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The First Step Series: Art therapy for early substance abuse treatment

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ABSTRACT

The First Step Series (FSS) is a protocol of five art therapy directives designed for the initial stages of substance abuse treatment. These directives target denial to facilitate client identification of ambivalence and eventual acceptance of lifestyle changes necessary for recovery. Motivational Interviewing (MI) [Miller, W. R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing people to change* (2nd ed.). New York: Guilford Press] informs a conceptualization of denial as normal ambivalence that occurs during any change process. Normalizing ambivalence sets the stage for the related therapeutic tasks of matching the client's attitude toward treatment, promoting trust in the therapeutic relationship, and gently supporting the client's internal desire for change.

The use of art therapy in substance abuse treatment (SAT) has a long history. Many authors have described the benefits of art therapy for those with chemical dependency such as bypassing defenses (for example, Julliard, 1994; Moore, 1983), promoting emotional expression (Cox & Price, 1990; Holt & Kaiser, 2007; Kaiser & Holt, 2002), encouraging a spiritual recovery (Feen-Calligan, 1995) and fostering creativity (Allen, 1985; Johnson, 1990). In a review of the literature on art therapy in SAT over 20 years ago, Moore (1983) concluded that art therapy provides an active means of experimenting with imagery to communicate symbolically, offers an outlet for clarifying feelings and attitudes, reduces distorted thinking, and fosters increased insight. Since her review, several art therapists have developed interventions and assessments aimed at decreasing defenses and increasing acceptance of step one in a twelve-step recovery model.

In relation to acceptance of the first step, it is well recognized that one of the major objectives in the initial stages of SAT is overcoming denial so that clients may begin to accept the need for adopting behavioral changes that support recovery (Kesten, 2004). "Denial is the mental mechanism that enables addicts to give up more and more of the things that they find valuable in life. . .Denial is the foundation of addiction, the fertile soil in which it grows and flourishes" (Conyers, 2003, p. 23). Even though this conceptualization of SAT is long-standing and widely used it is beneficial to consider an alternative perspective.

Perhaps a more pragmatic and therapeutic way to approach client defensive strategies like denial and minimization of substance use is to understand why and how people change. Miller and Rollnick (2002) developed Motivational Interviewing (MI), a treatment model based on a client-centered counseling approach that seeks to enhance intrinsic motivation for change. This approach is often integrated with the framework of the transtheoretical model that suggests behavior change occurs as a series of gradual stages as outlined by Prochaska and colleagues (DiClemente & Velasquez, 2002; Prochaska, Norcross, & DiClemente, 1994; Velasquez, Maurer, Crouch, & DiClemente, 2001). Designated the Stages of Change (SOC) model, it delineates client readiness for change as spanning a five-stage continuum, progressing from *precontemplation*, where the client has not yet considered change, through *contemplation*, *preparation*, and *action*, and finally to the *maintenance* stage where the client works to sustain long-term change. This is in contrast to the often dichotomous position taken when treatment providers view a client as either being in denial or ready to accept the need for treatment and change.

Each stage is viewed as predictable, well defined, taking place over time, and associated with a set of cognitions or behaviors. Change is seen as ongoing as a client—given the optimal conditions and interventions—moves from being unconcerned with altering behavior or attitude to considering change as possibly desirable, then later on to deciding and preparing for changes, until eventually genuine, internally motivated action is taken and, with time, attempts to maintain new behaviors are set in motion. Based on the belief that motivation is necessary for change to occur, DiClemente and Velasquez (2002) emphasized that MI is particularly effective for clients assessed to be in the early stages of change. It has also been found to be effective with clients in the later stages of change, as they prepare for the action and maintenance stages.

MI frames motivation as a dynamic interpersonal process that is fundamental to change, not a personal trait. As such, each

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client is viewed as having the inherent potential for change and responsible for his or her own personal change process (Miller & Rollnick, 2002). Therefore, the task of the therapist is to create a set of conditions that will enhance the client's own intrinsic motivation for, and commitment to altering behavior. MI is a systematic and directive clinical approach for evoking internally motivated change with the primary goal of resolving ambivalence. Ambivalence is normalized as part of a natural process of change, and any resistance or reluctance is understood as inherent to the change process. In this framework resistance is reframed as the therapist's responsibility. Accordingly the therapist's task is to empathize with the client's perspective, however ambivalent he or she may be about accepting treatment.

