

A Case Report Illustrating the Use of Creative Writing As A Therapeutic Recreation Intervention in a Dual-diagnosis Residential Treatment Center

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Creative writing can be used as a therapeutic recreation intervention in a dual-diagnosis, residential treatment program. A case report of a 24-year-old woman with diagnoses of Alcohol Abuse, Recurrent Major Depression and Impulse Control Disorder is presented which illustrates the use of creative writing as a treatment intervention. Therapeutic recreation goals can be achieved by utilizing creative writing techniques as demonstrated by this case.

KEY WORDS: *Creative Writing, Dual-diagnosis, Therapeutic Recreation*

Introduction

The use of creative writing as a therapeutic recreation intervention has received some at-

tention in the literature (Murray 1997; Rancourt, 1991) as has the use of creative writing in the treatment of chemical dependency (Alschuler, 2000; Gillispie, 2001; Mazza, 1979).

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Murray presented journaling as a tool for the Certified Therapeutic Recreational Specialist (CTRS) to utilize in helping patients generate insight through self-reflection and explore options regarding pertinent clinical issues. Rancourt described creative writing in general as an integral part of a Comprehensive Leisure Education Program (CLEP) in which patients in treatment for substance abuse recognized the need for creativity in their recovery. Alschuler, Gillispie and Mazza demonstrated the use of poetry as an effective means of helping patients with chemical dependencies to identify and process feelings, clarify values and receive positive support from peers.

The purpose of this article is to present a case report on the use of creative writing as part of a comprehensive therapeutic recreation program in a dual-diagnosis, residential treatment center. In order to maintain patient confidentiality, a pseudonym has been chosen for the subject of this case report and other biographical information that may compromise anonymity has been fictionalized.

Background Information

Patty was a 24 year-old, single white female from California, referred to treatment as the result of an intervention initiated by her parents. She was a university student attending her third year of undergraduate studies. Her parents reported that Patty had dropped most of her classes and appeared to be very depressed. Patty described herself to an intake counselor as a "binge drinker" and reported a history of clinical depression that dated back to childhood, though she had never been hospitalized for her depression. Patty reported that she lived by herself, off-campus, and engaged in a number of self-destructive behaviors in response to anxiety and depression. These behaviors included cutting on her arms and legs with sharp objects. She stated an older brother, who was her only sibling, had sexually abused her when she was a child. Patty reported an increase in depression and anxiety secondary

to entering a romantic relationship with a male with whom she attended school.

In light of this information, Patty was admitted into treatment with a preliminary diagnosis of Alcohol Abuse, Recurrent Major Depression and Impulse Control Disorder. The treatment center she was admitted into consisted of ten adobe buildings spread out across fifty acres of rural desert land. Patients lived together in groups of four in dorm-style housing units, sharing a common bathroom and study area. The dorm rooms were comfortable and decorated with a Southwestern theme. The entire patient population, which numbered about fifty, shared a common recreation lounge in a building separate from the housing units. The lounge provided large sofas and stuffed chairs, as well as a stone fireplace. A common exercise room, carpeted and air-conditioned, was also available for use. Patients ate meals together in a cafeteria-style dining hall, which included a complete salad bar and sandwich bar. They attended lectures together in a large group room equipped with an erasable board and an over-head projector and attended smaller groups in cozier rooms with tile floors, woven rugs, and folk art hung on the walls.

The clinical program was based on the concept of milieu therapy. Patients met together as a community in the lecture hall each morning and each evening. Though staff members were present at community meetings, designated patients facilitated it. The patients organized their own schedule of volunteer duties, verbalized community concerns or grievances, and recognized significant accomplishments they had achieved in therapy.

The daily schedule consisted of a two-hour cognitive-behavioral therapy group, with no more than ten patients assigned to each group. Referred to as "primary therapy", these groups were facilitated by a Master's level therapist. Primary therapy was augmented daily by smaller focus groups, often experiential in nature, covering such topics as grief, spirituality, trauma, and relapse prevention. Therapeutic recreation was offered as one of the focus groups. All of the therapeutic recreation

groups were facilitated by a Masters level Certified Therapeutic Recreation Specialist (CTRS). Additionally, some patients received weekly 1:1 therapy sessions with more highly trained staff, such as a Ph.D.-level therapist or a psychiatrist, in order to explore issues such as sexual compulsivity or the management of a mood disorder.

