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## Art therapy in a crisis intervention center

Susan E. Roth

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NORTHERN ILLINOIS UNIVERSITY  
Art Therapy in a Crisis Intervention Center  
University Honors Program  
In Partial Fulfillment of the  
Requirements of the Baccalaureate Degree  
With University (Upper Division) Honors  
Department of Visual and Performing Arts  
DeKalb, Illinois  
May 12, 1990

Approved: Dr. C. Allritz - Professor *Director of Art Therapy*

Department of: School of Art

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ABSTRACT (100-200 WORDS): The independent study titled "Art Therapy in a Crisis Intervention Center," involved four hours of weekly volunteer service at the Crisis Intervention in Lombard. Art therapy sessions were conducted where art activities were presented to individuals, with various mental illnesses. The artwork produced during each art therapy session was recorded. These records include descriptions of the art therapy activity, the material used and the goal of the art therapy exercise. Comments and summaries of each day of volunteer service were also recorded. Similarities in artwork among individual's with the same illness were found. These similarities, along with an overall compendium of the independent study are given in a written paper. In addition, slides documenting individual client artwork are provided.

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"Art Therapy in a Crisis Intervention Center" involved volunteering at the Crisis Intervention Center, 440 S. Finley Road in Lombard. The Crisis Intervention Center is a 24 hour emergency mental health unit. It provides help to people with severe personal, family or marital problems. Through my independent study, I was pleased to achieve several personal and educational goals. First, I gained an understanding and compassionate attitude toward individuals with psychiatric illnesses. This was extremely valuable, for it is difficult to fully comprehend an individual's illness from textbook study alone. Second, this independent study was my first experience involving direct contact with individuals with mental illnesses. This hands-on experience will be beneficial in my graduate work and future career. In addition, this experience provided insight within my art therapy related coursework this semester. Third, this independent study allowed for the examination of artwork among individuals with the same illnesses. The original objective was to find similarities in artwork among individuals with the same illness. In addition to these similarities, this paper will discuss the methodology and overall results of my volunteer time at the Crisis Intervention Center.

To begin with, the methodology behind my independent study will be given. First, before I was able to volunteer at the Crisis Intervention Center, I completed 12 hours of training at the DuPage County Health Department. The training consisted of four sessions, which were three hours in length. In Session I, lectures were designed to inform trainees of the County Mental Health Program. Communication skills were emphasized.

These skills were taught to enable trainees to interact comfortably with clients. Also, Session I described the opportunities available to trainees, at the DuPage County Health Department. In Session II, lectures provided trainees with an understanding of problems experienced by those dealing with a mental illness and the coping skills needed to deal with those problems. Trainees learned the specific types of mental illness and behaviors which can be present with mental illnesses. After the lectures, trainees asked questions about interaction with mentally ill clients. In Session III, trainees gained an understanding of specific, client orientated skills necessary for effective communication with those facing mental illness. Trainees were taught to recognize personal limitations in doing this work and were encouraged to explore options to overcome those limitations. Then, trainees practiced newly learned skills in an experimental mode. In the final session, trainees reviewed basic, mental health related, communication guidelines. Trainees practiced active listening as a process of group dynamics and learned how to deal with issues of mental illness, which act as barriers to communication. Lastly, trainees identified useful communication skills which provided feedback and effect support. These lectures were directed by Gail McNaulty.

After the training was completed, I volunteered every Friday, from 10am to 2pm at the Crisis Intervention Center. Mike Moore, Coordinator of Respite Services acted as my supervisor. Every Friday, we had a conference, prior to the art therapy session. Here, Mike Moore provided background of the clients, who were presently at the Crisis Intervention

Center. After each art therapy session, we had another conference and discussed the activities and the client's involvement. I was required to write in each client's file. The writings entailed remarks on each client's behavior during art experiences. Mike Moore was extremely informative and patient . He was constantly available to answer questions or give direction.

