand requires that art

therapists have the ability to assess, diagnose, create goals and plans through their own approach,

pointing to a need for further development of assessment tools.

As a result of these three specific evolutions, the need for reliable and consistent arts-

based assessments has increased. As arts-based therapeutic approaches become more integrated

into institutions and laws, the responsibility these practitioner's bare increases. With increased

responsibility and accountability, as well as more mainstream recognition, there must be

measurements that can prove the unique impact the arts-based modalities can have in a

therapeutic setting.

Evolution of Arts-Based Assessment Tools

Art-based assessments originated mainly as projective techniques. They are based around what is called a Projective Hypothesis, or the idea that "if we want to get a fix on individual personality, we must observe how individuals manifest their individuality through the environments that they create or with which they surround themselves, all of which reveal their personalities" (Rapaport, Gill & Schafer, 1968, p. 224). The hope with projective assessments is that through these external manifestations of personality, there is an internal part of the individual that can be accessed and assessed.

Projective assessments are "those in which the subject actively and spontaneously structures unstructured material and in so doing reveals his structuring principles–which are the principles of psychological structure" (Rapaport et al, 1968, p. 225). In projective tests, such as The Goodenough-Harris Drawing Test, the Draw-a-Person Test and the House-Tree-Person technique, the goal is to identify patterns of thinking or feeling. Projective drawings focus on the here-and-now, as they attempt to "elicit, to render observable, to communicate the psychological structure of the subject as inherent to him at any given moment, and without study of historical antecedents" (Rapaport et al., 1968, p. 226). In addition, projective tests are more indirect, as they are designed to get the client to discuss something other than themselves through responses to a stimulus such as random pictures or abstract images (Feder and Feder, 1998, p. 157).

Since their invention, projective drawings have also served as criteria to develop a diagnosis. As early as 1876, psychiatrists would look at a completed drawing and using their intuition would attempt to correlate their findings with characteristics of psychiatric symptoms or disorders (Betts & Gantt, 2009, p. 191). Therefore, projective tests and drawings have been used by psychologists to *diagnose* someone rather than understand their context through art. Although

these assessments are useful, they do not acknowledge the diversity and uniqueness of a person's experience or manifestation of diagnosis.

Many projective tests are still used today, however, they have received important criticism as arts-based therapeutic approaches have grown with the field. One major criticism of projective tests is that they are often culture-biased as "an individual's perception is heavily influenced by his or her cultural background" (Feder and Feder, 1998, p. 160). One study also found that the examiner's observations of the test have been greatly influenced by the social class of the subject, resulting in patterns in the pathologizing of clients from varying social classes (Peterson, 1978, p. 661). Further, projective tests attempt "to correlate responses with personality traits or psychiatric disorders that have not been considered psychometrically sound" (Feder and Feder, 1998, p. 160).

For that very reason, in 2002, Wadeson, a highly respected voice in the field of art therapy, stated that art-therapists should abandon projective drawing assessments all together. Rather, he suggested that art therapists should use their own creativity to create informal ways to discover and address a client's current needs. Therefore, a new trend has emerged in more recent research that utilizes global characteristics of drawing on art-based assessments.

Global characteristic assessments were developed to acknowledge the larger experience of the client during the assessment and regard that as important information. For example, global characteristic assessment utilizes a variety of art materials for assessment, not just pencil and paper. In addition, a client may be asked to create a series of artistic impressions rather than just one image. Art Therapists developing these assessment tools also realized that there is valuable information in *how* the client reacts to the assessment as well as *what* they created—which meant

they were paying attention to verbal and nonverbal communication, mood and attitude (Hinz, 2009, p. 192).

Global characteristics are "the ways clients express themselves visually through formal art elements such as form, quality, and color use" and they are all described in the Formal Elements of Art Therapy Scale which is used to score global characteristic art-based assessments (Hinz, 2009, p. 192). Common global characteristic art-based assessments are the Diagnostic Drawing Series (DDS) and the Person Picking an Apple From a Tree (PPAT). This form of art-based assessment focuses on "how people draw, not what they draw" (Hinz, 2009, p. 192).

