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The Arts in Psychotherapy 30 (2003) 265–272

THE  
ARTS<sup>IN</sup>  
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

people's talk about problems while providing a bridge to discussion of solutions (Dyes & Neville, 2000).

One example of utilizing art therapy to facilitate and break through initial treatment resistance is illustrated in an early interaction with an adolescent male being seen in a short-term inpatient substance abuse treatment program. The client was asked to draw a picture, responding to the following questions: "If your addiction were an animal, what would it be? How is this animal like you?" The client drew a picture of a black "street cat" standing tall on his hind legs with his front claws reaching into the air. He described three characteristics about the cat that he admired: (1) the cat always lands on his feet; (2) the cat has nine lives; (3) the cat can escape quickly. This activity and resulting image facilitated discussion about the client's perceived immunity to the negative consequences of addiction, affording the practitioner insight into the client's potential relapse risks (i.e., lack of awareness and/or acceptance of the vulnerabilities related to addiction behaviors).

The client's ambivalence to treatment was represented through the street cat symbol. Information about specific client beliefs related to the consequences of continued drug use was revealed through further dialogue. Clients may feel more comfortable exploring emotional material related to problem areas when the material is "revealed" through the art-making process, rather than "exposed" by direct verbal deconstruction.

Art therapy directives are used to help facilitate an understanding of the problem through externalization that makes exploration safe. Examples of general directives that help guide the art therapist towards solution-focused dialogue include the following:

- Draw your addiction. What would it look like if it were three-dimensional?
- Draw a fantasy versus a reality picture that compares and contrasts what the addiction promised you and what the reality of the experience actually was (Wilson, 2002).
- Think about an incident that occurred at a time when you were using drugs/alcohol. Draw a picture of what happened (Cox & Price, 1990).
- Draw where you are on your path to recovery.

From these more general activity directives, more specific dialogue will emerge through the discussing the art-making experience and through focused reflection on the product itself. It is during this time of focused discussion on the art expression that opportunities for new perspectives related to the client problem are revealed and new treatment directions can take course.

### *Verbal processing of visual product*

Working with clients and their art expressions requires an understanding of how to facilitate their engagement with the art material in order to construct change opportunities. In the following section, we describe our verbal processing protocol that expands on previous art therapists' processing categories that have organized dialogue around conducting an "object inventory," exploring emotional material, listening to the client's story, and retelling the client story (Moon, 1990; Nucho, 1987). Our protocol is designed to facilitate therapeutic discussion around additional aspects of the art material, such as relational properties, that lay the foundation for constructing change opportunities from a solution-focused theoretical framework. Operating from constructivist, rather than diagnostic, framework, the art therapist's works *with* the client by inviting engagement with the art activity, without imposing the art therapist's own interpretations onto the client's product.

Four categories comprise the verbal processing protocol: (1) critical engagement; (2) initial reactions; (3) relational attributes; and (4) constructing change opportunities. Solution-focused techniques will be most apparent in the latter category of the protocol. However, the new perspectives gained through processing in the first three stages of the protocol are consistent with solution-focused notions about changing people's perspectives about their problem situations so that they can create new constructions in the service of change.

During discussion processing, art therapists help clients harness new thoughts, feelings, and behaviors as they emerge from the artwork. Gathering data includes observations of both the art process as it transpires in session, as well as the art product. Special attention is paid to how the client's emotional intensity and affective content change during the session, as revealed in the client's interactions with the art materials and the product itself. Art Therapists should explore the "Gestalt" or whole of the product first, and then proceed towards exploring discrete pictorial elements, and relate these back to the whole.

### **Critical engagement**

This first component in discussing the artwork is objective and exploratory in nature, where the art therapist invites the client into a formal properties analysis. This means art therapists and clients discuss the following properties of the artwork: the various colors used; placement of objects on the page; size and shape of the objects; and the type and extent of the art medium used (Moon, 1990; Nucho, 1987).