In addition to conferences with Mike Moore, I met periodically with Dr. Caroline Allrutz and Dr. Phillip Wells, professors in the School of Art at Northern Illinois University. Both Dr. Allrutz and Dr. Wells acted as advisors during my independent study. They provided support and information which was very valuable, as well as encouraging.

The following record client/therapist contact evaluations provide detailed descriptions of art activities for each day of volunteering. A summary of group activities and involvement is included after each evaluation.

Also, some of the artwork which was produced at the Crisis Intervention Center was photographed. These photographs were make into slides and are available with this paper.

## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** March 2, 1990

**Population:** Schizophrenics, Bi-Polar Depressive

**Grp/Ind:** Group

**A/T Activity:** Clients were asked to create a drawing which would introduce themselves to group.

**Art Material:** 8 1/2 X 11 construction paper  
Felt tip markers  
Crayons

**Function/Goal:** To allow for group to become familiar with each other.  
To promote group bonding.  
To examine self-images of each individual.

**Comments:** Schizophrenic client did a drawing of a rainbow which covered the entire piece of paper. Client used repetitive arm motions across paper.

Bi-Polar client drew slowly and appeared calm and in control. Client did drawing of his home in Europe. Client used markers.

Schizophrenic client was nervous and jittery during exercise. Client spoke of his own terrible condition.



## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** March 2, 1990

**Population:** Schizophrenics, Bi-Polar Depressive

**Grp/Ind:** Group

**A/T Activity:** Clients were asked to draw a feeling that they were experiencing at the present time.

**Art Material:** 8 1/2 X 11 construction paper  
Felt tip markers  
Crayons

**Function/Goal:** To allow for client to become aware of his/her own feelings.  
To help client visualize internal feelings.

**Comments:** Schizophrenic client did not participate in exercise. Client was eager to participate in verbal therapy. Client's conversation was focused on the topic of twins.

Bi-Polar depressive client was very cooperative and willing to participate in exercise. Client did drawing of a naked man in bed, with his feet crossed. When client was finished with drawing, he crumpled it up and threw it in the garbage.

Schizophrenic client left the Crisis Intervention before exercise began.

March 2, 1990

**Summary :** Schizophrenic clients were very talkative during session. Their conversation was sometimes illogical. One schizophrenic client drew repetitious figures. The other schizophrenic client was very nervous. His hand shook when he drew.

Bi-Polar client was very subdued during session. Client stated he did not want to draw. However, when he was encouraged by group, he was able to produce very creative and illustrative drawings.

## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** March 9, 1990

**Population:** Schizophrenic, Major Depressive

**Grp/Ind:** Group

**A/T Activity:** Clients were asked to create a drawing which would introduce themselves to group.

**Art Material:** 8 1/2 X 11 construction paper  
Felt tip markers  
Crayons

**Function/Goal:** To allow for group to become familiar with each other.  
To promote group bonding.  
To examine self-images of each individual.

**Comments:** Schizophrenic client appeared afraid of participating in drawing exercise. After a few minutes of watching group, client did drawing of flowers. Client used markers.

Depressive client was very cooperative and willing to participate in exercise. Client spoke rationally and logically. Client did drawing of garden with trees and sky. Client used crayons.

## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** March 9, 1990

**Population:** Schizophrenic, Major Depressive

**Grp/Ind:** Group

**A/T Activity:** Clients were asked to draw something about themselves that they would like to share with the group.

**Art Material:** 8 1/2 X 11 construction paper  
Felt tip markers  
Crayons

**Function/Goal:** To allow for group to become familiar with each other.  
To promote group bonding.  
An exercise which would allow for discussion and possible introduction to other topics.

**Comments:** Schizophrenic client did not want to participate in drawing exercise. Client watched group for several minutes. Client joined activity and created a continuous line drawing with a image of a face as the central figure.

Depressive client was not interested in participating. Client did the same drawing of a garden. Client threw drawing away after exercise.

March 9, 1990

**Summary :** Schizophrenic client appeared scared and timid during first art exercise. However, client seemed to enjoy art activities once she participated. Client experienced hallucinations during art therapy session. Client became frightened of hallucinations.

