

Comparing the FEATS and EPDS on Post-Partum Depression

Diana Escobedo, BA

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ABSTRACT

This study aimed to examine the correlation between the person picking an apple from a tree (PPAT) assessment and the Edinburgh Postnatal Depression Scale (EPDS) questionnaire. Three participating women, of various ages, completed the PPAT and the EPDS. The PPAT assessments were rated using the formal elements of art therapy scale (FEATS). The FEATS consisted of a fourteen scale rating system that focused on graphic indicators. For the purposes of this study, only four of the fourteen scales were used. The four scales used were details of objects, implied energy, prominence of color and space used. It was hypothesized that the FEATS would yield more accurate findings on depressive symptoms than the EPDS. The results of this study were inconclusive as to whether the PPAT along with the FEATS were reliable methods in screening for postpartum depression. This research study was unable to prove that the PPAT would yield more accurate results than the EPDS.

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CHAPTER I

Introduction

This research studied the differences in art assessments and questionnaires in diagnosing for postpartum depression. This research aimed to find a correlation between the person picking an apple from a tree (PPAT) art assessment, scored with the formal elements of art therapy scale (FEATS), and the Edinburgh Postnatal Depression Scale (EPDS) questionnaire. Postpartum depression had affected many women after they gave birth, however, they weren't always diagnosed. It was important to understand the current methods for diagnosing postpartum depression and examine other possible ways to assess for postpartum depression. The present study researched the PPAT with the hypothesis that there would be correlating results with the EPDS. Art assessments were often times less structured than questionnaires and offered more space for creativity and self-expression. Some individuals may have felt more comfortable with the structure that questionnaires provided, however, the PPAT may have been able to screen individuals who were missed by the EPDS. Three individuals from the Preservation of Human Dignity center (PHD) volunteered to participate in this study. The individuals met as a group and they were given the EPDS followed by the PPAT. The results from the assessments were compared and contrasted to find correlations between the PPAT and EPDS.

Postpartum Depression

Postpartum depression resulted in feelings of hopelessness, emptiness, anxiousness and withdrawal amongst other symptoms (Postpartum Depression Facts, n.d). Inaccuracies had occurred when diagnosing for depression, which had resulted with individuals going undiagnosed. Treatment rates were 14 percent lower in pregnant and postpartum women than

the general population (Wisner et al. 2013). Mothers often internalized feelings associated with postpartum depression symptoms based on cultural taboos.

The EPDS was usually given to a mother after six weeks of giving birth to screen for postpartum depression (Abdollahi, Zarghami, Azhar, Sazlina & Lye, 2014). At the time, the most common practice for screening postpartum depression was the EPDS questionnaire (Abdollahi et al. 2014). However, this assessment could be supported by art assessments in identifying new mothers at risk for depression. Because of the pressure to be happy about the birth of a child, some new mothers may have been reluctant to disclose feelings of depression. Other assessments may be needed in order to identify these symptoms and to bypass the cultural taboos associated with postpartum depression. There had not been enough progress in research regarding postpartum depression and the benefits of art therapy assessments. Although the EPDS had proven to provide valid results, this objective test failed to provide intuitive responses from the participants. Watson (2013) stated that individual's behaviors were influenced by practices outside their awareness caused by their lack of insight into emotions. The lack of insight into feelings when completing the EPDS may have missed certain individuals that met the criteria for postpartum depression.

Art Therapy Assessment

This research reviewed current information on the benefits of utilizing Gantt and Tabone's (1998) person picking an apple from a tree (PPAT) art therapy assessment rated with the formal elements of art therapy scale (FEATS) for individuals who were depressed. The goal of this research was to gain an understanding of how postpartum depression was screened with the EPDS and to compare how art therapy assessments, specifically the PPAT scored using the scales of the FEATS, were beneficial in screening for postpartum depression. The results of the

FEATS and the EPDS were used for a cross sectional analysis of the data. Based on the findings, it was recommended that art therapy assessments be utilized along with the EPDS to screen women for postpartum depression in order to increase identification of these symptoms.

Gantt and Howie began the work of the FEATS and later Tabone helped develop the scales. Gantt and Tabone (1998) studied the fourteen scales of the FEATS to determine its validity and reliability. In the early stages the FEATS consisted of a few categories and then it elaborated into a more redefined structure (Gantt & Anderson, 2009).

For the purposes of this study, only four of the 14 FEATS scales were used as they coordinated with the cluster of symptoms that define depression in the Diagnostic and Statistical Manual of Mental Disorders fifth edition DSM-5, (APA, 2013). Symptoms of depression correlated with those of postpartum depression. Major depression was defined as having “five or more of the following symptoms during the same two week period...depressed mood, diminished interest, weight loss, insomnia, agitation, fatigue, feelings of worthlessness, diminished ability to think, and recurrent thoughts of death” (APA, 2013, p. 160). Postpartum depression was defined as “feeling sad, hopeless, irritable, anxious, having trouble sleeping and concentrating, withdrawing, thinking about harming self or baby and having trouble bonding with the baby” (Postpartum Depression Facts, n.d.). The FEATS did not have a category specific to postpartum depression and so for the purposes of this study the four scales of the FEATS with clusters of symptoms that define depression were used. Those four categories selected for use in the study were implied energy, space used, details of objects and environment and prominence of color.

Problem Statement

Postpartum depression affected a large number of mothers after birth. Help-seeking barriers, and inaccurate diagnosis of depression meant that not all mothers acquired the help that they needed. The EPDS was given to new mothers and assessed the severity of depression symptoms that correlated with the DSM-5, but there were still women who were not identified and treated for postpartum depression. This was a major concern because there could have been negative outcomes that affected the mother as well as the new child.

The EPDS, which consisted of 10 self-reported questions, was considered an objective assessment. Objective assessments were focused on questions that had to be answered with limited response options (Meyer & Kurtz, 2006). However, Paunonen and Label (2012) researched self-reported measures and the validity of personality assessments and they determined that self-reported information was not always valid due to the presence of socially desirable responses.

Art therapy assessments, on the other hand, gave ample time for thought processing and visualizations to occur. In this research study, participants who completed the PPAT did not need to focus on the full context of a question as this was not a self-reported assessment. The participants provided their responses based on their art making and there was no limit on the amount of information a participant disclosed. It was important to provide new mothers with additional assessment tools when testing for postpartum depression in order to increase the number of mothers identified with these symptoms.

Research Question

While the EPDS questionnaire was the most common assessment used to screen for postpartum depression, the assessment was limited by self-reported information and the

reluctance of new mothers to discuss negative feelings about the birth of their child. The present study was guided by the question, can art therapy assessments provide individuals an alternative assessment tool to screen for postpartum depression symptoms other than the EPDS?

Basic Assumptions

It was assumed that the PPAT and the FEATS evaluation of the drawings would yield more accurate results than the EPDS. It was also assumed that art therapy assessments inhibited the right hemisphere of the brain to take control and allowed participants to be in an affective state of mind. The process was not cognitive but intuitive. Gantt and Tabone's (1998) directions for utilizing the PPAT required the use of scented markers. For this study, it was assumed that the scented markers would evoke emotions and thus making it easier for the participants to access those emotions. The importance of evoking emotional responses were to facilitate a natural response from the mothers without the participants focusing on the negative symptoms of postpartum depression. It was important to accurately diagnose postpartum depression in these mothers who may have been missed with the EPDS because "without treatment, postpartum depression can last for months or years. In addition to affecting the mother's health, it can interfere with her ability to connect with and care for her baby..." (Postpartum Depression Facts, n.d).

