



# Completing the Picture

## Effectiveness Of Expressive Arts Therapy In Dual Diagnosis Treatment

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### ABSTRACT

An expressive arts therapy curriculum was offered to patient volunteers in a Maryland state inpatient facility for co-occurring disorders. A Commission on Accreditation of Rehabilitation Facilities (CARF) approved group feedback form was modified for pre/post use. Self-report results revealed statistically significant positive increases in commitment to recovery, attitude towards making lifestyle changes, and hopefulness in the 47 participants. Compared to the facility's total population, retention rate and likelihood of success was much greater for expressive arts participants.

### INTRODUCTION

The drug epidemic in the U.S. has worsened over the last decade. "The rate of deaths from drug overdoses has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids" (Rudd, Aleshire, Zibbell & Gladden, 2016). An estimated 12.4% of adults with dual disorders receive treatment for both substance use and mental health (Substance Abuse and Mental Health Services Administration, 2012).

A review of 26 controlled studies found the most successful interventions for dually diagnosed populations used integrated and individualized approaches (Drake, Mueser, Brunette, & McHugo, 2004). Supplementing treatment with expressive arts is one such approach. For example, 36.8% of addiction treatment programs integrate art therapy and 14.7% of them incorporate music therapy (Aletraris, Paino, Edmond, Roman, & Bride, 2014). However, many studies asserting the value of expressive arts therapy with dual diagnosis populations typically use qualitative cases and clinical opinion, not quantitative statistical analysis and do not rely on any formal body of knowledge that could afford replicable experiences.

### HYPOTHESES

- 1) Supplementing existing treatment with expressive arts lessons would increase commitment to recovery, attitude towards making lifestyle changes, and feelings of hopefulness for participants.
- 2) Lessons would increase successful completion rate of inpatient treatment and lower AMA (leaving "against medical advice") rate in comparison to the total population of patients receiving standard treatment.

### METHOD

Forty-seven inpatients volunteered for expressive arts treatment. Most commonly used substances were opiates, cocaine, and alcohol. Most represented mental health disorders were Bipolar I, Depression, and PTSD.



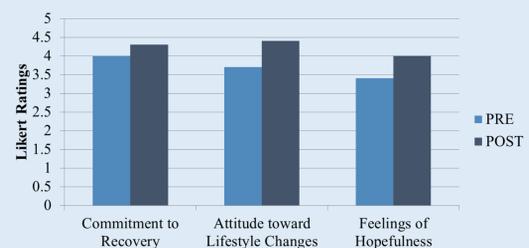
Groups met twice weekly for curriculum lessons from "Literacy-Free 12 Step Expressive Arts Therapy" including horticulture, art, music, drama, and handcraft modalities as means of working through the 12 steps of recovery.

A CARF-approved group feedback form was modified to collect self-reports in commitment to recovery, attitude towards making lifestyle changes, and hopefulness before and after each expressive arts lesson.

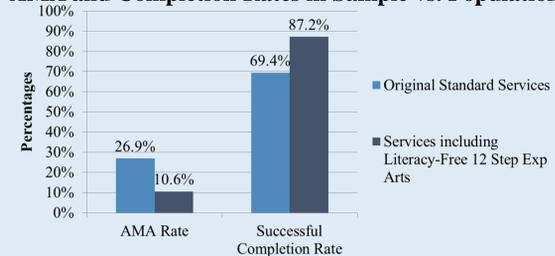
Additional post-test questions inquired how personally helpful each lesson was and asked patients to rate their level of participation.

Outcome measures were taken when participants left treatment. The AMA rate and successful treatment completion rate of the sample was compared to the overall patient population at the center during the same time.

Results of Overall Changes Before / After Curriculum



AMA and Completion Rates in Sample vs. Population



### RESULTS

#### OVERALL CHANGE:

Comparing pre/post data from all paired samples t-tests, statistically significant positive change was found when comparing the first pre-group lesson ratings to the last post-group lesson ratings per participant, regardless of overall attendance, for EVERY area addressed by test measure ( $p < .05$  in all cases,  $N=47$ ).

Participants reported an increase in commitment to a drug and alcohol free life [ $t(46)=2.117, p=.040, pre-M=4.02, post-M=4.26$ ], expressed growth in positive attitude towards lifestyle changes [ $t(46)=-6.424, p<.001, pre-M=3.66, post-M=4.36$ ] and described increased in feelings of hopefulness overall [ $t(46)=-4.661, p<.001, pre-M=3.40, post-M=4.00$ ].

#### INCREMENTAL CHANGE:

Positive change was also seen for 5 out of the 6 lessons offered. The only lesson not showing statistically significant change was on Steps 2 & 3 of the 12 Steps expressed through finger-painting and meditation.

Lessons on peer support utilizing handcraft modalities and on moral inventory (steps 4 & 5), utilizing horticulture, drama, and art modalities produced statistically significant change in EVERY item of the rating scale.

Music and handcraft lessons were rated as most personally helpful and highest in personal participation.

#### RETENTION OUTCOMES:

A substantial proportion of the sample completed treatment successfully at 87.2% and enrolled in follow up counseling services after discharge. While 69.4% of the overall population completed treatment successfully during the same 3 months.

Only 10.6% of sample left treatment AMA while 26.9% of the population left AMA during the same period.

### DISCUSSION

The expressive arts therapy curriculum used in this study appears to be a worthwhile supplement to existing treatment options for dually diagnosed populations. Self-reported commitment to recovery, attitude towards making lifestyle changes, and hopefulness increased. Using this curriculum also improved program retention rate and likelihood of overall treatment success.

Looking at individual lessons, the two that produced statistically significant change in every item of the test measure were lessons on moral inventory (steps 4 & 5) utilizing horticulture, drama and art modalities and on peer support utilizing handcraft modalities.

Moral inventory lessons emphasized self care and possibility of behavioral change. Art and horticulture were done individually and drama was optional for participants—making it more inclusive to both extroverted and introverted learning styles than other lessons. Culturally, horticulture may have been an effective medium because counties served by the inpatient facility largely included farming communities.

Peer support handcraft lessons reviewed concepts from past lessons and focused on self care, community, and spirituality. Participants shared goals and made symbolically-colored handcraft bracelets with partners.

Further study may investigate the longitudinal impact of treatment and the impact of detox symptoms on patient participation. Many participants received medically managed detox treatment during lessons. It would be worth exploring if results would be even better if offered to participants once detox was completed or if it was participation in these expressive arts lessons while detoxing that promoted early engagement in treatment — thus preventing higher AMA rates and producing greater completion rates.

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