



Research Article

Do creative arts therapies reduce substance misuse? A systematic review



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ABSTRACT

The complexities of substance misuse treatment indicate a need to consider the efficacy of creative arts therapies for those who find it difficult to verbalise their emotions and feelings. The focus of this systematic review is to identify and critically evaluate studies on the effectiveness of creative arts therapy interventions for reducing substance misuse, aiming at reaching some conclusions on the subject. Research studies employing randomised control trials (RCT's) and controlled clinical trials were identified across eight academic databases. A total of 3204 records were found out of which 381 were duplicates and a further 2818 were excluded as not meeting the inclusion criteria. Five RCT's met the inclusion criteria and related to music. The effect size (Cohen's *d*) of reported outcomes showed a strong positive effect for music therapy to enhance contemplation (0.9), treatment readiness (0.76), motivation (0.54) and reduction of cravings (−0.54). The results of this review should be interpreted with caution because of the small number of studies found and the difference in the treatments employed. However music therapy may be valuable in treatment plans for substance misuse. Further research is warranted to examine the long-term effectiveness of music therapy.

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Background

The nature of addiction

Addiction is a major problem to society and infiltrates all communities. The National Institute of Drug Abuse (NIDA) estimates the annual cost of addiction to the United States of America to be US\$484 billion (National Institute on Drug Abuse, 2016a). NIDA further explains the gravity addiction presents to society with over 60% of crime being related to addiction. The UK National Health Service (NHS) reported that deaths from drug misuse have risen to their highest level since comparable records have existed in 1993 (NHS Digital, 2016).

Treatment of addiction

Treatment of addiction is complex and often unsuccessful due to the problems in engagement and availability of services (Appel, Ellison, Jansky, & Oldak, 2004). This is intensified by the chronic nature of addiction whereby the user is unable to stop despite

knowing the dangers and negative effects of their substance use. Finding a process of recovery that can overcome both physical and psychological dependence on substances (Laudet, 2005), can take several cycles of treatment. This cyclical nature of seeking abstinence can be prolonged and is symptomatic of ineffectual processes aimed at the addictive behaviour. Therefore, focussing on finding ways of improving rates of treatment retention and reducing rates of relapse is a priority for researchers. Getting to the root of the problem requires a therapeutic process that allows safe exploration of emotions and feelings for those who often find it difficult to verbalise their hidden or buried fears because of concurrent mental health problems, often related to prior trauma.

Previous research has indicated that psychiatric comorbidity is common amongst those seeking treatment for substance use disorders and is reported to be as high as 75% (Weaver et al., 2003). Most substance use intervention studies tend to overlook the importance of psychological effects experienced through childhood abuse (Lopez-Patton et al., 2016). The prevalence of childhood trauma and neglect amongst patients at drug and alcohol services has led to recommendations that trauma screening be routinely included in treatment interventions (Kelly, Harrison, & Palmer, 2016). When addiction is severely entrenched unemployment and criminal activities become more prominent, leading the user into a downward spiral of destructive activities and self-stigmatisation

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(McLellan, Lewis, O'Brien, & Kleber, 2000). Strong associations with mental health issues and increased risk of substance misuse is common for dependence (Swendsen et al., 2010). Where this is evident, a psychiatrist may be part of the care team and as a result they are likely to prescribe further medications such as antipsychotic medication or antidepressants to manage symptoms (Kinderman, 2014).

The prevalence, burden and complexity of substance dependence has led to the development of a range of services to treat the problem of addiction and has resulted in many services being offered. The services may differ depending on the type of addiction and include community based programmes or residential rehabilitation, both of which offer some psychosocial interventions as well as medication if required (National Institute on Drug Abuse, 2016b).

Some services are able to offer an enhanced range of opportunities to the service user including opportunities to engage in creative activities. Residential rehabilitation centres such as the Phoenix House group also offer access to performing and visual arts therapy (Phoenix House, 2016), as part of their therapeutic programme.

Traits relating to substance misuse include loneliness, low self-esteem, an inability to communicate and the loss of a sense of control (Moore, 1983). These characteristics point towards the appropriateness of creative arts therapies as a treatment method for this group (Waller & Mahony, 2002), particularly because creative arts expression is effective when verbal expression is difficult (Kaufman, 1981).

Creative arts therapies

Our experiences shape who we are and how we relate to others (Bandura, 1977). Relationships are established as an infant before verbal communication is developed by hearing the music of communication through caregiver speech, looking and watching (Bowlby, Bowlby, & Gaitling, 2005).

