

Care in the Creative Community

A RESOURCE GUIDE FOR ARTS
ENGAGEMENT IN THE TREATMENT
OF INDIVIDUALS EXPERIENCING
FIRST EPISODE PSYCHOSIS



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INTRODUCTION

Connecting Creativity and Community Care

Community is a vital source of support and healing for individuals experiencing serious mental illness. In community, people find positive social relationships, meaningful activities, and a sense of interconnectedness and belonging. By engaging with community arts spaces, the healing benefits of art therapy are combined with a sense of community- a powerful agent for change. This resource guide seeks to explore best practices for the delivery of First-Episode Psychosis care through art therapy interventions in community arts spaces. Reconnecting to community through creativity is a powerful generative process. Through this process, positive connections to the self and others are engaged. Opportunities for community engagement in mental healthcare provide a space for recovery, reconnection, and growth.



Using the therapeutic model of Recovery-Oriented Cognitive Therapy, this guide presents considerations for activating the adaptive mode in participants and encouraging positive change.

FIRST EPISODE PSYCHOSIS

Exploring the FEP Experience

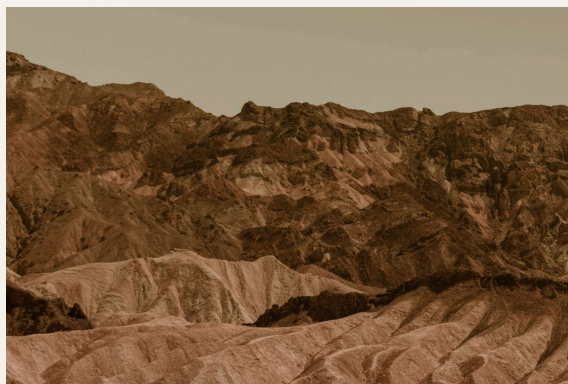
What is First Episode Psychosis

First Episode Psychosis (FEP), also referred to as early psychosis, is defined as the initial onset of a family of symptoms consistent with psychosis (May, 2002).

Psychosis can be considered a symptom or series of experiences, rather than a specific disease or condition (Menezes et.al, 2006). Psychosis can present differently depending upon the individual, but what unites experiences of psychosis is a loss of contact with reality through a change in perception and thought (May, 2004).

Psychosis can present as a part of a constellation of symptoms for a variety of mental and physical health conditions (May, 2004). Psychotic Disorders may include the following symptoms: delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, affective flattening, alogia, and avolition (American Psychiatric Association, 2013).

First Episode Psychosis represents a pivotal moment in the lives of patients and their families. Receiving adequate care during this time is critical. Early intervention and reduced duration of untreated psychosis has been found to significantly improve treatment outcomes for individuals experiencing psychosis (Marshall et.al, 2005). Increased duration of untreated psychosis is correlated with higher rates of inadequate remission, reduced quality of life, increased total symptoms, and deficits in overall functioning (Marshall et.al, 2005).



RECOVERY ORIENTED COGNITIVE THERAPY

Treatment Framework

What is Recovery Oriented Cognitive Therapy?

First Episode Psychosis (FEP) care is an emerging subset of mental health treatment, designed to meet patient needs at a critical moment in time. Recovery-Oriented Cognitive Therapy (CT-R) is an evidence-based cognitive therapy designed for the treatment of individuals living with serious mental illness. CT-R is a strengths-based approach where clinicians work with program participants to empower them to identify goals and lead meaningful lives (Beck et.al, 2020). In the treatment of First Episode Psychosis (FEP), CT-R has emerged as an effective approach to patient care (Beck et.al, 2020). CT-R is designed to accommodate the unique treatment needs of individuals living with FEP (Beck et.al, 2020).

In the CT-R Model, treatment is centered around what is called “the adaptive mode” – a state of being in which people are best able to engage with positive thoughts, feelings, and actions (Feldman et.al, 2019).

By activating interests and helping clients to develop and pursue their aspirations, CT-R helps to reduce the impact of negative symptoms of psychosis (Beck et.al, 2022).

The adaptive mode is activated through actions and experiences that are unique to individual interests. The first stage of CT-R consists of identifying those activities that help patients to access their adaptive mode, and engaging in those activities with them (Beck et.al, 2020).

