

Regular Paper**Effectiveness and Issues of Self-assessment for Empowerment Arts Therapy Practitioners**Michi Komura[†], Midori Ishihara[‡], Hajime Kaneko^{*}, and Akihiro Hayashi^{**}[†]Osaka Metropolitan University, Japan[‡]ATAS Laboratory, Japan^{*}Kobe University of Future Health Sciences, Japan^{**}Shizuoka Institute of Science and Technology, Japan

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Abstract -To improve the reliability of Empowerment Arts Therapy (EAT) conducted in local communities and to increase the benefits to its users, there is a need for continuous improvement in the capabilities of EAT practitioners. The authors have proposed a self-assessment method that consists of several assessment tools for this purpose. It is suggested that these self-assessment tools are effective to deepen practitioners' self-recognition of their EAT activities and promote their motivation toward self-improvement. In this paper, we discuss and report the effectiveness and issues of self-assessment for EAT practitioners based on the results of a trial case using self-assessment tools.

Keywords: Empowerment Arts Therapy, Self-assessment, Self-improvement, Community Formation, Mental Health.

1 INTRODUCTION

Empowerment Arts Therapy in the community is an activity that uses artistic techniques such as painting, music, drama, dance, and poetry to support people's lives, develop their capabilities, and improve their quality of life (QOL) in empowering ways. The main target of EAT includes people in relatively good health. EAT is distinguished from Psychopathological Arts Therapy (PAT) which is psychotherapy for the treatment of mental illness. EAT has a wider variety of forms and methods than PAT and is not subject to established methodologies or public institutional frameworks.

EAT practitioners have a wide range of backgrounds and skill levels. The practitioners do not necessarily aim at therapeutic activities from the beginning of their careers. They are engaged in various artistic activities such as painting classes, music classes, dance groups, and so on. Many practitioners independently learned arts therapy during the process of seeking solutions to improve the mental problems of their clients and developed their unique style of activities. This diversity makes it difficult to uniformly evaluate the skills of EAT practitioners. Evaluation criteria have not yet been established. It is, however, necessary to clarify and disseminate the basic requirements guiding EAT practices.

This is to ensure that the practices are safely conducted and avoid causing unintentional disadvantages because EAT activities are community-based and involve people's mental health issues. Furthermore, it is essential to continuously improve EAT practitioners' capabilities based on the basic requirements.

In this paper, we outline self-assessment tools including the EAT Assessment Sheet and the EAT Rubric for practitioners to improve their capabilities as a solution to the lack of evaluation criteria. We examine a trial case for the self-assessment tools, which have been revised and improved based on the results of previous surveys. Additionally, we clarify the effectiveness of the self-assessment for EAT practitioners and highlight future issues. Section 2 presents an outline of the self-assessment tools and the purpose of the study. Section 3 describes the expected effects of the self-assessment. Section 4 reports on the results of a trial case in an EAT practitioner. This trial case study is showcased as preliminary research before the full-scale verification study to be conducted in the future. Section 5 describes the effectiveness of self-assessment and future issues.

2 OUTLINE OF THE SELF-ASSESSMENT TOOLS AND PURPOSE OF THE STUDY**2.1 Outline of the Self-Assessment Tools**

EAT is the concept defined and proposed by Arts Therapy Activities Study (ATAS)¹ which we have been engaged in since 2012. PAT is primarily conducted in clinical settings by psychotherapists and psychiatrists. In recent years, activities utilizing arts therapy have been expanding beyond the clinical settings in Japan. We can find cases of practice such as a trial of the technique "picture drawing play" with an application of psychotherapy in homeroom activity in elementary school [1], workshops conducted by a cloth collage artist [2], and mosaic-making session process of a contract office worker in adult mosaic classes conducted by a mosaic artist [3]. In the trial case of practice in an elementary school, direct practitioners were schoolteachers, not psychotherapists, although the project was conducted in collaboration between

¹ In ATAS, two research projects "National Survey on Arts Therapy" (2012-2014) and "Elucidation of the Constitutive Requirements and Development of Evaluation Criteria for Empowerment Arts Therapy"

(2015-2017) were conducted being funded by the Grant-in-Aid for Scientific Research by Japan Society for the Promotion of Science (JSPS).

a psychologist and schoolteachers. In the cases of cloth collage and mosaic production, the practitioners were both artists. Furthermore, the interdisciplinary study conducted at the Konan Institute of Human Sciences (KIHS) revealed the expansion of arts therapy activities in everyday life [4]. These activities utilize arts therapy but are conducted for different purposes than clinical treatment. These activities can be positioned in the area of EAT. In line with this trend, the practitioners involved in these activities is expanding from medical or clinical professionals to people with a broader range of background.

Thus, EAT activities are socially expanding in Japan. However, the capabilities of EAT practitioners have not been discussed. Specific methods for their assessment and improvement have not been established.

In the area of PAT, there are some discussions about arts therapy assessments. Lefèvre et al. [5] discussed the impacts of arts therapy on palliative cancer patients' distress reduction based on self-assessments by the patients. Beard's systematic literature review [6] includes analyses regarding assessment methods and tools for various kinds of arts therapy for dementia patients containing self-assessment by the patients. Betts [7] broadly examined art therapy assessments and rating instruments and discussed their applicability, validity, and reliability. These studies target arts therapy for patients in clinical settings with the primary purpose of treating diseases or relieving symptoms and describe benefits and issues for arts therapy assessments including self-assessment by patients themselves. On the other hand, EAT is conducted for the general public in communities outside the clinical settings. The circumstances and needs of EAT vary from those of PAT. Assessment methods suitable to EAT circumstances and challenges will be required. Unlike in PAT, however, there have been few scales and little discussion about assessment methods fit for EAT practices and practitioners.

