

Evaluating the Effects of Creative Journal Arts Therapy for Survivors of Domestic Violence

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ABSTRACT

The authors implemented a small series ($N = 3$) single-case research design to assess the effectiveness of a 9-session creative arts therapy treatment program for adult survivors of domestic violence. Analysis of participants' scores on the Outcome Questionnaire (OQ-45.2) and Brief Resilience Scale using the percentage of nonoverlapping data procedure yielded treatment effects indicating that a creative arts therapy treatment program may be effective for reducing mental health symptoms and improving resiliency. It is recommended that this body of research continue for other educational, work, and health settings.

KEYWORDS

Abuse; counseling; creative arts therapy; creativity in counseling; domestic violence; single-case

Domestic violence in the United States continues to grow (Binkley, 2013). According to the National Coalition Against Domestic Violence (NCADV; 2007), 85% of reported domestic violence victims are women and 25% of women experience domestic violence. The NCADV portrays domestic violence as an epidemic impacting individuals from every community, irrespective of age, race, religion, economic status, or educational background and defines it as “willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior” (National Coalition Against Domestic Violence, 2007, p. 1). Some effects of domestic violence include depression, anxiety, low self-esteem (Zlotnick, Johnson, & Kohn, 2006), reduced self-concept, and trauma. Given the prevalence of domestic violence and the negative psychological and emotional impact, counselors ought to be aware of effective interventions and treatments to victims who seek services. Professional counselors can mitigate the effects of domestic violence in relationships, families, and systems to ensure future generations experience lower rates of incidents (Binkley, 2013). Because individuals may have difficulty discussing their trauma, creative arts therapy may be helpful for treating survivors of domestic violence from psychological stressors they experience. Using creative arts therapy in counseling with survivors of

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domestic violence can be a therapeutic, nonthreatening way to aid these clients in addressing and healing from the abuse they have experienced (Binkley, 2013).

Fundamentals of creative arts therapy

Several authors suggested that creative arts therapy might be a promising approach when working with survivors of domestic violence (Boldt & Paul, 2011; Binkley, 2013; Puig, Min, Goodwin, & Sherrard, 2006). Creative arts therapy is based on the proposition that people can use creativity to elicit emotional expression through alternative means of communication (Puig et al., 2006). Creative arts interventions can help individuals explore their emotions and experiences without the risk of retraumatization (Binkley, 2013). Creative arts interventions might also facilitate emotional expression, improve psychological well-being (Puig et al., 2006), and improve self-expression (Boldt & Paul, 2011). Compared with openly talking about feelings and thoughts, counselors can use creative interventions to encourage clients to explore feelings in a safe manner through alternative methods (Binkley, 2013). Some interventions and techniques include art, poetry, drama, paintings, and clay sculpting. Researchers have demonstrated that art can help clients cope with hopelessness, loneliness, and sadness, as well as reconnect inner conflicts and reframe emotions (Kim, 2010). Given that victims of domestic violence might have difficulty expressing emotions and experiences, the use of creative arts interventions might provide a safe alternative for treatment (Binkley, 2013).

Several studies have documented the efficacy of creative arts interventions with clients or family caregivers. Walsh, Martin, and Schmidt (2004) evaluated the efficacy of a creative arts intervention with family caregivers of patients with cancer. Creative arts activities included healthy image posters, monoprint activities, a mandala, and a silk wall hanging. Participants showed improvements in anxiety, stress, and emotions as a result of participation in creative arts activities. Walsh et al. (2004) suggested that an important part of the intervention was the tangible product that clients were able to retain as artifacts of emotional expression. In another investigation, Puig, Min, Goodwin, and Sherrard (2006) examined the efficacy of creative arts therapy on breast cancer patients' emotional expression, spirituality, and psychological well-being. Mental health counselors provided patients individual counseling sessions with a creative art therapy framework. Activities included poetry, guided imagery, and visual representations. These researchers found that participants' enhanced psychological well-being through decreasing tension-anxiety, depression-dejection, anger-hostility, and confusion-bewilderment.

