



# LEWIS & CLARK COLLEGE

## GRADUATE SCHOOL OF EDUCATION AND COUNSELING AT 570 ART THERAPY CANDIDACY/PORTFOLIO (1 Credit) SPRING, 2021

**When:** **Section 1:** Monday 9-11 am: 1/25, 2/8, 2/22, 3/8  
**Section 2:** Thursday 9-11 am: 1/28, 2/11, 2/25, 3/11  
**Both Sections:** Monday & Thursday 9 am-12 pm: 3/29 & 4/1  
Thursday, individual student interviews, 4/15

**Where:** Online, Zoom

**Instructors:** Section 1: Mary Andrus DAT, ATR-BC, ATCS, LPC  
Office hours: schedule via zoom  
Office location: online  
Phone: 503-768-6068  
E-Mail: mandrus@lclark.edu  
Section 2: Kris Bella LCAT, ATR-BC, ATCS  
Office hours: schedule via zoom  
Office location: online  
Phone: 503-768-6069  
E-Mail: kbella@lclark.edu

### CATALOG DESCRIPTION

Comprehensive evaluation of the student’s level of clinical understanding of theory and art therapy practice in preparation for internship placement. This is a required course for all art therapy students moving into their third year of the program.

### COURSE DESCRIPTION

This course evaluates the student’s learning and understanding of the program coursework along with their readiness for Internship advancement. Students will be evaluated on their knowledge and application of art therapy assessments, treatment planning, goal setting and ability to present a comprehensive understanding of the application of art therapy to individuals and groups.

### CAAHEP STUDENT LEARNING OUTCOMES (SLO)

SLO-A -	Understand the historical development of Art Therapy as a profession, and how Art Therapy theories and techniques are a foundation for contemporary Art Therapy professional practice.
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.
SLO-M-	Pursue professional development through supervision, accessing current Art Therapy literature, research, best practices, and continuing educational activities to inform clinical practice.

### CAAHEP CONTENT AREAS

Content Area	Description	Mastery Level	Assessment
d.A.2	Recognize the need for awareness of and sensitivity to cultural elements which may impact a client's participation, choice of materials and creation of imagery	Reinforce	Written Assessment, Video, and Oral Presentation
h.S.2	Integrate contextual/ ecological factors bearing on human development such as cultural identities, spiritual, systemic within and outside family nucleus, physical, neurological, biological, and physiological	Reinforce	Written Assessment and Oral Presentation
i.A.1	Recognize and display a professional commitment to Art Therapist characteristics that promote the therapeutic process	Reinforce	Candidacy Readiness Self Evaluation
i.K.1	Identify evidence-based strategies and clinically-grounded approaches for assessment and treatment	Reinforce	Written Assessment, Video/Observation, and Oral Presentation

### COURSE OBJECTIVES

Upon completing this course, students will be able to demonstrate:

1. Understanding of ethical principles of art therapy
2. How graphic development informs treatment planning
3. The ability to therapeutically engage clients
4. The ability to write a comprehensive art therapy assessment and treatment plan

5. The ability to self-evaluate understanding and engagement of art therapy

### **REQUIRED TEXTS & READINGS:**

Since AT 570 is an evaluation of a student's readiness for Internship advancement, no text will be required. Students will, however, be expected to reference the following materials:

#### **Reference Texts:**

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th edition). Washington, DC: Author.
- Gussak, G. (2013). Art on trial: Art therapy in capital murder cases. New York: Capital University Press.  
<https://ebookcentral.proquest.com/lib/lewisclark/reader.action?docID=1181625&ppg=191>

#### **Reference Articles:**

- Gantt, L. (2001). The formal elements art therapy scale: A measurement system for global variables in art. *Art Therapy, 18* (1) 50-55.
- Gerber, N. (1998). A developmental approach to assessment in adult art psychotherapy. *The Arts in Psychotherapy, 7*, 105 -112.
- Hinz, L. D. (2015). Expressive therapies continuum: Use and value demonstrated with case study (Le continuum des thérapies par l'expression: étude de cas démontrant leur utilité et valeur). *Canadian Art Therapy Association Journal, 28*(1-2), 43-50.