Depressive client was not willing to be open with group. Pictures she drew were of happy, sunny scenes, when inside she was experiencing much pain. Client appeared to participate in group activities because she had to, not because she wanted to. The Crisis Intervention Center requires clients to attend group activities on a daily basis.

## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** March 16, 1990

**Population:** Depressive (suicidal), Bi-Polar Depressive

**Grp/Ind:** Group

**A/T Activity:** Clients were asked to do a "free" drawing, of anything they wanted.

**Art Material:** Tempera paints  
Watercolor paints  
Acrylics  
8 1/2 x 11 construction paper

**Function/Goal:** To allow for group to become familiar with materials.  
To allow group to express subjects and topics which were non-threatening.  
An exercise which would allow for discussion and possible introduction to other topics.

**Comments:** Depressive client stated she would not participate in exercise. Client agreed to participate after encouragement. Client created three paintings. First two paintings were designs with repetitive lines. Third drawing was a repetitive flower pattern.

Bi-Polar client was eager to participate in any exercise. Client did one drawing of three flowers. Client used very slow and precise movements.

March 16, 1990

**Summary :** Depressive client had a negative attitude before art therapy session began. She acted bored and unenthusiased. However, when client discovered that painting was the activity and not drawing, she seemed less negative. When client began painting, she stated she could not paint. With verbal encouragement from group, she continued painting other pictures and enjoyed activity; to her own surprise.

Bi-Polar client was extremely friendly and cooperative. She talked during the entire art therapy session. She did only one painting, yet was very meticulous and precise with each brushstroke. Client encouraged group involvement.

## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** March 23, 1990

**Population:** Schizophrenic, Bi-Polar Depressive

**Grp/Ind:** Group

**A/T Activity:** Clients were to sculpt a form or shape.

**Art Material:** grey modeling clay  
sculpting knives

**Function/Goal:** To allow clients to become familiar with the material.  
To promote discussion and possible introduction into other topics.

**Comments:** Schizophrenic client sculpted a long, cylinder-like figure. Client said it was a pickle.

Bi-Polar client enjoyed working with clay. Client sculpted several flat circles. All the figures were the same size. Client said they were plates.



## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** March 23, 1990

**Population:** Schizophrenic, Bi-Polar Depressive

**Grp/Ind:** Group

**A/T Activity:** Clients were asked to close their eyes and sculpt whatever came to mind.

**Art Material:** grey modeling clay  
sculpting knives

**Function/Goal:** To allow for free expression without visual interference.  
To promote dicussion and possible introduction into other topics.

**Comments:** Schizophrenic client sculpted the same figure as in first exercise, which he called a pickle. Client fell asleep before end of exercise.

Bi-Polar client was very cooperative and willing to participate in exercise. Client sculpted a dog. Client fell asleep before end of exercise.

## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** March 30, 1990

**Population:** Schizophrenic

**Grp/Ind:** Ind

**A/T Activity:** Client were asked to create an image, form or animal that she identified herself with.

**Art Material:** plaster of paris  
paper plates  
plastic knives

**Function/Goal:** To examine self-image of individual.  
To promote dicussion and possible introduction into other topics.

**Comments:** Schizophrenic client sculpted a duck.  
Client did not speak during exercise and was very involved with activity.

March 23, 1990

**Summary :** Schizophrenic client was very interested in phallic symbols. In each exercise, he created a pickle, which resembled a man's penis.

Bi-Polar client enjoyed working with clay. Client was friendly and tried to hold a conversation with schizophrenic client.

The second art exercise was not beneficial for either client. In the future, this exercise will not be used with clients who are on heavy medication .

## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** March 30, 1990

**Population:** Schizophrenic

**Grp/Ind:** Ind

**A/T Activity:** Client was asked to create an image, form or animal that she identified herself with.

**Art Material:** plaster of paris  
paper plates  
plastic knives

**Function/Goal:** To examine self-image of individual.  
To promote dicussion and possible introduction into other topics.

