The CARE-AAT Guideline: Development and Testing of a Consensus-based Guideline for Case Reports in Anthroposophic Art Therapy

Abbing, A.C.¹, Ponstein, A.S.¹, Kienle, G.S.², Gruber, H.³, Baars, E.W.¹

1) Professorship Anthroposophic Healthcare, University of Applied Sciences Leiden, The Netherlands
2) Institute for Applied Epistemology and Medical Methodology, University of Witten/Herdecke, Freiburg, Germany
3) Alanus University of Arts and Social Sciences, Alfter, Germany

Abstract

Background: Anthroposophic art therapists (AATs) report individual cases in narratives of poor scientific quality. Good quality case reports are an important factor in the development of evidence-based practice. A guideline for scientific case reports could contribute to this. However, the recently published guideline for medical case reports (the CARE Guidelines, covering diagnosis, treatment and outcomes) is not completely suitable for AAT.

Objective: The development of a guideline for AAT case reports.

Methods: The CARE Guidelines were adjusted following the recommended steps for health reporting guidelines. The proposed adjustments are based on AAT literature and expert opinions. The face validity of the new CARE-AAT Guideline was judged by an international group of 35 AATs and three experts on case-study methodology.

Results: Seven items of the CARE Guidelines needed specification or addition. One item (Treatment objectives and plan) had to be added and six items could be used without change. The face validity of the new guideline is good.

Discussion: The CARE-AAT Guideline is suitable for scientific case reporting of AAT practice. It is assumed to be suitable for AT case reporting as well. Future use of the guideline will show whether further optimization of the guideline is needed.

Keywords: art therapy, anthroposophic art therapy, case report, case study, guideline
<table>
<thead>
<tr>
<th>CARE ITEM</th>
<th>CARE GUIDELINES SECTION DESCRIPTION</th>
<th>ANTHROPOSOPHIC ART THERAPY SPECIFIC ADAPTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>The words case report (or case study) should appear in the title along with phenomenon of greatest interest (e.g., symptom, diagnosis, test, intervention)</td>
<td>No change</td>
</tr>
<tr>
<td>KEYWORDS</td>
<td>The key elements of this case in 2 to 5 words</td>
<td>No change</td>
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<tr>
<td>ABSTRACT</td>
<td>1) Introduction—What is unique about this case? What does it add to the literature? Why is this important? 2) Case Presentation: a. main symptoms of the patient and main clinical findings b. main diagnoses, interventions and outcomes 3) Conclusion—What were the main takeaway lessons from this case?</td>
<td>No change</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>One or two paragraphs summarizing why this case is unique with reference to the relevant medical literature</td>
<td>Specify: Literature (profession specific (AAT as well as AT), disease/condition specific, research on natural course, other treatments and side effects)</td>
</tr>
<tr>
<td>CLIENT OR PATIENT INFORMATION</td>
<td>Include all of the following details about the client/patient: 1) Demographic information (e.g., age, gender, ethnicity, occupation) 2) Main symptoms and concerns of the patient 3) Medical, family, and psychosocial history—including diet, lifestyle, and genetic information whenever possible and details about relevant comorbidities including past interventions and their outcomes 3) Add: - Clients treatment request - Short biographical description 4) Referral data (if applicable): - Position of the referrer - Referral question and/or therapy objective</td>
<td>Modify: Diagnostic Assessment:  - Observation of the client, attitude, way of working and the art works  - Medium specific diagnosis</td>
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<tr>
<td>CLINICAL FINDINGS</td>
<td>Describe the relevant physical examination and other significant clinical findings</td>
<td>Modify: Describe physical and psychological state of health, preferably based on results from a generic questionnaire. Describe specific characteristics of the condition, if possible by a classification system (DSM, ICD, ICF,…) and/or based on results from a specific questionnaire (aimed at the specific condition of the patient).</td>
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<tr>
<td>TIMELINE</td>
<td>Relevant data from the patient’s history organized as a timeline</td>
<td>No change</td>
</tr>
<tr>
<td>DIAGNOSTIC ASSESSMENT</td>
<td>Diagnostic methods (e.g., PE, laboratory testing, imaging, questionnaires) Diagnostic challenges (e.g., financial, language/cultural) Diagnostic reasoning including other diagnoses considered Prognostic characteristics (e.g., staging) where applicable</td>
<td>Modify: Treatment goals / objectives:  - Main objective (general)  - Sub-objectives (behavioural and medium specific)</td>
</tr>
<tr>
<td>ADD: TREATMENT OBJECTIVES AND PLAN</td>
<td></td>
<td>Treatment plan:  - Treatment direction, phases and themes (if applicable)</td>
</tr>
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</table>
### THERAPEUTIC INTERVENTION

