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Exploring an Expressive Arts Protocol in the Recovery of Substance Use Disorders in an Intensive Outpatient Program

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RUNNING HEAD: Expressive Arts

Exploring an Expressive Arts Protocol in the Recovery of Substance Use Disorders

in an Intensive Outpatient Program

Capstone Thesis

Lesley University

April 15, 2018

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Specialization: Expressive Arts Therapy

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Abstract

Approaches in treatment of chemical dependency have focused primarily on psychoeducation in group therapy, with limited research involving expressive therapies. Literature has shown benefit in the use of expressive arts for those in mental health treatment, with a limited amount of research on expressive arts in the treatment of substance abuse disorders (SUDs), though it is uncommon for individuals in chemical dependency treatment to receive therapy in any expressive modality. This may be due to several factors, such as resources for supplies or limitations in funding, however, an outlet of expression could benefit this population and contribute to successful recovery and sobriety. Further research is needed to determine effective methods of expressive arts with SUD populations

Following the work of Pennebaker and Seagal (1999), this thesis integrates time for journaling, with the option of using art materials, for 15-minute intervals at the beginning and end of programming, throughout one week of SUD treatment. Allowing SUD clients the opportunity to practice journaling or art journaling, this study strives to identify whether this population is responsive to the activity and lay the groundwork for future studies regarding the benefits of journaling on the mental, physical, and emotional health in the treatment of substance use disorders. The participants' engagement and enthusiastic responses throughout the study indicated this addition to the treatment programming may be beneficial long-term, calling for further research to determine how writing and art journaling can impact the course of treatment.

Exploring an Expressive Arts Protocol in the Recovery of Substance Use Disorders
in an Intensive Outpatient Program

Across the United States of America drug use has been on the rise, leading to increased death rates and leading many states to declare health emergencies. Since 2013, the death rate due to synthetic opioid overdose has increased significantly, while the rates for natural or semisynthetic opioids and heroin has continued to rise steadily. Between 2015 and 2016, drug overdose deaths increased by 21 percent (Hedegaard, Warner, and Miniño, 2017). In order to provide care for those struggling with addiction, healthcare and mental healthcare professionals need to ensure they have effective treatment with long-term results. There are many barriers in the pathway to recovery including the recognition by the individual with addiction that they need help, the high likelihood of relapse, as well as the underlying issues that may have initially lead to drug use. Finding the approach or combination of approaches could lead to more successful recoveries and save lives.

The current study of this thesis focused on the impact of adding an expressive element to addiction treatment through writing and art journaling in an intensive outpatient program. The program generally consists of psychoeducation in a group setting without any creative or recreational therapies as a part of treatment. Without a therapeutically supportive creative environment, clients in the program are limited to verbal expression in group, where they may not be sure how to describe what they are feeling cognitively or emotionally. Through the addition of two journaling segments, before and following standard programming, clients are presented the opportunity to reflect and process their thoughts and feelings, which can then be shared by the client and supported by the therapist and group members. In this research, the author hopes to find whether this population is receptive to journaling as an addition to their

current course of treatment, as well as whether the participants are drawn to using art materials versus writing during this time. By gaining an understanding of the preferences for journaling, further research studies can be conducted to learn more about the impact journaling has on the recovery process, whether the journals are continued after treatment, and the best approaches to use to add journaling into a treatment program.

Literature Review

In developing treatment plans for individuals with alcohol or drug addiction, there are many approaches that are commonly in practice. From organized substance abuse psychoeducation programs to 12-week programs, there are many options for verbal approaches for those working toward recovery. However, additional options may be beneficial in addition to talk therapy, which may include mindfulness and attention to the senses to find enjoyment and feeling outside of the stimulation produced by alcohol or other drugs. Such senses may include sound, touch, smell, and sight, as well as mindfulness practices in meditation. Moving forward, I will review what research has been done regarding such practices, as well as see what opportunities are available for further studies.

Substance Abuse

Addiction is a growing problem in the United States of America. According to a survey by the Research Triangle Institute (2009), drug abuse has tripled between 2005 and 2008 among military personnel (Liebowitz, Tucker, Frontz, & Mulholland, 2015). In a survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), 9% of respondents aged 12 and older were classified as having a substance use disorder. This growing problem is in the hands of both medical and mental health professionals, as substance use disorders (SUDs) impact both physical and mental health. According to the United States Department of Veteran

Affairs, substance abuse has a detrimental effect on mood, behavior, interpersonal relationships, as well as financial problems (Liebowitz et al., 2015).

SUDs are separated into categories of dependence and addiction, which carry different definitions. Dependence requires a physical tolerance to a substance, withdrawal symptoms in the absence of the substance, and is seen with modified behaviors including increased time spent searching for and using substances. In contrast, abuse refers to patterns of use negatively impacting school, work, home, and relationships (Gardstrom et al., 2013). Both addiction and dependency prevent a person from fully enjoying life (Waller & Mahony, 2000), and require a lifelong commitment to sobriety and continued care (Feen-Calligan, 2007). While the cause of SUDs is largely unknown, trauma can be a strong predictor of drug use and addiction (Gardstrom, 2013). Emotional dysregulation and avoidance of activities are also correlated with SUDs (Baker et al., 2007).