Similar to Wadeson, Linda Gantt believes that it is the responsibility of practitioners in the field to develop formal art-based assessments. However, Gantt distinguished that art-based assessments are different than projective drawings. Arts-based assessments are formal and combine many factors, resulting in a biopsychosocial profile of an individual while projective tests are informal, based more on the intuition of the practitioner (Gantt, 2011, p. 19). Because there are more informal measures established in the field of expressive arts therapy, they are more commonly used. While this has been important to the growth of the field, it continues to hinder merit of this therapeutic approach in the larger scope of mental health.

The Need for Formal Arts-Based Assessments

Gantt (2011) made several suggestions for art therapists to develop a formal art-assessment (p. 23). First, she believes there needs to be a focus on form rather than content. This means that the evaluator will "put the emphasis on global aspects of form rather than on content, sign, or interpretation" (Kaplan, 2003, p. 28). By putting the focus on form, there can be a global language used to compare results and build reliability and validity.

Gantt (2004) also believes that there needs to be better descriptions and rating systems used with art-assessments, "if a rating system is based on the formal variables of art, it will permit comparison across age groups, and across cultures, as well as over time" (p. 19). This too will lend itself to a development of language, or criteria that can be used to standardize an art-based assessment tool. The focus on formal variables of art will also require evaluators to focus solely on objective description and to avoid making any interpretations of the art that is being created.

Assessments in the future must also look at clinical state, rather than trait in order to measure a client's changes in treatment over time. Many art therapists believe that changes in drawings that may occur between sessions or during a short stay in inpatient treatment, indeed reflect that the person has changed. Others believe that changes in art that appear in assessments may only indicate a change in the presenting symptoms of a client's experience or diagnosis (Gantt, 2011, p. 24). The latter of these assumptions aligns with present psychiatric diagnostic processes and emphasizes the need for specificity around when and why a certain assessment instrument may be selected and used.

In order to measure changes over time, there must be established norms for the assessment. "Determining norms with respect to age and gender, as well as socioeconomic, educational, cultural, and ethnic group membership is fundamental" and by doing so, the clinician will be able to identify if the results from the arts-assessment is or is not a deviation the norm (Gantt, 2011, p. 24). Many may have resistance to the idea of creating norms for something as individualized as art-making. However, these norms need not be prescriptive, as much as they are descriptive (Gantt, 2011, p. 24). By focusing on descriptive data that pays more attention to

form and structure, the clinician can then select a theoretical approach and treatment plan that is individualized to the client's needs.

Although there has been progress, the work of developing adequate and accurate assessment tools, particularly in the arts, will be ongoing. As we continue to create formal assessments, let us also continue to use informal assessments, although they may not be as widely recognized, they provide helpful and insightful information to client and clinician alike.

Expressive Arts Therapy Assessments

In this section, I will discuss the Expressive Assessment, an expressive arts therapy assessment developed by Cindi Rosner Kelly in 1988. In addition, I will explore the Expressive Therapies Continuum, an art therapy based assessment tool that I believe has the potential to become a tool used for assessment in expressive arts therapy.

The expressive assessment. In 1988, Cindi Rosner Kelly developed an expressive arts assessment tool that she utilizes her in practice. Although this has been mostly only used with children, there is much to be learned for the further development of expressive arts assessment. Kelly posited that:

> By employing a diagnostic Expressive Assessment before the children are placed for treatment, the preferred modes of expression, including verbalization (the ability to use language), action (the ability to use one's body and motor movement), fantasy (the ability to use organized imagination), and content areas (art, music, etc.), are determined and coordinated with team members who provide an environment conducive for desired behavioral change (Kelly, 1988, p. 63)

A key component in assessing a client in each of these modes of expression is the integration of both spontaneity and structure, which allow for the therapist to determine conditions most

therapeutic for the children. By evaluating based on a client's relationship to structure and spontaneity, a therapist is able to identify the level of structure or spontaneity that they must impose on the client in order to create the most therapeutic environment.

The Expressive Assessment evaluates 1) positive and negative aspects of the development in terms of self-esteem, 2) the child's concept and use of their bodies and body parts in their current environment, 3) specific creative modalities that prove to be helpful and organizing and those that are disorganizing and destructive to one's functioning (Kelly, 1988, p. 64). Administration of the Expressive Assessment traditionally takes one hour in an individual session. In addition to the assessment, the therapist works to develop a therapeutic connection or rapport with the client in this first session in order to create the most ideal circumstances for them to be able to self-express as authentically and honestly as they can. Through self-expression, which is facilitated through the client-therapist connection and assessments, Kelly believes the therapist can learn about the client's degree of motivation, creativity, structural needs and sublimation. With this information, a therapist can provide "prescriptive suggestions of methods, tasks, and appropriate placement" for the client (Kelly, 1988, p. 64).

