

Outpatient art therapy with a suicidal adolescent female

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Introduction

This article suggests that suicidal adolescents can be treated on an outpatient basis using art therapy. Since art therapy was first reported as an intervention with adolescents (Naumberg, 1950), it has been used extensively to treat teenagers who are emotionally disturbed (Linesch, 1988; Moon, 1999; Tibbetts & Stone, 1990), sexually abused (Carozza & Hersteiner, 1982), have substance abuse disorders (Cox & Price, 1990) or eating disorders (Crowl, 1980; Wolf, Willmuth, & Watkins, 1986), and who are hospitalized (Conger, 1988; Kymissis, Christenson, Swanson, & Orlowski, 1996). Literature concerning this treatment modality in work with suicidal adolescents has been restricted to its application to inpatient group therapy (Conger, 1988; Honig, 1975; Walsh, 1993), without reference to its use on an individual basis in outpatient settings. The dearth of such literature is surprising given that annual estimates of suicide attempts by youth from 15 to 24 years old surpass one million in the United States and 130,000 in Canada (Safer, 1997). These estimates correspond to a rate of completed suicides in 1997 of 11.4 per 100,000 in the United States (Hoyert, Kochanek, & Murphy, 1999), 13.7 in Canada, and 22.1 in the province of Quebec (Statistics Canada).

It has recently been demonstrated that the majority of adolescents presenting to an emergency room for assessment of suicidality have the same clinical outcome, whether predominantly treated as outpatients or hospitalized (Greenfield, Larson, Hechtman, Rousseau, & Platt, 2002). In that study, outpatient management was found appropriate for the treatment of the majority of suicidal adolescents. It was shown to be less disruptive to family functioning—including the youth's academic calendar, parents' work schedule, and the

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family's recreational and social activities—despite the prospect of hospitalization at any time, if warranted by the outpatient's condition.

Perhaps of greatest significance, outpatient management spares the patient and family the stigma of hospitalization and its associated inconveniences (invasive admission procedures, verification of vital signs, etc.). Of course hospitalization is essential if the family and/or community fail to provide the necessary social and emotional support for the patient, or are frankly rejecting. If the patient's security may not be assured on an outpatient basis (where, for instance, there is ongoing physical or sexual abuse), then hospitalization is indicated and occasionally unavoidable. Round-the-clock supervision can be provided to assure the patient's safety, compensating for the disadvantages of hospitalization. Eighty-three percent of these adolescents do not require these measures and can be safely treated on an outpatient basis.

This corresponds with the observation that such adolescents, burdened by complex co-morbidities, can be treated with alternative approaches, such as the creative arts therapies, in outpatient settings. This article will describe the scientific literature concerning art therapy for adolescents in general, most of whom have manifested some improvement either in self-esteem or in depression as a result of the intervention. The literature will also be reviewed in connection with hospitalized and suicidal adolescents, with an overview of technical considerations when working with such youth. A case study will then describe the therapy context of a suicidal adolescent who presented for assessment to a metropolitan, university-affiliated pediatric hospital, and her therapeutic course during 48 weeks of 1-h sessions on an *individual, outpatient* basis. Several themes in her therapeutic process will be highlighted to illustrate the use of art therapy for suicidal adolescents; these themes will be presented as they emerged within the framework of the beginning, middle and final phases of treatment. In the beginning phase, the adolescent worked on themes of mistrust and despair. She then moved to anger and finally to self-esteem. In our observations, while working with suicidal adolescents these themes are often central to the process.

Scientific investigations of art therapy with adolescents

A review of the literature produces only seven empirical studies using art therapy interventions with adolescents: one a case study (Stanley & Miller, 1993); three with historical controls (Chin et al., 1980; Rosal, McColloch-Vislissel, & Neece, 1997; Saunders & Saunders, 2000); two employing control populations (Kymissis et al., 1996; Tibbetts & Stone, 1990); and one with a randomized design (White & Allen, 1971).

These studies affirm that art therapy with adolescents helps improve their attitude toward their surroundings (Rosal et al., 1997), their self-esteem (Chin et al., 1980; Stanley & Miller, 1993; White & Allen, 1971), interpersonal skills (Chin et al., 1980), and global functioning (Kymissis et al., 1996). It was also seen to decrease levels of depression (Tibbetts & Stone, 1990) and disruptive behaviors (Saunders & Saunders, 2000), indicating that art therapy offers effective treatment for certain adolescent disorders.

Several limitations complicated the replicability and generalizability of these studies. For example, several lacked a control group (Chin et al., 1980; Rosal et al., 1997; Saunders & Saunders, 2000; Stanley & Miller, 1993), a description of the intervention (Chin et al.,

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