



**LEWIS & CLARK GRADUATE SCHOOL OF EDUCATION AND COUNSELING**  
**AT 530: CLINICAL ASSESSMENT BY GRAPHIC MEANS (3 credits)**  
**FALL 2022**

When: Section 1: Wednesday, 9:00AM to 12:15PM, 9/7-9/14

Where: Section 1: Rogers Hall RM 218

Instructor:

Dr. Melissa “Missy” Satterberg, Ph.D., LMFT, ATR-BC, CAT  
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**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 f.S.2, f.S.4, f.S.6; f.A.1, i.S.3, j.S.2, i.K.1, l.K.1, l.A.1	<i>Introductory Art Therapy Assessment and Treatment Planning:</i> Understand history; evidence based and clinically grounded; demonstrate how theory informs the process, have the ability to perform art therapy assessment and treatment planning; execute methods to interpret data; how to complete professional documentation required in clinical mental health settings; value cultural and developmental appropriate tools; display ethical, cultural and legal considerations; develop case conceptualization skills; understanding of graphic indicators.	Introduce	Class Participation; Site Presentation; Assessment Assignment Part I, II, III, IV, & V; Treatment Planning Part I & II
c.S.3, f.K.1 h.S.1, i.S.4. j.S.4	<i>Continued Demonstration of Art Therapy and Treatment Planning:</i> understanding of therapeutic utility and psychological properties of a wide range of art processes and materials in the selection of processes and materials for delivery of art therapy services; definitions and purpose; developmental stages of artwork for all age groups; formulate treatment planning/goal setting; demonstrate use of behavioral observations as indicators of mental disorders.	Reinforce	Class Participation; Site Presentation; Assessment Assignment Part I, II, III, IV & V; Treatment Planning Part I & II

### COURSE OBJECTIVES

Upon completing this course, students will 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)

## 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. (2013). *Diagnostic and statistical manual of mental disorders* (5th Ed.). Arlington, VA: American Psychiatric Publishing.

Hinz, L. D. (2019). *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*

Berberian, M., & Davis, B. (Eds.). (2019). *Art Therapy Practices for Resilient Youth: A Strengths-Based Approach to At-Promise Children and Adolescents* (1st ed.). Routledge. (Multiple Chapters)

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)

Mcdowell, T., Knudson-Martin, C., & Bermudez, J. M. (2018). Third-order thinking in family therapy: Addressing social justice across family therapy practice. *Family Process*, 58(1), 9–22. doi: 10.1111/famp.12383

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.

#### *Site/Population Specific Articles*

*\*\*if 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.*

Broecher, J. (2012). Children coping with surgery through drawings: A case study from a parenting class. *Art Therapy*, 29(1), 38-43.

Gerber, N. (1998). A developmental approach to assessment in adult art psychotherapy. *The Arts in Psychotherapy*, 7, 105 -112.

Greece, M. (2003). Art therapy on a bone marrow transplant unit: The case study of a Vietnam veteran fighting myelofibrosis. *The Arts in Psychotherapy*, 30(4), 229-238.

Haynes, M. J. (2008). Signs of suicide: Using road drawings with inmates on suicide observation at a county jail. *Art Therapy*, 25(2), 78-84.

Hanevik, H., Hestad, K. A., Lien, L., Teglbjaerg, H. S., & Danbolt, L. J. (2013). Expressive art therapy for psychosis: A multiple case study. *The Arts in Psychotherapy*, 40(3), 312-321.

Huet, V. (2017). Case study of an art therapy-based group for work-related stress with hospice staff. *International Journal of Art Therapy*, 22(1), 22-34.

Isfahani, S. N. (2008). Art therapy with a young refugee woman—survivor of war. *International Journal of Art Therapy*, 13(2), 79-87.

O'Neill, A., & Moss, H. (2015). A community art therapy group for adults with chronic pain. *Art Therapy*, 32(4), 158-167.

Tucknott-Cohen, T., & Ehresman, C. (2016). Art therapy for an individual with late stage dementia: A clinical case description. *Art Therapy*, 33(1), 41-45.

