



**LEWIS & CLARK GRADUATE SCHOOL OF EDUCATION AND COUNSELING**  
**AT 530: CLINICAL ASSESSMENT BY GRAPHIC MEANS (3 credits)**  
**FALL 2023**

**When:**

Section 1: Wednesday, 9 am to 12:15 pm, September 6 - December 13  
Section 2: Wednesday, 9 am to 12:15 pm, September 6 - December 13  
Section 3: Wednesday, 1 pm to 4:15 pm, September 6 – December 13

**Where:**

Section 1: Rogers Hall RM 219 (Satterberg)  
Section 2: Rogers Hall RM 220 (Bella)  
Section 3: Rogers Hall RM 220 (Bella)

**Instructor:**

Kris Bella, LCAT, ATR-BC, ATCS

Office: Rogers Hall 209

Email: [kbella@lclark.edu](mailto:kbella@lclark.edu)

Office Hours: By appointment

Phone: 503-768-6069

Melissa “Missy” Satterberg, ATR-BC, LMFT

Office: Rogers Hall 203

Email: [msatterberg@lclark.edu](mailto:msatterberg@lclark.edu)

Office Hours: By appointment

Phone: 503-768-6179

**CATALOG DESCRIPTION**

Examination and analysis of the expressive and content components of graphic imagery in relation to clients’ domains of functioning and how it contributes to a deeper understanding of the clients’ clinical needs when formulating a clinical assessment and treatment plan.

**COURSE DESCRIPTION**

Examination and analysis of art processes and products in relation to the individual's level of functioning, personality, and mental health. Evaluation of form and content of pictorial and sculptural work as they apply to the assessment process. Skills are developed in integrating evidence of developmental level, cognitive/perceptual capacities, psychodynamic processes and environmental stimuli in art work and behavior.

**CAAHEP STUDENT LEARNING OUTCOMES**

SLO-B - Distinguishing among the therapeutic benefits of a variety of art processes and media, strategies and interventions, and their applicability to the treatment process for individuals, groups, and families.

SLO-C - Recognize that Art Therapy, from a multicultural perspective, takes into consideration the specific values, beliefs, and actions influenced by a client’s race, ethnicity, nationality, gender, religion, socioeconomic status, political views, sexual orientation, geographic region, physical capacity or disability, and historical or current experiences within the dominant culture.

SLO-D - Select culturally and developmentally appropriate assessment and evaluation methods and administer and interpret results to identify challenges, strengths, resilience, and resources for Art Therapy treatment planning.

SLO-H - Recognize clients' use of imagery, creativity, symbolism, and metaphor as a valuable means for communicating challenges and strengths and support clients' use of art-making for promoting growth and well-being.

SLO-J - Apply principles of human development, artistic and creative development, human sexuality, gender identity development, family life cycle, and psychopathology, to the assessment and treatment of clients.

## CAAHEP CONTENT AREAS

Content Area	Competency Objectives	Mastery Level	Course Assessment
a.S.1 b.S.2 d.S.2 f.S.2 f.S.4 f.S.6 f.A.1 i.K.1 i.S.3 j.S.2 l.K.1 l.A.1	Demonstrate how theory informs art therapy assessment and treatment planning Demonstrate how to complete professional documentation required in clinical mental health settings such as treatment plans and progress notes Practice skills for developing awareness and insight into art processes and images Demonstrate the ability to administer and apply appropriate Art Therapy assessments Assess purposes of Art Therapy assessments to establish treatment goals Execute methods to interpret data from Art Therapy assessments Display ethical, cultural, and legal considerations when selecting, conducting, and interpreting art therapy and related mental health fields' assessments Identify evidence-based strategies and clinically-grounded approaches for assessment and treatment Demonstrate case conceptualization skills Exhibit a basic understanding of art-based indicators of mental disorders/psychopathology in patient/client artwork Understand historical perspectives of assessment procedures in treatment Value culturally and developmentally appropriate assessment tools and applications to utilization and interpretation of results	Introduce	Class Participation; Site Presentation; Assessment Assignment Part I, II, III, IV, & V; Treatment Planning Part I & II
b.K.1 c.S.2 c.S.3 f.K.1 f.K.2 f.K.3 f.S.1	Define the professional role and function of an Art Therapist Develop strategies to effectively manage resistance to creative expression Demonstrate understanding of therapeutic utility and psychological properties of a wide range of art processes and materials Discuss definitions and purpose of Art Therapy assessments Describe historical development of Art Therapy assessments and current assessments and applications Compare and contrast terminology used in Art Therapy assessments such as, but not limited to, tests and assessments that are standardized, non-standardized, norm-referenced, criterion-referenced, group and individual testing and assessment, behavioral observations, and symptom checklists Differentiate between assessment and testing, and	Reinforce	Class Participation; Site Presentation; Assessment Assignment Part I, II, III, IV & V; Treatment Planning Part I & II

f.S.5	appropriate applications of each		
f.A.2	Cite methods to determine validity and reliability of Art Therapy assessments		
h.S.1	Incorporate critical thinking skills when determining the role of assessment in diagnosis and diagnosing in the field of Art Therapy		
i.S.1	Assess developmental stages in artwork, including typical, atypical, and exceptional characteristics for all age groups		
i.S.4	Utilize art materials and processes within the context of building the therapeutic relationship		
i.S.7	Formulate treatment planning/goal setting		
i.S.9	Integrate evaluation of treatment		
j.K.1	Plan clinical interventions for the treatment of children, adolescents, adults, couples, and families in a variety of settings including inpatient, outpatient, partial treatment, aftercare		
j.S.3	Identify major categories and criteria of mental disorders according to the current Diagnostic and Statistical Manual (DSM) and/or the International Classification of Diseases (ICD)		
j.S.4	Demonstrate understanding of basic diagnostic process, including differential diagnosis		
m.K.1	Demonstrate use of behavioral observations as indicators of mental disorders		
m.K.4	Recognize foundational purposes of research with emphasis on applications to the field		
	Understand concepts of validity and reliability and applications to selection and application of assessments and tests		

