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A Literature Review on Current Uses of Art therapy in Short-Term Adult Inpatient Setting:

Capstone Thesis

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Art Therapy

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Abstract

Current short-term adult inpatient psychiatric treatment presents with multiple challenges to researchers and practitioners due to the extremely short length of stay (3-10 days). Other compounding factors that make this level of treatment difficult to navigate are multidisciplinary treatment team barriers and a heterogeneous group of patients and psychopathologies, all of which influence the quality of treatment provided. In this treatment approach, art therapy has been found to be under-utilized because of the scarcity of dedicated research that satisfies the needs of the short-term adult inpatient setting. As a result, the effectiveness of art therapy has not translated into the public and mental health fields efficiently as a way to gain traction in a competitive healthcare environment. This literature review addresses the current role, function, and knowledge of art therapy, and sheds light on the areas of strengths and weakness in current art therapy research for the short-term adult inpatient setting. Through multiple avenues of literature, art therapy has shown to be effective, economic and more powerful when theoretically revised and disciplinarily integrated into short-term inpatient psychiatric treatment. This literature review provides comprehensive knowledge and data of this area of treatment as a means to inform mental health professionals how to optimize potential treatment of art therapy. The findings from the review are translated to present a theoretical framework for consideration of art therapy as the standard of care and encourage the collaborative use of the multimodality model in the short-term adult inpatient setting.

Keywords: art therapy, short-term, adult inpatient psychiatry, interdisciplinary, multimodality, heterogeneous group, brief art group therapy

Current Uses of Art therapy in Short-Term Adult Inpatient Setting

Introduction

The data from 1996 to 2007 from the National Hospital Discharge Survey, an annual survey conducted by the National Center for Health Statistics, reveals that the inpatient hospitalization rate among adults has increased from 921 to 995 per 100,000 (Blader, 2011). The worldwide data has also shown an increase in the number of re-admissions, from 2006 to 2011 by 15%, among patients with schizophrenia in Israel, Korea, Australia, Denmark and Sweden, and among patients with bipolar disorder in Ireland, Sweden, and Israel (Organisation for Economic Co-operation and Development [OECD], 2013). In the United States, more than 113,000 individuals on receiving Medicaid with a psychiatric diagnosis were re-hospitalized in 2011, resulting in \$832 million in hospital costs (Hines, Barrett, Jiang, & Steiner, 2006). Thornicroft and Tansella (2013) postulated that this high rate of rehospitalization in the current short-term inpatient unit can be accounted for by the lack of an evidence-based practice model of inpatient care and the systematic review of the most effective length of stay or outcome research. On the other hand, even with the worldwide movement of developing community-based care in order to reduce rehospitalization rate, the necessity of inpatient hospitalization cannot be neglected. Inpatient treatment has been associated with higher suicidality, premature mortality, homelessness, and incarceration (Allison et al., 2007). Inpatient hospitalization can offer multidisciplinary treatment, as well as extensive diagnostic procedures for life-threatening conditions with the possibility of periods of observation (Glick, Sharfstein, & Schwartz, 2011). Patients who are in denial or fear of treatment, are otherwise non-compliant to treatment, or lack support and resources are also critically in need of inpatient level of care (Glick et al., 2011).

For over a decade, current inpatient psychiatric hospitals have experienced a systematic transformation not only for the aforementioned concerns but also due to third-party payer's involvement (Rocca et al., 2010; Vick, 1999). Nowadays, inpatient psychiatric providers treat more severe, acute clientele in a shorter length of stay; no longer in months for as short as 3 days (Lee, Rothbard, & Noll, 2012; Rocca et al., 2010; Silverman, 2016). Furthermore, the group of patients in a short-term inpatient setting is often heterogeneous, composed of patients with trauma, brain-related disorders, disorientation, and much more, that implies a wide range of cognitive functioning in one group (Lothstein, 2014). Due to these factors, acute psychiatric hospitalization is generally considered as an extremely challenging environment for mental health professionals and a high financial burden for insurance companies and patients.

The study of inpatient settings is therefore a very important area of mental health care to assess and evaluate from the art therapy perspective. As art therapy has been generally recognized for its effectiveness for communication, self-esteem, adaptability to different settings and population, and ready acceptance by patients, it would be one option to improve the quality of care in the short-term adult inpatient setting (Bitonte & De Santo, 2014).

Art therapy is based on the conceptions that creative arts promote understanding of self, self-expression that exceeds verbal expression, and that art therapy enhances quality of life and personal growth (Malchiodi, 2007). The current American Art Therapy Association (AATA) defines art therapy as “an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (American Art Therapy Association, n, d.). Malchiodi (2007) refined art therapy into two groups, which put emphasis on the process and/or product of art therapy, referred to as ‘art as therapy’

and ‘art in therapy.’ For example, ‘art as therapy’ places emphasis on the healing power of creative process, whereas ‘art in therapy’ values art as a means of symbolic communication. However, in current short-term inpatient care, this range of art therapy is not as recognized and utilized as it could be. The misconception of the growth of art therapy is possible due to its application as a routine component of care in many long-stay or chronic psychiatric wards since the mid-20th century (Chiu, Hancock, & Waddell, 2015). However, in reality, Chiu et al., (2015) claimed that there is minimal research exploring its potential in the current short-term psychiatric care and that more dedicated research is necessary to further clarify its role and range of functions.

There have been an increased number of studies exploring the issue of short-term care in inpatient setting, with regard to questioning whether the shorter lengths of stay can effectively help patients in need (Hawthorne, Green, Folsom, & Lohr, 2009; Rocca et al., 2010; Thunnissen, Duivenvoorden, & Trijsburg, 2001). Accordingly, short-term care and certain treatment approaches such as brief group therapy are showing steady increases in interest among researchers. For example, Lothstein (2014), Matto (2002), Yalom and Leszcz (2008) discuss the role, function and structure of brief group therapy from different theoretical and modality perspectives. Studies such as these inform consideration of the role and function of art therapy. Karterud and Urnes (2004) explored the optimal composition of the short-term intensive program for patients with personality disorders and proposed expressive arts group therapy, in particular, the visual arts. The authors claimed that art group therapy had the highest significant rating of all therapeutic components in a comprehensive treatment program.

