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The Art and Dark of Assessments: A Literature Review and Personal Arts-Based Research

Liza Dennis
Lesley University, ldennis4@lesley.edu

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A Literature Review and Personal Arts-Based Research

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Liza J. Dennis

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Thesis Advisor: Sarah Hamil, Ph.D., LCSW, RPT-S, ATR-BC

Abstract

This critical literature review and personal arts-based investigation provides a brief history, a summary of the current use, and limitations of mental health and art therapy assessments today. Every individual is uniquely and authentically created from a combination of biological attributes, surroundings, personal experiences, and preferences. We share commonalities such as interests, values, morals, culture, religion, age, etc., but this is not to say that we will behave or respond identically in any situation. Therapists must learn how to adapt and use appropriate tools and measures for each client's specific needs, however, there is no specific training or precise guidelines regarding this art of adaptation. An uncommon practice in the United States is research conducted via the expressive arts modalities, including art, music, dance, drama, expressive arts, or multi-modal (Barone, 2012). Assessments have the potential to provide more efficient and culturally relevant information than the current, outdated assessments in use to help gain a better understanding for future research. This thesis contains a literary review regarding the use of assessments, limitations, and standards and policy; the same concepts addressed from an art therapy perspective; exploration of the use of arts-based research; and drawing upon the author's personal arts-based research. Additionally, it is suggested future research recommendations are derived from a critical analysis of the literature, personal reflection using arts-based research, and genuine personal inquiries. Art therapists should constantly challenge creation methods, ways of research, and assessments in the field to generate an unbiased, inclusive, trauma informed and culturally aware approach that could accommodate to every individual with specialized, authentic, quality-based care.

Keywords: art therapy, assessments and methods, policy, standardization, inclusivity, arts-based research, cultural bias, creativity, creative arts therapy, personal arts-based research

Author Identity Statement: I want to acknowledge that I am a white, Jewish raised, cis-gender woman from the New England area. Due to my thesis topic, I find it imperative to disclose that I have been identified with learning disabilities by professionals, but I do not identify as disabled.

Introduction

The purpose of this thesis is to compare art therapy assessments with other standardized measures derived from the field of psychology and mental health counseling, to highlight the strengths and areas of improvement needed for our field to grow. The author believes that art can be inquisitive in a way that people cannot particularly do by exploring with words. Particularly, one can draw connections from creation. Creating can be an explorative adventure; however, it is understood how it can be an area of intimidation for many, due to high expectations. This thesis exemplifies how every individual has the unique potential to learn through their creations and that art is more meaningful than aesthetic and product. According to the Merriam Webster dictionary (n.d.), art is first described as a "skill acquired by experience, study or observation the art of making friends," possibly indicating that there is potential for art in everything. The second definition states art as being "a branch of learning" (Merriam-Webster, n.d.). It is crucial to recognize art as a learning tool, a means for communication and an instrument for growth. Art is about exploring, and once you engage in the exploration process, you are an artist.

There are a multitude of ways to assess clients, and the art therapist decides to select what assessment methods to use (Betts, 2013, p. 98). The American Counseling Association [ACA] (ACA, 2014) directed counselors to use assessment as one component in the therapeutic process to promote the well-being of clients. The American Art Therapy Association (AATA; 2013) stated that art therapists utilize assessment methods to better serve and understand the needs of their clients. Art therapists typically use tools referred to as art-based assessments, or art therapy

assessments, to avoid confusion. The term *art therapy assessments* refer to both concepts in this thesis. Arts-based research is the intersection of art and science, and while some may view them as polarized, there are many similar attempts regarding exploration (Leavy, 2017). According to Donna Betts (2006), many art therapists believe assessments provide understanding on a developmental level, emotional status, and psychological framework for future planning. Shaun McNiff (1998) pointed out the lack of validity and reliability art therapy assessment has, and the subjectivity within the interpretation. As this literature review will explore the use and misuse of assessments, it is important to consider the recommendations derived from multiple practicing art therapists. For instance, Betts suggested that:

> Art therapists should identify their personal philosophy, whether in support of or resistant to the use of assessments. Perhaps it would be wisest to embrace both sides of this issue and move forward with the work that needs to be completed (Betts, 2006. p. 432).

Similarly, a former graduate student from the Expressive Arts Therapy Graduate School of Arts and Social Sciences at Lesley University, conducted her thesis on a corresponding topic. They stated, "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" (Gendler, 2019, p. 13). By recognizing the art in assessments, for example the intricacies in how they are made and the thoughtfulness within the content, this thesis also notices the dark of assessments, for example where they derive from and the rigidity that may lack room for humane expression.