### **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).

If you have any questions regarding these policies, please speak to your instructor for clarification.

### **DISABILITY SERVICES STATEMENT**

If you have a disability that may impact your academic performance, you may request accommodations by submitting documentation to the Student Support Services Office in the Albany Quadrangle (503-768-7192). After you have submitted documentation and filled out paperwork for the current semester requesting accommodations, staff in that office will notify me of the accommodations for which you are eligible.

### **TEACHING METHODS**

As an evaluation of the students' learning and understanding of program coursework and readiness to advance into internship, class discussions and experiential activities will be utilized however independent initiative is a core aspect of the course.

### **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 the stated deadlines are to be met. Students are expected to be on time to class and tardiness may be seen as an absence that requires make-up work.

**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**

Students must attend all classes and complete assignments, and evaluations in order to advance into their final year of the art therapy program.

**ASSIGNMENTS AND COURSE REQUIREMENTS**

<b>Assignment</b>	<b>Points</b>
Attendance and Participation	10
Candidacy Self-Evaluation Forms (2) 2.5 each	5
Video/Supervisor Observation of Group Facilitation	10
Candidacy Self-Reflection Paper	15
Comprehensive Written Assessment (30%)	30
Oral Presentation of Assessment	30
Total Points in the Course:	100

**EVALUATION AND 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%	

*NOTE: All assignments must be turned in on the day they are due. Five percent will be deducted for each day an assignment is late.*

**ASSIGNMENTS AND EVALUATION**

1. Attendance and participation in all classes (10 points)

Class participation	Possible points
Attending all classes and being on time. Giving attention to the instructor and/or other students when they are making a presentation.	4
Demonstrating ability to recognize and use subtle non-verbal communication cues to assess your impact on your peers and participate in class. Demonstrating ability to be open about discussing the impact of your comments on your peers.	1
Coming to class prepared (having read the assignment for the day) Engaging in group discussions with attention and energy. Asking questions of the instructor and/or other students regarding the material examined in that class.	2
Contributing to in-class discussion based on the topics of discussion 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 context of your thoughts and analysis of the material.	1
Providing examples to support or challenge the issues talked about in class. 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.	1
Dealing with other students and/or the instructor in a respectful fashion. 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.	1
Total	10

2. **Candidacy Self-Evaluation Forms Y1 & Y2 in Taskstream (5pts):** Student will complete the Advancement to Candidacy self-evaluations for Year 1 and Year 2 as it relates to the student's current level of proficiency.
  
3. **Video/Observation of Group Facilitation (10pts):**  
 Each student will prepare either a 30 minute video of themselves conducting a group at their practicum site; or submit a Supervisor Group Observation form with a clear narrative from the supervisor of the details of the session. The video/narrative should demonstrate the student's ability to facilitate a group process that is engaging clients in art making. Turn in USB drive to faculty for review, or the detailed Observation form. (See video submission form).
  
4. **Candidacy Self-Reflection Paper – Taskstream (15 pts):** Student will write a critical analysis paper of their readiness for Internship, this will be in two parts.
  - Part one will reflect on the strengths and areas of growth that emerged from your self-evaluations.
  - Part two will be a critical analysis of group facilitation skills. Reflect on the strengths and areas of growth related to your group facilitation of the video session. Use the video submission form as a reference to discuss how you structured the session, media/ methods and interpersonal variables.
  - A summary is to be included reflecting on your readiness for Internship as a means of demonstrating your ability to reflect on your level of proficiency in the program thus far and specific areas in which you hope to grow as an art therapy student going into clinical practice. Include an art image as a figure to illustrate your understanding of yourself.