On the other hand, there is a conversation in the field about current and traditional treatments. The traditional mainstays of clinical psychiatry, the psychopharmacological and

verbal psychotherapeutic treatments, have been critiqued with regard to their limitations; potential alternatives to these treatments are badly needed in many cases (Dag Körlin, 2000). For example, Yalom and Leszcz (2008) asserted that the effectiveness of inpatient group therapy is highly dependent on administrative supports for psychosocial therapeutic intervention, in order for the care to go beyond psychopharmacological treatment and custodial care. Yalom's earlier research (1983), the milestone work of future brief inpatient group therapy, claimed that most of the staff members in inpatient psychiatry had no comprehension of what expressive arts therapists do in their group sessions. Lothstein (2014) reaffirmed Yalom's observation that "just putting a person into a group and calling it group therapy is meaningless without attention to group process and systems issues" (p. 230). He assertively encouraged a national level of attention to the development of the best practice models.

In a study of short-term inpatient setting, it is critical to distinguish between terms such as *multimodal* and *multidisciplinary*, as well as *intermodal* and *interdisciplinary*. Even though some studies use these terms as synonyms, they have considerable conceptual differences (Giusti, Castelnovo, & Molinari, 2017). *Multimodality* refers to the combination of different treatment modalities, such as medicine, individual and/or group therapy, and expressive arts therapy, among others. Within the field of expressive arts, different creative expressions are distinguished as specific therapeutic modalities, like visual arts, music, drama, and movement. The multimodal approach does not focus on how different modalities intersect, but rather offers a combination of multiple approaches irrespective of provider or providers. On the other hand, *interdisciplinary* refers to multiple theoretical/therapeutic approaches integrated into one coherent approach. This study will explore the role and function of both multimodal and interdisciplinary approaches as they pertain to art therapy in the short-term adult inpatient setting.

However, the “medical model of diagnosis and cure” (Burt, 2011, p. 19) still dominates current treatment approaches and limits the broad spectrum of utilization of art therapy in a psychiatric setting. Marxen (2017) relates the perception of psychopathology with art therapy and the use of art therapy in assessment and argues that its divergent perception will embrace and enhance the non-medical stance (Sajnani, Marxen, & Zarate, 2017). In addition, art therapy assessment and approach has been shown to improve a client’s self-understanding, diminish the power differential between therapist and client, and foster a collaborative treatment while establishing mental wellness (Betts, 2013).

The current role and function of art therapy in and for the short-term inpatient setting is therefore vital to investigate in order to uncover not only a deeper understanding of the field, but also for the improvement of the quality of care. There are valuable studies and data that support the effectiveness of art therapy, brief therapy, and integrated group art therapy. This literature review intends to investigate the vital information of different disciplinary points of view pertaining to art therapy. With the body of knowledge gathered from the data contained within this review, this study provides a critical perspective and new knowledge as to certain areas of strength and weakness in current art therapy research with regards to its role and function in short-term inpatient care. The gathered data is expected to support the broad capability of art therapy, build on the current body of knowledge, and provide further rationale for more robust and proper implementation of art therapy in the acute short-term inpatient setting as the standard of care.

Art Therapy and Mental Health

Art therapy has been a recognized effective treatment since Adrian Hill's published work on *Art versus Illness: A Story of Art Therapy* in 1945. The American Art Therapy Association (AATA), founded in 1969, defines art therapists as "master-level clinicians who work with people of all ages across a broad spectrum of practice" including hospitals, schools, private practices, psychiatric/rehab/community facilities, forensic institutions and senior communities. Guided by ethical standards, art therapists work with a wide variety of individuals who experience mental health disorders as well as by people looking to grow as individuals (American Art Therapy Association, n.d.). The National Institute for Clinical Excellence (2009) announced that art therapy alleviates negative symptoms of psychosis and schizophrenia in adults, and that application in acute phase including inpatient setting is recommended. The key benefits of art therapy are self-engagement, implicit and explicit self-expression, and visual processing that promotes metacognitive processing (Czamanski-Cohen & Weihs, 2016). The unique quality of the triangular relationship between the art therapist, art process, and art product provides an unparalleled opportunity to explore and facilitate secure attachment with clients (Czamanski-Cohen & Weihs, 2016).

Haeyen, van Hooren, van der Veld, Hutschemaekers's (2018) study of clients with personality disorders determined that art therapy promoted mental health and reduced symptoms of mental illness with large effect sizes in their randomized controlled trial ($d = 1.06$, $d = -1.09$). The results indicated the benefits of art therapy as symptom reduction, emotion-regulation, self-regulation, awareness of inflexible patterns of cognition, emotions and behavior and interpersonal functioning.

The experiential nature of art in therapy, or that patients need to participate in their own dynamic therapy, reaffirms the clinical benefits of art therapy (Malchiodi, 2007). The creative process reinforces humans' ability and tendency to think and perceive visually, and therefore, express more than words can. It also taps into a sensory experience that supports the holistic integration of complex emotions and experiences, such as trauma or grief. Overall, the creative process provides the artist a safe space to explore and process their own beliefs and visualize them, which motivates a new way of knowing, thinking, and feeling.

Since the advent of art therapy, there has been an ongoing endeavor to secure and strengthen the relationship between art/art therapy and mental health. One of the intersectional dialogues is the research methodologies, that embrace the intricacy of the life of art and human beings. In their study, Stacey and Stickley (2010) explored how art was being perceived by people who used mental health services. The study was conducted in a manner that the primary goal was not only finding mental health benefits of art, but also the meaning of art to people with mental illness. They adapted narrative approaches to investigate the experiential and creative quality of participatory arts. The multiple benefits were found such as art as a way of coping, of expression, and of building a relationship with others. Furthermore, the affect the art reinforced was confidence, achievement, relaxation/calming and freedom.