Traditional talk therapy and Cognitive processing therapy are the most common methods of therapy (Art therapy in action: Research, American Art Therapy Association, 2017). This is the most common method for communication within therapy sessions, and this practice relies

heavily upon language. It is imperative to understand and hear every individual, but due to language differences, translation barriers, cultural jargon, and other cultural differences, it is believed that embracing art as language has the potential to be a breakthrough method to understanding those from unbiased space, opposed to predetermined standardized measures based on quantitative data and empirical research. Qualitative data and arts-based research will also be topics of focus, as this artist believes qualitative data provides our field with unique specific glimpses into working with a multitude of populations. It is believed by some art therapists that arts-based research provides an expansive, yet abstract lens into one's experiences, feelings, reactions, and behaviors. Arts-based research tends to be affiliated with education. Bagley (2012) stated in their research why arts-based research can:

> … legitimize, empower and promote the voices of the educationally and socially marginalized; evoking an experiential and sensual means of feeling and knowing by which researcher and researched may co-recover, interrogate and enrich an anti-colonialist critique of the dominant social order. (Bagley, 2012, p. 239)

It is possible art may be a powerful bridge to update assessment policies, and lead to a more inclusive field. Furthermore, by providing examples of my artwork, this future art therapist models how therapists, too, can be vulnerable, imperfect, and most importantly, continuously grow and willing to do so. It may be unreasonable to expect the therapist to be a pure blank slate with no bias. Bias has a negative connotation socially in modern day discourse, but if we can explore the complexity within our own bias, we can understand our experiences on a deeper level. This understanding allows us to develop a stronger sense of self; therefore, the recognition of bias could lead to self-actualization. It is the author's opinion that the more a therapist understands themselves and their reactions, the more capable they will be in helping others. It is

believed there are endless ways to explore and learn about oneself through creative modalities. With the appropriate use of assessments, an art therapist can find a harmonic balance between art and science, similarly to how the field can properly advance with the times by looking at both the art and dark of assessments.

Literature Review

History of Assessments

The use of formalized assessments can be traced back to 1904, when author and researcher Alfred Binet created the first Intelligence test, often referred to in modern day as the "IQ test" (Gregory, 2014, as cited in World Support, n.d.). Binet's work was primarily influenced by the work of Wilhem Wundt, who theorized that the speed of thought may vary between individuals (Gregory, 2014). The IQ test served as a standardized way to classify children based on their intelligence levels and varying needs in the academic realm. The test was modified by psychologist Lewis Terman in 1916 under the new name of the "Standford-Binet." The scale served as a catalyst for the creation of other standardized measures, in addition to the Stanford-Binet being utilized outside of the school sphere. For example, the United States Army adapted competency testing for its soldiers. This new method of "group testing" picked up drastically during the first World War, when each recruit would be tested on intelligence and personality, to classify and assign jobs effectively (Gregory, 2014). Using these tests may not account for shifts in cultural attitudes, such as awareness regarding racial prejudice. For example, Eitelberg concluded "The World War I testing experience supported the popular contention of the period that blacks, as a group, were inferior to whites in native intelligence" (Eitelberg, 1988, p. 8). This demonstrates these tests were designed to categorize people, rather than assess an individual's capabilities for their own improvement.

Mentioned in a historiography of mental testing, written by Annette Mülberger, pointed out the overlap between the psychological science and political agendas, furthermore, discusses other researchers' opinions, for example, Kamin:

> His conclusion was straightforward: The examination of empirical evidence of past (and present) studies of intelligence based on mental testing shows that there is no support for maintaining positions supporting hereditarianism. Unintentionally, IQ psychology had served as an instrument for oppressing the poor and the foreign-born through its use to justify deportations and forced imprisonment in asylums (Mülberger, 2014, p. 177).

Kamin published this regarding social research as it examines the science and politics of I.Q. testing in 1974. The history of assessments derives from intelligence testing, often based to classify workers.

Assessment use Today

In the clinical mental health realm, it is recommended that therapists and other healthcare providers assess their clients to inform and provide quality treatment. According to The American Psychiatric Association (APA: Online Assessment Measures, 2021, About the Measures section), those measures are to be used not as the sole basis for formulating clinical diagnoses, but to help facilitate clinical decision-making. The section identifies different measures that can be classified into four types, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

The first category discussed is Cross-Cutting Symptom Measures. This practice is used to help identify additional areas of inquiry to better enhance treatment and prognosis. Additionally, Cross-Cutting Symptom Measures has two levels. Level 1 questions are a brief survey containing

13 domains for adults, and 12 domains for children. Level 2 questions are more in depth pertaining to specific domains.

The second category is known as Severity Measures, which are disorder-specific, and it is suggested that clinicians use these measures with individuals who have a diagnosis or are suspected to an identified criterion. These measures consist of self-completed measures and clinician guided measures.

The third category derives from The World Health Organization Disability Assessment Schedule, Version 2.0 (WHODAS 2.0), which a clinician can use to assess 6 performance areas pertaining to the WHO International Classification of Functioning, Disability and Health. These assessments are self-administered, or clinician administered scales.

The final classification identified by the DSM-5 are Personality Inventories, which are used to measure maladaptive personality traits in 5 domains. These domains include negative affect, detachment, antagonism, disinhibition, and psychoticism. These measures are described to have brief forms with 25 items and full versions with 220 items. (APA official website, APA: Online Assessment Measures, 2021, About the Measures section). The DSM-5 provides four categories to refer to when providing assessments, it is then up to the counselor to use their best decision-making skills when choosing what to administer.