Mr. Sketch brand scented markers were used. These markers resembled a traditional marker however, each marker had a particular scent that associated with their color. For example, the purple marker smelled like grapes. It was assumed that questionnaires on postpartum depression focused on the left-brain hemisphere due to their cognitive nature, and thus, there was less of a connection to emotions. Questionnaires were limited with a certain number of answers to a question. Individuals were forced to narrow down their responses to the

ones that appeared the most important to them instead of how they really felt. This study also believed that participants were more comfortable participating in an art therapy assessment than completing a questionnaire. It was assumed that art therapy assessments allowed for more creativity and opportunity for intuitive responses. It was also assumed that art therapy assessment decreased anxiety.

Definitions

Formal elements of art therapy scale (FEATS). This was a scale used to score and evaluate graphic equivalents of psychiatric symptoms, such as depression. Factors that were scored were prominence of color, color fit, implied energy, space, integration, and amongst others line quality (Sajani & Manickam, 2012).

Person picking an apple from a tree (PPAT). This art therapy assessment asked individuals to create a drawing with a person picking an apple from a tree and it was scored with the use of the FEATS (Gantt & Tabone, 1998).

Edinburgh postnatal depression scale (EPDS). The EPDS tool was a ten-item self-reporting scale that measured the intensity of depressive symptoms experienced within the last 7 days. Each statement was rated on a scale from 0–3 (Giri et al, 2015).

Postpartum depression. The term postpartum depression (PPD) refers to a non-psychotic depressive state that begins in the post-partum period, after the child birth (Giri et al, 2015).

Justification of Study

It was important to conduct this study because there were a large number of women who experienced postpartum depression symptoms that went unnoticed. Cultural taboos tended to keep women from sharing their feelings about postpartum depression. Kathryn Snyder worked

with women who experienced these taboos. Many individuals felt they were judged whenever they would speak about postpartum depression. Kathryn Snyder (n.d) found that the individuals that she treated felt as if they “aren't allowed to speak to their powerful feelings of depression, confusion and fear when family, friends or colleagues ask about their experience with having a baby” (Snyder, n.d., p. 1).

In the present study, individuals who felt unheard were given a way to express themselves without having to fill out a questionnaire. During art therapy sessions, Snyder worked in “supporting them through imagery and the creative process in order to access their inner "good enough" mother and to find compassion for their experiences and their own mothering needs” (Snyder, n.d., p. 1).

The art making and creativity allowed the mothers to express themselves in a space where no cultural taboos existed on negative feelings about motherhood. Art therapy allowed for more intuitive response from the individual and a stress free environment.

Questionnaires and assessments may have caused a stressful environment. Art had been proven to reduce stress. Based on the findings of Kaimal, Ray and Muniz (2016) who examined the effects that art therapy had on the body, found that “ changes in cortisol levels were seen across demographic characteristics and were not related to age, gender, or race/ethnicity” (Kaimal et al., 2016 p. 79). The study determined that cortisol levels were reduced at the end of each art therapy session. The present study on postpartum depression and the FEATS was important because it provided measurable results that supported the need for art therapy assessments and measures to be utilized more often with this population.

CHAPTER II

Literature Review

This literature review detailed current research on the benefits of utilizing art therapy assessments for individuals who were depressed and the use of the FEATS as a rating scale for these assessments. In addition, this review assessed the reliability and validity of the EPDS and questionnaires.

Formal elements of art therapy scale (FEATS). The FEATS was a fourteen-scale system that rated graphic indicators in the individual's artwork based on what was and what wasn't present (Gantt, 2001). Graphic indicators were the nature in which an image was drawn. Some examples of what was graded with the use of the FEATS were the line quality of the drawing, line pressure, color choices, size of image, amount of space in the paper used and so on. Each scale had been independently examined and deemed "reliable" based on the findings by Gantt and Tabone (1998). According to Brooke (2004) fourteen scales had been graded between .74 and .90 reliable. Gantt and Tabone found that "preservation, line quality and energy showed the lowest interclass correlation" (as cited in Brooke, 2004 p. 172). The FEATS continued to be examined by other professionals for validity. Gantt and Tabone believed that it was also possible to utilize the FEATS to rate other art assessments aside from the PPAT. The PPAT looked at how individuals depicted the subject matter. According to Gantt and Tabone, a PPAT showing depressive symptoms would be created with less color, fewer details, and less use of space (Gantt & Anderson, 2009).

Nan and Hinz (2012) studied the interrater reliability of the FEATS in the Asian population. Their study consisted of 51 participants from Hong Kong who were asked to draw a PPAT. The researchers used a depression questionnaire to identify candidates with depression,

however the questionnaire was not compared to the FEATS depression scales. The researchers utilized the depression questionnaire to screen out candidates with clinically significant depressive symptoms, however, none were found. The significance of this study to the present study were the findings on the four FEATS scales that screened for depression. The researchers found that the FEATS had measurable qualities in an individual's artwork that remained consistent throughout different cultures (Nan & Hinz, 2012). The interrater reliability of the FEATS was measured by using a total of eight raters from two different fields. Two of the raters were US art therapists trained in the FEATS, two were art therapist in Hong Kong who were trained prior to rating, and four raters were social workers from Hong Kong who were also trained prior to rating the PPAT. All fourteen scales were assessed to determine their consistency and reliability. Out of the fourteen scales, the four scales that pertained to the present study were found to have "statistically significance correlations" (Nan & Hinz, 2012). Cronbach's alpha measures were used to check for internal consistency and reliability. The FEATS scale, details of objects, received a score of .639, implied energy received a score of .720, prominence of color received a score of .733 and space used received a score of .742. According to Nan and Hinz (2012), even though details of objects received the lowest score, it was still considered significant. These findings supported the reliability of the four scales in the FEATS that tested for depression. "With only two exceptions, the results demonstrated statistically significant interrater reliability for the 14 individual FEATS scales" (Nan & Hinz, 2012).

Person picking an apple from a tree (PPAT). Eytan and Elkis-Abuhoff (2013) used the PPAT and FEATS to screen for depressive symptoms in a school setting in the general population. It was found that in comparison with traditional questionnaires and interviews, the

“PPAT may relieve anxiety that participants may experience in intake sessions and evaluation interviews” (Eytan & Elkis-Abuhoff, 2013, p. 294). The results indicated that implied energy and interjected depression did not correlate as the researchers had hypothesized. The significance of the results were low due to the study being conducted on academic students and not on hospital patients. It was assumed that if the study was conducted on patients at a hospital, the significance of the results would increase. The study found that low scores in self-efficacy and problem solving skills correlated with each other. Although an unlimited amount of time was given, on average the assessments were completed within thirty minutes (Eytan & Elkis-Abuhoff, 2013).

Rockwell and Dunham (2006) conducted research on the FEATS and the validity that art therapy assessments had in identifying substance use disorder in mental health patients. The study consisted of two groups, one was the experimental group and the other the control group. The experiential group included twenty individuals that were court ordered to attend substance use treatment, while the control group contained twenty volunteers from the community (Rockwell & Dunham, 2006). Due to the study’s focus, two of the fourteen FEATS scales were not rated as they were not relatable to the population of the study. The two scales that were not used were the rotation scale and the preservation scale. The participants from both groups were asked to draw a PPAT. The results showed that nine of the twelve scales used of the FEATS had significant statistical values. From the nine scales that showed a significant value, all of the scales that determine if a person demonstrated criteria for depression had a score of .78 or higher. The highest score was a .90. Rockwell and Dunham (2006) suggested that the FEATS being used as part of the diagnostic process was supported by the results of this study.