Their research, however, was only conducted with 18 individuals who had previously engaged in arts activities, which warranted possible biased outcomes. The research neglected to identify participants' previous relationship with art, as well as their mental health status. The study did not distinguish between nor elaborate on art and art therapy, nor document any art therapist's involvement in this workshop to directly relate its findings to the field of art therapy. However, the study provided valuable findings in research methodology as a means to capture

the qualitative data of arts and mental health. The art experience holds “the complex quality of life” (Stacey & Stickley, 2010, p. 71) and offers healing powers, transferable to clinical contexts.

Reynolds, Nabors, & Quinlan (2000) analyzed 17 published studies that explored the effectiveness of art therapy, including a single group with no control, controlled (nonrandomized) studies, and randomized controlled studies. The study intended to compensate general art therapy research that only speaks for the theoretical concepts and case studies of art therapy. Their findings indicate the overall positive outcome of art therapy in most of the research but failed to support additional favorable strengths of art therapy compared to controlled groups of standard/verbal therapy. Their analysis argued that lack of description of art therapy intervention in many studies and lack of acknowledgment of demographic differences weakened the validity of the studies. The study also reveals that more than 50% of the studies were art therapy intervention for children and adolescents, with duration differences ranging widely from a minimum of six sessions in a span of six weeks to an average of two years. Their findings do not only shed light on the weaknesses in the structure of study designs in order to support the effectiveness of art therapy, but also call for dedicated art therapy studies pertaining to various populations and settings.

Short-term Inpatient Psychiatric Care

Among the various levels within the mental health care system, psychiatric inpatient settings have a unique set of characteristics and challenges that rely on an understanding of setting and population that is crucial for effective treatment. The most prevalent concern and complaints against inpatient setting is the effectiveness in relation to its short length of stay while having the reputation of being the most expensive service in mental health care systems (Hawthorne, Green, Folsom, & Lohr, 2009; Rocca et al., 2010). Rocca et al. (2010) examined the

effectiveness of brief hospitalization and their findings supported the high effectiveness of short-term hospitalization. The data provides valuable findings in its categorization of factors that impact the length of stay. It describes the complex characteristics and consideration the short-term psychiatric setting requires, including “level of psychopathology, medical co-morbidity, previous psychiatric hospitalizations, use of electroconvulsive therapy, suicidal ideation, response to hospitalization, and placement consideration” (Rocca et al., 2010, p. 604). As these factors highly correlate to the length of hospitalization, the understanding of the complexity and competent intervention is required to fulfill the quality of care.

On the other hand, Yaghoubi, Yazdani, Omranifard, and Namdari (2008) investigated causes of readmission from the psychiatrist’s point of view. The study was specifically geared towards an examination of causes such as noncompliance and moved away from exploring predictors and risk factors of readmission. The findings ranked “no insight to disease” (n=295, 59%) as the most prevalent cause for re-hospitalization, followed by “feeling of cure” (n=138; 27.6%), “paranoia to medication” (n=127; 25.4%), and “hopelessness of cure” (n=64; 12.8%). The authors commented that patients’ perception of medication ranged from “poison” to “cure” (Yaghoubi et al., 2008, p. 39). This study not only presents the ineffectiveness of the inpatient setting by pinpointing its weak spots, but also sheds light on patients’ perspective on the traditional psychopharmacological treatment approach. The findings suggest the reinforcement of insight-oriented, psychosocial approach to collaborate with the conventional medical model. This method does not only compensate for the short length of stay in inpatient care, but also reduces the possibility of re-hospitalization.

Yalom and Leszcz (2008) also addressed the complex environment of inpatient settings and the need for focused study of this specific therapeutic environment. Yalom’s earlier work,

Inpatient Group Psychotherapy (1983), has laid foundational work for current short-term inpatient study and monumentally influenced future study, including group psychotherapy and brief group therapy (Beeber, 1988; Corey, 2015; Klein, 1985; Lothstein, 2014; Luzzatto, 1997; Maves & Schulz, 1985; Nassar, Kremberg, & Corso, 1981; Silverman, 2016; Vick, 1999; Waller, 2014). First, Yalom organized the characteristics of the group in the inpatient setting that describe both the particularity of patients and the factors that impact the group dynamic. These characteristics include:

- 1) Fast patient turnover
- 2) Little cohesion in the group
- 3) Open group without time to work on termination or any phase of group dynamics
- 4) Heterogeneity of psychopathology with no control over the composition of participants
- 5) Rotation schedule of group therapists affecting the flow of the group program
- 6) Population in crisis, in need of stabilization rather than personal growth or self-awareness (Yalom, 1983).

Yalom and Leszcz (2008) posited that short-term inpatient group therapy requires major modification of existing long-term oriented group therapy theories and techniques to comply with current needs.

In addition to these complexities, Yalom witnessed that the group therapy was only a part of the large therapeutic multidisciplinary system; that the program model itself created another layer of complication for short-term inpatient treatment. He asserted that the importance of group therapy had been rapidly growing in this setting but was still undervalued. For example, the group therapist contributed almost nothing to the rounds, and other staff members had little to no

comprehension of group therapy using various therapeutic modalities. Yalom also claimed that ‘calling out’ interruption was a great example of staff’s skepticism of group therapy and ignorance (Yalom, 1983; Yalom & Leszcz, 2008).

Brief Inpatient Group Therapy

Some type of group program has often been offered in short-term inpatient settings, not only to meet the minimum requirement of third-party payers, but also to increase awareness beyond case management, medication, nursing, and milieu therapy (Lothstein, 2014). In response to current demand for a comprehensive study, Lothstein’s (2014) literature expanded Yalom’s foundational work to explore the essence of brief inpatient group therapy and raised awareness of training and credentials for group therapists and group programming. In his work, Lothstein examined Cook, Arechiga, Dobson, & Boyd’s (2014) study of the integrated model of group therapy called Process Oriented Psychoeducational Group (POP). He also analyzed Ellis, Peterson, Bufford, and Benson’s work (2014) of Cognitive processing therapy (CPT) intervention as applied to patients with combat-related PTSD.