The art therapist may begin by saying “As you look right now at your completed work, what is most noticeable to you?” Or, “What seems to catch your eye first?” Guiding questions to focus this initial formal properties exploration include:

- “Tell me about your picture.”
- “Is there content repetition?” “What does this represent?” (Content repetition may represent an attempt to gain symbolic control over pictorial elements [Malchiodi, 1998].)
- “Is there excessive shading?” (Excessive shading in a piece might indicate self-soothing behavior to mitigate anxiety [Malchiodi, 1998].)
- “What would a 3-dimensional representation of this piece look like?”
- “What would you title the picture?”

#### *Initial reactions*

The second component in verbal processing is subjective and reactive in nature, allowing for the full expression of feelings without constraint or interpretation. For example, a male client with clinical depression and substance abuse drew a tornado that devastated a building and the surrounding landscape. He might be feeling internal emotional chaos, overwhelmed by the demands of others, or he may be working towards acceptance that specific external circumstances are out of his control. The art therapist can help the client sort out these varied interpretations by inviting the client to explore associated feelings. The art therapist should also recognize his/her own emotional and cognitive reactions to the imagery, as well as those of others when working in a group setting. In exploring these initial reactions, the following guiding questions are helpful:

- What thoughts immediately come to mind as you look at your drawing?
- What are the people/objects feeling?
- How do these people/objects wish they could feel?
- Where is the spiritual center of this piece for you?
- Where is the emotional center of this piece for you?
- Where are the affirming symbols in your piece?
- Where do you find strength or hope in your picture?
- Where is the strength and hope coming from?
- Describe the energy level felt in this picture
- What surprised you the most?
- What part is most inviting?
- What was the most challenging to create?
- What part is most difficult to engage with now?
- As you look at your picture as a whole, where does it seem to reside best in the human body (e.g., head, heart, lungs, stomach, etc.)?
- What were the most significant physical sensations or physiological reactions that you got while you

were creating your artwork/that you now get when you look at your piece?

For example, one client drew an X-ray picture of her body, showing her broken heart that the client said suggested she was “too sensitive.” Ocean waves swirled around in the center of her “gut.” The client stated that this part represented the “serenity” or “peace” she feels when she is not using drugs. As the client revealed, however, the waves had “not come to visit recently.”

During the art-focused discussion, art therapists may find that clients, particularly adolescents, depict vivid images of drugs and/or drug paraphernalia in their artwork. Reflection on how such imagery might affect one’s own and others’ recovery progress is an topic issue for discussion. In addition, art therapists may ask the client to reflect on his/her intent (e.g., to harm, surprise, shock, disturb) and the desired response expected. In doing so, art therapists convey acceptance, respect, and dignity to clients and their artwork, while not endorsing the drug-using symbols and/or violent behavior represented (Graham, 1994; Malchiodi, 1998). During this component, specific feelings, thoughts, and behaviors become exposed in a safe environment through the art process, and can be labeled and contained.

#### *Relational attributes*

The third component of verbal processing is relational and interactive in nature. The art therapist explores the following patterns, themes and connections: within the piece itself (e.g., object-to-object, among shapes, colors, forms, symbols); to self; to others; to life circumstances (e.g., clients in relation to their home environment, family, neighborhood, community); and to temporal elements (e.g., past, present, future). In addition, clients should be directed to explore their own relational connection to the art-making *process* itself.

Process-oriented guiding questions, include:

- “How did the client engage with the art materials?”
- “What was the range/type of materials used?”
- “What was the nature of the client’s relationship with the art process?”
- “How does the client respond and react to the art-making process?”
- “How does the client respond to difficulty or challenge?”
- “How does the client manage frustrations as they arise?”

Relational processing with clients in either an individual or group setting helps reveal new possibilities, alternatives, and constructions. Effective facilitative

questions that tap at these relational attributes associated with the art *product* include:

- How does this picture relate to you now?
- Where in time is this picture located?
- Where is the loudest part of the drawing? What is it saying? Who is listening? Who would you like to be listening?
- What part has the softest voice? Does it wish it could say anything louder? To whom?
- Who in your life right now needs to bear witness to your art expression?
- Who in your life right now would you not invite to share in your picture?
- What part(s) need further exploration?

