FINAL RESEARCH REPORT

on

From Addiction to Creation: Project on Using Creative Arts for Drug Use Prevention and Young Adult Drug Users Empowerment (Project "CAPE")

Project reference no.: BDF180022

1 Jun 2019 – 31 May 2023

Submitted by

Centre on Behavioral Health
The University of Hong Kong

June 2023

EXECUTIVE SUMMARY

Background: In Hong Kong, drug addiction among young adults has become an increasingly prevalent issue, with many turning to drug use as a means of coping with stress, mood-related problems, and boredom. Surprisingly, over 80% of young adults with drug addiction do not seek professional help or other forms of social support in dealing with problems resulting from taking drugs. Currently, most drug rehabilitation services in Hong Kong focus on reducing drug use and providing psychoeducation on drug-related mental health issues. However, there is a critical need to innovate and revamp these services to better support young adult drug abusers in coping with their addiction.

Objectives: The objectives of this project were to integrate creative arts into drug rehabilitation services in Hong Kong, and explore its effectiveness, acceptability and practicality among young adult drug abusers and caseworkers. Additionally, this project aimed to promote social change by using the arts to provide support for individuals struggling with drug addiction.

Research Methods: The program evaluation study assessed the potential benefits of the two major program components: (1) the creative arts intervention program for drug rehabilitees, and (2) the Train-the-Trainer program for frontline professionals. Evaluation for the creative arts intervention program adopted a mixed-methods, randomised controlled study design, with two assessment time points (T_0 and T_1) using both quantitative and qualitative methods of inquiry. For this research initiative, a total of 260 drug rehabilitees were included in the evaluation in Hong Kong and quantitative data were collected on two separate time points: baseline (T_0) and 8-week follow-up (T_1); amongst them **132 were young adult participant aged between 21 and 35**. In the focus group interview, we have interviewed 30 young adult drug rehabilitees at the end of the program completion. For the Train-the-Trainer program, a total of 30 caseworkers filled in an exit poll survey upon completion of the 4-day training and 10 of them were invited to take part in the focus group interview. All data were collected between June 2019 and May 2023.

Data Analysis: For the quantitative data of randomised-controlled study, descriptive statistics and independent t-tests were used to assess sample homogeneity, and Repeated Measures ANOVAs with Bonferroni Test were adopted to assess the effect of the intervention. Whereas quantitative data for the train-the-trainer program, descriptive statistics were produced to obtain an overall satisfaction and perceived effectiveness of the training modules in enhancing the knowledge, skills, and efficacy in conducting creative arts drug rehabilitation program of the caseworkers. For both studies, qualitative data were analysed using thematic analysis to identify the themes and sub-themes that emerged from the in-depth interview sessions for the rehabilitees and frontline professionals.

Results: Results of the randomised-controlled study yielded emerging evidence to suggest the effectiveness of the creative arts interventions in enhancing positive affect in rehabilitees (aged between 21 and 35) who participated in the creative arts intervention, compared with the treatment-as-usual condition. Findings also showed potential gains in alleviating anxiety, reducing self-defeating tendency, enhancing drug-related coping through stopping unpleasant emotion thinking, adopting problem-focused coping, as well as improving drug avoidance self-efficacy. Further exploration might be needed to understand the value of the intervention program in reducing

depressive symptoms, negative affect, and improving self-soothing tendency. Similar findings were also reported in the aggregate data with participants ranging from 21 to 60, yielding additional information to support the potential benefits and effectiveness of the creative arts intervention in improving psychosocial wellbeing of drug rehabilitees. Focus group interviews with rehabilitees attending the program revealed additional gains reported by the participants, including improved mood management, enhancing social relationships, cultivating self-awareness, self-confidence, and psychological flexibility. Participants regarded the non-verbal expression, embodiment and concretization of experience, as well as creativity; artistic pleasure is the key element underlying their positive changes; emphasis was placed on the facilitation skills of the facilitator to instil hope and common humanity, and facilitate interpersonal learning.

Evaluation of the train-the-trainer program showed that the training program was regarded as practical, insightful, and satisfying by frontline professionals who participated in the training. While the trainees regarded that the training was helpful in enhancing their knowledge competence, practice competence, and self-competence in delivering creative arts intervention to their service users, they expressed enthusiasm for further training to enhance their skills in this area and to work around the environment challenges they encountered in implementing creative arts interventions in the drug rehabilitation setting.

Conclusion and Implications: Creative arts intervention is a culturally relevant, emerging evidence, and person-centred approach to drug rehabilitation in Hong Kong. The creative arts intervention is well-received by both the service users, and frontline professionals in the field – both parties found the application of creative arts in rehabilitation service effective, meaningful, and satisfying. Findings from the present study also revealed that creative arts did not only benefit young adults drug rehabilitees, but also those who are older in age. Frontline professionals shared their passion for further training, and their support to the furtherance of creative arts interventions as an alternative to traditional form of drug rehabilitation. Further research efforts and training resources will contribute to the course, and the holistic wellbeing of those who are struggling with the issues of addiction.

摘要

背景： 香港吸毒成癮年輕化已成為一個身心靈健康的關注。許多人借助毒品成癮作為應對壓力、情緒相關問題和解悶的方法。不幸的是，超過 80%的年輕吸毒者沒有因吸毒所帶來的問題而尋求專業協助或其他形式的社會支持。 目前，香港大部分戒毒服務的重點是減少吸毒以及提供與毒品相關的心理健康問題的心理教育。 所以，社會有迫切需要對這些服務進行創新和改進以更有効地支持年輕吸毒者應對毒癮。

目標：本計劃的目的是將創意藝術融入香港的戒毒康復服務，並探討其在年輕吸毒者和前線個案工作者中的有效性、可接受性和實用性。此外，本計劃旨在通過利用藝術，為在毒癮問題上掙扎的人提供支援服務的變革。

研究方法：本計劃的評估研究評估了兩個主要項目組成部分的潛在效益：（1）戒毒康復者的創意藝術介入計劃，以及（2） 前線專業人員的專業培訓。 創意藝術介入的評估採用混合方法、隨機對照研究設計及設有兩個評估時間點（T_0和T_1），並會以量性和質性探究方法進行評估。本評估共有 260 名年齡介乎 20 至 60 歲 的香港戒毒康復者參與並於兩個不同的時間點收集定量數據：基線 (T_0) 和8 週後的跟進 (T_1). 當中包括**132位為年齡介乎 21 至35歲的年輕成年人**。而其中 30 名戒毒者更於完成創意藝術介入計劃後進行焦點小組訪談。而就前線專業人員專業培訓，共 30 名前線專業人員於完成為期4天的培訓後填寫意向調查，並從中邀請10 位專業人員進行聚焦訪談作研究數據之用。所有數據均在 2019 年 6 月至 2023 年 5 月期間收集。

數據分析： 對於戒毒康復者的創意藝術介入隨機對照研究的定量數據，本評估採用描述性統計和獨立t檢驗來評估樣本的同質性，並採用重複測量方差分析等手法評估介入的成效。而對於前線專業人員的專業培訓的定量數據，本評估進行了描述性統計，以獲得總體滿意度和對培訓單元在提高個案工作者開展創意藝術戒毒項目的知識、技巧和效能方面所感知的有效性。而這兩項評估研究的質性研究部份都採用了主題分析法來研究，就是根據戒毒康復者和前線專業人員的深入訪談以識別主題和次主題。

結果： 本隨機對照研究的結果提供了經驗證據闡明與常規治療的小組相比，創意藝術介入小組於提高正向情感和解難導向有相當成效。研究結果亦顯示，在緩解焦慮、減少自我挫敗傾向、通過停止不愉快的情緒思考或獲得朋友和家人的支持來加強與毒品有關的應對以及改善避免毒品的自我效能方面也有潛在的好處。研究數據亦顯示，創意藝術的介入手法不單為較年輕的成年戒毒康復者有相當的好處，在應用在較年長的戒毒康復者當中亦有相若的效果。另一方面，參與創意藝術介入計劃的康復者的焦點小組訪談顯示訪談者取得額外收獲，當中包括改善情緒管理、加強社交關係及培養自我意識、自信和心理靈活性。參與者認為非語言表達、實際的體現和具體化以及創造力和藝術樂趣是他們能夠進行積極變化的關鍵因素；他們亦強調創藝大使的促進技巧能灌輸希望和關懷，並促進彼此間的互相學習。

而專業培訓的評估發現，參加培訓的前線專業人員認為本培訓項目是實用、具啟發性及令人滿意。受訓者認為培訓有助提高他們向服務對象提供創意藝術干預的知識能力、實踐能力和自我能力。他們亦期望能有進一步的培訓以提高他們在這些方面的技巧，並解決他們在戒毒環境中實施創意藝術介入時所遇到的環境挑戰。

結論和意義： 在香港，創意藝術介入是一種與文化相關、以證據為基礎、以人為本的戒毒康復方法。創意藝術介入受到服務對象和前線專業人員的歡迎 – 雙方都認為在康復服務中實行創意藝術介入是有效的、有意義的、並且令人滿意。成效研究顯示，創意藝術為本的介入手法不論應用於較年輕的個案還是較年長的個案都有相當的正面成效。前線專業人員亦分享了他們對進一步培訓的熱情，以及他們對推進創意藝術介入作為傳統戒毒形式的替代方案的支持。進一步的研究工作和培訓將有助於該議題以及那些在毒癮問題上掙扎的人的整體健康。

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ACKNOWLEDGEMENTS

The project team at the Centre on Behavioral Health is grateful for the generous support from the Beat Drug Fund; without its support, this project would not have been possible.

We would like to extend our gratitude to the frontline workers who have participated in the Train-the-Trainer Program, and those agencies who have been involved in the recruitment of participants. This is especially challenging during the times of the pandemic that imposed additional barriers in the project implementation. Their support and resilience have made this project meaningful for the rehabilitees, frontline professionals, and practitioners of creative arts interventions.

Gratitude is also extended to those drug rehabilitees who have attended the 8-week program, and the evaluative research study, as well as all the survey participants of the project components. Their contribution has helped generate empirical evidence to support the development of creative arts intervention as an evidence-based and culturally relevant modality in drug rehabilitation. Their compassion and kindness will benefit the community of drug rehabilitees in Hong Kong.

Last but not least, we would like to express our heartfelt thankfulness to expressive arts professionals who have participated in the design of the curriculum, and the delivery of the train-the-trainer program between 2019 – 2022.

1. BACKGROUND

1.1. Drug Use in Hong Kong

Young adulthood is a developmental milestone where an individual is approaching maturity and when one is approaching prime time of their psychosocial development. Young adults struggling with drug addictions is an uncomfortable, yet increasingly prominent phenomenon in Hong Kong. *Despite multidisciplinary efforts in combating young adults drug use, the Central Registry of Drug Abuse revealed an increase of 5.4% points in the percentage share of reported cases aged 35 or below between 2020 and 2022, although the newly reported cases has recorded an decrease of 0.4% points (for the age cohort of 35 or below).* (Census and Statistics Department, 2022).

Statistics from 2020/21 Survey of Drug Use among Students showed that non-drug-taking students reported closer relationship with parents. Non-drug taking students also showed less risks of having behavioural and academic problems. Therefore, drug use is not only a sensation-seeking phenomenon of young adults, but also a warning sign of them asking for help in coping with stress, mood-related problems, and boredom. Ironically, over 80% of young adults struggling with drug problems had not sought professional help or other forms of social support in dealing with problems resulting from taking drugs. Prolonged consumption of substances, such as cocaine, may cause cardiac complications, long-term cognitive impairments, and increased risks for anxiety, depression, and other severe forms of psychiatric health issues.

Substance use can be a shameful secret for many anywhere around the world; and Hong Kong itself stigmatizes those struggling with substance dependency or drug use. Shaming drug abusers prohibit them from seeking help when needed; many young adults prefer to suffer in silence than to risk the ridicule of family, friends, peers, and even mental health professionals. Stigma on drug abusers can make connecting individuals in need with appropriate treatments more challenging (Committee on the Science of Changing Behavioural Health Social Norms,

2016).

1.2. Service Gaps in Hong Kong

Most of the drug rehabilitation services in Hong Kong focus on reducing drug use, and psychoeducation of drug-related mental health issues through traditional form of psychoeducation, outreaching, and residential drug rehabilitation programs. While these traditional forms of drug abuse treatment were found empirically efficacious, frontline workers are confronted with the issue of non-compliance, and more important, drop-out from programs especially, among young adult drug abusers. There is an imminent need for synergizing innovation to revamp Hong Kong's drug rehabilitation service, and young adult drug abusers need professional assistance that is appealing to them to help them cope. This was the mission of the grand project to integrate creative arts with drug rehabilitation services in Hong Kong, and to explore its effectiveness, acceptability, practicality among young adult drug abusers, and caseworkers in Hong Kong. Further to this, this project also aimed to use arts to promote social change, so that people struggling with drug problems could be given the support they need from society to cope with their drug use problems.

1.3. Creative Art as Therapy in Addiction Rehabilitation

The number of research studies on the using arts in drug rehabilitation has increased exponentially over the past 10 years (Aletraris, Paino, Edmond, Roman, Bride, 2014). The most common forms of creative components adopted in drug rehabilitation programs are visual arts, music, movement, drama, and play. In the West, these art-inspired drug rehabilitation programs have been applied to a wide range of drug abusers of different sociodemographic backgrounds, with encouraging results.

Engaging in art activities itself is soothing, relaxation and engaging. The use of arts in drug rehabilitation has been found appealing by those who attended the program because of its non-judgmental, playful, and enjoyable. The process of art-making has allowed them to re-orientate

their attention to things that are aesthetic, and has instilled in them a sense of hope, pride, and self-efficacy. A recent research study on the use of creative arts in rehabilitation programs for young adults with gambling problems, conducted by the team at the Centre on Behavioral Health, reported similar findings: the use of creative arts has been found therapeutic, and has enhanced treatment compliance, and has helped enhancing the self-esteem of young adults struggling with gambling-related addiction.

1.4. Organization of the Report

The report is divided into 6 chapters, and this section gives an overview of these chapters. Chapter 1 presents the background as well as the significance of this multi-component project and Chapter 2 outlines the details of the project components. While there are multiple components in this project, evaluative studies were conducted for the Creative Arts-based Intervention, and the Train-the-Trainer program. Therefore, Chapter 3 covers the evaluation studies, including their objectives, study design, measurements, methods of data analysis and research findings. Chapter 4 presents the evaluation of the Train-the-Trainer Program, including its objectives, study design, qualitative measures and its results. Chapter 5 discusses the findings of these two programmes. Chapter 6 offers concluding remarks, while implications are also included.

2. PROJECT DESIGN

2.1. Holistic Perspective on Drug Prevention and Individual Empowerment

While the medical model focuses on symptom management, the Holistic Healthcare Model emphasizes the development of personal and interpersonal strengths to facilitate coping and promote flourishing. The approach conceptualizes personal wellness as balanced physical, psychosocial, and spiritual development. The focus of a holistic healthcare clinical practice lies in its emphasis on developing a healthy lifestyle, cultivating self-awareness and self-management, and nurturing resilience, empathy, and compassion. In the Chinese context, the effectiveness of the holistic healthcare model in cultivating resilience and promoting personal growth is well-documented in the literature.

Inspired by the community health framework of intervention, and the wisdom of the holistic healthcare model, this project focuses on three inter-related domains of (i) raising public awareness, (ii) provision of empirically-supported intervention to individuals, (iii) creating a supportive social environment for those who are struggling with drug use problems by nurturing an empathetic understanding of the public, and (iv) inviting community engagement in the prevention of drug use and empowerment of drug abusers within the community.

Applying the creative arts in drug rehabilitation exemplifies the person-centered orientation of the holistic healthcare model. From the perspective of the community, the creation and appreciation of artworks provide us an open, safe, and non-judgmental space for personal reflection and expression of feelings, thoughts, and ideas related to drug use, which open doors to open discussion of the issue which is regarded as a taboo to talk about in public. In addition, art appreciation allows us to develop genuine, non-threatening, and empathetic connections with others, which is the building block toward a supportive social environment and social engagement. From the perspective of the drug abusers, the art-making process not only allows them the personal space for reflection and to establish self-awareness, it also provides them the

opportunity to develop new hobbies, identify personal strengths, facilitate mood regulation, develop adaptive skill sets to cope with drug use problems.

2.2. Contributions of the Proposed Project

The contribution of this project conducted by the Centre on Behavioral Health has three folds: first, the initiative helped promote and application of creative arts in raising public awareness, empowering young adult drug abusers, and to enhance the competence of workers in the field to deliver drug rehabilitation in a playful, yet scientifically robust manner. Second, the findings of the program evaluation study yielded empirical evidence to inform us of the effectiveness of the use of creative arts in drug rehabilitation; the results helped to shape the future of the drug rehabilitation service delivery model of Hong Kong, and the Asian region. Third, engaging professionals in the field could facilitate the furtherance of the development of expressive arts therapies/ creative arts therapies in Hong Kong, which in turn will provide a playful, joyful, and aesthetic alternative to people struggling with drug use problems.

2.3. Components of the Project

This 4-year project composing of five components: (i) public awareness enhancement program (to enhance the public's awareness on young adult drug use), (ii) professional training cum supervision (to enhance the professional competency of caseworkers), (iii) a Creative Arts Drug Rehabilitation Program for young adult drug abusers (to facilitate rehabilitation and facilitate personal empowerment), (iv) a randomised controlled study exploring the effectiveness of the innovative creative arts drug rehabilitation program, and (v) a showcase of artworks produced by young drug abusers (to encourage social engagement and foster empathetic understanding of the public). For the scope of this report, we will focus on the research methodology, results and findings, and discussions based upon the evaluative study of the train-the-trainer program, and the randomized controlled study on the effectiveness of an expressive arts-based intervention in drug rehabilitation.

3. EVALUATIVE RESEARCH ON CREATIVE ARTS-BASED INTERVENTION

The program evaluation aimed to yield empirical evidence of the effect of creative arts drug rehabilitation program in improving participants': (i) Mental health status, (ii) Self-compassion, (iii) Self-awareness, (iv) Self-efficacy in dealing with drug use problems, and (v) Preventing relapse of drug use; the results helped to shape the future of drug rehabilitation service delivery model of Hong Kong, and the Asian region. Besides that, engaging professionals in the field can facilitate the furtherance of the development of expressive arts therapies/creative arts therapies in Hong Kong, which in turn provides a playful, joyful, and aesthetic alternative to people struggling with drug use problems. The effectiveness of the program was assessed from both the perspective of the service users and the helping professionals involved in drug rehabilitation. This section outlines the study designs for the program evaluation study.

3.1. Study Objectives

This project was a multi-modal, community health campaign on drug prevention and empowerment of young adults utilizing creative arts. The primary goal was to investigate the use of creative arts in promoting social change, cultivating empathetic understanding, and nurturing personal strength to prevent drug use among young adults in Hong Kong. The secondary goal of the project was to establish an evidence-based, culturally relevant, and efficacious creative arts drug rehabilitation model for Hong Kong, which can be considered as a supplementary treatment option to traditional drug rehabilitation service models.

3.2. Study Design

The program evaluation study adopted a mixed method, 2-arm, non-blind randomised controlled study design utilizing both quantitative and qualitative methods of inquiry. Quantitative data were collected were conducted on two separate time points: (i) baseline (T_0) and 8-week follow-up (T_1).; while qualitative data were collected by means of a focus group interview conducted at the end of the program completion.

3.3. Inclusion and Exclusion Criteria

Eligible participants of the research study were (i) drug rehabilitees, aged between 21 to 35, attending professional service from one of the drug rehabilitation service providers, (ii) willing to provide informed consent for program participation, and (iii) absence of any other physical or psychological complications that would compromise participation in the group, as judged by the caseworker (i.e. minimum attendance is 70% of the 8 sessions).

3.4. Sample

All participants were recruited from drug rehabilitation service providers in Hong Kong – who were also responsible for the screening and recruitment. Based upon previous studies with similar design, with an expected effect size of 0.25, and power of 0.8 – and assuming a drop-out rate of 20%, a minimum of 126 participants would be required for meaningful data interpretation.

In quantitative evaluation, the sample of the present study was composing of: (i) a young adult cohort (aged between 21 and 35; N = 132), and (ii) an additional cohort (aged 35 and 60; N = 128). Whereas in the qualitative interview, a total of 30 young adult participants, aged between 21 and 35, who have completed the 8-week program were interviewed. And thus the full data set composed of a total of 260 participants.

3.5. Procedures of Data Collection

Before the commencement of the study, ethical approval was obtained from the institution's ethics review committee. And written informed consent was obtained from the participants before data collection. Upon obtaining informed consent, eligible participants were randomly assigned to either (i) the experimental group or (ii) the treatment-as-usual control group. Participants in the experimental group received an 8-week creative arts-based program delivered by professionals trained by the Centre on Behavioral Health; participants in the control condition were given the option to participate in a similar creative-arts based program

upon completion of the study period. Participants did not receive any reward for completing the program. Participants could decide to withdraw from the program at any time. This would not cause any negative impact to the service they are currently receiving, nor on the chance of them applying for other services in the future.

3.6. Measurements

Quantitative data were collected by means of a paper-and-pencil questionnaires packet composed of locally validated measurements on drug use habits, and dimensions of mental health (including self-esteem, self-compassion, anxiety and depression symptoms, and perceived stress). All data was input and coded anonymously; each participant was represented by a participant code to secure the anonymity of the participants. The following measurements in Chinese language were adopted to evaluate the effectiveness of the Creative Arts Drug Rehabilitation Program:

(i) *Hospital Anxiety and Depression Scale (HADS) (Zigmond & Snaith, 1983)*: HADS comprises 7 items for anxiety and 7 items for depression. The items are scored on a 4 point Likert scale ranging from 0 to 3, and anxiety and depression are scored separately. The Chinese version has been validated in a sample of 100 medical university students with good internal consistency in Hong Kong (Leung, 1992).

(ii) *Self-Compassion Scale, Chinese version (the self-soothing subscale) (SCS-C) (Neff, 2003)*: SCS-C has 26 items measuring six components of self-compassion: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identification. The items are scored on a 5-point Likert scale ranging from 1 “Never” to 5 “Always”. A total factor score for Self-Soothing Attitude was calculated by the grand mean of the 3 positive subscales means and a total factor score for Self-Defeating Attitude was calculated by the grand mean of the 3 negative subscales means. The Chinese version has been validated in a sample of 455 with good internal consistency in Hong Kong (Wan, Fong,

& Ho, 2018).