The development of a self-assessment tool for EAT practitioners was derived from ATAS. In 2012, ATAS conducted a nationwide survey project² on various kinds of arts therapy activities in non-clinical fields [8], and elucidated the basic constructive requirements of EAT [9]. Through this nationwide survey, the necessity of capability evaluation of EAT practitioners was identified. Self-assessment was proposed as a solution to this issue. It was because establishing an objective assessment method at a leap was considered not feasible given the actual environment around EAT [9] (pp.9-10).

However, the implementable assessment tools had not yet been created. Therefore, the EAT Assessment Sheet (Appendix I) was created to provide a practical assessment tool in a user-friendly form [10].

The EAT Assessment Sheet intended to help EAT practitioners understand their own strengths and weaknesses, and to make use of their efforts toward self-development. However, there was a risk that the criteria may be too

subjective when the sheet alone was used. In addition, it was difficult for EAT practitioners to recognize what kind of state to aim for in the next stage to improve items with low scores. To solve this issue, the EAT Rubric was created as a complementary tool to the EAT Assessment Sheet [11].

A rubric is "a scoring tool that lays out the specific expectations for an assignment" [12]. It contains scales, dimensions, and descriptions of the dimensions for a task. In recent years, rubrics have been applied from elementary to higher education because interactive and formative assessment has become more important as Japanese education has shifted to learner-centered active learning.

Rubrics are used not only for assessment by teachers but also for self-assessment by students. Hoshi and Koshikawa [13] analyzed the twenty-six papers concerning the use of rubrics for students' self-assessment in university education and suggested the effects of self-assessment with rubrics: students' understanding objectives, motivation towards learning, improvement of qualities and abilities, and teachers' understanding students. Rubrics are considered to contain elements that promote learners' progress as well as assessment functions. These features of rubrics are expected to be effective enough for self-assessment in the field of social activities such as EAT.

In addition to the sheet and rubric, a mapping sheet was prepared for EAT practitioners to check and recognize the positions of their activities. The mapping sheet is adapted from a conceptual diagram originally created to explain the interrelationships and positions of concepts and activities such as arts therapy, art, and empowerment [14] (p.106).

The basic components of the self-assessment tools at the present stage are described below, though the development and revision of each tool are ongoing.

(1) Mapping Sheet (Appendix I)

This is a map for EAT practitioners to grasp the position of their activities by referring to the Five Types of Arts Therapy and the difference between EAT and PAT. EAT practitioners mark the areas where their activities overlap on the diagram of "Positioning of Art/Therapy/Empowerment" in the mapping sheet. This work promotes reflection on their activities and visualizes their positioning. Mapping is expected to serve as an introduction or preparation for self-assessment.

(2) EAT Assessment Sheet (Appendix II)

This is a checklist-type sheet consisting of 26 items in 8 categories related to the skills and knowledge of EAT practitioners, their psychological safety, sustainability, and the basic principles underlying EAT activities. The content of each item is based on the constructive requirements for EAT as elucidated by ATAS [9] (pp.11-18). EAT practitioners rate each item on a 4-point scale, calculate the average values³ for

² "National Survey on Arts Therapy" (2012-2014) funded by the Grant-in-Aid for Scientific Research by Japan Society for the Promotion of Science (JSPS).

³ The numerical value of each item is an ordinal scale, and the calculation of the average value does not have statistical effectiveness. However, it is important for the items to be easy to understand and simple to use by EAT

practitioners to grasp their own status and position. Based on this understanding, this study followed the examples of quantification in social psychological tests such as vocational aptitude and personality tests. In these tests, the ordinal scale is regarded as an interval scale and was quantified, which is useful in grasping one's position in an overview using a ranking process. However, the appropriateness of using averages in the EAT self-

each category, and subsequently draw a radar chart. This work helps visualize their skill levels and enables EAT practitioners to recognize the actual conditions and characteristics of their activities.

(3) EAT Rubric (Appendix III)

The EAT Rubric is based on the rubric format as a criterion for self-assessment regarding EAT. It has seven perspectives: Knowledge, Skills, Psychological Safety, Self-exploration/Self-understanding, Cooperation/Collaboration, Management/Sustainability, and Basic Principles. The EAT Rubric has the following four-level scale for each perspective:

1. A state that should have been achieved. The items checked here indicate that there is much room and need for improvement.
2. A state that indicates inadequacy, but the practitioner is on the way to improvement.
3. A state that generally meets expected standards.
4. A state that serves as a goal or guideline for each item.

It is, however, difficult to specify objective criteria such as which level or higher is acceptable and which level or lower is not because the evaluation criteria for the EAT are still under research. The EAT Rubric is not intended to be used as a stand-alone tool, but rather as a reference of criteria for self-assessment with the EAT Assessment Sheet. For these reasons, the rubric does not contain evaluative terms such as excellent, good, and inadequate that would make EAT practitioners aware of passing or failing, instead, numbers from 1 to 4 are used.

The EAT Rubric was created in consideration of the correspondence with the items of the EAT Assessment Sheet. The eight categories on the EAT Assessment Sheet were reorganized into seven assessment dimensions to cover the important points concisely although the rubric dimensions on the EAT Rubric do not completely correspond to the categories on the EAT Assessment Sheet. The description of the EAT Rubric is more abstract than that of the EAT Assessment Sheet which lists specific items. The EAT Rubric provides a comprehensive bird's-eye view of the requirements for EAT while the EAT Assessment Sheet provides concrete checking items. By using the assessment sheet and the rubric in a complementary manner, it is expected to promote a bird's-eye view and specified understanding of the status of one's own activities and skills. This is why the two kinds of tools are separately prepared to be used together.

