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Formative Evaluation Research of Art-Based Supervision in Art Therapy Training

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Abstract

Image making is a common component of art therapy supervision but its use has not yet been formally evaluated. This article describes formative evaluation research used to investigate student responses to art-based supervision in which response art was used as a primary method to contain, explore, or express clinical work. Art-based supervision, as provided by one art therapy supervisor teaching in a graduate art therapy training program, was evaluated by 19 students in 3 consecutive semesters. Quantitative and qualitative data indicated general agreement that art-based supervision is a useful method. Specific examples of response art in supervision are provided.

Introduction

Although art making is a standard component of art therapy supervision, it has not been examined through the lens of formal research. In an inquiry described in this paper, I investigated the practice of using images made by art therapy students and their supervisor to explore clinical work within the context of art therapy training.

As an art therapy supervisor, I work with my own images alongside artwork made by art therapy students, therapists, and clients. The images explored in supervision are created in various ways. Some are produced as assignments before or during class. Others are created as students work with clients in session. Another variation is post session reflective work made by the therapist (Fish, 1989).

In this article, I define "response art" as art created by an art therapist to contain, explore, and express clinical work. It is the primary tool used in the practice of art-based supervision. Although the clarity that a therapist experiences as a result of response art ultimately benefits clients, it is fundamentally the therapist's work. He or she may decide to share images with clients or in supervision to demonstrate understanding, to supplement verbal communication, or to verify his or her perceptions of therapy. At other times, the therapist may decide not to share his or her images and they remain the therapist's private work. Used with intention, the process of image making, the finished product, and the therapist's investigation of the image lead to deeper awareness of clinical issues.

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Literature Review

Response Art in Clinical Work

Response art is created when the art therapist, with focused attention, uses his or her sensations, emotions, perceptions, and tacit knowledge of the client to make art. The therapist may use response art to investigate a specific question or as a personal reflection on clinical work. May (1975) discussed the openness and attention that artists assume in order to be accessible to the creative urge:

> Such receptivity requires nimbleness, a fine-honed sensitivity in order to let one's self be the vehicle of whatever vision may emerge....It is active listening, keyed to hear the answer, alert to see whatever can be glimpsed when the vision or words do come. (p. 80)

This heightened state of interest is fundamental to the creation of response art.

Making art in supervision to explore clinical issues has been a mainstay in art therapy training for many years. Art therapists have described ways to use art as a potent tool for processing professional issues such as countertransference and other complex responses to therapeutic work (Fish, 1989; Malchiodi & Riley, 1996; Robbins, 1988; Wadeson, Marano-Geiser, & Ramsayer, 1990; Wadeson, 2003). Jones (1983) discussed the paintings he made in the 1940s in response to his work as an attendant in a state psychiatric hospital. He discovered a personal art therapy as he managed his feelings by making images of the patients. "When I first entered the world of psychiatry as a young amateur artist, my eyes were opened to experiences I could barely absorb or understand. I painted from intuition and impulse" (p. 25). Kielo (1991) researched the practice of making drawings after sessions to explore countertransference. She found that post-session art making supported the development of empathy by helping to clarify the therapist's feelings and countertransference reactions.

Art therapists also have discussed making art along with clients during sessions (Lachman-Chapin, 1983; B. L. Moon, 1998; C. H. Moon, 2002). This practice supports the use of the art therapist's artist-self as a participant in therapy and the development of empathy by means of an

authentic, visible response (Rubin, 2001). Moon (1998) described his responsive art making practice used in therapy sessions. His fully developed paintings on stretched canvas were created over time. He contended that responsive art making is useful to art therapists in three ways:

> (1) as an aid in establishing empathic relationships with [clients]; (2) as an expressive outlet for the art therapist's powerful feelings that are often stirred up in the clinical context; and (3) as the starting place for imaginative interpretative dialogue with [clients]. (p. 22)

My definition of response art (Fish, 2006) incorporates and builds upon Jones' use of his own images for intrapsychic survival, Kielo's post-session imagery, Moon's responsive art making in session, and others. Response art is the use of the art therapist's images before, during, or after sessions in order to understand and advance clinical work, and to practice self-care. Images may be fully developed over time or quick sketches. Response art challenges art therapists to investigate the use of their imagery as a guide for clinical practice, whether intrapsychic, interpersonal, or theoretical in focus.