The procedure that Kelly developed for the Expressive Assessment is the following: in an initial one-hour meeting with the assessor, the client will go through eight short directives (two art, two music, two drama, one movement) to gather data and develop, ideally with a clinical team, recommendations for treatment. Kelly suggests that although the directives should remain consistent from client to client, the assessor can make slight modifications depending on the client's needs that they may be aware of prior to the first meeting. These modifications must be documented by the assessor.

The Expressive Assessment has both formal and informal qualities. There are several difficulties of informal assessment: the evaluator and therapist are the same, creating evaluator bias, information is gathered about one individual and is not compared to a larger sample of people, there is the possibility of projection from the evaluator, definitions used are imprecise, and there is a lack of consensus for what items should be covered (Gantt, 2011, p. 19). According to Gantt (2011), there are three qualities that make a meaningful assessment: "a precise vocabulary, clear definitions, and a comparative process" (p. 19). When it comes to formal assessments, practitioners can only know what matters if they have something to compare it with. Comparison lends itself to standardization, which then lends itself to validity and reliability.

The assessment's formal qualities are that the eight short assessments remain relatively the same across the board, regardless of the client. In addition, each of the assessment tasks have specific criteria that the assessor must pay attention to and report on. On the other hand, the Expressive Assessment is descriptive and interpretation based; there are no ratings, codes or scoring system. Because the tasks in the Expressive Assessment have both formal and informal elements, the Expressive Assessment may not have the highest reliability or validity.

An example of this can be found in one of the music assessments where the child is given a manila card with sequenced letters written on it that correlate to letters on the metal bars of a soprano metallophone. The child is then asked to play the sequence of letters on the metallophone using a mallet (Kelly, 1988, p. 65). The formal quality of this assessment is the consistent use of the soprano metallophone as well as the structure of the assessment itself. The informal quality of this assessment is that the order and number of the letters provided to the child may change. In addition, Kelly does not specify how many attempts the child has at

completing the sequence or if they should be given more than one sequence. Because this information is not provided in the assessment, the assessor must use interpretation and description to make meaning of the results.

The advantages of using the Expressive Assessment is that it is a rather portable tool, includes various artistic modalities, can be given in a short period of time and can yield significant results that are translatable to other mental health professionals (Kelly, 1988, p. 69). Because the assessment is based in arts and is mostly used with children, it is often perceived as enjoyable and is less anxiety provoking. The assessment also does not depend on the client having an artistic talent or ability. Conversely, many who have used the Expressive Assessment have reported that the one hour limitation is not always achievable based on population and environment in which it is conducted. The assessment has also been criticized for not having a more established set of norms or being "too open".

In the next section, I will discuss the Expressive Therapies Continuum, an art therapy assessment that, similar to the Expressive Assessment, has both formal and informal elements. The ETC does have an established language and a suggested approach for its use as an assessment but no code or rating system, making the results of the ETC still rely heavily on the interpretation of the assessor and not valid or reliable on a larger scale. However, I believe it is the most useful assessment tool for art therapists and expressive arts therapists alike to gain insight into their client's experience and support the therapist in creating a thoughtful and strategic treatment plan.

The expressive therapies continuum (ETC). The ETC is an arts-based assessment tool that views a person holistically and thus, their journey holistically. The ETC is "a theoretical and practical guide which provides a way to answer questions about what media to use, under what

circumstances, and with which particular clients" (Hinz, 2009, p. 4). According to Kagin and

Lusebrink (2009), "the ETC represents a means to classify interactions with art media or other

experiential activities in order to process information and form images" (p. 4).

The ETC is primarily used as an assessment tool for art therapists to determine their

client's stage of information processing. When the ETC is used in practice, an art therapist will

observe patterns, behaviors, symbols, and colors in their client's interaction with specific media

or image formation. The therapist would then refer to the ETC, which "organizes media

interactions into a developmental sequence of information processing and image formation from

simple to complex" in order to make therapeutic decisions, create treatment goals, or organize a

treatment plan (Hinz, 2009, p. 4).

The ETC is organized in "four levels of increasingly complex processing" (Hinz, 2009, p.