Purpose of the study

Given the negative consequences of domestic violence such as low self-esteem, depression, and anxiety, understanding the effectiveness of interventions with survivors of domestic violence is important. However, no single-case studies were found that explored the efficacy of a creative journal arts therapy intervention with this population. Gladding (2011) noted the lack of research on creativity, and stated how less than one half of 1% of all research in counseling and psychology is conducted on creativity. As a result, the purpose of this study was to measure the efficacy of a creative journal arts counseling intervention to increase resilience and reduce clinical symptoms in survivors of domestic violence. The creative journal arts therapy sessions in the current study complemented the description of techniques outlined in Capacchione's (1991, 2006) textbooks along with other creative arts therapy references.

Method

We implemented a small series ($N = 3$) of A-B single case research designs with adult survivors of domestic violence admitted into treatment at an outpatient community counseling clinic. We evaluated the treatment effect associated with a rehabilitative program utilizing creative journal arts therapy for reducing mental health symptoms and improving resiliency.

Participant characteristics

Participants in this study were three adults admitted into treatment at an outpatient community counseling clinic in the central southern region of the United States who were between the ages of 19 to 46 years. Participants were three women with a mean age of 30 ($SD = 14$). Participants were all of heterosexual affective orientation with Hispanic ethnic identities. Our participants were selected based on the cautionary cut-off scores identifying mental health needs from the Outcome Questionnaire (OQ-45.2; Lambert et al., 1996) at intake, which includes measurement across scales for symptom distress, interpersonal relations, and social role. Participants were assigned pseudonyms to protect their identity.

Participant 1

Jessica was a 26-year-old Hispanic woman who had a history of receiving mental health services at a local church and wellness center where she received individual outpatient counseling services. She was a child protective services-mandated client based on experiencing domestic violence. Her children were removed from her home due to drug-related issues. Jessica's goals

of therapy and focus of treatment were to reduce clinical symptoms as well as improving her self-esteem, resilience, and healthy relationships.

Participant 2

Leah was a 46-year-old Hispanic woman who had no history of receiving mental health services. Leah's goals of therapy and focus of treatment were to assist Leah in reduce clinical symptoms as well as improve resilience. She reported experiencing domestic violence for approximately 10 years. Although she wanted to leave her perpetrator, she did not want to leave out of fear of losing her children.

Participant 3

Anna was a 19-year-old Hispanic woman who had no history of receiving mental health services and only had a history of receiving counseling services by her high school counselor. She reported witnessing domestic violence in her family setting. Anna's goals of therapy and focus of treatment were to reduce her clinical symptoms and improve her self-identity and self-concept.

Measurement of constructs

OQ-45.2

The OQ-45.2 is a 45-item self-report outcome questionnaire for adults 18 years of age and older. Each item is associated with a 5-point Likert-type scale with responses ranging from 1 (never) to 5 (almost always). This assessment was designed to include items relevant to three domains central to mental health: symptom distress (SD), interpersonal relations (IR), and social role performance (SR; Lambert et al., 1996). The OQ-45.2 can be administered weekly and has a total possible score of 180. A total scale score of 63 indicates symptoms of clinical significance. Previous psychometric evaluations have revealed internal consistency levels of .93 and test-retest reliability of .84 (Kadera, Lambert, & Andrews, 1996; Umphress, Lambert, Smart, & Barlow, 1997). Test-retest reliability for subscale scores have been estimated to range from .78 to .82 with internal consistency estimates from .71 to .92 (Lambert et al., 1996).

Brief Resilience Scale

The Brief Resilience Scale (BRS; Smith et al., 2008) is a self-report inventory to measure individuals' recovery from stress. The BRS was administered weekly, and participants responded to six statements evaluated on a 5-point Likert-type scale. Sample items include, "I tend to bounce back quickly after hard times" and "I usually come through difficult times with little trouble." The mean score is used to create a resilience score with higher scores reflective of higher levels of resilience.

Internal reliability coefficients range from .80 to .91 (Smith et al., 2008) and test-retest reliability ranges from .62 to .69 over 1 and 3 months (Smith et al., 2008).

Context of study

Participants were selected based on eligibility for services at the facility during intake. The facility provides services to battered victims, their children, and victims of sexual assault, as well as extensive educational and violence prevention programs. Their services include a 24-hour hotline, accompaniment to the hospital, police interviews and court proceedings, counseling, support groups, and temporary shelter.