#### **DISABILITY SERVICES STATEMENT**

If you require academic accommodations please contact the Office of Student Accessibility in Albany Quadrangle (503-768-7192 or [access@lclark.edu](mailto:access@lclark.edu)). Once you complete the intake process and the Accommodations Agreement, you may Request to Send your Accommodations Letter. Student Support Services staff will then notify faculty of the accommodations for which you are eligible.

#### **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.

#### **COURSE REQUIREMENTS**

Attendance and participation in all classes (5 points)

- a. Attending all classes and being on time.
- b. Giving attention to the instructor and/or other students when they are making a presentation.
- c. Demonstrating ability to recognize subtle nonverbal communication cues to assess your impact on your peers and participate in class.
- d. Demonstrating ability to be open about discussing the impact of your comments on your peers.
- e. Coming to class prepared (having read the assignment for the day and watched any assigned videos)
- f. Contributing to in-class discussion based on the topics and the readings assigned. Contributions may include how you feel about the material but merely articulating your feelings is not sufficient. You are expected to put those feelings in the context of your thoughts and analysis of the material.
- g. Engaging in group discussions with attention and energy.
- h. Asking questions of the instructor and/or other students regarding the material examined in class.
- i. Providing examples to support or challenge the issues talked about in class.
- j. Dealing with other students and/or the instructor in a respectful fashion.
- k. Listening actively. Students will be asked questions related to the course's readings randomly in class by other students and by the instructor. Your participation in small group discussions is also required.
- l. Adhering to all Professional Qualities. The form for evaluating Professional Qualities requirements will be distributed in class.
- m. Making comments or giving observations about topics in the course, especially those that tie in the classroom material to "real world" problems, or try to integrate the content of the course.

**Clinical Assignments:**

Students will be working with clients/participants at practicum sites for various assignments for this class. This may involve borrowing their original artworks to photograph or for use during the completion of an assignment. Students need to inform practicum participants that they will need to use their artwork, and that it will be brought back to them once it has been photographed or the student is done using it for the assignment. For one assignment, students will work with an individual who will create several pieces of art for assessment purposes. 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 suitable participants. Participants (or guardians) from the practicum site must sign a consent form prior to completing any artwork.

**Confidentiality:** Conceal any identifying information on artwork (names, family names, friends' names, specific places, DOB, etc.). All signed releases stay on site.

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

- Select significant data
- Relate data across modes of assessment and treatment planning
- Read and interpret visual communication
- Present data concisely in clinical and behavioral terminology

- Identify problem areas and show clearly how those problems emerge from the assessment
- Summarize findings cohesively and concisely
- Develop goals and methods which reflect understanding of the individual, art therapy technique, and art therapy theory.

**Site Presentation (5 points)**

**DUE Week 3**

Present to the class an assessment of your site utilizing a slide presentation. Be sure to discuss the space, neighborhood, system, power dynamics, and population served. Presentation: 10 minutes.

Site Presentation	Emerging .5	Acceptable 1.5	Proficient 2.5
Presenting issues, access, opportunity as shaped by social locations	Demonstrates some understanding of how issues are shaped by social location.	Demonstrates integrated understanding of how issues are shaped by social location.	Analyzes how dimensions of privilege and oppression shape presenting issues of population served.
Power Dynamics	Describes primary power dynamic(s)	Describes power dynamics across system relationships and considers how broader social dynamics influence power within the system	Describes power dynamics across system relationships and considers how broader social dynamics influence power within the system.

**Assessment Assignment Part I (10 points) - Demographics/Presenting Problems**

**DUE Week 6**

Student completes a summary, one to two paragraphs of the case noting presenting problems, societal, social, historical and environmental factors contributing to the case, identifying sources of information and an overview of sessions conducted or observed thus far. Students will ensure to maintain the following format:

CLIENT NAME (pseudonym to maintain confidentiality)

AGE

GENDER/PRONOUNS

ETHNICITY

LANGUAGE

DIAGNOSES (if available)

MEDICATION

PRESENTING PROBLEM (why client is being referred to art therapy)

HISTORY/SOCIETAL/SOCIAL/ENVIRONMENTAL FACTORS/MENTAL STATUS

AT 530 Assessment Rubric	Emerging 1	Acceptable 3	Proficient 5
-Clinical Overview			
a. Current Clinical Status: Reason for referral is clearly articulated. Any DSM diagnosis or ICD 10 diagnosis are clearly stated.	Some relevant data	Most relevant facts are included.	All relevant factual aspects Any DSM diagnosis or ICD 10 diagnosis are clearly stated.