(iii) *Positive and Negative Affect Scale (PANAS) (Watson, Clark & Tellegan, 1988)*: PANAS is made up of two mood scales with 10 items measuring positive affect and 10 items measuring negative affect. The items are scored on a 5-point Likert Scale ranging from 1 “very slightly or not at all” to 5 “extremely”. Positive affect and negative affect were summed separately and with higher score indicates greater levels of positive affect or negative affect, respectively.

(iv) *Coping Self-Efficacy Scale (CSE) (Chesney et al., 2006)*: CSE is a 26-item measure of one’s confidence in performing coping behaviours when faced with life challenges. The items are scored on a 11-point Likert Scale ranging from 0 “cannot do at all”, 5 “moderately certain can do” to 10 “certain can do”. This scale is divided into 3 factors which are use problem-focused coping (6 items), stop unpleasant emotions and thoughts (4 items), and get support from friends and family (3 items).

(v) *Drug Avoidance Self-Efficacy Scale (DASES) (Martin, Wilkinson, & Poulos, 1995)*: DASES is a 16-item outcome measure to assess one’s self-efficacy in the context of multiple drug use. Respondents were asked to imagine themselves in a particular risk situation and to rate their level of confidence to resist drug use in that situation (e.g. going to a party, being depressed and alone, fighting with a loved one, etc.). The items are scored on a 7-point Likert Scale ranging from 1 “certainly no” to 7 “certainly yes”.

(vi) *Self-report record of drug use frequency in the past one month*: This self-report record has 13 items that record the frequency of one’s drug use in the past 30 days. Participants were asked to answer the number of times particular drugs was used (e.g. Cannabis, Ketamine, Cocaine, etc.).

(vii) *Basic demographics*: All participants also completed a short demographics form indicating their birth date, gender, marital and family status, prior participation in

addiction rehabilitation service or psychosocial support service, clinical and medical history, etc.

3.7. Qualitative Data Collection

Qualitative data was collected through in-depth interviews with creative arts drug rehabilitation program participants using a semi-structured interviewing protocol developed by the Centre on Behavioral Health. Focus group interviews with service users can yield fine-grained information regarding their subjective experience of participating in the creative arts drug rehabilitation program, as well as information regarding the mechanism of change throughout the program period. All interviews were conducted by a research staff from the Centre on Behavioral Health, who has prior experience in conducting focus groups, and in-depth interviews, who was assisted by a research assistant from the team. All interview was audiotaped for data analysis.

3.8. Methods of Data Analysis

3.8.1. Quantitative Data Analysis

Quantitative data was input, coded, and analysed using SPSS 20.0. or above. Descriptive statistics were used to obtain an overall background/ profile of participants who completed the creative arts drug rehabilitation program. Repeated measures ANOVAs were adopted to compare the effect of the intervention on the two groups across the two study time points, e.g. baseline and post-intervention. Missing values were replaced with the individual mean of the same measure.

3.8.2. Qualitative Data Analysis

Audio recording and paper notes were reviewed by the research team, and thematic themes were identified from the recording for the purpose of report writing. The original language of the written data was retained, and the codes and the categories emerging from the analyses were in English. The codes were formulated directly based on the manifest content.

3.9. Results (Young adult cohort, aged 21 to 35)

This section reported the findings for young adult drug rehabilitees (aged 21 to 35) who were recruited into the study and had participated in the 8-week program offered by the trained ambassadors. Total of 132 young adults were recruited and included in the flowing data analysis.

3.9.1. Demographic Information

A total of 63 (Intervention Group) and 69 (Control Group) drug rehabilitees have completed the evaluation. Table 1 showed their demographic information at baseline. Most of the drug rehabilitees were male in the intervention and control group. And most of the drug rehabilitees attended secondary school. About 62.3% (Intervention Group) and 65.7% (Control Group) of them were single. More than half of them do not have children and around 30% of them have 1 or 2 children. About 63.5% (Intervention Group) and 55.1% (Control Group) reported living with their family members, and an average of 49.2% lived in public housing. It is remarkable that about 30.4% of the drug rehabilitees in the control group reported living alone, while only 6.3% reported living alone in the intervention group. About 43.5% of the drug rehabilitees in the intervention group reported having no religious faith, while 57.8% in the control group reported so. More than half of them (Intervention Group, 55.0%; Control Group, 57.4%) did not have a job and only around 22.1% had a full-time or part-time job at baseline, and most of the drug rehabilitees reported a family monthly income below $25,000. About 66% (Intervention Group) and 72.4% (Control Group) reported prior history of drug rehabilitation, while 56.4% (Intervention Group) and 76.9% (Control Group) had received any form of psychosocial support service prior to their participation in this study. About half of them had criminal records.

Table 1 Demographic information of the drug rehabilitees in intervention and control group

Baseline characteristic	Intervention group		Control group	
	n	%	n	%
Gender				
Female	21	33.3	10	14.5
Male	42	66.7	59	85.5
Education level				
No formal education	2	3.2	5	7.2
Primary school	5	7.9	6	8.7
Early secondary (F1-F3)	19	30.2	29	42.0
High secondary (F4-F6)	26	41.3	20	29.0
College/ University	8	12.7	9	13.0
Postgraduate or above	3	4.8	0	0.0
Marita status				
Single	38	62.3	44	65.7
Cohabited	5	8.2	2	3.0
Married	11	18.0	9	13.4
Divorced / Separated	7	11.5	11	16.4
Widowed	0	0.0	1	1.5
No. of children				
None	40	64.5	45	66.2
1	9	14.5	15	22.1
2	11	17.7	6	8.8
3	2	3.2	2	2.9
4	0	0.0	0	0.0
5 or above	0	0.0	0	0.0
Living with				
Living alone	4	6.3	21	30.4
Living with people unrelated to you (e.g. domestic helper)	12	19.0	7	10.1
Living with friends	0	0.0	1	1.4
Living with other relatives	4	6.3	0	0.0
Living with family members (e.g. parents, siblings, children)	40	63.5	38	55.1
Living with spouse	3	0.0	2	2.9

Baseline characteristic (Cont'd)	Intervention group (Cont'd)		Control group (Cont'd)	
	n	%	n	%
Living arrangement				
Private housing	16	25.4	14	22.2
Public housing	34	54.0	28	44.4
Home ownership scheme	3	4.8	4	6.3
Temporary housing/ Wooden housing	2	3.2	2	3.2
Village housing	3	7.8	4	6.3
Others	5	7.9	11	17.5
Religiosity				
Nil/ Not applicable	27	43.5	37	57.8
Buddhism	5	8.1	8	12.5
Catholics	0	0.0	0	0.0
Christianity	28	45.2	16	25.0
Others	2	3.2	3	4.7
Working status				
Unemployed	33	55.0	39	57.4
Retired	0	0.0	0	0.0
Waiting for employment	7	11.7	11	16.2
Self-employed	3	5.0	5	7.4
Full-time	9	15.0	9	13.2
Part-time	6	10.0	4	5.9
Taking care of family	2	3.3	0	0.0
Students (Full-time)			0	0.0
Family monthly income				
$5, 000 or below	8	14.0	24	35.8
$5, 001 - $15, 000	12	21.1	13	19.4
$15, 001 - $25, 000	14	24.6	12	17.9
$25, 001 - $35, 000	6	10.5	7	10.4
$35, 001 - $45, 000	3	5.3	4	6.0
$45, 001 or above	14	29.6	7	10.5

Baseline characteristic (Cont'd)	Intervention group (Cont'd)		Control group (Cont'd)	
	n	%	n	%
Addiction rehabilitation – Individual therapy / counselling				
Yes	23	37.1	14	21.5
No	39	62.9	51	78.5
Addiction rehabilitation – group therapy / counselling				
Yes	18	28.6	22	33.8
No	44	69.8	43	66.2
Psychosocial support service – Individual therapy / counselling				
Yes	16	25.4	12	18.5
No	45	71.4	53	81.5
Psychosocial support service – group therapy / counselling				
Yes	36	57.1	18	27.7
No	26	41.3	47	72.3
Criminal record				
Yes	36	57.1	33	48.5
No	26	41.3	35	51.5

3.9.2. Descriptive Results

Drug rehabilitees' drug use frequency in the past month was asked at baseline and follow-up based on a paper-and-pencil, self-report form. Participants' self-report showed that among those who reported still using drug at baseline, all drug rehabilitees in the intervention group reported a reduction in drug use frequency, while only 69.57% of those in the control group reported so. Furthermore, about 13.04% of drug rehabilitees in the control group reported deterioration in frequency of drug use over the past month based on self-report. For those who reportedly still using drug at baseline, all rehabilitees from the intervention group reported they were no longer taking drugs at follow-up, about 52.17% of those in the control group kept on using drugs. For drug rehabilitees who reported not using drug at baseline, both intervention group (86.27%) and control group (85.11%) reported no signs of relapse at follow-up. Table 2 summarised the frequency of drug use, defaulted cases, and relapses for participants aged between 21 and 35.

3.9.3. Sample Homogeneity

Independent sample t-tests were conducted to compare the baseline scores of all the outcome variables between the intervention group and control group before statistical analyses were performed to assess the effectiveness of the intervention. Independent sample t-test results showed no statistically significant between-group differences in all outcomes measures. The findings suggested that the intervention group and the control group were homogeneous, and thus comparable using the repeated measures ANOVA tests to explore the effectiveness of the creative arts-based intervention. Table 3 summarized the scores on the outcome measures between the intervention and control groups at baseline.

Table 2 Rehabilitees' drug use frequency, cases quitted and relapse

	Intervention group		Control Group	
	n	%	n	%
Among those who reported still using drugs at baseline	12		23	
Cases reduced drug use frequency	12	100.00%	16	69.57%
Cases showed no change	0	0.00%	4	17.39%
Cases deteriorated	0	0.00%	3	13.04%
Among those who reported still using drugs at baseline	12		23	
Cases quitted	12	100.00%	11	47.83%
Cases not quitted	0	0.00%	12	52.17%
Among those who reported not using drugs at baseline	51			
Cases avoided relapse	44	86.27%	40	85.11%
Cases relapsed	7	13.73%	7	14.89%

Table 3 Differences between Rehabilitees from the intervention group and control group on the outcome variables at baseline

	Intervention group			Control group					
	n	*M*	*SD*	n	*M*	*SD*	*df*	*t*	*p*
HADS: Anxiety	63	9.05	3.85	69	8.26	4.12	130	-1.13	.26
HADS: Depression	63	7.65	2.72	69	8.23	3.52	126.94	1.05	.30
PANAS: +ve affect	63	29.97	5.63	69	28.46	7.12	130	-1.34	.18
PANAS: -ve Affect	63	26.56	7.58	69	26.84	7.46	130	0.21	.83
SCS: Self-Soothing Attitude	63	39.46	7.82	68	40.49	8.11	129	0.74	.46
SCS: Self-Defeating attitude	63	39.42	8.06	68	40.37	9.14	129	0.63	.53
CSE: Use problem-focused coping	63	63.24	24.75	69	63.04	23.79	130	-0.05	.96
CSE: Stop unpleasant emotions and thoughts	63	46.83	19.84	69	47.24	19.25	130	0.12	.90
CSE: Get support from friends and family	63	27.76	11.79	69	26.02	10.84	130	-0.89	.38
Drug Avoidance self-efficacy	63	70.90	16.24	69	67.70	16.64	130	-1.11	.27

3.9.4. Anxiety and Depression Level

A total of 127 drug rehabilitees (Intervention Group: 58; Control Group: 69) completed the anxiety questionnaire at baseline and follow-up; and were thus analyzed in this report. Figure 1 showed that the rehabilitees had an initial level of anxiety at around 8.26 (SD = 4.12) in intervention group and 9.16 (SD = 3.81) in control group. At follow-up, the level of anxiety was decreased in intervention group and slightly increased in control group in follow-up, but this discrepancy in the level of anxiety did not show a significant *Group x Time* interaction effect (F = 2.09, p = .151, partial eta-square = 0.02). However, post-hoc test revealed a statistically significant reduction (M = 7.97, SD = 3.90) in the intervention group ($p \leq .05$) while the change in the control group was not statistically significant (p = .551). Out of the theoretical range of 0 – 21, the average levels of anxiety of the rehabilitees remained moderately low.

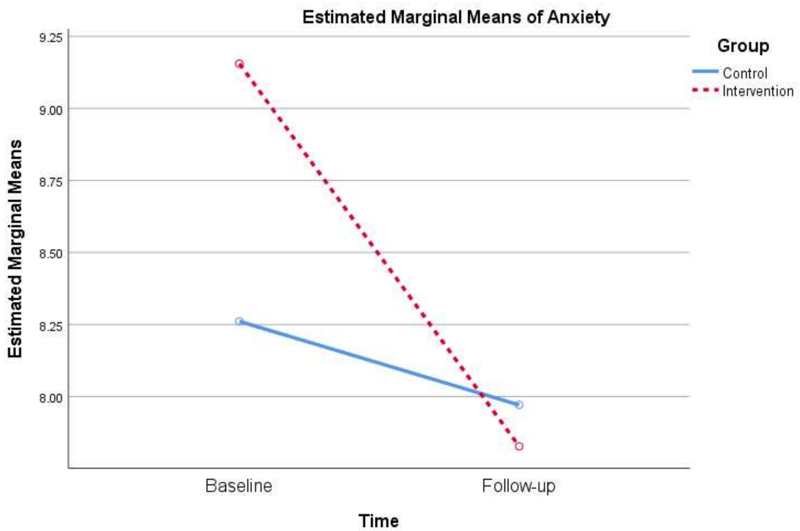

Figure 1. Change in level of anxiety in the two groups from baseline to follow-up

Similarly, a total of 127 drug rehabilitees (Intervention Group: 58; Control Group: 69) completed the depression questionnaire at baseline and follow-up. Figure 2 showed that the rehabilitees displayed an initial level of depression at around 7.69 (SD = 2.78) in intervention group and 8.32 (SD = 3.52) in control group. At follow-up time point, the intervention group displayed a slightly decreased level of depression, but the control group showed an increased level of depression in the follow-up; however, results of repeated measures ANOVA did not find a significant interaction effect of time and group (F = 1.27, p = .262, partial eta-square = 0.01) between the groups. Furthermore, post-hoc analysis did not show statistically significant change within the groups across time.

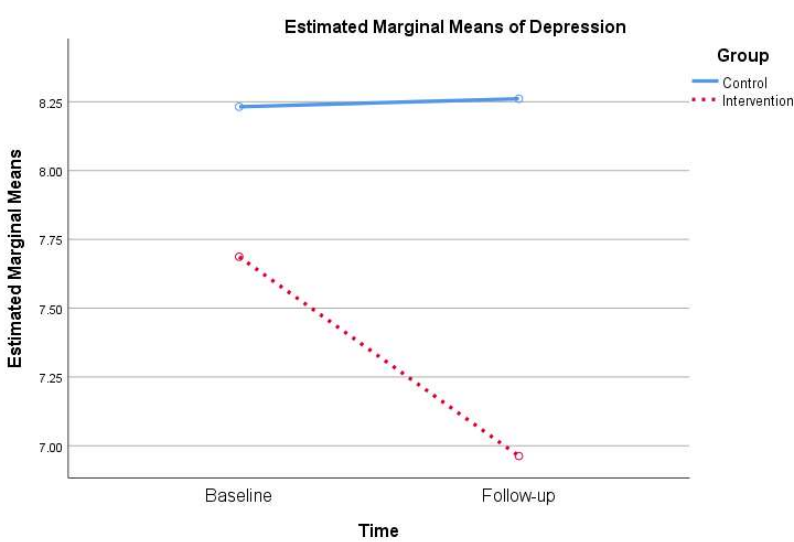

Figure 2. Change in level of depression in the two groups from baseline to follow-up

3.9.5. Positive and Negative Affect

A total of 126 drug rehabilitees (Intervention Group: 57; Control Group: 69) completed the completed the self-report questionnaire on positive affect and negative affect at baseline and follow-up. Repeated measures ANOVA results found a significant Time x Group interaction effect (F = 4.68, $p \leq .05$, partial eta-square = 0.03) on the measure of positive affect. Bonferroni's test for pairwise comparisons found that there was a statistically significant difference in positive affect between baseline and follow-up within the intervention group ($p \leq .01$), a change which was not found in the control group. In shown in Figure 3, the intervention group displayed a statistically significant increase in positive affect from 30.01 (SD = 5.50) to 33.26 (SD = 7.56), while the control group reported a change in positive affect from 28.46 (SD = 7.12) to 28.65 (SD = 7.74). Findings suggested there could be beneficial effects for the Creative Arts Drug Rehabilitation Program on the positive affect of the rehabilitees, when compared with those in the control condition.

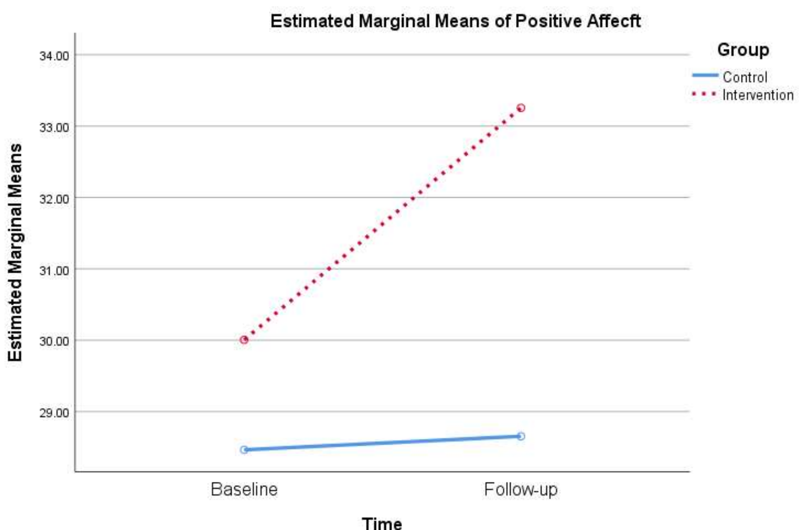

Figure 3. Change in positive affect in the two groups from baseline to follow-up

Repeated measure ANOVA with negative affect as outcome variable found no statistically significant differences between the groups (*F* = 1.03, *p* = .313, partial eta-square = 0.03) (Figure 4). Further comparison within the group, across the time points, suggested that the Intervention Group displayed a statistically significant decrease in the level of negative affect from 26.28 (SD = 7.29) to 23.60 (SD = 7.61) ($p \leq .05$) while the control group showed a statistically non-significant decrease from 28.46 (SD = 7.46) to 25.60 (SD = 7.87) (*p* = .199).

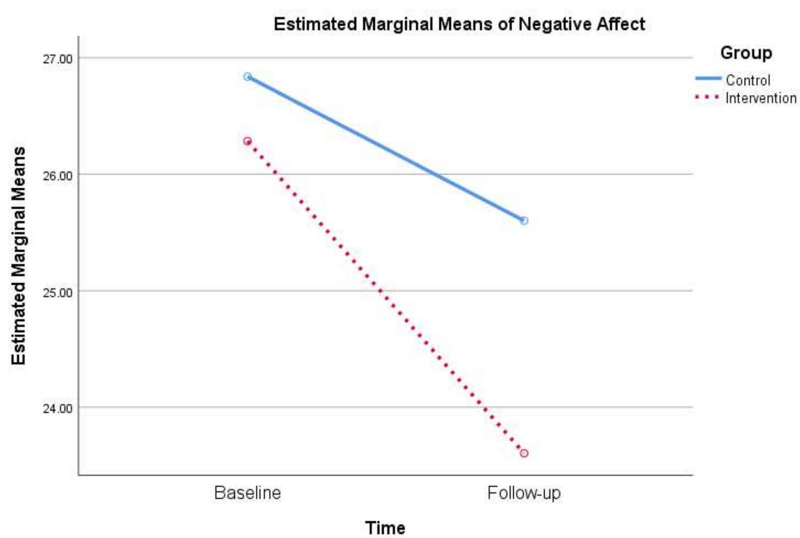

Figure 4. Change in negative affect in the two groups from baseline to follow-up

3.9.6. Self-Compassion (Self-Soothing and Self-Defeating Attitude)

A total of 126 rehabilitees (Intervention Group: 58; Control Group: 68) completed the self-report questionnaire at baseline and follow-up. Results of repeated measures ANOVA showed that the *Time x Group* interaction effect was not found to be statistically significant on either self-soothing attitude (*F* = 1.56, *p* = .215, partial eta-square = 0.012) and self-defeating attitude (*F* = 0.37, *p* =.544, partial eta-square = 0.001) between baseline and 8-week follow-up. Nevertheless, pairwise comparisons revealed statistically significant improvement in the intervention group on

the measures of self-compassionate attitude ($p \leq .05$) and self-defeating attitude ($p \leq .05$) between the measurement time points. The intervention group showed an increase in self-soothing attitude (Baseline: M = 39.74, SD = 7.96; Follow-up: M = 41.87, SD = 10.42) (Figure 5); as well as a reduction in self-defeating attitude (Baseline: M = 39.61, SD = 7.81; Follow-up: M = 36.79, SD = 15.63) (Figure 6). Similar patterns of changes were also observed in the control group; however, the reported changes were statistically non-significant (p = .615 and .054).