Treatment

Participants received six to nine sessions of individual creative arts therapy using the description of techniques and activities outlined in Lucia Capacchione's (1991, 2006) work on creative interventions. Martha Sanchez is a certified creative journal arts therapist after completing a one year training program under clinical supervision. Based on her knowledge and application of Capacchione's work, she adapted creative techniques into a treatment program to help clients express emotions and re-imagine a positive future outcome. For Session 1, she selected and implemented techniques to build a strong therapeutic relationship and help clients meet their inner child by drawing with their non-dominant hand. For Session 2, she selected techniques (e.g., clay sculpting and doodle drawing) to help clients embrace their vulnerable child. Sessions 3 and 4 focused on helping clients accept their angry child by journaling and water painting. Sessions 5 and 6 focused on helping self-healing through breathing meditation, dance movements, and writing letters to people who hurt them. In the final sessions, she selected techniques to help clients develop personal wellness through drawing, mask-making, and collage-making. Sample activities included (a) drawing with non-dominant hand, (b) creating balloons with positive affirmations, and (c) drawing a door with new values and goals (Capacchione, 1991, 2006; Vela, Ikononopoulos, Dell'Aquila, & Vela, 2016).

Procedure

The principle investigators evaluated treatment effect using A-B single-case research designs to determine the effectiveness of a creative arts therapy treatment program (see Lundervold & Belwood, 2000; Sharpley, 2007) using scores on the OQ-45.2 (Lambert et al., 1996) and BRS (Smith et al., 2008) as outcome measures. After 3 weeks of data collection, the baseline phase of data collection was completed. The treatment phase began after the third baseline measure where the first creative journal arts therapy session

occurred. After the 12th week of data collection, the treatment phase of data collection was completed. Starting the 13th week, the creative journal arts therapy intervention was withdrawn. The percentage of nonoverlapping data (PND) procedure was implemented to analyze the quantitative data of the A-B single case designs (Scruggs, Mastropieri, & Casto, 1987).

A visual trend analysis is reported as data points from each phase are graphically represented to provide visual representations of change over time (Sharpley, 2007). An interpretation of effect sizes was conducted to determine the effectiveness of the creative arts therapy intervention when comparing each phase of data collection (Sharpley, 2007). PND values are typically interpreted using the estimation of treatment effect provided by Scruggs and Mastropieri (1998) wherein values of .90 and greater are indicative of very effective treatments, those ranging from .70 to .89 represent moderate effectiveness, those between .50 to .69 are debatably effective, and scores less than .50 are regarded as not effective. This procedure was completed for each participant's scores on the OQ-45.2 and the BRS.

Data analysis

We implemented the PND (Scruggs et al., 1987) to analyze scores on the OQ-45.2 and the BRS across phases of treatment. The PND procedure yields a proportion of data in the treatment phase that overlaps with the most conservative data point in the baseline phase. PND calculations are expressed in a decimal format that ranges between 0 and 1 with higher scores representing greater treatment effects (Lenz, 2013). Upon considering the percentage of data exceeding the median procedure (PEM) (Ma, 2006), we chose to use the PND because it is considered to be a more robust method of calculating treatment effectiveness than the PEM statistic (Lenz, 2013). This metric is conceptualized as the percentage of treatment phase data that exceeds a single noteworthy point within the baseline phase. Because we aimed for a decrease in OQ-45.2 scores, the lowest data point in the baseline phase was used. The highest data point was used to calculate the PND statistic for the BRS because we desired to improve participants' resilience. (Lenz, 2013).

To calculate the PND statistic, data points in the treatment phase on the therapeutic side of the baseline are counted, and then divided by the total number of points in the treatment phase. In addition to exploring PND values, we completed an item analysis of OQ-45.2 and BRS scores that explained changes within psychological constructs and visual analysis of data trend, variability, and range (Sharpley, 2007).