## COURSE OBJECTIVES

Upon completing this course, students have the **knowledge and skill** to be able

1. to have a comprehensive understanding of graphic development
2. to assess functioning and developmental needs of clients
3. to demonstrate how graphic development informs treatment planning
4. to demonstrate the ability to write a comprehensive art therapy assessment and treatment plan

## CTSP DEPARTMENTAL ATTENDANCE POLICY

Class attendance is expected and required. Any missed class time will be made up by completing extra assignments designed by the instructor. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines are met. Students are expected to be on time to class and tardiness may be seen as an absence that requires make-up work.

## LEWIS & CLARK GRADUATE SCHOOL ESSENTIAL POLICIES

This course adheres to the general policies outlined in the catalog and student handbook of the Lewis & Clark Graduate School of Education and Counseling. This includes full adherence to the following policies:

- **Nondiscrimination:** [go.lclark.edu/gsec-nondiscrimination](http://go.lclark.edu/gsec-nondiscrimination)
- **Standards for professional student conduct and academic integrity:** [go.lclark.edu/gsec-conduct](http://go.lclark.edu/gsec-conduct)
- **Sexual misconduct:** [go.lclark.edu/titleIX](http://go.lclark.edu/titleIX)

## **DISABILITY SERVICES STATEMENT**

If you have a disability that may impact your academic performance, you may request accommodations by meeting with the Office of Student Accessibility staff and submitting documentation on the Office of Student Accessibility website. Email [access@lclark.edu](mailto:access@lclark.edu) with any additional questions or concerns.

## **DISCLOSURE OF PERSONAL INFORMATION**

Each student should decide for themselves what information to disclose. Students are advised to be prudent when making self-disclosures. The program cannot guarantee confidentiality of student disclosures given the group environment, although personal comments should be considered private and confidential – and remain only in the classroom – unless an exception to confidentiality applies.

## **CELL PHONES**

Cell phones must be silenced and text messaging is not allowed during class time. If there is an emergency you may exit the class to use your cell.

## **CLASS PREPARATION**

You must complete all assigned readings and watch any assigned video prior to attending class. This will allow us to focus on application of readings in class. Watching videos will help bring models to life, allowing you to better understand the material and ask questions.

## **TEACHING METHODS**

A variety of teaching methods will be used during this course in order to achieve the above objectives. Among those methods will be assigned readings, class discussions, experiential activities, and lectures. Students will watch video clips, engage in group learning tasks, and participate in role-play demonstrations.

## **REQUIRED TEXTS & READINGS:**

Weekly readings are to be completed for the day indicated. Students are expected to be prepared to discuss the ideas and concepts discussed in the readings. Students are responsible for all of the assigned readings, whether or not they are discussed in class. Please note that there are more readings assigned for some topics than for others.

### *Required Texts*

Handler, L., & Thomas, A.D. (2014). *Drawings in assessment and psychotherapy: Research and application*. New York, NY, US: Routledge/Taylor & Francis Group.

Zuckerman, E. (2019). *Clinician's Thesaurus* (8th Ed). New York: Guilford Press.

### *Reference Text*

American Psychiatric Association (2022). *Diagnostic and statistical manual of mental disorders. Text Revision* (5th Ed.). Arlington, VA: American Psychiatric Publishing.

Hinz, L. D. (2020). *Expressive therapies continuum: A framework for using art in therapy* (2<sup>nd</sup> Ed). New York, NY: Routledge, Taylor & Francis Group.

### *Required Articles and Book Chapters*

Bailey, R. D. (2022). Goal setting and action planning for health behavior change.. *American Journal of Lifestyle Medicine*, 13(6), 615-618.

- Betts, D. (2013). A review of the principles for culturally appropriate art therapy assessment tools. *Art Therapy*, 30(3), 98-106.
- Gantt, L. (2001). The formal elements art therapy scale: A measurement system for global variables in art. *Art Therapy*, 18 (1) 50-55.
- Gussack, G. Rosal, M. (2016), *Handbook of Art Therapy* (1st Ed, pp.499-606). Malden MA: Wiley Blackwell. (Multiple Chapters)
- McNichols, C., Zinck, K., Witt, K. J., & Neel, J. (2016). Counselors as agents of change: Writing behaviorally stated goals and objectives. Ideas and research you can use: VISTAS
- Pénzes, I., van Hooren, S., Dokter, D., Smeijsters, H., & Hutschemaekers, G. (2014). Material interaction in art therapy assessment. *The Arts in Psychotherapy*, 41(5), 484-492.
- Snir, S., & Regev, D. (2013). A dialog with five art materials: Creators share their art making experiences. *The Arts in Psychotherapy*, 40(1), 94-100.
- Talwar, S. K. (Ed.). (2019). Art therapy for social justice: Radical intersections. New York, NY: Routledge, Taylor & Francis Group. (Multiple Chapters)