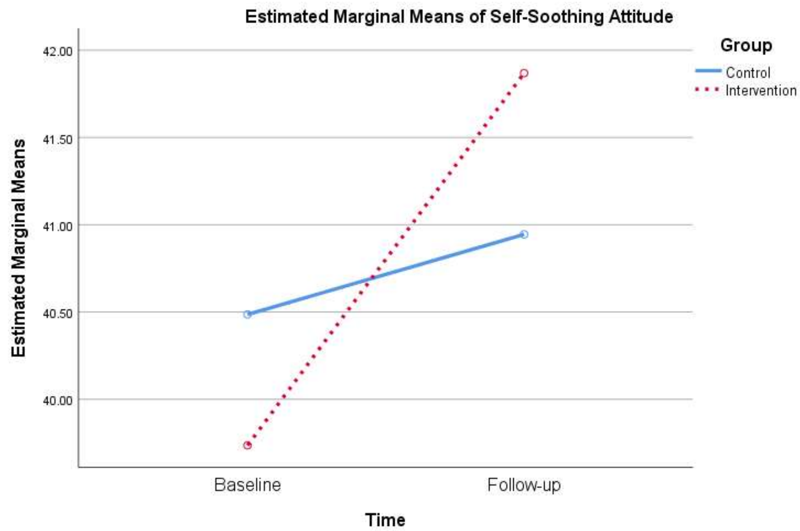

Figure 5. Change in self-soothing attitude in the two groups from baseline to follow-up

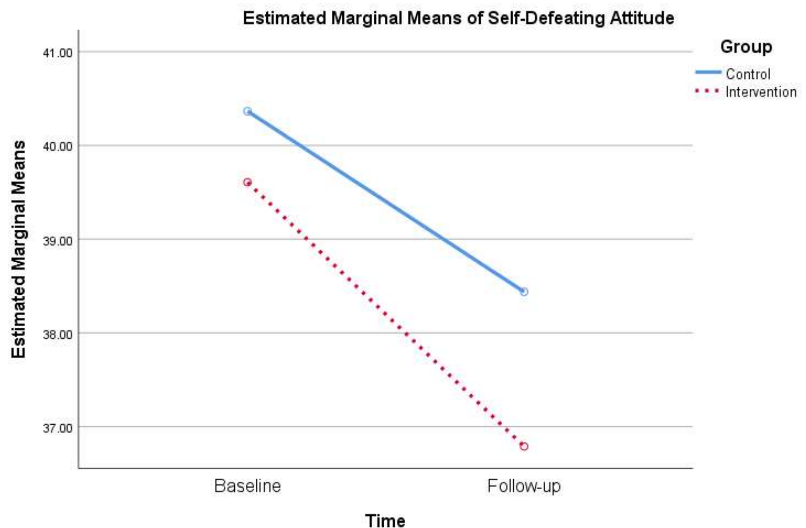

Figure 6. Change in self-defeating attitude in the two groups from baseline to follow-up

3.9.7. Drug Avoidance Self-Efficacy

A total of 127 rehabilitees in the intervention (N = 58) and control groups (N = 69) completed the self-report questionnaire at baseline and follow-up. Results of repeated measures ANOVA found that the participants in the intervention group displayed a substantial increase in drug avoidance self-efficacy from 70.96 (SD = 16.78) to 74.57 (SD = 15.63) relative to the control group from 67.70 (SD = 16.64) to 70.22 (SD = 15.63) (Figure 7). Although the *Time x Group* interaction effect was not found to be statistically significant ($F = 0.32$, $p = .324$, partial eta-square = 0.01), there was a statistically significant change in the intervention group ($p \leq .01$) over time, while the change of control group was not statistically significant ($p = .146$).

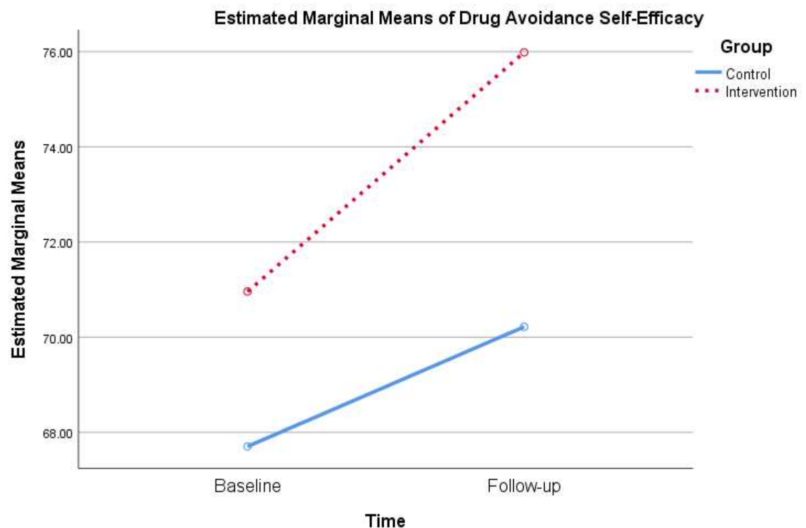

Figure 7. Change in drug avoidance self-efficacy in the two groups from baseline to follow-up

3.9.8. Coping Self-Efficacy

A total of 58 and 69 rehabilitees in the intervention and control groups completed the self-report questionnaire on coping self-efficacy at baseline and follow-up. Findings suggested no statistically significant *Time x Group* interaction effect on use problem focused coping as a coping self-efficacy was found (F = 3.27, p = .073, partial eta-square = 0.03). Within-group pairwise comparisons, however, revealed statistically significant changes over time were found in the intervention group ($p \leq .05$) (Baseline: M = 64.49, SD = 25.02; Follow-up: M = 74.57, SD = 24.27). Although positive changes were also reported in the control group (Baseline: M = 63.04, SD = 23.79; Follow-up: M = 65.34, SD = 24.19), the observed changes were statistically non-significant (p = .054) (Figure 8)

Figure 9 showed the results of repeated measures ANOVA on the outcome variable of stopping unpleasant emotions and thoughts. Although statistically non-significant (F = 1.97, p = .163, partial eta-square = 0.02), findings revealed that the intervention group displayed an increase in their exercising control on unpleasant emotions and thoughts (Baseline: M = 47.91, SD

= 19.98; Follow-up: M = 55.83, SD = 19.94) relative to the control group (Baseline: M = 47.24, SD = 19.25; Follow-up: M = 50.404, SD = 17.99). Pairwise comparison between the measurement time points, however, revealed statistically significant change in the intervention group ($p \leq .01$) while the change of the control group was not statistically significant ($p = .168$).

In Figure 10, the results of repeated measures ANOVA found no significant *Time x Group* interaction effect ($F = 0.14$, $p = .714$, partial eta-square = 0.001) on getting support from friends and family as a coping self-efficacy, although the intervention group showed increase in getting support from friends and family from 27.01 (SD = 11.99) to 30.42 (SD = 11.02) relative to the control group from 26.02 (SD = 10.84) to 27.54 (SD = 9.86).

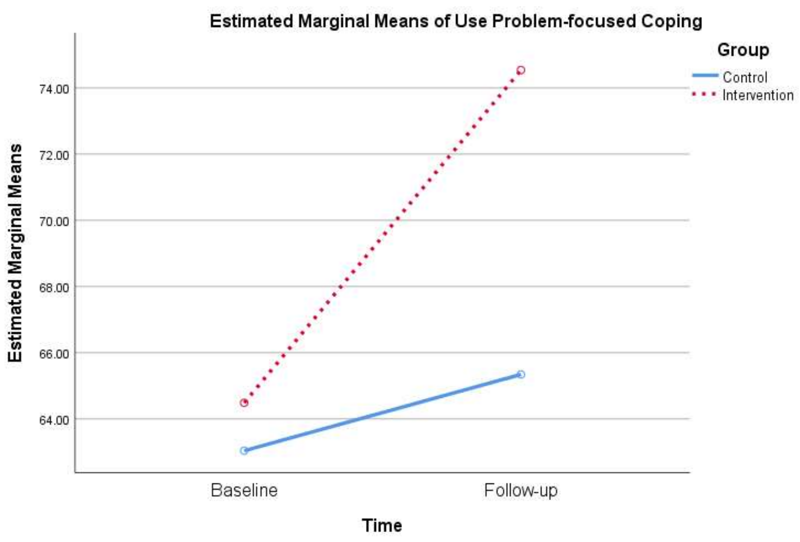

Figure 8. Change in the use of problem focused coping in the two groups from baseline to follow-up

Figure 9. Change in stopping unpleasant emotions and thoughts in the two groups from baseline to follow-up

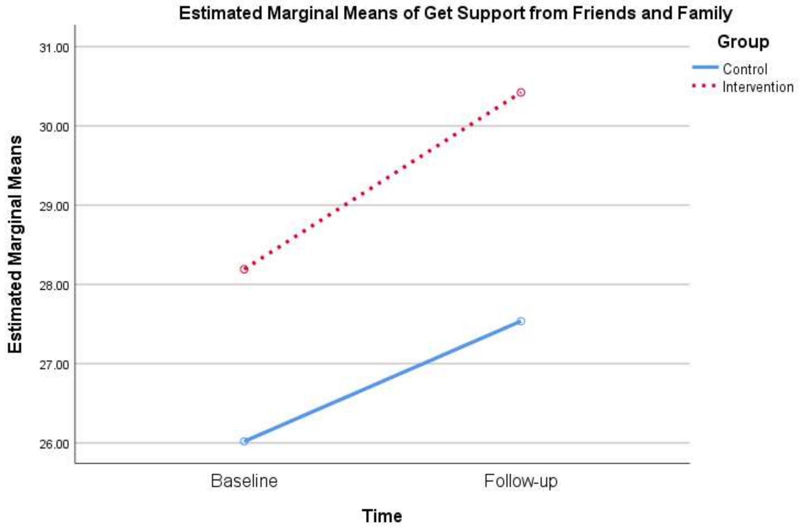

Figure 10. Change in getting support from friends and family in the two groups from baseline to follow-up

Table 4. Means and Standard Deviations of Psychological Outcome Scores at Baseline and Post-intervention

	Intervention Group			Control Group			Time x Group		
	n	***Pre***	***Post***	***n***	***Pre***	***Post***	F	η_p^2	p
Anxiety	58	9.16 (3.81)	7.83 (4.10)	69	8.26 (4.12)	7.97 (3.90)	2.09	.02	.151
Depression	58	7.69 (2.78)	6.96 (3.69)	69	8.23 (3.52)	8.26 (3.49)	1.27	.01	.262
Positive Affect	57	30.01 (5.50)	33.26 (7.56)	69	28.46 (7.12)	28.65 (7.74)	4.68	.03	.036
Negative Affect	57	26.28 (7.29)	23.60 (7.61)	69	26.84 (7.46)	25.60 (7.87)	1.03	.01	.313
Self-Soothing Attitude	58	39.74 (7.96)	41.87 (10.42)	68	40.49 (8.11)	40.94 (10.27)	1.56	.01	.215
Self-Defeating Attitude	58	39.61 (7.81)	36.79 (9.92)	68	40.37 (9.14)	38.44 (9.34)	0.37	.00	.544
Drug Avoidance self-efficacy	58	70.96 (16.78)	75.99 (15.63)	69	67.70 (16.64)	70.22 (15.63)	0.32	.01	.324
Use Problem-Focused Coping	58	64.49 (25.02)	74.57 (24.27)	69	63.04 (23.79)	65.34 (24.19)	3.27	.03	.073
Stop Unpleasant Emotions and Thoughts	58	47.91 (19.98)	55.83 (19.94)	69	47.24 (19.25)	50.40 (17.99)	1.97	.02	.163
Get Support from Friends and Family	58	27.01 (11.99)	30.42 (11.02)	69	26.02 (10.84)	27.54 (9.86)	0.14	.00	.714

3.9.9. Summary of Findings on the Age Cohort 21-35

A total of 132 young adult participants, aged between 21 and 35, were recruited for the study, and 127 (Intervention Group = 58; Control = 69) were analysed for the purpose of evaluating the effectiveness of an expressive-based intervention among *young adults* (completion rate: 96.21%). Statistical analysis showed that the creative arts intervention was *effective* in improving positive affect of the drug rehabilitees, when compared with the control conditions. Further to that, research findings also lean support to the *potential benefits* the creative arts-based intervention had on psychosocial wellbeing of drug rehabilitees. Findings revealed reduction in signs of anxiety, depression, negative affect, self-sabotaging attitude among drug rehabilitees in-between baseline and follow-up; furthermore, the intervention group also reported an increase in self-soothing attitude, self-efficacy in using problem-focused coping, stopping unpleasant emotions and thoughts, and perceived efficacy in drug avoidance. Notably, these potential benefits were not reported by the control counterparts we surveyed in this study.

3.10. Results (Aggregate Data)

In this sub-section, we represented the data for the aggregate sample composing of all adult drug rehabilitees (aged 21 and above) recruited into the study (N = 260). The findings obtained in this aggregate sample provided further evidence to support and furtherance of creative arts-based interventions as drug rehabilitation strategy in the local community.

3.10.1. Demographic Information

A total of 127 (Intervention group) and 133 (Control group) drug rehabilitees have completed the evaluation. Table 5 showed their demographic information at baseline. Most of the drug rehabilitees were male in the intervention and control group. And most of the drug rehabilitees attended secondary school. Around 60% of them were single and it is noticeable

that around 1/3 of them were ever married but half of them were divorced or separated. More than half of them do not have children and 1/3 of them have 1 or 2 children. Over half of them were living with family members and lived in public housing. It is remarkable that around 1/3 of drug rehabilitees were living alone in the control group. Also, it's worth noting that around 1/3 and 2/3 of drug rehabilitees had no religion in the intervention group and control group, respectively, and half of them and 1/5 of them in the intervention group and control group were Christian, respectively. Over half of them did not have a job and only around 1/5 had a full-time or part-time job at baseline. And around 1/4 of them had a relatively low family monthly income. More than 2/3 of them did not attend any addiction rehabilitation service and did not attend any psychosocial support service before. Over half of them had criminal records.

Table 5. Demographic information of the drug rehabilitees in intervention and control group

Baseline characteristic	Intervention group		Control group	
	n	%	n	%
Gender				
Female	36	28.3	15	11.7
Male	88	69.3	113	88.3
Education level				
No formal education	2	1.6	8	6.3
Primary school	6	4.8	12	9.4
Early secondary (F1-F3)	47	37.6	60	47.2
High secondary (F4-F6)	49	39.2	32	25.2
College/ University	18	14.4	15	11.8
Postgraduate or above	3	2.4	0	0.0
Marita status				
Single	74	60.7	77	59.2
Cohabited	9	7.4	2	1.5
Married	19	15.6	26	20.0
Divorced / Separated	20	16.4	23	17.7
Widowed	0	0.0	2	1.5
No. of children				
None	75	61.5	73	57.9
1	27	22.1	32	25.4
2	15	12.3	15	11.9
3	5	4.1	5	4.0
4	0	0.0	1	0.8
5 or above	0	0.0	0	0.0

Baseline characteristic (Cont'd)	Intervention group (Cont'd)		Control group (Cont'd)	
	n	%	n	%
Living with				
Living alone	17	13.8	45	34.1
Living with people unrelated to you (e.g. domestic helper)	24	19.5	11	8.3
Living with friends	5	4.1	2	1.5
Living with other relatives	0	0.0	0	0.0
Living with family members (e.g. parents, siblings, children)	73	59.3	67	50.8
Living with spouse	4	3.3	7	5.3
Living arrangement				
Private housing	23	18.5	26	21.0
Public housing	63	50.8	58	46.8
Home ownership scheme	6	4.8	6	4.8
Temporary housing/ Wooden housing	5	4.0	6	4.8
Village housing	6	4.8	7	5.6
Others	21	16.9	21	16.9
Religiosity				
Nil/ Not applicable	43	35.5	76	60.3
Buddhism	10	8.3	11	8.7
Catholics	3	2.5	2	1.6
Christianity	62	51.2	32	25.4
Others	3	2.5	5	4.0
Working status				
Unemployed	68	56.2	67	51.9
Retired	2	1.7	4	3.1
Waiting for employment	12	9.9	19	14.7
Self-employed	6	5.0	9	7.0
Full-time	17	14.0	20	15.5
Part-time	13	10.7	8	6.2
Taking care of family	3	2.5	1	0.8
Students (Full-time)	0	0.0	1	0.8
Family monthly income				
$5, 000 or below	25	22.5	43	34.7
$5, 001 - $15, 000	25	22.5	30	24.2
$15, 001 - $25, 000	26	23.4	21	16.9
$25, 001 - $35, 000	10	9.0	11	8.9
$35, 001 - $45, 000	5	4.5	7	5.6
$45, 001 or above	20	18.0	12	9.7

Baseline characteristic (Cont'd)	Intervention group (Cont'd)		Control group (Cont'd)	
	n	%	n	%
Addiction rehabilitation – Individual therapy / counselling	123		126	
Yes	41	33.3	30	23.8
No	82	66.7	96	76.2
Addiction rehabilitation – group therapy / counselling	123		126	
Yes	36	29.3	35	27.8
No	87	70.7	91	72.2
Psychosocial support service – Individual therapy / counselling	122		126	
Yes	29	23.8	25	19.8
No	93	76.2	101	80.2
Psychosocial support service – group therapy / counselling	122		126	
Yes	29	23.8	34	27
No	93	76.2	92	73
Criminal record	122		128	
Yes	70	57.4	69	53.9
No	52	42.6	59	46.1

3.10.2. Descriptive Results

Drug rehabilitees' drug use frequency in the past month was asked at baseline and follow-up. According to the results from the self-report form, most of them who reported drug use at baseline could reduce drug use frequency in both groups. More rehabilitees reported that they were no longer taking drugs at follow-up in the intervention group when compared to the control group. For those who reported not using drug at baseline, more rehabilitees avoided relapse at follow-up in the intervention group when compared to control group and more rehabilitees in control group relapsed at follow-up. Table 6 summarised the frequency of drug use, defaulted cases, and relapses.

3.10.3. Sample Homogeneity

Independent sample t-tests were conducted to compare the baseline scores of all the outcome variables between the intervention group and control group before assessing the effectiveness of the intervention. Independent sample t-test results showed no statistically significant differences in the measures. The findings suggested that the intervention group and the control group are homogeneous, and thus comparable using the repeated measures ANOVA tests to explore the effectiveness of the creative arts-based intervention. Table 7. summarized the scores on the outcome measures between the intervention and control groups at baseline.

Table 6. Rehabilitees' drug use frequency, cases quitted and relapse

	Intervention group		Control Group	
	n	%	n	%
Among those who reported still using drugs at baseline				
Cases reduced drug use frequency	23	79.3	27	71.1
Cases showed no change	1	3.4	5	13.2
Cases deteriorated	5	17.2	6	15.8
Among those who reported still using drugs at baseline				
Cases quitted	19	65.5	20	52.6
Cases not quitted	10	34.5	18	47.4
Among those who reported not using drugs at baseline				
Cases avoided relapse	86	95.6	85	88.5
Cases relapsed	4	4.4	11	11.5

Table 7. Differences between Rehabilitees from the intervention group and control group on the outcome variables at baseline

	Intervention group			Control group					
	n	*M*	*SD*	n	*M*	*SD*	*df*	*t*	*p*
HADS: Anxiety	127	7.88	3.63	133	7.45	4.06	258	-0.91	0.36
HADS: Depression	127	7.42	2.86	133	8.02	3.69	258	1.45	0.15
PANAS: +ve affect	127	30.55	6.45	133	29.13	6.95	258	-1.70	0.09
PANAS: -ve Affect	127	24.58	7.53	133	25.40	7.38	258	0.89	0.37
SCS: Self-Soothing Attitude	127	40.60	8.33	132	41.43	8.32	257	0.81	0.42
SCS: Self-Defeating attitude	127	39.21	7.48	132	40.29	8.73	257	1.07	0.29
CSE: Use problem-focused coping	127	66.96	23.58	133	66.01	21.88	258	-0.34	0.74
CSE: Stop unpleasant emotions and thoughts	127	49.95	19.36	133	49.99	18.19	258	0.02	0.99
CSE: Get support from friends and family	127	28.77	10.76	133	27.38	9.81	258	-1.02	0.28
Drug Avoidance self-efficacy	127	70.12	16.43	132	67.26	14.77	257	-1.47	0.14

3.10.4. Anxiety and Depression Level

A total of 119 and 133 rehabilitees in the intervention and control groups completed the anxiety questionnaire at baseline and follow-up; and were thus analyzed in this report. Figure 3.9.4.1 shows that the rehabilitees had an initial level of anxiety at around 7.90 (SD = 3.64) in intervention group and 7.44 (SD = 4.06) in control group. The level of anxiety was decreased in intervention group and slightly increased in control group in follow-up, but this discrepancy in the level of anxiety did not show a significant Time x Group interaction effect (F = 2.93, p = 0.09, partial eta-square = 0.012). However, post-hoc test revealed a statistically significant change in the intervention group (p = 0.043) and it displayed a decrease in the level of anxiety to 7.18 (SD = 3.88) while the change in the control group was not statistically significant (p = 0.732) and it showed a slightly increased level of anxiety to 7.56 (SD = 3.60) (Figure 11). Out of the theoretical range of 0 – 21, the average levels of anxiety of the rehabilitees remained moderately low.

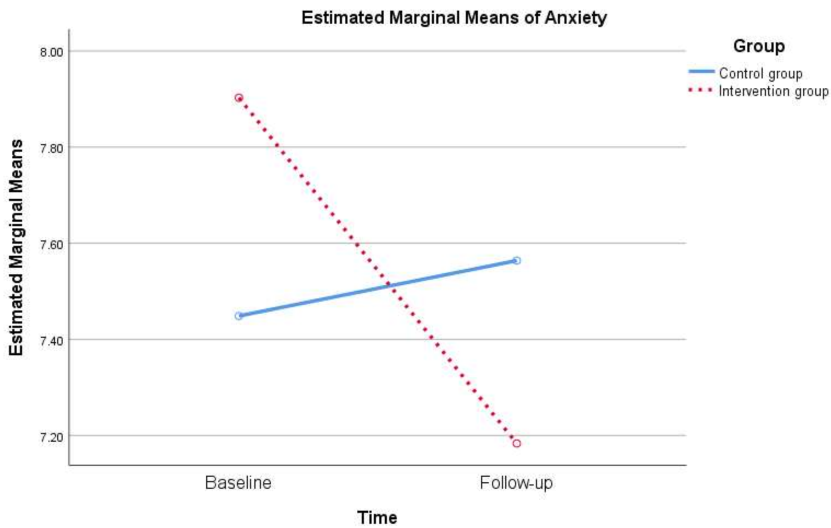

Figure 11. Change in level of anxiety in the two groups from baseline to follow-up

A total of 119 and 133 rehabilitees in the intervention and control groups completed the depression questionnaire at baseline and follow-up. Figure 12 showed that the rehabilitees displayed an initial level of depression at around 7.43 (SD = 2.89) in intervention group and 8.02 (SD = 3.69) in control group. The intervention group displayed a slightly decreased level of depression, but the control group showed an increased level of depression in the follow-up. Results of Repeated measures ANOVA did not find a significant interaction effect of time and group (F = 2.52, p = 0.114, partial eta-square = 0.01) between the groups.