Most outpatient group treatment for SUDs includes traditional psychotherapy with a combination of psychoeducation and group discussion (Hsu, Collins, & Marlatt, 2013). Some therapists follow a psychodynamic approach, providing space for a “Talking Cure,” where free association can lead to a cathartic release (Thompson, 2002, p. 97). In addition to traditional talk therapy, mindfulness is used as therapy and taught as a coping skill for dealing with emotions and cravings. As more research is made available, it’s possible that treatment for those with SUDs may include more options for treatment, including holistic approaches that utilize mindfulness, include use of the arts, or provide outlets for emotional expression.

Mindfulness and music in managing cravings. In a research study of the impact on music and mindfulness on cravings, Stamou, Chatzoudi, Stamou, Romo, and Graziani (2016) worked with 24 individuals in treatment at an alternative therapeutic program at a psychiatric

hospital in Greece. None of the participants were diagnosed with psychosis or a psychotic disorder, and all participants were required to be substance-free. Participants were randomly assigned to one of three groups. The first group listened to professionals playing Tibetan singing bowls for 20 minutes, and then were exposed to drug-conditioned cues related to a high-risk situation for the following 50 minutes. The second group listened to new age music for 20 minutes, and then were exposed to the same drug-conditioned cues as the first group. Every 10 minutes of the drug-conditioned exposure, the participants from the first and second group were instructed to rate their cravings on a scale of 0 to 100. The third group received no interventions aside from their standard therapy in the program. The interventions for the first two groups were provided twice per week over the course of three weeks.

The results of the study showed no significant difference on the baseline (pre-treatment) among the three groups, as treatment had not yet started, however, there were significant differences over the course of time for craving reactivity, $F(2, 42) = 16.08, p < 0.001$. No significance was noted between groups, or between the time and groups. Stamou et al. (2016) found that only those in the first group (listening to Tibetan singing bowls for 20 minutes) reported a reduction in permissive thoughts about drug use, $F(2, 21) = 0.36, p = 0.703$. These results indicate that music can play a role in decreasing or desensitizing a person to cravings, however, there is room for further research on what types of music are most beneficial, and what variables may come into play when making this determination. This research contributes to the idea that the alterations in an environment, and possibly in a routine, can change a craving or thought response toward drug use, and can play a role in the treatment of substance use disorders and maintenance of sobriety.

Along similar lines, Dingle, Kelly, Flynn, and Baker (2015) research the impact that listening to music has on drug and alcohol cravings. The study focuses on two groups of participants and the relationships that individuals in each group have with music. Dingle et al. (2015) explained that music can create a cue reactivity, wherein the music stimulates cravings based on past experiences. The first group of participants included 37 patients in a private hospital, where services include a medical detox followed by two weeks of substance abuse treatment. The second group included 106 participants in residential facilities. The second group had higher reports of comorbidity with other mental health issues.

Participants in both studies were provided with 26-item surveys to self-report their listening behaviors and preferences in their free time. Surveys included both scaled responses, using a Likert scale, as well as open questions to allow more free responses and the option to specify songs or genre preferences. The first group was provided questions about what they listen to, if they listen to different music when they are using substances, if the songs increase or produce cravings for substances. Many participants reported that music enhanced their drug-induced state (41.2%), while others reported that drugs enhanced their enjoyment of music (42.9%). Some participants also reported that music increases their feelings of sadness and loss (23.5%). Participants reported a preference for primarily pop and rock music.

In the second study, Dingle and colleagues included questions related to what the participants listened to, if that music differs depending on whether they are using or are in recovery, and if any music they've listened to produce a craving to use substances. The responses for this group aligned more with previous studies, as participants more commonly listened to rock, rap/hip-hop, alternative, and metal. Many participants reported that certain songs increase cravings (43%) and 59 specific songs were provided. Thirty-eight percent of

participants indicated they do have a preference for a specific genre when using drugs or alcohol, which is different from when they are not using or are in recovery.

Due to the high comorbidity reported, the participants in group two were also administered additional assessments including the Depression, Anxiety, and Stress Scale and the Mental Health Screening Form III, though the results were not used in the analysis of the data. Some of the reported limitations include the data being self-reported, not having physiological measures, and not comparing music that is preferred based on drug preferences (stimulants vs. depressants). In addition, the data collected about additional mental health issues could provide further insight into music preferences and whether those preferences are more helpful or harmful to mental health clients. For example, for those who use alcohol or drugs and also have a diagnosis of depression, some genres of music could be more helpful or more harmful to the individual in their recovery. This kind of information could help with treatment planning and implementing music appropriately during treatment.

