



**GUIDELINES FOR WORKPLACE PLACEMENT
SUPERVISORS OF ART THERAPY TRAINEES**

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The supervision of Art Therapy Trainees is a task that demands both clinical expertise and skills as an educator. As the work context within services such as healthcare, education, and the non-statutory services is in a constant state of change, these guidelines are intended to help placement supervisors in this complex work and to clarify what the British Association of Art Therapists (BAAT) defines as best practice. This means that we have had to address issues that are at times challenging, but we want to stress that such issues do not arise in the majority of cases and that supervising Trainees can be a very rewarding task, both professionally and personally.

What do Art Therapy Trainees contribute?

In order to be accepted on one of the Health Professions Council validated courses, all applicants are required to have a minimum of 1,500 hours of care work experience prior to applying. As the trainings are at MA / MSc level, all have a primary degree when they apply. This means that Art Therapy Trainees are mature students with previous work experience. This means that they can contribute:

- a fresh perspective upon your own practice and that of the service.
- a highly skilled, motivated and experienced presence on a part time basis free of charge.
- help with departmental / service developments - exhibitions, auditing and practical tasks.
- additional art therapy provision in the service or in a part of a service where art therapy is not available.

Good quality placements are needed to ensure the ongoing development of the profession as, without available placements, Trainees do not gain the required experience. Supervising a Trainee can also help reduce professional isolation in lone art therapy posts. It is also very rewarding to see someone grow in their practice, skills and confidence.

Regular communication between Training Organisations, Trainees and Placement Supervisors is at the heart of best practice and it is important that all parties should be clear of what their expectations are of each other. The BAAT recommends that Placement Supervisors should be cognisant of placement guidelines issued by the Training Organisations and that they should abide by these guidelines. Placement providers may also wish to devise their own written protocols or contracts for Training Organisations in which they can clearly state what their expectations are as a placement provider.

As with all their other professional duties, Art Therapists who are Placement Supervisors will be expected to abide by the BAAT Code of Ethics, the Health Professions Council (HPC's) Standards of Conduct, Performance and Ethics, and the policies and procedures in their place of employment. It is also recommended that they acquaint themselves with the HPC Standards of Education and Training.

1. Clinical Supervision of Trainee Art Therapists on Clinical Placement

Qualified Art Therapists are required by the Code of Ethics and Principals of Professional Practice of the British Association of Art Therapists to undertake supervision of their clinical work. Clinical supervision is part of 'clinical governance' and is required to ensure high standards of clinical practice, and for the protection and welfare of patients/clients. It also contributes to the continuing personal development (CPD) of the Art Therapist. The clinical supervision of Trainees ensures that these values are embedded as best professional practice from the start of their training.

In relation to HPC Standards of Education and Training, HPC Standards of Proficiency for Art Therapists and Professional body requirements for the training of Art Therapists, placement providers are required to ensure Trainees are supervised. The BAAT recognises that placements can be diverse and that not all Trainees are supervised on placement by Art Therapists. It is important that all Placement Supervisors should understand the purpose of clinical supervision and its distinction from, and relationship to, managerial supervision. (Please see the BAAT Supervision Guidelines for definition).

Trainee Art Therapists will work with vulnerable clients of all ages and the duty of care to these clients needs to be respected at all times (see appendix for definition of 'Duty of Care'). The HPC current consultation document on Guidance on Conduct and Ethics for Students states: '(4) *You should tell your Education and Training Provider about any changes in your health which may put your service users at risk*'. However, the BAAT is concerned that this does not address previous health conditions that may affect Trainees and service users. Following legal advice taken on this issue, the BAAT recommends that an explicit contractual protocol should be drawn up (where one is not already in place from the Training Organisation/Placement Provider) which on the basis of the Trainee Art Therapist's written consent

- provides for disclosure by a doctor that a Trainee has no health problems which affect the Trainee's ability to train or which could prove problematic and/or a risk to the client during the course of training. The HPC information on the Health Reference provides useful guidance for doctors and so does its 'Disabled Person's Guide to Becoming a Health Professional'.
- makes provision for the Training Provider to share this information formally with the Placement Supervisor so that appropriate support can be put in place. (It is also good practice to encourage the Trainee to discuss these issues directly with their Placement Supervisor, but this should be done in addition to formal communication between Training Organisation and Placement Provider.)
- names a member of the Training Organisation as a contact with whom the Placement Supervisor can communicate any concerns about the Trainee, and the future of the placement, and any measures which would be required to ensure client safety.
- makes clear where and how long this information will be kept and how it will be disposed of, as any written medical information, held by both Training Organisation and Placement Supervisor, needs to be treated according to data protection and confidentiality policy.