The overall philosophy of the treatment center was based on the medical model of illness and treatment. Each patient received a diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSMIV-TR) as well as a corresponding treatment plan listing specific problems, objectives and methods of therapeutic intervention. The average length of stay for a patient was twenty-eight days.

Case Report

Assessment

On her third day in treatment, Patty was administered a leisure assessment by a CTRS. She filled out a two-page questionnaire designed to assess her recreation interests in four different areas: physical, creative, cognitive and social. Though Patty expressed some interest in all four areas, she clearly favored the creative and cognitive categories. When asked specifically to list activities she enjoyed participating in, she wrote: *reading, films, and creative writing*. When asked what she needed to do to feel good about herself, she wrote: *To not have been abused. Be productive creatively. Exercise.*

When asked to describe current limitations, as related to leisure and recreation, Patty stated that thrush and herpes had prevented her from participating in physical activities, such as swimming and yoga. This information was confirmed during her history and physical examination conducted by a medical doctor. Patty had a number of biomedical conditions that would affect her participation in therapeutic recreation, i.e. reactive airway disease, irritable bowel syndrome, atopic dermatitis, and oral pruritus.

Plan

After the assessment, the CTRS added an additional objective to the goals in Patty's overall treatment plan. Her goals already included extensive education about the disease concept of addiction and the ability to verbalize recovery prone choices. Additionally, Patty would explore the impact of trauma in her life, utilizing methods such as psycho-drama, and develop more effective coping skills in response to uncomfortable feelings. Complementing this last goal, the CTRS added that Patty would develop positive recreational activities to use as effective coping skills and she would develop a written plan designed to help her structure her free time after discharge from treatment.

To accomplish these objectives relating to therapeutic recreation, a number of methods and interventions were utilized. Patty was referred to two leisure education focus groups; a fitness awareness program which included use of the exercise room on campus and cardio-kickboxing classes off-campus; stress management groups, including yoga classes; an expressive arts therapy group and a creative writing group; two small-group sessions on a ropes course; and finally, a community reintegration program that consisted of weekly outings to local attractions, such as a zoo and a historic Catholic Mission.

In addition to staff-directed activities, Patty was encouraged to participate in events organized by her peers. Within a milieu of up to fifty patients, she had the opportunity to participate in ad hoc volley ball games; play horse-shoes; "free" swim; play board games or card games; watch videos; complete jig-saw puzzles; or take daily walks on the grounds with one or more peers.

Initial Progress

The first interdisciplinary staff meeting of Patty's progress in treatment was attended by her primary therapist, her attending physician and psychiatrist, the CTRS and a number of other auxiliary therapists. Patty's resistance to

the disease concept of addiction and the concept of milieu therapy, in general, was noted by her primary therapist. Patty had confided to her therapist, during a 1:1 session, that she felt extremely embarrassed and ashamed of being sexually abused by her brother. She also expressed shame about her cutting scars, which were quite visible and had prompted her peers to ask questions. Patty stated she feared being judged by others if she spoke about her abuse openly in a group setting.

Furthermore, she complained of fantasizing about cutting in response to the anxiety generated by her experiences in the social milieu. This thinking process led Patty to believe that she wasn't chemically dependent, as many of her peers were, but a sexual abuse survivor first and foremost, who needed a treatment program that focused on that population specifically. In an attempt to further evaluate how Patty's needs might best be met, her primary therapist requested that Patty receive further evaluation by the staff psychologist and psychiatrist, including completion of a Minnesota Multiphasic Personality Inventory II (MMPI2).