In continued efforts to utilize mindfulness, Hsu, Collins, and Marlatt (2013) created a research study comparing mindfulness-based relapse prevention (MBRP) and standard therapy (therapy as usual, TAU) in assisting adults with an addiction to alcohol or other drugs (AOD). Hsu et al. hypothesized that adults with a low distress tolerance would show a decrease in relapse if receiving MBRP treatment. With MBRP, treatment included one 2-hour group over the course of 8 weeks lead by a Master's-level therapist. In those groups, 30 minutes are dedicated to meditation and discussion of each participant's awareness of their physical and emotional state. The TAU group integrated a 12-step program with psychoeducation lead by chemical dependency counselors. Groups met for 1.5 hours 1-2 times weekly A total of 168 adults were randomly placed into the MBRP or TAU groups. Participants' mindfulness was measured using

the Five Factor Mindfulness Questionnaire (FFMQ), consisting of 36 items, to establish a baseline for their AOD use during the 60 days prior to receiving treatment. The questionnaire provided a Likert scale (one to five) for participants to rate their awareness of different bodily sensations and sensory stimuli, such as a scented object. Additionally, the distress tolerance of each participant was measured using a distress tolerance Likert scale consisting of 14 items. Participants were re-assessed immediately following their treatment, then again after two months and four months. Gift cards were offered as incentive for participation in follow-up assessments. In analyzing the data, a positive correlation ($p < .001$) was found in the following FFMQ subscales and the distress tolerance scales: Observations ($r = .28$), describing experiences ($r = .41$), awareness ($r = .42$), not judging experiences ($r = .41$), and not reacting to experiences ($r = .47$) (Hsu et al., 2013). At the end of the 4 months of follow-up, it was found that the changes participants made were not maintained.

There could be many explanations for the increased AOD use posttreatment, and more research in this area is needed to determine the most efficacious treatment for this population. Having more time in treatment, planning for continued treatment after the study, and continued follow-ups after treatment could yield different results. Additionally, having a more comparable treatment for those in the TAU group would allow for better comparison in results. For example, having similar facilitators of group therapy, an equal length and frequency of treatment sessions, and similar homework for participants to continue during and after treatment. These suggested changes to shift the model of the current study could yield entirely different results, showing either more similarity or a greater contrast between the studied groups.

The above articles covered two different areas, mindfulness and the use of music in SUD treatments. Each study focused on how the participants used their experiences to assist in the

recovery of alcohol and/or drug addiction. In addition to understanding how these experiences may be helpful to addiction or mental health clients, it would be beneficial to see if there are studies that review the efficacy or consistency in engaging mindfulness or use of media, whether created or observed, and the impact such repetition can have on recovery and relapse statistics. An additional question is whether the addition of expression in treatment would be more beneficial, such as playing music as opposed to listening to music, as well as using other forms of expression, such as visual arts, drama, movement, or writing.

The Use of Creative Expression in Treatment

Art can bridge the gap in communication, providing a means of processing and an expressive voice to share stories. However, art also contributes to the healing process by meeting psychological needs of release and cognitive processes, mirroring the idea of catharsis. Providing a space for free association via writing or artmaking allows cathartic experiences for clients, which can be practiced with limited privacy in these group treatment settings. Baker et al. (2007) recommend including interventions that allow clients to explore negative emotions to ensure these experiences happen in safe environments. Through examining negative emotions in a contained space, one can process and decatastrophize difficult past events, rather than avoiding these memories (Baker et al., 2007). Lepore and Smyth (2002) wrote that writing can overcome barriers, providing a way to express stressful feelings without worrying about social repercussions.

When art making is autobiographical, it results in a product that asserts that the creator exists, both validating and generating ownership of one's identity (Scott & Ross, 2006). Identity is sometimes lost for addicted individuals when substance use outweighs the maintenance of other areas of their lives. Creating art provides containment, gives a sense of control, and in time

can increase one's distress tolerance and confidence (Waller & Mahony, 1999). Based on the understanding that clients have different needs and different comfort levels with expression in a group setting, the following research explores the benefits of allowing the time and space for journaling or art journaling for individuals in a chemical dependency intensive outpatient program.

Written and visual journaling. Journaling became popular in the 1970s, due to Ira Progoff, who journaled for psychic healing (Lepore & Smyth, 2002). However, for some people, the act of writing is a challenge due to discomfort with collecting and expressing thoughts, which can be a very personal process (Gardstrom et al., 2013). Sometimes the words are difficult to write, or there may not yet be words to attribute to what a person feels. For this reason, a limitation to verbal processing is unrealistic, and alternatives are required to meet the varying needs clients may present. Rehaviah (2003) described art as "not intrusive" in comparison to journaling and wrote that it "honors the autonomy of the patient" (p. 148). Art can allow the creation of a concrete object to internal thoughts and conflicts, forming something that is both within control and may be malleable. Feen-Calligan (2007) wrote that it can be easier for addicted individuals to journal with colored pencil or marker to express feelings than it is to sit down and journal different strategies for maintaining sobriety.

A benefit of journaling through writing or art is the establishment of a space for self-expression, which for SUD clients can also be an opportunity for re-framing perception of the self. In journaling, a written narrative can influence social identity, as well as form conflict negotiation strategies and identify how to generate positive outcomes (Lepore & Smyth, 2002). Journaling can include many different styles of visual and verbal expression. According to Springer (2006), poetry has been used to assist clients in the exploration of the meaning of "life,

death, and other states of mind” (p. 70). Poetry can be informal, using free form to allow unrestricted expression. By creating poetry, free writing, or even doodling, one can sort through their thoughts and feelings through the act of expression. Lepore and Smyth (2002) wrote that memories of stress become organized through perception, and those memories can begin to make sense through processing and interpreting information from the outside world. Writing is a flexible medium, allowing for creativity and imagination, and providing tools to aid in expression. For example, writers can use metaphors identify and elaborate on emotions; those metaphors can then be used to find meaning in past experiences Springer (2006). As previously mentioned, writing may not work for all clients. In cases of trauma, clients often have limitations in verbal representations of their experiences (Springer, 2006).