Gussak (2007) utilized the FEATS along with the PPAT and the BECKS depression inventory to measure the progress or effectiveness of art therapy in prison. The findings determined that those who engaged in art therapy experienced a significant decrease in depressive symptoms (Gussak, 2007). The inmate's attitudes and cooperation changed over the course of the art therapy sessions. The inmates were asked to draw a PPAT before and after each session. The PPAT were scored utilizing the FEATS as well as the BECKS depression scale. The findings of this study supported the validity of the ability of the FEATS and PPAT to not only identify depressive symptoms, but also show a change in those symptoms. Gussak stated that "art allows the expression of complex material in a simpler manner" (Gussak, 2007 p. 455).

According to Gantt (2001) a "normal" PPAT consisted of average problem solving, average use of energy and space and the individual depicting a person picking an apple from a tree. This showed that the participant was able to complete the task that was asked and that they were able to recognize the apple, the tree and the person. Other studies have been conducted across different populations and cultures that demonstrated that the PPAT and FEATS remained consistent across cultures as being valid. Certain elements of the PPAT were adapted in other studies in order to accommodate the cultural differences of the task asked.

Person picking a mango from a tree (PPMT). In India, the PPAT was administered to adolescents in order to screen the adolescents for depression. The PPAT was modified as the PPMT (person picking a mango from a tree) because children in India were confused as to what an apple tree looked like. Mangos were more prominent in India and therefore were an easier image for the children to illustrate. The FEATS was used to rate the drawings. All fourteen subscales of the FEATS were utilized in this research. The fourteen subscales were "prominence of color, color fit, implied energy, space, integration, logic, realism, problem solving,

developmental level, details of object and environment, line quality, person, rotation and perspective” (Eytan & Elkis-Abuhoff, 2013, p 292). After the children’s drawings were assessed, it was determined that “art based tasks may help identify affective states of depression” (Sajani & Manickam, 2012, p. 41). The study found that the PPMT was an effective assessment to help identify adolescents with depressive symptoms (Sajani & Manickam, 2012).

The study also found that the FEATS was an effective scale for grading the PPMT. The results of the study showed that there were significant scores in the depressive group in the rotation of the image, implied energy and the details of the object. Based on the children’s young age, Mr. Sketch scented markers were not used as researchers hypothesized that the scent inhibited the children from picking a color based on how a marker smelled instead of it being intuitive (Sajani & Manickam, 2012). Even though the researchers were concerned about the scent becoming a distraction, the aromatherapy that the markers provide could have benefited the researchers and not hindered them.

Art therapy assessments and questionnaires. Other studies have demonstrated the benefits of utilizing art therapy along with more standard assessments, such as questionnaires. The Hospital Anxiety and Depression Scale (HADS) was used at a hospital with cancer patients undergoing chemo therapy. The patients engaged in weekly art therapy sessions and the HADS was used to track changes in the patients. They concluded that depression decreased over the course of weekly art therapy sessions (Bar-Sela, Atid, Danos, Gabay & Epelbaum, 2007). It was stated that the HADS identified eleven patients showing significant improvement in the symptoms of depression.

In a different research study, young children who were transplant recipients were asked to complete two questionnaires along with an art assessment that was rated with the FEATS. The

participants used self-reported measures such as the children's depression inventory questionnaire (CDI) and the Davidson. The Davidson assessed post-traumatic stress disorder by collecting self-reported information that correlated with the DSM (National Center for PTSD, n.d). The children were asked to create three different art therapy assessments. The three assessments were the house, tree person (HTP), the PPAT, and draw your favorite kind of day (Wallace et al, 2004). Mr. Sketch markers were used and an unlimited amount of time was given to the participants. The FEATS was used by the art therapist to score the children's art work. It was found that "all patients were able to complete art based directives, unlike the CDI and Davidson" (Wallace et al, 2004, p. 54). Similar to the research conducted in India, it was determined that the PPAT was a simple task that many found easy to engage in. After the completion of the art assessments, the self-report CDI and Davidson questionnaires were provide for the therapist to compare and contrast the data. It was determined that the CDI provided good reliability due to the low reading level required to understand it. Even though individual FEATS results were able to indicate depressive symptoms in the children, it was found that the FEATS did not correlate with CDI results. The study noted that patients identified by the CDI and Davidson to be depressed, showed very mild signs of depression. They hypothesized that this could have been a reason why the mild symptoms were not detected on the PPAT and therefore, the results did not correlate.

Art Therapy assessments and depression. Art therapy methods have been known to help with depression. In a study by Chandraiah, Anand, & Avent (2012) the Center for Epidemiological Studies Depression Scale (CES-D) was utilized after art therapy sessions. It was determined that, after eight weeks of art therapy sessions, the participants demonstrated a reduction in depressive symptoms (Chandraiah, Anand, & Avent, 2012). Understanding the

benefits of art therapy assessments in screening for depression was important because it was crucial that those individuals dealing with postpartum depression symptoms obtained help as soon as possible.

Discussing postpartum depression was not always easy for individuals. That was why questionnaires that asked specific questions to depression were assumed to miss those who struggled with these cultural taboos. Kathryn Snyder stated that “it is not a social norm for women to discuss their negative feelings regarding fatigue, stress, depression or anything negative after the baby is born” (Snyder, n.d., p. 2). Postpartum depression did not only affect the mother, but also, the child’s safety was jeopardized. Being present and emotionally available for a baby was essential in establishing a secure attachment. “When a mother is absent, inconsistently available or rejects the baby this can lead to insecure attachments between the mother and baby” (Sheller, 2007, p. 26). There can be an array of emotions such as anger, fear and resentment that surfaced when caring for a baby that were normal. It was how the individuals reacted to those emotions that made a difference in the baby and mother relationship. It was found that mothers who participated in art therapy were more in tune with their intuition for caring for their babies and appeared more resilient (Snyder, n.d., p. 2). This in turn supported the attachment between the mother and the child. It was found that art therapy provided a safe place for the mothers to release negative emotions, which empowered them and gave them hope. The goal was to bring them to “a place of acceptance...where they can care for their newborn ...without being overwhelmed by their anxiety” (Snyder, n.d., p. 2).

The EPDS and depression

A research study conducted in Nepal utilized the EPDS and identified a large number of women who reported postpartum depression symptoms. The researchers in Nepal surveyed

mothers who attended a maternity hospital in Nepal. Out of those 300 participants in the study, approximately 30% ($n = 100$) were found to have depressive symptoms (Giri et al, 2015). The EPDS was used as a self-reported questionnaire. It was determined that individuals who had pregnancy induced health issues and reported stress during their pregnancy were found to have depressive symptoms. “Depressive symptoms during postnatal period increase the likelihood of child abandonment and harm to the child” (Giri et al, 2015, p. 2).

In a recent study conducted by Abdollahi et al. (2014), data was collected from pregnant women utilizing several different questionnaires. Some questionnaires utilized to collect information were the General Health Questionnaire, Marital Inventory, Life Events Rating Scale and Parental Expectation Survey. These questionnaires helped gather other information such as health history, demographic location, major life events, family size etc. Out of the 2,279 women who were screened utilizing the EPDS, 1,801 screened negative for depression during their pregnancy. The study found that 14% of participants screened positive for depression during the first twelve weeks postpartum. The study also provided information on other factors that contributed to post-partum depression. Other factors were education, family, demographics, social supports and past-history of depression (Abdollahi et al., 2014).

In a similar study by Wisner et al. (2013) that also utilized the EPDS, women were offered screenings at four to six weeks postpartum by telephone. Those that tested positive during the phone call screening were asked if a professional could visit their home for a psychiatric evaluation. The researchers utilized the EPDS with a cut off of 10 or higher. Of the 10,000 women screened, 1,396 scored a 10 or higher, and out of those, 826 underwent a psychiatric evaluation at their homes. It was found that a large number of the women that had an EPDS score of 10 or higher were also diagnosed with anxiety disorders and/or bipolar disorders.