On the other hand, there might be a risk that using the two different tools together may complicate the process and the usage and purpose of each tool may not be well understood. This risk can be avoidable by providing concise and easy-to-understand instructions and guides, which is one of the upcoming tasks.

2.2 Purpose of the Study

The fundamental issue in EAT is how to ensure the capabilities of practitioners and the quality of activities from among a diverse range for which there are no established evaluation criteria. The purpose of this study is to examine the effectiveness of continuous self-assessment using the self-assessment tools described above.

A previous survey conducted before this study suggested a certain level of effectiveness for self-assessment using the EAT Assessment Sheet in combination with the EAT Rubric [16]. It is expected that EAT practitioners will deepen their self-awareness and increase their motivation for autonomous self-improvement by self-reflection in a fixed-point manner through regular self-assessment work.

This study examines the effectiveness and issues concerning self-assessment based on a case study of the trial use of self-assessment tools by an EAT practitioner.

3 EXPECTED EFFECTIVENESS OF SELF-ASSESSMENT

3.1 Continuous Self-improvement

The expected effect of self-assessment is the self-improvement of EAT practitioners through its continuous and regular implementation. The objective of the self-assessment tools described in Chapter 2 includes supporting and encouraging EAT practitioners in their efforts to increase the quality and reliability of their activities by objectively viewing their own activities and skill levels. Further, the tools aim at helping to independently determine what characteristics to develop as strengths and those that require improvement by regular monitoring.

It should be emphasized that the main actors undergoing assessment and improvement are EAT practitioners themselves. The self-assessment tools are mechanisms to help empower them in their efforts and are not intended to draw a line between pass/fail or suitable/unsuitable regarding the quality of activities and skills of EAT practitioners based on uniform criteria.

3.2 Improvement Process

The following process for improvement of practitioners' capabilities is envisioned by applying the self-assessment tools (Fig. 1):

- 1) Clarify areas of activities using the mapping sheet (To be necessarily conducted the first time. Thereafter, it should be performed as required).
- 2) Self-assess with the EAT Assessment Sheet alone (To be conducted the first time only*).
- 3) Self-assess with the EAT Assessment Sheet referring to the EAT Rubric**.
- 4) Identify the area(s) that require improvement and list the specific item(s) to be improved.

assessment remains to be analyzed and needs to be carefully examined in the course of future studies [15].

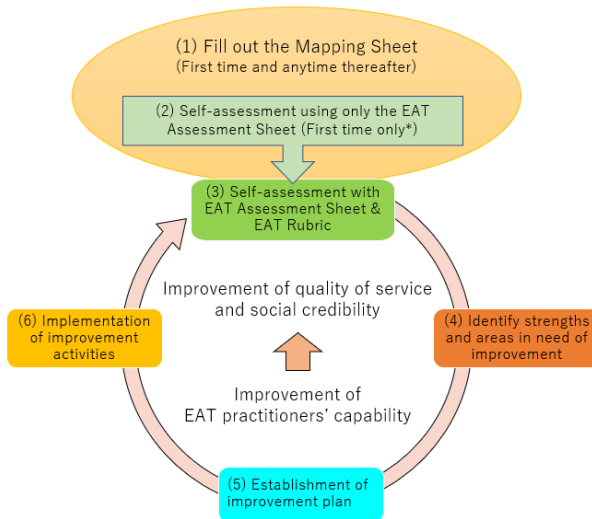


Figure 1: Improvement Process

- 5) Formulate an improvement plan. In this process, it is essential to carefully examine the improvement items listed in light of one's own activity policy, prioritize these items, and formulate a concrete and feasible plan.
- 6) Implement improvement activities according to the plan.
- 7) Reassess as described in point 3 above.

*In the first self-assessment session, processes 2) and 3) should be conducted, and the differences between both results should be reviewed.

**From the second time onward, the process from 3) to 7) should be conducted to form a baseline assessment. Process 1) should be conducted as required, such as when there is a change in areas of activities.

4 TRIAL CASE FOR SELF-ASSESSMENT

This chapter presents a case study in which an informant of an EAT practitioner conducted self-assessments at specific intervals.

4.1 Outline of the Survey

4.1.1 Informant: Practitioner A

- Instructor of art classes
- Number of students: Approx. 120
- Self-employed/Female/Age in the 50s
- Approx. 28 years of experience as an art instructor
- Approx. 8 years of experience in EAT activities.

Practitioner A conducts various kinds of artistic activities mainly aimed at youth in her art studio in the local community. Initially, she worked on a volunteer basis, but as the scale of her activities expanded, she turned the activities into a private business. She came to recognize the necessity and effectiveness of EAT through her painting classes and has been studying EAT on her own initiative to improve herself

as an EAT practitioner. She has established a network with local welfare institutions and psychiatric medicine departments.

The characteristics of Practitioner A's activities are as follows.

- Her art classes are conducted as general painting classes. They do not target children with special needs alone.
- Individual EAT activities are conducted with children who have specific needs, if any, in the painting class activities.
- The practitioner relates to children in an EAT-like manner during the usual art class activities.