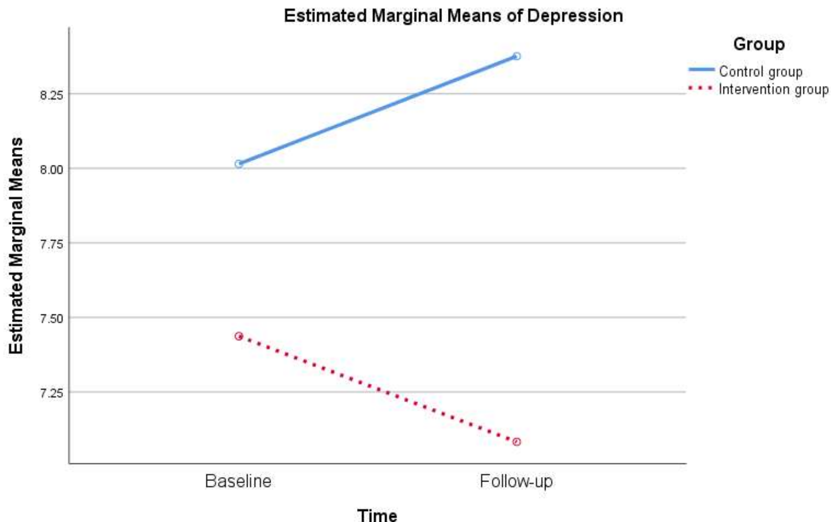

Figure 12. Change in level of depression in the two groups from baseline to follow-up

3.10.5. Positive and Negative Affect

A total of 120 and 133 rehabilitees in the intervention and control groups completed the self-report questionnaire at baseline and follow-up. Repeated measures ANOVA results found a significant Time x Group interaction effect ($F = 9.253$, $p = 0.003$, partial eta-square = 0.036) with a positive affect. Bonferroni's test for pairwise comparisons found that there was a statistically significant difference in positive affect between the intervention and control group ($p = 0.005$). In Figure 13, the intervention group displayed an increase in positive affect from 30.60 (SD = 6.46) to 32.93 (SD = 7.68), while the control group reported a decrease in positive affect from 29.13 (SD = 6.95) to 28.60 (SD = 7.20). There could be beneficial effects for the Creative Arts Drug Rehabilitation Program on the positive affect of the rehabilitees. However, the negative affect was not found to be statistically significant ($F = 0.725$, $p = 0.395$, partial eta-square = 0.003) between the groups (Figure 14). The intervention group displayed a decrease in the level of negative affect from 24.43 (SD = 7.31) to 23.55 (SD = 7.32) while the control group showed a slight decrease from 25.40 (SD = 7.38) to 25.35 (SD = 7.16).

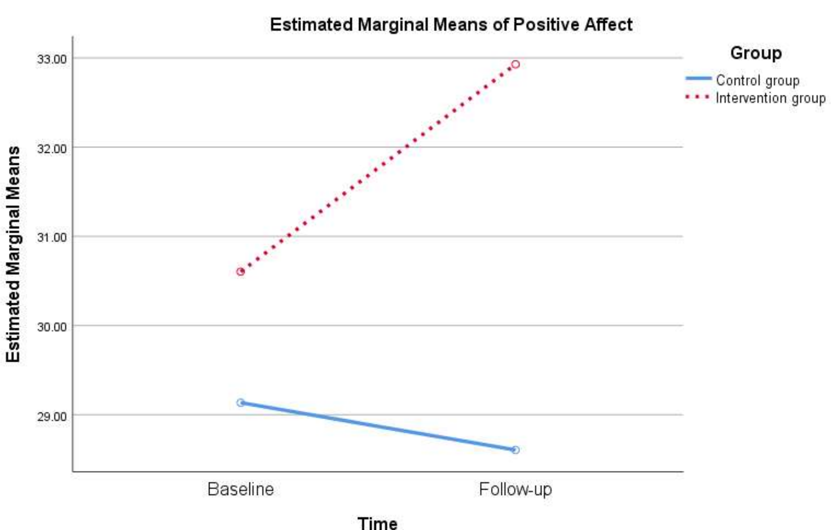

Figure 13. Change in positive affect in the two groups from baseline to follow-up

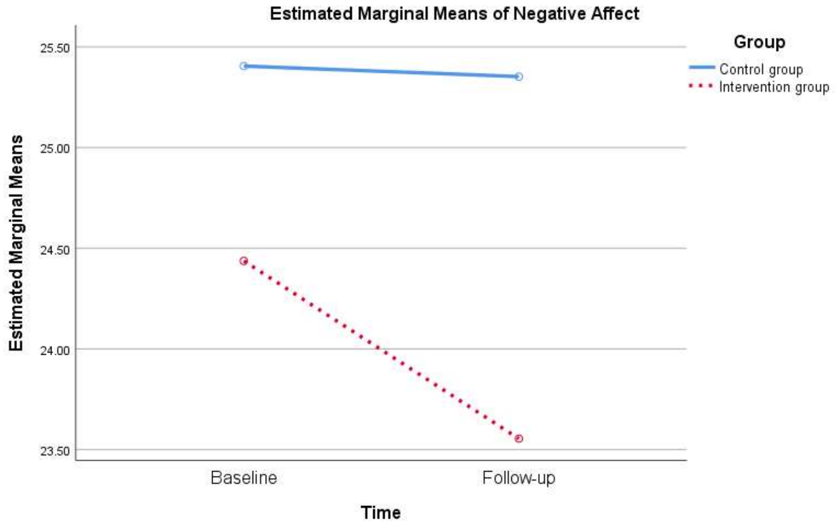

Figure 14. Change in negative affect in the two groups from baseline to follow-up

3.10.6. Self-Compassion (Self-Soothing and Self-Defeating Attitude)

A total of 121 and 132 rehabilitees in the intervention and control groups completed the self-report questionnaire at baseline and follow-up. Results of repeated measures ANOVA showed that the Time x Group interaction effect was not found to be statistically significant on either self-soothing attitude ($F = 0.075$, $p = 0.785$, partial eta-square = 0.000) (Figure 15) and self-defeating attitude ($F = 0.328$, $p = 0.567$, partial eta-square = 0.001) (Figure 16) between baseline and 8-week follow-up. However, Bonferroni's test for pairwise comparisons revealed statistically significant change in the intervention group ($p = 0.019$) and it displayed a decrease in the level of self-defeating attitude from 39.32 (SD = 7.36) to 37.56 (SD = 9.39) while the change of control group was not statistically significant ($p = 0.716$) and it showed a slight decrease from 40.29 (SD = 8.73) to 39.12 (SD = 9.00). It also showed that there was a statistically significant change over time in isolation (p = 0.05) and over-identified (p = 0.001) self-defeating attitudes in the intervention group. It displayed a decrease in the level of isolation from 11.89 (SD = 2.99) to 11.32 (SD = 3.58) (Figure 3.9.6.3) and over-identified from 12.89 (SD = 2.70) to 11.99 (SD = 3.10) (Figure 3.9.6.4).

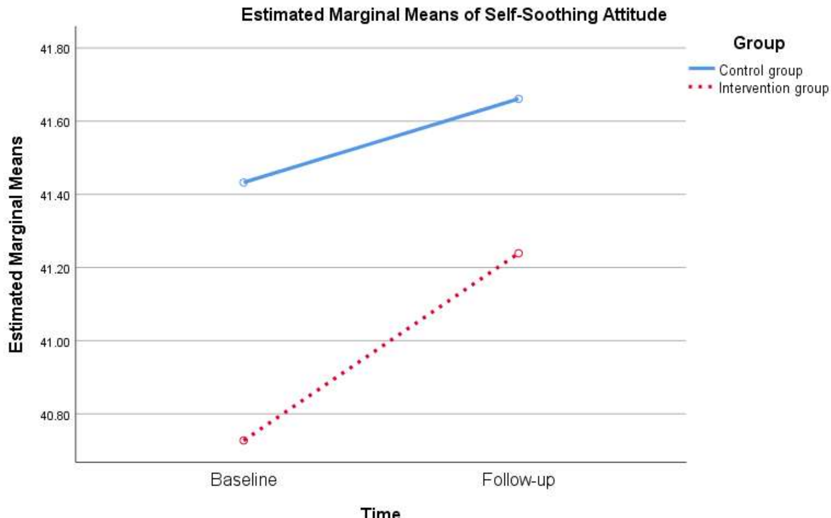

Figure 15. Change in self-soothing attitude in the two groups from baseline to follow-up

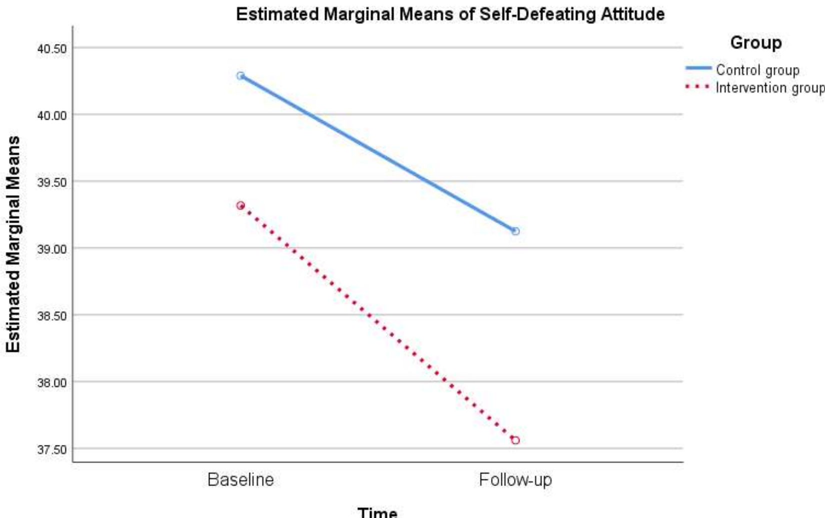

Figure 16. Change in self-defeating attitude in the two groups from baseline to follow-up

3.10.7. Drug Avoidance Self-Efficacy

A total of 121 and 132 rehabilitees in the intervention and control groups completed the self-report questionnaire at baseline and follow-up. Results of repeated measures ANOVA found that the residents in the intervention group displayed a substantial increase in drug avoidance self-efficacy from 70.04 (SD = 16.74) to 74.49 (SD = 16.93) relative to the control group from 67.26 (SD = 14.77) to 68.43 (SD = 14.58) (Figure 17). Although the Time x Group interaction effect was not found to be statistically significant on it (F = 3.05, p = 0.082, partial eta-square = 0.012) between baseline and 8-week follow-up, there was a statistically significant change in the intervention group (p = 0.001) over time, while the change of control group was not statistically significant (p = 0.372).

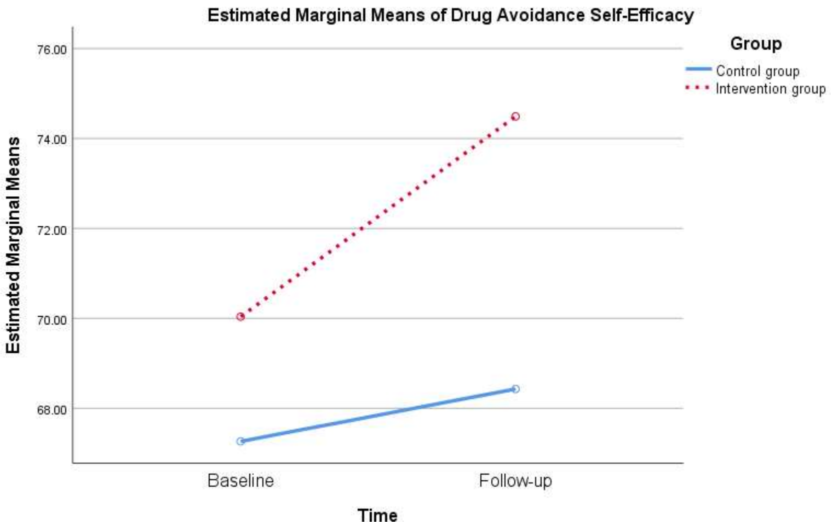

Figure 17. Change in drug avoidance self-efficacy in the two groups from baseline to follow-up

3.10.8. Coping Self-Efficacy

A total of 253 rehabilitees in the intervention (N = 120) and control groups (N = 133) completed the self-report questionnaire at baseline and follow-up. Results of repeated measures ANOVA found that there was a significant Time x Group interaction effect on use problem focused coping as a coping self-efficacy ($F = 4.39$, $p = 0.037$, partial eta-square = 0.017). In Figure 18, the control group only displayed an increase in the use problem focused coping from 66.01 (SD = 21.88) to 67.95 (SD = 22.12), while the intervention group showed a substantial increase from 67.56 (SD = 23.69) to 75.52 (SD = 26.82). Bonferroni's test for pairwise comparisons found that there was a statistically significant difference between the intervention group and the control group ($p = 0.015$). And there were statistically significant improvements in the intervention group ($p = 0.000$) while the change of the control group was not statistically significant ($p = 0.326$).

In Figure 18, results of repeated measures ANOVA found that the intervention group displayed a large increase in stopping unpleasant emotions and thoughts from 50.48 (SD = 19.46) to 56.33 (SD = 20.68) relative to the control group from 49.99 (SD = 18.19) to 51.52 (SD = 17.04). However, there was no significant Time x Group interaction effect ($F = 3.55$, $p = 0.61$, partial eta-square = 0.014) on stopping unpleasant emotions and thoughts as a coping self-efficacy. However, there was a statistically significant change in the intervention group ($p = 0.001$) while the change of the control group was not statistically significant ($p = 0.336$).

In Figure 19, the results of repeated measures ANOVA found that the intervention group displayed more increase in getting support from friends and family from 29.11 (SD = 10.86) to 31.48 (SD = 11.51) relative to the control group from 27.38 (SD = 9.81) to 28.34 (SD = 9.34). However, there was no significant Time x Group interaction effect ($F = 1.138$, $p = 0.287$, partial eta-square = 0.005) on getting support from friends and family as a coping self-efficacy. However,

there was statistically significant change in the intervention group (p = 0.014) while the change of control group was not statistically significant (p = 0.292).

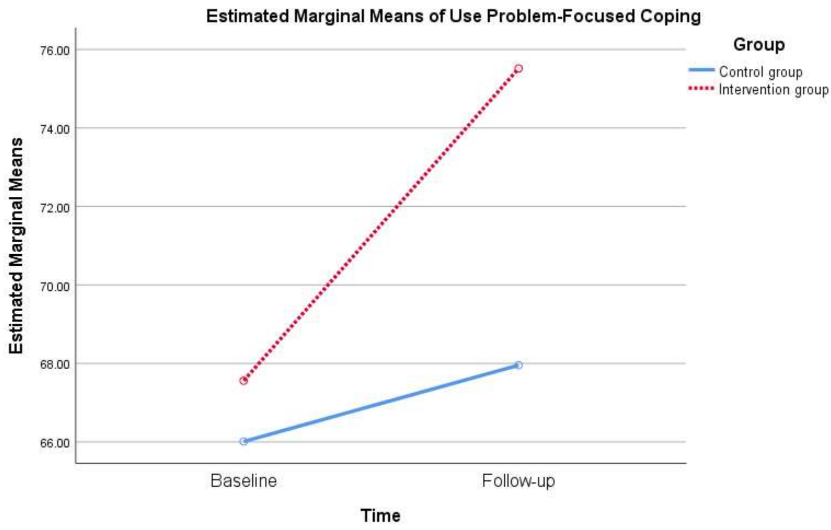

Figure 18. Change in the use of problem focused coping in the two groups from baseline to follow-up

Figure 19. Change in stopping unpleasant emotions and thoughts in the two groups from baseline to follow-up

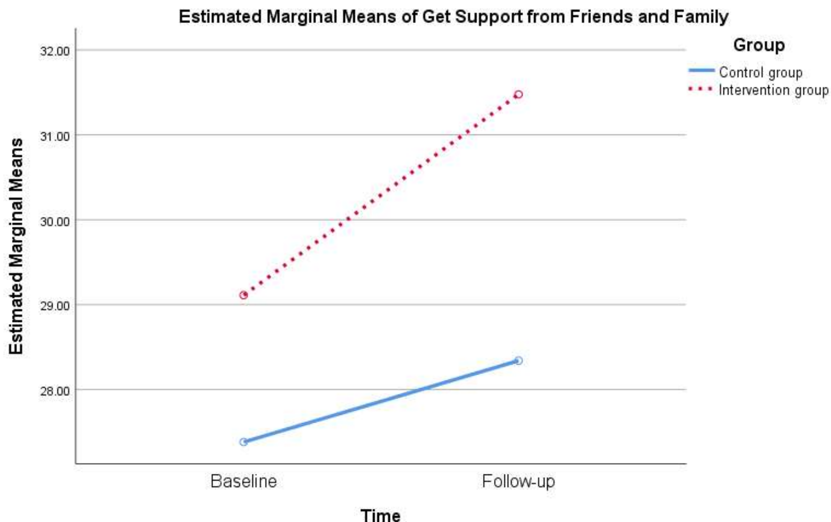

Figure 20. Change in getting support from friends and family in the two groups from baseline to follow-up

Table 8. Means and Standard Deviations of Psychological Outcome Scores at Baseline and Post-intervention

	Intervention Group			**Control Group**			**Time x Group**		
	n	***Pre***	***Post***	***n***	***Pre***	***Post***	***F***	η_p^2	***p***
Anxiety	119	7.90 (3.64)	7.18 (3.88)	133	7.44 (4.06)	7.56 (3.60)	2.93	0.012	0.088
Depression	119	7.43 (2.89)	7.08 (3.63)	133	8.02 (3.69)	8.38 (3.60).	2.520	0.01	0.114
Positive Affect	120	30.60 (6.46)	32.93 (7.68)	133	29.13 (6.95)	28.60 (7.20)	9.253	0.036	0.003
Negative Affect	120	24.43 (7.31)	23.55 (7.32)	133	25.40 (7.38)	25.35 (7.16).	0.725	0.003	0.395
Self-Soothing Attitude	121	40.72 (8.40)	41.24 (9.84)	132	41.43 (8.32)	41.66 (9.66)	0.075	0.000	0.785
Self-Defeating Attitude	121	39.32 (7.36)	37.56 (9.39)	132	40.29 (8.73)	39.12 (9.00)	0.328	0.001	0.567
Drug Avoidance self-efficacy	121	70.04 (16.74)	74.49 (16.93)	132	67.26 (14.77)	68.43 (14.58)	3.05	0.012	0.082
Use Problem-Focused Coping	120	67.56 (23.69)	75.52 (26.82)	133	66.01 (21.88)	67.95 (22.12)	4.39	0.017	0.037
Stop Unpleasant Emotions and Thoughts	120	50.48 (19.46)	56.33 (20.68)	133	49.99 (18.19)	51.52 (17.04)	3.55	0.014	0.060
Get Support from Friends and Family	120	29.11 (10.86)	31.48 (11.51)	133	27.38 (9.81)	28.34 (9.34)	1.138	0.005	0.287

3.10.9. Summary of Findings on the Aggregate Data (aged between 21 and 60)

A total of 260 participants, aged between 21 and 60, completed the pretest-posttest questionnaires for the study (completion rate: 88.14%). Data analysis on the aggregate data yielded empirical evidence to support the effectiveness of the creative arts-based program in improving positive affect of drug rehabilitees in the intervention group, between baseline and follow-up when compared with the control conditions. Furthermore, findings also revealed the potential positive impacts of the creative arts interventions in improving psychosocial wellbeing of participants in the intervention arm. It was found that creative arts intervention appeared to be helpful in reducing symptoms of anxiety, self-sabotaging attitude of drug rehabilitees. Findings also demonstrated improvements in self-efficacy in drug avoidance, as well as in using problem-focused coping, stopping unpleasant emotions and thoughts, and getting support from friends and family. Non such potential benefits were found to be statistically significant among those drug rehabilitees who were assigned to the control condition.

3.10.10. Qualitative Results

This sub-section reported the themes that emerged from the focus group interview for the young adult drug rehabilitees who have attended the creative arts-based program offered by the trained ambassadors (who are practising professionals in the field). The major focus of the interview is to explore the potential benefits of the program as perceived by the attendees, to explore the potential mechanisms underlying the creative arts-based program in creating positive changes, and to generate ideas for further improvements in the development of a culturally sensitive creative arts-based intervention program for drug rehabilitation in Hong Kong.

Potential benefits of the creative arts intervention

The following themes emerged from the focus group interview session with the rehabilitees, namely, (i) enhanced self-understanding, (ii) facilitated emotion expressions, (iii) increased self-efficacy and self-confidence, (iv) improvements in mood management, (v) improvements on social relationships with others, and (vi) changes of perception on drug use and management of urge. Table 9 summarised the themes, and the sub-themes emerged from the interview related to perceived benefits of the creative arts interventions.

Drug rehabilitees reported improved mood management and emotion regulation after participating in the 8-week, creative arts-based intervention program. Improvements in emotion regulation were further broken down into several sub-themes of (i) cultivating calmness, (ii) cultivating joy, (iii) cultivating self-kindness, (iv) reprocessing past trauma, and (v) expression of emotions.

Cultivates calmness. The ability to stay grounded and relaxed amidst life adversities is essential to mood management and the antidote to an extensive array of psychopathological issues, including substance use and addictions. All participants reported feeling more calm and more soothing during and after engaging in the creative art-making process.

> "During the art-creation process, I felt quite bored and disengaged at the beginning… however, I realised that it helps me to be attentive, and has made me less agitated… I realized that I needed to be patient in making the artwork, taking one step at a time, and allowing myself to go slowly… " (R-D5)

> "I feel more relaxed and refreshed after the creative activities… the

> imagery, visualization components help me to stay calm." (R-A5)

Cultivates joy. One of the keys to healthy emotional functioning is the ability to cultivate positive emotions simultaneously when we encounter suffering and difficult emotions (Flora & Stalikas, 2015). One of the participants shared that:

> "I found joy as I engaged in the freestyle art-creation which gives me the safe space I need to express my emotions, feelings, and thoughts. Without the boundaries (the "frames" of what is good and what is not), I feel soothed and liberated" (R-A7)

Cultivates self-kindness. Gilbert (2019) proposed a tripartite emotion regulation model composed of the threat-harm system, the craving system, and the soothing system. While the threat-harm and craving systems mobilize us to elicit our active response in stress coping, the activation of the soothing system invites us to offer ourselves kindness to soothe difficult emotions. Being aware of what we need, and to cater to our needs with tenderness has been regarded as an alternative way to stress coping. Accepting and understanding ourselves when we suffer, instead of criticizing ourselves or seeking assurance from other external sources, has become the basis for mindfulness- and compassion-based approaches.