It was assumed that individuals with a pre-existing condition may have felt more comfortable coming to terms with self-reported information. Based on previous studies that determined socially unacceptable behaviors being difficult to discuss to the public, there was a possibility that women who did not have any previous diagnosis not disclose their feelings when engaging in the EPDS (Wisner et al, 2013). 10,000 was a large number of women screened and only 1,396 were identified with possible postpartum depression.

Faults in self-reported data

The most traditional methods in screening for postpartum depression had been the EPDS. Questionnaires and self reported data had been successful methods of obtaining information from individuals. Specifically, “the EPDS has been validated extensively for use in the postpartum period and during pregnancy” (Sit & Wisner, 2010, p. 458). It was important to acknowledge the research already conducted on discrepancies in self-reported information and possible rooms for error in questionnaires. This was because individuals with postpartum depression already experienced “feelings that often go unattended to and are found ignored in new mothers, leaving them feeling helpless and alone” (Snyder, n.d, p. 1). This study examined the discrepancies in self-reported information on height and weight. It was found that weight and BMI were under reported significantly (Lim, Seubsman, & Sleigh, 2009). This research study did not examine art therapy or post-partum depression. However, the study showed the discrepancy that occurred between self-reported information and what the actual information was. The study found that “Overall, 35% of men and 28% of women showed end-digit preference (the tendency to round digits to zero or five) in reporting weight” (Lim et al., 2009).

A study researching self-reported information and personality questionnaires also indicated the possible bias that was inherent in self-reported information. According to

Pauuonen and Lebel (2012) desirability bias reflected on self-reported data. This was important because postpartum questionnaires utilized self-reported information. Based on the socially unacceptable focus on negative emotions after giving birth, it was assumed that some individuals who participate in the EPDS questionnaire were inclined to answer what society found acceptable. The questionnaires in this study were based on personality tests. The relevant information from this study indicated there were inconsistency in answering a questionnaire the way society found desirable versus what the reality was. It was not to say that the EPDS was an unreliable method of screening for depression, however there was a possibility that art therapy assessments were just as valid and provided more insights on those clients missed by the EPDS. The benefit of utilizing an art therapy assessment was that there were no taboos in depicting a person picking an apple from a tree and thus it removed the threatening aspect that a questionnaire elicited.

FEATS and depression

Research already supported the validity of utilizing the FEATS as a tool to assess for depression in individuals. David Gussak found that obstacles that the prison population faced diminished with the use of art therapy and art interventions. It was found that the FEATS scores on “Prominence of Color, Color Fit, Energy, Details of Objects, and Environment and Space supported the conclusion that there was a decrease in depressive symptoms and an elevation of mood” (Gussak, 2007, 446). In previous studies, Gantt had also found valid use of the FEATS in screening for depression. He had stated that the focus on the FEATS was on structure and not content (Gantt, 2001). Eytan and Elkis-Abuhoff (2013) had also conducted research on the FEATS and depression. Their findings showed that the FEATS scales for depression coordinated with the DEQ questionnaire. Research indicated that the FEATS and PPAT were

reliable in screening for depression. Self-reported information did not always have reliable results, however, no research had been conducted on postpartum depression and the PPAT. That was why it was important to conduct an experiment on the benefits of utilizing the PPAT and the FEATS along with the EPDS to screen for postpartum depression.

CHAPTER III

Methodology

Art therapy assessments were utilized along with the EPDS to screen women for postpartum depression in order to increase the number of women identified with postpartum depression symptoms. In this study, the researcher conducted the art therapy session at the Preservation of Human Dignity center (PHD). PHD was located in Inverness IL. PHD “serves individuals and families who are currently pregnant, are parenting a child under three years of age, or are experiencing grief due to the loss of a pregnancy or infant” (Who We Help. n.d.).

Participants

Three individuals volunteered to be part of the study and were informed of the research through flyers posted at PHD where they attended for services. The only criteria to participate in the study was for the women to be 18 years of age or older and who had given birth within the last nine months. The participants were individuals who were already PHD clients receiving their services. There was no prior relationship with the researchers in this study. The participants were asked to complete the EPDS, then the PPAT. The PPAT’s were graded using the FEATS and the results were compared to the EPDS to determine the effectiveness of the art assessments in identifying women with postpartum depression.

The participants were all 18 years of age or older, only two of the three individuals had given birth within the last nine months. The participants were introduced to the researcher on the day of the session as it was on a volunteer biases. The participant who did not meet criteria by exceeding the nine month post labor period stayed in the research study due to the participant being a mother and expressing interest in the research study. This was also due to the already low number of participants present. Two participants were Caucasian females, and one was a

Hispanic female. Each participant was given a consent form and explained their rights to participate and withdraw from the study at any time. Each participant was asked to sign a consent form (Appendix A). No identifying information was collected to ensure anonymity. The participants were verbally informed that they had the ability to withdraw from the study at any time. Permission to conduct this research study was provided by the Saint Mary-of-the-Woods IRB committee.

Procedure

Although not the ideal setting for assessing an individual, the participants in this study met at PHD as a group. The reason for a group session instead of individual sessions to take place for this study was due to the increased number in volunteers if a group was offered versus an individual session. The group met for one time for one hour. The individuals present were the main researcher and the three participating women. There were other groups and counseling sessions going on at the same time in different rooms. The participants had been in other groups together as they all received services from PHD. The process started with the participants creating a unique symbol to identify their artwork so that no names or identifying information was collected. The symbols created were a stick figure family, a black triangle and a small circle. The participants placed their unique symbol at the bottom corner of their PPAT and EPDS. The participants read and signed the consent form, then completed the EPDS (see Appendix B) questionnaire followed by the PPAT (see Appendix C). The materials used for this assessment were a 12" x 18" white sheet of paper and scented Mr. Sketch markers. Scented markers were used to facilitate a connection with the client's emotions. According to Hinz (2009), "Sensory experiences are used therapeutically to elicit emotions in people who have a difficult time accessing labeling, and expressing their feelings" (p. 62). The participants were

informed that there was no time limit in creating their PPAT. The PPAT and EPDS were completed at the same time.

In order to provide a stress-free environment and to not make any participant feel rushed in completing their PPAT, the session was an independent group structured as an ongoing group. The individuals checked in with who they were and how they were feeling, the participants were given directions on the research study and then given the opportunity to participate in an art therapy directive. The participants were offered an opportunity to create motivational stones after they had completed their EPDS and PPAT. Clear gems, magazines, scissors and glue were made available to all participants. They were informed that once they completed their EPDS and PPAT they could make the stones by finding words or images in the magazines that made them feel happy. The participants glued words or images that they found to the bottom of the clear gems. The purpose of this directive was to reduce anxiety if they were the last person in completing the PPAT. In order to offer closure to the participants, they were then asked to check out at the end of the session by stating their name and how they were feeling. The PPAT's were collected and rated by two art therapists experienced in the FEATS (see Appendix D).

Significant elements that represented depression were graded in the PPAT assessment. These elements included the amount of color used, the amount of details, the amount of space utilized, presence of impoverished figures and implied energy. The EPDS utilized in this study was the most common questionnaire used to test for depression. A score of 10 or greater in the EPDS indicated possible depression. (See Appendix E for a list of steps). When comparing results from the PPAT and the EPDS, the unique symbols created were matched to determine which two were created by the same participant. Once all of the PPAT and EPDS questionnaires were completed, they were placed inside a folder. The PPAT assessments were rated by trained

raters and the EPDS questionnaires were rated by the researcher utilizing the instructions that were available to the public. Once everything was rated, the two assessments were then analyzed and compared. The PPAT results from the two raters were analyzed to find any correlations, however, no correlations were found between participants in this study

Data Analysis

The data was analyzed using a spreadsheet to create different tables to compare the scores from the EPDS and the FEATS. A thematic analysis was conducted to find patterns within the data (Braun & Clarke, 2006). The data collected was separated by type of assessment utilized, the two rater's results, and a comparison between the EPDS and PPAT. A thematic analysis of the data allowed for easy comparisons between different information that was gathered.