Art-Based Supervision

Response art has value for supervision as well as in therapy. In an informal survey of 30 educators, clinicians, and supervisors, Malchiodi and Riley (1996) found that "approximately half of the respondents indicated that art making was a method they used at some time during supervision" (p. 99). Robbins (1988) encouraged art therapists in postgraduate training to use their own imagery to investigate their responses to clients. He described the process as "'countertransference education' that furthers the development of an aesthetic professional self" (p. 98).

Wadeson (2003) suggested that making images in response to clinical work helps art therapy students integrate art making into their professional repertoire. In his discussion of making images in supervision, B. L. Moon (1992) identified one case where a student made art to understand her "beginner's chaos" (p. 23). B. L. Moon (2000) also defined the supervisor's role as that of mentor and role model, contending that images created by the art therapy supervisor may support the development of empathy, dialogue, and the supervisory relationship. Further, B. L. Moon (2002) contended that using art in supervision is an art therapist's ethical responsibility.

Examples of Response Art in Supervision

The following vignettes illustrate how response art is used as a method in art-based supervision. Examples are from my work and from art therapy interns working with me. Now working professionals, the former interns asked to be identified by their actual names.

Example A: I created Taped Scream (Figure 1) in supervision class by molding and twisting an aluminum foil armature while I engaged with students in a frank, painful supervision conversation rooted in cross-cultural conflict.

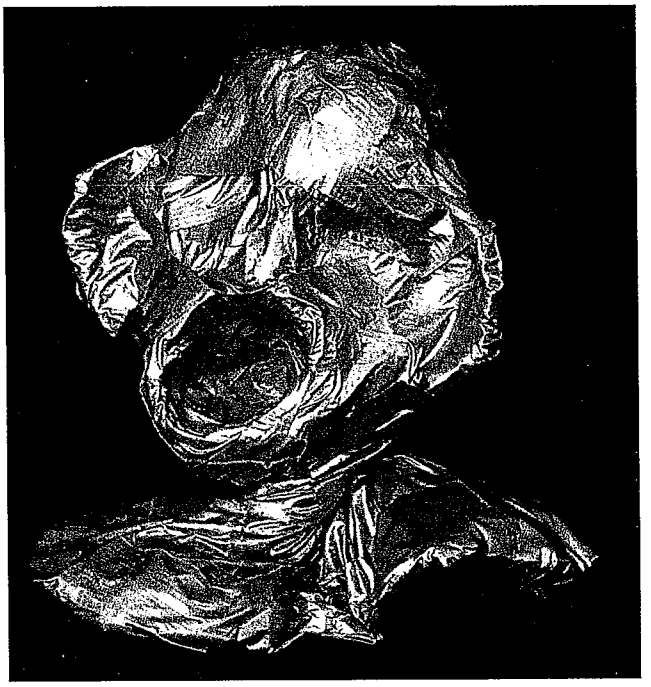

Figure 1 Taped Scream

The exchange followed an incident outside of class among three students concerning challenges of culture, privilege, and the parameters of art therapy supervision.

As the verbal exchange intensified, I pulled duct tape from the roll and stuck thick patches of it on the armature, smoothing them into place. The conflict continued without resolution, ending as we reiterated our expectations of respect for one another's perspectives. After class, I realized that I had unconsciously twisted the head of my sculpture all the way around in frustration. I was disappointed that the students had not shifted to an attitude of greater acceptance.

Making this piece helped me hold my attention on the group and their learning process. It grounded me during this painful discourse, which allowed me to facilitate the discussion as it was instead of as I wished it could be. Throughout the semester, I continued to make art to explore the issue, leading to greater insight and clarity. As a result, the cultivation of respect and understanding in class became an ongoing theme. Response art was a catalyst for further discussions.