The Limitations of Assessment

A commentary piece published by the APA addresses the urgent need to accept the racist practices within psychological assessment (Byrd et al., 2021). The Boston Naming Test (BNT), a 60-item intellectual assessment regadring visual confrontation naming, has been considered a gold standard, despite the racial stimuli it provides, which is an image of a noose. "This standardized procedure of exposing examinees to such a racist stimulus can have psychological

and performance-based impacts that should be of urgent concern to all psychologists" (Byrd et al., 2021, p. 281). By providing BNT as an example, which was created in 1983, the authors clearly state the lack of change regarding assessments over the past forty plus years. In addition, a recent review about evidence and issues regarding Routine Outcome Measurement (ROM) in clinical practice states:

> For healthcare providers, there is a growing emphasis on incorporating evidence-based treatments and determining necessity of treatments by tracking outcomes using outcome assessments. Outcome assessment is an evaluative method of measuring patients' view on aspects of their health status over the course of treatment. (Gold et al., 2019, p. 26)

ROM has been repeatedly proven to utilize feedback effectively to enhance treatment, although research shows most clinicians in the United States do not use this method (Gold et al., 2019). These authors imply the limitations regarding the collection of data due to cost, time, interpretation, and concerns regarding usefulness of this information (Gold et al., 2019). Standardized assessments and tests have displayed a performance gap between ethnic minority groups and non-minority ethnic groups (Kim, 2015, p. 129). Kim concludes "Therefore, among alternative assessments, the most culturally fair assessments would be non-timed, hands-on performance assessment on familiar contents with oral instructions, such as group projects, informal assessments, or interviews" (Kim, 2015, p. 135).

Standardization and Policy

The American Counseling Association (ACA, Code of Ethics, 2014), Section E: Evaluation, Assessment, and Interpretation, implies that counselors use assessments during the counseling process as one component to promote the well-being of the client, by developing and selecting appropriate tools for the client. The counselor must take into consideration all 13 codes

under Section E. These codes suggest the counselor to consider client welfare, appropriate usage, informed consent, diagnoses, cultural sensitivity, historical and social prejudices in the diagnoses of pathology, administration conditions, multicultural issues and diversity in assessment, assessment construction and lastly forensic evaluation and legal proceeding information's (ACA, Code of Ethics 2014, pp. 11-12). It is the counselor's responsibility to make a logical decision and be able to provide evidence that the assessment chosen considered the clients cultural and personal components, while also referring to one's relevant codes of ethics. The American Mental Health Counseling Association (AMHCA) provides a code of ethics "exclusively for the mental health counseling profession" (AMHCA, 2020).

The American Psychological Association (APA Ethical Principles of Psychologists and Code of Conduct, 2017) provides 11 codes regarding the use of assessments. Section 9.02 directs to Psychologists administer assessment instruments with a purpose, with validity and reliability, and in a method appropriate to an individual's needs. The APA claims in their 3–5-year plan, adopted in February 2019 will help transform the APA to be more aligned with their vision and mission (APA Strategic Plan, 2019).

Section 9.08 in the APA indicates that psychologists do not base their assessment, intervention, decisions, or recommendations on obsolete, outdated and/or tests that are not useful for the current purpose (APA Ethical Principles of Psychologists and Code of Conduct, 2017). Overall, these detailed guidelines represent how each therapist must function, and often consists of recommendations for example, basing decisions off personal competency, level of expertise and remaining client/site specific.

Art Therapy Assessments

A recent survey on professional members of the American Art Therapy Association (AATA) indicated that during that time, 85% of members identified with assessing their clients, keeping in mind only 397 art therapists participated (Gussak, 2015, p. 504). In The Wiley Handbook of Art Therapy, Gussak stated that the profession of art therapy lacked clarity on what tools should be used and when. He includes the way in which Donna Betts addresses this issue and provides a helpful tool to assist in appropriate art therapy assessment selections (Gussak, 2015, p. 504). Betts creates a comprehensive list that is subject to change, in which each assessment is organized under their appropriate domain which consist of the following: Clinical Interview, Assessment of Relationship Dynamics, Cognitive/Neuropsychological and Developmental Evaluation, and Tools that Address Various Realms of Treatment (Gussak, 2015, p. 504). Art-based assessments are described to have several benefits such as providing a less intimidating and "uncensored view" into thoughts and feelings, not too time consuming and can be easily understood (White, 2004). One popular art therapy framework describes looking at the child.

History of Art Therapy Assessment

Projective assessment procedures and art-based methods begin the foundation for measurements in the art therapy field (Betts, 2005, p. 15). Betts (2005) provides an in-depth overview of the history and development of art therapy assessments and instruments. For over 100 years, multiple professionals have used artwork for evaluation, research, and therapy (Betts, 2005). Before the 1900s, several scientific articles described through impression, spontaneous artwork that was created by "mental patients" (Betts, 2005, p. 15). Corrado Riccu, an art critic

who had interest in psychology, published the first known book of children's art where drawings were presented as possible psychodiagnostics tools in 1887.

Art Therapy Assessment Use Today

Many art therapists use art-based assessment methods to determine a client's level of functioning, treatment plan, strengths, and progress (Betts, 2006). According the AATA, art therapists use and develop assessment methods to best serve the needs of their clients (AATA, 2004a). Art assessments provide a unique, non-verbal, and uncensored view into a child's thoughts and feelings (White, 2004, p. 210). This study quotes "To be most useful, art assessments should be "non-threatening, easy to administer, not too time-consuming to complete, and easily analyzed (Anderson, 2001a)" (White, 2004, p. 210).

Art therapists, like expressive therapists, can utilize the Expressive Therapies Continuum (ETC) as an assessment tool when using art in therapy. The ETC framework provides an organized and efficient way to assess client abilities, create treatment goals and conduct treatment (Hinz, 2021).