<p>b. Societal, Social/ /Environmental facts: Examination of client social location, privilege and power within their context and systems of care; an evaluation of pertinent historical or environmental factors related to the client's functioning have been documented and is integrated into a succinct understanding of the significance and impact on the client's functioning.</p>	<p>Some relevant data relate to societal, social, historical and environmental factors are referenced, but inadequately explored. Minimal exploration of clients' social location, privilege and power within the system of care.</p>	<p>Most relevant observable societal, social, historical and environmental factors are sought out and integrated into an understanding of their impact on the client's functioning. Mention of clients social location, privilege and power within the system of care.</p>	<p>All relevant observable aspects of societal, social, historical and environmental factors are explained with depth; Inferences about functioning are accurate and applicable to case. Thorough examination of social location, privilege and power within the system of care.</p>
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**Assessment Assignment Part II (10 points) – Assessment Method/Rationale/Art Findings  
DUE Week 7**

Student clearly identifies each assessment method, rationale for the method, and evaluation relating to the presenting problem and client's domains of functioning. Student identifies and understands the communicative value of visual language and is 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.

<b>AT 530 Assessment Rubric</b>	<b>Emerging 1</b>	<b>Acceptable 3</b>	<b>Proficient 5</b>
<p>Art Findings/Art Analysis</p> <p>a. Assessment Method and Rationale: List the assessment methods utilized and the clinical reasoning for the assessment choice.</p>	<p>Minimal utilization of varied assessment methods. Demonstrated minimal to no understanding of rationale.</p>	<p>Utilized assessment methods that provided an overall evaluation of the various domains. Appropriate rationale.</p>	<p>Comprehensive utilization of assessment methods to assess all domains with clear rationale relating to client clinical evaluation</p>
<p>b. Findings &amp; Analysis: Describe theme, level of graphic dev., art process &amp; media, product, verbalization, mood/ impression, &amp; behavior for each art directive, using obs terms. Selects info that is clinically, theoretically, and culturally relevant, relates to presenting problems, and informs individual creativity/ strengths.</p>	<p>Some aspects of the visual language are described; irrelevant aspects of the visual language are described; few observable aspects of the art process are included; Mood/impression are not included; graphic development is assessed inaccurately.</p>	<p>Most aspects of the visual language are described and are relevant to the individual; most observable aspects of the art process are included; mood/impression are included; graphic development is accurately assessed.</p>	<p>All components of an art finding and art analysis are identified and integrated in a coherent, cohesive, and concise manner, and free of errors.</p>

**Assessment Assignment Part III (10 points) – Domains of Functioning  
DUE Week 8**

The student is 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. These are described in a way clear, concise and clinical manner. Based on all information presented, student is able to clearly state the client’s strengths and limitations within each domain.