Example B: Frederica Malone is a confident, articulate woman of mixed heritage. As a student, she interned at a shelter for homeless women with apparent ease. Frederica used response art in supervision to reflect on her clinical relationships. Self-examination and personal experience helped her to empathize with clients who were homeless and mentally ill. As she ended her internship, Frederica reviewed her work with clients by making *Termination Collage* (Figure 2). This piece consists of small facsimiles of images that she made with clients during their work together. Frederica's ability to support these women was enhanced by the artistic and scholarly exploration of her personal experiences. Frederica's master's thesis investigated her internship experience from a personal perspective. In it,

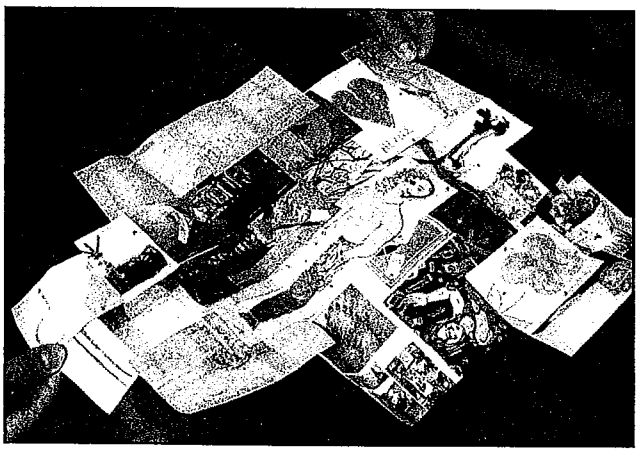

Figure 2 Termination Collage

she reflected upon her internship in relation to her life experiences growing up as a biracial woman, dealing with homelessness, and living in government subsidized housing (Malone, 2001).

Example C: In another case, MaryPat Keller and I used response art to investigate options for working with children in residential care. MaryPat was in her twenties, from an upper middle class, White family that she described as secure and intact. When she started her internship at a residential facility for children with emotional and behavioral disorders, MaryPat found chaos. She was thrown off balance by the intensity of children with histories of troubled, disrupted relationships and by what she saw as their unmanageable behavior, as well as staff and systemic conflicts. The internship also was her first experience working cross-culturally. Initially, her art therapy sessions were frenzied and chaotic. She tried pre-planning directives, hoping to focus and contain the children's energy as well as bind her own anxiety. As a new therapist, she was overwhelmed by their energy and volatile behavior. At home, following MaryPat's case presentation in class, I drew *Response to MaryPat* (Figure 3). I used colored pencils and ink to reflect the frenzy she portrayed, hoping to render the chaos that she described and reflect it back to her in a more manageable form. As I drew this image, I realized that MaryPat sought order by developing predetermined directives for her art therapy groups. However, this way of managing her anxiety distracted her from a more effective use of structure.

In the following class, I shared my drawing and reflections with MaryPat. She subsequently became more creative and open to the issues that the children presented. She began to incorporate storytelling and other techniques into the sessions. Later in her internship, MaryPat drew *Untitled* (Figure 4) and brought it to supervision. It depicted her growth as a person who was able to maintain her balance while enjoying her work with the children. She also represented herself as an "alien" in the same way that she drew her clients. This was significant because MaryPat no longer found their actions "alien" and distancing as she understood them better. She supported the children's control of their behavior by providing structure and consistency. MaryPat focused on what was going on in the moment,