Thematic analysis also helped develop different themes found within the data. (Braun & Clarke, 2006).

Validity and Reliability

Two raters trained on the FEATS participated in blind grading of the PPAT assessments and were unaware of the results of the EPDS scores. The main researcher was not one of the two raters. The two rates were SMWC students recruited by the main researcher. No identifying information was collected which kept the identity of the participants anonymous. Two raters were used instead of one in order to evaluate the validity and reliability of the results.

Concurrent validity was measured by comparing the results of the depression scale in the PPAT with different studies that had utilized this scale. The results of the PPAT and EPDS were compared to see if there were any similarities or differences with the findings. If the results were found to correlate with one another, then the validity of utilizing the PPAT to test for postpartum depression increased.

Ethical implications

A possible ethical implication was the possibility of breach of confidentiality of the participants if the unique symbols failed to keep their identity confidential. It was important to verify that the raters involved were trained on the FEATS as it was unethical to have someone perform a task that was out of their scope of knowledge. The interrater reliability scores of trained raters also increased the validity of the results. The participants were kept safe emotionally during the process by having access to the clinical staff. As stated under the participant section, full disclosure was applied and confidentiality was respected. Guideline 9.0 from the Ethical Principles for Art Therapists stated that “art therapy researchers respect the dignity and protect the welfare of participants in research” (American Art Therapy Association, 2013 p. 6).

Researcher Bias

Considering the researcher was a new mother, her feelings and personal experiences may have influenced the interpretation of the results of the PPAT and EPDS. She could have put too much significance in findings that were not truly significant. Socializing with the participants while collecting data may have also influenced the findings. The researcher was also an art therapy student who had faith in the PPAT and the FEATS as effective assessment tools. The researcher was also a spiritual person who was in touch with her emotions and preferred assessments that allowed her to express those emotions. Her dislike for questionnaires and preference for art assessments could have created bias in this study.

CHAPTER IV

Results**Edinburgh Postnatal Depression Scale (EPDS)**

A score on the EPDS of 10 or higher indicated a risk of the individual possibly experiencing postpartum depression symptoms. The questions on the EPDS were scored between a 0 and 3. Each answer was worth a different number of points. Once all of the questions were scored, a total number was calculated. There was one individual who scored a zero, one who scored a four and only one participant that scored a 10 or higher scoring a 19.

FEATS scores

The table below shows the four scales that were rated on the FEATS (prominence of color, space, implied energy and details) and the values that were given by the two raters. The two raters gave the same values to all three participants on both the details and the implied energy scales (see Table 1).

Table 1

PPAT Results by Raters

Scales	P1	P2	P3
1. Prominence of color	3,3	3,3	3,5
2. Space	3,3	3,3	3,5
3. Implied Energy	5,5	3,3	3,3
4. Details	5,5	3,3	3,3

Aspects to Note.

1. P1= participant one, P2= participant two, P3= participant three.

2. There are two numbers separated by a comma under each participant. These are the scores for each scale by the two raters.
3. The numbers to the left of the comma represent the first rater's scores. Numbers to the right of the comma represent the second rater's scores.

Depression vs Anxiety

One PPAT shown in figure 1 identified possible signs for anxiety, but not depression. Figure 1 was a PPAT completed by an individual who scored a 19 on the EPDS, which indicated possible signs of depression. In the PPAT, more than 50% of the surface area was used and the image was created with a lot of energy.

Figure 1. PPAT indicating anxiety but no depression



The trees were created with fast curved lines and there were a large number of apples drawn. This individual's PPAT score did not meet criteria for depressive symptoms; however, some of the qualities in the image did meet criteria for anxiety symptoms. Relating these results to the EPDS score of 19, which indicated symptoms of depression, it was assumed that the individual was feeling anxious when completing the PPAT. These assumptions were made by the graphic indicators in the PPAT, visual observation of the participant, the participant's body language, facial expressions and verbal dialogue. Participant one brought her two children with

her into the group. Participant one was observed to be distracted and anxious as evidenced by the participant taking pauses in creating her PPAT when her children would leave her side. She would then return to her PPAT and used a lot of energy when drawing. She had fast hand motions and there were a few times when she dropped the markers because of how fast her hands were moving. Participant one verbally expressed concern for bringing in her children and stated that “I’m sorry; I thought someone was going to be here to watch the kids”. She also stated that “if I didn’t have my kids with me, this would have been a lot more relaxed”. Even though the scores of the EPDS and PPAT did not show correlating scores for depression, additional information was provided on how the client was feeling with the use of the PPAT.

Inconsistent Scores

As illustrated in Figure 2, the PPAT completed by this participant was inconsistent with the EPDS. The EPDS score of zero indicated no possible signs of depression but scored a 3 on her FEATS, indicating an average score.

Figure 2. PPAT with inconsistent EPDS score



The EPDS showed a score that would indicate no depression while the PPAT showed an average score in the FEATS scale that indicated low possibility of depression. This PPAT showed an average amount of space used, average problem-solving skills and the ability to complete the task. The average for this PPAT’s scores was a 3. Based on the PPAT’s graphic

indicators, it was assumed that there may have been some underlying issues that this individual was experiencing. The most interesting feature of this PPAT was the figure drawn. It appeared that the figure was the least important image created. This was evidenced by the low amount of details on the figure, the incomplete hands and the overlapping lines that connected the torso to the legs.

Analysis of data

In figure 3 the participant created the person picking an apple from a tree, although difficult to see, one foot was touching the ground while the other was supporting itself on the tree. This demonstrated good problem solving skills. The colors chosen were bright, however not many shapes were outlined or colored in. The PPAT had an average score of 3 and the EPDS had a score of 4. These results both indicated a low possibility for depression and were consistent with each other.

Figure 3. PPAT and EPDS scores indicating low possibilities of depression.



The table below compares the scores from the EPDS with the average scores of the FEATS. These results indicated how each assessment assessed for depression. Comparing the results, the EPDS was able to identify more participants than the PPAT in detecting postpartum

depression. Out of the three participants, only one was identified as showing signs of postpartum depression and that was done by the EPDS. The PPAT scores of this participant indicated low signs or no signs of depression. Participant one scored a 19 on the EPDS and was identified as having possible signs of depression while the PPAT failed to indicate any signs of depression. Participant two scored a zero on the EPDS while scoring a 3 on the PPAT. These results indicated that the EPDS disqualified the participant from any signs of depression, while the PPAT was inconclusive and offered more insights on the participant's emotions. Participant three scored a 4 on the EPDS and a 3 average on the PPAT. A score of ten or higher indicated possible depression on the EPDS. The four was about half way from the score needed to indicate depression. The PPAT scored an average of 3, a score also about half way from indicating possible depression. The scores on participant 3 remained the most consistent with each other. These results indicated that both the EPDS and PPAT offered great insights on emotional cues to postpartum depression in new mothers.

Table 2

PPAT and EPDS Results

Participants	EPDS Score	Avg. FEATS Score
1	19	4
2	0	3
3	4	3

Aspects to Note.

1. Factors loading comparable data are bolded
2. EPDS= Edinburgh Postnatal Depression Scale
3. FEATS= Formal Elements of Art Therapy Scale
4. PPAT= Person Picking an Apple from a Tree Assessment.