#### *Site/Population Specific Articles*

*\*\*If the site/population is not represented within the list, the student is responsible for locating and reading an article which has been published in a peer reviewed journal within the last 5 to 10 years.*

## **COURSE REQUIREMENTS**

### **Attendance and Adhere to Professional Qualities Evaluation-PQE**

- a. Attending all classes and being on time.
- b. Demonstrate PQE Professional Responsibilities
- c. Demonstrate PQE Competence
- d. Demonstrate PQE Maturity and Attitude
- e. Demonstrate PQE Integrity
- f. Demonstrate PQE Social and Self-Awareness

### **Clinical Assignments:**

As a means of developing art therapy theory-to-practice (**knowledge and skills**), students will be working collaboratively with their Practicum Site for this course. Students will work with one individual who will create several pieces of art for assessment purposes. Students need to inform the practicum participant that they will need to utilize the artwork for academic purposes and that it will be brought back to the participant once it has been photographed or the student is done using it for the assignment. Access to background information regarding the client's history is necessary for this assignment. Students need to discuss the above matters with their supervisor prior to beginning the assignment in order to choose a suitable participant. Participants (or guardians) from the practicum site must sign the Artwork Informed Consent form that is found on the Handbook and Forms page of the Art Therapy website prior to completing any artwork. **Confidentiality: Conceal any identifying information on artwork (names, family names, friends' names, specific places, DOB, etc.). All signed releases must stay at the Practicum Site.**

1. Identify participant for the art therapy assessment under advisement from practicum supervisor
2. Review, collect, and file signed art therapy informed consent form participant
3. Facilitate up to 5 art therapy assessment pieces with the participant (collect the art), keep secure
4. Over the course of the semester, you will write an art therapy assessment with this information

Assignments will be graded on the student's ability to:

- Select significant data
- Relate data across modes of assessment and treatment planning
- Read and assess visual communication
- Present data in clinical and behavioral terminology
- Identify areas of need and clearly show how those needs emerge within the art and interactions
- Summarize findings cohesively and concisely
- Develop goals and methods which reflect understanding of the individual, art therapy technique, and art therapy theory

### **Assessment Assignment Part I (10 points) - DUE Week 6**

#### **Demographics/Background/Environmental Factors**

FACTS ONLY. This section clarifies the key demographics and the historical context prior to art therapy assessment. First paragraph of the Background and Environmental Factors: restate relevant demographics in addition to the current treatment, barriers to treatment, housing, family, employment, schooling (systemic/environmental factors)... Clarify intersectionality. Proceeding paragraphs: in chronological order (based within the category), provide relevant information leading to current status/need typically starting with social location, acculturation, family, schooling, employment, legal issues, treatment history... Be sure to include power differentials.

Students will ensure to maintain the following format:

CLIENT NAME (*pseudonym to maintain confidentiality*)      DATE OF SESSIONS  
 AGE  
 GENDER/PRONOUNS  
 ETHNICITY  
 LANGUAGE  
 DIAGNOSES (if available)  
 MEDICATION  
 REASON FOR REFERRAL  
 BACKGROUND//ENVIRONMENTAL FACTORS

<b>1. Client overview</b>	Unsatisfactory 0	Emerging 1.0	Acceptable 2.5	Proficient 5.0
<u>Status</u> : Reason for referral is clearly articulated. Any DSM Diagnosis and/or medications are clearly stated. Sources for data are identified.	No attempt	Some relevant data	Most relevant facts are included.	All relevant factual aspects and data sources are integrated in a coherent, cohesive, and concise manner. Free of errors.

<u>Background/Environmental Factors:</u> A succinct evaluation of pertinent historical and environmental factors related to the client's functioning and reason for referral are documented and integrated. An examination of the client's social location, privilege and power within their context and systems of care are identified. Objective facts only.	No attempt at including relevant background, historical, social location, and environmental factors.	Some relevant data related to background, historical, social location, and environmental factors are referenced, but inadequately explored.	Most relevant observable background, historical, social location, and environmental factors are identified and integrated.	All relevant observable aspects of background, historical, social location, and environmental factors are explained with depth; data is integrated in a coherent, cohesive, and concise manner. Free of errors.
---	--	---	--	---

### **Assessment Assignment Part II** (10 points) – DUE Week 7

#### **Art Findings**

Students are able to clearly identify each assessment method, rationale for the method, and evaluation relating to the presenting needs and level of functioning. Students identify and understand the communicative value of visual language and are able to describe the composition of the art product, the level of graphic development, and observable aspects of the art making process (behaviors and verbalizations) in a clinically, theoretically, and culturally relevant way that assists in assessing the client's functioning in a variety of domains. Students will utilize the following format:

**Directive/Rationale:** *List all of the Directives with their purpose/rationale in order of completion. Be sure to include any that the client may have refused to engage.*

- Figure 1: name of directive and therapeutic purpose
- Figure 2: name of directive and therapeutic purpose
- Figure 3: name of directive and therapeutic purpose
- Figure 4: name of directive and therapeutic purpose
- Figure 5: name of directive and therapeutic purpose

**Setting:** *Provide a brief statement of the environment for assessment which includes the social location and any barriers that may impact the outcomes of the assessment.*

**Materials Provided:** *if the same materials were provided for each prompt, otherwise provide in each individual Figure section*

