Implementing Standardized Documentation in Outpatient Group Art Therapy

Abstract

Background:

Both the general population and the medical community frequently misinterpret the practice of art therapy. Physicians are often unable to distinguish between the form of art therapy (practiced by licensed art therapists) and arts-based activities (facilitated by volunteers). Simultaneously, the heterogeneity of art therapy approaches and programs has limited the applicability of previous research (Kaplan, 2001). The lack of validated self-reporting structures limits opportunities for program quality improvement. The combination of the lack of familiarity with the practice of art therapy and the lack of quantifiable outcomes has contributed to difficulties in communicating the value of art therapy.

Within outpatient group art therapy in particular, there are few structural studies accurately describing the content and practices. Our research objective was to determine if a standardized documentation process for outpatient group sessions can help define, and ultimately improve, the practice of art therapy in this setting.

Methods:

The Art Therapy Project (TATP) is a non-profit organization that manages 34 weekly art therapy groups in New York, NY, and conducted 1,103 sessions and serving 1,303 clients in 2018, including a group located within the Outpatient Psychiatry Department at Mount Sinai Beth Israel Hospital. Our intervention consisted of a standardized Group Progress Note template, to be completed by the group’s art therapist at the conclusion of each weekly session. This template was developed by an interdisciplinary team, which included a licensed art therapist,
TATP’s Clinical Director, and medical physicians specializing in internal medicine and psychiatry.

The Group Progress Note was designed to record the number of art therapy assessments and interventions used each session, and to explore the art therapist’s observations and rationale for each assessment or intervention, including group goals. By tracking these assessments and interventions, their frequencies may be logged and aggregated, culminating in a selection of common practices that may serve as an accurate representation of the reality of group art therapy in this setting. Additionally, by requesting the art therapist’s observations and rationale for each assessment or intervention (Malchiodi, 2012), these notes may serve to demonstrate the critical thinking used by experienced art therapists that is distinct from the decision-making required for other arts-based activities.

**Results:**

The Group Progress Note template was implemented at TATP’s Mount Sinai Beth Israel group beginning in August 2018. Common assessments (Rubin, 2001) logged in pilot group progress notes included “Mental Status Examination/Check-In”, “Identification of Transference/Countertransference”, “Observation of Client Responses (Physical, Verbal, Behavioral)”, “Verbal Processing”, and “Check Out”. Commonly utilized interventions were grouped into three thematic approaches, including “Art-Making” (e.g. group artwork, ritual engagement, third-hand technique, directive, new media exploration, technical skill teaching), “Social-Relational” (e.g. facilitation of client-to-client support, creation of holding space, rapport building, crisis intervention, environmental intervention), and “Insight Development” (e.g. counseling, modeling, containment).

**Discussion:**
The heterogeneity of art therapy programs, combined with the lack of familiarity of both the general population and medical community, necessitates a structural approach to describing art therapy in medical and psychiatric settings. In addition to tracking components that comprise the typical content of group art therapy sessions, our documentation initiative was designed to examine the intricate theory based behind each assessment and intervention, in a format that could be easily communicated to case workers and healthcare practitioners. Using an interdisciplinary approach, the Group Progress Note emphasized a choice of language that was common to both physicians and art therapists, that accurately described the actions and decision-making used during the art therapy process. The project’s goal is not to redefine theory in art therapy, but to offer a standard to clearly communicate the aspects of what is often miscommunicated to medical and other mental health professionals.

References