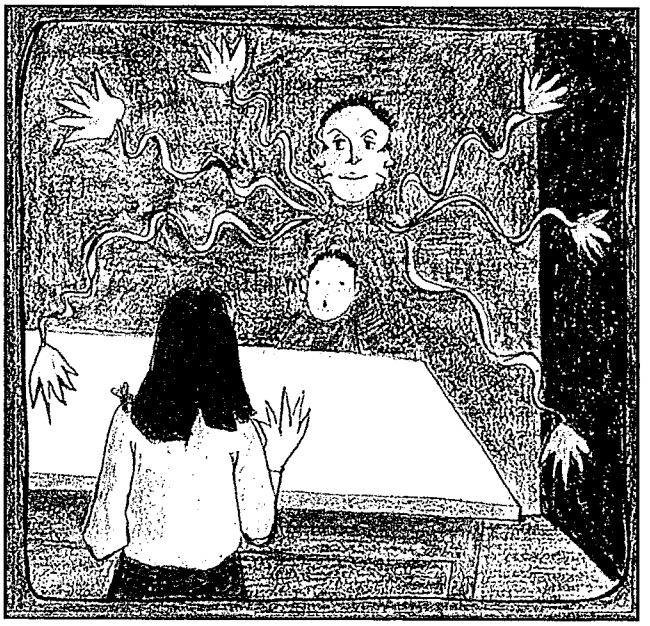

Figure 3 Response to MaryPat

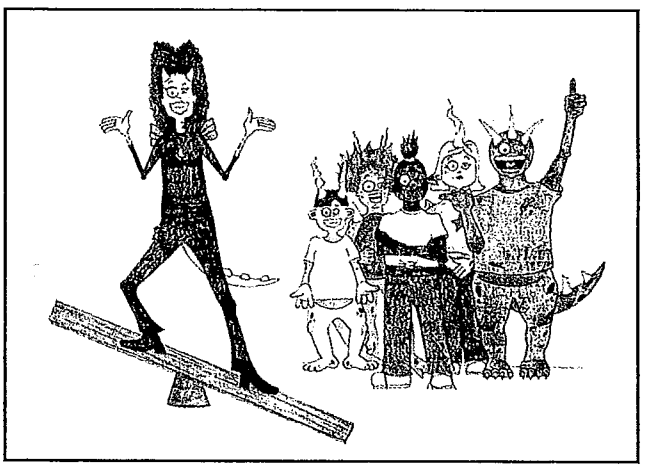

Figure 4 Untitled

spending less time worrying about executing her predetermined plans. This allowed her to be present with her clients and responsive to what they brought to art therapy.

Evaluation of Art-Based Supervision

Patton (2002) discussed formative evaluation as part of the theory to action continuum of research (p. 221). As opposed to action research, which attempts to solve a specific problem in a program, organization, or community, "formative evaluations aim at [shaping] the thing being studied. No attempt is made in a formative evaluation to generalize findings beyond the setting in which the evaluation takes place" (p. 220). I embarked on a formative evaluation of art-based supervision to inform my teaching and supervisory approach. It is a standard practice for art therapy educators to ask students to evaluate their coursework by completing evaluation forms generated by the degree-granting institution. Although I teach in an art therapy program within an art school, I have never seen a course

evaluation that references art making. Yet, as exemplified above, exploring and communicating through images is fundamental to my teaching and supervision. Standard academic evaluations do not assess this use of artwork.

In my review of evaluation research in art therapy education, I found only one study, by Julliard et al. (2000). The authors collected pre- and post-class artwork and written reflection to evaluate student satisfaction with a research seminar and its effectiveness. Although my study described below did not use art-based methods, its purpose was to determine whether students found art-based supervision useful. Like the work of Julliard et al., my study evaluated art therapy education by collecting data from the students as consumers. Although the study is limited and preliminary, it is offered to those who provide art therapy supervision as well as to those who use it.

Method

Participants and Data Collection

I began my evaluation research in search of specific information. I wanted to discover if students found art-based supervision valuable and, if so, how. Did it help them contain intense experiences, putting them to rest, and allowing the students to attend to other matters? Did this practice offer a way for art therapists in training to take care of themselves while they managed difficult work? Did it enrich students' experience by adding to their communication skills? Did the use of response art in supervision introduce a tool that students could use as an ongoing resource in their professional development? Did the regular use of response art help students reconcile the tension between art created in art therapy training and art they produced as fine art? To answer these questions, I developed an evaluation with a rating scale, using it to solicit qualitative responses from the student participants.

