

## Book Review

### Assessment and outcomes in the arts therapies: A person-centred approach

Editor: Caroline Miller

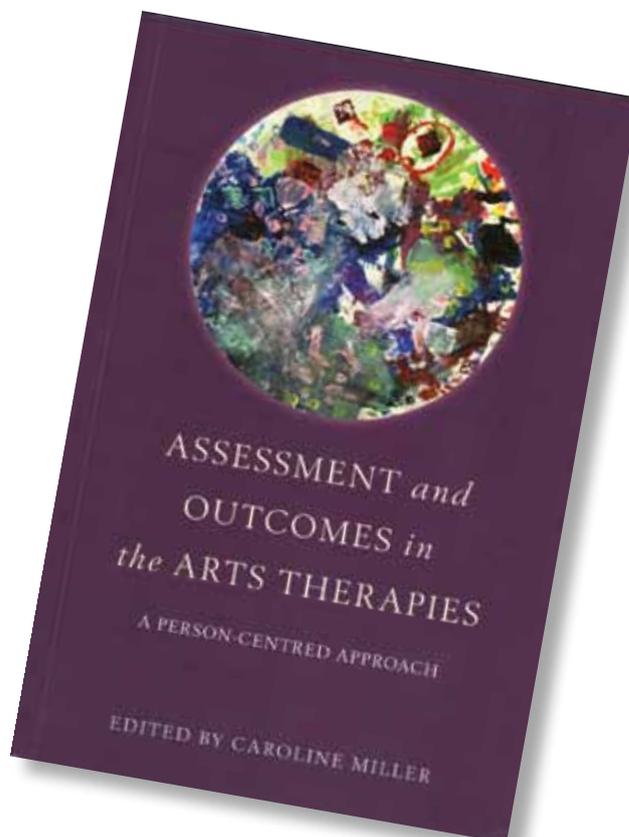
Jessica Kingsley Publishers, London, 2014

Reviewed by Dr Joanna Jaaniste

*Assessment and outcomes in the arts therapies* is a specialised text which is welcomed in the field, and which auspiciously has its genesis in our own region of the world. It responds to increasing pressure on arts therapists worldwide to provide assessment and outcome data to the institutions which employ them, as well as to funding bodies and professional colleagues. Editor Caroline Miller, a psychologist and dramatherapist, and the contributors to this text are from New Zealand and have diverse specialised counselling and arts therapist qualifications or Masters degrees in arts therapies.

In many edited collections on the arts therapies to date, there has been only sparse information on assessment and outcomes. Sole author publications in the field covering more than one specialisation, such as art therapy and music therapy, are often dedicated to a particular age group or to a distinctive diagnosis-related client demographic, but content dealing with assessment is confined to one or two chapters. In contrast, this whole book is dedicated to discussing aspects of assessment and outcomes. Chapters are replete with well-documented illustrations, tables and figures which clarify a wide range of self-devised or standardised tests and measures. The chapters deal for the most part with qualitative research, providing information on measures which are relatively simple to use, and documenting their adaptation to client requirements.

Miller's introduction to the thirteen chapters offers the reader an advisory from Phil Jones' excellent text, *The arts therapies in healthcare*. Jones, writing on the topic of efficacy and clinical proof, warns that clients



and organisations funding arts therapists need to understand the change that is occurring in participants as a result of therapeutic engagement; if funding bodies “are not satisfied that change is occurring in a way they understand [...] then the arts therapies will dwindle into abandonment as viable options in client care” (2005, p.211).

Miller wants arts therapists to use assessment processes and outcome measures confidently, communicating in a language that is formalised rather than intuitive. Far from undermining essential therapist intuition, however, her brief is rather to advocate for person-centred care, and in this role she suggests measures that are easy for client, therapist and employer to understand. Measures should be tailored to client goals for

treatment and established, as far as possible, in collaboration with those seeking treatment and their families and carers. She and her colleagues have therefore used assessment models that are client-centred and possible for all parties to easily understand.

The client demographic described in the text is wide-ranging, and the book begins with a chapter by the editor, presenting a useful overview of approaches and measures available in the arts therapies, and the following chapters are divided into two distinct sections: Part One deals with adults and Part Two presents work with children.