<b>Self-Reflection paper</b>	<b>Unsatisfactory</b>	<b>Acceptable</b>	<b>Emerging</b>	<b>Proficient</b>
<b>Strength/Weakness</b>	Student does not identify or evaluates strengths and weaknesses.	Student identifies and evaluates some of their strengths and weaknesses.	Student identifies and evaluates strengths and weaknesses.	Student clearly, accurately and appropriately identifies and evaluates strengths and weaknesses.
<b>Solutions to Problem Areas</b>	Student is unable to view self objectively and constructively, lacks ability to explore solutions and problems areas.	Student is intermittently able to view self objectively and constructively, somewhat able to explore solutions and problems areas.	Student is able to view self objectively and constructively, and able to explore solutions and problems areas.	Student is able to view self objectively and constructively to explore solutions and problems areas aptly.
<b>Evaluation of Clinical skills/group dynamics</b>	Student's evaluation does not demonstrate clear	Student's evaluation demonstrates a limited	Student's evaluation demonstrates an understanding of	Student's evaluation demonstrates exceptionally clear understanding of

	understanding of clinical skills, or group structure/dynamics	understanding of clinical skills and group structure/dynamics.	clinical skills and group structure/dynamics.	clinical skills and group structure/dynamics.
<b>Evaluation of therapeutic use of art media</b>	Student's evaluation does not demonstrate clear understanding of therapeutic use of art media	Student's evaluation demonstrates a limited understanding of therapeutic use of art media	Student's evaluation demonstrates an understanding of therapeutic use of art media	Student's evaluation demonstrates exceptionally clear understanding of therapeutic use of art media
<b>Writing skills</b>	Student did not follow directions for written assignment and writing is below graduate level skills in grammar, spelling and structure.	Student has somewhat followed directions for written assignment and writing demonstrates some graduate level skills in grammar, spelling and structure.	Student has followed directions for written assignment and writing demonstrates graduate level skills in grammar, spelling and structure.	Student has followed directions for written assignment and writing demonstrates exceptional graduate level skills in grammar, spelling and structure.

## 5. Comprehensive Assessment

The student will prepare and submit for review a thorough assessment of a client that the student is working with in their practicum site. The written and oral components will evaluate the students' ability to synthesize the following: 1) Gathering of Pertinent Client Information 2) Art Findings and Analysis 3) Domains of Functioning 4) Summary of Findings 5) Treatment Approach and Rationale 6) Risk and Protective Factors 7) Treatment Goals 8) Directives and Materials 9) Summary of Findings.

Students are not asked to arrive at a DSM V or ICD 10 diagnosis. Student should expect to have the client complete 5-7 pieces of artwork. Images are to be attached in digital format. Disguise identifying information of client, which includes the name of the site. Artwork images need to be well documented for the reader. Identify client's risk and protective factors along with their treatment needs. State your treatment goals as an art therapist working with this client. Relate goals to one or more identified treatment needs.

The student must relate goals to treatment interventions that would be appropriate for the client during the next three consecutive sessions. The student will indicate the duration of the sessions and whether they are individual, family or group. It should be assumed these sessions are consecutive and immediately follow the first meeting(s) in which the client produced the art you are presenting in this case. Student needs to explain their reasoning for the inferences and clinical decisions based on their understanding of theories.

**Comprehensive Assessment - Taskstream (30 %)**

**Due March 15(section1) & March 18(section2)**

The body of the paper is not to exceed 20 pages (this does not include title page or references). Papers are expected to demonstrate skillful writing as well as appropriate use of credible, relevant sources to develop ideas that are consistent with the literature. Student needs to include all categories of the rubric and make sure the paper is appropriately formatted (see rubric for APA sections). Upload final paper to Taskstream for grading.

(See AT 570 Assessment Rubric at end of Syllabus)

**6. Oral Presentation - Taskstream (30pts)**

Student is expected to create a professional 20 minute presentation which covers the above sections in a manner that demonstrates your aptitude and readiness to advance to candidacy within the program. Attention should be paid to the quality of the artwork photos to ensure clear representation of the graphic components. Student will be evaluated on 1) Overall Organization 2) Preparedness 3) Visual Elements 4) Clinical Content 5) Professional Delivery 6) Effective Use of Time  
Upload PowerPoint to Taskstream for grading.