During group art therapy, members can be a resource for one another, maximizing the number of perspectives on the problem and new solution alternatives that are ultimately generated. For example, in a group therapy activity, members were asked to draw a picture or symbol of what they needed at the current time in their recovery. Each member drew his/her picture on one large sheet of white mural paper to convey a sense of group unity—that everyone is “on the same page.” One group member drew a picture of a cross, stating that it symbolized his need to renew a spiritual connection. The cross was drawn in light yellow, rendering it nearly imperceptible to the larger group. When the member stepped away from the mural board he, along with the rest of the group, commented on the lack of visibility represented in the drawn form. The ensuing discussion helped him recognize the need for a more visible presence of spirituality in his life.

When an area of concern is identified as needing further exploration, the art therapist can guide the client into creating a second picture, magnified onto a larger piece of paper, to exaggerate the problematic aspect. Giving heightened attention to a specific troubling part as extricated from the whole allows the client to gain a different perspective on its function, meaning, purpose and magnitude in that client’s life. This relational component of the verbal processing protocol helps the client in changing his/her orientation (cognitive, affective, and behavioral) or relationship to the problem and facilitates possibilities for solution-planning.

### *Constructing change opportunities*

Following objective, subjective and relational processing of the art-making experience and of the visual product, art therapists move into a solution-focused analysis of change opportunities. The artwork is used to seek out alternative constructions, to visualize desired changes, and to test new

possibilities by using the following facilitative questions:

- How would the picture and its message be different if you had used markers instead of paints? Chalk instead of pencil?
- What would you like to be different about your drawing?
- What part(s) of the picture do you need to “let go” of?
- Do you need to make a closure piece?
- What would a drawing, created in response to this picture, look like? What would be the title of that piece?
- What would a new ending to this story look like? What would need to come about/change for that ending to take place?

Stemming from this change-oriented, solution-focused dialogue, specific workable treatment goals can be identified through questions such as: “How can treatment help you make a difference in your life?” “What would you like to be different about your picture? About your life?” Other ways in which solution-focused techniques can be used within the art therapy process are described below.

### *Exception-finding*

One of the main principles of the solution-focused approach in constructing change possibilities is the identification of “exceptions,” periods of time when the problem is either not present or is less of a problem (Berg, 1994; Berg & Miller, 1992; Cade & O’Hanlon, 1993; O’Hanlon & Weiner-Davis, 1989). Exceptions are the means by which solutions to problems are mapped out using the client’s own unique resources and ways of solving problems. Through finding exceptions to problems, they are reduced and are perceived as less overwhelming. They also demonstrate that people are changeable and fluid; they are not fixed entities. It is emphasized through exceptions that behaviors are triggered by specific conditions or contexts rather than deeply ingrained personality characteristics (O’Hanlon & Weiner-Davis, 1989). The tangible nature of art work provides the evidence that exceptions can and do exist, and these exceptions can be examined for the details that comprise them.

To begin to identify exceptions, directives (Berg & Reuss, 1998) include asking clients to draw:

- An occasion when you withstood the temptation to use. What were you doing instead?
- What you will be doing and what your life will look like when substance abuse problems are no longer a focus?

- What will you do today in service of your recovery?
- What will your relationships look like when you are sober?
- Draw yourself in your social support network. Draw a time when you were able to successfully use this support.
- How were you able to sustain connection with your sponsor (or another important relationship important to recovery), even when you were using?
- How you were able to stop your relapse after only \_\_\_\_\_ (time period) this time?
- What are the workable parts of your life right now? What is going well for you?
- (If the client is deeply pessimistic about change) How do you manage to keep things from getting even worse?

In a group of adolescents with substance abuse problems, teens drew and colored the ways they had stopped themselves from using in the past. Drawings pictured teens counting to 10 via a cartoon bubble, staying home and sleeping while gang members drove by outside in a car, and entering the school building, unpersuaded by peers who had decided to skip. Group members acted as a resource for each other when they were asked to share their pictures in group; hence, prosocial behaviors were reinforced in the peer setting.