**Figure 1 through 5** *create summary section for each image (if client refused a directive add it with an explanation of process/finding) with the following information:*

- Title: *directive and title if client identified one*
- Materials Selected: *list times*
- Image Description: *BRIEF description of image created utilizing graphic indicators (a) formal art elements (e.g. color, value, texture, shape) (b) spatial relationships (e.g. between parts of the image, the gestalt and discrete parts, the participant and the image, positive/negative space...)*
- Process: *what objectively occurred in the session, observation based, behavioral responses, client's statements, include client's (a) meaning (e.g. labeling, story-telling, affective experience), and (b) memories/associations (e.g. personal memories, historical events, and existential matters).*
- Findings: *art therapy student's conclusions summarized from Image and Process, identify any themes and the overall assessment of the client in relation to the directive/rationale. Include domains and graphic development as relevant.*

**Art Findings Summary:** Based on ALL art pieces assessed above, provide key findings relating to reason for referral, baseline graphic development, themes, and functioning levels demonstrated. Be sure to identify overall strengths observed and any protective factors revealed (environmentally based supports).

2. Art findings	Unsatisfactory 0	Emerging 1.0	Acceptable 2.5	Proficient 5.0
<b>Image and Process:</b> Directives/Rationale /Image/ Process: directives are clear with accurate therapeutic rationale. Clear description of the visual language and observable aspects of the art making process in a clinically, theoretically, and culturally relevant way.	No attempt at including directive, rationale, image, and process.	Missing key aspects of directive, rationale, image, and process	Most components of the directive, rationale, image, and process are integrated.	All components of the directive, rationale, image, and process are integrated in a coherent, cohesive, and concise manner. Free of errors.
<b>Findings:</b> Evaluation of themes, art process, graphic development, functioning level, and overall engagement. Information is culturally relevant and relates to the diagnosis and/or reason for referral. Individual strengths and protective factors integrated.	No attempt at including art findings.	Missing key aspects of art findings.	Most components of the art findings are identified and integrated.	All components of the art findings are integrated in a coherent, cohesive, and concise manner. Free of errors

### **Assessment Assignment Part III** (10 points) – DUE Week 8

#### **Domains of Functioning**

Students are able to integrate findings from assessment artwork, observational data, and information from file review to assess the client's four specific domains: Physical/Behavioral, Cognitive, Affective/Psychological, and Relational/Environmental. Each domain includes a CONCISE evaluation of relevant functioning based on observable aspects of the art process/graphic indicators/product, other sources such as chart/file, and observations. Be sure they relate to the reason for referral while also including strengths observed.

**Physical/ Behavioral:** *physical appearance, hygiene, body movement/coordination, physical capacity, activity/energy level*

**Cognitive:** *level of graphic development; any observation of cognitive processing, reasoning, attention, language, memory; assessment of self-concept; assessment of coping capacity; ability to obtain knowledge*



**Affective/ Psychological:** ability to experience feeling or emotion, ability to emotionally regulate, ability to distinguish mood from affect, overall mental health/well-being, be sure to refer to significant art findings and observations

**Relational/Environmental** (based on observations and art created in session): an intersectional focus of family/interpersonal/community/work/school dynamics, ability to engage in developmentally appropriate communication, observation of interpersonal skills, be sure to reflect on client's engagement with art therapist during assessment. Include client responses to power dynamics and systemic influences

<b>3. Domains of functioning</b>	Unsatisfactory 0	Emerging 1	Acceptable 1.75	Proficient 2.5
<u>Physical/Behavioral:</u> key observational data, art findings, file review, client's strengths, and environmental impacts regarding relevant physical appearance, hygiene, body movement, coordination, physical capacity, activity, and energy level	No attempt at Physical/ Behavioral	Missing key relevant aspects of Physical/ Behavioral including graphic indicators and processes.g is vague or inaccurate.	Identified most observable aspects of Physical/ Behavioral including graphic indicators and processes.	All components of Physical/Behavioral are stated in an integrated, concise manner. All relevant art processes and findings are included. Free of errors.
<u>Cognitive:</u> key observational data, art findings, file review, client's strengths, and environmental impacts regarding evaluation of cognitive processing, reasoning, attention, language, memory, coping capacity; ability to obtain knowledge, problem solving.	No attempt at Cognitive	Missing key relevant aspects of Cognitive including graphic indicators and processes.	Identified most observable aspects of Cognitive including graphic indicators and processes.	All components of Cognitive are stated in an Integrated, concise manner. All relevant art processes and findings are included. Free of errors.
<u>Affective/Psychological:</u> key observational data, art findings, file review, client's strengths, and environmental impacts regarding ability to experience feeling or emotion, ability to emotionally regulate, ability to distinguish mood from affect, overall mental health/ well-being, be sure to refer to significant art findings and observations	No attempt: at Affective/ Psychological	Missing key relevant aspects of Affective/ Psychological including graphic indicators and processes.	Identified most observable aspects of Affective/ Psychological including graphic indicators and processes.	All components of Affective/ Psychological are stated in an integrated, concise manner. All relevant art processes and findings are included. Free of errors.