In her overview, Miller writes that although most arts therapists use some form of assessment, it is often an informal process which can seem to lack a structured clinical intention and “may limit communication with the client and with other professional people involved” (p.17). She points to a variety of assessment approaches, and provides a list, which includes standardised tests for particular disorders, as well as some individually-designed assessment tools of varying validity and reliability used in arts therapies and available in the public domain. The former measures are on the whole widely used in mental health and other services, and several are used for the prospect they offer of opening up therapeutic conversations with the client(s).

The overview is followed by a summary of the individual chapters, enabling the enquirer to understand from each brief paragraph the type of assessment that has been used and the manner in which it is applied to the therapeutic journey of the client. The summary introduces the reader to presentations on individual and group arts therapy in the areas of adult intellectual disabilities, earthquake trauma, Parkinsonism, grief, depression, anxiety and physical disability as well as child trauma, autism, peer support, domestic violence and cerebral palsy. Arts therapy interventions cover visual art including collage and photography, music and choral singing, dance arts, story and dramatherapy, as well as expressive and multimodal techniques.

The chapters do not all follow exactly the same pattern of introduction, process and outcome. However, generally speaking, each includes a description of client background, reason for referral, assessment approach, narrative session description, outcomes and conclusion.

Sometimes missing from this otherwise clear structure is the therapist’s aim in choosing one particular assessment tool over another. Also the limitations of the form of assessment chosen are not always mentioned in the authors’ narratives. For example, in the treatment using Choral Singing Therapy (CST) carried out by Talmage et al., there was no reference to the rationale behind the use of thirteen questionnaires which were offered to the client. The results were deemed satisfactory from the client’s point of view, which is something of a relief to the reader after the apparently onerous number of questionnaires which the client had to complete, pre-, mid- and post-therapy!

Gordon-Flower, working in Dance Arts, used a purposefully designed Five-Point Star Assessment Tool (5PSAT) together with a numerical assessment to bring social rehabilitation to a group of people who had been institutionalised or marginalised in some way (Gordon-Flower and Flower, 2011)\*. The Tool designates five domains, including self-reflection and relationships, and provides a useful pathway for the arts therapist to recognise the strength and growth in the individual and accommodate individual differences. Growth was captured through each of the five domains, leading to positive outcomes in the area of social rehabilitation.

In one of the three chapters on children on the Autistic Spectrum Disorder (ASD), Raymond and Miller present images which show the progress made in the clients’ art therapy, alongside comparatively informal assessment tools. An adaptation of the House-Tree-Person projective test (Buck, 1970; Lowenfeld & Brittain, 1987)\* was used pre- and post-therapy, and an open-ended interview with the mother (Kunkle-Miller, 1978; Rubin, 2005)\*

took place to give the client choice about materials and how to use them. Outcomes are impressive when the initial two sessions are set against a later two (39th and 40th), informing on somatic, linguistic, kinaesthetic and aesthetic improvement.

Mulqueen's use, in a feminist framework, of the Guided Imagery in Music (GIM) model of Helen Bonny showed how relatively simple assessment techniques can be used to establish the model's suitability for the client, together with holistic assessment of her state of being (Bonny, 1978). After GIM therapy had been conducted, a client narrative and a review were used to establish outcomes. Qualitative phenomenological work such as this can produce valid results, even though employers often require more quantitative evidence.

It was heartening to read of client collaboration in the actual process of assessment in many cases, giving the reader a sense of holistic inclusion. Torkington, for example, who worked with Sandy, a 12-year-old girl who had experienced a traumatic incident en route to school, included Sandy's feedback at parent interviews pre and post her therapy. Before and after therapy, Sandy's needs and goals were listened to and recorded on the Outcome Rating Scale (ORS) and after seventeen sessions her feelings and thoughts were again documented there.

Even though these assessment and outcome processes will fail to satisfy the evidence-based demands of some clinical workplaces, there is a common direction in the collection and it accomplishes the intentions of the editor in producing a helpful text in the area of assessment. In the future it would be good to see an equally well-balanced companion volume using quantitative and mixed-methods research in the arts therapies.

## Endnote

\* Cited in Miller, C. (2014). (Ed.). *Assessment and outcomes in the arts therapies: A person-centred approach*. London, UK: Jessica Kingsley.

## References

- Bonny, H. (1978). *Facilitating guided imagery and music sessions*. Salina, KS: Bonny Foundation.
- Jones, P. (2005). *The arts therapies: A revolution in healthcare*. Hove & New York: Brunner-Routledge.