Legal advice given to the BAAT has insured that this protocol does not contravene any clause from the Disability Discrimination Act and the Data Protection Act.

2. The Role of the Placement Supervisor

This role has different components and is a complex one. Placement Supervisors usually hold clinical responsibility for the clients with whom Trainee Art Therapists work. (In some cases, this may be held by others, such as the Head of Service or the Head of Department, but this responsibility will be held by someone within the Placement Organisation.)

The Role as clinical supervisor

The Placement Supervisor aims to formulate and establish a supervisory/learning contract with the Trainee, which might incorporate a number of the points listed below (as well as identifying the role and expectations of the Trainee as supervisee in relation to the task)

- Provide appropriate Induction programme.
- Search for and provide appropriate caseload.
- Help examine the therapeutic relationship between the Trainee and client, and relationships to therapeutic process and process in relation to images. This includes looking at the way in which these impact on the progress of the therapy and it requires clients' art work to be brought to supervision, or, (if it cannot or should not be transported), for the Trainee to provide photographs of it.
- Examine the clinical material and its expression through the particular art form. (includes consideration of the transference/counter transference)
- Review periodically, the original aims of the therapy and discuss time scales of the intervention.
- Mark turning points within the therapeutic relationship.
- Provide a framework for understanding the unspoken process and agendas.
- Evaluate the Trainee's ability to learn from their experience on placement, at College, and from supervision.
- Monitor the case load of the Trainee and ensure that it complies with training requirements.
- Help the Trainee to identify risk factors in their on-going work with clients.

The role as Educator:

The role of the Placement Supervisor to Trainees has a strong educative function. The Supervisor is required to contribute to and support the learning of the Trainee including by:

- Teaching clinical techniques and theoretical structures relevant to the client group on placement (eg: assessment techniques with people with learning disability).
- Teaching aspects of risk assessment and safe and professional practice relevant to the client group.
- Raising awareness of diversity issues.
- Raising awareness of local or national policies having relevance for, or direct impact on, the placement client group (eg: child protection procedures).
- Helping Trainees understand the basics of working in organisations and multidisciplinary teams (structures, accountability, etc).
- Helping Trainees understand the culture of the Placement Organisation.
- Referring the Trainee to useful articles, book, events, training etc that would further their learning.
- Helping Trainees develop the skills to work in a multi-agency setting.
- Facilitating and overseeing the writing of high quality letters, reports, formulations and case-notes in line with the placement protocols and the BAAT guidelines on Note writing and the Law.

The role as Assessor:

All Training Organisations will require feedback from the placement supervisors which means that an important part of the role is as an assessor. An overriding concern for placement supervisors is one of ensuring that safe and best practice is taking place - the welfare of the client being paramount. Another concern is that the Trainee has the potential to develop into a safe and competent practitioner.

The role of assessor can be particularly challenging if the Trainee is having difficulties on the course or at the placement. Any doubt about a Trainee's ability to work safely should be raised firstly with the Trainee, and shared with the staff at the Training Organisation. It is often whilst on placement that the first signs of problems emerge, and any doubts raised by supervisors need to be taken seriously. **The BAAT recommends that placement protocols and Training Organisation protocols for progressing and dealing with concerns are aligned and shared between all parties prior to the Trainee commencing the placement. This should include sharing information from the protocol described in Part 1.**

3. Frequency of Clinical Supervision and Basic Boundaries

The BAAT recommends that a minimum of one hour per week of individual supervision should be offered to Trainees. If group supervision is the placement model, the size of the group should consist of no more than three Trainees. The duration should reflect the level of complexity of the work and should not be less than 1.5 hours a week. There should always be the possibility for a Trainee to see their supervisor individually on request, as some issues may be initially difficult to raise in a group. A supervision attendance record should be kept and monitored, and any pattern of lateness or non-attendance picked up as an indicator for concern and addressed with the Trainee and with the Training Organisation if problems persist.

The Placement Supervisor needs to be able to judge the level of knowledge of each Trainee and to ensure that supervision is targeted at the right level. Placement Supervisors should also plan to give additional support to Trainees from other cultures and ethnic backgrounds, and those who have come to the UK specifically to train, as they will not have the same level of incidental knowledge about organisations and systems as their UK peers. The BAAT recommends that placement supervisors are cognisant of teaching within the Training Organisation that relates to equality, diversity, race and culture and its relevance in the placement.