**Oral Presentation Rubric**

Elements	Not Met 0	Met 3	Proficient 5
<b>Overall Organization</b>	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</b>	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.
<b>Visual Aids Quality and Effect</b>	Minimal inclusion of visual aids.	Overall high quality of visual aids.	Creative and dynamic use of visual aids. High quality photos.
<b>Clinical Content</b>	Main topics, supporting information, and/or clinical reasoning are not present or poorly explained.	Most of the main topics, supporting information, and clinical reasoning are present or clearly explained.	Thorough integration of main topics, supporting information, and clinical reasoning
<b>Professional Delivery</b>	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,
<b>Effective Use of Time</b>	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.



## COURSE SCHEDULE

Class Date	Topic	Assignments Due
Week 1 S1-1/25 S2-1/28	Class Overview, Defining Candidacy Expectations, Art Finding Process and Dialogue	Art findings from case study Gussak, D. (2013) Art on Trial
Week 2 S1-2/8 S2-2/11	Integrating art therapy language in written and oral communication	Case study domains of functioning and Treatment Plan Goals
Week 3 S1-2/22 S2-2/25	Peer Review of Assessments	Draft of Comprehensive Assessment due for peer review
Week 4 S1-3/8 S2-3/11	Professional Acumen, Panel Review Expectations, Sign up for Oral Presentation	<b>Video or Detailed Observation Form</b> <b>**Written Assessment due one week after this class meeting</b>
Week 5 Both Sections- 3/29 & 4/1 From 9am to 12 pm	Final: Oral Presentations	<b>Oral Presentations:</b> Students from other section are required to attend and observe presentations from opposite section. <b>**Candidacy Self-Evaluation and Self-Reflection Paper due one week after this week's class</b>
Week 6 Both Sections 4/15	Professional Progress Reviews: each student will engage in a 30 minute review with 2 faculty	<b>Professional Progress Reviews</b>

## Written Assessment Rubric

	Unsatisfactory	Emerging	Acceptable	Proficient
1. Sources of information (APA)  a. Summary paragraph of the case noting presenting problems, historical and environmental factors contributing to the case, identifying sources of information and	Summary is unrelated to the case and lacking information about any sources where information was gathered.	Demonstrates an attempt to note presenting problems, overall summary is not capturing big picture.	Most relevant aspects of case are noted in the summary, mention of historical and environmental factors, sources are mentioned but not in full.	Excellent summary noting presenting problems, historical and environmental factors contributing to the case, identifying sources of information and an overview of sessions conducted with the client to

<p>an overview of sessions conducted with the client to complete this comprehensive assessment.</p>				<p>complete this comprehensive assessment.</p>
<p>2. Clinical overview *sections 2-9 are to be written in clinical format</p> <p>a. Current Clinical Status: Reason for referral is clearly articulated. Any DSM diagnosis or ICD 10 diagnosis and medication are clearly stated. Sources for data are identified.</p>	<p>No attempt</p>	<p>Some relevant data</p>	<p>Most relevant facts are included.</p>	<p>All relevant factual aspects included. Any DSM diagnosis or ICD 10 diagnosis and medication are clearly stated. All sources for data collection are identified.</p>
<p><u>b. Societal, Social/Environmental facts:</u> Examination of client's 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>No attempt; No mention of any efforts at seeking additional societal, social, historical or environmental factors.</p> <p>No attempt to explore social location and systems of care.</p>	<p>Some relevant data relate to societal, social, historical and environmental factors are referenced, but inadequately explored. Minimal exploration of client's 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 client's social location, privilege and power within the system of care.</p>
<p>3. Art Findings/Art Analysis: Student clearly identifies</p>	<p>No attempt; directive and rationale are</p>	<p>Directive or rationale are missing. Some</p>	<p>Most aspects of the visual language are</p>	<p>All components of the directive, rationale, art</p>