4.1.2 Method of Investigation

- 1) Trial I: The informant completed the self-assessment in two ways:
 - i. Trial I-i: Self-assessment was conducted using the EAT activity evaluation sheet alone without the EAT Rubric (Method A).
 - ii. Trial I-ii: Self-assessment was conducted using the EAT Activity Assessment Sheet referring to the EAT Rubric (Method B).
- 2) Trial II: Approximately three months after Trial I, a second self-assessment trial was conducted. The Mapping and Review Sheets were newly added based on the discussion at the time of Trial I. The method of Trial II was as follows.
 - i. Mark areas of activities on the Mapping Sheet.
 - ii. Self-assess using the EAT Assessment Sheet and EAT Rubric.
 - iii. Fill in a review sheet⁴.
- 3) The informant was interviewed about her perceptions and changes after performing Trials I and II.

4.2 Results of the Trial Case

4.2.1 Visualization of Position by Mapping

Practitioner A marked the different activity areas according to the activity targets (e.g., children, adults) and the form of each activity (individual, group) (Fig. 2). Her Mapping Sheet indicates that she covers the areas that span from EAT to art. The results suggest that Practitioner A has been expanding the scope of her activities over the course of her career.

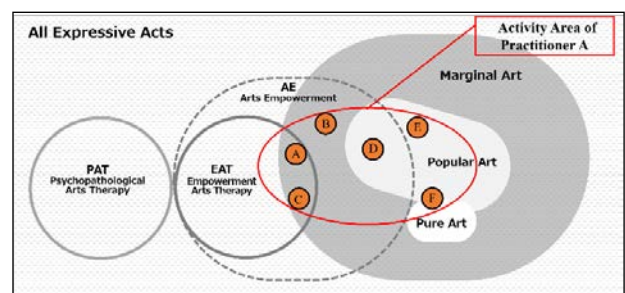


Figure 2: Practitioner A's Mapping Sheet

⁴ It is a sheet for EAT practitioners to write their findings and reflections through self-assessment.

- (A) Individual session for children with specific needs
- (B) Children’s class in a group
- (C) Illustration circle for youth
- (D) Adult class
- (E) Course for citizens (e.g., in a community center)
- (F) Artwork creation of her own

The Mapping Sheet was added based on discussion and reflection after Trial I. It was ascertained that it would be desirable to have a process to clarify one’s activity areas before performing the self-assessment using the EAT Assessment Sheet and EAT Rubric in Trial I (4.1.2). The process of mapping provides an opportunity to look at one’s activities from a bird’s-eye view and is effective for preparation and introduction to the subsequent self-assessment.

4.2.2 Changes through Self-assessment

Practitioner A’s radar charts based on the results of a series of self-assessment trials are shown in Fig. 3 to Fig. 5.

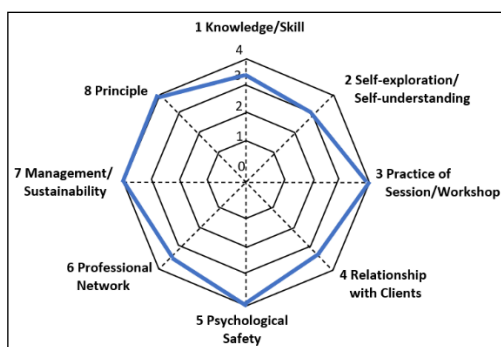


Figure 3: Trial I-i (Aug. 2022)

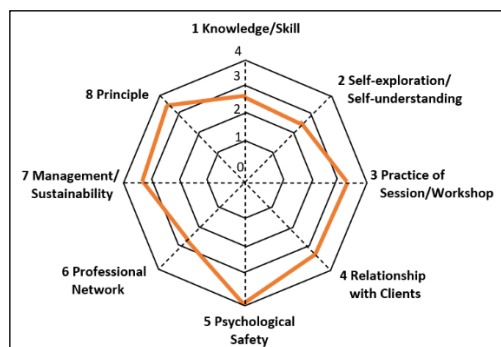


Figure 4: Trial I-ii (Aug. 2022)

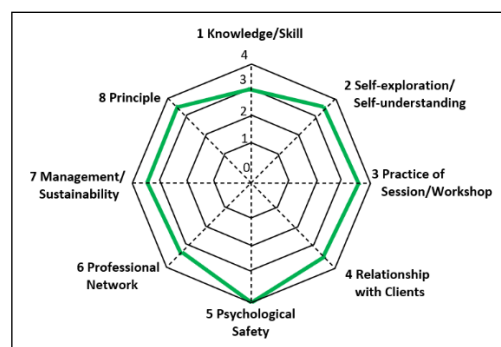


Figure 5: Trial II (Nov. 2022)

The difference between Trial I-i (Fig. 3) and Trial I-ii (Fig. 4) can be attributed to the presence or absence of the EAT Rubric. Trials I-i and I-ii were conducted at the same time. Trial I-ii was assessed more severely than Trial I-i which was performed without reference to the EAT Rubric. It can be inferred that the presence of the EAT Rubric let the practitioner aware of external criteria and cause some change in her perspective of self-assessment. It might be controversial whether severe self-assessment directly leads to the improvement of capability. Practitioner A, however, stated in the interview after Trial I-ii that the EAT Rubric helped her better understand the criteria and made self-assessment easier.

Comparing the results of Trial I-ii (Fig. 4) and Trial II (Fig. 5), the overall balance of figures has improved in Trial II. Based on the results of the self-assessment after nearly three months, an interview with Practitioner A was conducted to examine what she noticed, and how her awareness, vision, and actions toward improvement changed after the previous trials.

The feedback from Practitioner A was as follows.