For individuals who are interested in and activated by art, engaging in art therapy as part of a CT-R treatment program further enhances the treatment. This interdisciplinary treatment approach helps clients to become more emotionally expressive and to increase self-insight (Lynch et.al, 2019).

Individuals experiencing First Episode Psychosis may retreat from community connections, becoming more socially withdrawn and isolating themselves from support networks (Hanevic et.al, 2013). Engagement with community-based arts organizations and museums encourages a return to community life.

PROGRAM STRUCTURE

The Five Phase Program

THE PROGRAM IS STRUCTURED IN FIVE PHASES.
EACH PHASE IS DISCUSSED IN DETAIL IN PAGES 5-9 OF THIS RESEARCH GUIDE.

**Phase I: Research**

Gathering research on participants, their interests, and the local arts community

**Phase II: Outreach**

Communication in agency to program participants, and to local arts organization in the wider community

**Phase III: Intervention Planning**

Coordination with participants, staff, and community partners to design interventions

**Phase IV: Implementation**

Following through on the planned art therapy interventions in the community

**Phase V: Review and Future Planning**

Listening to participant and community partner feedback, and planning ongoing engagement

PHASE I

Research Gathering

Learning about Participants

Connect with staff on your team to review your agency's caseload. Who are your program participants? What activities and concepts get them excited? See if you can uncover any existing common interests among participants. At staff meetings, bring your engagement ideas forward to see if they spark further connections.



Learning about local arts Resources

Art is everywhere! Research the art scene in your area. Learn about existing educational programs at your cultural institutions. Gather information and contacts at these spaces in shared reference documents.

Consider researching and partnering with spaces like:

- Museums
- Commercial Galleries
- Non-Profit Galleries
- Makerspaces
- Libraries
- Art Centers
- Artist Collectives
- Theaters



PHASE II

Outreach

Outreach to Participants

To encourage engagement in community arts programming, outreach to participants should be ongoing and dynamic in nature. Communicate early and often about creative opportunities- in individual and group sessions, via text and phone calls, and through in-office advertising with colorful flyers and calendars. All staff should be aware of upcoming events to encourage engagement with their individual caseloads.

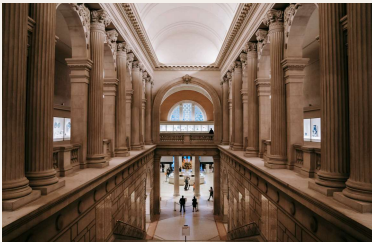
Outreach to local arts Resources

When connecting with outside parties, outreach should always include:

1. Identification of yourself and the program you represent. Have an elevator speech about your program prepared.
2. A justification for the desired collaboration- why is this organization a good fit for your participants' interests and their treatment plan?
3. An openness to answering questions and providing psychoeducation about psychosis and mental health treatment. Psychosis can be poorly understood by those who have not experienced it, and FEP care is a new field of mental health. Do your part in demystifying and destigmatizing the FEP experience.

PHASE III

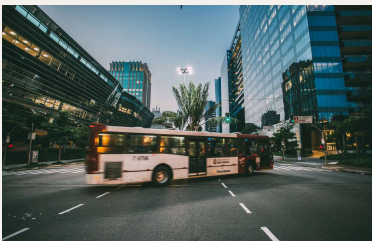
Intervention Planning

**Where are you are going?**

To build excitement about the event, communicate early and often about where you are going and why this site may be of interest to your clients. Share about the outside organization- What do they do? What can group participants expect from this place?

**What are you doing there?**

Art interventions should be determined prior to the event. These activities should be in keeping with the treatment goals of your clients and the service framework of your agency. Go in with a plan, but also prepare to be flexible. Provide options and choices to accommodate differing sensory preferences.

**How are people getting there and back?**

Participants may have barriers to engagement including transportation challenges. Public or private transportation are both good options for traveling in a group. Establish a transportation plan in advance and communicate this information in announcements and conversations preceding the trip.

PHASE IV

Implementation



Getting There

Travel arrangements should be communicated in advance of the event. On the date of the event, work to ensure that these plans are honored. Let your group participants know what to expect when you get there. Travel may involve meeting people at the location, carpooling there, walking or taking public transportation. Whatever your method, keep to your established timetables.