The boundaries of clinical supervision have some parallels with the boundaries of therapy. The Placement Supervisor is expected to conduct the supervision sessions as regularly as possible and to avoid repeated cancellation of meetings. The supervision sessions should take place in a space that is suitable for the sharing of confidential material. Public spaces such as staff rooms, offices, cafes or canteens are not suitable for this purpose. The Supervisor should ensure that s/he keeps the space undisturbed during the supervision time to create a good learning environment. A record of the supervision sessions should be kept by the Supervisor with the Trainee maintaining their own record in line with the requirement of the Training Organisation, and an attendance entry made on centralised systems if required by the Placement Organisation.

If, for any reason, a Placement Supervisor has to be absent for longer than one week, an alternative responsible person should be nominated as a contact for the Trainee.

4. Implications of the Role

The following implications need to be considered

- Is this the right time to have a Trainee?
This question needs careful consideration. Issues such as the supervisor's own case-load, organisational changes, team dynamics, personal plans or events need to be thought about.
- Interviewing potential Trainees
It is good practice to have an initial meeting well in advance of the starting date of the placement to clarify what the expectations are on both sides, and to agree practical arrangements such as days, time, frequency and place of supervision, honorary contracts, CRB checks etc. An interview also means that the Supervisor is in a position to say 'no' if she/he does not feel able to work well with the Trainee. **The BAAT recommends that a written record of reasons for a decision not to accept a Trainee is lodged with the Training Organisation and copied to the prospective Trainee.** If the Trainee has any concerns about the placement and/or the Supervisor, this can be discussed with the College staff before reaching a decision to accept the placement.
- Communication with Training Organisations
This is an extremely important component of the placement supervision task. However the responsibility for communication should be held by both Supervisor and College. Training

Organisations should ensure that the protocol described in part 1 is in place and the information shared with the Placement Supervisor prior to the start of placement. Relevant concerns about a Trainee from either should be shared as soon as possible. The Placement Supervisor provides at least 50% of a Trainee's education so the relationship with Training Organisations needs to be one of equal partnership. It is also good practice for Training Organisations to establish a proactive way to communicate with Placement Supervisors that does not just constitute a reactive response to concerns. It is important that the Training Organisations let Placement Supervisors have details of current curriculum content, so that the Supervisors can identify the areas that need to be addressed on placement. The BAAT recommends that programme details and timetables of lectures should be sent to Placement Supervisors at the start of the placement in order to facilitate close collaboration.

- **Linking in to Policies and Protocols of Placement Organisations**
Increasingly, before the Trainee begins to see clients they are required to attend an induction programme, and to familiarise themselves with relevant policies of the organisation. Criminal Records Bureau checks also need to have been completed before having contact with clients alone or at all, or using client data IT systems. Training in the use of particular patient record systems may also be necessary.
- **Professional Boundaries**
Placement Supervisors should maintain appropriate professional boundaries with Trainees whilst they are on placement and should not develop intimate personal relationships with them.
- **Caseloads**
Although most Art Therapy Trainees are mature students with previous and successful careers, they are not members of staff. The placement constitutes a new learning experience, and placement supervisors should take this into account when planning a Trainee's caseload, which should be smaller than for qualified practitioners.
- **Requests from Trainees for Clinical Placements**
Training Organisations should always be involved in vetting new placements, and in advising Trainees on suitability of a particular setting. It is not appropriate for such decisions to be made by Trainees alone. Vetting of, and formal agreements with the placement, should also be undertaken by the College.
- **Informed and Written Consent**
As well as standard agreement consent to treatment, written consent from clients about making photographic records, and using their art therapy images and session content for academic writing purposes should be sought as a matter of course by the Trainee before beginning the therapeutic work. This also applies to taking images to College or other external supervision. Obtaining retrospective consent is not advisable as this may be legally challenged. When clients themselves are unable to give informed written consent, this should be sought from the appropriate family member/carer/legal guardian, etc. in line with the Placement Organisation's policies and guidelines on consent.
- **Trainee's clinical notes**
Placement Supervisors working within the NHS, Social Services and other public organisations should always countersign their trainee's clinical notes. This is also advisable for supervisors working in other sectors (voluntary organisations, etc.). Please see the BAAT 'Note writing and the Law' pack for a distinction between process notes and clinical notes.