<b>AT 530 Assessment Rubric - Domains of Functioning:</b>	<b>Emerging .5</b>	<b>Acceptable 1.25</b>	<b>Proficient 2.5</b>
a. Physical/ Behavioral: An evaluation of the client’s functioning in this domain includes relevant observable aspects of the art process/product; physical appearance; hygiene; body movement/ coordination; and relevant data from supporting resources (e.g. file review).	Some aspects of the assessment art are integrated but not in a relevant manner; verbalizations noted are not relevant or partially relevant; behaviors are described and are partially relevant; statement about functioning is vague or inaccurate.	Relevant observable aspects of the assessment art products and process are referenced; relevant verbalizations are noted; relevant behaviors are described; none of these are well integrated; statement about functioning in domain is vague.	Relevant artworks, processes, verbalizations and behaviors are described and integrated together. A clear statement of the client’s functioning is made.
b. Cognitive: Evaluate client’s functioning to include relevant observable aspects of art process/product; scoring formal assessment tools, interpretation of scoring; assessment of level of graphic development; any observation of cognitive processes during the assessment session; assessment of self-concept; assessment of coping capacity	Some observable aspects of the assessment art are referenced but not in a relevant manner; graphic development is inaccurately identified; assessment of self-concept is vague; assessment of coping capacity is vague; Cognitive assessments improperly referenced	Relevant observable aspects assessed art products and process are referenced; graphic development is used to assess cognitive capacity; self-concept and coping capacities are assessed but may be inaccurate or too general.	Relevant observable aspects of the assessment artworks and processes are described; graphic development is used to assess cognitive capacity; self-concept and coping capacity are accurately assessed; cognitive assessments are referenced correctly and scoring is accurate.
c. Affective/ Psychological: Evaluation of the client’s functioning in this domain includes the difference between normal and abnormal psychological development through graphic indicators, art process descriptors, behaviors, and verbalizations made by the client, during the assessment and how these specific factors inform the overall assessment of client mood and affect with an ability to distinguish affect from mood. Furthermore, all inferences are supported by evidence taken from art	Some relevant observable aspects of art products and process are referenced; Psychological functioning is assessed but it might be inaccurate or poorly supported; absence of the indication of normal vs. abnormal psychological development, no mention of the distinction between mood and affect Graphic indicators, art process descriptors, behaviors, and verbalizations cited that minimally to support	Considerable relevant observable aspects of art products and process are referenced; psychological functioning is assessed accurately and is partially supported; statements indicated that distinguish normal vs. abnormal psychological development clear distinction made between mood and affect Graphic indicators, art process descriptors, behaviors, and verbalizations cited	All relevant observable aspects of art products and process are referenced; psychological functioning is assessed and substantially supported; clear distinction made between indicators of normal vs. abnormal psychological development clear distinction made between mood and affect with a specific example of this distinction provided. Graphic indicators, art



process, product, behaviors and verbalization. Additionally, self-concept and self-esteem are assessed.	inferences; self-esteem and self-concept are assessed without support for assessment stated.	that adequately support inferences; self-esteem is assessed and adequate support provided assessment provided.	process descriptors, behaviors, and verbalizations that sufficiently support inferences, Self-esteem and self-concept are documentation is integrated.
d. Relational: (Social/Familial/Occupational/School): Eval of client social location, privilege and power in relationship to contexts of family/social /work/ school dynamics. Tracking the client's patterns of interaction between client and therapist, relational interactions in group, Includes relevant observable aspects of the art process/product; direct observational data of social behavior during the assessment session; relevant material in the artwork or verbalized about family/ social/ work/school dynamics.	Some relevant observable aspects of art products and process are referenced; Might be a brief mention of familial functioning; Social behaviors are minimally described; functioning in occupational or school settings is minimally described.	Most relevant observable aspects of art products and process are referenced; Inferences about functioning are attempted but might be inaccurate; social behaviors are described; functioning in other settings is inferred from assessment session and other data sources.	All relevant observable aspects of art products and process are referenced; Inferences about functioning are accurate; reflection on how client engages with therapist, describe social behaviors; observations are integrated with information about functioning in other settings, supporting documentation is integrated.

**Assessment Assignment Part IV (10 points) – Clinical Summary**

**DUE Week 9**

The student summarizes the assessment findings in a manner that clearly communicates the primary findings based on the analysis of the visual language, content/themes, art making process, and behavior of the client. Utilizes social context, intersectionality, and privilege/power dynamics as deemed appropriate. Uses historical information sparingly and only as a reference point for overall assessment findings.