Results

Figure 1 depicts estimates of treatment effect on the BRS score, and Figure 2 depicts estimates of treatment effect on the OQ-45.2 Total scale score using

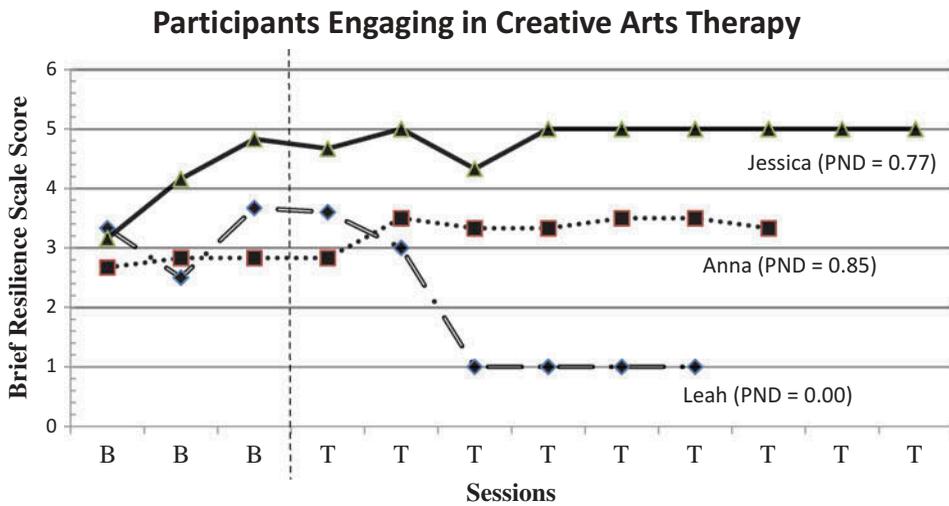


Figure 1. Graphical representation of ratings for resilience by Jessica, Leah, and Anna. PND = percentage of nonoverlapping data. B = Baseline, T = Treatment.

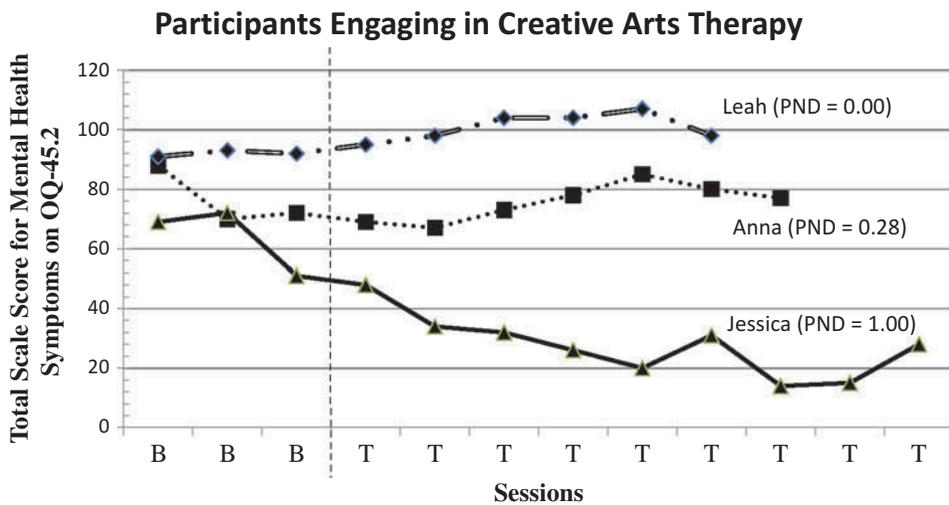


Figure 2. Graphical representation of ratings for mental health symptoms on OQ-45.2 by Jessica, Leah, and Anna. PND = percentage of nonoverlapping data. B = Baseline, T = Treatment.

PND across all participants. Detailed description of participant experience is provided below.

Participant 1

Findings from this study indicate that Jessica showed improvements in resiliency as well as symptom distress, interpersonal relations, and social roles. Jessica’s ratings on the BRS illustrate that the treatment effect of a

creative journal arts therapy intervention was moderately effective for improving her BRS score. Evaluation of the PND statistic for the BRS score measure (0.77) indicated that seven out of nine scores were on the therapeutic side above the baseline (resiliency scale score of 4.83). Jessica successfully improved her resiliency during treatment as evidenced by improved scores on items such as “I tend to bounce back quickly after hard times,” “It does not take me long to recover from a stressful event,” and “I usually come through difficult times with little trouble.” Scores above the PND line were within a 0.17-point range. Trend analysis depicted a consistent level of improvement following the third baseline measure. Because of a positive trend in baseline data, improvement in Jessica’s resiliency scores may have been a result of extraneous factors outside of the creative arts therapy sessions.