<u>Relational/Environmental</u> : key observational data, art findings, file review, client's strengths, and environmental impacts regarding an intersectional focus of family/interpersonal/community/work/school dynamics, ability to engage in developmentally appropriate communication, and observation of interpersonal skills. Client's engagement with art therapist during assessment is included along with client responses to power dynamics and systemic influences.	No attempt at Relational/Environmental	Missing key relevant aspects of Relational/Environmental including graphic indicators and processes.	Identified most observable aspects of Relational/Environmental including graphic indicators and processes.	All components of Relational/Environmental are stated in an integrated, concise manner. All relevant art processes and findings are included. Free of errors.
---	--	--	--	---

#### **Assessment Assignment Part IV (10 points) – DUE Week 9**

Part IV is a combination of Strengths/Protective Factors/Struggles/Barriers AND the Art Therapy Assessment Summary

##### **-Strengths/Protective Factors/Struggles/Barriers**

Students are able to clearly identify client's strengths, protective factors, struggles and barriers which are supported through observations, data collection, art findings, and verbalizations. The most clinically salient characteristics are prioritized on the lists.

*Strengths: individual characteristics that promote healthy functioning.*

*Protective Factors: environmentally based conditions that support wellness.*

*Struggles: individual characteristics that negatively impact functioning.*

*Barriers: Environmentally based conditions negatively impact wellness.*

**FORMAT:**

<b>Strengths</b> <ul style="list-style-type: none"> <li>●</li> <li>●</li> <li>●</li> </ul>	<b>Struggles</b> <ul style="list-style-type: none"> <li>● <i>top priority/need for treatment</i></li> <li>●</li> <li>●</li> </ul>
<b>Protective Factors</b> <ul style="list-style-type: none"> <li>●</li> <li>●</li> <li>●</li> </ul>	<b>Barriers</b> <ul style="list-style-type: none"> <li>●</li> <li>●</li> <li>●</li> </ul>

##### **-Art Therapy Assessment Summary**

The assessment synthesis clearly documents the primary findings based on the analysis of the visual language, content/themes, art making process, behavior of the client, domains of functioning, reason

for referral, cultural context, privilege/power dynamics, and any other relevant information.

\*Summary of the client through observations, assessments, art, interactions, and client input

\* Information is organized into patterns and themes that reflect the client's concerns and treatment needs \*Theoretical lens is included to interpret, explain, or make clinical judgments about the client's experience. Include a brief treatment approach rationale (full treatment plan summary will be included in the Treatment Plan). This section should be no longer than 2 brief paragraphs.

<b>4. Strengths, Protective Factors, Struggles, and Barriers</b>	Unsatisfactory 0	Emerging 1.0	Acceptable 2.5	Proficient 5.0
Client's strengths, protective factors, struggles and barriers are clearly identified and are supported through observations, data collection and verbalizations. Most clinically salient characteristics are prioritized on the lists. - <u>Strengths</u> : individual characteristics that promote functioning. - <u>Protective Factors</u> : environmentally based conditions that support wellness. - <u>Struggles</u> : individual characteristics that negatively impact functioning. - <u>Barriers</u> : Environmentally based conditions negatively impact wellness.	No attempt at identifying strengths, protective factors, struggles or barriers.	Missing key strengths, protective factors, struggles and barriers and are not prioritized.	Most key strengths, protective factors, struggles and/or barriers are identified.	All relevant strengths, protective factors, struggles and/or barriers are identified and prioritized. Free of errors.

<b>5. Art Therapy Assessment Summary</b>	Unsatisfactory 0	Emerging 1.0	Acceptable 2.5	Proficient 5.0
A clear comprehensive synthesis that documents the primary findings based on the analysis of the visual language, content/themes, art making process, behavior of the client, domains of functioning, reason for referral, cultural context, privilege/power dynamics, and any other	No attempt at Art Therapy Assessment Summary	Missing relevant aspects of primary findings that are supported by the reason for referral, observations, functioning, background data, graphic indicators and processes.	Most relevant aspects of primary findings that are supported by the reason for referral, observations, functioning, background data, graphic indicators and processes.	All relevant aspects of primary findings are clinically supported by the reason for referral, observations, functioning, background data, graphic indicators and processes. Summary is coherent, cohesive, and concise. Free of errors.

relevant information. Include a brief treatment approach rationale that has a theoretical basis which is clinically sound based on the client's developmental needs.				
--	--	--	--	--

### **Assessment Assignment Part V (45 points) – DUE Week 10**

**Comprehensive Assessment** (30 points): Students will integrate in-class learning, feedback on past assignments, and new understanding of the client to write and submit a thorough, clinically sound assessment **in Taskstream**.

#### **Oral Presentations** (15 points)

Students will provide a professional, clinically sound 20 minute oral presentation of the comprehensive assessment. Students will be sure to reserve time for Q/A. Students will also present as if they are speaking to a full treatment team. **Students should assume individuals in the “audience” may not have a full understanding of art therapy.**