<b>AT 530 Assessment Rubric - Clinical Summary of Assessment Findings</b>	<b>Emerging .5</b>	<b>Acceptable 1</b>	<b>Proficient 2</b>
a. Significant observable aspects of art making process are described and visual language, themes, behaviors, and verbalizations are referenced. Content indicators and description of pattern and structure is included.	Content indicators are mentioned but unclear and not linked to observable interactions. Minimal to no reference to art process or client's needs.	Minor inaccuracies present. Content indicators are acknowledged with an attempt at describing pattern and structure. Reference to art process or client's needs.	All relevant observable aspects of the art making process are described and other aspects are referenced in an accurate manner with no errors. Historical info referenced in a relevant manner. Well described content, pattern and structure in work.

b. Significant elements of the visual language and developmental level are highlighted and relevant to the client's behaviors, verbalization, and presenting problems. Information is organized into patterns and themes that reflect the client's concerns and treatment needs.	Some elements of the visual language are highlighted but are loosely or not related to themes, art process, client's behavior, verbalization, or presenting problems. Over reliance on historical info.	Most relevant elements of the visual language and behavior observations are described and correctly referenced. Demonstrates some organizational patterns.	All relevant elements of the visual language and developmental level are highlighted. Information is clearly organized into patterns and themes that relate to client's concerns and treatment needs.
c. The main visual/behavioral themes are described and relate to the presenting problems and identified need. Summary is clear.	Theoretical basis is unclear. Surface level of analysis. Some themes are described but may be inaccurate; other aspects are described but may be irrelevant or loosely related.	Theoretical basis and developing an appropriate analysis. Main themes are described but there may be minor problems integrating them with other aspects of the interaction.	Clear theoretical basis for analysis. All relevant themes are described and supported. Sophisticated form of analysis with no errors.
d. The behavior and verbalizations of the client are described and relate to the art findings, the identified needs, cultural/social context, intersectionality, and privilege/power dynamics.	Some behaviors and verbalization are integrated but may not be done so in a relevant way that provides clarity about the process. Over reliance on background information	Significant behaviors (or all behaviors) are described and related to other aspects of the interaction; minor inaccuracies.	All significant behaviors are described and relevantly related to other aspects of the interaction with no errors. Integration of cultural/social context, intersectionality, privilege/power dynamics. Historical info referenced in a relevant manner.
e. Thorough and concise summary. Utilization of clinical language.	Minimal to no utilization of clinical language. Irrelevant information.	Utilized clinical language and some irrelevant information.	All relevant information included. Thorough and concise summary with no errors.

**Assessment Assignment Part V (30 points) – Comprehensive Assessment & Oral Presentations  
DUE Week 10**

Students will complete a thorough paper based on learning and integration of feedback from previous classes and assignments, adhering to AT 530 Assessment Rubric as noted in above assignments. Students will provide a 30 minute oral presentation of the case to include Q/A.

\*\*Rubric for Comprehensive Assessment is the same as the above assignment Parts I-IV.

<b>Assessment Assignment Part V Oral Presentation</b>	<b>Emerging 1</b>	<b>Acceptable 2</b>	<b>Proficient 3</b>
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a. Overall Organization	No logical flow, none or poor introduction, no discernible organization.	Some parts of the presentation are out of order, overall, logical sequence.	Exceptionally well organized, no missing part, easy to follow.
b. Preparedness	Out of date or misinformation, does not explain the critical information.	Grasp of important concepts, overall understanding of theories, some topics not well understood or presented.	All fundamentals and details are fully integrated and understood.
c. Visual Aids Quality and Effect	Minimal inclusion of visual aids.	Overall high quality of visual aids.	Creative and dynamic use of visual aids. High quality photos.
d. Professional Delivery	Minimal engagement with audience, poor eye contact, monotone voice, long pauses, does not speak clearly.	Overall, maintains posture, eye contact, voice clarity and interest. Professional attire.	Strong presence, clearly communicates, engages audience, professional attire.
e. Effective Use of Time	Ran over time allotment, became distracted, and did not provide time for audience engagement.	Sufficient time for each topic and provided enough time for audience engagement.	Clearly covered all topic areas, no distractions with time for audience engagement.

**Treatment Plan Part I (10 points) – Treatment Approach, Rationale, Risk/Protective Factors; Strengths/Limitations**

**DUE Week 12**

The student must identify proposed treatment approach with clearly identified time frame based on assessment data, summary and client concerns. The student is expected to identify the correct theoretical basis for selection of treatment approach. The student will provide an overview of the treatment approach for a clearly identified time period. The student is able to clearly state the client's strengths and problems, and identify protective and risk factors which are specific and observable.

