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The Arts in Psychotherapy 30 (2003) 265–272

THE
ARTS^{IN}
PSYCHOTHERAPY

Integrating solution-focused and art therapies for substance abuse treatment: guidelines for practice

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The mental and physical health consequences of substance abuse are numerous, ultimately affecting all biological systems in the body and significantly impairing psychological functioning. Substance abusing individuals are at significant risk of incarceration for substance-related criminal offenses (Maruschak, 1997); and those who are able to avoid the criminal justice system may find themselves with mounting legal and financial problems. Adults who abuse substances are likely to have a co-occurring mental or emotional disorder (SAMHSA, 2001) and a violent trauma history, which have been shown to increase the severity of drug use (Clark, Masson, Delucchi, Hall, & Sees, 2001). In addition to these numerous individual consequences, substance abuse can undermine family and community stability, as the problem creates marked impairment in social and occupational domains. Innovative treatment strategies are critical to help individuals stop the destructive behavior patterns and learn to live without substances. Solution-focused techniques in combination with art therapy methods offer a strengths-based treatment framework for helping individuals move into more functional behaviors, without getting stuck in the shame of past dysfunction.

Developed by deShazer, Berg, and colleagues (Berg, 1994; Berg & Miller, 1992; Cade & O'Hanlon, 1993; De Shazer et al., 1986; DeJong & Berg, 2001; O'Hanlon & Weiner-Davis, 1989), solution-focused therapy (SFT) is one of the most recent psychotherapy models to emerge. With its roots in constructivism and the field of strategic family therapy, solution-focused therapy is client-centered, with a focus on building existing resources and past successes

as opposed to weeding out psychosocial deficits. The solution-focused approach has been applied to substance abuse treatment, and is currently seen as a promising therapy for engaging difficult clients in brief treatment settings, and in facilitating motivation by constructing solutions that create change (Berg & Miller, 1992; Berg & Reuss, 1998; Hall, Carswell, Walsh, Huber, & Jampoler, 2002).

Art therapy has also been successfully employed in substance abuse treatment in the following ways: to help clients grapple with the 12 steps (Julliard, 1994); to explore connections between thoughts, feelings, and behaviors as related to substance abuse incidents (Cox & Price, 1990); to recognize and express internalized shame (Wilson, 2002); and to develop healing symbols for recovery (Matto, 2002).

It has been argued that "Art therapy is compatible with brief approaches such as solution-focused therapy because the process of creating images tends to accelerate the emergence of thoughts and recall of memories and details" (Riley & Malchiodi, 2002, p. 83). Art therapy is a way to operationalize specific SFT techniques, allowing for multi-sensory engagement that includes visual and motor modalities. Art expression allows for a healthy detachment from the problem in order to gain a more objective perspective and to expand opportunities for solutions to emerge. Visualizing change through art can stimulate the clients' capacities for new interpretations and behavioral options. Active engagement in the art activity also fosters commitment to the change process. In the following sections, discussion will focus more specifically on the compatibility between art therapy and the solution-focused tenets. After these compatibilities are explored, the integration will be applied to the treatment of substance abuse, using brief case illustrations.

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Compatibility between art therapy and solution-focused therapy

Compatibilities between art and solution-focused therapies include client–practitioner collaboration, a focus on the client as the agent of change, the use of client metaphors, and the facilitation of client externalization of the problem.

Collaborative approach

Studies have found that empathic, supportive interpersonal interactions between client and practitioner are essential for client engagement, with positive treatment outcomes associated with both client and practitioner expectations of change (Yahne & Miller, 1999). A collaborative “siding with the client” is critical for successful treatment outcomes. The creation of a safe therapeutic milieu is necessary in order for clients to work with difficult emotions, to explore problems, and to build solutions toward change. Solution-focused therapy is seen as a collaborative approach in that the practitioner is not viewed as “the expert,” who diagnoses and applies interventions to correct deficits. Instead, practitioner efforts are centered on eliciting and amplifying client strengths through questioning and complimenting. The therapist conveys genuine interest in wanting to understand rather than presenting an a priori “knowing” about the client’s experience. In this way, clients are given responsibility for their own change process. Clients are viewed as having expertise on their own lives and are valued for their own perspectives and worldviews.

Specific to substance abuse treatment, a solution-focused approach chooses understanding and empathy over direct confrontation that imposes information onto the client. For instance, rather than forcing clients to accept the label of “alcoholic” before treatment can proceed, in a collaborative approach the client’s definition of the problem is accepted and work occurs within those parameters.

In the same way, art therapy works toward collaboration between practitioner and client. In directed art experiences, the practitioner sides with the client by soliciting visual representation of the client’s reality. Client artwork is viewed as an extension of the self; therefore, exploration of the client’s art product should be directed back to the individual rather than distorting the nonverbal message by making unilateral interpretations. The art experience is used to obtain clearer and fuller descriptions of the problem, as well as the solution, from the client’s point of view.

Eliciting and embracing client metaphor

One of the theoretical influences of solution-focused therapy is constructivism, the view that knowledge

about reality is constructed from social interactions (Berg & deJong, 1996). Thus, the solution-focused practitioner uses language and questioning to influence the way clients view their problems, the potential for solutions, and the expectancy for change (Berg & De Jong, 1996). The practitioner is sensitive to client metaphor, reframing and expanding these in the service of change.

Similarly, art therapy methods enable the construction, deconstruction, and reconstruction of client narratives, and stimulate the expression of stories about the problem and its solutions. Through the art process, clients can imagine other possible selves. “Storytelling weaves together sensations, feelings, thoughts, and actions in ways that organize both one’s internal and external worlds. . . . The combination of a goal-oriented linear storyline with verbal and nonverbal expressions of emotion activates and utilizes processing of both left and right hemispheres and cortical and subcortical processing” (Cozolino, 2002, pp. 34–36). Art can be used to activate this narrative experience, resulting in possible biological, as well as psychosocial change.

For example, one male client, who was being seen in an outpatient setting for his drinking and comorbid clinical depression, shared during one art therapy session that he had “finally gone in to get his five watches repaired,” all of which had been stopped for months. The watch, as a significant symbol in this client’s artwork during the session, represented a change in both his willingness and capacity to move back into the rhythm of life. Yet another metaphor from a client struggling with co-occurring substance abuse and mental illness described her drawing, saying it is “like I’m the manager of a losing baseball team—everyone expects you to lose, but you know you still have to show up for the games.” Through art, the client represents significant metaphors, symbols and stories in pictorial detail, giving shape, form, color and life to the material.

Externalizing the problem

Externalizing involves making a linguistic distinction between the presenting problem and the person in which the problem behavior is personified as an external entity (the urge to drink, the craving, the addiction) (White & Epston, 1990). The purpose is to free the person from the belief that the problem is a fixed and inherent quality. It introduces fluidity into problems that may have become rigid and seemingly fixed. In this way, the oppressive nature of the problem is lifted and more options for behavior may be revealed. Externalizing may also validate

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