In a dual diagnosis homeless population, staff in a New York modified therapeutic community, identified art therapy as a positive and beneficial contribution to the services offered as a treatment for substance misuse (Siddiqui, Astone-Twerell, & Hernitche, 2009).

In the UK there is increasing interest in and recognition of the therapeutic benefits of creative arts therapies. For example, the Royal Society for Public Health Special Interest Group recently hosted a conference exploring the contrasts and commonalities between theoretical perspectives, research methods and professional practice in creative arts therapies, medical health humanities and arts, health and wellbeing (London Arts in Health Foundation, 2016).

Additionally, the Paul Hamlyn Foundation (Paul Hamlyn Foundation, n.d.) is working to promote the use of arts both in the UK and internationally and supported through funding the Arts Strategy for Addictions developed by the South London and Maudsley Trust (SLaM). The focus is to improve access and participation to what is believed to be an opportunity to enrich the lives of those that are socially marginalised or disadvantaged (SLaM AdArt, 2016).

The British Association of Art Therapists supports and promotes the use of art therapy in rehabilitation (The British Association of Art Therapists, 2016a) with localised schemes such as a Scottish Artful Strategy initiative, promoting creative arts and the role it plays in providing improvement in the health and wellbeing of people with mental illness (Scottish Arts Council, 2008). Another similar initiative network exists in Leeds (Arts and Minds Network, 2003) providing a range of creative arts in health to support recovery, encourage creativity and mental health wellbeing. Finding social inclusion in the stigmatised world of addiction leaves many unable to recover and to find new ways of living (National Social Inclusion, 2016). The UK Department of Health has published a policy and

guidance on the review of creative arts and has concluded that there are benefits to creative arts and health initiatives being delivered across a wide range of priority areas (Department of Health, 2007).

The UK NICE guidelines in 2010 added art therapy to its list of recommended therapeutic interventions which has enabled services to justify the expansion of resources to enable provision (National Institute for Health and Care Excellence, 2014). The South London and Maudsley NHS Trust provides opportunities for addicts to participate in art groups in recognition of the associated benefits (SLaM AdArt, 2016).

The benefits are also being recognised within and beyond the NHS, who are looking to embrace art as having a central role to play in the wellbeing and health of individuals (London Arts in Health Forum, 2016).

Types of creative arts therapies

Creative arts therapies are tools to bring about change, exploring meaning and tapping into the unconscious processes. There are three key types of creative arts therapies that are offered by professional therapists that, in the UK, are registered with the Health and Care Professionals Council (HCPC, 2016); these are art, music, and drama. In addition, dance and movement therapy is currently working towards professional status registration with the same body. Creative arts therapies extend beyond these forms, including for example, literature and creative writing. A 2014 study chose belletrist literature as a therapeutic analysis tool for an aftercare group with alcohol dependence which was found to be helpful for those with higher education and an interest in literature (Rus-Makovec, Furlan, & Smolej, 2015).

The creative art therapists in the USA are registered with the Art Therapies Credential Board (Art Therapy Credentials Board Inc., n.d). The Australian and New Zealand Arts Therapy Association (ANZATA) organisation is the professional organisation for arts therapy in Australia, New Zealand and Singapore (The Australian and New Zealand Arts Therapy Association, 2016). In order to work as a creative arts therapist in the UK, a masters' level qualification is mandatory and similar levels of qualifications are required in those countries where a system of registration is obligatory. There are people working with service users that do not have these qualifications and the work that they are offering is described as the use of 'arts in health'. If the service user is receptive to this activity, it can divert their attention from their usual substance finding focus to a more useful and healthy activity. Concern about the use of creative arts therapy without adequate professional training is an ongoing area for investigation (Springham, 2008).

Art therapy

Art therapy is a protected term that can only be used by a registered art therapist. It can be defined in a clinical way as a form of psychotherapy and is considered to be psychodynamic using the art form as its primary method of communication (The British Association of Art Therapists, 2016a). The skill of art is not important but the ability to self-express what maybe cannot be put into words is the essence of the therapeutic relationship. The three way process between the therapist, the client and the art form offers the client an alternative way of communicating feelings that might be difficult to verbalise (The British Association of Art Therapists, 2016a).

Music therapy

Music therapy builds a therapeutic relationship between the therapist and client in a goal based process which addresses relational and social needs (American Music Therapy Association,

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