

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

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### **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 1. CARE Guidelines Items and AAT Specific Adaptations: CARE-AAT Guideline**

CARE ITEM	CARE GUIDELINESS SECTION DESCRIPTION	ANTHROPOSOPHIC ART THERAPY SPECIFIC ADAPTATION*
<b>TITLE</b>	The words case report (or case study) should appear in the title along with phenomenon of greatest interest (e.g., symptom, diagnosis, test, intervention)	<u>No change</u>
<b>KEYWORDS</b>	The key elements of this case in 2 to 5 words	<u>No change</u>
<b>ABSTRACT</b>	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?	<u>No change</u>
<b>INTRODUCTION</b>	One or two paragraphs summarizing why this case is unique with reference to the relevant medical literature	<u>Specify: Literature (profession specific (AAT as well as AT), disease/condition specific, research on natural course, other treatments and side effects)</u>
<b>CLIENT OR PATIENT INFORMATION</b>	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) <u>Add:</u> - Clients treatment request - Short biographical description  4) Referral data (if applicable): - Position of the referrer - Referral question and/or therapy objective
<b>CLINICAL FINDINGS</b>	Describe the relevant physical examination and other significant clinical findings	<u>Modify: Describe physical and psychological state of health, preferably based on results from a generic questionnaire.</u>  <u>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).</u>
<b>TIMELINE</b>	Relevant data from the patient's history organized as a timeline	<u>No change</u>
<b>DIAGNOSTIC ASSESSMENT</b>	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	<u>Modify: Diagnostic Assessment:</u> - Observation of the client, attitude, way of working and the art works - Medium specific diagnosis
<b>ADD: TREATMENT OBJECTIVES AND PLAN</b>		Treatment goals / objectives: - Main objective (general) - Sub-objectives (behavioural and medium specific)  Treatment plan: - Treatment direction, phases and themes (if applicable)

		<ul style="list-style-type: none"> <li>- Medium specific (material, techniques)</li> <li>- Therapist attitude</li> <li>- <b>Reasoning/rationale for the above</b></li> </ul> <p><b>Evaluation plan:</b></p> <ul style="list-style-type: none"> <li>- <b>Observation criteria (core observations for this specific patient in this case)</b></li> <li>- <b>Evaluation criteria</b></li> </ul>
<b>THERAPEUTIC INTERVENTION</b>	<p>Types of intervention (eg, pharmacologic, surgical, preventive, self-care)</p> <p>Administration of intervention (eg, dosage, strength, duration)</p> <p>Changes in intervention (with rationale)</p>	<p><u>Each session:</u></p> <ul style="list-style-type: none"> <li>- Artistic exercises (medium and technique), with rationale</li> <li>- Therapists attitude, with reasoning</li> <li>- 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</li> <li>- Interventions and reactions on interventions</li> <li>- <b>Reflection on the session</b></li> <li>- <b>Other remarkable events</b></li> </ul> <p><u>Add:</u> <b>Consultation with others (reasons and conclusions)</b> (if applicable)</p> <p><u>Add:</u> Evaluation during the course of treatment:</p> <ul style="list-style-type: none"> <li>- Therapist reflection on the therapeutic process (changes in symptoms, behaviour and art work).</li> <li>- Clients opinion and client-assessed outcomes</li> <li>- <b>Adjustment of the therapy, with specification and reasoning</b></li> </ul>
<b>FOLLOW-UP AND OUTCOMES</b>	<p>Summarize the clinical course of all follow-up visits, including</p> <ul style="list-style-type: none"> <li>• Clinician- and patient-assessed outcomes</li> </ul> <p>Important follow-up test results (positive or negative)</p> <ul style="list-style-type: none"> <li>• Intervention adherence and tolerability (and how this was assessed)</li> <li>• Adverse and unanticipated events</li> </ul>	<p><u>Specify:</u></p> <ul style="list-style-type: none"> <li>• <b>Results (quantitative/measurable): questionnaires or other measurement instruments</b></li> <li>• Results (descriptive): evaluation of the effects: <ul style="list-style-type: none"> <li>- judgement by the therapist (summarize the developments in art work, behaviour and social interaction)</li> <li>- judgement by the client</li> <li>- <b>judgement by third parties (parents, family, partner, co-treating professionals and/or referrer)</b></li> </ul> </li> </ul> <p><u>Add:</u></p> <ul style="list-style-type: none"> <li>• Conclusions</li> <li>• Comparison of the conclusions with the main therapy objectives.</li> </ul>
<b>DISCUSSION</b>	<p>Strengths and limitations of the management of this case</p> <p>Relevant medical literature</p> <p>Rationale for conclusions (including assessments of cause and effect)</p> <p>Main takeaway lessons of this case report.</p>	<p><u>Add:</u> reflection on own acts, therapeutic relationship, interaction with the client and intuitive moments.</p> <p><u>Specify:</u> <b>Literature (profession specific (AAT as well as AT), disease/condition specific, research on natural course, other treatments and side effects)</b></p>
<b>CLIENT OR PATIENT PERSPECTIVE</b>	<p>The patient should share his or her perspective or experience whenever possible.</p>	<p><u>No change</u></p>
<b>INFORMED CONSENT</b>	<p>Did the patient give informed consent? Please provide if requested</p>	<p><u>No change</u></p>

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

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