Research supports the use of MI and the SOC model (also referred to as Motivational Enhancement Therapy) for helping those with chemical dependency (Brown & Miller, 1993; Project MATCH Research Group, cited in Polcin, 2002). Evidence suggests that the use of MET more effectively promotes client engagement in treatment, leads to more positive outcomes at follow-up, and significantly decreases the alcohol consumption of clients with mild to moderate drinking problems (Polcin, 2002).

We were intrigued with the idea of applying MI and SOC to the early stages of substance abuse treatment using art therapy. While developing the FSS, an article describing the use of MI and art therapy was published by Horay (2006). His approach is similar to ours in that he noted that "art therapy seems uniquely capable of bridging the psychological gap between the cognitive-behavioral concerns of MI and the traditional psychodynamic focus on clinical narcissism" (Horay, 2006, p. 17). However, we diverge from his perspective in that we view MI as conceptually compatible with the twelve-step model while he seems to regard it as disparate. The twelve-step philosophy is one of attraction, which supports "working" the program, developing hope, conducting self-inventories of personal shortcomings, examining consequences of drinking, and changing maladaptive thinking. For example, the "Big Book" of Alcoholics Anonymous (1976) emphasizes that the principles are guides to progress, that self-evaluation is paramount, and that interpersonal connections through fellowship promote life in recovery. Miller and Rollnick (2002) stated that three critical components of motivation are "readiness, willingness, and ability" (p. 10), similar to twelve-step principles.

As we reviewed our own clinical experiences, the art therapy literature, and principles of MI and SOC we recognized the value of a model that is research-based, is well-matched with the twelve-step model, and corresponds to our beliefs about the importance of relational processes in any clinical approach. DiClemente and Velasquez (2002) noted, "The motivational interviewing philosophy, approach, and methods are uniquely suited to addressing the tasks and emotional reactions of individuals who are moving through the first two stages" (p. 203). Further we believe that MI links well to what has been traditionally viewed as overcoming denial in early SAT. Considering that each stage of change requires that certain tasks be accomplished and specific therapeutic processes be used to evoke change, we reasoned that particular art therapy tasks could be designed to achieve each task.

In this paper we focus primarily on the first two stages, precontemplation and contemplation. Fostering the movement from precontemplation to contemplation by promoting motivation for change requires interventions that are engaging and action-based (Miller & Rollnick, 2002). These qualities are inherent to art therapy in that clients choose their materials, decide how to approach particular directives, and make decisions about their artwork as they revise and rework their imagery. These processes can reduce defensiveness and denial while opening the door for considering change as a viable option. The final artistic product coupled with therapist-facilitated discussion can provide an opportunity to communicate important feedback that may enable the client to "see" more clearly the reality of the negative consequences of substance abuse and the positive ones associated with recovery.

At precontemplation the person does not see a problem—this is commonly viewed as denial or resistance in SAT but is reframed in MI as normal ambivalence. There is lack of awareness that problem behaviors exists or even an unwillingness to consider the need for change. Individuals engage in little activity that might shift their views, and can exhibit defensive strategies when problem behaviors are pointed out. They are not convinced that negative aspects of their problem behaviors outweigh the positive ones they seem to experience. DiClemente and Velasquez (2002) identified four patterns of thinking and feeling that characterize precontemplators: "reluctance, rebellion, resignation, and rationalization" (p. 204).

In the second stage, contemplation, the person recognizes a problem and also considers whether and how to take action toward a solution. Thus, the problem is acknowledged and possible solutions are explored but there is not yet a commitment to take solution-based action. The aim of the therapist is to help the client "tip the balance" in favor of change (DiClemente & Velasquez, 2002). Understanding these two early stages of change compelled us to reflect on the kinds of art tasks that might help move a client in SAT from precontemplation to contemplation and then toward preparation to change. We next describe the FSS and then turn to the therapeutic processes that are key to successful implementation.