<b>AT 530 Assessment Rubric - Treatment Approach</b>	<b>Emerging .05</b>	<b>Acceptable 1</b>	<b>Proficient 2</b>
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<p>a. The theoretical orientation as related to treatment goals, media usage, the therapeutic relationship, and themes/tasks for art directives is described clearly and accurately. Inferences are tied to treatment implementation related to assessment.</p>	<p>Theoretical orientation described is loosely related to the proposed treatment plan; is related to a few elements of the proposed treatment plan; theory is poorly described or understood; art therapy and counseling strategies are vaguely described. Inferences are made but not related to assessment</p>	<p>Theoretical orientation described is related to 2 of the 3 elements of the treatment plan, but may contain some inaccuracies in theory or relationship to treatment plan; art therapy and counseling strategies are described with only minor problems. Inferences are linked but unclear.</p>	<p>Theoretical orientation described is related to all elements of the treatment plan; art therapy and counseling strategies are clearly described. Inferences are clearly connected to treatment implementation.</p>
<p>b. Theoretical Foundations and Relationship to Assessment, Treatment, and Case Formulation: Identifies correct theoretical basis for selection of assessment methods, treatment approaches and case formulation. Describes key components of theory that support interpretation of art findings.</p>	<p>Accurate identification of theoretical basis but limited understanding of how theory informs the selection of assessment methods, treatment approaches and case formulation. Attempts to identify a key theoretical component but is not able to show how this component supports interpretation of art findings</p>	<p>Highly accurate identification of the theoretical basis and a developed understanding of how theory informs selection of assessment methods, treatment approaches and case formulation. Able to identify several key theoretical components which superficially support the interpretation of art findings.</p>	<p>Highly accurate identification of all the key theoretical components and a deep understanding of how theory informs the selection of assessment methods, treatment approaches, and case formulation. Able to identify all key theoretical components which substantially support the art findings</p>

<b>AT 530 Assessment Rubric - Rationale</b>	<b>Emerging .5</b>	<b>Acceptable 1</b>	<b>Proficient 2</b>
<p>The rationale for treatment planning is informed by art therapy and counseling approaches which are described and clearly supported. Media choices are appropriate and support overall functioning.</p>	<p>Rationale is loosely related to methods; theory is loosely related to rationale. Media choices are related to the assessment.</p>	<p>Rationale is mostly related to the methods and theory is generally supportive of the rationale. Media choices are in line with treatment but are not fully explained.</p>	<p>Rationale provides complete support for treatment methods; theory is fully supportive of rationale and specific. Media choices are linked to treatment, approach and articulated clear rationale relating to overall functioning.</p>

<b>AT 530 Assessment Rubric - Strengths/Problems</b>	<b>Emerging .5</b>	<b>Acceptable 1</b>	<b>Proficient 2</b>
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Protective/Risk Factors:			
a. Strengths / Protective Factors Protective Factors are individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events; increase an individual's ability to avoid risks or hazards; and promote social and emotional competence to thrive in all aspects of life now and in the future.	Strengths are vaguely related to information from assessment findings or supporting materials; may not be client-centered; limited protective factors identified.	Strengths are related to information from assessment findings; are stated as client centered; protective factors are included; may be some minor lack of clarity.	Strengths are directly related to information from assessment findings; are stated as client centered and are clear statements of what the client is capable of; comprehensive identification of protective factors.
b. Problems/ Risk Factors Risk Factors are individual or environmental characteristics, conditions, or behaviors that increase likelihood that a negative outcome will occur.	Problems are vaguely related to information from assessment findings or supporting materials; are stated as diagnoses or diagnostic categories; are not prioritized correctly; limited risk factors identified.	Problems are related to information from assessment findings; may be unclear; are prioritized with minor inaccuracies; risk factors; may be some minor lack of clarity.	Problems are directly related to information from assessment findings; are accurately prioritized based on sound clinical principles; comprehensive identification of risk factors.

