



Coordinating principles of art therapy and DBT



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ABSTRACT

Coordinating treatment modalities may offer patients more than what any one treatment may offer alone. Art therapy and Dialectical Behavior Therapy (DBT) are effective treatments for a wide range of clinical disorders and are often applied in conjunction with other forms of therapy. Common clinical symptoms, such as emotional dysregulation, may be particularly amenable to a combined art therapy and DBT approach. Informed by the theoretical foundations of interdisciplinary care including both art therapy and DBT, this paper offers an approach and examples of strategic use of art therapy and DBT together as part of an interdisciplinary treatment plan. Advantages of using treatments simultaneously may include reinforcement of learning skills, contribution to interdisciplinary team synergy, and enactment of bilateral integration. A common factor approach is used to coordinate theoretical principles of art therapy and DBT and a case study illustrates coordination of the two therapeutic approaches. Implications for populations at varying levels of care are discussed.

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Some patients present with a complex array of clinical problems requiring the work of different disciplines to foster their healing, recovery, and growth. Identifying areas of connection between separate treatment modalities, such as art therapy and DBT, may provide a clinical synergy facilitating the patient's goals and treatment response. Informed by historical antecedents of interdisciplinary care and theoretical foundations of art therapy and DBT, this paper describes aspects for intentional coordination of art therapy and DBT. A common factor approach (Smith, 2012) provides a template to organize deliberate theoretical pairings of art therapy and DBT concepts, which will be described in theoretical and clinical (case study) dimensions. Benefits of such coordination and implications of use for populations across the continuum of care will also be discussed.

Interdisciplinary, art therapy and DBT perspectives

Interdisciplinary perspectives

Critical to coordinating art therapy and DBT is understanding how multiple disciplines work together effectively. Summers

et al. (2002) asserted that the effectiveness of an interdisciplinary team depends on its practice of collaboration in decision making for patient care (as opposed to a multidisciplinary team, which acts more independently). The seeds of collaboration in milieu work have their origins in Sullivan's (1931) study of the social environment on inpatients and Robert Knight's leadership in the Therapeutic Community Program in the late 1940s; however, it is the seminal study of Stanton and Schwartz (1954) of the interactive milieu which is most instructive in coordinating principles of art therapy and DBT. The authors hypothesized "that at least some aspects of the disturbances of the patients are a part of the functioning of the institution." (Stanton & Schwartz, 1954, p. 12). By institution they meant the roles and communications of various members of the treatment team who work on the unit with the patients. Their conclusion was that "improvement of the patients was usual during periods of effective collaboration on the part of the personnel" (Stanton & Schwartz, 1954, p. 408). Later works by Kernberg (1973) and Heede, Runge, Storebø, Rowley, and Hansen (2009) support clarity of roles, collaboration, and caring, honest and effective communication are the hallmarks of successful interdisciplinary approaches to patient care.

Art therapy theoretical perspective

Art therapy is a mental health service that uses visual creative expression to improve and enhance the physical, mental, and emotional health of individuals. Art therapy approaches stem

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from personality theories of Freud, Jung and techniques of psychoanalysis (Junge & Asawa, 1994; Malchiodi, 2003; Rubin, 2001). Naumburg (1966) first described how pictures in art therapy can capture projections of the unconscious with more immediacy than words. Building upon analytic foundations, numerous approaches are used by art therapists today, including humanistic, cognitive behavioral, solution focused, narrative, developmental, and multi-modal. Art Therapists may employ an eclectic approach using more than one model or theory dependent on client age, presenting problems, and/or setting. For example, Huss (2009) offers an integrative, multilayered approach to art therapy which combines dynamic, systemic, and social elements through a multilayered, integrative (rather than fragmented) theoretical lens. The creative process aids people to become more physically, mentally, and emotionally healthy and functional by resolving conflicts and problems, developing interpersonal skills, reducing stress, and achieving insight (American Art Therapy Association, 2013). There is a growing body of empirically based outcome studies demonstrating art therapy's effectiveness within specific patient populations (Reynolds, Nabors, & Quinlan, 2000; Slayton, D'Archer, & Kaplan, 2010).

Dialectical Behavior Therapy theoretical perspective

Dialectical Behavior Therapy (DBT) is an empirically validated behavior therapy approach that was originally developed to treat suicidal ideation (Linehan, 1993). The treatment became particularly relevant for patients diagnosed with borderline personality disorder, where chronic suicidality is inherent in the pathology. Linehan (1993) conceptualized borderline personality disorder in terms of the biosocial theory. According to biosocial theory, the etiology of the disorder is related to the patient's sensitive neurological system coupled with growing up in an invalidating environment. Emotional dysregulation, a core feature of borderline personality disorder, is also a common feature for persons with eating disorders, trauma disorders, substance abuse disorders, bipolar disorder, depression, and anxiety disorders (Dimeff & Koerner, 2007).