Jessica’s ratings on the OQ-45.2 illustrate that the treatment effect of a creative journal arts therapy intervention was very effective for decreasing her total scale score measuring mental health symptoms. Before treatment began, two of Jessica’s baseline measurements were above the cut-score guideline on the OQ-45.2 of a total scale score of 63, which indicates symptoms of clinical significance. Evaluation of the PND statistic for the total scale score measure (1.00) indicated that all nine scores were on the therapeutic side below the baseline (total scale score of 51). Jessica successfully reduced her mental health symptoms during treatment as evidenced by improved scores on items such as “I am a happy person,” “I feel loved and wanted,” and “I find my work/school satisfying.” This contention became most apparent after the first treatment session when Jessica continuously scored lower on a majority of her symptom dimensions such as symptom distress, interpersonal sensitivity, and social role. Scores below the PND line were within a 37-point range. Trend analysis depicted a consistent level of improvement following the first treatment measure.

Jessica’s ratings on the OQ-45.2 illustrate that the treatment effect of a creative journal arts therapy intervention was very effective for decreasing her Symptom Distress scale score. Before treatment began, two of Jessica’s baseline measurements were above the cut-score guideline on the OQ-45.2 of a symptom distress scale score of 36, which indicates symptoms of clinical significance. Evaluation of the PND statistic for the Symptom Distress scale score measure (1.00) indicated that all nine scores were on the therapeutic side below the baseline (Symptom Distress scale score of 29). Jessica successfully reduced her symptom distress measure during treatment as evidenced by improved scores on items such as “I feel no interest in things,” “I have thoughts of ending my life,” and “I feel worthless.” Scores below the PND line were within a 19-point range. Trend analysis depicted a consistent level of improvement following the second treatment measure.

Jessica's ratings on the OQ-45.2 illustrate that the treatment effect of a creative journal arts therapy intervention was very effective for improving her Interpersonal Relations scale score. Before treatment began, two of Jessica's baseline measurements were above the cut-score guideline on the OQ-45.2 of an Interpersonal Relations scale score of 15, which indicates symptoms of clinical significance. Evaluation of the PND statistic for the Interpersonal Relations scale score measure (1.00) indicated that all nine scores were on the therapeutic side below the baseline (Interpersonal Relations scale score of 14). Jessica successfully improved her interpersonal relations measure during treatment as evidenced by improved scores on items such as "I feel unhappy in my marriage/significant relationship," "I am concerned about family troubles," and "I feel my love relationships are full and complete." Scores below the PND line were within a 12-point range. Trend analysis depicted a consistent level of improvement following the second treatment measure.

Jessica's ratings on the OQ-45.2 illustrate that the efficacy of a creative journal arts therapy intervention was debatably effective for improving her Social Role Scale score. Before treatment began, one of Jessica's baseline measurements were at the cut-score guideline on the OQ-45.2 of a Social Role Scale score of 12, which indicates symptoms of clinical significance. Evaluation of the PND statistic for the Social Role Scale score measure (0.66) indicated that six out of nine scores were on the therapeutic side below the baseline (Social Role Scale score of 8). Jessica successfully improved her social role measure during treatment as evidenced by improved scores on items such as "I work/study too much," "I feel stressed at work/school," and "I enjoy my spare time." Scores below the PND line were within a 6-point range. Trend analysis depicted a consistent level of improvement following the fourth treatment measure.

Participant 2

Findings from this study indicate that Leah did not show improvements in resiliency as well as symptom distress, interpersonal relations, and overall scores on the OQ. Leah's ratings on the BRS illustrate that the treatment effect of a creative journal arts therapy intervention was not effective for improving her BRS score. Evaluation of the PND statistic for the BRS score measure (0.00) indicated no scores were on the therapeutic side above the baseline (Resiliency Scale Score of 3.67). Leah was unable to improve her resiliency during treatment as evidenced by decreased scores on items such as "I tend to bounce back quickly after hard times," "It does not take me long to recover from a stressful event," and "I usually come through difficult times with little trouble." Trend analysis depicted a consistent level of decline following the first treatment measure.