From this literature review, several salient factors of brief group therapy were drawn to attention; the importance of group therapists’ competency to focus on process-oriented approaches and the unique aspects of group cohesion that influence and possibly enhance treatment outcome. The study placed an importance on the need for organization of group programs and supervision of therapists by a credential group psychotherapist. Furthermore, the author highlighted listening and understanding of patients as key to successful brief group therapy, instead of a didactical approach. Lothstein (2014) emphasized that “the leader needs to acknowledge courage and wisdom in the group and to reframe the illness metaphor into a social language that patients understand” (p. 241). He concluded his thoughts with an acronym

LNAUR to describe critical leadership components that group therapists should encompass; “listen (L), no advice (NA), understand (U), and respect (R)” (p. 240). Even though his study does not mention art therapy specifically as a recommended therapeutic modality, Lothstein’s words are inspiring as to what art therapists could offer and focus on for short-term inpatient group therapy.

Art Therapy and Short-Term Group Therapy

Theoretical Models of Brief Group Art Therapy.

The aforementioned studies clarified the characteristics of the current adult inpatient setting, which can be summarized as short-term, heterogeneity of psychopathologies, and in need of stabilization with high risk. However, most of the current body of art therapy research does not satisfy the listed features to provide a comprehensive evidence-based practice model for the short-term adult inpatient setting. Chiu et al. (2015) pointed out that the prevailing art therapy literature has focused mostly on arts-based intervention for a specific diagnosis. The authors asserted that the current longitudinal and studio-based study approach are insufficient for the short-term setting and called for further study of brief art therapy intervention and focused study of the current psychiatric system.

In response to the need, the study of Chiu et al. (2015) examined the impact of a single session of an open studio-based expressive arts therapy group on patients in a general hospital psychiatric setting. The study was designed using both quantitative and qualitative research methods with a survey to collect data. The rationale of the open studio-based model was to embrace the wide range and variation of group members’ functioning levels. With the 2-hour format of the session, the intervention provided a flexible form of group therapy, where participants could come and go, creating a non-judgmental and accepting atmosphere. The

mechanism of change which the study focused on was the patients' innate creative capacity, therapeutic presence, and mindfulness of the present moment.

The session pursued a multitheoretical framework. It incorporated mindfulness-based cognitive therapy and art therapy as an avenue to accept new thoughts and experiences, and create a more positive frame of mind while focusing on 'here and now' (Barnhofer & Fennell, 2008). The open-studio model provided Natalie Roger's person-centered approaches (Rogers, 2001) where participants could explore their own inherent potential for positive growth. The study used the Profile on Mood States-Brief (POMS-B) in addition to a true and false questionnaire to assess the improvement of mood state. There was a significant reduction in the POMS-B total mood disturbance score and a decrease in negative mood state [POMS-B $t(35) = 4.06003, p < .05$] (Chiu et al., 2015).

However, the limitation of this research was discernable through the feedback questionnaire. The survey questions were initially designed to help participants to frame their experience in a more therapeutic context, such as "I learned something new about myself after participating in the expressive arts therapy group" (Chiu et al., 2015, p. 38). Consequently, the survey questions disproportionally contained positive aspects of the experience, suggesting the skewed stance of the study. Moreover, the study did not explore the details of intervention such as art materials, or the therapist's interactions in the group to indicate the critical elements of the intervention that fostered positive change. The study offers insufficient empirical knowledge for practitioners on how to adapt art therapy in short-term care programming. The creative process evidently offered positive changes in mood, but as the intervention was a one-time experience without follow-up studies and measurement, the impact of long-lasting therapeutic healing is still arguable. With the acknowledgment of this limitation, the authors suggested further research on

its effectiveness in prevention of hospital readmittance as to support the implementation of art therapy as the standard of care.

In contrast, Matto (2002) provides a valuable conceptual framework for brief inpatient treatment using art therapy methodology integrated with Cognitive Behavioral Therapy (CBT) (Beck, 1979; Marlatt & Gordon, 1985). Even though her study mainly focused on adults with substance abuse, the framework the study presented appears highly applicable and transferable to the general short-term psychiatric setting. Both populations in general inpatient psychiatric units and participants in this study share common factors of diversity in demographics and diagnoses, in crisis with high risk for relapse and readmittance. Her study elaborates on the benefit of incorporating art therapy in brief inpatient programs from the perspective of a non-art therapy licensed clinician. The study explores extensive art therapy methodology that goes beyond self-exploration and expression, to a means of comprehensive assessment tools, suggesting a broader range of utilization of art therapy in a short-term inpatient setting.

Matto (2002) postulated that art therapy process encouraged more active participation with a sense of safety to confront challenging topics. The creative process helped to manage the high-risk situation with an increased sense of control, and reinforced motivation for behavior change. The components of art therapy, such as creative process, symbolism, and verbal sharing within a group encouraged a deeper, a more personal level of learning and experience to. Processing art in the group with CBT principles bolstered the group to “clarify behavioral intentions, identify needs, and discern between needs and wants (of patients)” (Matto, 2002, p. 74). The author put emphasis on relating discussion in the group back to recovery commitment and treatment goals for the successful group therapy. Her finding favored the structured and directed approach to group art activity in short-term inpatient group therapy.

As the author's educational background is in social work, her work relatively deemphasizes healing factors of the creative process, but highly accentuates verbalization of process, products, and symbolism. However, her work clearly articulates benefits of incorporating creative arts in traditional short-term inpatient care to fulfill "the multidimensional needs of clients in crisis" (Matto, 2002, p. 70).

Expressive Arts Group Therapy for Short-Term Inpatient Hospital

While aforementioned studies provide theoretical models of brief group art therapy for short-term inpatient setting, there still remains the lack of empirical knowledge with strong reliability and validity pertaining to art therapy intervention. This leaves practitioners with an insufficient amount of ideas for structured group treatment plans with strong rationale (Luzzatto, 1997). It also impacts the overall group therapy programming using creative arts. Therefore, this study reviewed a broader spectrum of research including different expressive arts modality and population study to draw a workable framework for art therapy in the short-term adult inpatient unit.

