

## **Supporting Evidence to accompany Request for a Second Matching – Arts Psychotherapists (Movement Psychotherapy, Music Psychotherapy, and Art Psychotherapy)**

**This will help the postholder to demonstrate why they should have higher levels across the factors. This is being submitted for those seeking review of their matching at 7 and hoping for the 8 range. It will also be helpful to those banded at 6 and who feel this is inappropriate.**

### **Factor 12 Freedom to Act**

Evidence that all Arts Psychotherapists across the Trust merit a minimum of **Level 4**:

All qualified Arts Therapists are autonomous and independent practitioners, responsible for their own work and interventions and for the interpretation, adaptation and implementation of guidelines and policies. Arts psychotherapies practitioners across the trust are working within their particular specialist area of practice in isolation from colleagues in the same professional group. Each post holder is therefore the sole lead practitioner specialising in their field.

From Joint Professional and Amicus Guidance for understanding Family of Psychology Job Profiles and Reviewing Job Descriptions and Person Specifications (FINAL Revision *June 2004*):

*“Freedom to act*

*Factor twelve: those going to interview with matching panels should especially note that specialist and highly specialist clinical psychologists can be at level four on factor twelve freedom to act. A post holder at this level would be individually accountable for all his or her clinical decisions, although equally obliged to consult appropriately with peers or a clinical supervisor. Post holders are expected to take full responsibility for working with even the most complex presentations. All qualified Applied Psychologists are autonomous or independent practitioners, responsible for their own work and interventions and for the interpretation of agreed guidelines and policies.”*

This is standard for all Arts Psychotherapists with a clinical remit. The professional Bodies reiterate this level of autonomy in their Code of Ethics and Principles of Professional Practice. This has particular implication for our legal responsibilities as well as our clinical autonomy and authority.

From Code of Ethics and Principles of Professional Practice: Part Three: Professional Responsibilities (1994)

*“Clinical Autonomy as far as Art Therapists are concerned is:*

*‘ ..... the freedom to exercise discretion in Art therapy casework with individual clients, within reasonable available resources and other limits, and without that discretion being overridden or scrutinised by a higher authority, unless negligence or infringement of limits is suspected. “ Ovretveit (1984)*

*Clearly, therefore, where there is an apparent conflict of interests between the therapeutic role on the one hand, and other roles, the art therapist can insist that the integrity of the therapeutic role is maintained ...*

*Practice autonomy is ..... the freedom to exercise discretion in the immediate management and running of a .... speciality ...” (Ovretveit 1984)*

All post holders are supervised rather than managed. Clinical supervision is provided, although in relation to each practitioner’s clinical caseload, discussing a particular client will be infrequent, eg once every 6 months. Therefore individual clinicians are continually assessing risk and evaluating mental health status independently etc. This has implications for the care management of clients (regardless of key working roles) eg a client’s readmission into hospital may be dependent upon the therapist’s clinical judgement.

Comprehensive assessments are integral to the work of Arts Psychotherapists. Some post holders have the authority to provide generic assessments for their service area eg CAMHs, Forensic etc

## **Factor 7 Policy and Service Development**

Evidence that all Arts Psychotherapists across the Trust merit a minimum of **Level 3:**

All Arts Psychotherapists across the Trust are members of consultation groups for change in the service areas in which they work ie inputting into policies beyond their professional specialism and developing services which impact beyond their own profession, eg members of Acute Care Forums, Working Parties, Service Reconfigurations in response to Government and Trust Directives etc. All post holders are required to input into the wider framework of the service areas within which they work.

## **Factor 11 Research and Development**

Evidence that all Arts Psychotherapists across the Trust merit a minimum of **Level 2**:

All Arts Psychotherapists must undertake formal CPD for maintenance of registration. Registered Arts Psychotherapists are obliged to maintain a CPD folder, which is countersigned/verified by a peer therapist or supervisor within their medium and submitted on a yearly basis to the appropriate professional body ie BAAT, APMT, or ADMT.

*(HPC – Standards of Proficiency for Arts Therapists):*

***“The skills required for the application of practice***

*Registrant arts therapists must:*

***2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions***

- *recognise the value of research to the systematic evaluation of practice*
- *be able to conduct evidence-based practice, evaluate practice systematically, and participate in audit procedures*
- *be aware of methods commonly used in health care research*
- *be able to demonstrate a logical and systematic approach to problem solving*
- *be able to evaluate research and other evidence to inform their own practice*

***2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements***

- *be able to change their practice as needed to take account of new developments”*

All Arts Psychotherapists are expected to conduct literature searches and reviews, read research reports and relevant literature, and carry out critical appraisals by way of maintaining and developing clinical efficacy and excellence.

All are equally responsible for developing a professional body of knowledge through presentations and writing articles/ chapters for the expanding literature base in their field.

Arts Psychotherapists are required to clinically audit their work eg evaluating client feedback/questionnaires, and interpret and evaluate statistical evidence eg referral, assessment, discharge outcomes etc. Clinicians are expected to initiate audits and conduct pilot projects, which ascertain service needs and deficits in provision.

Research topics frequently come out of the results of audits and pilot projects and inform best practice. All Arts Psychotherapy departments in the Trust have regular forums to explore current research and further opportunities for research and development, thus expanding the evidence base for the arts psychotherapies.

## **Factor 14 Mental Effort**

Evidence that most Arts Psychotherapists across the Trust merit **Level 5** (even though this would result in a variation on the Arts Psychotherapy Profiles):

Arts Psychotherapists should have parity with Psychologists, Speech & Language Therapists, Child and Adult Psychotherapists and Family Therapists all of whom score level 5 on this factor.

Clinical sessions require intense concentration. Arts Psychotherapists must be constantly alert to the conscious/unconscious communications of the client, either through verbal and/or non-verbal expression.

Clinicians are constantly processing:

- body language – facial expression, physical movement, interpersonal space, repetitive actions, eye contact/avoidance, involuntary movements etc
- communication through the medium - how clients choose to use/not use art, music, movement, and how this relates to the therapeutic relationship/dynamics etc
- verbal communications – tone, language, content, etc
- acting out behaviours – self-harm, physical and verbal aggression/offending behaviour etc
- fantasies/phantasies – sexual, violent, narcissistic, paranoid etc
- projections – feelings and phantasies that clients are unable to tolerate within themselves

Arts Psychotherapists are simultaneously processing their own responses to the above, holding in mind many paradoxes and hypotheses. Clinicians endeavour to anticipate and prevent potentially damaging enactments eg harm to themselves or others. Clinicians are also processing the potential impact of their interventions and interpretations with clients.

Most Arts Therapists in the Trust have 50-80% of their hours dedicated to clinical work.

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