The Limitations of Art Therapy Assessment

There are methodological complications with art therapy assessment including lack of scientific empirical evidence, validity, and reliability. Betts (2006) shed light to the philosophical and theoretical issues within our therapy assessments. It has been noted that some art therapists are resistant to the use of assessments as an entirety due to the unneeded rigidness and classification it provides (Betts, 2006). It has also been argued that art our therapy assessments are depersonalizing as they fail to address subjective elements (Betts, 2006). Finally, Betts stated the following:

These individuals assert that focusing on theory is a more strengths-based framework for

understanding a client in a way that is systematically and contextually informed:

Discerning strengths, developmental position, and attachment security while considering

gender, culture, family form, etc., of the client seems more fitting for shaping art therapy

interventions for therapeutic change (p. 428).

Standardization and Policy

Art therapists refer to the ATCB, section 2.6, Measurement and Evaluation, which

consists of 12 codes to abide by. American Art Therapy Association (AATA) section 3.0,

Assessment Methods, contains six codes of ethics. These codes are prefaced with a statement

that art therapists develop and use assessments only within the context of a defined professional

relationship to better understand and serve the needs of a client. Six separate codes provide

guidelines for therapists to follow. For example, the codes dictate that they are familiar with the

tests and application, they have acquired competence through training and experience, they

follow development procedures, they arrange for an interpreter, they take reasonable steps to

ensure that others do not misuse the results of their assessments, and that all related materials are

kept confidential according to the policies and procedures of that professional setting in which

the assessments were administered (AATA, 2013 p. 5). The codes are ethical guidelines to help

therapists make the right decision for each individual client based on their needs.

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Discussion

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Arts-Based Research

Arts-based research has been a way to use the expressive qualities of form, to convey

meaning (Barone, 2012).

We tend to think about research as being formulated exclusively- and of necessity-in words the more literal, the better…. When those tools limit what is expressible or representational, a certain price is paid for the neglect of what has been omitted (Barone, 2012, p. 1).

As an art therapist and as I analyze the assessments, arts-based research and art therapy research provides opportunity for open-ended analysis and expression. When the author refers to "neglect", perhaps they are implying the little room for expression. Rather than approaching research with an open ended and multivariate and diverse perspective, this creates an inaccessible and exclusive approach to research. There is much qualitative work to be done within the artistic process; however, it is more challenging to measure the quantitative approach towards arts-based research.

According to Bagley (2012)**,**

In positioning critical arts-based research in education as a genre within the qualitative paradigm, we are acknowledging the methodological possibilities afforded by the approach: to engage with the emotional, sensual, and kinesthetic complexity of everyday lived experiences; to challenge dominant cultural norms, beliefs and values; and to uncover, recover and portray research to audiences in new ways. In so doing, we contend, critical arts-based research in education can politically move subjects, performers, audience and researchers into new cultural spaces of understanding, resistance and hope (p. 257).

This author alluded to the expressive therapies continuum (ETC) and how to engage and assess people's emotions and thoughts. The ETC is a way to scale and measure a client's process in a manner that is tangible. It is also a way to measure their comfort level with materials and

then this provides therapists with a starting point to cater to their needs. All the domains of the

ETC correspond to functionality and themes manifested within our everyday lives.

Personal Arts-Based Investigation Process

By referring to different studies that use arts-based research, a plan was created for how

to study, conduct and reflect on my art creating and experience for research. Arts-based research

has been a way to use the expressive qualities of form and art to convey meaning (Barone, 2012).

To embrace how students, learn in a variety of ways, it is important to expand forms of

assessments to accommodate and celebrate multiple ways of learning (Norris, 2008). Joe Norris,

a teacher, introduces an arts-based assessment approach within his classroom, Norris stated "For

me, authentic learning and assessment experiences integrate the knower and the known. The role

of the teacher is to provide both content and processes that create spaces or thresholds through

which students can take control of their own learning" (Norris, 2008, p. 230). Norris instructed

students to use a metacognition log as they can assist learners in becoming aware of their own

thinking, and record emergent meaning-making (Norris, 2008). The methods Norris used in their

classroom were implemented, in hopes to use art as personal research to draw conclusions

through the art making process and by using reflective methods with a metacognitive log. With

the intention of using the art-making process in response to the conclusions, a place to ask

questions, and intersect art with research, the following section of this thesis describes this future

art therapist's process in making conclusions for this thesis, through personal arts-based research.

To create my first art piece for this thesis, I felt inspired by my professor who challenged

my virtual classroom, due to the COVID-19 pandemic, with the question of "What is in your

heart?" regarding our thesis topic. I created Figure 1 prior to determining a research topic and

prior to understanding the full definition of arts-based research. This is important to note because

the transformation process tends to happen before we are even aware, I would like to consider this a metaphor to therapy. In my art therapy program, it has become custom for us to explore through our own artmaking process, in this case our professor encouraged us to begin our thesis in this exploratory manner as well. My professor allowed class time for each student to explore independently in a modality of choice (see Figure 1, *What is in your heart?* created with pens, markers, and watercolors).

Figure 1

What is in Your Heart?