The use of art to imagine success. In a case study conducted by Pendleton (2013), a 36-year-old male, JR, was legally certified to receive mental health treatment. He hesitantly entered art therapy, not wanting to attend other groups in the day treatment program. JR had struggled with symptoms of schizophrenia for 15 years prior to his admission to the community outpatient program. He experienced delusions and hallucinations, denying these symptoms to his family and self-medicated with alcohol instead of seeking professional treatment. With time JR was able to experience changes in symptoms due to psychiatric medications, and with the help of his art experiences he was able to imagine recovery.

JR’s sessions sometimes began with him perusing magazines to generate ideas for collaging. After selecting an image of inspiration, he would either copy or render his own version of the object. JR found themes emerging in his work, including outer space, flowers, and animals. The emergence of themes offered opportunities for the therapist to ask questions, including what type of animal he would choose to be. The answers to these questions can help to

identify difficulties a client has faced, or underlying issues that may lead to substance abuse. In conclusion, Pendleton noted a quote from Winnicot (1971) as, art can become the “other, yet not other — self, but not self” (Pendleton, 2013, p. 34), or in other words a mirror to what a client is thinking or feeling, providing the opportunity for skill development and therapeutic affirmation. In this case, JR’s work was useful in acknowledging his need for treatment and imagining his life as a recovering addict.

In addition to art being used to help visualize the results of change, collage work can also be used to make decisions and compare outcomes. In a similar case study, Horay (2011) used arts based research to describe work with a client who had abused substances for the past 23 years. The abuse led to the described individual leaving high school before graduation, relationship problems, loss of a job, and legal issues. The individual, referred to as David, began individual art therapy sessions feeling motivated to stay clear of drugs and alcohol. At first, he was very ambitious and reflected in his artwork positive imagery with his check-in drawings and aspirations for himself. However, as the weeks went on he was able to confront more of his ambivalence and express the difficulties he had. In a pro-con collage, with four sections for “the pros of using,” “the cons of using,” “the pros of not using,” and “the cons of not using,” the pre-contemplation of David’s sobriety was explored, allowing him to realize that his drugs were “safe and predictable” but ultimately his life was empty when he used (Horay, 2011, p. 18).

Horay (2011) examined American art therapy literature about substance abuse and found that nearly all of it was rooted in a 12-step model, such as Alcoholics Anonymous (AA). Horay (2011) presented a literature review that indicated 12-step programs have been popular for more than 50 years and are rooted in the belief that one must accept that they are powerless to their addiction. Miller (1996) wrote about the stereotype of the general public, that substance abuse

treatment requires confrontation, and reinforcing the feelings of guilt and shame to coerce a person into sobriety (Horay, 2011). However, there are other approaches to substance abuse treatment that better align with art therapy and allow for a client-centered practice. In contrast to utilizing AA's model, British art therapies are less confrontational and more exploratory. More recent developments for substance abuse treatment include motivational interviewing, along with the stages-of-change-model, which provide the opportunity to build a therapeutic relationship and promote self-efficacy. The exploratory nature of motivational interviewing, as well as the self-inquiry required with the stages-of-change model, fit well with the artmaking process, which utilizes similar cognitive processes, including valuing, choosing, and deciding.

Along similar lines, Julliard (1995) used art therapy and role-playing interventions to imagine sober living. However, in contrast to Horay (2011), Julliard uses the lens of the 12-step model to determine how art may help clients in accepting Step one: powerlessness. Six participants enrolled in a chemical dependency intensive outpatient program that met four times weekly for four hours each day for a total of 9 days. Julliard (1995) used the Steps Questionnaire (42 questions assessing the belief in steps one through 3), a daily check-in assessment, and an interview was provided to assess the value of the experience post-study. Phase A of the study included speaking or writing about the powerlessness associated with drug use and addiction. Phase B included art therapy and role-playing interventions. Art therapy consisted of creating two collages, one representing the life of addiction and the other the life of sobriety. Following collaging, the group discussed the meanings of the collages. The role-playing work followed the collaging and lasted for the remainder of the study. Role playing allowed the participants to have other members of the group play out their addiction, friends, and family, and observe the

interactions. The Steps Questionnaire was provided to participants before Phase B's collaging, and then again after phase B was complete.

While the findings did not reflect a significant increase in the participants' belief in Step One or Three (powerlessness and surrender, respectively), there was a significant belief in Step Two (higher power). There were also no significant differences in the time spent thinking about using, appeal to using, or cravings from the daily check-in. In the post-treatment interview, an overall decrease in perceived denial of addiction was found between the initial assessment and collaging, $p = .10$, $F = 3.4$, and the end of the study, $p = .06$, $F = 4.6$. Each of the six participants entered the study reporting feeling isolated and lacking a belief in a higher power. While the participants were resistant to the 12-step model, the use of art and drama served as a vehicle to changed perspective and attitudes toward themselves and the recovery process.

The use of writing in addiction treatment. While art has been documented as a useful tool in gaining insight and imaging change, writing can have the same impact. In a research study, Dwyer, Piquette, Buckle, and McCaslin (2013) worked with a women's-only gambling counseling group to test the theory that written journaling is helpful to individuals working through gambling addiction and determine the practicality of data collection through journaling. Over a period of six months, twelve participants ages 26-76, kept a journal outside of their group and individual therapy sessions. These participants were selected after completing the South Oaks Gambling Screen, which confirmed each was a "problem gambler." Prompts were provided for the women to use if they were struggling to get started in their journaling. At the end of the study, nine out of the 12 participants completed feedback forms about their experience journaling, and seven participants submitted their journal for review.