<b>Assessment Assignment Oral Presentation</b>	Unsatisfactory 0	Emerging 1.0	Acceptable 2.5	Proficient 5.0
a. Overall Organization	No discernible organization	No logical flow, none or poor introduction.	Some parts of the presentation are out of order, overall, logical sequence.	Exceptionally well organized, no missing parts, easy to follow.
b. Clinical Integration	Missing any critical information and no integration of fundamentals,	Out of date or misinformation, does not explain the clinical context, missing key fundamentals.	Grasp of important concepts, overall understanding of theories, clinical integration is not demonstrated.	All fundamentals and clinical information are fully integrated and demonstrated.
c. Components of Slide Presentation	Poor quality photos, missing photos, full paragraphs	All assessment photos are included, extensive text, lacks flow and readability.	Overall layout is utilized to highlight key points. missing full integration of color, font, photos, and words. High quality photos, effective readability and flow.	Color, font and layout are effectively utilized to highlight key points. High quality photos, minimal text with strong readability and flow.
d. Professional Delivery	No engagement with the audience, reading from slides, non-professional attire.	Minimal engagement with the audience, poor eye contact, monotone voice, long pauses, does not speak clearly.	Professional attire, inconsistent use of clinically language, non-strategic pauses or speaks too quickly. Inconsistent eye contact and limited engagement of the entire	Confident speech and tone, professional attire, maintains clinically appropriate language throughout presentation, utilizes pauses

			audience.	strategically to emphasize key points. Maintains eye contact, fully engages the entire audience.
e. Effective Use of Time	No attention or acknowledgement of time.	Rushing, poor time management, no time reserved for audience engagement.	Sufficient time for each topic, provided minimal time for audience engagement.	Clearly covered all topics within the allotted time frame, sufficient time for full audience engagement.

### **Treatment Plan** (15 points) – DUE Week 14

#### **Treatment Overview: Treatment Approach and Treatment Rationale**

The student must write a summary paragraph with proposed treatment plan that should include:

\*Treatment Approach: Clear documentation of treatment approach and interventions

(individual/group/family) with identified time frame (three months, six months, etc) based on assessment data, summary and client concerns. Theoretical intervention for treatment is client informed and setting appropriate. Art therapy interventions and media choices are clearly defined.

\*Treatment Rationale: Treatment rationale for treatment approach is clearly supported by the assessment data (functioning levels, themes, client goals, strengths, reason for treatment) and art therapy/ counseling theories. The rationale includes a client informed theoretical lens for selection of assessment methods, treatment approaches, media, and case formulation.

#### **Long Term Goals, Short Term Goals, and Methods**

Given this is a hypothetical treatment plan, the student will create the plan as if they are collaborating with the client (as clinical appropriate).

\*The student will create long term and short term treatment goals that are based on assessment findings and prioritized limitations and environmental barriers. The student will construct art therapy interventions and select material/media with consideration of the client's reason for referral. The student will incorporate the client's strengths which are derived from the art processes and products observed in the assessment session(s), are developmentally appropriate, and relate to treatment goals.

\*Theme and media selection are **theoretically, clinically and culturally** informed. while ensuring media choices are supportive of the client's overall functioning. Be specific.

<b>6. Treatment Overview</b>	<b>Unsatisfactory 0</b>	<b>Emerging 1</b>	<b>Acceptable 2</b>	<b>Proficient 3</b>
<u><b>Treatment Approach:</b></u> Clear documentation of treatment approach and interventions (individual/group/family) with identified time frame (three months, six months, etc) based on assessment data, summary and client	No attempt at the treatment approach.	Missing relevant aspects of the treatment approach and it is not clearly related to assessment data. Art therapy/counseling strategies are missing. Approach is not client informed.	Most relevant aspects of treatment approach are clearly defined and are related to assessment data, art therapy/counseling strategies and are client informed.	All relevant aspects of the treatment approach are clearly defined and are related to assessment data, art therapy/counseling strategies and are client informed. Approach is coherent,

concerns. Theoretical intervention for treatment is client informed and setting appropriate. Art therapy interventions and media choices are clearly defined.				cohesive, and concise. Free of errors.
<b><u>Treatment Rationale:</u></b> Treatment rationale for treatment approach is clearly supported by the assessment data (functioning levels, themes, client goals, strengths, reason for treatment) and art therapy/ counseling theories. The rationale includes a client informed theoretical lens for selection of assessment methods, treatment approaches, media, and case formulation.	No attempt at the treatment rationale.	Missing relevant aspects of treatment rationale is loosely related to assessment data and art therapy/ counseling theories.	Most relevant aspects of treatment rationale are related to assessment data and art therapy/ counseling theories.	All relevant aspects of treatment rationale provide complete support for the assessment data. Treatment rationale is client informed (methods), writing is coherent, cohesive, and concise. Free of errors.

<b>7. Treatment goals</b>	Unsatisfactory 0	Emerging 1	Acceptable 2	Proficient 3
<b><u>Long-Term Goals:</u></b> LTGs clearly correlate the reason for referral and clinical outcome by the end of treatment. The goals are time bound and provide a clear trajectory of the treatment focus; LTGs directly address prioritized limitations, environmental barriers, and/or treatment successes	No attempt at LTG.	Missing relevant aspects of the LTG. Goals are not time bound and are unclear. Limitations, environmental barriers and/or treatment successes are not clearly defined.	Most relevant aspects of the LTG including time bound goals, trajectory of treatment, goals mostly address Limitations, environmental barriers and/or treatment successes.	All relevant aspects of the LTG are addressed. Writing is coherent, cohesive, and concise. Free of errors.
<b><u>Short-Term Goals:</u></b> STGs are Specific, Measurable, Achievable, Realistic and Timely (SMART). Each STGs are incremental	No attempt at STG.	Missing relevant aspects of the STG. They don't clearly document SMART. STGs do not clearly address incremental steps to the related LTG.	Most relevant aspects of the STGs are SMART and demonstrate incremental steps to related LTG.	All relevant aspects of the STGs are present, are SMART and are incremental steps to related LTG. Free of errors.