Data were collected on the last day of supervision class over three consecutive semesters. After obtaining their informed consent, I asked students to complete an evaluation comprised of 11 statements about art-based supervision. Students were asked to rate the first 10 statements on a 5-point Likert Scale, ranging from strongly disagree (1) to strongly agree (5), with 3 representing a neutral response. These 10 statements also invited students to provide qualitative responses. The eleventh question encouraged further comments.

It was the policy of the art therapy program to have students select their supervisors from the available faculty prior to the beginning of each semester. In doing so, they determined the composition of the class, which varied during the three semesters that were evaluated. The first semester's class consisted of 5 students blended from prior supervision groups. The second semester class consisted of the original 5 students from the first semester plus 1 returning student who had taken a semester off. The third semester's class consisted of 1 returning student from the second semester group and 7 new students who had finished their first year internships with other supervisors.

I served as the students' faculty supervisor for varying amounts of time: 8 students had supervision with me for one semester, 6 participated for two semesters, and 1 student was in my supervision class for three semesters (one semester prior to the beginning of this research, and two semesters during the study). Their internship sites ranged from traditional psychiatric settings to schools and enrichment programs.

The students came from a variety of backgrounds. They either were born in the United States, were international students, or had become U.S. citizens years before entering the program. Several students spoke English as a second language. The cultural, racial, and socioeconomic makeup of the classes also was diverse. The students' heritage included African American, European American, and Asian. Some students were of mixed ancestry, including one who was Mexican and European, and another who had African American, Native American, and European ancestry. There was one male student in each class. The students' sexual orientation was not discussed. Their ages ranged from their early 20s to mid-60s. I am a White, Jewish woman, and was in my 40s at the time of the research.

Response Art Procedure

During the evaluated semesters, the students and I created response art in and outside of class, both as class assignments and by choice. We made images during time dedicated to making art and informally while fieldwork issues were discussed. Response art helped to integrate didactic information as well as to explore and communicate issues from clinical work. The images and the art making process supported our discussions of what were sometimes difficult personal and interpersonal concerns. These included complex dynamics occurring at the students' sites, staff conflicts, frustrations with the child welfare system, termination, countertransference, and self-care. Sometimes I asked students to focus on specific subject matter. At other times, students suggested a topic for group investigation or followed their own directions in their artwork. They always chose their own art materials.

We made response art in other ways as well. For example, after a student formally presented his or her clinical work, the other students and I made art in response to the presentation outside of class and brought it to supervision the following week. We shared our pieces with the student presenters, reflecting on our perspectives of their work. This practice gave visual form to feedback about the clinical issues raised during the prior week's presentation and also fostered insights as new images were created. Working this way provided a forum to investigate our response art privately in order to find personal meaning in our reflections on the presenter's work, thereby bringing our learning to a deeper level.

I used a specific format for making response art as feedback for student presentations that helped me approach the student's work consistently. Each piece was drawn within a purple-bordered 5" square with colored pencils and a black ink pen. I find it interesting that although I used this for-

Table 1
Students' Likert Scale Ratings of Statements (N=19)

Statements	Responses: Number (Percentage)				
	1	2	3	4	5
1. The emphasis placed on making art and exploring images in art-based supervision is an effective use of supervision time.	0 (0%)	0 (0%)	2 (10.52%)	3 (15.78%)	14 (73.78%)
2. Making response art outside of class to give others feedback in class about their clinical presentations supports in-depth exploration.	0 (0%)	1 (5.26%)	3 (15.78%)	4 (21.05%)	11 (57.89%)
3. The experience of having others make response art outside of class to give me feedback in class is helpful.	0 (0%)	1 (5.26%)	0 (0%)	7 (36.84%)	11 (57.89%)
4. Showing art I made outside of class for self-care to the supervision group is important to me.	0 (0%)	4 (21.05%)	1 (5.26%)	4 (21.05%)	10 (52.63%)
5. Making art during supervision class helps me explore the issues at hand.	0 (0%)	1 (5.26%)	3 (15.78%)	6 (31.57%)	9 (47.36%)
6. Making art in class for self-care is important to me.	0 (0%)	0 (0%)	3 (15.78)	6 (31.57%)	10 (52.63%)
7. (Inverted Statement) Making art in supervision takes time away from valuable discussion time.	7 (36.84%)	5 (26.31%)	5 (26.31%)	2 (10.52%)	0 (0%)
8. I am likely to use art to explore my work as a therapist in the future. *	0 (0%)	0 (0%)	3 (16.66%)	2 (11.11%)	13 (72.22%)
9. I am likely to use art for self-care in the future.	0 (0%)	0 (0%)	0 (0%)	2 (10.52%)	17 (89.47%)
10. Art-based supervision encourages me to integrate my practice as an artist into my work as an art therapist.	0 (0%)	1 (5.26%)	3 (15.78%)	2 (10.52%)	13 (68.42%)