It is noted that I did not plan my creation, not for color, aesthetic, or perfection, but does find it important to create without a destination. I created shapes of soft red bubbly lines with watercolor that is used to represent my heart. Next, I went in with black marker and lines to represent some sort of restriction that my heart feels. I then added the abstract colorful design in the top right-hand corner, which is when I was pondering what is really in my heart. In what

would soon become information for my metacognition log, after creating this and reflecting on it immediately after, I noted these keywords: heart, love, restriction, held back, creation, imagination, beauty, color, darkness, and balance.

A few days went on and as I looked back at my image and wrote down "My creations may never fit within the restrictions" on November 28th, 2020. I felt as if my imagination and abstract ways of thought were too intangible to express through writing. As December came around, I had a selection of articles I wanted to research yet couldn't settle on an idea. The topics of interest now related to assessment, ethics, humanistic psychology, and art therapy, as recorded in the metacognition log. This is when I pasted the art piece, *What is in your heart,* in a book intended for future thesis notes and research. I started reflecting on what I saw and wanted to focus on but became quickly overwhelmed with words relating to assessments, ethics, and accessibility. On December 4th, 2020, I explored more from that previous idea by creating a big colorful blob, or world, to find some conclusions from the prior question, what is in your heart? See Figure 2, *Playing in my imagination,* created with watercolors to allow myself that flowy free feeling and completed with black marker for the human forms.

Figure 2

Playing in My Imagination
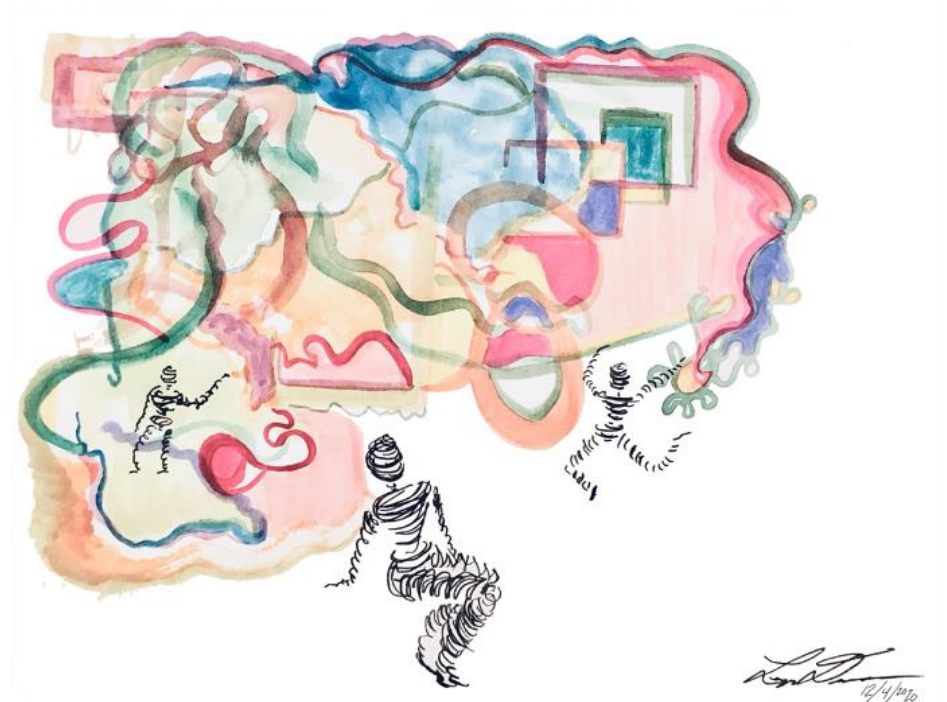
I had become interested in articles addressing the lack of validity in arts-based research. The recurring themes were questioning the open-endedness of art therapy assessments and qualitative research methods lacking empirical evidence. I felt an immediate connection to this piece, as I reflected on it, I found the colors to be calming yet playful. The space I created feels safe for play and exploration.

Keywords and phrases, I noted down in the metacognition log after creating this consisted of colorful, imagination, boxes, categories, labels, abundance, and togetherness.

In January my professor had stated to my class to "throw your questions out to the universe", which is when I created *To the Universe* (see Figure 3). I felt stuck with where to go next and what this research means. By taking some elements from Figure 1 and 2, I created Figure 3 in hopes of guiding me for this thesis. Boxes, circles, and swirls started to emerge, and I pondered what these shapes may symbolize. The black and white nature of the boxes I created made me question if these boxes represented human form.

Figure 3

To the Universe

It was around late January 2021 when I officially made the intention to create a metacognition log to coexist alongside my art. As I was contemplating what I wanted my thesis to explore, I once again became overwhelmed with research, words, ideas, and questions. Being an inquisitive student, I struggled with articulating questions often. Feeling resistance towards writing and reading, I noticed that I felt so passionate about the topic yet in ways I felt incapable of processing all the new information. My metacognition log contained these words for Figure 3: boxes, categories, diagnoses, worldly, and inclusion.