Leah's ratings on the OQ-45.2 illustrate that the treatment effect of a creative journal arts therapy intervention was not effective for decreasing her Total scale score measuring mental health symptoms. Before treatment began, all three of Leah's baseline measurements were above the cut-score guideline on the OQ-45.2 of a total scale score of 63, which indicates symptoms of clinical significance. Evaluation of the PND statistic for the total scale score measure (0.00) indicated all six scores were above the baseline (total scale score of 91) and not on the therapeutic side. Leah was unable to reduce her mental health symptoms during treatment as evidenced by decreased scores on items such as "I am a happy person," "I feel loved and wanted," and "I find my work/school satisfying." This contention became most apparent after the first treatment session when Leah continuously obtained worsened scores on a majority of her symptom dimensions such as symptom distress, interpersonal sensitivity, and social role. No scores were below the PND line, and scores above the PND line were within a 16-point range. Trend analysis depicted a consistent level of worsened scores following the first treatment measure.

Leah's ratings on the OQ-45.2 illustrate that the treatment effect of a creative journal arts therapy intervention was not effective for decreasing her Symptom Distress scale score. Before treatment began, all three of Leah's baseline measurements were above the cut-score guideline on the OQ-45.2 of a symptom distress scale score of 36, which indicates symptoms of clinical significance. Evaluation of the PND statistic for the Symptom Distress Scale score measure (0.16) indicated only one score were on the therapeutic side below the baseline (Symptom Distress Scale score of 52). Leah was unable to reduce her symptom distress measure during treatment as evidenced by decreased scores on items such as "I feel no interest in things," "I have thoughts of ending my life," and "I feel worthless." Scores below the PND line were within a 4-point range. Trend analysis depicted a consistent level of worsened symptom distress scores following the second treatment measure.

Leah's ratings on the OQ-45.2 illustrate that the treatment effect of a creative journal arts therapy intervention was not effective for improving her Interpersonal Relations Scale score. Before treatment began, all three of Leah's baseline measurements were above the cut-score guideline on the OQ-45.2 of an interpersonal relations scale score of 15, which indicates symptoms of clinical significance. Evaluation of the PND statistic for the Interpersonal Relations Scale score measure (0.00) indicated that all six scores were above the baseline (Interpersonal Relations Scale score of 22) and not on the therapeutic side. Leah was unable to improve her interpersonal relations measure during treatment as evidenced by worsened scores on items such as "I feel unhappy in my marriage/significant relationship," "I am concerned about family troubles," and "I feel my love relationships are full and complete." No scores were below the PND line, and scores above the PND line

were within a 5-point range. Trend analysis depicted a consistent level of worsened scores following the first treatment measure.

Leah's ratings on the OQ-45.2 illustrate that the treatment effect of a creative journal arts therapy intervention was not effective for improving her Social Role Scale score. Before treatment began, all three of Leah's baseline measurements were above the cut-score guideline on the OQ-45.2 of a Social Role Scale score of 12, which indicates symptoms of clinical significance. Evaluation of the PND statistic for the Social Role Scale score measure (0.00) indicated that all six scores were above the baseline (Social Role Scale score of 16) and not on the therapeutic side. Leah was unable to improve her social role measure during treatment as evidenced by worsened scores on items such as "I work/study too much," "I feel stressed at work/school," and "I enjoy my spare time." No scores were below the PND line, and scores above the PND line were within a 5-point range. Trend analysis depicted a consistent level of worsened scores following the second treatment measure.

Participant 3

Findings from this study indicate that Anna showed improvements in resiliency as well as symptom distress, interpersonal relations, and overall scores on the OQ. Anna's ratings on the BRS illustrate that the treatment effect of a creative journal arts therapy intervention was moderately effective for improving her BRS score. Evaluation of the PND statistic for the BRS score measure (0.85) indicated that six out of seven scores were on the therapeutic side above the baseline (Resiliency Scale score of 2.83). Anna successfully improved her resiliency during treatment as evidenced by improved scores on items such as "I tend to bounce back quickly after hard times," "It does not take me long to recover from a stressful event," and "I usually come through difficult times with little trouble." Scores above the PND line were within a 0.67-point range. Trend analysis depicted a consistent level of improvement following the first treatment measure.