During a second interdisciplinary staff meeting regarding Patty's progress in treatment, approximately two weeks after admission, her primary therapist noted that Patty was still not participating in the group process. In the primary group setting, Patty and seven other patients presented written assignments, such as a time line of catalytic life events, received feedback from peers, and processed their here-and-now experiences of the social milieu. It was noted that Patty had disclosed no significant information about her treatment issues in group and would only speak in group if she were asked directly by her therapist. She made little eye contact with anyone in group. Her feedback to peers was reported to be superficial. On two occasions, she requested to be excused to the rest room without returning for the rest of the session.

During this staff meeting, the CTRS reported that Patty's participation in therapeutic recreation was minimal. She attended a psy-

cho-educational lecture about the role of healthy recreation in recovery, but refused to participate in experiential components of the lecture. Though she expressed interest in water aerobics, yoga and kick-boxing, her medical conditions limited her ability to participate in these activities. When presented with other activities by the CTRS, such as golfing at a driving range or participating in New Games, Patty declined. As she had developed few significant bonds with her peers, even after two weeks of treatment, Patty was not participating in the kinds of patient-directed activities mentioned previously.

The staff psychologist, presenting the results of her MMPI2, noted a significant degree of social tension and distress in Patty. He believed she had experienced difficulty fitting in socially as early as primary school and suggested that Patty was probably more ambivalent about close emotional relationships than she was able to report. The staff psychiatrist had adjusted Patty's medication, specifically her dose of Celexa, in an attempt to help relieve some of the physical symptoms of her depression, such as insomnia. During a 1:1 session with her, the psychiatrist also noted that Patty tended to see herself as needing something outside of the program, especially in regards to the group process. Patty complained of being unable to speak openly in groups, fearing that her peers would not be able to understand her particular problems.

After two weeks in treatment, Patty's participation in recreational activity remained extremely limited. Between her physical ailments and her psychological resistance to the social milieu, Patty demonstrated a very limited range of choices that she was willing to make in regards to therapeutic recreation.

A Revised Therapeutic Recreation Plan

In reviewing Patty's initial leisure assessment conducted by the CTRS, her primary therapist noted Patty's strong interest in literature and writing. In fact, Patty described her

vocation as *writing/studying*. She had attended a number of creative writing workshops as a college student and expressed some confidence in her ability to write poetry.

Her primary therapist asked the author, a substance abuse counselor on staff with extensive training in the language arts, to utilize creative writing as a means of engaging Patty in a form of therapeutic recreation. The counselor would meet with her individually, once or twice a week, encouraging Patty to write about her here-and-now experiences of the social milieu. He would attempt to create a growth-promoting environment for Patty in which her writing would be met with empathy, authenticity and unconditional positive regard (Rogers, 1980).

The goal was to help Patty learn to use her interest in writing as an alternative to ineffective, self-destructive coping behaviors. For example, instead of responding to anxiety or depression by cutting on herself, Patty would engage in a writing exercise designed to contain uncomfortable emotional experiences (Adams, 1996). By utilizing a structured writing exercise, with a predetermined beginning and end, she would be able to explore her uncomfortable emotional experiences without becoming overwhelmed by them, thus avoiding a lapse into self-destructive behavior. In addition, it was the staff's hope that Patty would experience less shame when given the opportunity to write about issues such as sexual abuse, and then process such writing with a counselor, rather than discuss them in a group. Ultimately, the treatment team expected Patty to share more openly and candidly during her primary therapy group as a result of her work with creative writing. The treatment team expected Patty's bonds to deepen in the social milieu, thus increasing her participation in recreational activities.

Implementation

During the first 1:1 session, the counselor communicated the plan to Patty and attempted to establish a rapport with her. Patty agreed to work with writing in the manner discussed

above, expressing enthusiasm, but also apprehension. Patty stated that most of her writing was so personal, she rarely read it to other people.