CHAPTER V

Discussion**Depression vs. Anxiety**

Participant one completed a PPAT that was not indicative of depression, however based on the graphic indicators, other mental health issues such as anxiety may have been present. The EPDS was able to screen for depression based on her high score while the PPAT failed to identify signs of depressive symptoms. These findings did not support the research question and disproved the hypothesis. It was assumed that the PPAT would yield more significant findings than the EPDS, however, this participant's EPDS was able to yield better findings on depression symptoms than the PPAT. The FEATS, unlike the EPDS, was able to detect graphic indicators for anxiety. This was based on the fact that the EPDS was a questionnaire only intended to screen for postpartum depression, while the FEATS was a diagnostic tool that was able to screen for multiple diagnosis at the same time. There have been other studies that have linked depressive symptoms with anxiety. Winsor et al. (2013) found that many of the women who had a score of ten or higher on the EPDS also showed symptoms of anxiety. Participant one had a score above ten on her EPDS. Winsor et al.'s findings suggested that individuals with preexisting mental health conditions may have had more experiences in discussing self-reported information, and so, questionnaires did not create a barrier when answering the questions. Participant one was observed to be anxious as she completed her PPAT based on her body language, verbal communication and facial expressions. The process of creating art was assumed to be the primary factor in reducing stress.

At the end of the session the three participants shared their experience and stated how they felt. It was assumed that all three participant's stress levels decreased. This was based on

verbal communication by the participants. Participant one checked out feeling “hopeful and relaxed”, participant two checked out as feeling “happy” and participant three checked out as feeling “happier than I thought I would be”. They all shared that they enjoyed the art making because it brought them “joy” and “relaxation”.

Participant one’s PPAT and EPDS had high scores of depression and anxiety, however checked out feeling “hopeful and relaxed”. Participant one’s PPAT demonstrated graphic indicators of anxiety since it was created during the client’s most stressful time. The EPDS was completed in less than ten minutes and produced significant results. Significant findings with the use of questionnaires were also found correlated with the study conducted by Bar-Sela et al. (2007). They found that a self-reported questionnaire was able to identify a decrease in anxiety symptoms with cancer patients. Like stated before, self-reported measures are not unreliable, but if paired with art therapy measures, the information gathered could be much richer and informational such as the information gathered from both the EPDS and PPAT from participant one.

Person Picking an Apple from a Tree

The main purpose of this study was to investigate the reliability of the person picking an apple from a tree art therapy assessment in assessing for possible signs of postpartum depression in comparison to the EPDS. The results of this study were unable to state that the PPAT scored by the FEATS provided reliable results compared to the EPDS. According to Gantt and Anderson (2009), a PPAT that demonstrated a clustered of symptoms of depression would score low on details, prominence of color, space and implied energy. There were no participants that scored low on all of the four scales to indicate a clustered of depressive symptoms.

When the women who participated in this research study on postpartum depression were given the task to create a person picking an apple from a tree, they did not appear hesitant or confused on what to do, possibly due to the simple nature of the assessment. An assumption was made that the women found the PPAT to be straightforward and uncomplicated and thus they engaged with a calm affect. This assumption was supported by the study conducted by Wallace et al. (2004), which stated that the PPAT was a simple task to engage in Gantt and Anderson (2009), stated that the PPAT and FEATS were flexible enough to be used with a wide number of individuals. They stated that the FEATS could be used with non-representational art, on cross-cultural studies, and with children.

Edinburgh Postnatal Depression Scale

The EPDS was a self-reported questionnaire that was used to detect depressive symptoms in women. It was hypothesized that art therapy assessments would provide more information in regards to postpartum depression symptoms than the EPDS. It had been researched that self-reported information would oftentimes cause individuals to answer what sounded socially acceptable instead of how they really felt. The results from the EPDS showed a variety of different responses. Based on the small sample size, this study was unable to obtain enough data to find significant findings between EPDS and PPAT scores.

An observation made was that it was possible for individuals to pick from the least taboo answer in EPDS questionnaires. One of the participant's scores was inconsistent. The EPDS scored a zero possibility of depressive symptoms, meaning that every question had the most favorable answer. The same participant's PPAT did not show zero possibilities of depression. The EPDS was quicker to complete than the PPAT. On average, the EPDS questionnaires were completed within 10 minutes, while the PPAT was completed between 15-30 minutes. Based on

previous studies, such as Eytan and Elkis-Abuhoff (2013), it appeared as though thirty minutes was a normal and common time frame in completing the PPAT. The EPDS and the PPAT both provided helpful information given by the participants. There were two PPAT and EPDS questionnaires that provided additional information about the participant. The scores did not correlate with each other indicating that what the EPDS screened for, the PPAT missed and what the PPAT screened for the EPDS missed.

Inconsistent scores

The results of this study did not demonstrate that the PPAT graded by with the FEATS provided just as valid results as the EPDS questionnaire. It was determined that one out of the three participants had different results in the EPDS versus the PPAT. Furthermore, one of the three participants showed zero possibilities of postpartum depressive symptoms on the EPDS, while the PPAT was questionable. Participant two had an EPDS score of a zero, meaning that every question had the most favorable answer. The same participant's PPAT did not show zero possibilities of depression. These findings were supported by the study conducted by Wallace et al. (2004). In their study, it was found that the FEATS identified seven individuals that the Davidson and CDI failed to identify. The results of the FEATS did not correlate with the results of the Davidson or the CDI. This meant that the FEATS identified individuals that were not identified by the other two questionnaires. At the same time, they found that the FEATS was unable to detect low levels of depression. They came to this conclusion when they identified that Davidson and the CDI screened for low levels of depression in children, while the FEATS was unable to detect those same individuals. These findings are consistent with this study as the FEATS was also unable to detect signs of depression while the EPDS did. In contrast with the

low levels of the depression that Wallace et al encountered, one participant had high levels of depression and the FEATS still failed to identify depressive symptoms.

Sajani and Manickam (2012) used the FEATS to score art therapy assessments of a person picking a mango from a tree (PPMT). In their research they found that there were several scales from the FEATS that did not correlate with depression symptoms. Two of those scales were also tested in this study. Those scales were details of objects and implied energy. Participant one scored a nineteen on the EPDS and a five on details of object and implied energy on the FEATS scales. The same score for those two scales were given by the two different raters. A score of a nineteen on the EPDS was indicative of depression, while the scores of a five on the FEATS scales were indicative of no depressive symptoms. In Eytan and Elkis-Abuhoff's (2013) research, they also found that the FEATS scores for implied energy did not correlate with depressive symptoms. Based on the small sample size, these results were unable to provide significant evidence to prove or disprove the research question: Can art therapy assessments provide individuals an alternative assessment tool to screen for postpartum depression symptoms other than the EPDS?

Consistent Scores

The only individual who obtained EPDS scores that were consistent with PPAT scores was participant three. There were consistent scores within the PPAT based on the rater's artistic knowledge. Nan and Hinz (2012) came across this issue in their study. They found that certain scales were rated differently based on the rater's knowledge or lack of knowledge in artistic quality of the PPAT.

The rater's consistent scores correlate with the findings by Rockwell and Dunham (2006). In their study, they were able to identify strong interrater reliability. This study found

that the FEATS manual was adequately descriptive for most scales. Rockwell and Dunham (2006) found that the results of the PPAT were consistent amongst two raters. A total of forty PPAT assessments were collected, from those forty, twenty were graded by a different rater. The scores from the two raters were analyzed and it was determined that when two different individuals utilized the FEATS to rate the same criteria, they both produced similar results (Rockwell & Dunham, 2006). Previous studies have found the PPAT scored by the FEATS as being reliable in screening for depressive symptoms. Gussak (2007) was able to use the PPAT with the prison population to screen for depression and monitor the changes in depressive symptoms.