5). Three of the four levels have two complementary components. According to Lusebrink

(2009), the two components forming each level of the ETC are meant to complement or improve

the functioning of the other (p. 6). Therefore, "when both components of an ETC level are

contributing optimally to an experience, expressive functioning is most favorable" (Hinz, 2009,

p. 6). Lusebrink named this experience—where activity is enhanced by the collaboration of both

interactive influences—as creative transition functioning (Hinz, 2009, p. 6).

Current use of ETC as an assessment tool. According to Hinz (2009), when using the

ETC as an arts based assessment tool, "Clients need to be free to choose materials and tasks in

order to demonstrate their true preference for expression" (p. 194). With this tenant at the core of

its use, an arts-based assessment using the ETC must be unstructured and nondirective. By

approaching assessment in this way, the clinician is able to gain information not only by what is

created in the session but through the client's choices, interactions, mood, and preferences (Hinz,

2009, p. 194). Although this information reflects only the experience of the client in the

immediate moment, it provides ample context and insight into the client's larger life, thought

process, strengths and weaknesses, level of information processing and developmental stage. The

ETC is an informal assessment tool as it does not follow any standard administration procedures

and the formal art elements that emerge do not directly correlate to any specific criteria.

Hinz laid out a suggested process for how to administer an ETC based assessment. The

goal of using the ETC as an assessment is for the therapist to be able to identify the client's

preferred function level within the ETC (Hinz, 2009, p. 11). In the first session, the client should

have access to an array of art media from across the continuum; for example, materials that are

resistive and fluid, two-dimensional and three dimensional, various sizes and shapes of paper and

appropriate tools for working with each medium (Hinz, 2009, p. 194). It is advised that the

therapist introduce each of these materials to the client with brief instructions so that they are

granted complete freedom of choice to demonstrate their information processing and image

formation preferences.

Also in the first session, clients should be given at least three to five tasks that will form

the basis of the assessment (Kaplan, 2003). By giving several tasks, there is a potential for a

trend in direction or strength of preference to emerge. In addition, providing several

opportunities to express allows the client to have time to get acclimated to the setting. It is

important that in these assessment tasks the client is given complete freedom to choose their

materials and content as it often results in more personal and meaningful creative products (Hinz,

2009, p. 195). Those who used the ETC as an assessment have found that given the freedom to

choose material and subject matter, the first expression usually reveals the most relevant or

pressing therapeutic topic in the eye of the client. This image is often also brought back to be

used at the end of treatment, to reflect on the change or resolution of the initial issue (Hinz, 2009, p. 195).

As the client completes these assessment tasks, "therapists should carefully observe their work and discourage client commentary and questions that will distract psychic energy from the creative process (Hinz, 2011, p. 195). When the client has completed the tasks, the client will be asked to describe their expressive experience. The client's verbal communication about the creative process is one of four elements the that therapist may pay attention to during the process. The remaining three elements are 1) preferred medium, 2) manner of interaction with the medium to process information and form images and 3) stylistic or expressive elements of the final art product. The therapist's observations of the above four elements during the client's assessment tasks will give insight into the client's level or component of the ETC of primary information processing.

Components of the ETC. The ETC is made of up of four levels of information processing that encompass seven components. As mentioned above, three of the four levels are set up as a continuum. Each component is different yet interconnected in order to most accurately reflect the mind, processes and functions of the client at hand (Fernandez, Serrano & Tongson, 2014, p. 22) Below, I will describe in more detail the defining properties of each component.

The kinesthetic/sensory level. Starting at the bottom of the ETC are the kinesthetic/sensory components, otherwise known as the preverbal level, where processing traditionally begins. The kinesthetic component focuses on tactile and physical experiences that can regulate or deregulate the amount of stimulation or arousal in a client. Common activities or media for this component are the actions of banging, rolling, scribbling, or splashing (Hinz, 2009, p. 50).

It is most common that in the kinesthetic component, resistive media is utilized to catalyze significant physical action that will provide a release of energy or tension, the discovery and locating of inner rhythm, as well as an increased kinesthetic awareness. Some activities may include pounding, pushing or rolling clay, painting to music, sculpting stone or wood, tearing paper, or tapping nails into Styrofoam (Hinz, 2009, p. 57). According to Hinz, through these kinesthetic processes, individuals may experience increased arousal followed by relaxation, increased emotional awareness, the expression of emotion, and the perception of form (Hinz, 2009, p. 57).