Learning, Exploring, and Experimenting

Once on site, program staff and creative community partners welcome program participants. The plan for the event should be clearly communicated to all participants. With necessary materials provided, participants can then explore the site. Your intervention may involve viewing, creating, or learning about art. Staff should frequently check in with program participants to ensure the experience is a positive one.



Processing the Experience

As part of the event, time should be provided to discuss the experience. To encourage sharing, you might ask participants to identify their favorite art object so that others can learn about it. This discussion space offers an opportunity to practice social skills and increase connection between group members. Additionally, it allows staff an opportunity to learn more about participants and their creative interests and aspirations.

PHASE V

Review and Future Planning

How did it go? How can we make it even better?

Following the visit, participants should be formally or informally surveyed to evaluate their experiences. Group discussion is recommended to encourage further social connections around the shared creative experience. Suggestions for how to improve in the future, or what to try next, are welcomed. Collaborating with participants to brainstorm about events encourages future orientation, social skills development, and leadership qualities.

Review with community arts sites should also be undertaken. To maintain these relationships, it is essential to express gratitude and to share positive feedback about the benefit of the intervention. If modifications are indicated for future visits, these should be discussed with helping professionals and creative community stakeholders.

If any issues arose during the community art experience, care should be taken to explore and process these events.



CASE STUDY

The Program in Action

This five phase plan was implemented at a Coordinated Specialty Care (CSC) program in a major metropolitan city in the United States. At this site, outpatient services are offered to individuals experiencing First Episode Psychosis and their families. Creative community interventions at this site are designed to meet the interests and needs of program participants.



Phase I: Research

In the Research phase, narrative artmaking emerged as a major theme in the shared interests of participants. Participants were interested in writing stories, creating characters, and connecting with others who share these interests. Research on arts organizations in the area centered on spaces that could be traveled to by walking, car, or public transportation in a half-hour or less. Information on these sites was gathered in Phase I.



Phase II: Outreach

After identifying participants with a special interest in narrative artmaking, efforts were made to connect with these individuals on site and via call and text. A meeting time was set to connect for an art therapy group centered on narrative artmaking. Announcements were sent to all identified participants with the shared interest, and posters were exhibited in the office to reach other interested parties.

Outreach was made via phone and email to arts organizations within the half hour travel radius. These communications included the three elements described on page 6- Identification, Justification, and Psychoeducation.

CASE STUDY

Phase II: Outreach Example

By way of introduction, my name is Marissa Georgiou. I am an artist and art educator, and currently an art therapist in training. I am interning now with an incredible program called (Treatment Program). We are located at (Address), just a short walk from your (Community Site). (Treatment Program) is an outpatient program that provides early intervention for people experiencing first episode psychosis. The therapeutic model we use at (Treatment Program), Recovery-Oriented Cognitive Therapy, is designed to support participants in reaching their treatment and life goals through activation and engagement of their interests. Many of our participants at (Treatment Program) are very creative and love making, viewing, and thinking about art. I am passionate about connecting our participants with the creative community in (City). We have had a lot of success in bringing groups to (Other Community Arts Partners), really wonderful feedback from our participants about these experiences. I would love to connect with (Community Site) to discuss visiting the (Community Site) with a group from (Treatment Program). It would be wonderful to introduce our participants to your space and the resources you offer. If you have any questions for me, I'm happy to chat. I can be reached via (Contact information).

Phase III: Intervention Planning

With group participants identified and community relationships established, group facilitators identified interventions where the two could connect. A community arts space was discussed with group participants to draw out areas of special interest. Dates for the intervention were coordinated, and plans made to travel into the community. A structure for the event was planned, including time for travel, art viewing, and a sharing conversation at the end of the event. Information about the upcoming event was shared with all staff and program participants to encourage engagement.

Phase III: Sample Timeline

- 1:30 Gather participants and leave Treatment Program Offices
- 2:00 Arrive at Community Art Partner Site
 - Allow time for acclimation and Introduction to the space and planned art intervention*
- 2:30 Art Intervention- Individual or group exploration of art or direct experience of artmaking, staff facilitation of activity
- 3:15 Group processing discussion about the experience
- 3:45 Depart Community Partner Site and return to Treatment Program offices.