steps to achieve the related LTG.				
-----------------------------------	--	--	--	--

<b>8. Art therapy intervention</b>	Unsatisfactory 0	Emerging 1	Acceptable 2	Proficient 3
Art therapy interventions (method, media, and rationale) clearly correspond to the initial treatment needs of the client. Interventions are derived from the assessment, the STGs, and are developmentally appropriate. Art therapy prompts provide the client the opportunity to work toward treatment goals. Methods must be specific, describing theme, media, and behavior/problem to be addressed. Material and media selected are client informed and culturally appropriate.	No attempt at discussing Art therapy interventions.	Missing relevant aspects of the art therapy interventions (method, media, and rationale). Initial treatment needs of the client are absent.	Most relevant aspects of the art therapy interventions are included. Some areas are not as defined and remain unclear.	<p>All relevant aspects of the art therapy interventions are included (interventions clearly correspond to the initial treatment needs of the client. Interventions are derived from the assessment, the STGs, and are developmentally appropriate)</p> <p>Art therapy interventions support clients working toward their treatment goals.</p> <p>Methods are specific and themes are described.</p> <p>Media selected are client informed and culturally appropriate.</p> <p>Writing is coherent, cohesive, and concise. Free of errors.</p>

## EVALUATION AND GRADING

Due to the skill development nature of this course, it is required that students complete all assignments to pass this class.

<b>Assignment</b>	<b>Point Value</b>
Assessment Assignment Part I – Demographics and Background	10

Assessment Assignment Part II – Methods, Rationale, and Art Findings	10
Assessment Assignment Part III – Domains of Functioning	10
Assessment Assignment Part IV – Strengths/Barriers and Clinical Summary	10
Assessment Assignment Part V	
– Comprehensive Paper	30
– Oral Presentation	15
Treatment Plan – Approach, Rationale, S/L/R/P List	15
– Treatment Goals, Directives, Media	
Total Points in the Course:	100 points

**NOTE: All assignments must be turned on time, five percent deduction for each day late.**

### FINAL GRADING

A = 94-100%	B = 83-87%	C = 73-77%
A- = 90-93%	B- = 80-82%	C- = 70-72%
B+ = 88-89%	C+ = 78-79%	

### COURSE OUTLINE

In-Class	Topic	Readings & Assignments Due
Week 1: 9/6/2023	Welcome Review of Syllabus <ul style="list-style-type: none"> <li>- Purpose and Structure</li> <li>- Decolonized vs Colonized</li> <li>- Preparing for Candidacy</li> </ul> Site Needs <ul style="list-style-type: none"> <li>- PQE review</li> <li>- Site Questionnaire</li> <li>- Client Identification</li> </ul> Treatment Team Purpose <ul style="list-style-type: none"> <li>- Why Workshopping</li> </ul> Clinician's Thesaurus <ul style="list-style-type: none"> <li>- Exploration</li> <li>- Theory Alignment</li> <li>- Workshop</li> </ul> Course Timeline Art Roadmap	<i>Reading:</i> Gussack, G. Rosal, M. (2016): Ch. 48 Handler, L., & Thomas, A.D. (2014): Ch. 18 Talwar, S. K., (2019): Ch. 1 Zuckerman, E. (2019): Ch. 1
Week 2: 9/13/2023	Systems and Placement Site  Worksheet <ul style="list-style-type: none"> <li>- In-Class Discussion</li> <li>- Introduction of sites and population served</li> </ul> Identify Dyads/Triads	<b>Each student will share about their site. They need to be prepared to explore dimensions of privilege, oppression, and power dynamics.</b>  <i>Reading:</i> Betts, D. (2013). A review of the principles for culturally appropriate art therapy assessment tools. <i>Art Therapy: Journal of the American Art Therapy Association</i> . 30(3), 98-106. Talwar, S. K., (2019): Ch. 2 Zuckerman, E. (2019): Ch. 2, & 3



Week 3: 9/20/2023	<p>Assessment Purpose Format/StructureAssessmetTools</p> <ul style="list-style-type: none"> <li>- Understanding relationship between culture, development and relevant art directives</li> <li>- Formal vs Informal art assessment tools</li> <li>- How to decide which assessment tools to utilize</li> </ul> <p>In-class Experiential (Formal / Informal comparison) How to gather Demographics and Background Information</p>	<p><b>Client Identified</b></p> <p><i>Reading:</i></p> <p>Gussack, G. Rosal, M. (2016): Ch. 49, 50, 52 &amp; 53</p> <p>Zuckerman, E. (2019): Ch. 4, 5, &amp; 6</p> <p>Hinz, L. D. (2020): Ch. 11</p> <p>Talwar, S. K., (2019): Ch. 3, &amp; 4</p>
Week 4: 9/27/2023	<p>Assessment: Collaborative case examination.</p> <ul style="list-style-type: none"> <li>- Work in pairs, complete art finding analysis assessment: FEATS scale categories (Prominence of Color, Color Fit, Implied Energy, etc.), definition as well as the Art Product Description Worksheet</li> </ul> <p>Topics: Art Findings / ETC integration (utilize student example if available)</p>	<p><b>Client Assessment Scheduled</b></p> <p><i>Reading:</i></p> <p>Gantt, L. (2001). The formal elements art therapy scale: A measurement system for global variables in art. <i>Art Therapy Journal of the American Art Therapy Association</i>. 18 (1) 50-55.</p> <p>HinzPénzes, I., van Hooren, S., Dokter, D., Smeijsters, H., &amp; Hutschemaekers, G. (2014). Material interaction in art therapy assessment. <i>The Arts in Psychotherapy</i>, 41(5), 484-492.</p> <p>Snir, S., &amp; Regev, D. (2013). A dialog with five art materials: Creators share their art making experiences. <i>The Arts in Psychotherapy</i>, 40(1), 94-100.</p>
Week 5: 11/4/2023	<p>Assessment: Domains of Functioning</p> <ul style="list-style-type: none"> <li>- Understanding the difference between the 4 domains</li> <li>- Physical/Cognitive/Affective Social/Environmental</li> </ul> <p>Topic: Art Findings Workshop: Bring in client art- map on ETC</p>	<p><b>Client Assessment Completed</b></p> <p><i>Readings:</i></p> <p>Handler, L., &amp; Thomas, A.D. (2014): Ch. 9</p> <p>Zuckerman, E. (2019): Ch. 7, 8, 9, 10, 11, &amp; 12</p>