The researchers found from the feedback forms that five out of the nine women enjoyed journaling, while four did not. Overall, the women gained insight to their behaviors and motivations, but they did not all want to be aware of that information. In order to qualitatively assess the data, the researchers reviewed the journals for common themes, which were identified as: women continued attending groups because they were nonjudgmental and supportive, they were learning how to be gamble-free, and seeing others succeed gave them hope. It was found that journaling can be useful in a women's group, but with the limited sample size and limitation of population, the findings cannot be extended to additional populations. Through a series of quotations from the participants, the authors provided detailed responses from each participant, showing the feelings they had, indicating that the journaling was effective as a means to provide further qualitative information about the experiences of each participant. It was concluded that this type of data collection could be expanded to other studies as well, however, there could be issues similar to this study, in that participants did not all return the journals, or that some participants do not feel comfortable disclosing their writing to the researchers.

In a different approach in writing, Pienaar and Dilkes-Frayne (2017) made efforts to destigmatize addiction or chemical dependency, aiming to change the narratives surrounding alcohol and drug use, modifying the language used to describe drug users. Highlighting traditional narratives, such as those found at drugfreee.org, au.reachout.com, and tellyourstory.org. In addition, the authors provided examples of how biographies published on these sites portrayed individuals in terms of their drug use, and made them seem powerless, reinforcing the stigma of "eroded self-control" (p.146). In order to recruit participants for their research study, the authors posted fliers in addiction clinics and online for individuals who consider themselves to qualify for an addiction/dependency diagnosis. Sixty respondents met the

criteria for substance use disorder in the DSM-V and dependence syndrome in the ICD-10. The participants were interviewed to collect information for biographies, in which they were assigned pseudonyms and any identifying information was removed. The biographies were reviewed for accuracy by the participants, and then compared to the aforementioned websites with addiction biographies, which focused on duration of addiction, causes or driving factors, and the negative impact of addictions. The new biographies included information about the subject's interests, accomplishments, and a general description of their life (i.e. being a parent or the field they work in). According to Pienaar and Dilkes-Frayne (2017), the biographies created in the study successfully avoided pathologizing the participants and instead provided a therapeutic discourse.

While the authors provided examples of biographies that follow a traditional narrative of addiction, and in doing so show contrast to the more comprehensive biographies created within the study, there are strong limitations to the data presented. The authors show a strong bias toward eradicating commonly used language in addiction, but the discussion and evaluation of the content is limited to the opinion of the authors, rather than including the participants or other researchers. Providing an opportunity for more voices would provide further validation to the notion that the language used in the narratives by Pienaar and Dilkes-Frayne (2017) is less stigmatizing and more therapeutic to participants. This study could also be applied quantitatively, providing comparison through rating different verbiage to determine what language is less stigmatizing to a larger participant group.

The use of writing for empowerment. In additional efforts to provide individuals with a voice, Thompson (2012) conducted a case study involving online journal introductions at a mental health community support website. Thompson (2012) notes that online support groups are growing in popularity, and that the process of sharing stories is necessary in developing

support and having transformative experiences during recovery. The mental health community support site provides a space for narrative practice, where individuals can exhibit expert knowledge of their experiences, practice self-care, and identity construction or reconstruction. On the website, each member has a profile with an introduction, as well as the ability to post an online journal and participate in discussion boards with other site members. Members are placed into one out of 17 communities, differentiated by their diagnoses, which can be beneficial in limiting invalidating comments from community members and maintaining a safe online space for sharing. The research reviewed profiles of 28 individuals (23 women, 5 men). The participants were instructed to write a two-paragraph introduction describing who they are, why they were choosing to join the site, and what they were going to be journaling about.

The journal introductions were analyzed to identify dominant themes. Thompson found that participants were defending their legitimacy for membership and their experiences as being disordered. In particular, some members challenged dismissals of their diagnosis of Dissociative Identity Disorder, due to previously being told it wasn't a "real" illness (Thompson, 2012, p. 92). In evaluating the journal introductions, Thompson (2012) wrote that this community is distanced from institutional communications. DSM criteria shifts, which can be confusing for individuals with a mental health diagnosis. Journaling in this environment allows for more focus on symptoms and solutions with individuals with similar experiences. A concern raised by the author is the lack of professional support through this website. While journaling can be empowering and serve as a useful form of self-care, individuals may need additional care when discussing personal issues or trauma related to their mental health experiences.

Journaling for emotional and physical health. Along similar lines, Pennebaker and Beal (1986) conducted a research study about the benefits of writing for both emotional and

physical well-being. In the study, 46 introductory psychology students participated in a study determining the impact of writing about past trauma. The participants engaged in journaling for 15 minutes for 4 consecutive nights. Participants were separated into four different groups: A control group and three trauma groups. The control group (N=12) was assigned a pre-selected, objective subject to write about, such as describing a room or an item of clothing. The trauma-emotion group (N=12) was asked to write about emotions surrounding a traumatic experience, but not the event; the trauma-fact group (N=11) was asked to write about only the events of the traumatic experience; and the trauma-combination group (N=11) was asked to write about both the events and emotions of the experience. Trauma group participants were given the option to write about the same traumatic event each day or write about a different event each day.