The sensory component reflects information processing that is transmitted through the senses. Therefore, it focuses on the sensual responses to particular materials or experiences. In this component, a client may explore stroking wet clay, playing with aromatherapy, or engaging in sensory explorations with their eyes closed (Hinz, 2009, p. 55).

The sensory component utilizes sensory experiences to facilitate matching internal sensations with external sensations, focusing attention, calming the mind, increasing stimulation, and integrating more than one sensory channel with the potential to reconstitute memories and enhance awareness of other senses (Hinz, 2009, p. 77). Through these experiences, an individual may encounter the emergence of emotion or form, a state of calm, focus, relaxation, and increased depth and dimension to life events.

The perceptual/affective level. The next level includes the perceptual/affective components where information processing may include words or the beginning of image formation. According to Hinz, "Information processing at this level may be emotional and raw, expressed in the image without regard to form" (Hinz, 2009, p. 6). In the perceptual component, a person will likely be able to interpret or become aware of their senses. Conversely, in the

affective component, an individual will be developing their construction of moods, feelings, and attitudes.

At the perceptual level, individuals may begin to utilize materials that create more focused, specific, and detailed formations such as pens, pencils, or markers (Hinz, 2009, p. 99). The use of these materials matched with specific prompts will likely cause the individual to begin to organize their thoughts and feelings, enhance their interaction with the external environment, and progress with the containment of affect and the ability to perceive another person's point of view (Hinz, 2009, p. 99). As a result, the client may develop clarity of thought about emotions, self and experiences, increased empathetic understanding and an enlarged view of themselves in relation to others. Characteristics of artwork that may represent this component are perceptual integration, form predominance, line/shape mixture, differentiation of details and adequate use of space (Lusebrink, 2010, p. 172).

In the affective component, a person will go through experiences that facilitate an increased awareness of appropriate affect through activities such as drawing to music, visually depicting emotions, collaging various forms of expression, outlining bodies and labeling somatic experiences (Hinz, 2009, p. 121). Through these activities, an individual will develop a safe expression of affect, explore the representation of emotions, non-threatening emotional expression and somatic experiences related to emotions (Hinz, 2009, p. 121). Affective artwork may also have the following characteristics: predominant and expressive color, dynamic outlines, incomplete outlines, open forms and descriptive color (Lusebrink, 2010, p. 172).

The cognitive/symbolic level. The next level includes the cognitive/symbolic components. This level is characterized by complex and sophisticated information processing; it requires planning, cognitive action, and intuitive recognition. At this level, verbal input is often required

as these components reflect more complicated cognitive processes and multi-dimensional

symbols (Hinz, 2009, p. 6). The cognitive component is characterized by a person's ability to

"acquire knowledge and understanding through thought, experiences and senses" (Hinz, 2009, p.

147). At this level, a person may be able to generalize from one concrete experience to problem-

solving skills.

In the cognitive component, individuals participate in art directives such as depicting

relationships among objects in external reality, topic directed collaging, floorplans of childhood

homes, lifelines, timelines, or abstract depictions of family. Through these directives and the

utilization of materials such as collage images, paper, glue, and markers, individuals can

understand spatial relations, hold information in working memory, plan and execute multiple

steps, think through a course of action, and experience ordering and containing of affect and

development of cause-and-effect relationships (Hinz, 2009, p. 143). Some visual characteristics

in art formation at this level are cognitive integration, concept formation, spatial integration,

abstractions, problem-solving, categorization, step-by-step planning, and objective meaning

(Lusebrink, 2010, p. 172).

At the symbolic level, a person begins to realize that a feeling, symbol or experience can

stand for something else. Consequently, they will gain the ability to realize personal strengths

within the larger context of personal meaning (Hinz, 2009, p. 168). On this level, directives such

as collaging archetypal images, mask-making, self-symbolizing in clay, guided meditations or

daydreams, self-portraits or blot painting facilitate the discovery of internal wisdom, internal

strength from acceptance of parts of self, reduced repression of negative parts, integration of new

parts, identification of one's own journey and, the revealing of hidden parts of oneself (Hinz,

2009, p. 168). In art making, visual characteristics that correlate with this component are

integrative symbolism, symbolic meaning, symbolic abstractions, symbolic use of color, intuitive concept formation and, symbolic relationship between forms (Lusebrink, 2010, p. 172).