Week 6: 10/11/2023	<p>Assessment: Strengths Assessment</p> <ul style="list-style-type: none"> <li>- Identifying observable strengths/limitations/protective factors/barriers</li> </ul> <p>Assessment: Summary</p> <ul style="list-style-type: none"> <li>- How to integrate data collected</li> <li>- Identify the themes</li> </ul> <p>Workshop: Domains of Functioning</p> <p>Workshop: Bring in client art-map on ETC</p>	<p><b>Assessment Assignment Part I DUE</b></p> <p><i>Reading:</i></p> <p>Handler, L., &amp; Thomas, A.D. (2014): Ch. 3, 16 &amp; 17</p> <p>Zuckerman, E. (2019): Ch. 14, 15, 16, 17, 18, &amp; 19</p>
Week 7: 10/18/2023	<p>Assessment: Summary</p> <ul style="list-style-type: none"> <li>- Completing the report</li> </ul> <p>Workshop: Case Conceptualization and Summary</p> <p>Workshop: Bring in client art-map on ETC</p>	<p><b>Assessment Assignment Part II DUE</b></p> <p><i>Reading:</i></p> <p>Zuckerman, E. (2019): Ch. 20, 21, 22, 23, &amp; 24</p>
Week 8: 10/25/2023	<p>Assessment: Presenting findings</p> <ul style="list-style-type: none"> <li>- Review how to present findings in a concise and professional manner</li> </ul> <p>Continue to practice conceptualization and integrating material in a comprehensive manner.</p> <p>Workshop: Bring in client art-map on ETC</p>	<p><b>Assessment Assignment Part III DUE</b></p> <p><i>Reading:</i></p> <p>Site Specific Articles: Choose an article relating to population served at practicum site (prepare to share summary)</p>
Week 9: 11/1/2023	<p>Treatment Planning:</p> <ul style="list-style-type: none"> <li>- Review presented assessments</li> <li>- Understanding LTG, STG SMART Goals</li> <li>- Media Selection- developmentally and clinically appropriate, ETC</li> </ul> <p>Workshop: Bring in client art</p>	<p><b>Assessment Assignment Part IV DUE</b></p> <p><i>Reading:</i></p> <p>Bailey, R. D. (2022). Goal setting and action planning for health behavior change.. <i>American Journal of Lifestyle Medicine</i>, 13(6), 615-618.</p> <p>Hinz, L. D. (2020): Ch 12</p> <p>McNichols, C., Zinck, K., Witt, K. J., &amp; Neel, J. (2016). Counselors as Agents of Change: Writing Behaviorally Stated Goals and Objectives. Ideas and Research You Can Use: VISTAS</p> <p>SMART goals</p> <p>Zuckerman, E. (2019): Ch. 25</p>
Week 10: 11/8/2023	<b>Oral Presentations</b>	<b>Oral Presentations DUE for half of the class</b>
Week 11: 11/15/2023	<b>Oral Presentations</b>	<p><b>Oral Presentations DUE for half of the class</b></p> <p><b>Assessment Assignment Part V DUE In Taskstream</b></p>

Week 12: 11/22/2023	NO CLASS, FALL BREAK	
Week 13: 11/29/2023	<p>Treatment Planning: Media Selection</p> <ul style="list-style-type: none"> <li>- Developmentally and clinically appropriate interventions</li> </ul> <p>Workshop: Practice writing goals/treatment methods and rationale</p>	<p><i>Reading:</i></p> <p>Developmentally Appropriate Media Sections: TBA</p>
Week 14: 12/6/2023	<p>Treatment Changes, Medication, Medical Conditions Impact on Evaluations</p> <ul style="list-style-type: none"> <li>- Adjusting plans</li> <li>- Common psychiatric medications</li> <li>- The masking of medical conditions</li> </ul>	<p><b>Treatment Plan DUE</b></p> <p><i>Reading:</i></p> <p>Hinz, L. D. (2020): Pages 214-224</p> <p>Zuckerman, E. (2019): Ch. 27 &amp; 28</p>
Week 15: 12/13/2023	<p>Review, Closing, Art Experiential</p> <p>Evaluations are to be completed in class before leaving.</p>	<p><i>Students are to bring an electronic device to complete on-line Course Evaluations. Students should request a Department Tablet if unable to bring a personal device.</i></p>