Key: 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree
*N=18 on this item (one student did not respond)

mat in all my response art about student presentations, the students never adopted a similar approach. The response art that they made varied from assignment to assignment and was consistent with their individual styles of image making. As they developed their professional personae, students learned to make response art in their own unique ways.

Results

Evaluation Data

The quantitative data presented here is a descriptive summary instead of a statistical analysis because of the small sample of participants (19) and the lack of a control group for statistical comparison. Aggregate data, illustrated in Figure 5, indicates that the majority of students appreciated the focus on images and image making in supervision. The Likert scale ratings of the students for each statement by number and percentage are shown in Table 1. The data indicate that 83% of the sample, or 156 out of a total possible score of 189 (1 student did not respond to 1 statement), was rated "strongly agree" or "agree" in response to positive value statements. However, not all students valued the use of art-based supervision under all circumstances. Ten answers out of 189, or 5% of the total responses, indicated some disagreement with the usefulness of art-based supervision. These replies were in response to statements addressing the use of images made outside of class for self-care and to explore countertransference.

The following are sample excerpts of the students' qualitative responses that corresponded with each of the evaluation statements:

Statement 1: The emphasis placed on making art and exploring images in art-based supervision is an effective use of supervision time. Students' comments included "Making art during supervision allows the group to solidify in a way that only discussion does not allow"; "I was more able to access how I <u>really</u> felt about someone or something"; and "it's critical to our deepest understanding of ourselves and our clients and the relationship between them."

Statement 2: Making response art outside of class to give others feedback in class about their clinical presentations supports in-depth exploration. Students said, "I believe the art response is the most useful tool, it allows you to really

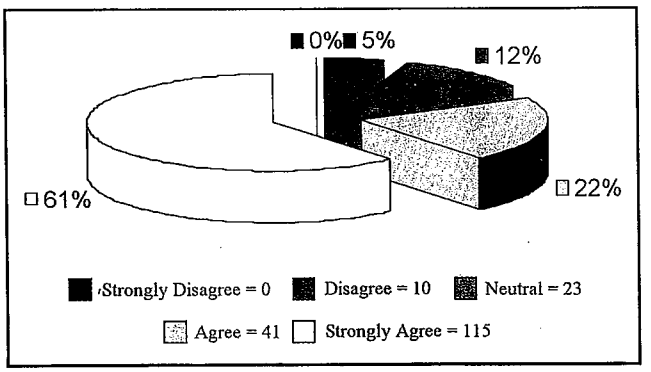

Figure 5 Aggregate Responses to Evaluation

observe the presentations and communicate through the art medium"; "by doing this exercise, we are forced to see our reactions to what fellow classmates are going through, and how that impacts both [sic] our classmates, our class, and us. It helps me begin to look at the person in a more three dimensional way." Another student said it "depends on the individuals involved—it can feel like busy work."

Statement 3: The experience of having others make response art outside of class to give me feedback in class is helpful. One student stated that "seeing others 'listen' to my presentations helped me to feel like I was really heard in class." Others remarked that, "true insight is gain[ed] through this feedback process"; and "it is a form of constructive criticism and advice and as a receiver of response art. You see it as a gift of the giver's time and heartfelt response."

