

Art therapy assessments and rating instruments: Do they measure up?[☆]

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Abstract

There are many benefits to justify the use of art therapy assessment techniques and rating instruments. However, methodological, theoretical and philosophical problems abound. These problems are explored, in relation to art therapy assessments and their corresponding rating tools. Information about the various types of rating scales is provided, including a comparison of the Diagnostic Drawing Series (DDS) rating system and that of the Person Picking an Apple From a Tree (PPAT) assessment, i.e., the Formal Elements Art Therapy Scale (FEATS). The most effective approach to assessment in the field of art therapy appears to incorporate objective measures such as standardized evaluation procedures (formal assessments; behavioral checklists; portfolio evaluation), and subjective approaches such as the client's interpretation of his or her artwork.

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Introduction

Art therapy assessment

A wide variety of tests are available for the purpose of evaluating individuals with cognitive, developmental, psychological, and/or behavioral disorders. Broadly defined, an assessment test is:

“... a set of tasks designed to elicit or a scale to describe examinee behavior in a specified domain, or a system for collecting samples of an individual's work in a particular area. Coupled with the device is a scoring procedure that enables the examiner to quantify, evaluate, and interpret ... behavior or work samples.” (American Educational Research Association [AERA], 1999, p. 25)

Art-based assessment instruments are used by many art therapists to determine a client's level of functioning; formulate treatment objectives; assess a client's strengths; gain a deeper understanding of a client's presenting problems; and evaluate client progress.

Art therapists are often expected to use assessment tools for client evaluation. Art therapists most often use instruments that are known in the field as *art-based assessments* or *art therapy assessments*. These two

[☆] This article is based upon the author's doctoral dissertation. The dissertation, which includes results of a meta-analysis of selected art therapy assessments, is available for download on this website: <http://www.art-therapy.us/assessment.htm>.

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terms are used interchangeably throughout this manuscript, as are the words *assessment*, *instrument*, *test*, and *tool*.

According to the American Art Therapy Association (2004a), assessment is “the use of any combination of verbal, written, and art tasks chosen by the professional art therapist to assess the individual’s level of functioning, problem areas, strengths, and treatment objectives.” Art therapy assessments can be directed and/or non-directed, and can include drawings, paintings, and/or sculptures (Arrington, 1992).

Referred to by some as projective techniques (Brooke, 1996), art therapy instruments are “. . . alluring with their ability to illustrate concrete markers of the inner psyche” (Oster & Gould Crone, 2004, p. 1). The most practical art therapy assessments are easy to administer, take a reasonably brief amount of time to complete, are non-threatening for the client, and are easily interpreted (Anderson, 2001). Dozens of art-based tools exist, and they are used with a variety of client populations in different ways.

An assessment is most useful when the art therapist has solid training in its administration (Hagood, 2002), and when, over time and with systematic study, he or she achieves mastery of the technique (Kinet, 1958). An art-based instrument is only as good as the system used to rate it. A rating manual that accompanies an assessment should be illustrated and should link the scores to the examples and the instructions to the rater (Gantt, 2004).

Rating Instruments

To reiterate the AERA definition, a rating instrument is “. . . a scoring procedure that enables the examiner to quantify, evaluate, and interpret . . . behavior or work samples” (1999, p. 25). Most art therapy assessment rating instruments are comprised of scales used to determine the extent to which an element is present in a drawing (such as amount of space used in the picture). “A rating scale presents a statement or item with a corresponding scale of categories, and respondents are asked to make judgments that most clearly approximate their perceptions” (Wiersma, 2000, p. 311).

Rating instruments vary in the types of scales that they use to measure test items. Generally there are four types of scales, each of which has a different degree of refinement in measuring test variables: nominal, ordinal, interval, and ratio (Aiken, 1997). The question is which type of scale is the best to use in a rating instrument. In addition to using references from the literature to address this question, the author surveyed members of the American Psychological Association Division 5, *Measurement, Evaluation and Statistics*, via their email listserv. Division 5 is comprised of psychology professors and statisticians who are experts on this subject.

Nominal and ordinal measures are convenient in describing individuals or groups (Aiken, 1997). With an ordinal scale that forces the rater to choose either “good” or “bad,” “present” or “not present,” for example, consistent responses, resulting in higher inter-rater reliability, are more likely (S. Rock, personal communication, February 21, 2005). However, comparing the numbers in terms of direction or magnitude is illogical (Aiken, 1997). Furthermore, many things are not simply “yes” or “no” in the real world, but gradations – a yes/no answer loses a lot of information and forces people to set a criterion for judgment. How true does it have to be before I say “yes” (N. Turner, personal communication, February 21, 2005)?

Used in conjunction with the Diagnostic Drawing Series (DDS) (Cohen, Hammer, & Singer, 1988), the DDS rating system (Cohen, 1986/1994) is comprised of 23 scales. Fig. 1 includes a sample of three of those scales. Many DDS scales are ordinal and force a choice between two items, such as “yes” or “no” (presence or absence of a given item), yet the criteria that are being rated are not trivial (not superficial and readily ratable) (A. Mills, personal communication, February 21, 2005).

The Descriptive Assessment of Psychiatric Artwork (DAPA) (Hacking, 1999), an instrument used for rating spontaneous artwork (i.e., any type of drawing or painting), is comprised of five scales: Color, Intensity, Line,

Diagnostic Drawing Series - Drawing Analysis Form

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				Picture 1	Picture 2	Picture 3			
Color type: Mono	Two-three	Four or more	=m=	=t=	=f=	=m=	=t=	=f=	—
Blending:	No	Yes	=n=	=y=		=n=	=y=		—
Idiosyncratic color:	No	Yes	=n=	=y=		=n=	=y=		—

Fig. 1. DDS drawing analysis form rating scale sample.

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