Early February 2021 is when I decided to look within intentionally and purposefully and examine my own experiences with assessments. I decided to research the literature regarding assessments and to create my own arts-based research simultaneously would be the most beneficial way for myself to understand the material in a proactive, strength-based, art therapy way. I recalled my first formal testing, beginning in the 1st grade, it was to my understanding that I was being tested to find out what is wrong or different with me. At this young age I vividly remember the embarrassment that came with being escorted out of my classroom to be tested. To understand my personal connection with the topic, I reflected on all previous artwork created for this thesis and reflected on my memories of being tested. Specifically, within my art, I investigated certain shapes, colors and designs that stood out. I searched for symbols in my previous artwork and tried to simplify my colorful creations into something with meaning. This is when I created *You Define You* (see Figure 4) with just a marker and watercolor. It was a simple process, as I knew I wanted to play with color first to include that important element and then add structure using the black marker and a variety of linework. The metacognition log reads key terms: tests, putting people in boxes, color, freedom, break free, destruction, system, standardization, comparison. As I created using the black marker, I felt driven to write something

but hadn't decided what. I created horse-show shape within the rectangle at the top and felt as if all the thoughts racing in my mind finally made sense. I see this figure as a representation of my experience with being tested, the colorful abstract start of the piece represented myself, the black line-work represented those trying to help me, diagnose me and support me. By adding the script "U DEFINE YOU" I felt a sense of power, as if I am taking back the narrative of deciding who defines me.

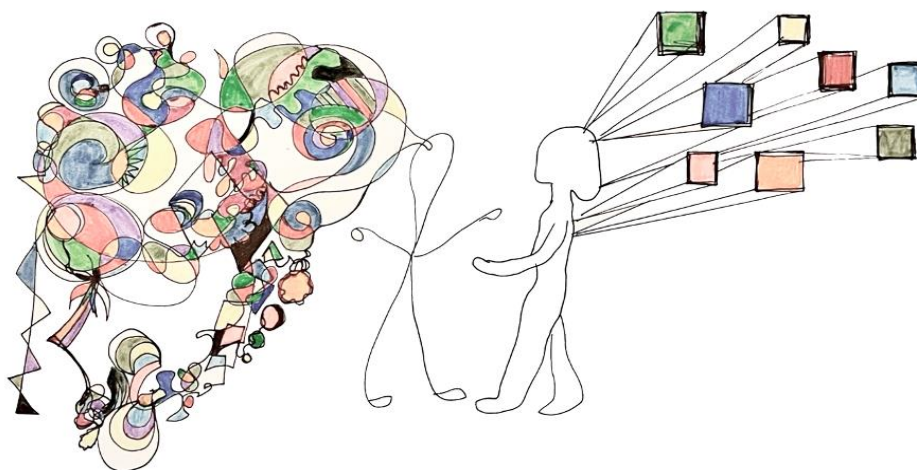**Figure 4**

You Define You

Memories quickly sprouted of being brought around to the smallest hidden rooms in the schools, while simultaneously recalling being singled out in class to leave and catch up on last week's material, just to fall more behind. It recalled the first time I was called hurtful word, like

retarded, for being in special education classes. Now, these rooms are a reminder of the one place in every school that I did feel seen, safe, and successful. This room is known as the art room, the only room that allowed me to truly express myself, opposed to other classes that left me feeling misunderstood, alone, different, complicated, and ultimately unfixable. I could be colorful, I could mess-up, I could make a mess, I could ask questions, I could move my body and I could be my unperfected self. I love to learn, to ask, to speak up but certain places often felt like they didn't provide a space for my questions or my answers. For example, I was always that student to second guess myself on multiple choice tests and circle the wrong answer. I was that student who would write in the margins of their test to make sense of the questions. Many multiple-choice questions never felt like they had to simply have one answer to me. This was a recurring pattern in my education, resulting in poor test results which portrays lack of knowledge, however, I never felt like that was my case. I simply had more questions, more to understand and then more to question.

Figure 5

Translation

When creating this piece, Figure 5, *Translation* I was feeling empathetic with individuals who have been judged from any setting, placing them in categories that don't represent their true colors. It is common for many professions to categorize humans based on their capabilities to determine strengths and weakness. I believe it's important to recognize there is not one category for an individual to correctly fall into, where they are a mix of many different categories, or colors as represented in this image. This piece was specifically created after gathering more information for the literature above and seeing how intricate assessment methods are. I value and admire the previous work that has been done for the field of mental health and art therapy. I want to highlight on the hard work and thoughtfulness of each assessment, but I also want to explore areas for improvement. *Translation* is a piece exploring the multiple identities a human hold. More specifically, however, it shows how a therapist can best understand and dissect the person in front of them—how they must keep an open mind and see the client's colors for how they would like to be seen, not just how the therapist may want to see them. Words in my metacognition log for Figure 5 composed of: language, understanding, comorbidity, colorfulness, expression.