The creative level. At the highest level of the ETC is the creative component which is characterized by the synthesizing and self-actualization of the person (Hinz, 2009, p. 169). At this level, an individual will have a heightened consciousness and the ability to actualize their potential; also, they can heal without conscious interpretation or analysis, since these processes may have become subconscious by then (Hinz, 2009, p. 171). When someone is at the creative level, they have the ability to move through the other components of the ETC at their own will and necessity.

Self-actualization, or the experience of someone realizing potentials that had not been previously understood, is a defining characteristic of art-making at this level. Synthesis, the second defining characteristic at this level, is most commonly seen through the "synthesis of inner experience and outer reality, the synthesis between the individual and the media utilized, and the synthesis between the different experiential and expressive components of the ETC" (Kagin & Lusebrink, 2009, p 169).

Experiences and directives at the creative level are often defined by flow and play. The state of flow occurs when "a person's talents precisely match a specific task, she or he experiences a state in which time loses meaning (it either speeds up or slows down), mental facilities are completely engaged and a profound sense of satisfaction prevails" (Csikszentmihalyi, 2009, p. 173). Therefore, flow is not achieved and less likely to be experienced if the individual struggles to use or understand the materials or the prompt or is bored by it. This information is helpful to recognize in order to be able to identify if a person is functioning at a creative level.

Play is defined as "becoming familiar with diverse and unfamiliar media, experimenting with various ways to use the media, and not being concerned at first with creating a product" (Hinz, 2009, p. 173). As mentioned above, play can certainly also occur at the kinesthetic and sensory level of the ETC. However, what makes it unique here is that an individual functioning at the creative level has the awareness of the concern for the product and still chooses to participate in the experience without that intention in mind.

Collecting data with ETC assessment. Identifying the client's level of information processing on the ETC is one way of gaining insight into their current experience and thus, an appropriate treatment approach. The assessor may gain additional data about the client through their interaction with media, the stylistic and expressive elements that may emerge as well as their verbal communication. Below, I will illustrate how these observations may be additional data points for the therapist or assessor.

Understanding preferred media. Data collected on the client's preferred medium provides insight into what is most salient for clients in their decision-making processes and action tendencies. When clients consistently select one type of media, the therapist may infer that the client's "preferences for information processing are likely to be unyielding, and may indicate that a certain type is overused, or that other types of input are ignored or repressed" (Hinz, 2009, p. 197). In response, a therapist may attempt to build some tolerance for material flexibility, as balance, in this framework, is a strength and the hallmark of a well-functioning individual (Hinz, 2009, p. 197).

If a client does seem more attached to one form of media, a therapist can also a learn from their strength in preference and the quality of the material that they continuously choose. For example, the more fluid the material, the more likely a person accesses and uses emotional

input when structuring images and it is likely that affective input is of highest value for this

client (Hinz, 2009, p. 198). If a client continues to choose more resistive media, the client is

likely more dependent on their cognition as their preferred manner of information processing. A

person who functions from their cognition often has a strong memory, and effective planning and

problem solving skills. In addition, they may also be more likely to suppress or avoid their

emotion. If a person makes selections from the middle of the media properties continuum, for

example a watercolor marker, it may suggest that the client is more flexible in how they process

information.

A therapist can also collect data regarding risk taking based on the material choices that

their client is making (Hinz, 2009, p. 198). For example, if a client is remaining consistent with

one material, they may be risk avoidant. Risk avoidance could be related to discomfort with the

unknown or unfamiliar, highlighting the of potential negative outcomes, perceived low level of

competence or control, unwillingness to play or experiment, or a high level of self-discipline and

knowing how to play. It is important to note that these are all possible hypothesis and the

therapist must use careful verbal questioning with their client in the session, after they have made

their artwork, to better understand where their choices may be coming from. Those who are risk

averse must be thoughtfully and gently guided by their therapist into using unfamiliar media or

ETC processes. The therapist may see this as a goal to work on with their client, how to

experience and explore risk taking in a safe environment.

Manner of interaction with media. According to Hinz, how the client interacts with media

and their image formation will "demonstrate their predominant organizing process in operation

during information processing, in response to boundaries and limits, in their level of commitment

to a task" (Hinz, 2009, p. 198). There are several ways that a client can interact with boundaries

and limits. One way is how and when they decide they are complete with a task. Another is the size or expansiveness of their image formation. Observing how a client respects or challenges these boundaries may provide helpful information for the therapist into better understanding their information processing strategies.