There were several measures for this research, including the written essays, questionnaires in response to the essays, health data, and other personal information about clients, such as their age, sex, and anxiety levels-based assessments taken prior to the experiment. Each participant was assessed using a physical symptom inventory and questionnaire about health behaviors, the Cognitive and Social Anxiety Questionnaire, and the Marlowe-Crowne Social Desirability Scale. Prior to and after journaling, each participant's blood pressure, heart rate, self-reported mood, and physical symptoms (headache, fatigue, etc.) were measured. After the final journaling session, participants were debriefed, and a questionnaire was sent to participants five months after the study. For the content of the essays, data collected consisted of a 7-point scale questionnaire asking whether their writing was personal, if it revealed emotions, and if the participants had previously shared the traumatic event with anybody previously. Pennebaker and Beall (1986) found that there were no significant differences between the trauma groups on whether the journals were personal, though there was

a significant effect when compared with the control group, $F(3, 42) = 12.9, p < .001$. When answering whether the writings revealed emotions, the results were significant, $F(3, 42) = 26.4, p < .001$, indicating that the trauma-emotion and trauma-combination participants revealed their emotions more often or to a greater degree. The results over whether the participants had shared the content of their journal was highly skewed due to the assigned topics, and showed a significant result, $F(3, 42) = 8.70, p < .001$. As expected, subjects in the trauma groups wrote more personal essays, and also reported not discussing their traumatic events previously.

Results for the physiological responses of participants showed a significant reduction in blood pressure from all participants, the largest decrease shown in the trauma-fact group, with the same results for heart rate. The self-reports, however, indicated that participants reported negative moods after writing each day in all groups, and some participants' negative moods increased each day. Out of all groups, the control participants showed more positive moods overall, as compared to the trauma groups. There were no significant changes to long-term health as reported through an increase or decrease in doctor visits by the student health center. The authors find the research is useful, but not definitive in adding to the field, and more studies are needed. Some areas of improvement on the study would be to narrow down the variables and provide more structure to the writing by having participants in one group write about a single traumatic event each day while participants in another group write about a different traumatic experience for each day. Research about longer-term journaling, over the course of several weeks or months, could also be useful in determining what impact journaling has on one's health.

The impact of literature on treatment. In contrast to using writing as a therapeutic tool, the use of published literature through bibliotherapy is also an established therapeutic method.

As there are many forms of literature (poetry, short story, free writing, novels, to name a few), research on the different forms of literature for bibliotherapy to make informed selections. Rus-Makovec, Furlan, and Smolej (2014) noted no previous research had been completed covering belletristic bibliotherapy, while psychoeducational literature has been found useful as a therapeutic tool. In their study, Rus-Makovec et al. (2014) assessed the impact of alcohol-neutral, alcohol-negative, and alcohol-positive themes on individuals, as well as friends and family of those individuals, in an outpatient alcohol dependency aftercare treatment facility at the University Psychiatric Hospital, Ljubljana. Of the 68 participants, 49 were previously inpatient for detoxification, and 18 were family members or partners.

The participants were divided into eight groups, with up to 20 per group, and were assigned to two events to listen to an audio recording of one of six literary passages, lasting 45-60 minutes per session. Of the passages, two were alcohol-neutral, two were alcohol-negative, and two were alcohol-positive. Following the audio recording, participants were asked to complete anonymous questionnaires to rate 87 variables on a Likert scale of one to five. In analyzing the results, Rus-Makovec et al. (2014) found that there was no significant difference in self-evaluation for those who listened to alcohol-negative and alcohol-positive passages. However, it was found that the groups attending to alcohol-negative texts attributed more importance to the readings, and reported they identified with them due to past experiences with alcohol use.

In addition to the quantitative analysis via the anonymous questionnaire, Rus-Makovec et al. (2014) also conducted a qualitative study for the participants, including four novel passages and two poems, also using audio recordings, of which two were alcohol-negative, two were alcohol-positive, and two were alcohol-neutral. Participants were asked to provide written

responses answering how they were affected by the literature, and what they experienced while hearing the recordings. Overall, the participants reported adverse reactions to the alcohol-positive messages and indicated a fear of the power of alcohol. Participants also favored passages with alcohol-negative messages and reported believing reading alcohol-negative texts in conjunction with treatment would be beneficial.

While Rus-Makovec and colleagues studied the use of published literature, creating content provides another outlet for exploring feelings and examining thoughts. Keeling and Bermudez (2006) researched the benefits of externalizing problems in the treatment process. Previous research in narrative therapy has indicated that externalization is helpful, though externalization can take many forms, such as writing, art, and other modalities of expression. Externalization of problems has the benefit of reducing stress and providing distance between the person and their problem (Keeling & Bermudez, 2006). Criteria for participants included that they have a problem, were willing to provide written responses, and would continue participation over a four-week period. Eighteen participants were identified consisting of one of the authors and undergraduate students. The first step of the study was for the participants to create a sculpture at home that represents their identified problem. Then, participants were provided 11 open-ended journal prompts, and were asked to write a letter to the problem. The final task in the study was to write a reflective journal about the experience, and whether the participants felt that the process was helpful.