**Treatment Plan Part II (10 points) – Long Term Goals, Short Term Goals, and Methods  
DUE Week 13**

The student will create long term and short term treatment goals that are based on assessment findings and prioritized problem list. The student will construct art therapy directives and select material/media which relate to the client's problems. They are utilizing the client's strengths, 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 is theoretically, clinically and culturally informed while ensuring media choices support client's overall functioning. Be specific. Problems must be client-based and relate to overall functioning. Long-term goals address proposed reduction of identified problems at the end of treatment. Short-term goals must be measurable and observable. They describe an increment of the related long-term goal. Methods must be specific, describing theme, media, and behavior/problem to be addressed.

<b>AT 530 Assessment Rubric - Treatment Goals</b>	<b>Emerging 1</b>	<b>Acceptable 2</b>	<b>Proficient 3</b>
a. Long-Term Goals: LTG's directly address a deficit, symptom, or behavior that needs to change. The goals are observable and measurable (if required); clearly stated criteria; directly address prioritized problems list.	Deficit, symptom, or behavior to be addressed is vague or unrelated to assessment findings; not measurable; partially related to prioritized problems list.	Deficit, symptom, or behavior to be addressed is clearly stated and related to assessment findings; goal is partially measurable, goal relates to prioritized problems list.	Deficit, symptom, or behavior to be addressed is clearly stated and related to assessment findings; goal is measurable; goal directly addresses prioritized problems list.

b. Short-Term Goals: STG's directly address deficits or behaviors that are incremental steps from baseline functioning to achieving the LTG. They are observable and measurable. They must include a time frame for completion.	Deficit, symptom, or behavior to be addressed is vague or unrelated to assessment findings; attempt at measurability; unclear link to incremental step toward the LTG.	Deficit, symptom, or behavior to be addressed is clearly stated and related to assessment findings; partially measurable; and linked to an incremental step toward the LTG.	Deficit, symptom, or behavior to be addressed is clearly stated and related to assessment findings; goal is clearly measurable; direct link to an incremental step toward the LTG
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<b>AT 530 Assessment Rubric - Directive/Material/ Media</b>	<b>Emerging 1</b>	<b>Acceptable 2</b>	<b>Proficient 4</b>
Art therapy directives provide the client the opportunity to work toward treatment goals. Art therapy directives are derived directly from the assessment and are developmentally appropriate. Material and media selected are theoretically/clinically informed and culturally appropriate.	Limited observations from assessment are used in the design of art therapy directives; art therapy directives are loosely related to goals; partially appropriate for client's developmental level.	Multiple observations from assessment inform the design of art therapy directives; art therapy directives are sufficiently related to goals and are developmentally appropriate.	Comprehensive observations from assessment directly inform the design of art therapy directives; art therapy directives are directly related to goals and are developmentally appropriate.

## EVALUATION AND GRADING

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

Assignment	Point Value
Class Participation	5
Site Presentation	5
Assessment Assignment Part I – Demographics and Presenting Problems	10
Assessment Assignment Part II – Methods, Rationale, and Art Findings	10
Assessment Assignment Part III – Domains of Functioning	10
Assessment Assignment Part IV – Clinical Summary	10
Assessment Assignment Part V – Comprehensive Oral Presentation/Paper	30
Treatment Plan Part I – Approach, Rationale, S/L/R/P List	10
Treatment Plan Part I – Treatment Goals, Directives, Media	10
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

Class Date	Topic	Readings & Assignments Due
Week 1:	<p>Welcome, Review of Syllabus</p> <p>Assessment: Information Gathering, Structure</p> <ul style="list-style-type: none"> <li>- Introduction of sites and population served.</li> <li>- How to gather relevant information from charts, client report, and observation.</li> <li>- Assessment Format/Structure</li> </ul>	<p><i>Reading:</i></p> <p>Gussack, G. Rosal, M. (2016): Ch. 48</p> <p>Handler, L., &amp; Thomas, A.D. (2014): Ch. 1</p> <p>Zuckerman, E. (2019): Ch. 4, 5, &amp; 6</p>
Week 2:	<p>Assessment: How To Decide on Appropriate Assessment Tools</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> </ul>	<p><i>Reading:</i></p> <p>Gussack, G. Rosal, M. (2016): Ch. 49, 50, 52 &amp; 53</p> <p>Handler, L., &amp; Thomas, A.D. (2014): Ch. 18</p> <p>Hinz, L. D. (2020): Ch. 11</p> <p>Talwar, S. K., (2019): Ch. 2  <a href="https://primo.lclark.edu/permalink/f/1780deo/CP71292599020001451">https://primo.lclark.edu/permalink/f/1780deo/CP71292599020001451</a></p>
Week 3:	<p><b>Social Location Presentations</b></p> <p>Assessment: Obtaining mental status information</p>	<p><b>Site Presentation DUE</b></p> <p><i>Reading:</i></p> <p>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.</p> <p>Zuckerman, E. (2019): Ch. 1, 2, &amp; 3</p>
Week 4:	<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><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>