In order to demonstrate the kind of work he intended to facilitate, the counselor read a poem to Patty (Gillispie, 1999) and asked her to respond verbally in the feedback format she utilized everyday in primary group, a format that addresses four basic questions:

1. What I see
2. What I hear
3. What I feel
4. How I relate

The counselor chose a poem that would potentially resonate with her treatment issues and approximate her emotional experiences in some way (Leedy, 1969). In addition, the example chosen modeled the level of emotional candor that Patty would be encouraged to emulate in her writing:

Games We Played

Sorry and Trouble; Headache and Risk—each board game was a little facsimile of the mess we made at the end of our street. Yes, Michael chopped a bathroom door off its hinges—as my older brother David teased him—locked inside. My sister Kathy screamed until they quit—typical family scene together for a summer, alone in the house. But best of friends by five o'clock playing *Risk* in the kitchen when our mother came home. We called her over to ask advice hiding our fear in concern for the dice. We knew her rage—buried like a bone. Just our luck—how easily it became a part of us.

Responding verbally in the feedback format, Patty immediately identified with the children in the poem who were abusive to each other, but also "best of friends." Patty disclosed her history of sexual abuse by her

brother, noting that their relationship had not always been characterized by abuse. She went on to describe her family life as an experience full of uncomfortable silences and secrets. Again, Patty related to the children in the poem who never actually discuss their fear or anger with one another.

Patty went on to describe herself as learning how to wear facades in her family, which often meant ignoring uncomfortable feelings and denying specific events, such as the abuse from her brother. She acknowledged experiencing difficulty in her current relationships, especially with her boyfriend, because of her tendency to “shut down” emotionally.

At this point, the counselor gave Patty a writing assignment to complete during her free time that was typical of the kinds of exercises she would be encouraged to utilize. The counselor directed her to explore the various roles that she had learned to play in life, and the various ways she had learned to cope with feelings, by following the structure of an “alphapoe” (Adams, 1998). The alphapoe requires that an author write a twenty-six line free-verse poem, beginning each new line with a different letter of the alphabet. The exercise provides an opportunity to explore a subject through free-association while also providing containment by way of length restriction.

Utilizing this structure, Patty created the following poem during her free time in treatment:

Roles I Have Played/Ways I Cope

Anarchist
Bitch
Cutter
Drinking
Eating Swings
Figuring things out
Genuinely different
Hypocritical
Interesting
Joking

Killing thoughts (how bad life is)

Longing

Mood swings

Never ending thoughts

Open

Participation or lack of

Questioning everything

Resourceful

Stupid

Truthful

Understanding sometimes

Verifying statements

Weird e-

Xperimenting with ideas

Young, schi-

Zophrenic on occasion.

In processing this poem with Patty the following week, the counselor encouraged her to explore the words or phrases that related to her current relationships in treatment. It was the counselor’s view that Patty’s ability to develop insight into her social relationships would be essential to helping her develop and expand her impoverished view of recreation as well as lead her toward healthier coping behaviors in general. For example, Patty avoided many of the patient-directed activities in treatment, such as board games, because of her weak relationships with peers. Instead of addressing her relationships directly, and examining her own shyness and lack of self-esteem, Patty had a tendency to devalue the activity itself stating it was not “deep” enough to be of interest to her. During their session, the counselor directed Patty to explore words (and roles) such as *Anarchist*, *Bitch*, and *Hypocritical*, encouraging her to discuss how they might have an impact on her ability to connect with other people and experience satisfaction in life.

More importantly, the counselor directed Patty toward hopeful aspects of her poem in an attempt to affirm her personal strengths

(Mazza, 1999). She and her counselor explored the ways in which her poem actually demonstrated many of the positive traits she listed, for example, the word *resourceful*. Toward the end of her poem, Patty in fact demonstrated a kind of resourcefulness as she bent words around letters to make them fit into the alphapoem. Another example was the word *truthful*. Throughout her poem, Patty demonstrated candor in her willingness to reveal negative self-perceptions, such as *stupid*, *hypocritical*, and *weird*.

In addition to pursuing specific writing assignments such as the alphapoem, the counselor encouraged Patty to keep a personal recovery journal. During the course of her stay in treatment, he directed her to explore the effects that various entries had on her emotional experience, paying close attention to the events that prompted her to write as well as the emotions she experienced immediately after writing. The counselor's intention was to help Patty uncover relationships between the structure or the style of her writing and the level of emotional satisfaction she felt after completing an entry in her journal.