Anna's ratings on the OQ-45.2 illustrate that the treatment effect of a creative journal arts therapy intervention was not effective for decreasing her total scale score measuring mental health symptoms. Before treatment began, all three of Anna's baseline measurements were above the cut-score guideline on the OQ-45.2 of a total scale score of 63, which indicates symptoms of clinical significance. Evaluation of the PND statistic for the total scale score measure (0.28) indicated two out of seven scores were on the therapeutic side below the baseline (total scale score of 70). Anna struggled to reduce some of her mental health symptoms during treatment as evidenced by inconsistency in scores on items such as "I am a happy person," "I feel loved and wanted," and "I find my work/school satisfying." This contention became most apparent after the first treatment session when Anna continuously scored below

her baseline measure up until the fourth treatment measure. It is important to note that all of Anna's scores were still within the clinical significance range. Scores below the PND line were within a 3-point range.

Anna's ratings on the OQ-45.2 illustrate that the treatment effect of a creative journal arts therapy intervention was not effective for decreasing her Symptom Distress Scale score. Before treatment began, all three of Anna's baseline measurements were above the cut-score guideline on the OQ-45.2 of a symptom distress scale score of 36, which indicates symptoms of clinical significance. Evaluation of the PND statistic for the Symptom Distress Scale score measure (0.42) indicated three out of seven scores were on the therapeutic side below the baseline (Symptom Distress Scale score of 45). Anna struggled to reduce some of her symptom distress measure during treatment as evidenced by inconsistent scores on items such as "I feel no interest in things," "I have thoughts of ending my life," and "I feel worthless." Scores below the PND line were within a 4-point range. Trend analysis depicted a consistent level of improvement up until the third treatment measure where scores began to rise above the baseline.

Anna's ratings on the OQ-45.2 illustrate that the treatment effect of a creative journal arts therapy intervention was not effective for improving her Interpersonal Relations scale score. Before treatment began, one of Anna's baseline measurements were above the cut-score guideline on the OQ-45.2 of an interpersonal relations scale score of 15, which indicates symptoms of clinical significance. Evaluation of the PND statistic for the Interpersonal Relations Scale score measure (0.28) indicated two out of seven scores were on the therapeutic side below the baseline (Interpersonal Relations Scale score of 14). Anna displayed little improvement in her interpersonal relations measure during treatment as evidenced by inconsistent scores on items such as "I feel unhappy in my marriage/significant relationship," "I am concerned about family troubles," and "I feel my love relationships are full and complete." Scores below the PND line were within a 2-point range. Trend analysis depicted improved scores below the baseline until the third treatment measure where scores were consistent around the baseline measure.

Anna's ratings on the OQ-45.2 illustrate that the treatment effect of a creative journal arts therapy intervention was not effective for improving her Social Role Scale score. Before treatment began, one of Anna's baseline measurements was at the cut-score guideline on the OQ-45.2 of a Social Role Scale score of 12, which indicates symptoms of clinical significance. Evaluation of the PND statistic for the Social Role Scale score measure (0.00) indicated all seven scores were above the baseline (Social Role Scale score of 11) and not on the therapeutic side. Anna was unable to improve her social role measure during treatment as evidenced by worsened scores on items such as "I work/study too much," "I feel stressed at work/school," and "I enjoy my spare time." No scores were below the PND line, and

scores above the PND line were within a 5-point range. Trend analysis depicted a consistent level of worsened scores following the first treatment measure.

