Creating person-centred outcome measures

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Abstract

This article looks at emerging developments in the arts therapies around structuring assessments, monitoring progress/change through therapy, and finding ways to develop databases of effective practice in the arts therapies. The workshop presented at the ANZATA conference was part of a sequence of research and exploration into how to retain a person-centred process, to honour the clients and their process, while respecting the integrity of the arts therapies.

At the same time it was important to demonstrate that arts therapists can follow and record change with the rigour our process deserves. This article presents information on developing individual measures as well as recommending standardised scales which may be used to stand alone or in tandem with the arts therapist’s own assessment tools, in ways that support both rigour and integrity.

Keywords

Practice-based evidence, person-centred outcome measures, alternative evidence types, therapist/researcher.

Introduction

It is in the interests of our clients, our own practice, and our profession to provide evidence that arts therapies work and have positive benefits for our clients. However, it is not always clear what our role is in providing useful evidence, and how we might do that.

This article, while initiated by the conference presentation, is based on previous work. It includes considerations of how arts therapists can become therapist/researchers in everyday practice and ideas around assessment and monitoring practices which are person-centred. It furthers ideas about how we can begin to co-operate locally, nationally and internationally to create databases which provide convincing support for the effectiveness of the arts therapies. The conference provided a group opportunity to explore some possibilities around practice-based evidence and how we can incorporate that into everyday person-centred practice, while retaining focus on the client rather than on a protocol or an experimental design.

The idea of assessment and of monitoring progress may seem uncomfortable to some therapists. There may appear to be a conflict between person-centred approaches, which follow the client, and those which give minimal direction or conflict with relationship-based approaches where the process of interaction between the client and therapist is a key focus. Some arts therapists would like to adopt a clearer system for assessment and outcome monitoring but are not sure how to do it. This article and the conference workshop were designed to provide some practical suggestions: what can therapists do, within these paradigms, to measure change, to check whether therapy is working to assist the client, or not? Perhaps it helps to clarify that assessment and monitoring can be focused on change over the course of therapy, rather than on therapy processes. We are looking at how to track changes together with the client. By working with clients, therapists can create or use existing measures; and we can also use narrative accounts. We can use assessments from the arts therapies, or standardised measures of psychological change. Measures, like narrative accounts, can follow the phenomenology of the client and be created along with the client. It is important that these measures are communicated in language which has meaning for clients, families and team members. Disney (2016) says, “I would argue that our creativity and empathy can make any tool fit if done alongside a client” (p.12).

Assessment begins the process of tracking and monitoring change. As McNiff (2012) says, “Diagnosis… suggests a singular action whereas assessment looks at the whole range of experiences in art therapy and the resulting artworks, all of which are influenced by interactions between the people involved and the goals of the particular therapeutic setting” (p.66).
Peer review

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ANZJAT is a peer-reviewed journal and as such all accepted submissions are reviewed by peer reviewers well-versed and respected in the subject of the submission. Full length articles 5, 9, 10, 15, 22 and 24 in edition one, and full length articles 11, 12, 16, 17 and 25 in edition two were double anonymously peer-reviewed.