Through observing a client's interaction with limits and boundaries, a therapist may also glean information about their level of commitment and frustration tolerance. For example, a client who may get easily frustrated by a task may reveal a lower level of frustration tolerance and a tendency for a more emotional response, indicating that they may be functioning from the affective level. Conversely, those who spend too long on or overthink a task may indicate a more cognitive style of information processing (Hinz, 2009, p. 199).

A client's level of energy when completing an assessment task may also be indicative of their information processing, "client puts forth effort and energy on a continuum from very low to very high, and energy expended correlates with the level of commitment clients demonstrate in attempt to work through difficulties" (Hinz, 2009, p. 200). Energy levels have been a commonly evaluated component in several arts-based assessments as it can indicate more directly to symptoms of mental health diagnosis (Gantt and Tabone,1998, p. 34). For example, decreased energy may be correlated with major depressive disorder while high energy may indicate a hypomanic episode or bipolar disorder. Again, these are simply hypothesis, to be followed up with more formal assessment of such diagnosis.

When learning about a client's relationship with limits, boundaries, their frustration tolerance and level of energy, the therapist almost inherently also gains information about the client's coping skills. The set of data gathered from these specific points of observation should

provide incredibly useful insight for treatment planning and the development of a therapeutic relationship.

Stylistic or expressive elements of the final art product. What a client creates during their assessment tasks may also be correlated to their developmental stage and level of information processing. As mentioned above, the kinesthetic/sensory level is indicative of the scribble stage of graphic development, which means that materials are mostly used for sensory qualities or passive facilitators of action (Hinz, 2009, p. 201). Therefore, at this stage, a therapist may pay more attention to the client's actions rather than their visual formations. However, as the client gets older in age, their developmental stage should correlate more directly with the perceptual/affective level of information processing. At this stage, the client may be at a higher level of graphic development; the therapist would then continue to pay attention to the client's actions, in addition to the visual formations that may begin to occur in their art. Finally, image formation at the cognitive/symbolic level may communicate complex thoughts, ideas, humor, irony and symbolism (Hinz, 2011, p. 202). A person functioning at this level will likely be older and more entrenched or familiar with the complexity of the human experience.

Line and form quality as well as space and color use that emerges in an assessment task also provides valuable data for the therapist. According to Hinz (2009), an emphasis on formal elements may point to perceptual functioning, while more distorted forms or those that overemphasize or attempt to disappear a component of an image might point to perceptual information processing (p. 202). Gantt & Tabone (1998) posited that poor line quality can be associated with overinvolvement with the kinesthetic component. How a client approaches each of these components of image formation indicates their mode of information processing on the ETC.

Verbal communication. Verbal communication can be an incredibly helpful tool in gathering data during an assessment. As mentioned earlier, verbal communication should only be used in specific ways during the ETC's assessments tasks. However, if the client is making verbal remarks, whether they be to the evaluator or to themselves, it must be noted. In addition to verbal discussion not being encouraged during the expressive components of the assessment tasks, verbal communication should only be documented when the administrator is present (Hinz, 2011, p. 210).

It is the job of the therapist to inquire about the client's feelings, associations and meanings of expression that may have emerged during their assessment tasks. Therapists must pay attention to the features of verbalizations such as quality of speech, rate and volume of speech as the client discusses their work and their process. These features may also shift, which is also noteworthy data for such an assessment.

The assessor must also have some knowledge in regards to what is typically challenging to communicate verbally and what comes more naturally based on brain structure. For example, clients will likely have the least difficulty when expressing processes related to left brain capabilities: cognitive, perceptual and kinesthetic. More challenging to verbalize are right brain processes: sensory, affective and symbolic. A therapist should pay attention to this as they collect data through verbal connection. They must also remember that "a creative experience can be therapeutic even when clients cannot find words to describe it" (Lusebrink, 1990; McNiff, 1996).

Assessment is a critical component of the appropriate and thoughtful treatment of a client. As arts-based therapeutic approaches become integrated into larger systems, legislation and the mainstream trends of mental health, there is an increasing need for valid and reliable arts-based assessments. Artistic modalities such as art, dance/movement, drama and music have

begun the work of developing established art-based assessment tools. However, the emergence

of expressive arts therapy, an arts-based modality of its own, has only begun to develop

appropriate and useful assessment tools. The Expressive Assessment, as well as the Expressive

Therapies Continuum are two already existing assessment tools that have laid the foundation for

the future of assessments and data collection in this modality.