| Types of intervention (eg, pharmacologic, surgical, preventive, self-care) | Each session: |
| Administration of intervention (eg, dosage, strength, duration) | - Artistic exercises (medium and technique), with rationale |
| Changes in intervention (with rationale) | - Therapists attitude, with reasoning |
| | - Observations: on the execution / way of working of the client / on the art work / and related to observation criteria, including pictures of the art works |
| | - Interventions and reactions on interventions |
| | - Reflection on the session |
| | - Other remarkable events |

**Add:** Consultation with others (reasons and conclusions) (if applicable)

**Add:** Evaluation during the course of treatment:
- Therapist reflection on the therapeutic process (changes in symptoms, behaviour and art work).
- Clients opinion and client-assessed outcomes
- Adjustment of the therapy, with specification and reasoning

### FOLLOW-UP AND OUTCOMES

| Summarize the clinical course of all follow-up visits, including |
| Clinician- and patient-assessed outcomes |

Important follow-up test results (positive or negative):
- Intervention adherence and tolerability (and how this was assessed)
- Adverse and unanticipated events

**Add:**
- Conclusions
- Comparison of the conclusions with the main therapy objectives.

### DISCUSSION

Strengths and limitations of the management of this case
Relevant medical literature
Rationale for conclusions (including assessments of cause and effect)
Main takeaway lessons of this case report

**Add:** reflection on own acts, therapeutic relationship, interaction with the client and intuitive moments.

**Specify:**
- Literature (profession specific (AAT as well as AT), disease/condition specific, research on natural course, other treatments and side effects)

### CLIENT OR PATIENT PERSPECTIVE

The patient should share his or her perspective or experience whenever possible.

No change

### INFORMED CONSENT

Did the patient give informed consent?
Please provide if requested

No change

*In bold font: items not mentioned by AATs*
Acknowledgements

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Biographical details

Annemarie Abbing (1979), BA in visual art therapy and MSc in Veterinary Medicine, is performing a PhD program on the development of a documentation method for (anthroposophic) art therapy and case study methodology. She is researcher at the Professorship Anthroposophic Healthcare of the University of Applied Sciences (UAS), Leiden, The Netherlands.

Dr. Anne Ponstein (1961), BA in visual art therapy and MSc and PhD in Biochemistry, is lecturer at the department of Art Therapy at the UAS Leiden and researcher at the Professorship Anthroposophic Healthcare. She has a special interest and experience in the mental healthcare.

Dr. Gunver Kienle (1964) studied medicine in Germany and received methodological training at Harvard, USA. She is co-founder of and senior research scientist at the Institute for Applied Epistemology and Medical Methodology at the University of Witten-Herdecke, Freiburg, Germany. Her research interests include placebo effects, clinical research methodology, clinical judgment, single-case study designs, Cognition-based Medicine, and systematic reviews on pre-clinical and clinical studies on mistletoe therapy. She is editor in the journal Global Advances in Health and Medicine.

Dr. Harald Gruber (1963), is a professor for art therapy at Alanus University of Arts and Social Sciences, Alfter, Germany. He has a special interest in specific working factors in art therapy.

Dr. Erik Baars (1961) is a medical doctor and epidemiologist. He worked for over 15 years in anthroposophic healthcare and is senior healthcare researcher at the Louis Bolk Instituut. Since 2007 he has been a professor of Anthroposophic Healthcare at the UAS Leiden. Erik Baars has more than 200 publications to his name.