Statement 4: Showing art I made outside of class for self-care to the supervision group is important to me. Students' responses included the statement that "some of it is relevant only to me (or private). But sharing art makes it visible to others and allows me to perceive a different angle." Another student stated, "I haven't shown much of my outside self-care art in class. Some of it is personal and relates to personal issues that I don't want to share. Self-care art involving my experiences or feelings about art therapy are very important to share." A third wrote, "it doesn't always feel that I receive emotional support from these group members. I might want to [but] I've hesitated. So it is important to bring my art into the supervision group, but not 'this' group."

Statement 5: Making art during supervision class helps me explore the issues at hand. Students commented that "art making during supervision helps connect to the group more, and create a comfort in addition to connection"; "issues come out that I may not even have been aware of or had the words to express. It helps my supervisor and my classmates really get the whole picture"; and "sometimes it's hard for me to thoughtfully make art in front of others."

Statement 6: Making art in class for self-care is important to me. Student comments included, "due to the often complex social dynamics of the group, art making helped me maintain my boundaries"; "it's a must for me. I couldn't do without it"; "my best self-care art is done at home in my medium of choice. I have difficulty sometimes connecting the concepts of 'self-care,' personal exploration, creativity and the things that make me tick."

Statement 7 (Inverted Question): Making art in supervision takes time away from valuable discussion time. Students made such comments as, "I think it is vital in this setting to place an emphasis on art making"; "I'd rather discuss art that I have already made because of a shortage of time"; and "at times it does take time and energy away from discussion, other times it is useful and adds to the experience."

Statement 8: I am likely to use art to explore my work as a therapist in the future. There were only three comments: "I don't always have people to share what I do"; "I will make every effort to, because I need to think like one who does art"; and "definitely!"

Statement 9: I am likely to use art for self-care in the future. Students' comments included "Before coming to graduate school art for self-care was the main reason for why I became an art therapist. But during the process of becoming a student I no longer [made] art as much. This class helped get back into it." Other students stated, "I guess I always have in the past but now I am conscious of it" and "art, first and foremost is self-care for me."

Statement 10: Art-based supervision encourages me to integrate my practice as an artist into my work as an art therapist. Students' answers included: "Yes, I strongly agree—before fieldwork class I felt more separate from the art process. Art-based supervision helped me be a better art therapy intern" and "then I can own being an artist and know some of what clients go through when asked to make art." One student remarked, "yes—it goes hand in hand and can not and should not be separated."

Statement 11: Please add any other comments. Additional remarks included "I really think this has been one of the classes that has really helped me be more self exploratory and have more awareness about my feelings of my clients and how I relate to my clients and my clients to me. This learning has been due to the response art pieces my classmates have done and the art making I have done in class and also about [classmate's] clients. I encourage all art therapists to [do] this if they are not already." Another student wrote, "Sometimes when making response art, I felt more like a graphic designer responding to an assignment than like [an] artist expressing [my]self. It sometimes feels artificial or surface to me." A student also wrote, "although I really enjoyed making the art, I feel at times there was too much time spent in the discussion of the art."

Discussion

Although a high percentage of the students surveyed indicated that they appreciated art-based supervision, there were some responses that indicated a desire for more didactic, verbal discourse. Primary reliance on images and image making in supervision may not always suit a given student's learning needs. In the future, it may be useful to ask students about their learning styles, to better determine what form of inquiry would best support their supervision.

Students' responses indicated that the effectiveness of response art in supervision depends upon the level of trust that group members have with one another. In their qualitative commentary, students emphasized the importance of

feeling safe when exploring their work through their images. Didactic formats and verbal discourse may be more effective in supporting students who feel vulnerable.

Some students found that sharing images that were less directly related to client work was too personal for supervision. Others had difficulty making art during the class in the presence of peers. In addition, the distinction between the cursory images that are typically made in the context of art therapy explorations and "fine art" that is created by art therapists warrants further investigation.