	- Practice writing Art Findings ETC integration	
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Week 5:	Assessment: Domains of Functioning - Understanding the difference between the 4 domains - Physical/Cognitive/Affective Practice writing Art Findings.	<i>Readings:</i> Handler, L., & Thomas, A.D. (2014): Ch. 9 Zuckerman, E. (2019): Ch. 7, 8, 9, 10, 11, & 12
Week 6:	Assessment: Domains of Functioning - Social/Environmental Assessment: Summary - How to integrate data collected - Identify the themes Practice conceptualizing and writing Domains of Functioning	<b>Assessment Assignment Part I DUE</b> <i>Reading:</i> Handler, L., & Thomas, A.D. (2014): Ch. 3, 16 & 17 Mcdowell, T., Knudson-Martin, C., & Bermudez, J. M. (2018). Third-order thinking in family therapy: Addressing social justice across family therapy practice. <i>Family Process</i> , 58(1), 9–22. doi: 10.1111/famp.12383 Zuckerman, E. (2019): Ch. 14, 15, 16, 17, 18, & 19
Week 7:	Assessment: Summary - Completing the report Practice conceptualization and writing the Summary.	<b>Assessment Assignment Part II DUE</b> <i>Reading:</i> Zuckerman, E. (2019): Ch. 20, 21, 22, 23, & 24
Week 8:	Assessment: Presenting findings - Review how to present findings in a concise and professional manner Continue to practice conceptualization and integrating material in a comprehensive manner.	<b>Assessment Assignment Part III DUE</b> <i>Reading:</i> Site Specific Articles: Choose an article relating to population served at practicum site (prepare to share summary)
Week 9:	Treatment Planning: - Review presented assessments - Identifying observable strengths and limitations - Understanding LTG, STG SMART Goals - Media Selection- developmentally and clinically appropriate, ETC	<b>Assessment Assignment Part IV DUE</b> <i>Reading:</i> Hinz, L. D. (2020): Ch 12 Zuckerman, E. (2019): Ch. 25
Week 10:	<b>Oral Presentations</b> Treatment Planning: - Review presented assessments - Identifying observable strengths and limitations	<b>Assessment Assignment Part V DUE</b> <i>Reading:</i> Site Specific Articles: Choose an article relating to population served at practicum site (prepare to share summary)



	- Practice writing goals/treatment methods and rationale	
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Week 11:  NO CLASS THE WEEK OF THANKSGIVING	<b>Oral Presentations</b>  Treatment Planning: - Review presented assessments - Identifying observable strengths and limitations - Practice writing goals/treatment methods and rationale	<i>Reading:</i>  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
Week 12:	Treatment Planning: Media Selection - Developmentally and clinically appropriate interventions. - Workshop: utilizing Treatment Plan Part I to develop interventions	<b>Treatment Plan Part I DUE</b> <i>Reading:</i> Site Specific Articles: Choose an article relating to population served at practicum site (prepare to share summary)
Week 13:	Treatment Changes, Medication, Medical Conditions Impact on Evaluations - Adjusting plans - Common psychiatric medications - The masking of medical conditions	<b>Treatment Plan Part II DUE</b> <i>Reading:</i> Hinz, L. D. (2020): Pages 214-224  Zuckerman, E. (2019): Ch. 27 & 28
Week 14:	Review, Closing, Art Experiential  Evaluations are to be completed in class before leaving.	<i>Students are to bring an electronic device to complete online Course Evaluations. Students should request a Department Tablet if unable to bring a personal device.</i>