The First Step Series

We began with the premise that "Any activity that you initiate to help modify your thinking, feeling, or behavior is a change process" (Prochaska et al., 1994, p. 25). In line with this and based on our clinical experiences we developed five directives adapted from our previous work, the art therapy literature, and the MI/SOC framework: the Crisis Directive, the Recovery Bridge Drawing, the Costs–Benefits Collage, the Year from Now Directive, and the Barriers to Recovery Directive.

We reasoned that these tasks would encourage motivation as clients actively engaged in the treatment process and depicted their situations, thoughts, feelings, and attitudes. A goal of MI is to evoke "change talk" and statements of problem perception from the client, with the ultimate goal of fostering a client shift in perspective toward perception of a need for change. The client's active process of constructing a concrete and tangible representation of their inner and outer realities and creating personal images fosters a self-evaluation process that reveals his or her reality and makes it difficult to erect defenses that hide critical issues related to treatment concerns. As Harms (1973) asserted:

> . . .The [client] moves from simple doodling and doing something with color to a self-involvement which tries to work out the idea of the drawing or painting [he or she] wants to create. This step of inner involvement gives art its first chance to set foot in the [client's] confused inner experience . . .[and subsequently he or she] goes into a state of independent creation (pp. 58–59).

This can be empowering and lead to greater insight, help reduce ambivalence, and eventually promote movement toward action. Thus, the act of creating can stimulate active engagement and optimally, set the stage for a change process.

Velasquez et al. (2001) described 10 processes of change that support movement from one stage to the next. We focus on the first group, the "experiential processes," as these give attention to the internal thought processes pertinent to the early stages of

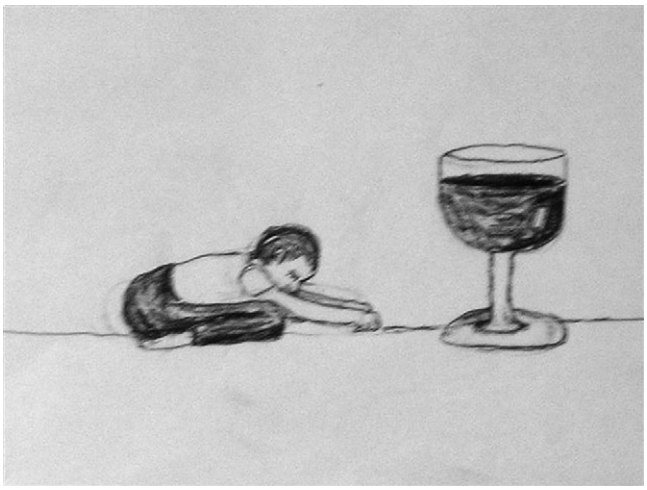

Fig. 1. Crisis Directive.

change when the goal is to increase motivation for revising feelings, perceptions and thoughts. These early processes of change are: consciousness raising (gaining knowledge of self and behavior), self-reevaluation (recognition of how current behavior conflicts with values and goals), dramatic relief (an emotional experience related to the problem), environmental reevaluation (the ability to see the effects of one's behavior on others and the environment), and social liberation (recognition of alternative behavior in the social environment).

Next we describe each directive and provide examples of client responses. These FSS directives are most commonly done in art therapy groups, either as an individual or group task; however, they can also be used when working with clients individually. Alternatively the list of directives can be given as choices to group therapy participants directing participants to choose the one that is most relevant; presenting choices tends to be viewed more favorably, provides clues to change readiness, and promotes ownership and empowerment.

Crisis Directive

This directive is: "Depict the crisis or incident that brought you to treatment," which is tied to the initial written therapy assignment, "The crisis that brought you here," for clients we have worked with. The written assignment asks clients to describe the situation or combination of events that led them to admission to treatment in detail. Further, they are asked to concentrate on identifying the feelings that come up as they complete the assignment. Based on this, the Crisis Directive was designed for evaluating clients' perceptions of their situations and their readiness to engage in treatment. Clients often clearly portray their stage of readiness to engage in treatment or their struggles that impede their engagement. Cox and Price (1990) created a similar art therapy they called an Incident Drawing based on Incident Writings for trauma resolution (Collins & Carson, cited in Cox & Price, 1990): "draw about an incident that occurred during the time you were drinking/drugging." The Crisis Directive is more focused in that it portrays a significant and particular incident directly related to admission to the treatment program.