Feedback from Practitioner A

- Through working with the EAT Assessment Sheet and the EAT Rubric, I became aware of things that I had not been aware of regarding my activities.
- The Mapping Sheet helped me to organize and get a bird’s-eye view of my activities that have expanded over the years.
- Self-assessment gave me an opportunity to reflect on myself. Until then, I had been rushing through the process using trial and error to meet the needs which I was asked in the community but had never looked back over my activities objectively.
- I had been thinking of retiring in 10 years because of my age. However, through the self-assessment process, I have been able to reflect on my past and reperceived the needs and the social necessity of my activities. Considering that I am needed in the community, my thoughts about retirement are wavering. I now feel like continuing to work as long as I have the vigor to do so.
- I have tried to train and develop successors, but I find it difficult due to financial problems and the communication skills required for practitioners. I am thinking of limiting ourselves to private classes alone 10 years from now. Staff and finances are continuous issues related to the sustainability of activities.
- I have learned a variety of methods and pursued a unique method for my activities. On the other hand, I have a sense of regret about the fact that I have been doing this without much interaction with others. Now I strongly feel that I need to relearn and brush up.
- The self-assessment tools give me a third-party perspective. I think it is meaningful to look at our activities not only from our own perspective but also from a social viewpoint to think of the future of our activities.

(Based on an interview and review sheets)

5 EFFECTIVENESS AND FUTURE ISSUES

5.1 Effectiveness of Self-Assessment

Based on the discussion of Practitioner A's trial case, the following effects of self-assessment were identified:

- 1) The process of mapping is useful to look at one's activity area from a bird's-eye view and to grasp the characteristics of each activity.
- 2) Through self-assessment using the EAT Assessment Sheet and the EAT Rubric, EAT practitioners become aware of external criteria and increase awareness. This will naturally change the perception of the status of their activities and future outlook. It can lead to motivation for learning.
- 3) The two-step process in the initial self-assessment, i.e., checking the EAT Assessment Sheet without referring to the EAT Rubric for the first time and then referring to it helps EAT practitioners to be aware of external criteria and leads to shift their perspectives of self-assessment. One of the expected effects of the rubric is the improvement of metacognitive ability [17] [18]. EAT Rubric is considered to include the potentiality to develop EAT practitioners' ability for self-assessment.
- 4) Mapping work and radar charts are useful for visualizing the current state of EAT practitioners at a given time and for observing changes over time.

From the above, we concluded the self-assessment tools could help EAT practitioners recognize their activities and skills by themselves and had the potentiality to promote the deepening of their self-recognition.

5.2 Future Issues

Firstly, this study is based on trials by one informant over a period of three months, which is insufficient to generalize the above effects. The informant in this case study has several years of experience and is thought to have already reached a considerably high level of proficiency regarding the items indicated in the EAT activity Assessment Sheet and the EAT Rubric through trial and error. Therefore, it was not possible to determine to what extent a clear change or improvement in her skill level was observed before and after the self-assessment with this series of tools. Larger-scale and longer-term studies involving a wider variety of practitioners as informants are needed in order to verify the effectiveness of these self-assessment tools.

Secondly, a problem with the EAT self-assessment process is the absence of perspectives other than EAT practitioners. In the educational field, the presence and intervention of teachers is a basic premise. Even self-assessment is supervised by teachers and proper feedback is provided to students. Uchiyama and Itoh [18] described the importance of others' views to utilize the assessment with rubrics in designing courses. Nishikata [19] pointed out the importance of teachers' feedback in promoting students' autonomous motivation. In the field of education, the interaction between students as self-assessors and teachers as supervisors or

facilitators leads to the development of students' cognitive abilities and skills and the improvement of courses and classes. However, the EAT self-assessment process does not contain such supervisors or facilitators. It is because EAT practitioners independently conduct their EAT activities in many cases, which are commonly grass-root and voluntary. This is an important issue to ensure the validity of the criteria and results of the self-assessment.

This study has the significance of having concretely provided a concrete method for EAT practitioners who had almost no indicators to refer to despite these limitations. This study will be a base or a starting point for further future discussion to improve the capabilities of EAT practitioners and the quality of activities.

Finally, we would like to mention the relationship between this research and Information and Communication Technology (ICT).

EAT activities have so far owed much to the dedicated efforts of EAT practitioners. Since most of the practitioners independently conduct EAT activities on a volunteer basis, they have few appropriate tools to refer to the best practices required for their activities.

They make efforts to grasp their clients' needs, recognize the progress and measure the effectiveness and influence of their EAT activities in their own way. Nevertheless, it is not easy for EAT practitioners to record and analyze the process of their activities to reflect the findings in future performance improvement, partly due to the lack of financial resources to cover such efforts. In addition, EAT practitioners are sometimes not good at ICT. Therefore, EAT activities have been alienated from ICT so far.

In this study, EAT Assessment Sheet and EAT Rubric were created in a digitally distributed format. These two tools enable EAT practitioners to quickly record and accumulate data. When EAT activity data are accumulated enough in a standardized format, they allow the rational evaluation of comparative discussion among plural EAT practitioners.

If EAT practitioners rely solely on their own experience to carry out EAT activities, it may lead to unfavorable results such as neglecting necessary basic movements. These two tools can be beneficial for EAT practitioners to make a habit of PDCA in daily activities and to reduce their wasted effort in PDCA. This study can be positioned as a preparatory process for the utilization of ICT in EAT activities.

One of the future issues is to create a web-based system that can accumulate and analyze EAT practitioners but requires as little cost of development and maintenance as possible.