Discussion

Through the exploration of the Expressive Assessment as well as how the Expressive

Therapies Continuum is used as an assessment tool, I've gathered critical insight into what is

important to include in an expressive arts therapy assessment tool. First, the assessment must

have several short tasks. Both Hinz and Kelly suggest that these tasks should be completed in the

first, or the first one to three sessions; this may depend on the environment where the assessment

is occurring. By completing the assessment in the first one to three sessions, the therapist can

gather enough information to determine an appropriate starting place for treatment, based on the

needs of the client. By keeping to this timeline, a therapist may be able to satisfy the time-

sensitive demands of their institution or third-party payers.

The short assessments tasks should vary in modality and structure, similar to Kelly's

process in the Expressive Assessment. The variety of task will allow the client to have several

different expressive experiences that will all provide valuable insight to the therapist. Similar to

what is observed when using the ETC as an assessment, the therapist will pay attention to the

client's choice and relationship to the materials, image formation, verbalizations, and stylistic

choices. Through these observations, the therapist can hypothesize the client's style of

information processing and create a treatment plan for the client.

The ETC is considered to be an assessment tool for art therapists. As such, each component of the ETC is characterized by art-based media, image formations, and approach to visual art making. However, I believe that the components of the ETC could also be characterized by other artistic modalities. For example, Hinz outlines a variety of actions, symbols, experiences, and verbalizations for the art therapist to look for when observing if someone processing information at the affective level of the ETC. Similarly, it is possible that a dance/movement therapist or a drama therapist could identify their own criteria that are modality specific that would characterize the experience of someone processing information at the affective level. Essentially, I believe that each modality could create their own version of the ETC. The seven components would remain the same, yet the different modalities would have their own criteria for how to identify and what to observe for someone processing information from that place.

If each modality had its own criteria for the seven components, the ETC could become a truly intermodal assessment and treatment planning tool. By using the short, multi-modal assessment tasks, a therapist would be able to learn about the client's current style of information processing. Once data has been collected through an ETC assessment, the expressive arts therapist may turn to the concept of creative transition or intermodality to create a treatment plan. Creative transitioning is the integration of the two components on any given level of the ETC which is when expressive and information processing is most favorable for the client (Hinz, 2009, p. 6). Therefore, if a therapist finds that their client's information processing is leaning more toward one pole of a developmental level, they may use a creative transition to identify a goal and plan that facilitates the integration of its complementing component to achieve ideal information processing.

The potential expressive arts therapy assessment I outlined above would be an informal tool. However, Gantt makes a strong argument for a focus on the development of more formal arts-based assessments as they will allow for the creation of a global language that can be used to compare results and build reliability and validity. These advancements in our research and evaluation will contribute to more widespread credibility in the larger mental health field, in addition to more concrete evidence that points to the unique power of expressive arts therapy. Finally, by finding ways to formalize our assessments, we will have a more accurate way to measure our client's progress over time. It is important to me that all of these advancements occur, which is why I believe that it is also possible for a tool such as the ETC to become a formal assessment.

One way that this might be possible is if the structure of the ETC itself had an x and y-axis; the x-axis would measure the increasing level of information processing and the y-axis would measure the client's location between the two components on each level. Each assessment task would then be testing a specific level or area of the ETC. For example, one art-based task could be assessing the client's comfortability with cognitive information processing. For that task, there might be a range of coordinates that would identify someone as either very comfortable, somewhat comfortable or not at all comfortable. The client's coordinate would essentially be their score on the assessment task. Then after several assessment tasks, the therapist would have a set of coordinates that somewhat accurately point to the client's abilities, preferences, and comfortability with certain modalities and styles of information processing. Although this idea is rather incomplete, assigning a coordinate system to the ETC allows for the potential development of a formal assessment tool with a universal language or rating system that spans across modality.

As the field of expressive arts therapy continues to grow, we will need to establish both formal and informal assessment tools in order to build credibility, grow the field, learn more about our work and the experience of our clients. Because so few examples of expressive art therapy assessments exist, it is our job, as practitioners of this work, to see the development of these tools as our responsibility and to continue to bring a critical eye to the way we learn about and assess our clients. I truly believe in the power of expressive arts therapy, and personally commit to the continuous development of the field.

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