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Intensive multiple case evaluation to evidence-based approach of Expressive Art Training

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Introduction

Background Use of artistic activities was effective to help clients with mental illness to stress management and symptom control (Hanevik et al, 2013). National Institute for Health and Clinical Excellence in Britain recommended clinical practice to adopt Expressive Art to clinical care to help client symptom control and stress management (2009).

Objectives

1) To promote symptom control of in-patients 2) To promote stress management of in-patients

Methodology

Design & Method A recovery-oriented Expressive Art Training (EAT) under Outside-ward Rehab And Gardening Programme was delivered to a group of in-patients with schizophrenia in 4Q2015. Subjects with different degree of anxiety and low esteem were recruited to EAT. Regular assessment composing (i) time-series analysis of their product, (ii) self-rated survey, (iii) performance appraisal by independent assessor, and (iv) collateral information from relatives and staff was conducted.

Result

Results & Discussion 1) There were total 5 subjects joined the program over evaluation period. 2) The level of psychotic symptoms of subjects as reflected by Brief Psychiatric Rating Scale (1988) was less than 30. 3) The results consistently showed subjects who had attended more than 10 sessions demonstrating identifiable improvement in respect of (1) concentration, (2) anxiety level and (3) self-esteem. 4) Qualitative analysis yielded overt improvement of symptom control, sustainable enhanced esteem and socialization. 5) The change in symptom control was positively consistent with attendance when reaching 10 sessions. 6) The optimal number of session to produce maximal therapeutic effects for subjects was 15 sessions. 7) Collateral feedbacks from relatives and

staff echo the assessment findings. 8) Time-series analysis found theme-based drawing enable activity flow and enhance self-exploration.

Conclusion and Recommendation 1) Expressive Art Training (EAT) was found effective to enhance symptom control to schizophrenia with Brief Psychiatric Rating Scale 30 or less. 2) It could be delivered by nurses who are sophisticated in counselling skills and had moderate artistic training. 3) The essence of the EAT rely on staff competency and talent. 4) It suggests to conduct EAT to clients with different diagnosis and level of disability such as Obsessive Compulsive Disorder.