Discussion

The results of this study yielded some encouraging findings related to using creative journal arts therapy for survivors of domestic violence. Creative journal arts therapy appeared to be efficacious for reducing mental health symptoms and improving resiliency for the first participant Jessica, not efficacious for reducing mental health symptoms and improving resiliency for the second participant Leah, and not efficacious for reducing mental health symptoms and moderately efficacious for improving resiliency for the third participant Anna. For participant Leah, her treatment may not have been efficacious due to the difficulties she was experiencing during the course of the study. Throughout treatment, Leah expressed her struggle to end the relationship with her abuser, as well as difficulty complying with child protective services mandates. Her story provides insight into the challenges in breaking the cycles of domestic violence in relationships and relates to the literature on the negative psychological and emotional effects domestic violence has on women (Binkley, 2013). Taken together, these findings provided modest support that using creative arts therapy for survivors of domestic violence may be an efficacious practice.

Several dimensions showed greater improvement over time, including resiliency, symptom distress, and interpersonal relations. The dimension of social role tended to show less improvement over time among some participants. We also observed that creative arts therapy provided clients with opportunities to share significant stories, explore positive elements within their artwork, and discover what these elements suggested about them. In this manner, creative arts therapy assisted participants to express emotions and explore new meaning, as well as further develop their sense of value and resiliency while improving mental health. Finally, throughout treatment, many similarities were identified within participants' sessions such as history of domestic violence, mental health issues, low self-esteem, and reduced self-concept.

Recommendations for practice and research

First, we recommend that counselors use creative journal arts therapy with survivors of domestic violence in a variety of settings. Some of the moderators from the creative arts therapy sessions that had the most treatment effect included clay sculpting, drawing a picture, poetry, movement and dance meditation, journaling, and mask-making. Second, we recommend that counselors consider alternative treatments with survivors of domestic violence. Cognitive processing therapy is a cognitive behavioral therapy for

posttraumatic stress disorder (PTSD), which is used for adult clients with a PTSD diagnosis. CPT has been shown to significantly reduce PTSD and depressive symptoms in controlled trials for female interpersonal violence survivors (Chard, 2005; Resick et al., 2008; Resick, Nishith, Weaver, Astin, & Feuer, 2002). A similar strength-based approach is Trauma Affect Regulation: Guide for Education and Therapy (TARGET) for survivors of physical, sexual, psychological, and emotional trauma (Ford & Russo, 2006). Counselors should consider using creative arts therapy as well as the aforementioned approaches when working with survivors of domestic violence.

In addition, further research using experimental between-group designs with random assignment and comparison groups can aid researchers in identifying reasons for change with this population. Exploring the combination of creative journal arts interventions with evidenced-based approaches (e.g., cognitive behavior therapy) is an important area of investigation. Second, qualitative research exploring what aspects of creative journal interventions is vital. Asking participants about specific creative interventions or how specific interventions help them improve resilience or reduce clinical symptoms will provide further insight. Researchers can encourage participants of creative arts interventions to share their experiences and perspectives about the efficacy of those interventions. Finally, researchers should explore studies to determine what types of female clients might be most receptive to creative journal arts interventions.

Limitations

There are some limitations that must be taken into consideration. First, we did not include any withdrawal measures in the current study. Although researchers use the A-B and A-B-A design in single-case research, we did not use an A-B-A design that would have provided stronger internal validity to evaluate changes of creative arts therapy (Lenz, Speciale, & Aguilar, 2012). Second, Lenz (2015) speculated that the use of multiple baseline studies may allow for greater internal validity and inferences related to causal effects. Some of the treatment effect seen with participants may have been the result of extraneous factors, as positive data trends were observed in some baseline samples. Although three baseline measurements are considered sufficient in single-case research, using five baseline measures might have allowed outcome questionnaire and resilience scores to stabilize prior to their counseling experience (Lenz, 2015).

Conclusion

Using creative journal arts therapy to assist survivors of domestic violence on improving clinical mental health symptoms and improving resiliency is a strategy that should be considered by counselors in clinical outpatient settings

and hospitals. The results of this single-case research found that creative journal arts therapy for survivors of domestic violence was associated with generally improved scores for resiliency and moderate improvement in scores for symptoms distress and interpersonal relations. In the current study, we provide guidelines for counselor educators and practitioners to consider when implementing treatment approaches for survivors of domestic violence with clinical mental health symptoms and trauma. We also recommend that counselor educators, supervisors, and educational leaders promote creative arts therapy, which might be effective when working with survivors of domestic violence.

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