
CPD profile

1.1 Full name: Part-time art therapist

1.2 Profession: Art therapist

1.2 CPD number: AT1234

2. Summary of recent work/practice

In recent years I have been employed part-time as a 'single handed' art therapist, working as part of an NHS Foundation Trust's Psychological Therapies Team, providing services for adults in acute states receiving Secondary Care treatment in community mental health settings. I am part of a team of art therapists who all work part-time with adults or children and adolescents across the Trust.

Despite only being able to meet as an art therapy team for half a day once a month for business meetings and clinical presentations, I am well supported by multidisciplinary teamwork at a local level. My art therapy service user caseload is drawn from a large geographical catchment. My service bases, where I have purpose built consulting rooms and share administration space, are a community mental health team and a new community hospital.

I work with at risk service users with complex conditions and as such the Trust allows me to offer up to thirty mainly one-to-one hourly sessions. Because of the nature of my work, this is occasionally increased to more sessions when needs dictate. My extensive clinical experience is regarded as an asset to this work.

My approach is integrated with the mental health team's approaches to care planning to ensure service users are fully supported and art therapy is long established within the Trust. To this end, colleagues and students are made familiar with art therapy through the regular one hour introductions that I provide as part of their continued professional development (CPD), as well as my own. I have also been responsible for successfully redeveloping an art therapy input for the Trust's Psychological Therapies Team that resulted in a new permanent part-time post being created.

Our Trust requires me to maintain comprehensive electronic progress note records and statistics for audit on all contact with service users. Further, art therapy casework effectiveness in moderating mood disorder and borderline behaviour is evaluated pre and post treatment using Clinical Outcome Routine Evaluation (CORE) questionnaires. I also prepare written Initial Assessments,

Progress Reviews, and Discharge Reviews with recommendations for all users as feedback to their care planning.

Other responsibilities include attending multidisciplinary team meetings, away days, and liaising with other professionals and carers as required. The scope of my role also means that I occasionally deputise for my manager by attending Trust management meetings.

3. Personal statement

STANDARDS 1 – 2

I maintain a continuous and up to date record of my CPD by keeping a well-organised folder of evidence. This folder holds a range of information and includes important records such as my mandatory training record and professional memberships record. It also holds certificates awarded to me that are relevant to my practice, including any courses I've attended and both my CRB and professional civil liability insurance certificates. In my home office I file non-confidential professional development materials that keep me well informed and up to date with recent developments in the profession. This store includes Trust policy documents, reports from authoritative organisations connected with art therapy and mental health care, and other literature connected with art therapy and psychological therapies that interest me.

My CPD is underpinned by an Annual Record of Staff Appraisal (evidence 1) and my art therapy Job Plan, which is currently being revised to meet new Trust criteria (draft available on request). The appraisal is an agreed summary of:

- (a) what we have mutually achieved in developing and managing my clinical practice during the previous year; and,
- (b) points of planning service delivery and continued professional development for the next year (current and future learning).

The new Job Plan will identify how my working week will be set out between clinical practice, administration, team liaison, CPD, and travel; and this plan will be updated annually.

The Trust I work for is exemplary in ensuring all staff are well supported at a local and Trust wide level for CPD purposes, and I receive bi-weekly clinical supervision from a senior manager who is also a trained psychodynamic psychotherapist. Notes from this supervision, including agreed recommendations for furthering treatment, are prepared by my supervisor and I then add the recommendations to service users' records to aid transparency in clinical practice and decision making. This supervision has often proved crucial in determining strategies for my work with complex cases, and subsequently is important to my practice development.

I have also found that being a member of a number of professional bodies and work related organisations has aided my CPD. They keep me up to date with recent developments in the field and enable access to sustain further learning about arts and psychological therapies, theories and practices. They also provide invaluable opportunities to attend profession related events and network with peers, which gives me the forum to continually evaluate and assess the direction of my practice and CPD.

These structures have helped me identify a range of learning activities relevant to my professional practice and interests. The range of CPD I have undertaken is a result of mandatory training as set out in the staff training matrix of the Trust I work for, as well as my own professional interests. The mixture of learning activities I have undertaken include: gym based prevention and management of violence and aggression (evidence 2), peer led forum seminars (evidence 3), reading and writing profession related reports and articles (evidence 4), attending conferences relating to my professional interests (evidence 5) and attending training courses such as safeguarding children and adults training and a range of courses related to information and practice governance (evidence 6).

STANDARDS 3 – 4

The range of activities I undertake are consolidated by feeding back learning outcomes from the activities I undertake to the art therapy staff team, as required by the Trust. This allows me to further integrate my learning and reflect upon my professional development. Below are four in depth examples of the way in which the CPD I have undertaken has developed my practice and ultimately benefited service users:

Attending an Association for Psychotherapy Spring Conference

Due to financial and service delivery target constraints and the emphasis on in-service CPD, the Trust was less able to support more than occasional external training last year. Aware of the importance of external CPD, I addressed this concern with some success in my last appraisal (evidence 1) with the outcome that I have been able to attend more external courses, including the Association for Psychotherapy Spring Conference (evidence 10). This year, this annual regional conference, for psychotherapists and counsellors, followed the theme of 'Creativity, Dreams, and Imagination' which is central to my work as an art therapist. The key note speakers, all of whom were in public or private practice, discussed how compound and recurring traumatic experience can lead to the onset of mental illnesses where sufferers "get lost in incoherent, broken, and lost stories" that they come to assume as their destiny in affect and belief. The conference looked at how psychotherapies encourage expression, reflection, and reformulation, including "a reconfiguration and reintegration of symbolic and metaphoric creative motifs" to enhance learning and improve coping strategies (evidence 11). Whilst there were no arts therapist speakers at the conference, the theme

was implicitly relevant for art therapy as a specialist way of working that includes image making as well as talking to explore these themes. The conference enabled me to reflect on the similarities and contrasts between different types therapy to explore these issues, resulting in me being better able to help service users reflect on their "internal working model" (Bowlby) and outside world lives from an "instillation of hope" perspective (Yalom) (evidence 12). The conference also gave me the opportunity to network with professionals in the region and promote art therapy. This is important as establishing art therapy in the wider psychotherapy field will support the longevity of art therapy in the public sphere, ensuring that art therapy is available to a range of service users from diverse backgrounds.