<p>the directive, therapeutic rationale for the directive, and demonstrates an understanding of 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. (Scored total of 9 pts on at least 3 pieces of artwork.)</p> <p>Content: Describes the theme, level of graphic development, art process and media, product, verbalization, mood/impression, &amp; behavior for each art directive, using observable terms. Selects information that is clinically, theoretically, and culturally relevant, relates to presenting</p>	<p>missing, only a few elements of the visual language are described; irrelevant observations are included; no observable aspects of the art process are included; no attempt at assessing level of graphic development.</p>	<p>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>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>finding, and art analysis are identified and integrated in a coherent, cohesive, and concise manner, and free of errors.</p>
---	--	--	--	---

<p>problems, and informs about individual creativity/strengths.</p>				
<p>4. Domains of Functioning: The student is able to integrate findings from assessment artwork, observational data, and information from file review to assess the client's strengths and problems in four specific domains. These are described in a way that clarifies the client's strengths and problems, and indicates important cultural differences if present.</p> <p>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, mental status exam).</p>	<p>No attempt; Assessment art is not referenced; verbalizations are not mentioned; behaviors are minimally or not described; no statement about functioning.</p>	<p>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.</p>	<p>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.</p>	<p>Relevant artworks, processes, verbalizations and behaviors are described and integrated together. A clear statement of the client's functioning is made.</p>

<p>b. Cognitive: An evaluation of the client's functioning in this domain includes relevant observable aspects of the art process/product; scoring of formal assessment tools and 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; supporting documentation is integrated.</p>	<p>No attempt; Assessment art is not referenced; graphic development is not identified; no statement about self-concept, or coping capacity; cognitive assessments are not referenced.</p>	<p>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</p>	<p>Relevant observable aspects of the assessment 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; cognitive assessments are referenced correctly with minor mistakes.</p>	<p>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.</p>
<p>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</p>	<p>No attempt; Relevant observable aspects of art products and process are not referenced; psychological functioning is not evaluated using graphic indicators, art process descriptors behavior, or verbalizations; neither self-esteem nor self-concept is assessed.</p>	<p>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</p>	<p>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</p>	<p>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</p>

<p>client mood and affect with an ability to distinguish affect from mood. Furthermore, all inferences are supported by evidence taken from art process, product, behaviors and verbalization. Additionally, self-concept and self-esteem are assessed.</p>		<p>descriptors, behaviors, and verbalizations cited that minimally to support inferences; self-esteem and self-concept are assessed without support for assessment stated.</p>	<p>descriptors, behaviors, and verbalizations cited that adequately support inferences; self-esteem is assessed and adequate support provided assessment provided.</p>	<p>indicators, art process descriptors, behaviors, and verbalizations that sufficiently support inferences, self-esteem and self-concept are documentation is integrated.</p>
<p>d. Relational (Social/Familial/Occupational/School): Examination 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;</p>	<p>No attempt; Relevant observable aspects of art products and process are not referenced; Social behaviors are not described; functioning in occupational or school settings is not integrated.</p>	<p>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.</p>	<p>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.</p>	<p>All relevant observable aspects of art products and process are referenced; inferences about functioning are accurate; reflection on how client engages with therapist, social behaviors are described and these observations are integrated with information about functioning in other settings. Supporting documentation is integrated</p>

<p>supporting documentation is integrated.</p>				
<p>5. Summary of Assessment Findings: 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. Utilize social context, intersectionality, and privilege/power dynamics as deemed appropriate. Uses historical information sparingly and only as a reference point for overall assessment findings.</p> <p>a. Significant observable aspects of art making process are described and visual language, themes, behaviors, and verbalizations are referenced. Content indicators</p>	<p>No attempt; irrelevant observable aspects of art making process are described and are not related to other elements of the assessment. Mostly used historical info. Content indicators are missing and lacking detail.</p>	<p>Some observable aspects of art making process are described; other elements are not referenced or are irrelevant. Over reliance on historical info. Content indicators are mentioned but unclear and not linked.</p>	<p>Most observable aspects of the art making process are included and other elements are referenced; only minor inaccuracies present. Historical info referenced in a relevant manner. Content indicators are acknowledged, attempt at describing pattern and structure.</p>	<p>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.</p>