The quantitative research of Karterud and Urnes (2004) examined a 4 week long structured creative arts program for the adult population with heterogeneous psychopathologies accompanied by strong follow-up studies. The outcomes were measured by three self-rating forms, Hopkins Symptoms Check List-90 (SCL-90), Inventory of Interpersonal Problems (IIP), and the Sense of Coherence Scale (SCS) administered pre- and post-treatment and six months after discharge. The results showed significant improvement in all three rating profiles. The 7 of 10 subscales of SCL-90 showed notable improvement with $p < 0.05$ or less, and subscales of IIP, Exploitable and Overly Expressive, showed a substantial decrease in mean scores with $p < 0.05$ and $p < 0.01$. Another salient finding was that more than 50% of the patients (N=26) had

increased introspective ability and capacity to work with internal issues after the program. The creative arts program was found to be notably helpful for patients who had been resistant to conventional treatment programs such as psychopharmacology, verbal psychodynamic or cognitive therapy. As this study was not designed for short-term inpatient setting, the program, with the option to stay overnight, pre-screened patients to exclude acute psychosis and active suicidal ideation. However, the population and its subgroup study present the exceptional effectiveness of creative arts program for patients with clinical characteristics that are common in general short-term inpatient settings; history of trauma, substance abuse issue, suicidal ideation or behavior, or eating disorder.

The study's examination of the therapeutic framework for the program is also noteworthy in addition to the promising quantitative outcomes. The study emphasizes the strength of the therapeutic structure that "had tolerance for strong affects that were not only understood as expressions of psychopathology but also as adequate reactions to a difficult existential situation" (Karterud & Urnes, 2004, p. 345). The creative arts therapists for this program focused more on the framework than on the patient's and group's process. The program that was comprised of body awareness group, receptive music therapy group, and art therapy group highly dedicated its healing power to exploring, experiencing, and containing strong emotions and imagery.

The framework of the creative arts therapy program in Karterud and Urnes' study parallels the need and goal of current inpatient group therapy. Yalom (1983) asserted that one of the most important roles of an acute inpatient group therapist is the goal setting which aims, first and foremost, to engage patients in the therapy process while instilling hope. The finding suggests that creative arts has exceptional strength as a therapeutic modality in its sense of

security and caring that can hold strong emotions (Karterud & Urnes, 2004). This unparalleled sense of safety encourages motivation for changes in patients and participation in therapy that the inpatient treatment environment immensely necessitates.

Vick (1999) concurred with Yalom that instilling the belief in patients that therapy can help is essential to success and patient's growth, especially at the beginning of the therapeutic process. Vick's research explored the optimal balance of freedom and non-directiveness within the structured brief group art therapy to pursue the therapeutic goals. To compensate the fast-paced turnover in the group, Vick adapted prestructured art elements of which concept was derived from the theoretical foundation of projective art assessment. His rationale was deduced from multiple projective testing to increase its validity, such as Silver Drawing Test of Cognition and Emotion (Silver, 1996), The Rorschach inkblots (Exert, Weiner, & Schuyler, 1976), Thematic Apperception Test (TAT; Murray, 1943) and Winnicott's "Squiggle Game" (1971). The 'idea buffet' as Vick named, provided united visual elements to provoke cohesion and connection among the patients. The prompting images were also a way of creating open-ended art directives that corresponded to the early stages of treatment that most of the brief group therapy ultimately stay within. This method was suitable for heterogenous patients as it invited even hesitant, resistant and/or disoriented patients. One simple act of choosing an image was an active choice of the artist that provided clinical information (Vick, 1999).

The author also addresses the importance of creating a psychological safety, both physically and verbally as short-term group treatment often does not have the luxury to slowly build trust within the group. This prestructured style of group therapy session could be seen as a technique, but Vick proposed to consider it as an extension of art materials. It is a style that art therapists can adapt to deliver "the message that care has been taken to prepare a space for work

that is serious as well as creative” (Vick, 1999, p. 75). While this intervention was designed for the short-term partial program for adolescents, the essential therapeutic quality of the intervention appears to be highly transferable to short-term adult inpatient group therapy. The optimal balance of creative freedom and structured rationale developed a compelling therapeutic approach and exemplary intervention to meet the needs of the ever-changing environment of the mental health care system.

Instead of delving into how to shape the intrinsic function of the creative therapeutic modality, Silverman (2016) expanded the contextual parameters of mental illness and recovery model to explore the role of music therapy in a short-term inpatient setting. He examined a concept of ‘state hope’ in relation to recovery and wellbeing and reviewed how it correlated and ultimately influenced patient’s motivation, beliefs, and behaviors. The objective of the study was to explore the effectiveness of educational music therapy in relation to increase in ‘state hope’ in order to improve patient’s quality of life. The study used a mixed method of quantitative and qualitative research method with cluster-randomized design; lyric analysis, songwriting, and wait-list control group.

The participants of the study were profoundly congruent with an existing model of current inpatient psychiatric patients; average of 3-7 days hospitalization, heterogeneous and often multiple diagnoses with diverse demographics. The interventions were designed to identify patients’ goals and motivators and to facilitate the pathways toward the achievement of goals using music as means to mobilize hope. The case study of both lyric analysis and songwriting interventions were described to be playful, and interactive while fulfilling psychoeducational components of group therapy. The wait-list control group was offered non-educational (recreational) music group of playing rock and roll bingo.

The outcome was measured by State Hope Scale (SHS) (Snyder et al., 1996) comprised of six-items, scored on an eight-point Likert scale with two subscales of agency and pathway. While the results show slightly higher mean in total and both subscales [lyric analysis N=62, M=36.34, songwriting N=54, M=36.20, wait-list control N=48, M=32.51], the study presents much more significance in its research design. The study shows how intervention could be designed to achieve specific therapeutic goals and rationale, while being applicable and adaptable for short-term psychiatric patients, using expressive arts modality. The research model is remarkably considerate of the environment of the inpatient facility and inspiring to how practitioners' accustomed intervention idea could contribute to the body of research to advance the field as a whole.