CASE STUDY

**Phase IV: Implementation**

On the date of the planned event, we gathered participants at the office to ensure safe travel was arranged for everyone. Prior to heading into the community, we gave a brief description of the plan for the event. Once on site in the community, creative community partners provided an introduction to the resources they provide, and information on the activity for the day. The program staff facilitating the therapy group engaged with program participants throughout the event to ensure that all individuals were feeling safe and were able to process emotions that arose in the session. Program staff then facilitated a group conversation. This portion of the event offered an opportunity for participants to practice social skills, engage more fully in an exploration of the intervention, and develop their own creative aspirations.

**Phase V: Review and Future Planning**

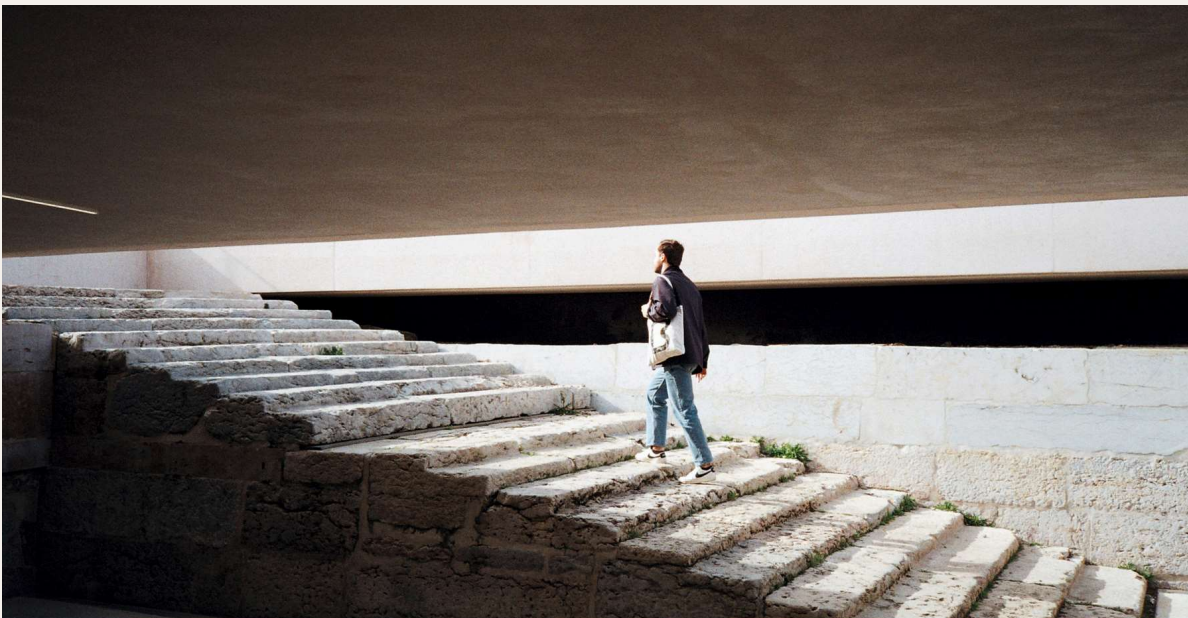
In this phase, we checked in with our community partners to thank them for their support and hospitality. To encourage further development of the relationship, we offered space for feedback and answered any questions they had about group facilitation or psychosis care.

Following the event, we also connected with program participants to see what takeaways they had from the experience. In this phase, we asked about what worked, and what didn't. This feedback helped to shape future community arts interventions. Participants have shared that these events helped to improve mood, reduce psychosis symptoms, and increase feelings of future oriented thinking around creative goals and aspirations.

CONCLUSION

Care in the Creative Community

The five phase plan outlined in this resource guide provides a framework for collaborating with community arts partners as part of first episode psychosis care. Individuals experiencing first episode psychosis may feel overwhelmed and isolated from their friends, family, and wider community. Reconnecting with community can be a powerful healing force in their recovery journey. By combining community engagement with art therapy interventions, treatment providers can help participants to restore confidence, build connections, and develop self-insight through creative expression. When implemented, these interventions have helped to activate the adaptive mode in participants, a cornerstone of the Recovery-Oriented Cognitive Therapy modality. Participants report improved mood and reduced rates of psychotic symptoms following these interventions. Moreover, these events lead to improved program engagement, as participants are eager to continue the creative activities they have explored in the community. Care in the creative community is a powerful approach to first episode psychosis treatment that offers many opportunities for personal growth.



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