Imagery produced in response to the Crisis Directive often depicts the client's ambivalence about letting go of their substance of choice. An example is seen in Fig. 1 in which a client drew himself bowing down to a life-sized glass of wine. Some clients depict images of danger characterized by images of turmoil and high energy, which suggest anxiety but also, on a more positive note, may indicate the individual has the necessary energy to prepare for change. For example, in a collage created by another client pictures of hurricanes, the word "whirlwind," and the phrase "where currents collide" were all included, which suggests anxiety along with high levels of energy—the energy portrayed can be reframed as a strength. Often clients will illustrate a personal dilemma or a traumatic experience that led to the decision to enter treatment, thereby expressing issues heretofore unacknowledged; this new information is then available for processing and can be incorporated into treatment planning. Issues such as incidents of trauma may not be disclosed so readily in verbal intake interviews but are more likely to be expressed in art tasks such as the Crisis Directive. Fortunately when they emerge in imagery they can be addressed in ongoing treatment rather that resurfacing later when they might interfere with the recovery process.

Clients usually respond openly and eagerly to the Crisis Directive, especially in the context of group therapy as the process discussions frequently reflect the change processes described in the MI literature. In this manner consciousness raising, dramatic relief, self-reevaluation, and environmental reevaluation related to the imagery of a crisis or incident that brought each person to treatment, commonly emerge.

Recovery Bridge Drawing

The task directive used is, "Complete a bridge depicting where you have been, where you are now, and where you want to be in relation to your recovery." This diverges from the instructions to draw a picture of a bridge going from some place to another place devised by Hays and Lyons (1981). The Recovery Bridge Drawing provides a useful visual image that frequently reveals the anxiety and ambivalence a client may have about the prospects of embarking on change. This drawing is particularly helpful for communicating in visual form any hesitation regarding the current changes being considered during treatment.

As in Fig. 2, often fire or other dangerous images are drawn in the area that presumably represents present experience, on the right side of center of the image. These images of danger extend from the present into areas viewed as indicating the future, further to the right. It is helpful for the therapist to recognize this kind of representation of danger suggests anxiety and ambivalence and it will be constructive to focus on therapeutic principles inherent in a client-centered MI approach. Affirming, reflective listening, and open-ended questions were used with the client who created Fig. 2 and this helped to provide the support needed to more clearly iden-

Fig. 2. Recovery Bridge Drawing.

Fig. 3. Costs–Benefits Collage.

tify his fears and ambivalence about change. This led the client to experience increased emotional engagement as he recognized he had depicted dangers and ultimately he developed, in conjunction with his primary therapist and the treatment team, a relapse recovery plan that addressed his fears and ambivalence.

Costs–Benefits Collage

This task is based on strategies found in the SOC literature and manuals and helps both client and therapist evaluate and acknowledge the existing degree of readiness for change. The directive is: "Make a collage exploring the costs and benefits of staying the same, and the costs and benefits of changing." The Costs–Benefits Collage is similar to, but was devised independently from, one described by Horay (2006) which he called a Pro/Con Collage; since both these directives arose directly from MI principles the similarity is understandable. Ours differs in that the client has a choice of completing either one or two collages.

Usually we present this directive as an individual task done in a group therapy context but it has also been successfully presented as a group task. Based on group dynamics and current client issues, we may use either one or both tasks. The Costs–Benefits Collage allows clients to freely explore the possibility of not changing; giving them permission to consider that, in reality, this is always an option. As an exploratory directive it also provides an opportunity to openly discuss ambivalence. It can help clients to identify and verbalize their attraction to substance use—something they seldom do during treatment—and express their fears or ambivalence about letting go of substances. Often a discussion emerges that includes client disclosure of honest thoughts and feelings about changing versus not changing. We have found this collage may provoke thoughts, urges, or cravings to use, so it is important to check this out for the individual who completed the collage as well as others in the group.