Art therapy for Short-term Inpatient Setting

Interdisciplinary Approaches to Short-term Inpatient Setting

In the current mental health field, Dialectical Behavior Therapy (DBT) has been “attracting some of the fantasies of panacea with ‘Personality Disorder’ as Cognitive Behavior Therapy (CBT) did, and does, for depression” (Huckvale & Learmonth, 2009). DBT is an empirically evidenced behavior therapy approach that was originally developed to treat borderline personality disorder and patients with high/chronic suicidal ideation (Linehan, 1987). The treatment has built its reputation to be helpful for patients with extremes of distress and behavioral disturbance. With this increased attention to DBT, there has been following movements to integrate DBT (or the mindfulness component of DBT) with art therapy, as the clientele that DBT was originally targeted for are major customers of inpatient psychiatric setting.

The case example of Huckvale and Learmonth's study (2009) explored art therapy intervention integrated with DBT that arose out of a conversation between two art therapists. One was working in an inpatient psychiatric unit and one was immersed in DBT books and its theory. The language and principles of DBT were incorporated in the case study to articulate rationale of each art therapy intervention - "acceptance, catalyst of change, creativity and paradox" (p. 56) - linking art therapy to the level of evidence-based practice that DBT has a reputation for. The study also related to other psychoanalytic concepts to deepen the depth and validity of the case study; psychodynamic theory (Jung), object relation theory (good-enough-therapist), and the Learning Circle model.

The study demonstrates how research that is rooted in pragmatism could not only positively affect the efficiency of treatment, but also the quality of ethics, philosophy, and theories in treatment. The patient of the case study had a long history of psychiatric treatment which was described as "eclectic, but hardly strategic" (Huckvale & Learmonth, 2009, p. 55). The authors were ultimately advocating the coherent mental health care system by integrating two disciplines collaboratively in their case study. The study covertly implied that the targeted audience and purpose of the study was to inform the mental health professionals in all settings. The authors proposed the synergetic interdisciplinary approach for those who were subconsciously defensive towards the advent of art therapy. By integrating two disciplines, the intervention embodied not only authenticity and honesty towards patient's emotions but also therapeutic learning and understanding. The qualitative finding of the study supports improved pragmatism, ethics, and synergies in care when the proper interdisciplinary model is implemented in the inpatient psychiatric setting.

Heckwolf, Bergland, and Mouratidis (2014) concurred with previous research and made a further study on its economic and effective value. The authors explored the interdisciplinary model of art therapy and DBT using a “common factor” approach (p. 330). The theoretical framework derived from the common factors for the analysis were awareness/mindfulness, holding environment/egalitarian stance, sublimation/emotion regulation, intrapersonal effectiveness/interpersonal effectiveness, and transitional objects/homework. The single case study was of a female college student, Anna, who suffered from anxiety and depression in a long-term residential program. The case study revealed that “the practical DBT skills intended for use in everyday life helped Anna to generalize and reinforce her layered, individual work done in art therapy” (p. 334).

Both studies of DBT integrated with art therapy provide valuable lessons for short-term inpatient setting where interdisciplinary has implemented for diverse and complex patients and their symptoms. Heckwolf et al. (2014) posited that a clear definition of each clinician’s role, a collaboration of clinicians, and effective communication were the key for the multidisciplinary model as it was the major principles used for their interdisciplinary model development. Even though objectives of both studies were not intended for a short-term inpatient setting, they demonstrate potentials of how art therapy could be further developed. The integration with other disciplines can satisfy the needs of challenging clientele in the short-term inpatient setting while increasing its effectiveness and cost-efficiency. Furthermore, both studies adamantly advocate for collaboration among disciplines and clinicians for coherent systematic treatment to improve the quality of care.

Multimodality Approaches to Short-term Inpatient Setting

As short-term inpatient psychiatric hospitals apply multimodality principles in their treatment approach, the traditional rigid medical model is the major barrier to art therapy and its broad utilization. Bellmer, Hoshino, Schrader, Strong, and Hutzler (2003) explored this barrier with the question of how much credibility the art therapy field has been recognized by psychology educators across the country of the United States. The research acknowledged that although art therapy has existed officially since 1906 (Rubin, 1999), it was still perceived as a relatively new discipline with skepticism. The authors described that the efficacy of art therapy was only acknowledged by those few who had experienced art therapy in their own practices.

The research project collected the final data in 1998 via mailing from 313 psychologists out of 1000 requested originally, obtained by the American Psychological Association (APA) who were university/college professors. The survey questionnaire consisted of 20 questions with 7-point Likert scale responses, titled as 'Psychology Fields in Higher Education Questionnaire.' The questionnaire inquired how participants anticipated and perceived various areas of psychology fields; clinical psychology, neuropsychology, art therapy, environmental psychology, media psychology, industrial/organizational psychology, marriage and family therapy/psychology, experimental psychology. The survey also investigated perceived contributions, potentials, and the credibility of each field.

The results were shockingly unfavorable to art therapy. The data revealed art therapy with the least (no) familiarity (35.5%), least credibility (7.7%), lowest rank for growth in the future (12.1%). Furthermore, in response to "in your opinion, what percentage of properly trained people practice these fields in the United States?", (Bellmer et al., 2003, p. 167) art therapy received the lowest number of 31% which the research viewed as an indicator of art therapy being practiced by improperly trained individuals.

This study warns the art therapy field that there is still a lack of understanding of art therapy, therefore proper utilization of art therapy in the multidisciplinary setting still has barriers to overcome. This study has more significance with its number because the research was conducted with educators, not practitioners. It implies that future practitioners in training still have a high probability of a lack of awareness and knowledge of the proper multidisciplinary model and what it encompasses. Even though Jonkers (2006) expanded this study with broader mental health professionals, which increased familiarity of art therapy to ‘somewhat familiar’, the concern for the perception of art therapy still continues (Jonker, 2006; Van Lith & Voronin, 2016)

Even though it is fairly outdated literature for the current problem, Nassar et al. (1981) suggested a feasible training model to improve multimodality practice. The qualitative research portrayed the first administration of art therapy in short-term inpatient ward as a part of the residency program. The art therapy intervention (creating a mural) was aimed to “understand, evaluate, and assess [those] interpersonal skills that reflect individual ego functions” (p. 308). The finding indicated the merits of art therapy: that it allowed early intervention as needed (i.e., medication change) which ultimately influenced the length of stay.