> "In the past, I took on a placating stance in my life – I tried so hard to please others… but now I have learnt to be nice to myself. I felt touched when I made myself this little "gift" during one of the sessions, I can feel

the kindness and acceptance I have for myself" (R-A6)

Emotion expression. The use of arts as a medium to express emotions (especially difficult emotions) has been well-documented in the literature (de Whitte *et al.,* 2021). Consistent with existing literature on the use of arts in psychotherapies, all participants of the focus group interview shared that the creative art intervention has facilitated their emotional expression – both non-verbally and verbally.

> "Using non-verbal means to express how I feel is easier for me (compared with putting them into words)…" (R-D3).

> "I tend to bottle up my feelings, and now I know there are ways I can use to express my emotions using arts and creativity… and now I am more willing and more confident to talk about my emotions… I will try to find ways to express my feelings so that others could understand me better" (R-C6)

Reprocessing past trauma. Early traumatic experience increases the risk of substance use and its disorder (Khoury et al., 2010). Healing the past frees our energies for the present; therefore, reprocessing past trauma (or psychological wounds in the past) would be helpful in emotion regulation, and, thus to, counterbalance the propensity and risk factors to addictive behaviours. Some drug rehabilitees reported finding a way out of their traumatic stress through engaging in creative art-creation process.

> "Arts (was like a mirror, and it) allows me to access my "past trauma" and "loss" in a less threatening way… " (R-A4)

> "With art creation, I manage to turn towards my old wounds little by little… to express them, and to see what I can do with them" (R-C3)

> "Expressing my emotions through creativity means has helped me to face my (emotional) wounds… and as I opened myself to feel the wound, I felt relieved and healed" (R-D2).

The second theme that emerged from the focus group interview is enhanced social relationships. Drug rehabilitees were always faced with the challenge of severed social relationships. Meaningful social relationships were regarded as a protective factor against substance use and played an instrumental role in drug rehabilitation (Pettersen et al., 2019). The theme is further broken down into (i) eliciting prosocial behaviours, (ii) establishing new connections, and (iii) reconnecting with families.

Eliciting prosocial behaviours. In the group setting, under the facilitation of the group facilitators, prosocial behaviours, such as openness, mutual understanding, and collaborations were elicited among the group participants.

> "I did not quite use to talk about my personal issues (feelings) with others… but now I am a bit more open to share my views and my feelings

> in my artwork, and I wish other people could understand me more through my creative expression" (D-A8)

> "Within the group, we helped each other, learnt from each other… we expressed appreciation for others too… we managed to see the positives of other people… the more we communicate and understand each other, it is less likely for us to cross the bottom-line of the other person…" (D-A9)

Establishing new connections. The group intervention provided the participants a platform to establish new social networks, one that was built with respect, care, and acceptance.

> "Through group work, we learnt how to pay more attention to those people around us… and we showed care and concern for each other too, and that instilled a sense of togetherness and belonging among us" (D-A7)

> "The group program and the intimate sharing have taught me how to take care of the needs and feelings of others… and that became the blueprint for us to re-connect with family members" (D-C4).

Reconnecting with families. While most participants reported that their friends appeared to have stereotypical perceptions of them, and many opined that social connections with past friends are difficult to re-establish, they reported improvements in family relationships after taking part in the program. Perceived family support is identified as an important catalyst for timely rehabilitation (Adejoh, Temilola & Adejuwon, 2018). Some participants reported they have

attempted to re-establish severed relationships with their families and had experienced improvements in family relationships. Participants regarded those improvements in mood regulation, and increased willingness to share thoughts and feelings were instrumental to improvements in family relationships.

> "The more I share with my family members my feelings and thoughts, the more they understand me… and the more open I am to interpersonal communications, the more I could understand them, too… and in this group I have learnt how to express myself and listen to others with patience" (D-C5).

Moreover, participants reported the creative arts intervention has helped cultivate self-awareness among them, namely (i) awareness of their vulnerabilities, (ii) awareness of their needs, (iii) awareness of core values. The lack of awareness has long been associated with drug use (Moeller et al., 2020), and the lack of treatment motivation in individuals with addiction problems (Castine, 2019). On the contrary, awareness of personal needs, and our core values gives us direction and a psychological compass that guides our decision-making and behaviours (Osaji, Ojimba, & Ahmed, 2020; Luoma, Kohlenberg, Hayes, Bunting, & Rye, 2008).

Awareness of personal vulnerabilities and needs. Participants in the creative arts intervention were given a chance to review their journey of drug use and drug rehabilitation through an autobiographical lifeline. Participants found this "life review"

meaningful as it instilled insights among them and invited them to reflect on their vulnerabilities to substance use – which further invited them to explore their yawning and unmet needs in everyday lives.

> "Reflecting on my own journey, I realised my vulnerabilities and my yearning [e.g., longing for acceptance from others] that drove me down the path of using drugs as a way out… and with this awareness, I can better cater my needs using other more adaptive alternatives" (D-C4).

> "Not only I have a better understanding about what I need, but also what I *don't need*... a question that I have never asked myself. " (D-D4)

Awareness of core values. Rehabilitees were invited to reflect on what is important to them in their lives during the creative art intervention. The participants regarded the exploration of core values as helpful in setting their intention and commitment to treatment and rehabilitation, and also served as a reminder for them in response to the urges related to substance use.

> "With deepened self-understanding, I reckoned that my family is important to me because I think of them always and included them in many of my art creations… [this realization] gave me the driving force for self-betterment" (D-C5).

In addition, participants of the creative arts intervention reported improvements in self-efficacy and self-confidence. Self-efficacy is broadly defined as the belief that we can exercise self-determination and produce a desirable change in our everyday lives, which gives individuals a sense of agency of hope. While self-confidence refers to the propensity to show acceptance and appreciation for ourselves regardless of our vulnerabilities and flaws.

Self-determination. The art-creation process allows the participants to make choices on the art materials they choose, as well as the way to create the artwork, and the group sharing in an open and supportive manner allows the participants to decide what to disclose and how. The insight dialogue that follows experiential activities provides participants the platform to reflect on their own choices, and, thus to acquire better self-understanding in the process. Such personal reflections also facilitated participants to reflect on their own personality, vulnerabilities, and drug use issues. One of the participants shared that:

> "Through the process of making art and sharing, I have acquired a better understanding of myself – and I reckon my vulnerabilities to drug issues... the more I understand myself, I have a sense that I can better control my urge and my own behaviours" (D-C4).

> "Although the creative arts intervention might not be very helpful in reducing my urge to use drugs, the group has helped me to develop the

> habit of ‘stop-and-think’ which has helped to improve my resistance to these urges (D-C5)

Sense of hopefulness. From the perspective of a self-determination framework, hope, referred to as a sense of internalised autonomy and agency, is an essential component of intrinsic motivation in behavioural change and autonomous self-regulation that protects us from the vulnerabilities to substance use (Chan, Lo, Lam & Lee, 2019). While the use of drugs is perceived as an individual’s attempt to seek extrinsic motivation in coping with life problems, such as stress, trauma, and other mood-related issues, the instillation of hope protects individuals from the urge to use drugs.

> “By making art and sharing, I have acquired a better understanding of myself – and I reckon my vulnerabilities to drug issues... the more I understand myself, I have a sense that I can better control my urge and my own behaviours” (D-C6).

> “Knowing that I can accomplish things one step at a time, I am confident that I could set targets for myself and diligently pursue these targets and not give up” (D-A7)

Acceptance and appreciation of the self. Two important dimensions of confidence is our ability to accept ourselves radically - both the credits and the flaws – and to appreciate ourselves for who we are. While resistance and over-identification

(i.e., the absence of acceptance) to our vulnerabilities create additional stress that exacerbates the risk of drug use among rehabilitees, the lack of self-appreciation resulted in self-depreciative internal dialogues that complicate treatment compliance and hampers intention to seek help (Lee, An, Levin, & Twohig, 2015).

> "During the program, I have come to learn that I deserve love, care, and concern just like anyone else… and I started to realize that it is okay to seek help from others if I needed; everybody is doing so, why not me?" (D-A4)

> "Fellow group members showed appreciation to my artwork… and I have never thought that my artwork could be showcased in exhibition… and knowing that my work would be shown to the public, and this is a big acknowledgement for me…" (D-A9).

Last but not least, rehabilitees reported that the creative arts intervention has broadened their perspective towards the use of drugs by means of (i) exercising consequential thinking, and (ii) exploring alternatives to coping.

Consequential thinking. With a better understanding of their core values, rehabilitees opined that they are more likely to "stop-and-think" in response to their urges to use substances in their everyday life. Some shared that they will evaluate their behaviours in the light of their personal core values and revise their behaviours in way that genuinely reflect their core values.

> "The urge to use the drug is still here, but now I will ask myself to stop

> and think twice before I react to the urges… the creative art intervention might not help reduce the urge for me, the artwork [the Sand Bottle] I created serve as a reminder for me to think about my family, my needs, and what is important to me… and also how my decision or actions will impact on those people who are important to me…" (D-C3)
> "I have learnt to see things from a broader context… for example, how my actions will affect my future, how would my behaviours affect my family?" (D-C5)

Exploring alternatives to coping. Psychological and behavioural flexibility is the key to promoting long-lasting positive change in psychotherapy (Luoma, Drake, Kohlenberg, & Hayes, 2011). Exploring alternatives is part of the creative process that underscored the art-making experience. Creativity means being open to new and more adaptive possibilities (Orkibi, 2021). Rehabilitees were invited and encouraged to explore different materials, as well as different ways of creating their artwork in a supportive and non-judging environment.

> "… in the past, I may think recreation use of drugs will give me happiness and satisfaction… but there are other ways to achieve the same goal – I can do art, I can sing, I can spend time and talk to others…" (D-A8)

> "… the facilitator always asks us to pause, explore, and reflect on your choices during art creation process… this is something that I have learnt from the group… although it might not have a direct impact on my drug problem, it does allow me to make better choices, choices that align with my needs…" (D-C3).

Table 9. Perceived benefits of the creative arts-based intervention for drug rehabilitees

Themes	Sub-themes
Mood management	Cultivates calmness Cultivates joy Cultivate self-kindness Expression of emotions Reprocessing past trauma
Social relationships	Elicits prosocial behaviours Establishing new connections Reconnecting with families
Self-awareness	Understanding my vulnerabilities and needs Understanding of core values
Self-efficacy & confidence	Exercises self-control Sense of hopefulness Acceptance and appreciation of the self
Broadened perspective towards drug use	Consequential thinking Exploring alternatives to coping

Table 10. Therapeutic factors in creative arts-based intervention for drug rehabilitees

Themes	Sub-themes
Creative arts-specific factors	Non-verbal expression Embodiment Concretization Creativity Artistic pleasure
Facilitator-specific factors	Instillation of hope Common humanity Interpersonal learning

Therapeutic factors and mechanism of change in the creative arts intervention

The second objective of the qualitative study is to explore the potential therapeutic factors and underlying mechanisms of change in the creative arts intervention for drug rehabilitees. Empirical studies in the creative arts therapies and their applications have grown rapidly in the last 10 years, both locally and internationally. Emerging literature has shown convincing evidence to support the positive impact of creative arts interventions on a wide range of clinical issues – however, the factors and mechanisms that account for these changes remained relatively unexplored.

This sub-section summarised the themes emerged from the focus group interview in relation to the underlying factors that are instrumental to the positive changes the rehabilitees have experienced. Two over-arching themes emerged from the data, namely, (i) Creative arts-based factors and (ii) Facilitator-specific factors. Table 10 summarised these themes and sub-themes generated from the interview.

Creative arts-specified factors are the active ingredients for personal transformation as perceived by the participants of the creative arts intervention, including non-verbal expression, embodiment of art process, concretization of experience, creativity, and artistic pleasure.

Non-verbal expression. Participants of the creative arts intervention opined that *non-verbal expression* allows them to externalize internal experiences, such as feelings, emotions, and thoughts – especially the difficult ones - by articulating them in visual, audio, and kinesthetic means, or by using symbols or metaphors.

> "I can 'express' myself through art creation… I hope other people can understand me more through my work" (D-C3).

Embodiment. Getting in touch with the body and achieving body awareness leads to a fuller experience of the body. The physicality of art-making connection with the arts in the form of the sensory quality of the materials, enactment, and the physical act of artistic creation was reported as an important aspect of the creative art intervention process by rehabilitees.

> "[I have never tried arts or art-creation before] by exploring different materials using my own hands, and personally trying out different ways of expressing myself using arts, I can freely explore what works for me, and what does not… sometimes I am really surprised that I will enjoy art creation, since I have never tried this before…" (D-D6).

Concretization. The creation of artwork shape abstract content (thoughts, urges, etc.) and experiences (feelings, emotions, etc.) into a tangible form. The process of concretization refers to changing abstract content into a tangible form that can be physically perceived, experienced, and related to. Rehabilitees found creating an artwork, a song, a drama play, allows reflection, insight, and new perspective. Rehabilitees reported they gained insight through interaction with others, accompanied by bursts of emotion that are associated with psychological wounds or trauma, and many reported that internal shift in the way they see themselves and respond to their challenges. The process of catharsis was made possible in a safe and supportive environment created by the facilitator.

> "the role play has a great impact on this particular participant… he resonated deeply with the character that he played, and he talked about his grief towards not being able to bid farewell to his father in the hospital before of his drug use issue… he has never talked about this in so many

> details before… " (PF02).

Creativity. Creativity involves the use of play-like exploration, self-expression, and testing/ trying out new ways of doing and being. Creativity yields psychological flexibility, which in turn allows rehabilitees to yield different perspectives towards their challenges, as well as to generate solutions to their problems.

> "From my experience of creating this artwork [a drawing using watercolours], I have got the insight that although I do my best and invested efforts into it, things might not always happen the way I wanted it, … the outcomes depend on a lot of other conditions… for example, when I mixed the colours together, they do not give the colour I really want. However, the new colour I created look even better on the drawing… " (D-A6).

Artistic pleasure. The process itself allows participants joyful and pleasant experiences and generates positive affect – in which playfulness is an important component of the process, which may include movement, improvisation, role play, in a safe and non-judgmental space. Nonetheless, the appreciation of the artwork created, as well as the sharing, are also potential sources of pleasure for the rehabilitees.

> "the process of making this artwork has allowed me the chance to recall my hobbies and the things that I liked [before I got into this drug problem]… this reminiscent process makes me smile, and it motivated me

> to spend more time and effort on these things that I used to like… activities that give me an 'anchor' in life" (D-C4).

> "I realised that it is already a fulfilling experience if I tried my best in the process, while the final outcome is not very important to me… the process is more meaningful…" (D-A2)

In addition to the creative arts-specific factors, participants of the intervention program also identified a bundle of facilitator-specific factors that contribute to their personal growth during the intervention, including the instillation of hope, a sense of common humanity, and the facilitation of interpersonal learning.

Instillation of hope. Rehabilitees attended to the treatment feeling defeated by life and overwhelmed by their inadequacies or flaws. Many felt they have no possibility for a better outcome in life. The group setting, however, creates a gathering space for individuals struggling with similar problems; they have the opportunity of witnessing change in others while at the same time having their own achievements acknowledged and celebrated by others – and hope begins to emerge.

> "… the facilitator always asks us to pause, explore, and reflect on your choices during art creation process… this is something that I have learnt from the group… although it might not have a direct impact on my drug problem, it does allow me to make better choices, choices that align with my needs…" (D-C3).

> "… I realised that anything could be possible if we take one step at a time… the important thing is that I could learn how to adjust as the process unfolds…" (D-A8)

Common humanity. Rehabilitees reported experiencing impeded relationships and isolation. The creative art group setting allows the participants to encounter other individuals who have faced similar problems, and they become aware that they are not alone in life, which gives them a sense that their pain, suffering, and struggle are not exclusive, which gives further energy to hope, which might also help to fuel the change process.

> "… I benefited a lot from the sharing and exchange in the program… I have learnt from their experience – their struggles, and how they solved their problems… I feel there is a sense of belonging among us, and the facilitator [the social worker] has made it possible for us to connect and learn from each other" (D-C2).

Interpersonal learning. On the one hand, the group itself is a laboratory where group members can honestly communicate with each other in a supportive and respectful manner. On the other hand, imitative behaviours within the group can be particularly important for the rehabilitees to learn new ways to handle difficult emotions and moments without resorting to drug use. Group members can learn from the experience of others, forming new behaviours patterns and/ or attitudes that support change, and moving beyond old dysfunctional patterns.

> "… when I observed or talked to others, I have got insights in my own art-creation… sometimes I copy something from this member, and copying something from the other members… and I created my own art piece… " (D-D6).

This chapter documented the findings of the mixed-method, randomised controlled evaluative study of a trainee-led, creative arts intervention for drug rehabilitation. Quantitative findings suggested creative arts intervention was effective in cultivating positive and encouraged problem-focused coping, when compared with the control group receiving treatment-as-usual. The creative arts intervention also demonstrated potential benefits in alleviating anxiety and self-defeating attitude, buffering against unpleasant emotional thinking, and enhancing drug avoidance self-efficacy as well as a tendency to seek support from friends and family. Further exploration was suggested to explore how creative arts intervention might help drug rehabilitees in reducing depression, negative affect, and cultivating an attitude of self-kindness. Focus group interviews shed further light on the potential benefits of creative arts intervention, which include improving mood management, enhancing social relationships, cultivating self-awareness, self-efficacy, self-confidence, and psychological flexibility in general.

Drug rehabilitees who had attended the intervention program attributed their positive changes to creative arts- and facilitator-based factors embedded in the group process. On the one hand, participants appeared to be benefited from the creative art experience via non-verbal expression such as symbols and metaphors, the embodiment of the creative process, concretization of personal, subjective experiences (feeling, emotions, thoughts, etc.), and artistic pleasure by engaging in art-making and art-appreciation. On the other hand, participants also attributed their

positive changes to the facilitation of the trained professionals, which allowed them to instil hope, nurture common humanity, and engage in interpersonal learning.

4. EVALUATIVE RESEARCH ON THE TRAIN-THE-TRAINER PROGRAM

4.1. Study Objectives

The evaluative research study on the train-the-trainer program aimed to explore the effectiveness and feasibility of a time-limited, train-the-trainer program in equipping professionals with the essential skills in using creative arts-based intervention to help drug rehabilitees improve psychological wellbeing.

4.2. Study Design

To evaluate the perceived effectiveness and satisfaction of trainees participated in the TTP program, both quantitative and qualitative data were collected from the frontline professionals who have taken part in the TTP. Quantitative data were collected upon completion of the 4-day training. Qualitative data were collected by means of a focus group interview conducted at the end of the program completion.

4.3. Inclusion and Exclusion Criteria

Eligible participants of the research study were professionals who attended the Train-the-Trainer program designed and delivered by Expressive Arts Therapists/ Arts Therapists at the Centre on Behavioral Health.

4.4. Sample

A total of 30 frontline professionals who have completed the training were recruited to rate the program. A random subset of 10 frontline professionals who have completed the training were invited to take part in the focus group interview.

4.5. Procedures of Data Collection

The staff focus group interview followed the identical procedures and data analysis plan of the in-depth interview with young adults with drug use problems described in the previous section.

4.6. Qualitative Measures

To understand program effectiveness from the perspective of the helping professionals, a focus-group interview was also arranged for a selected cohort of TT Program participants (N = 10). The semi-structured interviewing protocol was developed to acquire relevant data to inform us the practicality and feasibility of delivering creative arts drug rehabilitation within the drug rehabilitation setting in Hong Kong.

4.7. Methods of Data Analysis

4.7.1. Quantitative data

Descriptive statistics were generated to explore the perceived applicability, practicality, and overall satisfaction of the Train-the-Trainer Program.

4.7.2. Qualitative Data

Thematic analysis was conducted to explore the emerging themes from the qualitative interviews. The audio recordings of the interview sessions were reviewed by the research team member(s) who are impartial to the Train-the-Trainer Program implementation. The objective of the data analysis is to identify the codes that emerged from the dialogue, based on which overarching themes were identified. The original language of the written data was retained, and the codes and the categories emerging from the analyses were in English. The codes were formulated directly based on the manifest content.

4.8. Results

4.8.1. Descriptive Results

A total of 30 frontline professionals who had completed the training were recruited in the TTP evaluation. Over 90% of them rated the content of training, its usefulness and the performance of the speaker(s) as adequate (useful) or outstanding (very useful); and the same proportion of

frontline professionals also indicated that they were highly satisfied or satisfied with the training. The results indicated that most participating professionals regarded the Train-the-Trainer program as practical and satisfying; implying the potential of the training program to induce interest and enhance practice competence of the professionals working in the drug rehabilitation field in Hong Kong. Table 11 summarized the ratings on the Train-the-Trainer Program.

4.8.2. Qualitative Results

This sub-section reported the themes that emerged from the focus group interview for the trained professionals who have attended the Train-the-Trainer program offered by the Centre on Behavioral Health. The major focus of the interview was to explore the potential benefits and challenges of the Train-the-Trainer program as perceived by the professionals, and to generate ideas for further improvements in developing a culturally sensitive creative arts-based intervention program for drug rehabilitation in Hong Kong.

Potential benefits of the train-the-trainer program

The following themes emerged from the focus group interview session with the professionals. The themes aligned with the 3 levels of competency in holistic health practices: knowledge competence, practice competence, and self-competence (Chan & Tin, 2012). Table 12 summarised the themes, and the sub-themes emerged from the interview.

Knowledge competence is the professional requirement for using creative arts in therapeutic work; some considered the new knowledge acquired through the training program is valuable to their professional development, while others perceived the mutual support and inter-professional sharing as a platform on which the synergy of experiences took place.

Table 11. Ratings on the Trainer-the-Trainer Program

Question	Rated as				
	5	4	3	2	1
Training content	Outstanding 63.3%	Adequate 26.7%	Neutral 6.7%	Inadequate 3.3%	Inadequate 0%
Usefulness of training	Very useful 66.7%	Useful 23.3%	Neutral 10%	Not useful 0%	Not useful at all 0%
Performance of speaker(s)	Highly satisfactory 66.7%	Satisfactory 30.0%	Neutral 3.3%	Not satisfactory 0%	Not satisfactory at all 0%
Overall satisfaction	Highly satisfactory 53.0%	Satisfactory 40.0%	Neutral 6.7%	Not satisfactory 0%	Not satisfactory at all 0%

Table 12. Perceived Benefits from the Train-the-Trainer Program.