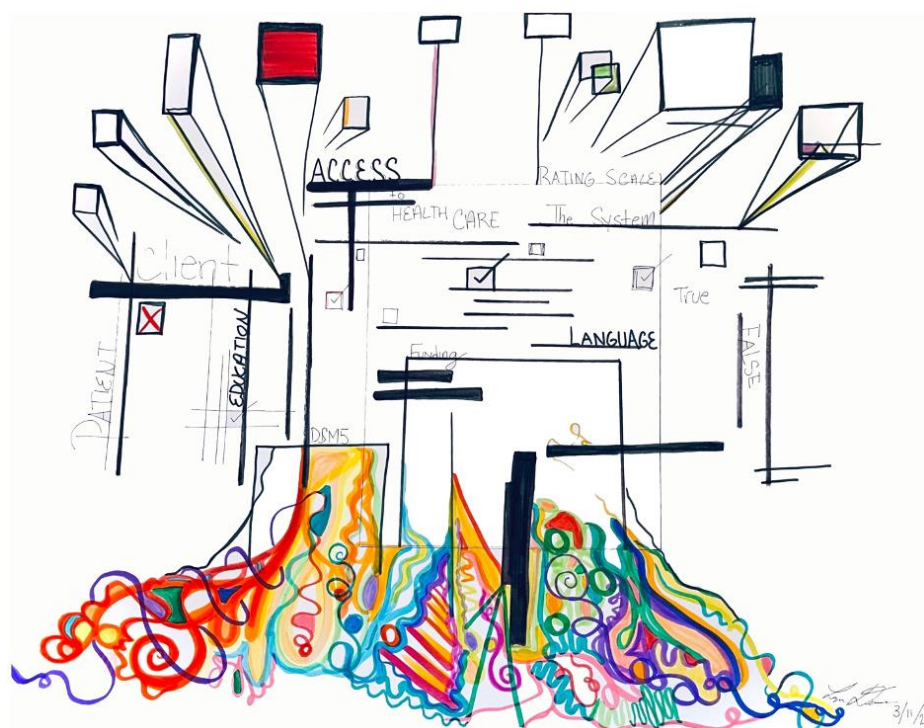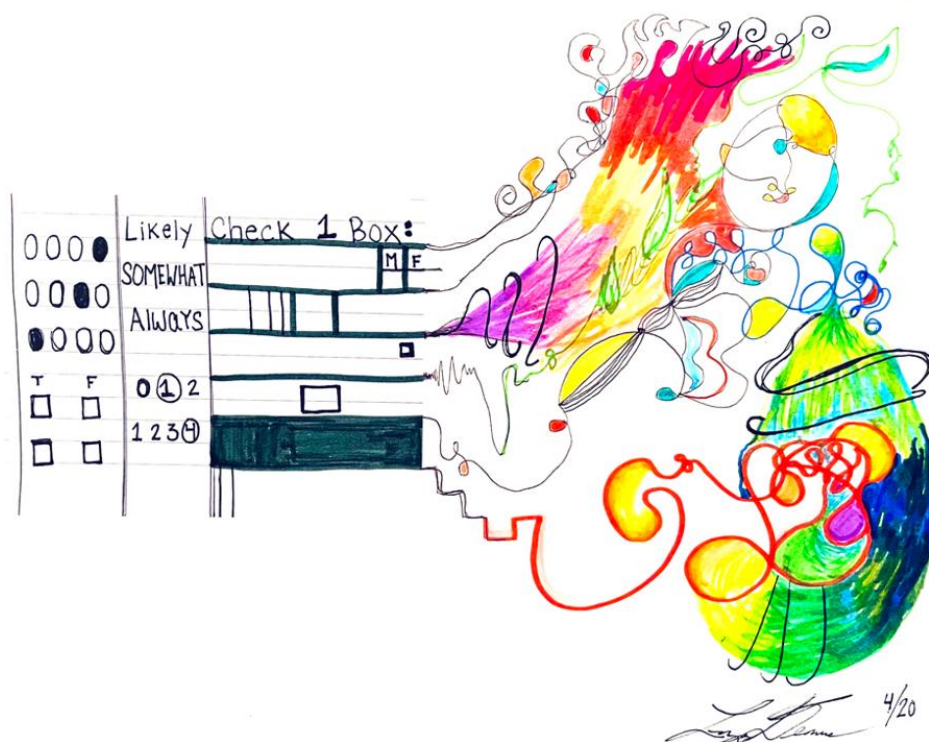**Figure 6**

The System of Assessment

Figure 6 was created to explore my personal bias and artistic response regarding assessment. When looking at the bottom of the art piece, you can see swirls and fun colors. This depicts the first moments a child can think. They have a creative and open mind— sometimes going one place, and then immediately turning to something else. They live a carefree life, not knowing the seriousness of adulthood. They express their creativity through school, clubs, and other activities through play. As time goes on, and we move up the drawing, children grow into adulthood. Children put down their playthings. Topics of conversation and thought become more realistic, and there is an expectation to develop personal autonomy, interests, relationships, awareness, etc., One may lose touch of their creative, playful, imaginative side because other factors take precedence. These other factors are expected to take precedence over the characteristics the child may have possessed. In this image, I tapped into the idea of how the creative mind can diminish as time goes on, and how this could possibly be related to the way our society examines us. My metacognition log included words that are also displayed in the image: systems, rating scales, patient, client, DSM-5, true, false, funding.

Figure 7

I Prefer Color

When creating this image, Figure 7, *I Prefer Color*, I reflected on the different assessments provided in a therapeutic setting. My metacognition log for this piece felt specifically relevant for my thesis as it directly influenced the title of this paper. The closed questions of assessments give little room to express any additional thought. As one checks off a literal box labeled true or false, they are simultaneously put into a figurative box. This box may not accurately depict their experiences, mood, and unique life that they have lived. Through this piece, I represented the creativity of one's mind, and how it is too abstract for certain assessments. Shaun McNiff pointed out that art-based research and scientific inquiry both share a common obligation to innovation and creative imagination (McNiff, 1998). While my creative expression is typically art, others may have different modalities they prefer express themselves in like dancing, music, and theatre and more. This creative outlook is, in my opinion, a crucial part to develop therapeutic methods for the healing process and should be established in all institutions. Assessments have many black and white characteristics. At first glance, they are black and white boxes placed on paper to answer questions. More broadly, people are very opinionated as to whether they believe assessments truly "work" and if they are ae necessary. My belief is that there are both good and bad—black and white— aspects to assessments. Similarly, the art and dark of assessments is meant to visualize the black and white nature of assessment methods, while acknowledging that the human experience really has endless amounts of complexities that are vital to the therapeutic setting.