After eliciting information from the client about positive changes experienced, the practitioner amplifies the details about those positive changes (Berg & Reuss, 1998) (e.g., Who noticed? How did it feel? How did you make that happen? What does that say about you? What would \_\_\_\_\_ say you did differently?). The practitioner explores with clients the locus of the solution and helps them define their role in the times when the problem was not a problem, getting them to take credit for efforts made. The practitioner then works with the client in applying exceptions to problem areas (How can you use these resources when you are tempted to use? What can this tell you about how to handle \_\_\_\_\_ [a challenging situation?]).

In addition to the rich clinical information that can be gleaned from single pictures, looking at a series of art products can provide tangible “data” to identify exceptions to the problem, as a client’s orientation to the problem changes over time and these changes can be reflected in the artwork. Clients can be encouraged to go back to drawings that requested the client to illustrate “how things will look when change occurs,” and compare these with drawings that currently represent “what has changed since yesterday? Last week?” Drawing identified strengths or changes makes them more concrete and tangible through physical and emotional investment in the creative process.

For example, a visually impaired client who had struggled with his drinking for years was an active participant in art therapy at an inpatient treatment setting. The client used a guided imagery exercise to journey through a new and unfamiliar city, allowing himself to be open to the range of feelings experienced on this journey. The client’s journey and associated feelings were chronicled through two drawings created at the completion of the guided imagery exercise.

Two important symbols appeared in his drawings—a park and a fountain. The client described the journey as a frightening and unfamiliar experience where he ended up in a place that felt lost and lonely. The client shared that at one point during his journey he had decided to give up and give in to the loneliness he felt as he was uncertain if he would ever be able to find his way home, when he came upon a fountain in the park that offered him a sense of peace and security. As he sat still by the fountain he gained strength. The client asked to display his pictures, with the park and fountain as predominant symbolic content, in the therapy room where they were used as representation of his internal strength, his ability to make decisions, and his recognition of needed respite. The art process itself represented a significant internal strength—this client’s ability to draw despite his visual impairment.

#### *Reframing problems to strengths*

Given that a major tenet of the solution-focused approach is that people possess the strengths and resources on which they can build to solve problems, the art therapist should recognize that every problem behavior contains within it an inherent strength (O’Hanlon & Weiner-Davis, 1989). Reframing is a technique by which the therapist introduces people to a new way of viewing the problem. The group of adolescents with substance abuse problems as well as co-occurring delinquency behaviors was to produce, in drawing, aspects of their problematic behaviors that could be re-directed in a positive, prosocial way. One male adolescent, who was in legal trouble for dealing, showed himself using his management, organizational, and leadership abilities to make money as a banker. Another showed himself fixing cars rather than using his mechanical abilities to steal cars. Yet another youth revealed himself boxing for sport rather than fighting. In these drawings, clients gave themselves credit for the positive aspects of their behavior (Berg, 1994). Through reframing, individuals are introduced to a novel way of viewing some aspect of themselves, their problem, or situation. A new perspective on the problem can generate new actions in accordance with this frame of reference (Bertolino & O’Hanlon, 2002).

### *Scaling techniques*

Another SFT technique to engage clients concretely in the change process involves scaling questions. Scaling questions ask clients to rank a desired goal on a 1–10 scale. Implicit in the design of this technique is that progression toward desired states, behaviors, and goals are both feasible and expected.

When applied to artwork, clients are asked to make an initial rating of their drawing from 1 to 10, corresponding to a specific emotion, cognition, and/or behavior related to the drawing. A client may be challenged to determine what a “3” rather than a “1” might literally *look* like, to explore how the drawing might be changed to reach a new scale rating. Modifications may be made within the drawing, and a second rating can be provided by the client, corresponding to the new pictorial change. The following procedure can be adapted for the use of scaling questions with art work: identify the positive state, cognition, and behavior desired; provide an initial rating; make modifications; and provide a second rating that corresponds to those changes.

