The adjustment of the CARE guideline and the development of a documentation method, to be used in anthroposophic art therapy

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Background
Anthroposophic art therapy (AAT) is facing problems due to a lack of evidence and generally accepted concepts of the working mechanisms.

Case reports of academic quality: provide insight in working mechanisms, allow for describing the unique interaction between therapist and patient and allow for identification of best practices.

CARE (Case RePort) guideline (Gagnier et al. 2013) adjusted into a specific guideline for AAT by use of expert knowledge and literature

CARE-AAT guideline (Abbing et al. 2016) Evaluation by 35 international AATs

The academic, non-chronological order of the CARE-AAT guideline appeared to limit use of the guideline in daily practice by art therapists. A documentation method was thought to support therapists in the systematic collecting of all information necessary for a complete, transparent and comprehensive case report.

Methods
A documentation method for AAT cases was composed with items from three sources:

1. Survey among Art Therapists (N=79)
2. Documents and formats used in AAT practice and education
3. Focus Group Researchers (N=5)

Survey
On face validity, comprehensibility and usability

Field Test case files collected by 40 AATs

Results
• 85 items were suitable to operationalize the 14 domains of The CARE-AAT Guideline, creating the documentation method
• Face validity and comprehensibility: is judged positively by art therapists (N=17)
• Usability: is useful in practice, but is experienced as time consuming

Use of the documentation method leads to:
• Sharpening of the attention
• More awareness and understanding of the personal decisions as a therapist
• Objectification of the personal observations and conclusions

Quality of the case files (from 7 AATs):
• Moderate to poor: only one of the 10 collected files is suitable as the input for a scientific case description (Ponstein et al., in preparation)
• The other files were not suitable or only after additional information was provided
• Missing information concerned: prognostic data, information with respect to applied methodology, explanation or justification of choices and the objective measurement of treatment results

Conclusions and Discussion
• The documentation method as developed is useful in practice, but the completeness and quality of the collected case files differed considerably. Some dossiers lacked crucial information, which makes academic case reporting impossible. This stresses the importance of good implementation of the developed documentation method for professional practice.
• The findings have led to the further improvement of the documentation method and the development of a case study course
• The large number of non-response is due to the amount of work that the participants experienced, the natural tendency of a therapist to protect client data and to self-consciousness about own notes. This is something to keep in mind and to supervise closely, with respect to the vulnerability of the therapist, when opening up a therapeutic process for researchers eyes

Good quality case reports:
• Make it possible to learn interprofessionally. The training of professionals and the professional practice will benefit from a better described body of knowledge (Kaiser, 2015)
• Can provide a better view on the treatment outcome of AAT
• Can be used to identify ‘best practices’ for certain indications or certain transdiagnostic factors (Abbing et al., 2016)
• Can be used to develop general treatment guidelines for certain indications or certain treatment goals. These treatment guidelines can also serve as starting point for evaluation studies