REFERENCES

- [1] T. Okada, "Psycho-educational Approach with Application of Psychotherapy in Elementary School - Trial and Results of the Technique: 'Picture Drawing Play'", Japanese Bulletin of Arts Therapy, Vol.40, No.1, pp.43-51 (2009) (in Japanese).
- [2] T. Fujii, "A Postcard Artist's Report on Cloth Collage Workshops", Japanese Bulletin of Arts Therapy, Vol.41, No.1, pp.70-80 (2010) (in Japanese).
- [3] N. Okada, "Mosaic, Reflections in Art Therapy", Japanese Bulletin of Arts Therapy, Vol.50, No.1, pp.90-97 (2019), (in Japanese).

- [4] M. Ishihara, "Nichijo ni yorisou art therapy - Kosodate-shien toshite no katsudo-jirei ni art therapy no hattenkei wo miru -", K. Tokiko, and K. Nishi (eds.), *Art Therapy Saiko - Geijutsugaku to rinsho no genba kara -*, Heibonsha, Tokyo, pp.232-253 (2013) (in Japanese).
- [5] C. Lefèvre, M. Ledoux, and M. Filbet, "Art Therapy among Palliative Cancer Patients - Aesthetic Dimensions and Impacts on Symptoms -", *Palliative and Supportive Care*, Vol.14, No. 4, pp.376-380 (2016).
- [6] R. L. Beard, "Art Therapies and Dementia Care - A Systematic Review -", *Dementia*, Vol. 11, No. 5, pp.633-656 (2012).
- [7] D. J. Betts, "Art Therapy Assessments and Rating Instruments - Do They Measure Up? -", *The Arts in Psychotherapy*, Vol. 33, No. 5, pp.422-434 (2006).
- [8] M. Ishihara, and H. Kaneko, "Empowerment toshite no shisei no art therapy katsudo - Zekoku jittai-chosa kara mieru sono naihatsusei to jiritusei -", *The Crisis of the Mind and Clinical Knowledge*, Vol.16, pp.105-130 (2015) (in Japanese).
- [9] H. Kaneko, and M. Ishihara, "A View of 'Art Therapy for Empowerment'", *Journal of the Kobe University of Welfare*, Vol.19, No.1, pp.1-22 (2018) (in Japanese).
- [10] M. Komura, and A. Hayashi, "A Method of Assessment for Empowerment Arts Therapy", *IEICE Technical Report*, Vol.121, No.372, pp. 1-7 (2022) (in Japanese).
- [11] M. Komura, M. Ishihara, and A. Hayashi, "Proposal for Continuous Improvement of Empowerment Arts Therapy - A Method of Self-Assessment by Applying Rubric -", *Proc. International Workshop of Informatics (IWIN 2022)*, pp.121-126, Nachi-Katsuura, Japan (2022).
- [12] D. Stevens, and A. Levi, *Introduction to Rubrics, Second Edition*, Stylus Publishing, VA, Chapter 1 (2013).
- [13] Y. Hoshi, and S. Koshikawa, "Effects and Challenges of Using Rubrics for Self-Assessment in University Education", *Japan Bulletin of Educators for Human Development*, Vol.23, No.1, pp.21-30 (2020), (In Japanese).
- [14] M. Ishihara, "Nichijo ni nezasu art to art therapy - 'Empowerment' gainen ni yotte miete kuru kozo -", *a+a Bigaku Kenkyu (Studies in Aesthetics and Art Criticism)*, Vol.10, pp.96-109, p.106 (2017) (in Japanese).
- [15] M. Ishihara, M. Komura, A. Hayashi, and H. Kaneko, "Empowerment gata arts therapy no self-assessment no jitsuyoka ni mukete - Empower suru hito wo empower suru tameni -", *The Crisis of the Mind and Clinical Knowledge (Bulletin of Konan Institute of Human Sciences, Konan University)*, Vol. 24, pp.1-21 (2023) (In Japanese).
- [16] M. Komura, M. Ishihara, H. Kaneko, and A. Hayashi, "Effectiveness Applying a Rubric in Self-Assessment of Empowerment Arts Therapy Practitioners", *IEICE Technical Report*, Vol. 122, No. 282, pp. 33-39 (2022) (in Japanese).
- [17] K. Terashima, and T. Hayashi, "Development of Problem-Based Learning to Promote Self-Evaluation Using Rubrics", *Kyoto University Researches in Higher Education*, Vol.12, pp.63-71 (2006) (in Japanese).
- [18] C. Uchiyama, and M. Itoh, "How Do Science Teachers Design Lessons Using of Rubrics Effectively for Assessment? - An Investigation of Junior High and High School Science Education -", *Journal of Science Education in Japan*, Vol.42 No.1, pp37-47 (2018) (in Japanese).
- [19] H. Nishikata, "The Effects of Designing a Rubric and Self-Evaluation - Focusing on Internalization of Autonomous Motivation -", *Japan Journal of Educational Technology*, Vol.43, No.3, pp.215-229 (2019) (in Japanese).