The study postulates that “the pairing of a first-year psychiatric resident with an art therapy intern, exemplifies interdisciplinary teamwork in the caregiving process and strengthens the concept of milieu treatment” (Nassar et al., 1981, p. 314). The collaborative approach highlights expertise in each field; art media and authentic relationship with patients from art therapy, medical approach, and knowledge of psychopathology from the medical field. Furthermore, through this training model, art therapists in training were able to improve assertiveness as clinicians and developed active participation in a treatment team. “For the

resident, the usual defenses enhanced by medical education- including repression, isolation of affect, denial, and intellectualization- were challenged,” (Nassar et al., 1981, p. 314) and the interaction with the patient was able to soften with help of art therapy.

While this collaborative training model has been published decades ago, there has been no published follow up studies and no indication of application of the model afterward. Further studies on the collaborative model of a multidisciplinary model are highly required in order to improve the quality of care in a short-term inpatient setting. It is hoped that as more research and attention have been paid to art therapy field and short-term inpatient setting, the improvement and applications of proper multidisciplinary approach is finally implemented.

Art therapy for Short-term Inpatient Assessment

Although previously stated researchers briefly mentioned assessment capability of art therapy, the potential has not been properly represented in the short-term inpatient psychiatric setting and research. Matto (2002) asserted that it is crucial “to obtain comprehensive client information from multiple sources in a short amount of time” for brief inpatient program, and promoted assessment using expressive arts modality (p. 69). Assessment is often one of the central clinical services of inpatient care and the initial step of the treatment. Exploration of the benefit of art therapy assessment is pertinent to the expansion of utilization of art therapy and to the quality of short-term inpatient treatment. Art-based assessment still holds controversial quality in both internally in art therapy field, and externally in the mental health field. However, it is important to recognize the potential of the art-based assessment that “yield rich and valuable data using simple art materials that are easy to use, are quickly administered, belie illiteracy, and are able to withstand deliberate manipulation by clients” (Gussak & Rosal, 2015, p. 49).

On the other hand, Gussak and Rosal (2015) alerted that the assessments should be administered for specific reasons and considerate of the population and settings for proper assessment. The study states that Diagnostic Drawing Series (DDS; Cohen, Hammer, & Singer, 1988) and Person Picking an apple from a Tree (PPAT; Gantt, 1990) have been the most commonly used formal assessments (Gussak & Rosal, 2015). While these assessments could reasonably apply in brief care facility, the Brief Art Therapy Screening Evaluation (BATSE; Gerber, 1996) has been the only arts-based assessment specifically developed for short-term inpatient psychiatric setting.

With directives of “draw a picture of two people doing something in a place” on 8 ½ x 11” white paper with 8 fine tipped colored markers, the philosophy and goal of the BASTE were designed as follows:

- 1) to gather information quickly and efficiently
- 2) to translate imagery into understandable terms
- 3) to determine the level of care needed
- 4) to integrate information with the treatment team
- 5) to adopt principles of art therapy to current health care economy
- 6) to identify and report personality and behavioral patterns which directly impact treatment
- 7) to screen for cognitive or neurological deficits requiring further testing
- 8) to introduce the process of art therapy early in treatment
- 9) to provide a humanizing dimension about the patient (Gerber, 1996, p. 3)

The assessment is found to be brief and comprehensive to evaluate multiple clinical information such as suicidality, cognitive, neuropsychological and developmental aspects. However, it is an

unpublished manual with minimum acknowledgment in the mental health field. It also has no normative data and research to support reliability and validity of the assessment outcomes.

Despite its limitations, BASTE lays the valuable theoretical foundation for future arts-based assessment studies for the short-term inpatient setting. It proposes what art therapy could contribute to clinical information gathering stage, which promotes comprehensive collaborative work in a multidisciplinary team.

Discussion

This literature review explored the current body of knowledge pertaining to the role and function of art therapy for short-term adult inpatient psychiatric setting. The review illuminated specific themes in current art therapy research that can inform researchers and clinicians of how to shape a focused research agenda and practice model moving forward.

Themes from the Literature

Benefits of Art therapy for Short-term Inpatient Psychiatry

It has been supported by multiple studies that the optimal composition of short-term treatment program needs to contain expressive arts therapy- more specifically, art therapy (Karterud & Urnes, 2004; Silverman, 2016). This study demonstrated that revising the structure and the goal of the art therapy group for brief treatment could lead to a more successful and effective short-term inpatient treatment (Chiu et al., 2015; Matto, 2002; Vick, 1999). The triangular relationship between the art therapist, creative process, and the product in art therapy facilitates self-exploration and expression, examination of attachment style, and visual and meta-cognitive processing (Czamanski-Cohen & Weihs, 2016). The use of art provides exceptional quality of psychological safety to challenge high risk and extreme distress of patients with a sense of control (Karterud & Urnes, 2004; Matto, 2002; Vick, 1999). Through increased level of participation, art therapy offers a personalized learning experience in short-term inpatient treatment in order to motivate clients and to instill hope for recovery (Matto, 2002; Vick, 1999).

Benefits of Art Therapy as an Integrated Therapy

The literature affirmed that when art therapy is interdisciplinarily integrated, it synergetically strengthens and clarifies treatment process which increases economic and effective values of art therapy (Heckwolf et al., 2014; Matto, 2002; van den Bosch et al., 2014).