Preparing and editing in-service development reports

I contribute to preparing and editing occasional in-service development reports, such as the Art Psychotherapy Service Development Report on specific service developments (evidence 13). This activity enabled me to reflect on and promote art therapy in a public service climate where evidence of accountability and coherence of method, cost effectiveness, and the measurement of outcomes, are increasingly the priorities. The process had to be aligned to Trust performance and management strategies, and needed to identify how art therapy is unique and contributes to a balance of provisions and patient choice. This activity enabled me to work with colleagues throughout the regional catchment that I often have limited contact with due to geographical and time constraints. I worked with them on mutual goal setting, skill sharing, and progress review tasks. The report produced as a result of this activity enabled our management to endorse art therapy for a further time-related period, enabling patients to continue to receive the service as part of the Trust approved Psychological Therapies Strategy. This is beneficial to service users as the nature of the therapy is based on continual support and trust, and this requires the stability of the profession within the Trust. Elements of the reports were also distilled into other literature and planning associated with our work and this has allowed me to take stock of what I aimed to achieve professionally and what was necessary next as part of my continued professional development. This reflective practice is fundamentally beneficial to service users as it ensures that my professional development is based on evidence as to what works to improve service delivery.

Participating in Working with Victims of Child Sexual Abuse Workshop

Our Trust has an excellent Safeguarding Adults and Children Team from whom I elicit advice as required and record their recommendations in service user records. My knowledge and understanding of working with vulnerable adults and children was aided by attending a seminar led by colleagues working in connection with our Trust's Safeguarding Team (evidence 7). This seminar covered a range of issues around working with victims of child sexual abuse. This is particularly related to my practice as I encounter service users suffering a range of conditions and disorders based on emotional, physical and sexual abuse in childhood. This event highlighted important elements of

safeguarding, including how imperative it is that I maintain these high levels of safeguarding standards. The skills and areas of knowledge consolidated through this event have increased my confidence and competence in working with such highly sensitive material that service users might reveal over the course of their therapy. I have found that by-and-large service users have valued these elements in my professional practice as evidenced by their willingness to often disclose serious matters relevant to psychological treatment through art therapy, such as previous abuse that they were earlier unaware of (evidence 8).

Learning from publications

During the last 2 years I have accessed and purchased a range of professional publications to advance my CPD and keep up to date with recent developments in the field. Of particular interest was 'Self-Harm – a Psychotherapeutic Approach' by Fiona Gardner (Brunner & Routledge, 2001). Gardner explores the way in which self-harm is often used as a way of easing emotional suffering, and does so through the perspective of a psychoanalytical psychotherapist. Gardner examines these issues by analysing the social and cultural influences behind self-harm, particularly in young women where self-harm is common. This is of particular relevance to my practice as I work with service users with histories of self-harming, suicidal ideation, and those who are victims of emotional, physical and sexual abuse. This book, along with a number of other publications on these issues, provides focus to gaining a greater understanding of the causes and effects of the conditions that the service users I work with suffer from. Improving my understanding of these conditions allows me to more accurately tailor my therapy towards the service users with such conditions (evidence 9). The psychoanalytical psychotherapist perspective of this book was of particular use as it allowed me to focus on the way in which the severity of these issues could be reduced by emotional, behavioural and creative learning through art therapy; developing my practice to ultimately benefit my service users with these complex needs.

4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages	Related CPD standards
n/a	Full list of activities completed in the last two year registration period	2 pages	1 and 2
1	Most recent record of staff appraisal	6 pages	2, 3 and 4
2	Certificate of attendance for prevention and management of violence and aggression training	1 page	2, 3 and 4
3	Certificate of attendance from psychodynamic psychotherapy forum seminars	1 page	2, 3 and 4
4	A selection of notes from some of the articles I have read	6 pages	2, 3 and 4

5	Certificate of attendance, agenda and notes from Art Psychotherapists Group Conference	8 pages	2, 3 and 4
6	Certificate of completion and personal notes from information governance e-learning	7 pages	2, 3 and 4
7	Agenda for the day of Working with Victims of Child Sexual Abuse seminar	1 page	2, 3 and 4
8	Personal notes from Working with Victims of Child Sexual Abuse seminar	2 pages	2, 3 and 4
9	Personal reflections made about F. Gardner's 'Self-Harm – a Psychotherapeutic approach'	2 pages	2, 3 and 4
10	Certificate of attendance for the Association for Psychodynamics Spring Conference	1 page	2, 3 and 4
11	Agenda for the day for the Association for Psychodynamics Spring Conference	1 page	2, 3 and 4
12	Personal reflections on the Association for Psychodynamics Spring Conference	6 pages	2, 3 and 4
13	Summary of Art Psychotherapy Service Development Report (full copy available on request)	4 pages	2, 3 and 4