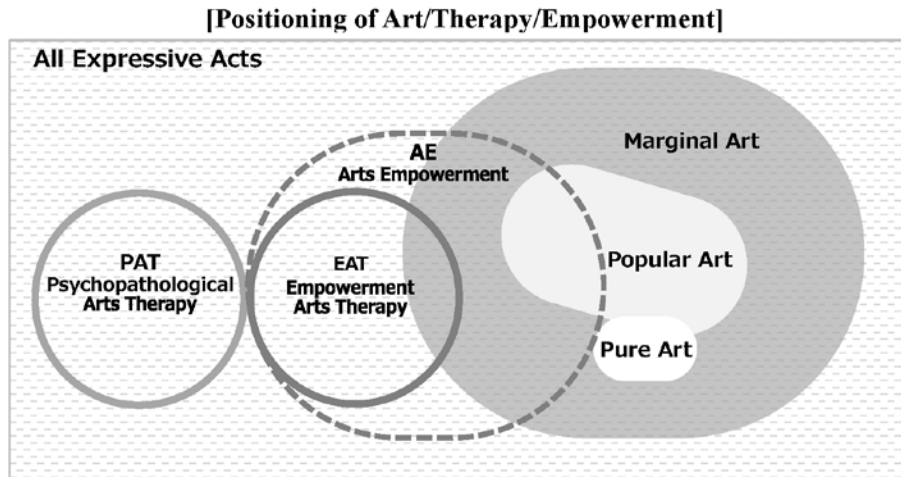
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APPENDICES

Appendix I Mapping Sheet

Referring to the *Five Types of Arts Therapy* and the *Difference between PAT and EAT*, mark the areas covered by your activity on the diagram below for *Positioning of Art/Therapy/Empowerment*.



***AE: Arts Empowerment**

Art activities that revitalize communities and towns such as community art, and art activities that unintentionally have various unintentional therapeutic effects. Both professional and amateur artists are included.

***Marginal Art/Popular Art/Pure Art**

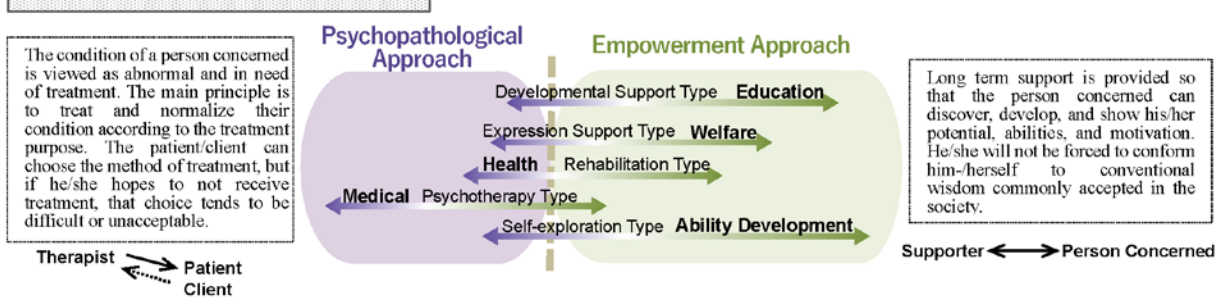
The concepts were proposed by TSURUMI, Shunsuke (1922–2015), a Japanese philosopher. **Marginal Art** is created and enjoyed by non-professionals, forming a vast area where art and life permeate each other. It is said to be “the first form of art” and to “have the power to give birth to pure art and popular art”. **Pure art** is created by professionals and enjoyed by connoisseurs who are versed in these fields. **Popular art** is created by professionals or corporations and enjoyed (consumed) by non-specialists = the masses.

TSURUMI Shunsuke, “*Genkai-geijutsu ron*” [*Theory of Marginal Art*] (1991, Chikuma Gakugei Bunko [first published in 1967, Keiso Shobo])

Five Types of Arts Therapy

Psychotherapy	Targets persons in need of diagnosis and treatment by experts. Utilized as a major or adjunctive means of alleviating or treating problems and symptoms. There is a lot of overlap with self-exploration Type in what is aimed to achieve.
Self-exploration	Targets adults with relatively good health. The main purposes are distraction, stress reduction, recreation, healing, self-liberation, self-discovery, self-affirmation, and quality of life improvement. Other purposes include confronting problems and preventing mental illness. It may lead to Psychotherapy Type.
Rehabilitation	Targets people with brain dysfunction and the elderly. The main purpose is to restore physical function and control, alleviate, and stabilize the progression of symptoms. Utilized as an aid or traction for rehabilitation. It differs from psychotherapy, although it includes psychological aspects.
Developmental Support	The program targets children and adolescents in their developmental stages. The purposes are to free children from oppression, promote self-expression, increase self-confidence, and improve self-esteem. For children with various disabilities, it is a means of “rehabilitation”. All of these include elements of parenting support. While it may lead to psychotherapy, it differs from psychotherapy.
Expression Support	Targets persons who have difficulty in normal communication and social life due to intellectual or mental disabilities, or people who engage in spontaneous and intrinsic expressive activities as a revelation of these symptoms. The main purpose is to improve the quality of life by enabling them to interact and spend quality time with the outside world through non-verbal expressive acts. It differs from psychotherapy, although it involves psychological aspects.