Competence	**Benefits**
Knowledge	Professional development Synergy of experiences
Practice	Systematic approach to creative arts
Self	Personal growth and self-awareness Use of self in the therapeutic context

Enhances professional development. All respondents perceived that the training and the experiential learning had enhanced their knowledge of creative arts and their application in the field of drug rehabilitation which fostered their professional development. Some shared that the knowledge they acquired in training might help promote and integrate the use of creative arts into existing practice in drug rehabilitation. The respondents were enthusiastic about having advanced training and follow-up supervision sessions to support their professional growth upon completing the training program.

> "The training offered me the knowledge that I need to improve work in the field so that I have new options to consider when I work with my clinical cases." (PF07)

> "I would consider delving into this area further and I am eager to know more about how to incorporate creative arts into my work." (PF05)

> "It would be great if this program could be continued, and to offer a Certification pathway for those who have completed the training, so that we can continue with our learning of using creative arts in our work." (PF03)

Allows synergy of experiences. Respondents not only enjoy the experiential learning and psychoeducation facilitated by the trained professional in creative arts therapies, but also the opportunity to engage in multidisciplinary conversation with professionals from other disciplines. The discussions and ongoing discourse allowed the synergy of knowledge and experiences among

the trainee participants, which also induced a sense of mutual support among the attendees. Many regarded that the open and honest sharing among the attendees have opened new opportunities and brought in new perspectives for the attendees – especially those who did not have a background in helping professional training.

> "I learnt a lot from my partner during the training and the implementation of the program to my service users… I am glad that I was able to be part of this program, in which I benefited a lot personally and as a volunteer helper in drug rehabilitation service." (PF03)

> "The sharing of the therapist and other professionals are a valuable source of learning for me… I have learnt a lot from the small group sharing." (PF09)

Practice competence is defined as the application of knowledge and skills in therapeutic work. While many emphasised essential therapeutic components such as helping skills, listening, and empathy, respondents in this study considered the opportunity to experience and implement creative arts-based in a systematic and evidence-based manner important.

Offers a systematic approach to creative arts intervention. All respondents have heard of or have had some experience in using creative arts elements, such as drawing, and making handicrafts, in their therapeutic work; only a few of them have attended relevant trainings emphasizing on the therapeutic use of creative arts. Participants perceived that the training offered

a brand-new exposure to them in the ways how creative arts or creative elements could be incorporated into clinical work. Some also regarded the importance of adopting evidence-based practices that are culturally relevant to the clients they are serving.

> "I have used drawings and singing in my clinical work before; they were conducted like an art workshop… however, the training taught me how to use creative arts-based activities in a way that is organised, systematic, and effective." (PF10)

Besides knowledge and practical know-how, self-competence is also essential in therapeutic group work. Self-competence is the use of personal resources in therapeutic work; self-competence is further divided into two sub-categories of personal growth and self-awareness, and the use of self in the therapeutic context.

Facilitates personal growth and self-awareness. Professionals reported that the Train-the-Trainer program has allowed them to achieve personal growth and enhance their self-awareness through the experiential training delivered by the registered Expressive Arts Therapists. Respondents shared that the experiential components of the training have not only allowed them to experience the power of the use of creative arts in human work, but also allowed them to acquire better self-understanding.

> "The training process has allowed me to explore my own strengths and weaknesses… and allowed me to know myself better" (PF01)

> “I have learnt a lot from the experiential learning… in the creative arts-creation process, I also learnt a bit more about myself through experimentation with different art forms and options in using the art materials” (PF03)

> “I really enjoyed the learning and the activities… and throughout the training and during the delivery of the program to my clients, I understand more about what I am good at, and what I am not quite good at (dancing and moving my body)” (PF04)

Encourages the therapeutic use of self. Respondents shared that they appreciate how the training was designed with the combination of first-person experiential learning, psychoeducation, as well as small group practice and demonstration. The teaching pedagogy of the training program has given the opportunity for the participating professionals to use their personal experience in the program components to teach drug rehabilitees.

> “Once I have experienced the power of creativity and art-creation myself, I can utilize my own experience to teach those I serve… which allowed me to show empathetic responses to my clients.” (PF06)

> “Although I do not have a background in mental health, through the training and observing others, I realised how I can use my own experience

in art-making to help others…" (PF04)

Challenges to implementation of creative arts interventions

In their original conception of effective group work to promote holistic wellness, Chan and Tin (2012) also enlisted environmental competence as one of the ingredients for effective therapeutic group work. Respondents of the focus group interview sessions did mention about the environmental domain of competence, yet environmental factors were largely perceived as challenges. On the macro level, misconceptions about creative arts interventions, according to the trainees, could be one of the barriers of the development of creative arts-based interventions in the field of drug rehabilitation, which is exacerbated by the lack of community resources to support its development. On a micro level, the lack of resources to support programs that focus on the use of creative arts might impair or even discourage treatment compliance of drug rehabilitees. Furthermore, the study and the program were conducted during the midst of the unprecedented COVID-19 pandemic, which might also complicate the issues of compliance and program delivery.

Misconceptions of creative arts intervention in the community. Misconceptions and myths related to the therapeutic use of creative arts in a drug rehabilitation setting are one of the challenges the respondents shared with the research team in the focus group interview. Many, especially those who are serving the population as volunteers, shared their frustrations in soliciting support from agencies to offer creative arts-based interventions. Despite its popularity in the field, many regarded arts-based interventions required specific art skills and are irrelevant to the psychosocial wellbeing of drug rehabilitates. Contrary to the "common sense" belief in the field, the therapeutic use of creative arts has shown efficacy and effectiveness in producing positive

psychosocial changes in a diverse population in both the West and in the local context.

> "Continue to offer similar training and conducting research in this area is important… when I was negotiating with agencies in the community to implement creative arts-based programs for their service users, I realised that there are lots of misconceptions about art therapies, and the use of creative arts in therapeutic work." (PF01)

Inadequate support at the community level. Many reported inadequate tangible support in the community had made the further development of creative arts intervention in a drug rehabilitation setting challenging.

> "I am grateful that the centre (the Centre on Behavioral Health) has helped providing the art materials for the group sessions – without these tangible supports from the Centre, the group program might not be able to concretize." (PF04)

Other than the art materials, all participants mentioned the lack of venues supporting the delivery of creative arts-based activities – especially those involving dance and movements, which comparatively have a larger demand for physical space for body movements. Although some agencies have spacious venues for the activities, the venue where the program was hosted was part of an open space in the residential complex instead of studio rooms with privacy.

> “There are times when we need to run the group in open space within the residential building… some residents who had not previously enrolled into the program were attracted to sit-in in some of the sessions… although there might not be adequate privacy for the group participants, it could be a good thing (somehow) because it helps attract more people to get to know about the creative arts-based program… and the original program has become an open group event for the agency” (PF01).

Treatment compliance of drug rehabilitees. Respondents to the focus group interview shared the challenges of program compliance because of the impacts of psychiatric medication regime, turn-over rates of rehabilitees, and the lack of tangible incentives for the participants to engage in the 8-week program.

> “Some of the participants would prefer to receive tangible incentives for filling in the questionnaire packets for the research (note: those who had previously participated in a clinical trial may have received an incentive for their participation) … and that required additional effort and time to ensure the rehabilitees to adhere to the program, and to complete the questionnaire upon completion.” (PF04)

> “Participants who are currently on psychiatric medication may find some of the activities emotionally activating and uncomfortable… for example, participants on drugs might not be able to fully engage in contemplative

practices as they may have the need to move around in the room to soothe some of the impacts of the medication." (PF02)

The COVID-19 pandemic. All respondents indicated that the 2-year long pandemic and the social distancing policies have made the implementation of the group challenging. Disruption of the agency's service has exacerbated the difficulties in ensuring program completion for the rehabilitees. For example, some rehabilitees who were enrolled in the program were not able to complete the 8-week program because of suspension of agency service and had already been discharged from the service when the social distancing policy loosened. Further to that, the pandemic has also imposed additional psychosocial stress on the rehabilitees, for example, worries about family members, and reduction in social connections with fellow residents.

Insights for the furtherance of creative arts interventions for drug rehabilitation

All trained professionals shared that there is a need for further training and professional development initiatives to support their work and to integrate creative arts as treatment modalities for individuals in drug rehabilitation. This sub-section outlined the major areas for consideration in furthering the therapeutic use of creative arts in the drug rehabilitation field.

Enhances facilitation skills in using creative arts as therapy. The Train-the-Trainer program was designed to equip the frontline professionals to deliver the 6-week intervention protocol curated by registered expressive arts therapists; frontline professionals shared that to enhance their professional growth, further training focusing on the facilitation skills in using or

incorporating arts into clinical work would be beneficial.

> “The manual provided me the session plans for the program; however, I am still unsure how I can use arts more effectively in my clinical practice” (PF01)

Provides alternatives of creative elements. The program manual for the trained professionals documented the rundown and activities for the 6-week program; however, frontline professionals opined that it would be beneficial if the manual offered alternatives to each (or some) of the activities for their consideration. Providing alternative activities for consideration may allow some flexibility on the facilitator's part, thus enhancing the group program's practicality. One of the participants shared that:

> “I am not a very active, or outgoing person myself, so I found that I do not resonate with the dance/ movement components included in this manual, and I found it difficult to deliver them to my service users… I can’t help be wondering what other options I could consider to achieve the pre-set goals for the session… ” (PF02)

Integrates creative arts intervention in individual counselling. While all participating professionals acknowledge the value of the group program – especially in creating a mutually supportive environment for personal disclosure and growth, they were also enthusiastic about incorporating the therapeutic use of creative arts into individual work. Some of the participants

shared that individual work is more common than group work in their group setting, while some also shared their difficulty in arranging group work due to the turnover rate of service users, and the hindrance to session compliance due to medical complications and lack of motivation.

Supports hands-on practice experience. Although the participants showed overall satisfaction towards the design and delivery of the train-the-trainer program, they shared that longer training hours (or more training sessions) might be helpful for them to acquire, practice, and deepen their facilitation skills and hands-on practice experience – a process that would allow them to learn from interactive feedback from the trainer and/ or the fellow trainees, and to make good use of experiential learning.

5. DISCUSSIONS

5.1. Creative Arts Intervention and Mental Health of Drug Rehabilitees

5.1.1. *Mental Health Outcomes*

Creative Arts Intervention can be a useful tool in improving the mental health outcomes of individuals attending drug rehabilitation services. Among young adults, as well as adults in general, results suggested a consistent finding on the effectiveness of the Expressive Arts-based Intervention in cultivating positive affect among drug users attending rehabilitation services, when compared with those in the control conditions (refers to *Table 4* and *Table 8* respectively). The findings were supported by the focus group interview with participants in the intervention group; participants shared that the creative arts intervention instilled a sense of hope and self-efficacy and boosted their self-confidence – psychological elements that were generally found to be associated with positive affectivity (Di Corrado et al., 2022).

Although the effectiveness of the expressive arts-based intervention on other domains of psychosocial functioning might require additional study, the potential benefits reported by those who participated in the intervention program were noteworthy. Firstly, findings suggested a decreasing trend of negative affect for the intervention group; although no statistically significant between group differences were reported across time. One of the plausible reasons for this is that the creative arts intervention was designed based upon the principles of *strength-based psychological intervention* – which primarily focused on the cultivation of psychological strengths rather than mitigating psychological pathologies. Moreover, this echoed with research studies questioning the assumptive mutual exclusivity of pleasure and displeasure feelings (Schimmack, 2010), suggesting that positive and negative affectivity *can* coexist (e.g. mixed feelings). Another explanation for the finding is that negative affect is more resistant to change because of the

presence of the other confounding variables, such as *interpersonal guilt*, and, more notably, the COVID-19 pandemic, which could be perpetuating factors of negative affect. Indeed, respondents of the Train-the-Trainer focus group interview also opined that the pandemic and its social distancing policies have made it challenging for both the staff to conduct the group and for the rehabilitees who attended the intervention program. To further this postulation, a population-based study in Hong Kong reported that stress due to civil unrest and COVID-19 was associated with a higher prevalence of probable anxiety and depression, and the effect of stressors on probable anxiety and depression are cumulative (Hou, Lee, Liang, Li, Liu, Ettman & Galea 2021).

Secondly, existing research suggests that creative arts intervention was effective in reducing anxiety and depression for people with substance use (Albornoz 2011; Hwang & Oh 2013). Nevertheless, based on the empirical evidence from this study, potential gains were only found in the measures of anxiety. The result is also supported by focus group interview sessions with drug rehabilitees who shared that the creative arts-based intervention managed to help them reduce stress and improve mood regulation and emotional expression. Reduction in anxiety might be attributable to creative activities such as painting, drawing, music, or dance, which provided a sense of purpose, self-expression, and accomplishment, as well as instilling a sense of hope among the intervention group participants. Findings suggested a decreasing trend in the level of depression, although no statistical significance findings were generated from the present study. One potential explanation for the finding lies in the differences in the pathogenic features of depression and anxiety. Literature from clinical psychology and psychiatry suggested that depression is underscored by the feeling of (excessive) *guilt*, while anxiety stems from a heightened sense of *self-related anxiety*, i.e., shame. Qualitative data suggested that *interpersonal guilt* is one of the most cited emotional distresses experienced by rehabilitees of drug abuse – our

finding converged with existing literature on individuals in rehabilitation services for substance use-related issues (Locke, Shilkret, & Petry, 2015; Saraiya et al., 2022). Therefore, to relieve depressive feelings for drug rehabilitees may require some form of reconciliation with family members to take place; and thus, alleviating depressive symptoms might be comparatively more difficult (when compared to alleviating anxiety) since the creative arts intervention focuses on the individual rather than the family. Nonetheless, most respondents of the study were recruited from rehabilitation programs delivered in a residential setting; participants might not have had the opportunity to reconcile with their families, which might also be attributable to the non-significant results in reducing depression, which is associated with *interpersonal guilt.*

Furthermore, research suggested that the cultivation of self-compassion (by nurturing the tendency of self-soothing attitude and/ or alleviating self-defeating attitude) is the antidote to stress, shame, and protects an individual against risks factors to substance use-related disorder (Phelps et al., 2018; Chen, 2022). Psychological flexibility (Over-identification), taking things personally (isolation), and self-blaming (self-judgment) were the core elements of a self-defeating attitude (Neff, 2003), which is associated with maladaptive adjustments to stress, shameful feelings, and a broad array of psychopathologies (Gilbert, 2019; Neff, 2003), including substance use and its disorders; therefore reducing these tendencies might be helpful for buffering against the risk of substance use. Empirical evidence seemed to suggest the creative arts intervention has a potential impact on the self-defeating tendency of the drug rehabilitees, especially in reducing the sense of isolation and over-identification; the findings were consistent with the focus group interview results – in which the sub-theme of *cultivating self-kindness,* and *improved psychological flexibility* emerged from the interview. Nevertheless, although a trend of improvements was observed, it is uncertain whether the creative arts intervention was effective in cultivating a self-

soothing attitude characterized by the tendency to attend to our needs (mindfulness), being kind and understanding towards ourselves (self-kindness) and perceiving our inadequacies as being human (common humanity).

5.1.2. ***Drug Avoidance Self-Efficacy***

One major goal for drug rehabilitation intervention was to enhance drug avoidance self-efficacy of rehabilitees. Drug avoidance self-efficacy has a crucial role to play in relapse prevention and maintaining long-term recovery. Empirical findings from this study suggested that the creative arts intervention showed potential benefits to rehabilitees' self-efficacy (Maina, 2022). Evidence from the present study suggested that statistically significant improvements on self-reported self-efficacy were found only in the intervention group. The creative arts intervention has the potential to help rehabilitees to increase their competency in coping with risk situations without resorting to drug use. Quantitative data was supplemented by the sharing of the participants in the focus group interview session, in which rehabilitees shared that improvement in mood management, self-awareness, and the enhanced ability to exercise self-control and psychological flexibility has instrumental impact on how they cope with situations that made them vulnerable to drug use. Nevertheless, such improvements should be interpreted with caution because rehabilitees might not have the in-vivo exposure to *real* risk factors leading to the relapse of substance use as they were recruited in the residential setting. Yet, it is reasonable to conclude that, at least from the subjective perception of the rehabilitees, the creative arts intervention has helped contribute to the enhanced self-efficacy towards avoiding drug use.

5.1.3. ***Coping Self-Efficacy***

In terms of coping self-efficacy, findings from this evaluative research suggested when compared with the control group, participants in the intervention group reported improvements in

problem-focused coping post-intervention – suggesting that the creative arts intervention is effective in enhancing problem-focused coping ability. Emerging evidence also pointed towards the *potential benefits* of the creative arts intervention in helping to stop unpleasant emotional thinking, and to improve their tendency to seek support from family and friends. Quantitative findings were supported by similar findings generated from the in-depth interview with rehabilitees. Improvements in consequential thinking and actively exploring alternative ways of coping with the urge to use drugs were commonly reported among the participants in the creative arts intervention group. Furthermore, rehabilitees also shared that enhancement in emotional expression, and psychological safety has help improve their tendency to seek help from friends, case workers, and to some of their family members.

5.1.4. ***Contrasting the Findings from the Age Cohorts***

This research study was composed of participants who were aged between 21 and 35 (N = 132), as well as those adults aged beyond 35 (N = 128). Separate data analyses were performed for the age cohort 21-35 and the aggregate data. To broaden our understanding on the potential effectiveness of the creative arts intervention on drug rehabilitees, we performed additional data analysis on the data set. Separate repeated measures ANOVA were conducted for the age cohorts, and we found very similar results of the outcome measures. Findings showed evidence to support the effectiveness of creative arts-based intervention in **improving positive affect** of drug rehabilitees. Findings also showed support to the potential benefits of **alleviating anxiety and self-defeating tendency** among those who participated in the intervention, as well as in **enhancing efficacy in drug avoidance, using problem-focused coping, and managing unpleasant emotions and thoughts**. Therefore, the inclusion of participants aged 36 or above, did not seem to have an impact on the overall findings of the outcome study, but to provide a cross-validation

to the findings of the age cohort with participants aged between 21 and 35. The findings yielded additional evidence to support the notion that the power of arts goes beyond people's age range, ability, as well as mental and psychological conditions. Our findings echoed the mounting evidence to support the application of expressive arts-based interventions across the developmental lifespan (including adolescents, young adults, and adults) as a reliable and effective way for drug users to cope with the challenges of drug addiction (Aletraris, Paino, Edmond, Roman, & Bridge, 2014; Leung, Shek, Yu, Wu, Law, Chan, & Lo, 2018; Mohamad, Hohamad, & Adawiash, 2013).

5.1.5. ***Therapeutic Factors and Catalyst for Change***

Consistent with the existing work by de Witte and colleagues (2021), results from the qualitative study suggested identified the three building blocks for creative arts-based interventions, namely, non-verbal expression, embodiment, and concretization. Rehabilitees commonly reported themes of creativity as a way of coping, and artistic pleasure are the key to the positive changes they have experienced and reported on both the quantitative findings and the qualitative interview. Other factors instrumental to the positive changes include the instillation of hope, the sense of common humanity, and interpersonal learning, which were also regarded as the major mechanisms of change. Taken together, the results of this focus group interview converged with existing literature on the findings that creative arts therapy provides a safe and structured pathway for playful, creative experimentation and self-awareness (Nolan, 2019; de Witte et al., 2021). Our findings implied that the art-making process helps individuals and groups symbolize and externalize experiences that are not easily verbalised (Czamanski-Cohen et al., 2019), and such non-verbal expression enables emotional elicitation and processing (Gabel & Robb, 2017).

5.2. Creative Arts Intervention Train-the-Trainer Program

The professional-led, train-the-trainer program offered to frontline professionals in the

field of drug rehabilitation was regarded as practical in enhancing the three levels of competence of the practitioners, namely, knowledge competence, practice competence, and self-competence. Despite the challenges they encountered in the community and in the agency setting, the majority of the participants found the training program insightful and satisfying. Trained professionals highlighted the need for continuing professional training in the field – that might support the furtherance of creative arts-based intervention as drug rehabilitation. They look forward to further training to enhance their facilitation skills in using creative art in therapeutic work, to broaden their creative arts-based repertoire in the hope of providing personalised, and person-centred service to their clientele – both in group and individual contexts, and to receive clinical supervision to enhance treatment fidelity, and to adhere to the best practice of ethical clinical practice.

5.3. Strengths and Limitations of the Study

5.3.1. Strengths of Study Design

The present study is among one of the systematic evaluative studies on the use of expressive arts-based intervention in drug rehabilitation in Hong Kong. The major focus of this study is the randomized-controlled trial study on the effectiveness of a novel, expressive arts-based intervention for young adult with drug use issues. The current study adopted a mixed methods research approach utilizing both qualitative and quantitative methods of inquiry to acquire a comprehensive understanding of how the use of creative arts prevents drug use and fosters personal growth among people undergoing drug rehabilitation services in Hong Kong. Findings of the present study allowed validation of the findings through triangulation which enhanced the study's validity and reliability. Randomization in group allocation – either into the intervention group or the control group – helped ensure the validity of the findings and its scientific rigor by eliminating selection biases. The mixed-methods study design also allowed us to yield to provide an integrative

and interpretation of quantitative data on the potential gains of the participants. The qualitative study component shed lights on the mechanisms underlying the creative arts-based program's ability to bring about positive changes. Such integrative approach to program evaluation has contributed to generating ideas for further enhancing the design, development, and delivery of a culturally sensitive creative arts-based intervention program for drug rehabilitation in Hong Kong.

5.3.2. Limitations of the Study

Empirical findings from this study lean preliminary support to the potential benefits of creative arts intervention adopted for drug rehabilitation. Nevertheless, the findings from this evaluative study – particularly the randomized-controlled study – should be interpreted cautiously because of the methodological issues mentioned in the following section. These methodological limitations are an invitation for further research efforts, which will pave the way to the furtherance of creative arts intervention as an evidence-based approach to drug rehabilitation.

Generalisability of findings

The evaluation study yielded evidence to support the value of using creative arts-based intervention to promote wellbeing among young rehabilitees, yet the findings should be understood in the light of the following limitations. First of all, the existing evaluative study focuses on young adults, who are primarily males (31 females vs. 101 males). Notably in the control condition, the sample appeared to be skewing towards male which might possibly be a potential limitaion of the present study. Therefore, further study with samples of a proportional gender distribution would help yield additional support to the applicability of the use of expressive arts as a form of drug rehabilitation approach.