5. Legal Responsibility Regarding Disclosure

Any Art Therapy Trainee working with vulnerable clients has a legal responsibility regarding disclosure. This relates to any concerns about the client's safety, or the safety of others, which cannot be kept confidential to the therapy. The Art Therapy Trainee must seek advice from their Supervisor, or an appropriately competent colleague conversant with the Children's Act (1989) and area Safe guarding Children procedures, if working with children. Consideration too must be given to other relevant Acts in all regional/Governmental areas eg. Children (Scotland) Act (1995), Adults with Incapacity (Scotland) Act, etc.

6. Clinical Decisions

The main direction of the clinical work is held by the Placement Supervisor, as she/he holds the duty of care for the Trainee's clients (see Appendix for definition of 'Duty of Care'). The Trainee must adhere to the clinical governance of the Placement Organisation. The client (or carer) has given informed consent for treatment to be provided by the Placement Organisation only. Any decisions or changes of plan that affect treatment must therefore be agreed by the treating team or relevant clinicians and the client/carers.

Placement Supervisors hold up-to-date expertise relevant to their client group, as required for their professional registration and CPD. Although Art Therapy Trainees will need to discuss the clinical work at College supervision, the focus of this is to ensure the Trainee is learning from her/his experience on placement by providing a reflective practice space.

If a Training Organisation has concerns about the standards of safety and/or the quality of practice taking place in the context of a placement, the College should take this up directly with the Placement Supervisor.

Any actions affecting the treatment of clients need to be discussed and agreed between the Trainee and the Placement Supervisor, unless there is an overriding concern for the safety of the clients or of the Trainee. If this is the case, it is the duty of the Training Organisation to discuss the issue with the Placement Supervisor directly and, if serious concerns persist, to let the Health Professions Council or relevant Registering Body and Employers know their concerns.

7. Formal Contracts

Many placement providers have started to formulate formal contracts between themselves and the Training Organisations, and this is good practice. This may be in addition to the contractual protocol described in part 1. Placement settings, particularly within the NHS and Social Services, have their own policies, standards and expectations for Trainees and for Supervisors. The Placement Supervisor will need to be familiar with these, and be able to inform the Trainee on issues of clinical governance, data collection, etc. Increasingly, written records on paper or IT systems of the supervision sessions are made and have to be signed by both Supervisor and Trainee.

As a general rule, most Placement Organisations will require certain formal documentation from both the Trainee and the Training Institution, such as:

- An Enhanced CRB Check
- Written consent by the Trainee for disclosure of any health problems that may affect their ability to train and may present a risk to the clients (see part 1).
- A letter from the Training Institution to verify that the Trainee is undertaking an MA or MSc course in Art Therapy / Art Psychotherapy
- An employment reference from the Trainee's most recent place of work
- Trainee's CV

- Formal ID, such as a passport, driving licence, birth certificate (photocopy is usually taken once the original item has been seen)
- Proof of address (household bill, etc)

Please also consult the following documents:

- The Training Organisation's Handbook/Guidelines for Placement Supervisors
- The Health Professions Council's Standards of Proficiency, Standards of Education, Standards of Conduct, Performance and Ethics available at: www.hpc-uk.org
- The BAAT Supervision Guidelines available at: www.baat.org
- The BAAT Note writing and the Law pack available at: www.baat.org
- The BAAT Code of Ethics and Guidelines for Members available at: www.baat.org

Or email BAAT at: info@baat.org

Definition of Duty of Care:

Tort law is concerned ensuring that citizens compensate each other for damage, pain or suffering they may cause each other by behaving carelessly or in bad faith, eg. by acting negligently towards someone to whom you owe a non-contractual duty of care and causing them injury; by disclosing without justification private information about someone to whom you owe a professional or other duty of confidentiality.

Any citizen may owe duties in Tort to other citizens, without having entered into a contractual agreement with them. The scope and limitations of an Art Therapist's professional duty of care is defined by what they have been trained to do safely and effectively, standards of proficiency, their employment contract and Job Description and the referral they are working under.

Definitions:

Duty of Care: As a health care professional, all one's actions, decisions, clinical reasoning and liaisons on behalf of the patient designated to be in your care must be directed towards the wellbeing of the patient. One's clinical notes must explicitly lay out how all actions are fulfilling the duty of care, as it is precisely this that will be examined in the legal situation.

Duty of care to the patient or other will override all other concerns, including confidentiality.

Negligence: a severe breach of duty of care, eg. a wrongful act or an omission of an action, which results in 'damage' that was a foreseeable (or likely) consequence of the original wrong.