Difference between PAT and EAT



Appendix II EAT Assessment Sheet

I CAPABILITY OF PRACTITIONERS			
1 Knowledge and Skills	Scoring	Average	
(1) Understand and able to explain the therapeutic effects and functions of art and expression.	1 • 2 • 3 • 4	Sum of (1) to (4)	
(2) Possess knowledge and skill in arts therapy and art to conduct sessions and workshops that meet their purposes and aims.	1 • 2 • 3 • 4		
(3) Know the history of arts therapy, techniques, and characteristics of arts therapy outside of your own area of expertise.	1 • 2 • 3 • 4		
(4) Possess knowledge and skills in psychotherapy and psychological counseling at the level required in your own activities.	1 • 2 • 3 • 4	Average	
2 Self-improvement/Self-understanding			
(5) Work on improving knowledge and skills required for your expertise and related areas for activities.	1 • 2 • 3 • 4	Sum of (5) to (7)	
(6) Conduct (periodic) self-assessment.	1 • 2 • 3 • 4		
(7) Understand your nature and propensities, and your own psychological issues have been resolved to a certain degree.	1 • 2 • 3 • 4	Average	
II PRACTICE			
3 Practice of Sessions and Workshops			
(8) The purposes, aims, and targets (clients) of your activities are clear.	1 • 2 • 3 • 4	Sum of (8) to (11)	
(9) Able to set goals, construct, and conduct sessions and workshops that meet the clients' condition and needs.	1 • 2 • 3 • 4		
(10) Able to conduct sessions and workshops in a flexible manner according to the clients' condition (Change or suspend sessions or workshops, if necessary).	1 • 2 • 3 • 4		
(11) Measure the effectiveness of the sessions and provide feedback.	1 • 2 • 3 • 4	Average	
4 Relationship with Clients			
(12) Able to establish an appropriate relationship with a client, taking into account the required psychological distance between the subject and the company.	1 • 2 • 3 • 4	Sum of (12) to (14)	
(13) Strive to understand clients from multiple perspectives.	1 • 2 • 3 • 4		
(14) Strive to obtain information about the clients' family environment, social environment, and relevant institutions, organizations and services.	1 • 2 • 3 • 4	Average	

5 Psychological Safety		Sum of (15) to (17)	
(15) Maintain confidentiality of clients' personal information and their words and deeds.	1 • 2 • 3 • 4		
(16) Confirm that participants should maintain confidentiality of each participant's personal information and words and deeds when conducting group work or sessions.	1 • 2 • 3 • 4		
(17) Provide necessary individual follow-up depending clients' psychological condition and changes.	1 • 2 • 3 • 4	Average	
6 Professional Network			
(18) Have a supervisor or a mentor to consult with.	1 • 2 • 3 • 4	Sum of (18) to (20)	
(19) Able to connect clients to an appropriate expert or expertise agencies depending on the clients' condition and the nature of the case.	1 • 2 • 3 • 4		
(20) Possess a network to obtain information and knowledge related to arts therapy and your own activities.	1 • 2 • 3 • 4	Average	

7 Management/Sustainability		Sum of (21) to (23)	
(21) Make income and expenditure plans and carry out continuous activities, or aim to do so.	1 • 2 • 3 • 4		
(22) Receive compensation or remuneration commensurate with the activities.	1 • 2 • 3 • 4		
(23) Expenses related to activities are covered by compensation/remuneration for activities and/or grants, etc., and not rely on out-of-pocket expenses.	1 • 2 • 3 • 4	Average	

8 Principle		Sum of (24) to (26)	
(24) The basic principles, mission and ideals of your activity are clarified and can be explained to others.	1 • 2 • 3 • 4		
(25) The nature and characteristics of your arts therapy activities are clarified and can be explained to others.	1 • 2 • 3 • 4		
(26) Have an attitude of pursuing the essence of art and its expression.	1 • 2 • 3 • 4	Average	

Appendix III EAT Rubric

	1	2	3	4
Knowledge	Knowledge is limited or fragmental. Have not systematically studied arts therapy.	Have basic level of knowledge of arts therapy.	Have sufficient knowledge of arts therapy required in your specialized activity area. Able to explain it to others.	Have a systematic and comprehensive knowledge of arts therapy in general as well as familiarity with various disciplines related to your expertise. Able to explain it to others.
Skill	Have very few or a few experiences of EAT practice.	Able to provide EAT based on the methods mastered.	Able to provide safe and efficient EAT with the methods mastered.	Able to provide safe and effective EAT with originally devised methods as well as the methods mastered. Able to customize the methods and process flexibility according to a client's condition.
Psychological Safety	Take no measures for psychological safety in the activities. Do not think of any troubles out of your control that may possibly occur. Have no way to deal with troubles.	Readiness to anticipate possible troubles to some extent. Able to see if the matter is beyond your skill and take some measures.	Aware of the need and importance to secure psychological safety for clients in the activities and necessary measures are taken.	Able to secure psychological safety in the activities and respond to unexpected trouble swiftly and properly. Able to provide proper alternative solutions such as to introduce the client to other relevant agencies, or experts in case that the matter is beyond your skill.
Self-exploration/ Self-understanding	Never had any self-insight about yourself. Your own psychological issues are untouched or unrecognized.	Have some degree of self-insight about yourself. Aware of your psychological issues and work on to find ways to solve them.	Have sufficient self-understanding of your internal and essential propensities. Your own psychological issues are resolved.	Have sufficient and profound understanding of your deep internal and essential propensities. Your own psychological issues have been overcome. Periodically take training analysis or supervision
Networking/ Cooperation	Have no personal connections or fellows to ask or consult in case of trouble. Have no way of gathering information about activities.	Trying to have reliable personal connections or fellows. Able to get information when you need.	Have reliable personal connections or fellows. Gathering information continuously.	Have reliable connections to contact professionals in the area of your expertise and other related areas. Belong to academic societies. Regularly participate or make presentations in conferences.
Management / Sustainability	Neither think of the sustainability of activities nor the managerial side of your activities for improving sustainability.	Working on or making efforts to raise the sustainability of activities.	Working sustainably regardless of whether paid or not.	Working sustainably and constantly, and have the potential to develop activities.
Principle	The principles and mission are not clarified or have never thought of them.	The principles and mission are clarified and verbalized to some extent.	The principles and mission are clarified and can be explained.	The principles and mission are firmly established and clearly verbalized. Able to deliver the purpose and ideals of your activities to others.



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