and description of pattern and structure is included.				
b. Significant elements of the visual language & developmental level are highlighted and directly relate to observations of the art making process and the client's behaviors and verbalizations.	No attempt; visual language is not described, or is irrelevant; process, behaviors, and verbalizations are not included, or irrelevant. Mostly used historical info.	Some elements of the visual language are highlighted but are loosely or not related to themes, art process, client's behavior and verbalizations. Over reliance on historical info.	Most relevant elements of the visual language are described and other aspects are referenced correctly. Historical info referenced in a relevant manner.	All relevant elements of the visual language and developmental level are highlighted and other aspects are referenced correctly with no errors. Historical info referenced in a relevant manner.
c. The main visual and behavioral themes are described and clearly relate to the presenting problems along with identified needs. Summary is clear.	No attempt; Themes are not described or are irrelevant/inaccurate; visual language, process, behaviors and verbalizations are not included or irrelevant. Mostly used historical info. Offers no clear analysis and fails to engage with material at hand.	Some themes are described but may be inaccurate; other aspects are described but may be irrelevant or loosely related. Over reliance on historical info. Engages at a surface level of the material, inconsistent examples of analysis.	The main themes are described but there may be minor problems integrating them with other aspects of the interaction. Historical info referenced in a relevant manner. Attempts to engage critically with material, offers some form of analysis.	All relevant themes are described and other aspects of the interaction are integrated with no errors. Historical info referenced in a relevant manner. Engages critically with material, offers sophisticated form of analysis.
d. The behavior and verbalizations of the client are described and relate to the art findings, the identified needs, cultural/social context, intersectionality, and	No attempt; behaviors and verbalizations are not included or are irrelevant; other aspects are not used to back up observations. Lacks social context. Mostly used historical info.	Some behaviors and verbalizations are integrated but may not be done so in a relevant way that provides clarity about the process and need. Lack of social context. Over reliance on historical info.	Significant behaviors (or all behaviors) are described and related to other aspects of the interaction; may be minor inaccuracies. Lack of social context. Historical info referenced in	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



privilege/power dynamics.			a relevant manner.	dynamics. Historical info referenced in a relevant manner.
<p>6. Treatment Approach: The student provides an overview of the treatment approach for a clearly identified time period.</p> <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>	No attempt; theoretical orientation is not described; theoretical orientation is unrelated to the proposed goals and methods. No inferences are made.	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	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 to assessment but unclear.	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.
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	No attempt; distorted or inaccurate theoretical basis identified. Complete absence of understanding of how theory informs the selection of assessment methods, treatment approaches, and case formulation. Absence of any reference to key theoretical components and	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	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	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

interpretation of art findings	how this provides the basis for interpretation of art findings	supports interpretation of art findings	support the interpretation of art findings.	support the art findings
<p>7. Strengths and Problems / Protective and Risk Factors: The student is able to clearly state the client's strengths and problems, and identify protective and risk factors. The problems list is prioritized with the most clinically salient or concerning problem listed first.</p> <p>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.</p>	<p>No attempt; strengths listed are not related to information from assessment findings or supporting materials; no protective factors identified</p>	<p>Strengths are vaguely related to information from assessment findings or supporting materials; may not be client-centered; limited protective factors identified.</p>	<p>Strengths are related to information from assessment findings; are stated as client centered; protective factors are included; may be some minor lack of clarity.</p>	<p>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.</p>
<p>b. Problems/ Risk Factors? Risk Factors are individual or environmental</p>	<p>No attempt; problems listed are not related to information from assessment</p>	<p>Problems are vaguely related to information from assessment findings or</p>	<p>Problems are related to information from assessment findings; may be</p>	<p>Problems are directly related to information from assessment findings; are</p>