The following piece of prose, copied with permission directly from Patty's journal, is an entry she made during her third week of treatment, after a phone call to her mother:

[Untitled]

Take me away. Someone, anyone, please rescue me from this confinement. Rescue me from the isolation of being in my head . . .

Hey mom, you succeeded. I feel like shit. I feel worthless and a failure. You call me a liar and I believe you even though I'm not sure why. Call me a bitch, whatever, everything you say goes straight to my heart because I love you. I only pray that I don't end up like you b/c even though you can be a loving person, your cruelty baffles my mind . . .

This entry in my journal is to you mom. I hope you like it.

Infused with such raw emotion, Patty was able to recognize this piece of writing as both a success and a barrier toward her goals in

recovery. On the page, she was able to articulate her inner experience openly and without restraint. At the same time, Patty recognized that her feelings of anger and despair actually increased after she recorded them in her journal. She described the experience as a "downward spiral" and stated that historically she would drink or cut to numb such strong, negative emotions.

After processing this entry in a 1:1 session, the counselor encouraged Patty to begin experimenting with various means of containment in her writing, especially when experiencing intense emotions. He suggested that she limit her journal writing to five-minute intervals, utilize structures like the alphapoem, or simply limit herself to a set number of lines before she started writing.

Patty wrote the following piece in her journal during her fourth week of treatment, after speaking with her boyfriend on the phone. Attempting to utilize the concept of containment, her initial goal was to write a poem instead of a prose entry, and limit her piece to fourteen lines:

Internal Music Where Do You Play?

The tunnel of my heart
burrows black and deep
to forgive and forget
is not as easy as it sounds
Why do I fall silent
to the one who means the most
desperation plays my mind
but no words to my lips
silent tongues do not help
for communication is what
we need.
Silence is never sweet
b/c my mind is always talking
I can only live in my thoughts
for the world around—
has failed me.

In contrast to the previous journal entry, Patty described feeling a great deal of relief and satisfaction upon completing this poem. In trying to stay within her self-imposed limit of fourteen lines (which she exceeded by two), Patty described the writing process as meditative and challenging. She reported that this entry took longer to complete than a usual prose entry; but by the time she finished, she no longer felt the frustration and despair that prompted the poem. Patty felt so proud of this piece, she read it out loud to one of her roommates. In fact, Patty invited her roommate to join her during her last session with the counselor, having encouraged the roommate to bring poems and journal entries of her own to read and discuss.

Evaluation

The counselor met with Patty six times before she was discharged from the treatment program. By the time of her discharge, Patty demonstrated proficiency in the use of creative writing techniques as an alternative coping skill. In this regard, Patty achieved the goal written into her overall treatment plan by the CTRS. In addition to learning how to process and contain her uncomfortable emotional experiences during free time, without resorting to self-destructive behaviors such as cutting on herself, Patty was also able to develop social relationships in the milieu based on her interest in writing. The friendship she developed with her roommate, which was deepened by their mutual interest in creative writing, provided Patty with significant support within the patient community. Patty was observed spending time in the lounge with her roommate during free time, eating meals with her and attending the daily community meetings with her as well.

Though Patty continued to perceive herself as needing services outside of the program, her primary therapist noted much improvement in Patty's general affect and level of participation in group after her fourth week of treatment. The CTRS noted that Patty's participation in therapeutic recreation increased, recording in a

staffing note that she attended her first community reintegration outing off campus at the end of her fourth week. Additionally, it was noted that Patty participated passively in patient-directed activities such as water volleyball, sitting with others by the pool and watching her peers. In this regard, Patty was able to achieve other goals outlined in her overall treatment plan, such as achieving a stable affect and mood and demonstrating the ability to make recovery-prone choices by seeking social support from others.

Because of her initial resistance to the disease concept of addiction and the social milieu, Patty's treatment was extended for two additional weeks. Her resistance to the disease concept of addiction was manifested in her initial refusal to examine aspects of her alcohol abuse such as her increased tolerance, her history of blackouts, and her loss of control over the amount she ingested. Her resistance to the social milieu was manifested in her tendency to isolate from her peers and devalue group activities that challenged her level of emotional comfort in any way. This was especially harmful in regards to her progress with therapeutic recreation.