Generalizability of the findings of this research may also be limited in view of the nature of the sample. As a result of the challenges of program compliance, such as the turnover rates of

participants in drug rehabilitation service, all participants of the study were recruited through residential drug rehabilitation facilities. The results could at best represent how drug rehabilitees attending residential rehabilitation services responded to the creative arts-based interventions; future studies may consider extending the scope of the service to include those community-dwelling rehabilitees to yield further evidence to support the application of creative arts-based interventions in drug rehabilitation service in Hong Kong.

Issues on confounding factors

Furthermore, the COVID-19 pandemic was cited as a potential confounding variable by the participants, which was perceived to negatively impact personal wellbeing and psychological health in general. The pandemic and the resulting social distancing policy has not only imposed challenges to participants' recruitment, and group intervention delivery but also has detrimental psychological impacts on drug rehabilitees in the rehabilitation facilities. Additional studies would be required for us to acquire a better understanding of the effectiveness of creative arts-based interventions on the psychological wellbeing of drug rehabilitees.

The present study adopted a 2-arm, randomized controlled trial study design with an intervention arm and a treatment-as-usual control. The observed differences between the intervention arm and the control group might be due to the fruition of the expressive arts-based intervention, but it might also attributable to the differences in the dosage of support services the participants received (intervention vs. no-intervention control). To allow a better understanding of the effectiveness and/ or the potential benefits of an expressive arts-based intervention program, consideration may be given to conducting future studies with a more rigorous study design with *active control group* receiving an equivalent social intervention without the expressive arts-based components so account for the differences between the two treatment conditions.

Issues with treatment fidelity

Core to the reliability and validity of intervention studies is treatment fidelity – the degree to which treatment protocol is being observed by the facilitator who delivered the program. While it is impossible to ensure homogeneity among different facilitators – simply because the facilitators recruited into the study are from different academic as well as professional training backgrounds. The COVID-19 pandemic also imposed challenges to treatment fidelity as a result of program disruption, or adjustments of treatment components are necessary to ensure personal hygiene and to comply with social distancing policies. The intervention manual – produced as part of the Train-the-Trainer program – is intended to safeguard the internal reliability and validity of the treatment – as revealed by the focus group interview with the facilitators – we notice individual differences still prevail. Future research initiatives might consider incorporating training sessions on core facilitation skills in creative arts intervention. The inclusion of this will not only greatly enhance treatment fidelity and inter-facilitator homogeneity, but also respond to the needs of the trainees' need for further training in this area.

6. CONCLUDING REMARKS

6.1. The Furtherance of Creative Arts-Based Drug Rehabilitation Programs

The present research initiative suggested that time-limited, creative arts-based interventions delivered by trained professionals, showed effectiveness in improving positive affect, and potential benefits in improving mental health and drug rehabilitation outcomes of rehabilitees in Hong Kong. Creative art interventions, when compared with a control condition, were effective in cultivating positive affect, and to facilitating problem-focused coping among rehabilitees. Furthermore, creative art interventions showed potential impacts in alleviating anxiety and self-defeating attitude, while improving drug-avoidance self-efficacy, blocking unpleasant emotional thinking, and replenishing social support by encouraging rehabilitees to seek help from friends and family. Additional research efforts and explorations will be required to further explore the potential of the therapeutic use of creativity in improving depressive symptoms, negative affect, and self-soothing attitudes. Our study contributed to furthering creative arts intervention as a culturally relevant, person-centred, and evidence-based approach to drug rehabilitation.

For research knowledge to be useful in the real-life setting, there is an imminent need for professional training to facilitate multi-disciplinary knowledge exchange to create the environment competence, which is instrumental to further developing the therapeutic use of creative arts in drug rehabilitation. Frontline professionals expressed overall satisfaction with the design, delivery, and practical value of the Train-the-Trainer program curated by a registered expressive arts therapist at the Centre on Behavioral Health. The primary objective of the train-the-trainer program was to equip frontline professionals, who already have some experiences in the field, with the necessary skills to deliver an 8-week, protocolized creative arts intervention to aid drug rehabilitees to improve psychological wellbeing, and to facilitate rehabilitation. Frontline professionals were

enthusiastic about opportunities for advanced training to further enhance their knowledge, practice, and personal competence in incorporating the therapeutic use of creative arts in drug rehabilitation services. In particular, they would be benefited from further training on the facilitation skills in creative arts intervention particularly important. When inquired on the active ingredients that promote positive changes in the creative arts program, drug rehabilitees shared that the facilitator's presence, acceptance, and their resonating responses to group members' sharing were of paramount importance – on top of everything else. It is also believed that appropriate facilitation would contribute to the shifting of perspective, integration of experience into everyday life, and body-mind-spirit transformation of the participants (Yin, Chan, Fung & Chan, 2020). Last but not the least, in the wake of the refractory nature of the drug abuse problems, it would be interesting to explore the sustainability of the treatment effects on the participants; and further support program may consider treatment program with longer duration to help drug abusers to cope with the ongoing needs that might interfere with their rehabilitation.

6.2. Closing Remarks

This is a pioneer study of using creative arts intervention as drug rehabilitation conducted in Hong Kong. Despite the challenge of pandemic and turnover of amabassadors, the study team has successfully surveyed 132 young adult drug rehabilitees (aged between 21 and 35), and an additional 128 adult drug rehabilitees in an aggregate sample (N = 260). In regardless of the age cohort, results of the evaluative studies seemed to yield evidence to support the therapeutic use of creative arts to help drug rehabilitees enhancing psychological wellbeing, eliciting productive coping against drug abuse, and facilitating their rehabilitation process. Amongst all the outcome variables we delved into, findings seemed to suggest the notion that the expressive arts-based intervention was *effective* in improving positive affect (when compared between the intervention

group with the contronl condition). Findings also shed light on the potential benefits for young adults who participated in the creative intervention in the domains of mental health including moods, self-compassion attitudes, drug-related efficacy, and coping repertoires. While similar results were also replicated among adults aged between 21 and 60.

The evaluative process has allowed us to tap into the needs of the frontline professionals, as well as drug rehabilitees attending psychosocial support services in the local community, creating the rubrics for the furtherance of creative arts intervention as a culturally relevant, evidence-based, and person-centred approach to drug rehabilitation.

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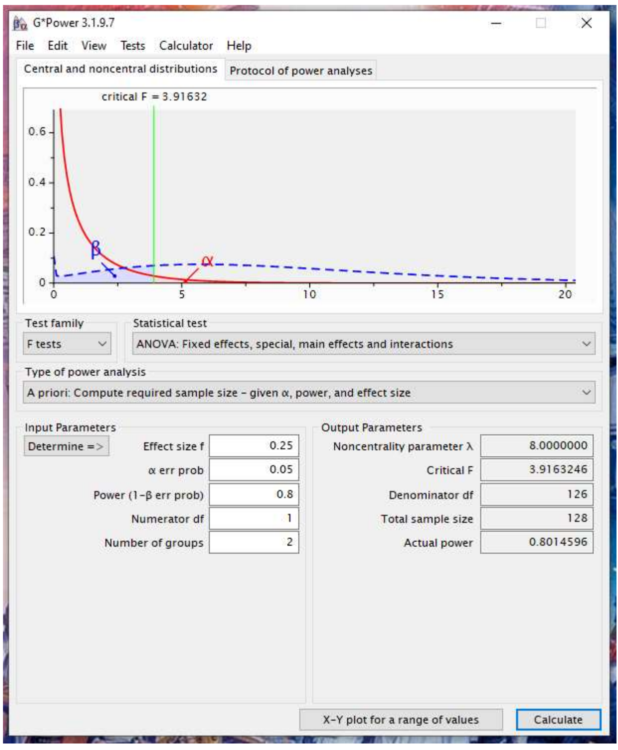
8. Appendix A: A Note on Sample Size

In this study, we surveyed and analyzed 132 young adult drug rehabilitees (aged between 21 and 35); in which other studies with similar study design would expect a minimum requirement of 126 participants for meaningful interpretation of results. Further to this, we also analyzed the aggregate sample, with participants aged between 21 and 60. Both our data analyses with the young adult sample and the aggregate sample showed similar results in terms of the project outcomes. The additional data analyses yielded evidence to support the use of creative arts-based intervention as drug rehabilitation, suggesting that the creative modality is as effective in young adult population, and in a wider population.

The sample size was calculated using the statistical software G*Power with the following parameters: effect size of 0.25, power of 0.8, and degree of freedom of 1, and having two groups in comparisons. The minimum sample size required for meaningful data interpretation is 126 (or 128 in after installing the latest update of G*Power 3.1 for Windows 10).



In our study, eligible young adult drug rehabilitees were recruited, and creative arts-based interventions were provided by at least trained ambassadors (N = 30) who had participated in the Train-the-Trainer Program offered by the team at the Centre on Behavioral Health. In order to reach the minimum number of eligible participants for the study, each trained ambassadors were

expected to recruit at least 2 young adult for the experimental and control conditions respectively (i.e. 4 young adults x 30 trained ambassadors, and thus at least 120 young adults to take part in the study).

However, for practical considerations, we invited the trained ambassadors to recruit 4 eligible participants in the intervention and control group (and thus, 4 young adults x 30 participants, having 240 drug rehabilitees in total). The group size (of 4 participants) was suggested based on the conventional arrangement for group-based interventions; and the arrangement was made to ensure trained ambassadors would be able to deliver the creative arts-based intervention in a group context instead of running a session one-on-one (e.g. if only two participants were recruited in the intervention group, and a participant is absent in one session, the session will become an one-on-one session instead of a group session). Hence, the actual number of participants for the participants is 120 young adult drug rehabilitees, while the participant number of 240 was considered by the team to ensure ambassadors to deliver the program in a group context to ensure protocol compliance.

Overall, the project team managed to recruit 260 drug rehabilitees to take part in the group-based intervention, although 128 of them were beyond the age range of 21 and 35. The inclusion of participants beyond the age range of 21 and 35 could be attributable to two major challenges beyond our control that happened during the research study period, namely: (i) the pandemic, and (ii) the unexpected turnover of the ambassadors. The pandemic has imposed unpreceded challenges in participant recruitment during the project period as social distancing policies were in effect for a considerably long period during the project period. To exacerbate the situation, some trained ambassadors (case social workers, counsellors, and volunteers, etc.) also resigned from their original positions during this period. As a result, when recruiting the participants after the covid pandemic, we could only rely on the remaining ambassadors who managed to secure participants for the study; yet the participants they recruited were found to be comparatively older in age – falling in the category of adults (but are not older adults).

Our team and the trained ambassadors were eager to provide services to drug rehabilitees after resuming normal living in post-pandemic period. We were aware at a late stage that a proportion of the participants enrolled into the study were older than we expected when we received the data from the collaborating agencies a few months ago. Nevertheless, the inclusion of participants above the set age range demonstrated the enthusiasm of the trained ambassadors

to fulfil their obligations to the program and the participants' eagerness to participate in the expressive arts group interventions.

To conclude, despite the abovementioned challenges, the program managed to recruit enough young adult participants to take part in the research study (Required = 126; Recruited = 132) and fulfilling the requirement of having each trained ambassador to recruit 4 drug rehabilitees into the intervention group (Required = 240; Recruited = 260).

9. Appendix B :「創藝大使」實務執行手冊

「創藝・新生」創意藝術禁毒計劃

「創藝大使」
實務執行手冊

創藝・新生表達藝術小組

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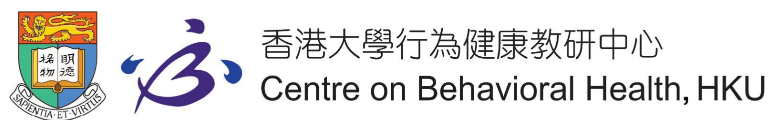

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此教材套只供已完成本中心培訓的「創藝大使」使用，如有興趣成為大使，為禁毒康復服務出一分力的朋友，可聯絡香港大學行為健康教研中心，電話 2831 5158 了解詳情。

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【計劃背景及簡介】

「**創藝 • 新生**」創意藝術禁毒計劃是由禁毒基金贊助，香港大學行為健康教研中心推行，為期三年, 旨在提高年輕成年人群組以及普羅大眾對毒品問題的關注，並透過「創藝大使」(四天) 專業培訓加強前線員工認識表達藝術在戒毒康復服務上的應用，協助吸毒人士戒除吸食毒品的狀況，提高他們應對危害精神毒品的能力，從而改善他們的心理健康，重返健康快樂生活。

:: 計劃理念 ::

「**創藝 • 新生**」創意藝術禁毒計劃相信藝術的療癒果效，計劃盼透過應用創意藝術於本地戒毒康復服務，提升服務對年輕成年人群組的戒毒人士之有效性、被接受程度及實踐程度。此計劃期望推動社區的改變，讓正在努力克服毒品問題的服務使用者，從藝術參與之中得到其所需的社會支持，及鼓舞其持續下去。

:: 計劃目的 ::

1. 向不同地區的人士直接推廣有關創意藝術及禁毒的訊息。
2. 為不同社福機構的前線專業人員提供培訓，提升應用表達藝術元素於戒毒康復服務時的知識及實務技巧。

:: 計劃對象 ::

- 提供戒毒康復服務的專業前線員工
- 年齡介乎22-35歲的戒毒人士
- 公眾人士

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:: 計劃階段 ::

第一階段

多媒體社區教育及共融計劃

透過展覽、創作比賽、網站及刊物提高年輕成年人對毒品問題的認知，加強他們對常見毒品禍害的了解，並鼓勵戒毒康復者重投社會。

第二階段

「創藝大使」(四天) 專業培訓

為戒毒前線工作者以及相關專業人員提供有系統的培訓及經驗分享平台，使其具備所需的技巧和知識。

第三階段

表達藝術為本的康復服務

因應現時吸毒者人口的需要而推行以創意藝術為本的康復服務。計劃以先導形式推行，採用創新、認證為本的康復模式。

第四階段

隨機抽樣成效研究

以隨機抽樣的科學化研究方式評估「創意藝術戒毒治療及康復計劃」的成效，為本地開拓以創意藝術為本的介入手法。

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【背景資料】

:: 戒毒康復服務 ::

年輕成年期 (年齡介乎21-35歲) 是社會及心理層面成長的一個重要階段，本該是生命中的全盛時期。然而，在本港面對毒品成癮問題的年輕成年人佔總體吸毒者人口接近一半 (49%)，可證毒品成癮在年輕成年人群組中是急需關注的議題。

研究數據指出有六成三的年輕吸毒者以毒品作為處理壓力及緩解情緒的方式，但同時也忍受著吸毒所帶來不同程度的身心損害，例如長期認知能力受損、提升患上焦慮症及抑鬱症之風險、及引致其他嚴重精神健康問題等。儘管社會上有不同服務協助戒毒者踏上康復之路，社會對戒毒者污名化問題嚴重，亦令很多戒毒人士寧願默默承受毒品帶來的影響而不願主動求助，令為有需要人士提供適切協助的難度大大增加。

:: 表達藝術為本之介入手法 ::

本計劃的表達藝術專業應用培訓中，以「優勢為本」介入模式 (Strength-Based Approach) 及「存在主義」介入模式 (Existential Approach) 作為活動設計的方針，並以人本表達藝術治療介入手法 (Person-centred Expressive Arts Therapy) 作為前綫專業人員實踐表達藝術活動時的應用基礎。

★ 「優勢為本」介入模式 (Strength-Based Approach) 是正向心理治療（Positive Psychotherapy）的主張，重視對個人正面特質的關注，聚焦於發揮個人的強項而非只注視改善弱點。應用「優勢為本」介入手法時需注意以下要點：

- 認清引領使用者朝向的目標，以目標導向 （Goal orientation）
- 發掘使用者面對逆境的內在能力 （Strengths assessment）
- 引領使用者覺察有利其達成目標之自身及環境資源（Identifying client and environmental strengths for goal attainment）
- 為使用者製造希望（Hope-inducing in the relationship）
- 讓使用者擁有選擇自主: 主張每個人都是自己生命的專家 (Meaningful choice)

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★ 「存在主義」介入模式 (Existential Approach) 推崇人的自由意志（Freewill）相信個人有自主自決的能力，能為自己作最合適的選擇以發揮個人最大的潛能，此介入手法聚焦於引導使用者對人生意義的追尋。應用「存在主義」介入手法時需注意以下要點：

  ○ 相信每個人都有自我覺察的能力
  ○ 透過重塑使用者與他人的關係建構個人獨特的身份認同
  ○ 人生意義會隨人的生命階段而改變，故在不同階段均需有彈性地重塑自我
  ○ 讓使用者明白焦慮、抑鬱、恐懼等情緒是人類生存基本狀態的一部分

★ 人本輔導手法 (Person-centred Practice) 在創作中重視及鼓勵個體獨特性。
人本主義相信每個人的創作意念均有價值、尊嚴和自我引導的能力，提倡以藝術為個人充權及協助個人發掘獨特潛能。應用人本表達藝術治療介入手法時需注意以下要點：

  ○ 對藝術創作抱持開放態度 （Be open-minded）
  ○ 對使用者具同理心（Be empathic）
  ○ 對不同個人特質的使用者以至自身持一致性態度（Be congruent）
  ○ 保持彈性及創意（Be flexible and creative）

:: 表達藝術與戒毒康復服務 ::

探討應用創意藝術於戒毒康復服務的成效研究於過去十年間有顯著的增長，視覺藝術、音樂、舞動、戲劇及遊戲治療等均為最常被應用於融合康復服務的藝術媒介，研究結果普遍指出以上藝術媒介之應用效果均令人鼓舞。

參與藝術創作本身有使人專注投入、放鬆身心、紓緩情緒的效果，而將表達藝術創作中非批判性態度、有趣具玩味及令人愉悅的特質，應用於戒毒康復服務中，對戒毒服務使用者便更具吸引力。藝術創作的過程能將戒毒服務使用者的注意力轉移至對生命和創作的美感欣賞當中，並一步一步提升使用者對生命的希望感、尊嚴及自我效能感。

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【從理念到實踐】

:: 理念 ::

希望透過「種子計劃」的模式，培訓同工成為「創藝大使」帶領表達藝術小組，把表達藝術為本的知識與技能應用在戒毒康復服務當中。

讓小組參加者透過不同藝術媒介增強自我意識和建立處理藥物相關問題的自我效能感，並體驗以自我關懷的方式，識別、表達和管理負面情緒 (如減少羞愧和罪惡感)，從而減輕焦慮，抑鬱的症狀，並培養積極情緒。

:: 服務流程 ::

1. 進行小組及參與督導
    - 「創藝大使」於服務的機構內推行每星期一節，每節兩小時，共八節之「創藝・新生表達藝術小組」。
    - 自行招募小組參加者，小組對象為年齡介乎22-35歲的戒毒人士，不少於8名。
2. 協助進行數據收集
    - 按照計劃團隊的指引進行問卷派發及收集的工作，用作成效評估。
3. 參與臨床督導
    - 參與由計劃團隊的註冊藝術 (表達藝術) 治療師提供的一節督導及一節總結培訓。

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【「創藝大使」工作員指引】

:: 角色 ::

- 「創藝大使」工作員按着本計劃所提供的內容帶領表達藝術小組活動，讓參加者透過不同藝術媒介增強自我意識和建立處理藥物相關問題的自我效能感，並體驗以自我關懷的方式，識別、表達和管理負面情緒 (如減少羞愧和罪惡感)，從而減輕焦慮，抑鬱的症狀，並培養積極情緒。

- 部份預設的內容有動態或靜態的活動選擇，工作員可根據自身能力及參加者興趣作出挑選並運用。

- 分享部分提供了引導問題，工作員可按參加者的狀況作調整和延伸分享，助參加者從中整理個人思緒及感受作總結。

- 「創藝・新生表達藝術小組」為「表達藝術活動小組」而不是「表達藝術治療小組」。如組員需要接受治療性質的跟進，請聯絡合資格的治療師或相關專業人士作出跟進及轉介安排。

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:: 工作員運用表達藝術的態度 ::

★ 基本原則

- 非評判性 (Non-judgmental)
- 鼓勵性 (Encouraging)
- 好奇心(Curiosity)
- 同理心 (Empathy)
- 創意 (Creativity)
- 想像力 (Imagination)
- 趣味性 (Playfulness)
- 輔引師而非領袖 (Facilitator but not Leader)
- 一致性 (Consistency)
- 安全性 (Safety)

★ 建議

- 對參與者的藝術創作過程展現同理協調(empathetic attuned)， 並共同參與藝術當中。
- 具趣味性及持開放的態度去體驗藝術的創意及表達。
- 對藝術和情感表達的呈現，保持敏銳(sensitive) 和靈敏(susceptive), 嘗試理解參與者的藝術性表達(artistic expression) 。
- 提供安全之平台讓參與者: 探索(explore), 體驗(experience) 和表達(express)。

★ 注意

- 不要為創作過程及體驗預設結果(predefined outcome)。
- 不要過份分析(over-interpret)。
- 在藝術上，不要過分依賴口頭解釋(verbal interpretation) 。
- 不可以忽視創作過程(creative process) 。
- 不著重作品最終結果的美觀程度(aesthetic qualities)。

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:: 實務建議 ::

★ 首要守則 “DO NO HARM”

- 注重安全，移除環境／進程的危險因素，避免急進。
- 保障身心靈的安全，即使放棄致益，都要避免致害。

★ 以人為本，隨遇隨變

- 好好運用藝術給予的彈性。
- 欣賞及珍惜參加者的「反叛」。

★ 適時放下控制器

- 自由的空間帶來滿足，亦意味著挑戰。
- 學會盛載混亂和拒絕，參加者每個反應都傳遞著訊息。

★ 以同理心同行

- 若你感覺難受，這就是你的參加者人生每一日的感受，好好體會然後表達。

★ 私隱及作品存放

- 要建立一個安全和互信的環境，讓參加者可以放心分享感受，有賴工作員及參加者互相配合。請工作員於小組開始前說明私隱保障守則，並邀請參加者一同遵守。
- 如未得參加者同意，工作員及參加者均不得擅自向第三者披露任何參加者個人資料、分享內容及藝術作品。
- 藝術作品建議存放於安全及有私隱保障的地方。