This directive has the additional benefit of supporting relapse prevention since talking openly about fears and problems provides the client an experience for reduction of cravings while allow-

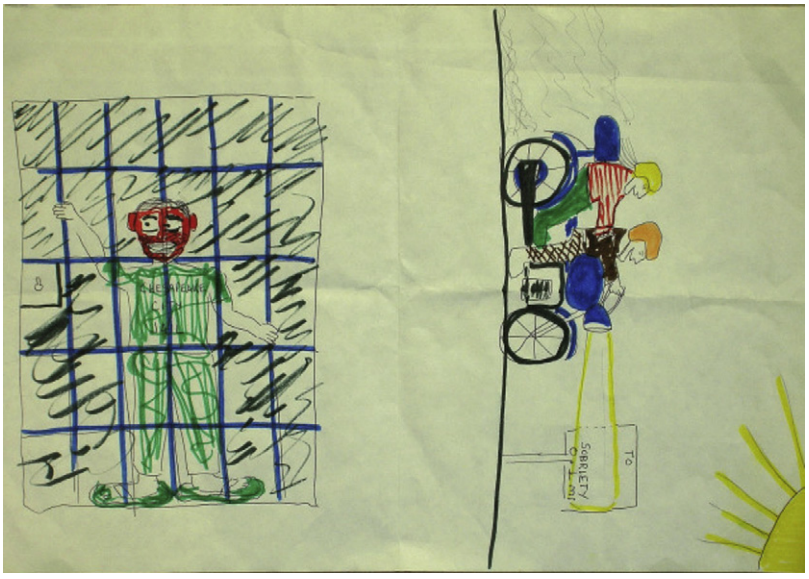

Fig. 4. Depict Yourself a Year From Now.

ing for therapist–client collaboration with regard to identifying problem-solving options for relapse prevention and the management of cravings. The collage is useful for promoting an interactive processing of the realistic choices that clients face as they confront the reality of a future without chemicals. When presented as a task to be completed as a group, there are additional benefits of group interaction and problem-solving talk. The collage in Fig. 3 demonstrates how a group approached the task using a mandala. They placed words and objects associated with benefits of recovery inside the circle and those related to costs associated with continued substance use outside the circle.

This exercise can quantifiably depict a client's stage of readiness through the number of costs and benefits identified, with the shift toward readiness evident when the benefits outweigh the costs (DiClemente, cited in Velasquez et al., 2001). Creating concrete images that represent how clients perceive the costs and benefits opens the door to an experiential expression of change in self, consciousness raising, and environmental reevaluation.

Depict Yourself a Year From Now

This directive is an adaptation of the popular art therapy tasks that encourage portrayals of future scenarios and was designed specifically as a strategy to foster the processes of self-reevaluation, consciousness raising, and dramatic relief. The task has two parts. The first is "Depict yourself as you imagine you will be in a year if you make the changes that support recovery." The second is "Depict yourself as you imagine you will be in a year if you do not make the changes." This allows the client to visually explore the reality of changing versus the reality and associated consequences of not changing. Many complete this task on one page, as in Fig. 4 where the client divided the paper in half with a line and drew an image of himself in jail on one side and himself and a friend riding a bike on the other. The images created can provide visual evidence to further support any increased motivation for change. Along with subsequent discussion of the differences in divergent futures, an emotional experience supporting consciousness raising change talk can be elicited.

This task helps the client "see" the problem in a tangible form and how using substances will logically interfere with life goals and even life itself, as some often do depict their own demise as the result of substance use. The tangible image helps to foster increased emotional awareness of the choices involved and the need for change if negative consequences are to be prevented. This directive appears also to promote awareness of the reality of the consequences of continued use and support the development of internal motivation for change.