Limitations and Recommendations

The research question remained inconclusive. Further research was needed in order to provide more evidence on the validity of the results of the PPAT graded with the FEATS to test for postpartum depression symptoms versus the EPDS. One of the limitations of this study was the sample size. This research could be conducted on a larger number of participants. This will aid in providing more significant findings. A suggestion for future researchers on this topic would be to conduct the research at an OBGYN clinic. This way, there are many possibilities of individuals available for a larger sample size. Based on the results from this study, it cannot be predicted that the person picking an apple from the tree assessment and the FEATS would yield similar or more in depth results than the EPDS.

The small sample size was unable to provide results on a cultural diverse population. A further study could be conducted on different cultures and different populations so that the results could be compared for a cross analysis of the data. These results would support the idea

that art therapy measures present less communication challenges than questionnaires do when implementing them in different cultures.

Another limitation of the study was the assessments being done in a group setting instead of on an individual basis. There was no way of knowing how the presence of other individuals affected each participant's EPDS and PPAT results. The ideal setting for assessing an individual would be in a quiet environment on a one to one basis. The presence of one of the participant's children was also a limitation of this study as it affected the individual in creating her PPAT and the presence of the children may have also affected the other participants. The final limitation to this study was the inclusion of the participant that did not meet all of the criteria to participate. The findings in the EPDS and PPAT may have been different if all of the participants met all of the criteria to participate.

Furthermore, this study could be expanded by utilizing different art therapy assessments and comparing their results with the EPDS. Other art therapy assessments that this study could expand on could be the kinetic family drawing, birds nest drawing or self-image. Possible solutions for a larger sample size could be to conduct the study at an obstetrics and gynecology office. This would provide the researchers with an increased number in possible participants.

Conclusion

Based on the low number of raters, this study was unable to support the validity of the PPAT and the FEATS for evaluation of the drawings in assessing for depressive symptoms. Even if the two raters provided consistent scores on a few of the scales, it can be stated that none of the raters concluded that a participant met the criteria for depression based on the four FEATS scales used. There were no influences from one rater to the other as the PPAT's were rated at different times and in different locations. This study was conducted on mothers whom had given

birth in the past nine months. The participants had to be 18 years of age or older to participate. This research provided a second alternative option in assessing postpartum depression in women. There were observable and documented positive changes from just one art therapy session with the three participating women through verbal communication from the participants. We have learned that art therapy assessments are considered valuable in treatment work. Their value and validity have been demonstrated through numerous studies conducted by different art therapists and professionals. One reason why art therapy assessments provide less anxiety and more intuitive responses is because “The focus is on structure rather than content” (Gantt, 2001 p. 54). Even though this study examined a very small sample size, it can still bring value to the field of art therapy. It can provide a foundation for future research and support the consistency that the PPAT and the FEATS can provide in trained raters.

References

- Abdollahi, F., Zarghami, M., Azhar, Z., Sazlina, S., & Lye, M. (2014). Predictors and incidence of post-partum depression: A longitudinal cohort study. *The Journal of Obstetrics and Gynecology Research, 40*(12), 2191-2200. doi: 10.1111/jog.12471
- American Association of Art Therapists (AATA), 2013. *Ethical Principles for Art Therapists*. Retrieved from <http://www.americanarttherapyassociation.org/upload/ethicalprinciples.pdf>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.
- Bar-Sela, G., Atid, L., Danos, S., Gabay, N., & Epelbaum, R. (2007). Art Therapy improved depression and influenced fatigue levels in cancer patients on chemotherapy. *Psycho-Oncology, 16*(11), 980-984. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/17351987>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa
- Brooke, S. L. (2004). *A therapist's guide to art therapy assessments: Tools of the trade*. Springfield, IL: Charles C. Thomas.
- Chandraiah, S., Anand, S. A., & Avent, L. C. (2012). Efficacy of group art therapy on depressive symptoms in adult heterogeneous psychiatric outpatients. *Art Therapy, 29*(2), 80-86. doi:10.1080/07421656.2012.683739
- Eytan, L., & Elkis-Abuhoff, D. L. (2013). Indicators of depression and self-efficacy in the PPAT drawings of normative adults. *The Arts in Psychotherapy, 40*(3), 291-297. doi:10.1016/j.aip.2013.04.003

- Gantt, L. M. (2001). The Formal Elements Art Therapy Scale: A measurement system for global variables in art. *Art Therapy: Journal of the American Art Therapy Association*, 18 (1), 50–55. doi:10.1080/07421656.2001.10129453
- Gantt, L. M., & Anderson, F. (2009). The Formal Elements Art Therapy Scale: A Measurement System for Global Variables in Art. *Art Therapy: Journal of the American Art Therapy Association*, 26(3), 124-129. doi: 10.1080/07421656.2009.10129372
- Gantt, L., & Tabone, C. (1998). *The formal elements art therapy scale: A rating manual*. Morgantown, WV: Gargoyle Press.
- Giri, R. K., Khatri, R. B., Mishra, S. R., Khanal, V., Sharma, V. D., & Gartoula, R. P. (2015). Prevalence and Factors Associated with Depressive Symptoms among Post-partum mothers in Nepal. *BMC Research Notes BMC Res Notes*, 8(1), 1-7. doi:0.1186/s13104-015-1074-3.
- Gussak, D. (2007). The Effectiveness of Art Therapy in Reducing Depression in Prison Populations. *International Journal of Offender Therapy and Comparative Criminology*, 51(4), 444-460. doi:10.1177/0306624x06294137
- Hinz, L. (2009). *Expressive therapies continuum*. New York: Routledge.
- Kaimal, G., Ray, K., & Muniz, J. (2016). Reduction of cortisol levels and participants' responses following art making. *Art Therapy: Journal of the American Art Therapy Association*, 33(2), 74-80. doi:10.1080/07421656.2016.1166832
- Lim, L. L., Seubsman, S., & Sleigh, A. (2009). Validity of self-reported weight, height, and body mass index among university students in Thailand: Implications for population studies of obesity in developing countries. *Population Health Metrics*, 7(1), 15-22. doi:10.1186/1478-7954-7-15

- Meyer, G. J., & Kurtz, J. E. (2006). Advancing Personality Assessment Terminology: Time to Retire Objective and Projective As Personality Test Descriptors. *Journal of Personality Assessment*, 87(3), 223-225. doi:10.1207/s15327752jpa8703_01
- Nan, J. K., & Hinz, L. D. (2012). Applying the Formal Elements Art Therapy Scale (FEATS) to Adults in an Asian Population. *Art Therapy: Journal of the American Art Therapy Association*, 29(3), 127-132. doi:10.1080/07421656.2012.701602
- Postpartum Depression Facts. (n.d.). Retrieved December 7, 2016, from <https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml>
- PTSD: National Center for PTSD. (n.d.). Retrieved from <http://www.ptsd.va.gov/PTSD/professional/assessment/adult-sr/dts.asp>
- Paunonen, S. V., & Lebel, E. P. (2012). Socially desirable responding and its elusive effects on the validity of personality assessments. *Journal of Personality and Social Psychology*, 103(1), 158-175. doi:10.1037/a0028165.
- Rockwell, P., & Dunham, M. (2006). The Utility of the Formal Elements Art Therapy Scale in Assessment for Substance Use Disorder. *Art Therapy*, 23(3), 104-111. doi:10.1080/07421656.2006.10129625
- Sajani, V. and Manickam, L. S. S. (2012). Child depression inventory. Unpublished Manuscript.
- Sit, D. K., & Wisner, K. L. (2010). The Identification of Postpartum Depression. *Clinical Obstetrics and Gynecology Journal*, 52(3), 456-468. doi:10.1097/GRF.0b013e3181b5a57c
- Snyder, K. (n.d.). Postpartum imagery: Finding the “good enough.” *The American Art Therapy Association*, 1-3. Retrieved from <http://multibriefs.com/briefs/aata/postpartum012016.pdf>

Wallace, J., Yorgin, P. D., Carolan, R., Moore, H., Sanchez, J., Belson, A., & Arrington, D.