**Comments:** Schizophrenic client sculpted a duck.  
Client did not speak during exercise. Client was very involved with activity.

## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** March 30, 1990

**Population:** Schizophrenic

**Grp/Ind:** Ind

**A/T Activity:** Client was asked to paint the duck, using realistic colors.

**Art Material:** acrylic paints  
paint brushes

**Function/Goal:** To examine and encourage realistic color choices.  
To keep client based in reality.

**Comments:** Schizophrenic client used blues and burnt oranges to paint duck.  
Client did not speak during exercise. Client enjoyed working with paint.

March 30, 1990

**Summary :** Schizophrenic client stated she enjoyed feeding ducks and watching them swim. Client stated she wished to be a duck, because the only thing that ducks do is eat and sleep. Client said she often has seen blue ducks and proceeded to paint duck blue.

Client enjoyed working with plaster of paris. It was a hard material to control, yet she mastered it well. Client was impatient and did not want to let material harden before removing it from paper plate.

## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** April 6, 1990

**Population:** Schizophrenics, Depressive

**Grp/Ind:** Group

**A/T Activity:** Clients were asked to create a drawing of any topic which interested them

**Art Material:** 14x17 white bond paper  
Felt tip markers

**Function/Goal:** To allow for expression of any conscious, unconscious feelings  
To provide material for assessment and focus for therapy

**Comments:** Depressive client refused to draw. He stated that he did not do drawings. Client worked with clay instead. Client formed various figures. Client did not speak throughout entire session. Client isolated himself from group.

First schizophrenic client was extremely nervous and timid during session. Client appeared to act helpless and dependent. Client stated he was not any good at art. Client stated he could draw only one figure from when he was a child. Client drew this figure quickly and stopped drawing.

Second schizophrenic client was extremely delusional. Client appeared to be out of touch with reality. Client did drawing with satanic symbols. Client was unfocused during most of the session.

April 6, 1990

**Summary :** According to Mike Moore, the depressive client was not comfortable at the Crisis Intervention Center. Therefore, client refused to associate with anyone at the Center. This client was not beneficial to the group.

The schizophrenic client acted needy and dependent during the entire art therapy session. However, he appeared to understand more than he showed. It seemed that his ignorance was for attention.

The other schizophrenic client could not remain focused on activities. It was difficult for him to complete the art therapy session. He was extremely interested in religious subjects.



## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** April 20, 1990

**Population:** Schizophrenic

**Grp/Ind:** Individual

**A/T Activity:** Client was asked to draw a place where she would like to be at right now.

**Art Material:** 14x17 white bond paper  
Felt tip markers

**Function/Goal:** To bring client in contact with the present.  
To provide material for assessment and focus for therapy

**Comments:** Client was willing to participate in drawing activities. Client drew scenic drawing with two figures; one being herself and the other her boyfriend. Figures were stick-like and rather large. Client colored figures with brown marker.

## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** April 20, 1990

**Population:** Schizophrenic

**Grp/Ind:** Individual

**A/T Activity:** Clients was asked to draw what she was feeling .

**Art Material:** white bond paper 14x17  
markers

**Function/Goal:** To allow client to express present emotions and feelings.

**Comments:** Client drew all the voices that spoke to her. Client did not seem afraid of voices. Client said she accepted voices as a part of her life. Client stated that the voices were people who were saints or have died.

April 20, 1990

**Summary :** Client was extremely talkative during art therapy session. Client continually asked is she was doing the exercises correctly. Also, client continually apologized for asking so many questions. Client stated she was not talented and related her creativity to a child's. Client was willing to discuss voices she heard. Client stated that not everyone heard voices, only certain people.

## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** May 4, 1990

**Population:** Schizophrenic, Major Depressive

**Grp/Ind:** Group

**A/T Activity:** Clients were asked to draw or sculpt an activity they enjoyed.

**Art Material:** grey modeling clay  
sculpting knives  
white bond paper 14x17  
markers

**Function/Goal:** An non-threatening exercise to promote group bonding.  
To promote dicussion and possible introduction into other topics.