The full utilization of the wide spectrum of art therapy, which can be broadly summarized as ‘art in therapy’ and ‘art as therapy’ enables treatment to be not only didactic and educational but also interactive and engaging (Malchiodi, 2007). The use of integrated art therapy broadens the insight-oriented, psychosocial approach in comprehensive short-term inpatient psychiatry treatment (Chiu et al., 2015; Matto, 2002; Yaghoubi et al., 2008). The integration of disciplines also enhances the benefits of art therapy for brief treatment such as symptom reduction and improvement in cognitive, behavioral, and interpersonal functioning (Haeyen et al., 2017). Such efforts enable the expansion of group intervention and rationales and effectively correspond to the particularity of group dynamics in a short-term inpatient setting (Vick, 1999).

Implications

Through careful review of the literature, several important implications were determined in relation to art therapy and the adult inpatient psychiatric setting.

Need for a Focused Art Therapy Research for Short-Term Inpatient Psychiatry

This study revealed that the reason for the under-utilization is not the lack of efficacy and effectiveness of art therapy in general, but the lack of focused research that satisfies the needs of the specific population and setting. The body of current art therapy research is not specific enough to comply with the idiosyncrasy of the short-term inpatient care (Luzzatto, 1997). On the other hand, the evidence-based art therapy intervention studies are too broad in design to treat a heterogeneous group of patients in short-term inpatient care (Chiu et al., 2015; Reynolds et al., 2000). The literature review informs that the field has been inclined to more arts-based intervention for specific psychopathology, longitudinal, and/or studio-based intervention research (Chiu et al., 2015). The future study needs to conduct more quantitative and qualitative research with strong follow-up studies. The literature sheds light on the lack of consideration of arts-based

assessment for a short-term inpatient setting where prompt and comprehensive clinical information gathering is crucial (Matto, 2002). The field of art therapy needs to pay attention to the development of arts-based assessment for the brief treatment facility in order to expand its utilization and potential of art therapy.

Towards a Model of Collaborative Treatment

The collaborative approach between art therapy and multimodality treatment ensures comprehensive and inclusive care in the short-term inpatient setting. The ideal multimodality treatment could diversify mental health care perspective into medical and social care stance, reaching for the inclusive care model (Betts, 2013; Burt, 2011; Sajnani et al., 2017). The collaborative approach not only increases the acknowledgment of art therapy in the mental health field but also improves the quality of care as it supplements and complements each department's weakness and strength (Nassar et al., 1981). This literature review spotlights the need for national attention and discussion among all mental health fields and professionals for the development of the best collaborative practice and training (Lothestein, 2014).

Conclusion

As shown in Figure 1, the interdisciplinary integration and multimodality collaboration in and for short-term adult inpatient setting heighten the clinical benefits of art therapy and improve the quality of care. Moving forward, it is crucial for the field of art therapy and its education to deeply explore and understand the mechanism of change and merits of art therapy. This would increase the level of acknowledgment and validation in the mental health care and inpatient psychiatric setting. It is hoped that further research on these topics would lead to the proper implementation of art therapy in the short-term adult inpatient setting as a standard of care.

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Appendix

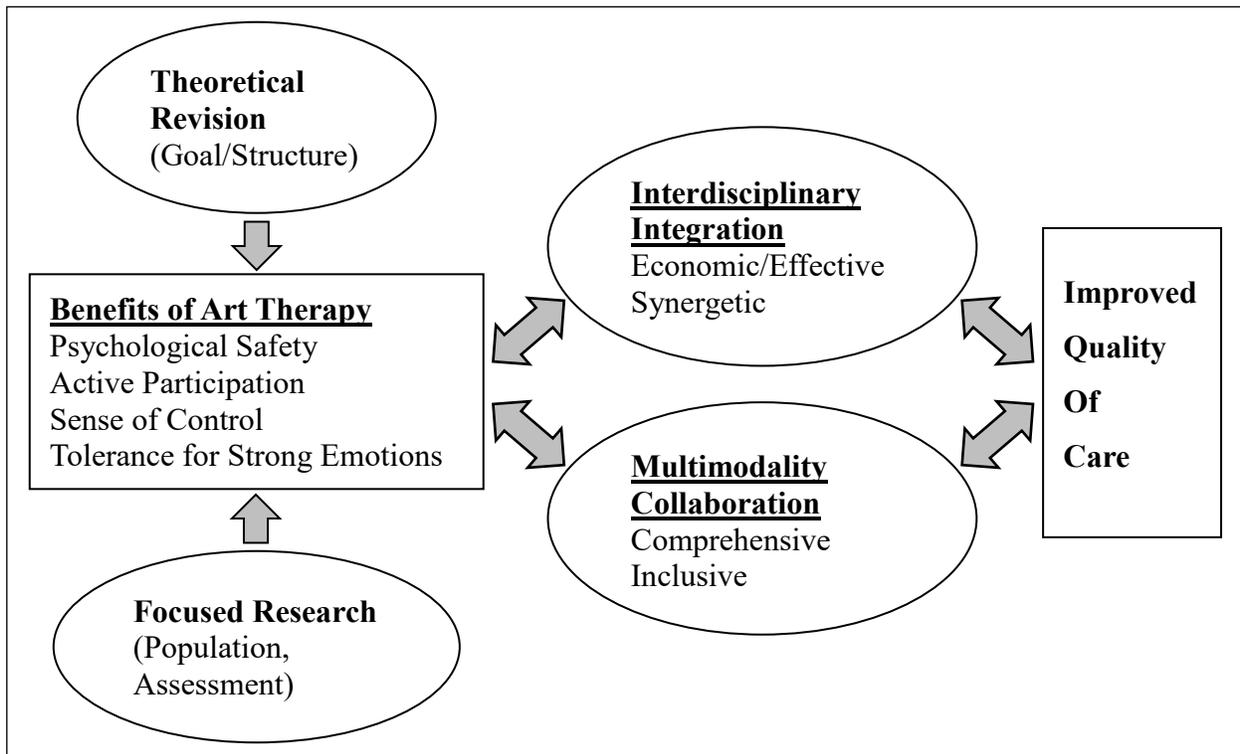


Figure 1. Potential art therapy framework for research and practice for short-term inpatient setting and its anticipated clinical benefits.