(2004). The use of art therapy to detect depression and post-traumatic stress disorder in pediatric and young adult renal transplant recipients. *Pediatric Transplantation*, 8 (1), 52-59. doi:10.1046/j.1397-3142.2003.00124.x

Watson, D. (2013). Personality Assessment. In R. Biswas-Diener & E. Diener (Eds), *Noba textbook series: Psychology*. Champaign, IL: DEF publishers.

Who We Help. (n.d.). Retrieved December 7, 2016, from <http://sphd.org/who-we-help/>

Wisner, K. L., Sit, D. K., Mcshea, M. C., Rizzo, D. M., Zoretich, R. A., Hughes, C. L., & Hanusa, B. H. (2013). Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *Journal of the American Medical Association*. 70(5), 490-498. doi:10.1001/jamapsychiatry.2013.87.

APPENDIX A

Saint Mary-of-the-Woods College**CONSENT FORM**

This research study is investigating the person picking an apple from a tree assessment and post partum depression and consists of engaging in the art assessment and completing the Edinburgh Postnatal Depression Scale. This study is a partial requirement of the class, AR591 – Research, for Diana Escobedo, a student majoring in Art Therapy at Saint Mary-of-the-Woods College.

The procedure involves minimal risk for the participants because no identifying information will be collected. Each participant will be assigned a unique stamp that will be used to stamp their assessment and questionnaire. The stamps will be used to indicate which art assessment and questionnaire were created by the same participant in order to document the results. This will be done to maintain confidentiality as no names will be used. Each participant will be asked to complete the person picking an apple from a tree assessment as well as the Edinburgh Postnatal Depression Scale. The person picking an apple from a tree assessment will be graded by two experienced graders. After all participants are done they will be able to discuss any questions or processing that occurred during the art directive. A clinical staff member by the name of Brittany Kintzle who is an LCP will be available in the case that any participant has an adverse effect. Only the researcher, co-researcher and the assessment graders will have access to the assessments and questionnaires, which will be maintained for a period of three years after publication of the results. Individual results of this study will not be shared with participants based on no identifying information being collected. The overall findings of the study will be available to the public which may increase knowledge of the therapeutic benefits of using art therapy for post-partum depression.

The participants have the right to decline participation in the survey by not returning the form. In addition, participants may withdraw from the study at any time without penalty, by notifying the researcher. Participants are being recruited based on their participation in the services offered by the Preservation of Human Dignity Center. If you are a client of Preservation of Human Dignity Center and choose not to participate in this study, or if you begin participation and then withdraw from the study, you will still be entitled to all services available to you at the Preservation of Human Dignity Center. If you are not a client of Preservation of Human Dignity Center and choose not to participate in this study, or if you begin participation and then withdraw from the study, you will still be entitled to all services available to you at the Preservation of Human Dignity Center and withdrawing from the study will not affect any future services available to you.

This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on _____.

If you have questions or concerns about this study, please contact the co-researcher, the principal researcher, or the chair of the Human Subjects Institutional Review Board.

Principal Researcher

Jill McNutt

Assistant Professor of Art Therapy/Operations Director of Art Therapy

Saint Mary-of-the-Woods College

Saint Mary-of-the-Woods, IN 47876

jmcnutt@smwc.edu

(812) 535-5160

Co-Researcher

Susan Ridley, Adjunct Professor

Guerin Hall 115,

Saint Mary-of-the-Woods College

Saint Mary-of-the-Woods, IN 47876

sridley@smwc.edu

(908) 938-6079

Co-Researcher

Diana Escobedo

1508 Evergreen St. Holiday Hills, IL 60051

Chair, IRB

Dr. Lamprini Pantazi, PhD.

Chair, Human Subjects Institutional Review Board

Saint Mary-of-the-Woods College

Saint Mary of the Woods, IN 47876

(812) 535-5232

lpantazi@smwc.edu

My signature below indicates that I am 18 years of age or older, I have been informed about this study, I consent to participate, and I have received a copy of this consent form.

_____	_____
Signature	Date
_____	_____
Co-Researcher Signature	Date

Note: If participant is under the age of 18, participant's parent or guardian must sign the consent form and the participant must sign an assent form.

APPENDIX B

Edinburgh Postnatal Depression Scale

The Edinburgh Postnatal Depression Scale (EPDS) was a ten question questionnaire. The Edinburgh Postnatal Depression Scale was the most commonly used questionnaire utilized to screen for post partum depression. The questionnaire was based on self reported information and scoring instructions were made available public online. Each question was scored between numbers one through five. A total score of ten or higher indicated possible signs of depression. There was no special training required to grade

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- | | |
|---|--|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as I always could <input type="checkbox"/> Not quite so much now <input type="checkbox"/> Definitely not so much now <input type="checkbox"/> Not at all <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as I ever did <input type="checkbox"/> Rather less than I used to <input type="checkbox"/> Definitely less than I used to <input type="checkbox"/> Hardly at all <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, some of the time <input type="checkbox"/> Not very often <input type="checkbox"/> No, never <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"> <input type="checkbox"/> No, not at all <input type="checkbox"/> Hardly ever <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Yes, very often <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, quite a lot <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No, not much <input type="checkbox"/> No, not at all | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual <input type="checkbox"/> No, most of the time I have copied quite well <input type="checkbox"/> No, I have been coping as well as ever <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Not very often <input type="checkbox"/> No, not at all <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Not very often <input type="checkbox"/> No, not at all <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Only occasionally <input type="checkbox"/> No, never <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Sometimes <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never |
|---|--|

Administered/Reviewed by _____ Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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APPENDIX C

Person Picking an Apple from a Tree

The person picking an apple from a tree (PPAT) art therapy assessment is simple to understand yet complicated enough to require problem solving skills and logical thought. The formal elements of art therapy scale known as the FEATS is utilized to grade the assessment. The PPAT has standardized art materials and instructions in order to obtain reliable results across the board. They are as follows:

1. 12 x 18 white drawing paper, 12 color set “Mr. Sketch” markers.
2. Directions: Draw a person picking an apple from a tree.
3. There is no time limit on this assessment



APPENDIX D

Formal Elements of Art Therapy Scale

The formal elements of art therapy scale, known as the FEATS, was a 14 scale tool utilized to evaluate and measure graphic indicators of the PPAT. The 14 scales were “prominence of color, color fit, implied energy, space, integration, logic, realism, problem solving, developmental level, details of object and environment, line quality, person, rotation and perspective” (Eytan & Elkis-Abuhoff, 2013, p 292). The 14 scales were rated between a 1 (low) and 5 (high). Each scale represented a different cluster of symptoms that correlated with DSM diagnosis (Gantt, 2001).

APPENDIX E

Steps for Completion of the Art Assessment and Questionnaire

1. The client created a unique symbol to identify their assessments
2. The client drew their symbol on the bottom corner of the EPDS and PPAT which were used to identify which two assessments were created by the same individual. This was needed in order to compare the scores.
3. The client completed both the PPAT and EPDS and placed them inside a separate folder.
4. After participants completed their PPAT they engaged in an art directive. The clients utilized magazines and gem stones to create motivational stones. This was done in order to reduce stress felt by participants who took longer in completing their PPAT.