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【表達藝術的應用】

:: 活動設計與推行內容 ::
創藝・新生表達藝術小組

日期：每組共有八節，須於2021年4月30日前完成
時間：一星期一節，每節兩小時
人數：不少於8名
對象：年齡介乎22-35歲的戒毒人士

小組目標：
1. 建立自我舒緩技巧, 預防復吸
2. 增強自我意識
3. 建立處理藥物相關問題的自我效能感
4. 以自我關懷的方式，識別、表達和管理負面情緒 (如減少羞愧和罪惡感)
5. 減輕焦慮，抑鬱的症狀，並培養積極情緒

內容設計取向：
優勢為本 (Strength-Based) 及存在主義 (Existential Approach)

應用手法：
人本輔導手法 (Person-centred Practice)

每節小組結構：

參考時間	內容	目的
5分鐘	開始儀式	讓參加者專注參與活動及覺察身心狀態
20分鐘	熱身活動	初步體驗再導入主題
60分鐘	藝術活動	探索及深化個人體驗
30分鐘	作品交流及分享感受	整頓身心思緒促進交流和互相參考
5分鐘	結束儀式	安頓心情

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整體計劃主題及目的：

節數	主題	主要目的
1 2	藝術體驗	● 建立藝術創作的正面經驗 ● 激發內在創作潛能和信心 ● 探索情緒 ● 建立個人的成功經驗 (mastery experiences)
3 4	表達情緒	● 以藝術表達情緒及人生經歷 ● 抒發內在情感 ● 減輕焦慮，抑鬱的症狀，並培養積極情緒 ● 建立組內共鳴感及互相扶持的力量
5 6	建立自我效能感	● 建立自我效能感及自我意識 ● 探索自己的內在潛能及其應用方向 ● 增加對成功經驗的想像 (imaginal experiences)
7 8	意義建構	● 探索自我舒緩技巧及實踐方式 ● 整合現在、過去的經驗及未來的可能性，從中建構意義(construct sense)及製造意義(make meaning) ● 回顧小組經驗及給予希望

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:: 第1節 ::

主題：藝術體驗

目的：

- 建立藝術創作的正面經驗
- 激發內在創作潛能和信心
- 探索情緒
- 建立個人的成功經驗 (mastery experiences)

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<tr><td>5
分鐘</td><td>歡迎及
介紹小組</td><td colspan="3">介紹表達藝術、小組目的及守則</td><td></td></tr>
<tr><td>5
分鐘</td><td>開始儀式
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C.小紙條、筆</td></tr>
<tr><td>15
分鐘</td><td>熱身活動
(二選一)</td><td colspan="2">選擇(1)《輪住簽大名》

- 以手指簽寫自己的名字，然後用指頭觸碰轉到下一位繼續

- 隨後兩輪分別：用大兩倍的動作及用身體其中一個部份簽名，簽完後自我介紹，並傳給下一位直至所有組員簽完，傳回到輔引師。</td><td>選擇(2)《傳球活動》

- 以球創作代表自己的花式及自我介紹

- 傳球前做自己及對方的動作，隨後加強難度，如邊行邊傳球或將情緒或狀態傳開去

- 直至最後由輔引師帶領做統一的狀態為止</td><td></td></tr>
</table>

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<table>
<tr>
<td>60
分鐘</td>
<td>藝術活動
(二選一)</td>
<td colspan="2">選擇(1) 視覺藝術&音樂
《創作流動站》

- 4個創作站：畫畫區、黏土區、水彩區、拼貼區

- 播放音樂，每10分鐘轉換歌曲，各組需互調創作區接手創作

- 直至回到開始時的創作區，作最後加減調整

- 完成後，一齊走訪各區欣賞作品及分享創作部份、經驗及感受</td>
<td>選擇(2) 戲劇
《時、地、人即興戲劇》

- 預備時間、地點、人物三疊不同的即興創作卡

- 每組2-3人，每一輪創作需抽取時地人卡各一張

- 每組按抽取的卡即興創作一場3-5分鐘的戲

- 完成後，其他組猜該組在演什麼卡，並表達感想

-下一組出場，如此類推</td>
<td>選擇(1)
A1畫紙、水筆、油粉彩、乾粉彩、雪條棒、濕紙巾、紙巾、彩色黏土、彩色方形紙、廣告彩、畫筆、色碟、錫紙、剪刀膠水、雜誌圖片、拼貼素材

選擇(2)
即興創作卡-時間、地點、人物</td>
</tr>
<tr>
<td>30
分鐘</td>
<td>分享</td>
<td colspan="3">小組分享（可引導的分享方向）：

- 作品展示及分享
- 對創作過程經驗、感受、發現的分享
- 觀察自己／其他組員作品時的感受
- 回應組員的分享（共鳴／不同的感受）
- 發現不同組員間作品的相似／相異之處

輔引師：
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C.小紙條、筆、盒</td>
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:: 第2節 ::

主題：藝術體驗
目的：

- 建立藝術創作的正面經驗
- 激發內在創作潛能和信心
- 探索情緒
- 建立個人的成功經驗 (mastery experiences)

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分鐘</td><td>熱身活動
(二選一)</td><td colspan="2">選擇(1) 《身體打招呼》

- 在房中自由行走

- 分別用：眼神、擊掌、手肘、膝頭哥及膊頭打招呼
(組員可選擇觸碰或扮演觸碰)

- 邀請組員建議身體部份</td><td>選擇(2)《傳球活動》 Round 2

- 由邊行邊傳球開始

- 傳球同時將情緒或狀態傳開去

- 加強難度，同時設計一句對白傳開，直至最後一輪由輔引師帶領大家做統一的狀態及句子為止</td><td></td></tr>
<tr><td>60
分鐘</td><td>藝術活動
(二選一)</td><td colspan="2">選擇(1) 舞動
《齊舞吧》

- 組員輪流創作跟自己相關的動作，分享意思，再帶領大家做一次，如此類推

- 輔引師數拍子，用節奏凝聚帶領重覆每個動作</td><td>選擇(2) 戲劇
《止語魔法球》

- 站起圍成大圓圈，止語，並以眼神溝通進行換位遊戲

- 第二輪，輔引師取出想像的魔法球並將之變成一件有趣物件，於換位時遞交予下一位組員</td><td></td></tr>
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<table>
<tr>
<td></td>
<td></td>
<td colspan="2">- 加4拍節奏的音樂，輔引師帶領組員數拍子，由腳到頭做熱身，然後加入剛才共同創作的動作

- 輔引師可加入挑戰指令，如：把舞步動作用最大的方式呈現、再用最細的方式呈現，相反方向等等

- 到最後，組員自由舞動，直到音樂完結</td>
<td>- 第三輪，持有想像的魔法球之組員能將之變成想要／需要的東西，換位時遞交予下一位組員

- 完成後，每人想像一個會持有該「所需物品」的角色，並設計其人物特質

- 每組3-4人，分享角色及物品，並結合成故事，進行排演及演出</td>
<td></td>
</tr>
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:: 第3節 ::

主題：表達情緒
目的：

- 以藝術表達情緒及人生經歷
- 抒發內在情感
- 減輕焦慮，抑鬱的症狀，並培養積極情緒
- 建立組內共鳴感及互相扶持的力量

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分鐘</td><td>熱身活動
(二選一)</td><td colspan="2">選擇(1)《顏色感應》

- 地上隨意鋪放彩色紙讓組員挑選三張，並寫上該顏色給予他/她的感覺

- 完成後，以手上顏色紙分組並分享(近似或相同顏色)

- 三張顏色紙，三次的分組分享，分享完後，根據有近似或相同內容的組員，組成拍檔</td><td>選擇(2)《人生天際線》

- 每位組員一張白畫紙

- 想像自己出生至今的人生歷程及起跌，繪畫成一條如山巒起伏般的天際線

- 畫好後在每個山巒高位／低位以一種顏色／符號作標示

- 每個組員簡單介紹自己的人生天際線</td><td>選擇(1)
彩色紙、水筆

選擇(2)
A3畫紙、水筆</td></tr>
<tr><td>60
分鐘</td><td>藝術活動
(二選一)</td><td colspan="2">選擇(1) 視覺藝術
《情感濕拓畫》

- 把顏料滴在裝了一半水的方形容器中，顏料自由撒開或用雪條棒塑形，在顏料沉下水底前，用畫紙把顏料印在紙上，然後放在一旁待乾</td><td>選擇(2) 文字創作及戲劇
《創作人生故事》

- 組員任選人生天際線中任何一個高／低時間點，並將該時間點中任何一個聯想到的故事寫於紙，然後分組分享故事</td><td>選擇(1)
錫紙盆、雪條棒、A4畫紙、毛巾、紙巾、濕紙巾、大理石紋浮水畫顏料 (Marble Paint)</td></tr>
</table>

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<table>
<tr><td></td><td></td><td colspan="2">- 掌握基本技巧後，邀請組員以顏色代表情緒，自行決定份量、形態、多少

- 完成後，請組員挑選1-2張較合心意的創作分享</td><td>- 分享後，挑選最少1個故事進行排練及演出，由故事創作者擔任導演，並由其他組員擔任演員

- 組員排練、輪流演出及分享

- 如果小組分享中有任何有趣的意見，分享者可即興修改故事情節並自行演出另一版本
（自由選擇）</td><td>選擇(2)
A4紙、筆</td></tr>
<tr><td>30
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:: 第4節 ::

主題：表達情緒

目的：

- 以藝術表達情緒及人生經歷
- 抒發內在情感
- 減輕焦慮，抑鬱的症狀，並培養積極情緒
- 建立組內共鳴感及互相扶持的力量

時間		內容			物資
5 分鐘	開始儀式 (三選一)	A. 調整呼吸、伸展身體及感受當下情緒	B. 演奏一種簡單樂器，以固定的聲音及節奏象徵小組的開始	C. 於小紙條上寫下在小組開始前想放下的東西，並處理小紙條	B.簡單樂器 C.小紙條、筆
15 分鐘	熱身活動 (二選一)	選擇(1) 《傳拍活動》 - 圍圓圈站立，由輔引師開始開始傳拍，到右邊組員接著拍 - 拍1下順傳; 拍2下相反方向; 跳一下，便跳過同方向的1人 - 向對面組員扮放飛鏢，對方接到後，可選擇放給對面另一位或選擇以上任何一種傳接方式給下一位 - 自由發情緒彈給對面組員，接收情緒彈後扮演該情緒的表情/動作，然後創作另一個情緒彈發給下一位，直至傳回藝術輔引師以一個正面情緒完結		選擇(2) 《重塑人生天際線》 - 取回自己的人生天際線，在線末加上一小段代表本星期的變化，並以所需的顏料為天際線填上顏色，變成一幅完整畫作，高低點的顏色／符號亦可轉變成圖畫的一部分 - 然後另覓紙張，為每個上一次以一種顏色／符號作標示的山巒高位／低位命名，並寫上該時間點所牽涉的人物 - 簡單介紹自己的人生天際線畫作及當中不同階段的名稱	選擇(2) A3畫紙、木顏色、蠟筆/油粉彩、乾粉彩、雪條棒 濕紙巾、紙巾、廣告彩、畫筆、色碟、水杯、毛巾

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<table>
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(二選一)</td><td>選擇(1) 視覺藝術
《雙面人》

- 創作紙面譜
外面：繪畫別人眼中的自己
內面：繪畫自己眼中的自己

- 為紙面譜兩面的角色，設計對白

- 輪流為面譜配音讀出對白

- 分享創作過程經驗、感受及發現</td><td colspan="2">選擇(2) 戲劇
《Empty Chair》

- 在「舞台」上放出兩張椅子

- 輪流坐上其中一張椅子並想像剛寫下的人物當中的其中一位就坐在面前

- 向該人物說任何未曾有機會說的東西 ； 其他組員當觀眾

- 完成後可先進行一次簡單分享才開始另一人的對話</td><td>選擇(1)
紙面譜
木顏色、
蠟筆/
油粉彩、
乾粉彩、
濕紙巾、
紙巾、
廣告彩、
畫筆、
色碟、
水杯、
毛巾

選擇(2)
兩張椅子</td></tr>
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:: 第5節 ::

主題：建立自我效能感

目的：

- 建立自我效能感及自我意識
- 探索自己的內在潛能及其應用方向
- 增加對成功經驗的想像 (imaginal experiences)

時間		內容			物資
5 分鐘	開始儀式 (三選一)	A. 調整呼吸、伸展身體及感受當下情緒	B. 演奏一種簡單樂器，以固定的聲音及節奏象徵小組的開始	C. 於小紙條上寫下在小組開始前想放下的東西，並處理小紙條	B.簡單樂器 C.小紙條、筆
15 分鐘	熱身活動	音樂及文字 - 《我的主題曲》 - 每位組員有一張點唱紙，寫上歌名及主唱人名稱 - 點唱的歌曲沒有限制，可建議選擇一首想分享給大家聽的歌/一首想大家陪伴聽的歌/一首特別有感覺的歌/一首有意義的歌 - 每位組員有畫紙及顏色筆，一路聽大家的點播，一路把有感覺的歌詞寫下或把腦海中出現的畫面簡單繪下 - 音樂播完後組員保留畫紙上的內容作為接下來的創作			點唱紙、彩色水筆/木顏色/油粉彩

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<table>
<tr><td>60
分鐘</td><td>藝術活動</td><td colspan="3">文字創作、戲劇及視覺藝術 - 《給自己的信》

- 重看剛才所寫下的關鍵字詞，並以關懷自己為主題撰寫一封給自己的信（可選擇寫給當下的/過去的自己）

- 完成後以 Empty Chair方式，作者輪流坐上椅子，並將信件交給另一組員讀信給自己聽

- 當所有人均讀完及聽完信件後可先帶領進行分享

- 其後指引參加者以輕黏土製作一件象徵對自己的愛與關懷的立體創作，以送給自己作回禮</td><td>信紙/A4紙
筆
彩色黏土/泥膠
硬卡紙(細)
濕紙巾</td></tr>
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:: 第6節 ::

主題：建立自我效能感
目的：

- 建立自我效能感及自我意識
- 探索自己的內在潛能及其應用方向
- 增加對成功經驗的想像 (imaginal experiences)

時間		內容			物資
5 分鐘	開始儀式 (三選一)	A. 調整呼吸、伸展身體及感受當下情緒	B. 演奏一種簡單樂器，以固定的聲音及節奏象徵小組的開始	C. 於小紙條上寫下在小組開始前想放下的東西，並處理小紙條	B.簡單樂器 C.小紙條、筆
15 分鐘	熱身活動	音樂 - 《英雄的主題曲》 - 重溫上一節大家有深刻感受的歌曲 - 邀請組員跟隨歌曲節奏及情緒在房間以不同速度自由走動 - 組員在走動時回顧上節的感受，輔引師於播放歌曲時走近及拍一下不同組員的肩膀，此時該組員可說出任何反饋的字詞 - 輔引師挑選1至2首英雄電影/電視/漫畫的主題曲於最後加入 - 輔引師帶領組員傾談關於主題曲所屬的電影人物、其特質及大家的想法			

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60 分鐘	藝術活動	**戲劇及視覺藝術 - 《我的英雄特質》** - 預先準備經典人物角色卡，利用角色卡玩即興劇場遊戲 - 每次開始之前先抽取/由輔引師安排組員所屬的角色 ● Chasing one away ：一個人物在台上Preset及生活，另一人進入場景並趕走上一人 ● Hidden agenda ：人物在台上因應自己角色而生活，並帶有輔引者預先給予的秘密任務建構劇情，目的是完成自己的任務 ● Steal your thunder ：人物在台上因應自己角色而生活，每次輔引者一拍手會指出其中一人的名，大家要合作為該角色製造焦點 - 即興戲劇完後，每人選擇最少三張人物卡代表自己的不同面向並討論及介紹這幾個不同的自己 - 在畫紙上製作四格英雄漫畫代表自己可發揮的正面特質 - 分小組分享及重演各人的四格漫畫故事(定格)及拍照作紀錄	經典人物角色卡（e.g. Heroes）作遊戲之用（每張角色卡代表一種／多種正面性格特質，例如：蜘蛛俠代表富正義感、哈利波特代表善良而勇敢）
30 分鐘	分享	小組分享（可引導的分享方向）： - 作品展示及分享 - 對創作過程經驗、感受、發現的分享 - 觀察自己／其他組員作品時的感受 - 回應組員的分享（共鳴／不同的感受） - 發現不同組員間作品的相似／相異之處 輔引師： 總結及表達對每位組員的特質或於本節中作出突破的欣賞	
5 分鐘	結束儀式 (三選一)	A. 調整呼吸、伸展身體及感受當下情緒在小組前、後的轉變 B. 演奏一種簡單樂器，以固定的聲音及節奏象徵小組的完結 C. 於小紙條上寫下在小組中得到的東西，放在盒中(每人有一個盒)	B.簡單樂器 C.小紙條、筆、盒

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:: 第7節 ::

主題：意義建構

目的：

- 探索自我舒緩技巧及實踐方式
- 整合現在、過去的經驗及未來的可能性，從中建構意義(construct sense)及製造意義(make meaning)
- 回顧小組經驗及給予希望

時間		內容			物資
5 分鐘	開始儀式 (三選一)	A. 調整呼吸、伸展身體及感受當下情緒	B. 演奏一種簡單樂器，以固定的聲音及節奏象徵小組的開始	C. 於小紙條上寫下在小組開始前想放下的東西，並處理小紙條	B.簡單樂器 C.小紙條、筆
15 分鐘	熱身活動	《音樂、情緒與身體》 - 調校房中燈光較柔和放鬆，播放中性而沒有節奏的音樂作背景（如城市或森林的聲音） - 組員按自己感舒適的速度走動（走動的速度分為0-10度，0度為靜止，10度為最快）其後在輔引師的帶領下轉變走動速度 - 播放有節奏及主導情緒的音樂，讓組員跟隨歌曲節奏及情緒以不同速度／情緒／輕重自由走動 - 走動時注意自身的感受，輔引師於播放不同歌曲時走近及拍一下不同組員的肩膀，此時該組員可說出當下身體感受到的情緒			

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<table>
<tr><td>60
分鐘</td><td>藝術活動</td><td colspan="3">音樂及視覺藝術 - 《音樂引導想像》

- 組員重回最感舒適的速度行走

- 調校房中燈光至較昏暗，播放放鬆而緩慢的環境音樂作背景（如森林／海洋的聲音）

- 指示組員行走得更緩慢而放鬆，並合上眼睛跟隨輔引師描述的畫面進行想像：前段可隨意帶領大家走過不同的美麗大自然場景，最後帶領大家進入一條隧道／山洞，每一段隧道就像人生的每一段經歷，每走過一段，手中會多了點東西，直至盡頭見到光束，光束後就會見到一個心坎中能最安全自在地做自己的地方。

- 組員將光束後的安全空間畫出來
（若未能見到自己的安全空間，則畫任何在該想像中印象最深刻的東西也可）</td><td>A3畫紙

木顏色、水筆、蠟筆/油粉彩、乾粉彩、雪條棒、濕紙巾、紙巾、彩色方形紙、廣告彩、畫筆、色碟、錫紙、剪刀膠水、雜誌圖片、水杯、毛巾

雜誌圖片、拼貼素材

彩色黏土/泥膠</td></tr>
<tr><td>30
分鐘</td><td>分享</td><td colspan="3">小組分享（可引導的分享方向）：
*引領組員在日常生活中找到相似元素/感覺的安全空間，從中得到自我舒緩效果

- 作品展示及分享
- 對創作過程經驗、感受、發現的分享
- 觀察自己／其他組員作品時的感受
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:: 第8節 ::

主題：意義建構

目的：

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- 整合現在、過去的經驗及未來的可能性，從中建構意義(construct sense)及製造意義(make meaning)
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<tr><td>15
分鐘</td><td>熱身活動
(二選一)</td><td colspan="2">選擇(1)
- 回顧之前的作品
- 每人一張紙，寫下回顧作品時發現到自己的特質，作為下一個活動的參考

《特質大風吹》
- 圍圓圈，坐在椅上

- 一人站立在圈中說出一種自己有的特質，有該相同特質的人，就起身走動交換位置坐下

- 未能坐下的一位組員，需站立在圈中說出一種自己有的特質(好/壞都可以，無寫到落紙都可以) 如此類推</td><td>選擇(2)
《音樂、情緒與身體》

- 調校房中燈光

- 按自己感舒適的速度走動

- 輔引師的帶領下轉變走動速度，然後增加行走的條件（如情緒、角色、場景、時間等）

- 組員跟隨歌曲節奏及情緒在房間以不同速度／情緒／輕重自由走動

- 在走動時注意自身的感受，被拍一下時說出當下身體感受到的情緒或該角色的一句對白</td><td>選擇(1)
之前的作品
A4紙
筆</td></tr>
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<tr>
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分鐘</td>
<td>藝術活動
(二選一)</td>
<td colspan="2">選擇(1) 文字創作及視覺藝術
《人生沙樽》

- 十句故事：由出生開始到死亡，人生分為10個階段，每個階段用一句句子記錄/形容。當中包括過去，當下和未來的展望。

- 完成後，輪流讀出，並分享

- 為每個人生階段挑選1-2種顏色作鼓勵或祝福

- 把彩色沙／把粉彩刮成沙一層一層地注入玻璃樽中

- 最頂留空間放入一張紙條，寫上對自己未來的祝願/展望</td>
<td>選擇(2) 視覺藝術及戲劇
《未來人生天際線》

- 重新回顧早前的作品

- 為自己的未來繪製一張未來人生天際線

- 為未來人生天際線每一個高低點配上名稱及創作定格相，由組員合作演譯

- 挑選一張彩色紙，按著天際線撰寫未來計劃及每階段要實踐的事情，可由最近期要實踐的目標開始，逐步編寫，想像自己可能構建的將來及自己有的資源</td>
<td>選擇(1)
玻璃樽
(100ml以內)
雪條棒/間尺
彩色沙/乾粉彩/粉筆
濕紙巾、紙巾
小紙條、水筆

選擇(2)
A3畫紙
彩色紙
木顏色、水筆、蠟筆/油粉彩、乾粉彩、雪條棒、濕紙巾、紙巾、廣告彩、畫筆、色碟、錫紙、水杯、毛巾</td>
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:: 小組藝術媒介與物料簡介 ::

筆刨、木顏色筆、水溶性木顏色筆	油粉彩	油性水筆、水筆	蠟筆
濕紙巾、紙巾、乾粉彩、粉筆、雪條棒		濕紙巾、毛巾、紙巾、錫紙、盛水容器、廣告彩、畫筆、色碟	
彩色沙	沙樽	彩色泥膠	彩色黏土

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【參考資料】

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