The analyzation of the research used a qualitative, heuristic methodology, which included the participating author's experiences. The second author was blind to the participating author's contributions. Written responses were analyzed based on the qualities or topics of the writings into "meaning units" (Keeling and Bermudez, 2006, p. 409). It was found that relationships were

the most common theme, and all of the participants found that the externalization exercises were helpful. Three of the participants reported the journaling exercises were unhelpful, as their gained insight did not lead to solutions for their problem. Overall, the authors found the participants' reported experiences were consistent with narrative therapists' claims. The authors also indicated a need for further research to find how narrative therapy or externalization exercises can help lead to solutions to identified problems.

The literature above indicates there are benefits to exploring alternative methods of therapy, in combination with standard talk therapy that is usually provided to individuals in substance abuse treatment. However, questions remain including what the most effective modalities of expression would be most useful for this population, and how treatment with these modalities would be best implemented. While research in some studies identified writing as helpful, other studies found that creating art was also beneficial and sometimes preferred due the difficulties of expression through language or not knowing which words best fit. It is clear that creative expression is helpful, and that we need to find aggressive treatments to assist those recovering from SUDs. Finding a way to merge expression with SUD treatment, while maintaining other effective treatment solutions, such as psychoeducation, could have a profound impact in healing and recovery.

Methods

Participants

Participants involved in this research study included a range of seven to ten adults between 21 and 64 years old who attended a chemical dependency intensive outpatient program (IOP). Due to attendance in the groups, the number of participants in each session varied. Of the

ten clients in the group, nine were in treatment for alcohol abuse and one was in treatment for cocaine abuse.

Materials

Composition notebooks were provided to each chemical dependency IOP client at the time of admission, and extra notebooks were made available for this study. In addition to the notebooks, pens and pencils were provided for writing, and art materials were provided. For those who preferred to journal on plain paper (rather than lined), multimedia art paper and watercolor paper were provided. All art materials and extra composition notebooks were placed on a table in the center of the room for ease of access. Art materials included colored pencils, crayons, drawing pencils, magazine clippings with scissors and glue sticks, markers, pens, oil pastels, watercolor pencils with water brush pens.

Procedure

For three days, the facilitator met with a group of seven to 10 clients in a chemical dependency outpatient program. Once all of the participants were settled into the group room, the procedure was explained, as well as a rationale. Because the intensive outpatient program met in the evening between 6:00-9:00 PM, most of the participants worked a full day prior to arriving, and they did not have time to check in with themselves. Usually, a group began with a check-in worksheet, then sharing what everybody wrote down. The worksheet included information about how each person was feeling, whether the person was getting enough rest, having cravings, had been attending support meetings, and what types of self-care they had practiced since the last session. However, the sharing portion of this group went into more detail about what each participant was dealing with in their personal life. Prior to opening up to the group, each participant had the opportunity to become present in this grounding activity, checking in with

themselves prior to sharing with the group. As a part of consent, and to show respect to each participant, the rationale was provided prior to each journaling session.

In the center of the room was a table, where art materials were displayed for participants' use. The full list of materials was announced to make participants aware of their options, and it was made clear that they could use as many different materials they would like. Participants were told that they could ask questions about any of the materials if they wanted clarification on their uses, and examples of how to use the unfamiliar materials (watercolor pencils, water brush pens, magazine clippings) were provided. Participants were advised they had fifteen minutes to write in their composition notebooks, make art, or do a combination of writing and art making. The facilitator also advised that a two-minute notification would be given to allow time to come to a stopping point. The materials used by participants was noted, as well as whether the participants tried different materials or used mixed media.

Results

The results below detail the outcomes of the six writing and art journaling sessions. Observations of each session are detailed, which are provided chronologically by the day the groups met. Included in the observations are the uses of the materials and anonymous responses to the materials and the activity.

Monday

The initial journaling session occurred the first day of intensive outpatient chemical dependency of that week. The facilitator journaled and wrote observations and thoughts that came up during the process. During Monday's first group, following the rationale of the precursor to check-in time, participants quickly stood up and gathered around the table to select art materials. One participant mentioned they had taken an art class in college. This was followed

briefly by laughter, and then 14 minutes of silence as the participants made art. This group consisted of seven participants. Of these participants, 1 used crayon, two used colored pencils, two used magazine clippings and colored pencils, one used oil pastels, and one used a pen. A two-minute notification was given to come to a stopping point, completing the fifteen minutes of journaling.

In the last 15 minutes of Monday's program, the facilitator provided the rationale once more for those who were not in the check-in group. Following this communication, the nine participants in the closing group selected art materials and began working, with some talking between participants for the first three minutes. Two participants continued working on the same page they had started in the first group, while the other seven participants were using a new sheet of mixed media paper. During this 15-minute timeframe, some participants appeared to be more relaxed in their postures, and some participants spent more time planning their art, spending more time on adding details to their designs. Three of the participants used magazine clippings with either colored pencil or oil pastel, four used crayons, 1 used markers, and 1 used colored pencils. The participants mostly continued using the same materials as they had used during the first group.