<p>characteristics, conditions, or behaviors that increase likelihood that a negative outcome will occur.</p>	<p>findings or supporting materials; are not prioritized; no risk factors identified</p>	<p>supporting materials; are stated as diagnoses or diagnostic categories; are not prioritized correctly; limited risk factors identified.</p>	<p>unclear; are prioritized with minor inaccuracies; risk factors; may be some minor lack of clarity.</p>	<p>accurately prioritized based on sound clinical principles; comprehensive identification of risk factors.</p>
<p>8. Treatment Rationale: The student provides clear rationale for treatment planning that is based on assessment data and art therapy and counseling theories.</p> <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>No attempt; Rationale provided are unrelated to treatment methods and theory used is irrelevant. Media choices are inappropriate.</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 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 used very specifically. Media choices are linked to treatment, approach and articulated with clear rationale that relates to overall functioning.</p>
<p>9. Treatment Goals: The student is able to write treatment goals with measurable Long-Term and Short-Term Goals that are based on assessment findings, and prioritized problems list. Short-Term Goals are directly</p>	<p>No attempt; Goal does not address deficit, symptom, or behavior; not measurable (if required); does not relate to the prioritized list of problems.</p>	<p>Deficit, symptom, or behavior to be addressed is vague or unrelated to assessment findings; not measurable; partially related to prioritized problems list.</p>	<p>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.</p>	<p>Deficit, symptom, or behavior to be addressed is clearly stated and related to assessment findings; goal is measurable; goal directly addresses prioritized problems list.</p>

<p>related with incremental steps toward Long-Term-Goals.</p> <p>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) and these criteria are clearly stated and directly address the prioritized problems list. .</p>				
<p>b. Short-Term Goals: STG's directly address deficits or behaviors that are incremental steps from baseline functioning to achieving the LTG.</p>	<p>No attempt; Goal is not related to deficit, symptom, or behavior; not related to assessment findings, not measurable; no link to an incremental step toward the LTG.</p>	<p>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.</p>	<p>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.</p>	<p>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</p>
<p>10. Art therapy directives and material/media selection: The student constructs art therapy directives and selects material/media, that relate to the client's problems, utilize the client's strengths, and are derived from the art processes and products observed in the</p>	<p>No attempt; Art therapy directives do not utilize observations from assessment; media/ materials and processes do not match with treatment goals or client's developmental level.</p>	<p>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.</p>	<p>Multiple observations from assessment inform the design of art therapy directives; art therapy directives are sufficiently related to goals and are developmentally appropriate.</p>	<p>Comprehensive observations from assessment directly inform the design of art therapy directives; art therapy directives are directly related to goals and are developmentally appropriate.</p>

<p>assessment session(s), are developmentally appropriate, and relate to treatment goals. Theme and media selection is theoretically, clinically and culturally informed.</p> <p>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.</p>				
<p>11. Conclusion (APA)  a. Summarizes an examination of client social location, privilege and power within their context and systems of care. Conclusion identifies, describes, and summarizes the theoretical contributions from coursework and readings to</p>	<p>Conclusion is lacking information or missing.</p>	<p>Conclusion demonstrates an attempt to collate key findings, overall summary is not capturing big picture.</p>	<p>Most relevant aspects of case is noted. Attempts at succinctly highlighting key points from case and coursework.</p>	<p>Clearly summarizes social context. Excellent conclusion linking theoretical contributions from coursework and readings to findings in the assessment, the formulation of the proposed treatment plan, and the</p>

findings in the assessment, the formulation of the proposed treatment plan, and the methodology of the case study.				methodology of the case study.
12. APA Format a. Sources: Quality and integration	Does not integrate sources or sources are inappropriate to the content, extends beyond 20 page limit.	Demonstrates an attempt to use sources to support ideas. Quality of sources and usage is inconsistent. Meets page requirement.	Demonstrates use of credible, relevant sources to support ideas that are situated within the discipline and genre of the writing. Meets page requirement.	Demonstrates skillful use of credible, relevant sources to develop ideas that are appropriate for the discipline and genre of the writing. Meets page requirement.
b. Consistent and correct citation	Inconsistent, or inappropriate citations, sometimes entirely absent. Citations do not match references.	Consistent errors in citation or reference format.	Format of citations and references generally consistent with APA standards.	Meticulous citations and references, format adheres consistently to APA standards.