Student comments support the notion that a careful evaluation of making art in supervision is necessary to establish whether it is the most helpful response to the students' struggles. It is important to determine in each circumstance if response art serves to contain amorphous feelings about clinical work and to clarify issues, or to distance and distract the student from focusing on important concerns that warrant attention and action.

Implications for Future Study

A number of questions were raised by this inquiry and suggest future research. To assess the use of art-based supervision on the quality of students' clinical work, researchers might interview the site supervisors and clients in order to evaluate the supervisees' work and to help determine the effectiveness of art-based supervision. Going beyond formative evaluation research, an experimental dimension might include a control group that does not use response art as a central focus in its supervision, as a basis of comparison.

Evaluation tools might include questions that are unrelated to making art in order to help assess whether the supervisor or the method of supervision are most valued by the students. This might be accomplished by comparing two supervision groups taught by the same supervisor, with one group relying primarily on verbal and didactic formats, and the other using response art. Groups using art-based supervision provided by other instructors could be assessed to determine if appreciation was related to the instructor or to the supervision method. This might provide data on how the instructor's attitudes and practices impact the effectiveness of art-based supervision.

Finally, research could be expanded to evaluate the usefulness of art-based supervision provided at different points in students' training. Do students value art-based supervision differently at the beginning as compared to the end of their education? Does an appreciation of response art increase as students progress through training and develop their professional repertoire of knowledge and skills? This information may be helpful for supervision in art therapy graduate programs as well as for postgraduate supervision.

Conclusion

This discussion of art-based supervision provides preliminary information that affirms its value as an important part of art therapy training. By using a formative evaluation research method applied to art-based supervision, I accomplished two goals. First, the results will inform the way that I use response art in supervision in the future. Second, by revisiting our work together through formal research, I encouraged students, early in their careers, to appreciate formative evaluation research as a means for quality improvement and inquiry.

Making art in supervision is a tool, not a panacea. Art-based supervision is not innately good and response art does not remedy all difficulties. As educators, we have limited time in which to train art therapists. Balancing the effective use of response art in supervision with verbal problem solving is critical to our success.

For art therapists, the use of our own images to investigate and communicate our work parallels the way we work with clients. Response art offers therapists a way to contain, explore, or express clinical work. It is a form of active listening that uses imagery as well as words. As supervisors using images to communicate with art therapy interns, we lead by example.

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Commentary

To the Editor

Nicole Martin's article, "Assessing Portrait Drawings Created by Children and Adolescents with Autism Spectrum Disorder" (Volume 25, 1, 2008) is both interesting and important. Autism has gained increasing national attention and art therapy is a vital modality for this population. Ms. Martin's application of the Portrait Drawing Assessment to promote socialization and engagement is exemplary. Furthermore, the development of new assessments is essential for the advancement of our profession.

However, my purpose here is to point out Ms. Martin's omission of a primary study that is directly related to her work, published 5 years earlier in *Art Therapy* (Betts, 2003). Excerpts from the Betts (2003) and Martin (2008) abstracts illustrate the similarities between the two studies. Betts' abstract states that her paper "illustrate[s] the process of developing a projective drawing test," and "describes the experience of creating and working with the Face Stimulus Assessment (FSA). Six samples of the FSA completed by clients with multiple disabilities...including communication disorders and autism...are presented" (p. 77). Martin's abstract states that her study "collected and reviewed data on how people with ASD approach the drawing task and represent faces in particular. Drawings that were created by 25 children and adolescents with (ASD)...were collected for a pilot study of the Portrait Drawing Assessment" (p. 15).

Ms. Martin's literature review included citations from the areas of autism research, art therapy and autism, and autism and faces, but excluded art therapy assessment research. As its title suggests, this article is about "assessing," but neglects to mention work that was previously done in this area.

To advance art therapy, we should continue to create original work and engage in sound research, but be alert to the need for thorough review of the literature. "Citation of and specific credit to relevant earlier works are part of the author's scientific and scholarly responsibility and are essential for the growth of a cumulative science" (APA, 2001, p. 16). Such review helps to establish quality scholarly work and to provide readers with a sense of continuity in the research, which in turn contributes to the viability of our profession.

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