**Comments:** Schizophrenic client drew a nuclear fusion plant with a train crashing into the wall. Client used only a pencil and an orange marker. Client was not interested in participating in exercise.

Depressive client was very cooperative and willing to participate in exercise. Client sculpted a camera with clay. Client was very interested in photography. Client spoke rationally and logically.

## Record Client/Therapist Contact

**Art Therapy Hours:** 4 hours

**Date:** May 4, 1990

**Population:** Schizophrenic, Major Depressive

**Grp/Ind:** Group

**A/T Activity:** Clients were asked to draw or sculpt something they would like to share with the group.

**Art Material:** grey modeling clay  
sculpting knives  
white bond paper 14x17  
markers

**Function/Goal:** An exercise which would be more personal than introductory exercise. To promote discussion and possible introduction into other topics.

**Comments:** Schizophrenic client drew a hearse with a flag. Client laughed at his drawing and stated he enjoyed subjects involving violence and death.

Depressive client drew many scenes of barns, houses and landscapes. Client stated that he wanted to visit these places and photograph them someday.

May 4, 1990

**Summary :** Schizophrenic client was not willing to participate in art activities. Client continually walked out of the room. Client was highly encouraged , by Mike Moore to participate. Client agreed to participate only because Mike Moore remained in the room. Client's drawings involved violence, destruction and death. Client was not willing to discuss his drawings.

Major depressive client was more cooperative. Client enjoyed using clay. Client showed photographs he had taken to group. Client was very proud of photographs. Client spoke rationally and logically during entire session.

After reviewing the artwork from each client, I discovered some similarities among individuals with the same illness. First, among certain schizophrenics, the artwork tended to be of a confused nature. In some pictures, body parts were partly omitted. If body parts were included, there were no indications of sexual distinctions. Other schizophrenics constantly drew the same subject matter repeatedly, while some schizophrenics drew pictures with satanic and religious content. Second, among major depressive clients, the pictures tended to be of up-beat, happy scenes. They were in direct contrast to the clients actual emotional state. The artwork among major depressive clients was not a true reflection of their feelings and thoughts. Unfortunately, most of the major depressive clients I worked with were not open to the idea of art therapy. Third, there were more differences than similarities among the bi-polar depressive clients artwork. Some drew scenic pictures and landscapes, while others drew mazes with complex intertwining circles.

It was difficult to note similarities in artwork, among individuals with the same mental illness for several reasons. First, most of the clients at the Crisis Intervention Center are diagnosed with more than one mental illness. For example, a client may be bi-polar depressive with episodes of schizophrenia. Second, the majority of the clients are taking many different types of medication. This medication has a direct effect on the client's behavior, attitude and hence artwork. Third, some clients are not willing to participate in art therapy sessions. In some cases, clients were told to attend sessions.

Therefore, clients would quickly participate in art activity in order to fulfill the requirements at the Crisis Intervention Center.

The material which was preferred by the majority of the clients was white, bond paper with permanent markers. Other materials such as clay, paints, plaster of paris and silly putty were used, yet most enjoyed the markers and bond paper.

In conclusion, "Art Therapy in a Crisis Intervention Center" was a rewarding and fulfilling independent study. I was able to attain experience in working within an actual art therapy setting. The people at the Crisis Intervention Center and the Dupage County Health Department were very responsive to the idea of an art therapist. In fact, the Crisis Intervention is now considering hiring an art therapist full-time.

In the future, I plan to continue my volunteer service at the Crisis Intervention Center this summer and next fall. Before this independent study, I had doubts about becoming an art therapist. However, upon completion of this independent study, I feel I have made the right choice for my future career. I learned something new from each client I encountered. I believe that as an art therapist I can provide a service to several different segments of the community. This service will not only be beneficial to the greater community, but also to myself, for I feel I will be making a difference!