Barriers to Recovery

This final directive was also developed from the concepts found in the MI literature. The basis for the task is similar to the Costs–Benefits Collage, while being directed more toward supporting those clients assessed to be moving from contemplation into the preparation stage. The directive is "Make a picture that illustrates the barriers you see to making the changes necessary for recovery." Many clients chose to complete this as a road drawing such as that seen in Fig. 5, where hopeful imagery (the sunrise) is depicted at the end of the road. Alongside this the client has included hints about important concerns. The client depicted the barriers of loneliness, depression, isolation, and a disturbed self-image that were not apparent to the staff until he created this drawing.

Images such as this are often observed to emerge with this task and may be associated with feelings of anxiety surrounding stressful events such as impending discharge or visits by particular family members. These kinds of images are particularly helpful for treatment planning as additional issues and problems are potentially exposed. These concerns can then be addressed with collaborative problem solving, revisions of relapse prevention plans, or other modifications to the client treatment plans. For this particular client it led to crucial self-awareness but additionally it was critical to relay these issues to the treatment team since he was nearing discharge. Each of the issues he depicted in the Barriers to Recovery helped the treatment team more fully understand his ambivalence and fears about an abstinence-based recovery life. Subsequent to this drawing they worked with him to develop behavioral and psychopharmacological interventions to better meet his needs for discharge and ongoing outpatient care.

Art therapy processes and the FSS

The art therapist's response to the client and his or her artwork is critically important for fostering motivation for change. Providing

Fig. 5. Barriers to Recovery.

empathic reflection related to the client's imagery and offering non-confrontational feedback while responding to any discrepancies in the imagery and the client's discourse, helps to create a therapeutic environment that strengthens change motivation. Then, respectfully pointing out discrepancies and how these may represent normal ambivalence allows the client to own his or her degree of motivation no matter how minimal it may appear. Other critical aspects of therapeutic engagement that enable the art therapist to communicate support as individuals move through one stage of change into the next include techniques and motivational strategies such as providing sincere affirmations and empathy; asking open-ended questions; eliciting change talk and self-motivating statements; providing reinforcement that supports self-efficacy; and framing cautious, tentative reflections and summaries. These techniques in the art therapist's repertoire are used more intentionally in conjunction with an MI approach.

Art therapy is an active, mind–body strategy that fits naturally with the principles and techniques of MI. The hands-on process of art making provides concrete feedback to the client, while he or she is engaged in a pleasurable and experiential process, that evokes self-reevaluation and provides the emotional relief that is gained through self-expression. Communicating acceptance sets the stage for increased internal motivation that encourages further self-examination and associated self-disclosure. The gentle guidance of a compassionate art therapist who uses MI strategies to elicit "change-talk" supports the processes of change, and appears to enhance and possibly quicken this internal progression to change motivation.

Such a therapeutic style is the core of MI, and creates the conditions for internally driven change. Miller and Rollnick (2002) identified that motivation is an interpersonal process, not a personal trait, and state that "motivation for change can not only be influenced by but in a very real sense arises from an interpersonal context" (p. 22). They stated that the fundamental spirit of MI is based on "collaboration, evocation and autonomy," which are helpful concepts to keep in mind when integrating the FSS into treatment settings.

Conclusion

As art therapists, we are acquainted with the healing nature of art making through our own experiences; in our work we have seen the dynamics of this at play over the course of treatment many times. The act of creating is an active process, which may include both conscious and unconscious expressions. The artwork can be a safe container for exploration of emotions, thoughts, perceptions, beliefs, and experiences with the art created serving as a tangible image that provides opportunity for immediate feedback, an avenue for self-assessment, a means of emotional relief, and ultimately opens the door for building the internal motivation for change.

In contrast to the art therapy approaches to SAT that focus on overcoming denial, the FSS draws from MI and SOC to address client motivation and ambivalence in the early stages of treatment. MI is a systematic client-centered approach for enhancing motivation and nurturing consideration of change in the client. DiClemente and Velasquez (2002) state, "it is apparent that motivational interviewing and the stages of change are a 'natural fit' for one another" (p. 203). Art therapy is a natural fit in that it compliments these models and the art therapist is in a unique position to emphasize the client's ability to change via the client's creation of imagery. The very action of creating artwork catalyzes internal and external processes linked to interpersonal connection that can enhance motivation, a key factor for generating lasting change.

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