Future Implications: A Call to Action

The 6 Guiding Principles is a section on the APA Strategic Plan, 2019, that the APA claims to apply every day, consist of:

- **Build on a foundation of science:** Ensure that the best available psychological science informs policies, programs, products, and services.

- **Advocate for psychology and psychologists:** Demonstrate an unwavering commitment to promoting the field while supporting and unifying those who make it their profession.

- **Champion diversity and inclusion:** Further the understanding and appreciation of differences and be inclusive in everything we do.

- **Respect and promote human rights:** Focus on human rights, fairness, and dignity for all segments of society.

- **Engage with and deliver value to members:** Provide resources, opportunities, and networks that help all members at every stage of their careers.

- **Lead by example:** Serve others, model integrity, and demonstrate the highest ethical standards in all our actions. (APA Strategic Plan, 2019)

However, this feels incongruent as I continuously faced articles addressing limitations in their research, the use of outdated methods, and the lack of research on a multitude of modalities. For example, another statement written by researchers in the field, "The acceptance of racist practices in psychological assessment, like the use of racist stimuli in testing material, has gone unchallenged for far too long"(Byrd et al., 2021, p. 279). The authors call upon the community of all psychologists to challenge and critically review the current psychological assessment measures, language, and procedure to "…make the changes that will align professional practice with the antiracist values required to undo the effects of structural racism in psychology" (Byrd, et al., 2021, p. 279)". It is believed the APA is taking the choice to inattention research and fail to address specific ways that our field can and will update assessments, re-evaluate them and get consistent feedback. Although research is supposed to be that feedback, it appears it is not taken

to the level of concern that it should be. As the APA strategic plan states guiding principles

focusing on building a foundation of science, advocate, promote human rights, inclusivity, and

lead by example. Outdated assessments require new research, and the art therapy field should be

quickly making changes to create a more inclusive, culturally aware, and the progressive field we

strive to be. Eitelberg (1981) stated that "As a result, many studies of race differences often

generate more heat than light. The subject itself is politically sensitive, and an area of

investigation sometimes avoided by social scientists who simply wish to stay out of the fray" (p.

7). This writer acknowledges there is no possible way to create an assessment that is completely

satisfactory, yet we owe it to all humans to continuously try our best to make assessments

appropriate, non-binary, multicultural and as trauma aware as possible to account for all humans.

Conclusion

This thesis addressed the current usage of assessments and demonstrates the usage of

assessments is crucial yet subjective. Specifically, it showed the use of assessments is created to

group individuals and classify people and come from a very research-based lens rather than a

lens that is aligned with human nature. Assessments seem as though they are heavily concerned

with data rather than with the people. Researchers have argued that although the field and the

DSM have progressed, assessment strategies are largely outdated and have not been updated.

This issue is especially important given the field's overall efforts to address systemic oppression

and be more empathetic to people. In fact, the APA (2021) has recently published a piece of

critical self-reflection addressing how racism is built into its system.

> Such practices are emblematic of the entrenched systems of structural racism and
>
> pernicious presence of anti-Black oppression within psychology and beyond. This article
>
> brings into focus one glaring example: the inclusion of a noose as an item in one of the

most widely used standardized tests in neuropsychology—the Boston Naming Test. The

deeply offensive nature of this item has gone publicly unaddressed in the psychological

literature for decades despite over 27,000 published articles with this test as a primary

keyword.

Historically, within therapy there have been boxes and exclusive criteria to fit binaries

and expectations, which creates a culture of homogeneity. By fostering a homogenous space,

this leaves little room to consider differing cultures and perspectives. The field has a set of

predetermined ideals and conditions one must conform to fit the considered "norm"; however, it

is imperative that as therapists we begin to accommodate others, rather than others changing

themselves to fit within our conceptions of what is "normal" and acceptable. My artwork

references this idea within "I prefer color", which discusses how we should show our true colors

rather than change ourselves to fit within certain boxes. As an art therapist, I want to adapt to

my client's creative outlets and modalities. As therapists, we should strive to adjust to our

clients; thus, our field should adjust and become more sensitive to society's needs and identities.

Therefore, people are aware of it and change must be made, whether that is in ACA

guidelines or simple assessments. Through a literature review of clinical mental health and art

therapy assessments, it has been determined that no single assessment can provide efficient data

about an individual. Integrating artwork as a form of expression allows articulation of thoughts

through other means of assessments. Through different trials gathered from research, it has been

justified that the assessment process needs to be updated and professionals need to update their

practices with patients. It is crucial for the field to continue analyzing data from assessments and

determining the best practice for professionals to use with those they work for. By following

these procedures, it will create a more ethical, inclusive, trauma aware and informed mental

health system.

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