The theoretical basis of DBT is the dialectical philosophy that two, seemingly opposing things can be true at the same time (Linehan, 1993). Balancing acceptance that things are as they need to be with the simultaneous truth that things need to change is one example of dialectical philosophy in action. DBT uses cognitive behavioral therapy (CBT) and Eastern traditions to decrease all or nothing thinking. "Wise mind" is a concept intended to integrate emotions and reason, with the rationale that thinking and decision-making is more sound when emotion and reason overlap (Linehan, 1993). DBT also promotes learning and practicing skills related to both acceptance and change (Linehan, 1993). The acceptance skills include mindfulness and distress tolerance. Acceptance skills are needed when either the emotion or the stressor experienced in the moment cannot be changed. Change skills include emotion regulation and interpersonal effectiveness. Change skills are used to achieve an objective in the moment such as problem solving, reducing vulnerability to negative emotions, making efforts to cultivate positive events, or maintaining a relationship.

Coordination of art therapy and DBT

Rationale

As described in Heed et al.'s (2009) study, clarity of roles and collaboration within an interdisciplinary approach were found to be markers of successful treatment. Further, Norcross and Goldfried (2005) identified the ultimate goal of integrating psychotherapy approaches is "to enhance the efficacy, efficiency, and applicability

of psychotherapy" (p. 3–4). Coordinating art therapy and DBT both in case conceptualization and in therapy sessions can reinforce skills gained within each approach alone and link parts of therapy for the patient, creating a more coherent treatment experience. The literature related to use of art therapy and DBT together is in early stages. Huckvale and Learmonth (2009) offered a case example of "Elaine," a trauma survivor with diagnoses of depression and obsessive-compulsive disorder, to explore some parallels between art therapy and DBT principles. These authors concluded psychotherapy models dependent on reflection, symbol formation and transference alone were unhelpful in treating Elaine's high level of emotional dysregulation. They found "the synergistic and catalytic processes between art, learning and therapeutic understanding" (p. 62) to be the aspects of Elaine's treatment which made it effective.

The use of mindfulness, the core skill of DBT, is described in art therapy interventions (Franklin, 2010; Monti et al., 2006) and in workshops (Dyer & Hayden, 2011). A 2006 study on the use of mindfulness based art therapy for women with cancer (Monti et al., 2006) found a significant decrease in symptoms of distress. In this study, 111 women with a cancer diagnosis were paired by age and randomized to a mindfulness based art therapy group or a waitlist control group. Participants in the mindfulness based art therapy group completed an eight-point curriculum over an eight-week cycle. In the curriculum, a mindfulness art activity was paralleled to a set of mindfulness skills. For example, week two's skill development in the curriculum was "body scan meditation, attitudinal foundations of mindfulness, and anchoring attention with breath." The corresponding art activity was a "mindful exploration of art materials and awareness of sensory stimulus and response." Eighty-four percent of the participants completed pre- and post study measurements. The group participating in the mindfulness art therapy group demonstrated significant decrease in symptoms of distress and significant improvement in key aspects of health-related quality of life using the Symptoms Checklist-90 – Revised and Medical Outcomes Study Short-Form Health Survey.

While more outcome-based studies are needed to support these preliminary findings, the benefits described suggest bilateral integration, an intervention involving the linking of the left side of the brain to the right (Siegel, 2012) to support affect regulation and stress reduction. As Dyer and Hayden (2011) describe, the novelty of repeating information in a different way, such as through artwork, can help make an idea or concept one's own, further reinforcing its retention.

Linking art therapy and DBT

Smith (2012) described the "common factor" approach in establishing theoretical links for effective integration of approaches. The common factor approach involves determining core ingredients different therapies share in common in order to create more economic and effective treatment.

Linking in theory: some common factors

A review of DBT theoretical tenants and interventions reveal commonalities with major art therapy principles. As shown in Table 1, theoretical aspects of art therapy (row one, "Art Therapy Principle") correspond with major aspects of DBT (row two, "DBT Principle"). Further, Fig. 1 provides a graphic metaphor of intertwined hands to describe the connection of theoretical parts. Like two hands working together, connected use of art therapy and DBT expands and strengthens the function of individual "finger", or aspect.

Awareness and mindfulness. Conscious awareness of authentic thoughts and feelings is a fundamental aspect of art therapy

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