Wednesday

The following chemical dependency intensive outpatient programming was on Wednesday. Again, the rationale was provided for the time spent art journaling, and the seven participants present for the group began journaling following the explanation. One person was observed scribbling for the full 15 minutes allotted for journaling. This participant continued to scribble on the same sheet following the exercise during groups and breaks. Two participants used collage, one used oil pastels, and two wrote in their composition notebooks for the 15-

minute segment. This was the first time the facilitator saw participants using the composition notebooks, showing a change in the chosen materials by individuals who had previously used some of the art supplies. During the closing group, after explaining the journaling process and rationale, there were 10 participants. One participant anonymously told the facilitator that she scrapbooks at home and loves making collages. The participant who was scribbling during the first group continued working on his scribbled art, turning the lines into mountains. In this group, three participants used colored pencils, three used magazine clippings, one used oil pastels, one used crayons, and one wrote in a composition notebook.

Thursday

On the final day of the procedure, the chemical dependency intensive outpatient group had a substitute therapist. The participants came to the group quieter than the previous days and watched the facilitator as the activity was once more explained and rationale provided for art journaling prior to and at the completion of the group. There were nine participants present during the first group. Two of the participants used crayon, two used magazine clippings, one used markers, one used oil pastels, and two wrote in their composition notebooks. The participants worked quietly for several minutes, then one of the participants started laughing as he was exploring the materials. This participant was using watercolor pencils, which were provided and introduced as an option during each group. He started to use the water brush pens to turn his drawn lines into paint and smiled as he continued to work and explore the new medium. As the participants journaled, their bodies appeared relaxed, and they became more focused in their art making and writing. The substitute therapist did not journal with the participants, and instead observed with the facilitator.

During the closing group, the participants reported they wanted to process the graduation of one of the group members, who was scheduled to be discharged that evening. There were 10 participants in the final journaling activity. Four participants used magazine clippings, two used watercolor pencils, two used colored pencils, and two wrote in their composition notebooks. The participant who used watercolor pencils during the check-in activity used watercolor pencils again, as did the participant neighboring him. These two participants looked at each other’s art while continuing their pieces, learning from one another’s techniques. Nearing the end of the group, participants tore off sheets of their papers to exchange phone numbers with the graduating group member to stay in touch after treatment. While walking toward the door, one participant mentioned that his wife was hanging his journal artwork on the walls at home, and he enjoys the reminder of the work he’s doing in treatment.

There was a wide range of materials offered and each material was used by at least one participant over the 6 sessions of journaling, as shown in Table 1. The most consistently used materials were the magazine clippings for collaging. While writing was not initially used, three participants used writing during their journaling time during the final two days. Participants became more experimental and worked with different materials as the week progressed, which was most noticed by the facilitator and other participants when the watercolor pencils were used for the first time. The participant’s surprise at the effect of the medium was noticed by the group, as the participant shared his work during a break in the evening.

Table 1

	Monday Check-In	Monday Check-Out	Wednesday Check-In	Wednesday Check-Out	Thursday Check-In	Thursday Check-Out
Crayon	1	4		1	2	
Oil Pastel	1		1	1	1	
Watercolor pencils					1	2

Colored pencils	2	1	2	3		2
Magazine clippings	2	3	2	3	2	2
Pen	1					
Markers		1			1	
Writing			2	2	2	2

Discussion

While the results of this study showed a willingness of participation in this specific intensive outpatient program, it is unknown whether this method would receive comparable results in other settings with similar populations. However, the author calls for further research in this area, as well as other levels of care in SUD treatment. So far, there is no art therapy literature specifically focused on detoxification treatment, where relapse-prevention is a key topic (Feen-Calligan, 2017). Hsu et al. (2013) wrote that distress tolerance is associated with lower risk of lapse and relapse. Art making, as an outlet of expression, not only increases distress tolerance, but also helps to build confidence and self-esteem (Waller & Mahony, 1999). In similar ways to art making, journaling increases tolerance and contributes to one's sense of self.

We know based on previous studies that art facilitates personal change because it can reveal one's potential (Davidson, 2006), gives the opportunity to organize thoughts, learn more about the self, and explore the meaning of one's emotions (Lepore & Smyth, 2002). However, art making can be uncomfortable for those with little confidence or artistic skill, especially in a group environment. In order to meet the needs of a growing substance use population, we need to identify accessible expressive modalities that chemically dependent clients are willing to participate in, are affordable for the institutions that provide treatment to these populations and can be accessible in a variety of settings.

Some additional questions regarding this study are whether individuals would have responded differently based on the presentation of art materials. If the materials were distributed across the floor more casually, or if they were kept to the side of the room instead, would there be a difference in participation or the use of materials? Would participants be interested in journaling, without the additional option of artmaking? Would the participation change have given an addition of new group members, and does journaling or art journaling change in a public setting, as opposed to working privately at home? Another area that needs attention is the common belief that adults, and men in particular, are disinterested in art making or would not participate in journaling if offered. The data collected in the current study suggests that journaling is a welcome addition to the intensive outpatient chemical dependency setting, though more research is needed to determine the most effective process for incorporating journaling or art journaling into treatment.

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THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy, MA**

Student's Name: Joie de Bostock

Type of Project: Thesis

Title: Exploring an Expressive Arts Protocol in the Recovery of Substance Use Disorders
in an Intensive Outpatient Program

Date of Graduation: May 2018

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Dr. Krystal L. Demaine, PhD