Patty was discharged from the program after 42 days with a "treatment complete" status. This signified that Patty had completed a curriculum of written assignments, such as a time line of catalytic events in her life and an outline of the costs and consequences of her alcohol abuse, and presented them to her primary group. She had attended a cycle of trauma-resolution focus groups and attended a plethora of psycho-educational lectures. Patty had prepared an aftercare plan, which included an outline of her commitment to healthy recreation. Patty listed specific activities that she was willing to pursue outside of treatment that would address her recreational interests as well as her treatment goals. This segment of her aftercare plan had been reviewed with Patty by a CTRS in a 1:1 session. The CTRS directed Patty to create a sample schedule for her first week out of treatment, designating all areas of free time. Patty was then directed to

fill in areas of free time with activities that were relevant to her, such as *morning walks*, *attendance at A.A. meetings*, and *time with my boyfriend*. The CTRS assisted Patty in creating a schedule of activities that represented a healthy balance between the physical, creative, cognitive and social aspects of recreation. This written plan included continued use of the creative writing techniques Patty had been practicing in treatment.

Implications for Practice

Research indicates that chemically dependent individuals such as Patty typically need to develop positive ways to structure free time and cope with uncomfortable feelings or situations previously addressed through chemical use (Rancourt, 1991). Patty's success in utilizing structured writing exercises during free time as a means of managing uncomfortable feelings demonstrates the efficacy of creative writing as a therapeutic recreation intervention. However, it's important to note that research in the area of therapeutic journal writing indicates that the act of writing itself does not necessarily help patients achieve their goals in treatment (Adams, 1996). Without structure and clinical guidance, the process of "free writing" during a time of emotional distress can actually exacerbate uncomfortable feelings, which is an experience that Patty reported having herself.

For the CTRS interested in helping patients utilize creative writing techniques as therapeutic recreation, there are two resources the author of this article recommends. Kathleen Adams, founder of the Institute of Therapeutic Journal Writing, has published a workbook titled *The Way of the Journal* that provides useful guidance in utilizing creative writing as an effective, patient-directed therapy. Nicholas Mazza, founding member of the National Association of Poetry Therapy, has published a book titled *Poetry Therapy: Interface of the Arts and Psychology* that also provides guidance in the use of creative writing as an effective therapeutic tool. These two books will provide the CTRS with a fundamental under-

standing of how writing can be safely integrated into therapy.

There is an additional challenge, however, for the CTRS who chooses to offer creative writing as therapeutic recreation within a social milieu. Research indicates that milieu therapy, in general, contributes to a stable recovery from chemical dependency when both social and psychological goals are successfully integrated by patients (De Leon, 1988). Therapeutic recreation is often a bridge that helps patients link the social and the psychological goals in treatment (Hemingway, 1993). For example, shy patients may find it easier to disclose significant clinical information about themselves to peers while participating in a community reintegration outing than they would sitting in a structured therapy group. When creative writing is utilized as therapeutic recreation in the manner outlined by this article, it is not a social activity and does not necessarily lend itself to the development of social relationships. This is a significant shortcoming for a patient such as Patty who came to treatment primarily interested in recreational activities that were passive and did not require interaction with other people. Though Patty did develop a significant relationship with a peer by way of her interest and participation in creative writing, it should be noted that the counselor working with Patty did not contribute to this directly.

For future practice, this author recommends a more conscious effort be made to help patients achieve social as well as psychological goals when utilizing creative writing techniques. Patients such as Patty could be encouraged to integrate their creative writing efforts into more social aspects of residential treatment. This may include providing an opportunity for patients to read poems or journal entries out loud in small groups, in community meetings or at graduation ceremonies held for patients leaving treatment. In this manner, creative writing techniques may help patients develop more effective coping skills and also help them develop fuller and more meaningful relationships with others.

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