### *Identify the desired state*

Any piece of artwork, no matter how grim its subject matter, can be used so that 10 indicates the upper-bound rating in the direction of the desired change in terms of specific emotions, cognitions, and behaviors. For example, a client depicted a desolate and damaged tornado-stricken landscape in his drawing. The art therapist and client shared “hopelessness” as an emotional reaction to the drawing as it evoked intense feelings of being out of control and in a state of shock and crisis. When asked what the client would like to experience, the client expressed the need for a feeling of hopefulness about the possibility of a different kind of life.

### *Initial rating*

Once the desired state has been identified, the client is asked to rank his or her position in terms of 1–10. The client, in this example, provided an initial rating of “1” on the feeling of “hopefulness.” Although the overwhelming content in the drawing is of a devastating natural disaster, the art therapist notes that some stability is represented in the drawing (e.g., there is a blue sky, one part of a school building remains intact, and one tree is unscathed).

### *Modifications*

Given the initial rank provided, the client is then asked to transform an aspect of the drawing to represent movement toward the desired state. This modifying technique can symbolically help clients experience the ability to create small changes. In the

case illustration, the client was instructed to make some change in terms of adding color, changing the season, reconstructing part of a building, eliminating a fallen tree, and adding new growth to the landscape, to make the vision one of more hopefulness. The client took a black marker and reinforced the outline of the one intact building. Slowly and methodically, the client reinforced the building’s edges, leaving the interior empty.

### *Re-rating*

After the client has made modifications in the artwork, the client is asked to re-rate his or her position on the continuum toward desired change. The client in the example shared that his picture seemed “less hopeless” but “not hopeful.” As he looked at the reinforced building, the client still struggled with the instability and crisis represented in the rest of the picture. The art therapist, acknowledging his struggle with difficult emotions, helped redirect the client toward greater recognition and acceptance of the small change experienced on the hope emotional continuum as elicited from his drawing. This process can offer clients a sense of control over an imagined world. It can also be helpful in encouraging clients to try something different and to consider how they might be able to sustain such ratings through implementation of specific behavior changes.

### *Miracle question*

The miracle question, another SFT technique that orients clients toward change, can be implemented through drawing directives. The miracle question asks clients to imagine that “the problems that brought you here are solved. How will you know the problem is solved? What will you be doing at that time? What will others notice is different about you? How will that be helpful?” (Berg & Reuss, 1998, p. 30). Or, “Imagine overnight something has changed inside of your heart . . . without you noticing it.” The latter directive indicates a slight difference from the classic form of the miracle question, implying that change takes place at first inside of the person, from one’s emotional/spiritual center.<sup>1</sup> This modified miracle question is important to art therapy work as it invites clients to recognize, honor, and speak from multiple dimensions (not only the thinking dimension, but also feelings as connected to a place in the body).

Clients are then asked to illustrate through coloring, sculpture, and imagery what that miracle day looks like. The art process helps clients concretely visualize change by bridging the mind’s image with

<sup>1</sup> This change was developed at the Verein zur Förderung der Familientherapie by Peter Nemetschek to adapt the question to the German cultural background.

tangible behavioral outcomes, creating evidence of what that desired reality would look like. The evidence of the vision—the art form—can be modified, reworked, and further constructed, thereby symbolically demonstrating to the client the malleability and flexibility of existing life problems and circumstances.

## Conclusion

This article has explored the compatibility of art therapy and solution-focused treatment and how these two methods can be integrated for the treatment of substance abuse. Ideas for solution-focused art therapy directives have been provided, as has a verbal processing protocol. This protocol identifies the critical areas to explore in relation to the client's art work.

In summary, art making offers opportunities for a more focused practitioner–client relationship, developed around the client's artwork. In addition, the artwork itself can become a tangible documentation of change. Multiple drawings created over a period of time can be a way to track client change. At critical incidents (e.g., time of loss or transition), and particularly during the termination phase, a review of progress can be made, viewing clients' changes in their artwork.

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