(CAT)

COMMUNITY ARTS THERAPIES

PILOT PROJECT IN

COMMUNITY-BASED GROUP

ART PSYCHOTHERAPY

2005 – 2006:

EVALUATION

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CONTENTS

PREFACE

This evaluation has been prepared with the clinical knowledge of the clients involved in this Pilot Project.

1. BACKGROUND TO THE PROJECT

CAT [The Community Arts Therapies], was set up to establish a service to provide Art Psycho/therapy, Dramatherapy, Dance Movement Therapy and Music Therapy for people with severe and enduring mental health needs in a community location, previously lacking in Bath and North East Somerset (BANES) and to fulfil the standards set out in the National Service Framework [NSF] for mental health.

This initial Pilot Project was set up with funding to work with the BANES locality NHS [National Health Service] Recovery Team, and their clients. Historically, CAT has strong links with The Recovery Team via professionals who have worked together with a crossover of mental health clients with a variety of severe mental health problems.

2. PURPOSE OF THE EVALUATION

The purpose of this evaluation is to show the successful nature of cross-agency working between CAT (The Community Arts Therapies) and the NHS Recovery Team, regarding the organization, the clients and the therapists. As such, it could be a useful document for the various agencies within Bath and North East Somerset and the Avon and Wiltshire NHS Trust who work with mental health clients.

It is also to show that CAT is able to provide an essential service to the NHS in an important area where there is no existing provision, and where there is currently an established need. At present, there is sporadic community attention to the arts therapies for mental health outpatients and no consistent provision to which agencies may refer.

This evaluation will also provide a future, working framework for CAT and upcoming CAT projects with evidence to build upon.

EVALUATION TOOLS

Various evaluation tools were used to assess the impact of the work on the group member and client user group. These involved an outcome profiles questionnaire given to each person at assessment for them to define: how they were feeling at that point; what they considered were the overriding problems facing them, and whether they were taking any medication. They were then given a similar form at the end of the Pilot Project to compare the results.

The art psychotherapist and co-therapist filled in monthly questionnaires to assess the various stated criteria concerning the group and how they felt certain behaviours were manifested. The questionnaire was also a measure of the response of the group to the process, the therapeutic environment, and the interrelations in the group; also to determine what type of pattern emerged in the responses of the group to the work over a 6 month period.

After six months at the end of the group work, a service user feedback form was used to assess the group members' response to the Pilot Project. Permission forms were also obtained from each of the group members asking whether each individual's artwork and verbal contributions throughout the project could be used by the therapists for research, publication, and presentation.

3. AIMS AND OBJECTIVES

The principal aims and objectives of the Pilot Project were:

1. To successfully develop and run an Art Psychotherapy Group by the charity and organisation known as CAT, with another agency [in this case, the NHS Recovery Team] over a six month period, which could then be used as a working model for future Pilot Projects by CAT with other client groups
2. To establish the premise for an Arts Psychotherapy Group for clients with severe and enduring mental illness in the community, and to show the viability and effectiveness of this work with the client group
3. To raise the profile and awareness of mental ill health and the lack of provision in the BANES community for this client group
4. To see whether it is possible to run a Pilot Project and become an established group in the community which would be purchased by external agencies

5. To present a viable financial estimation of costs and timings for other services wishing to purchase CAT's services.

4. SERVICE USER INPUT AND INVOLVEMENT

ASSESSMENT CRITERIA AND PROCEDURE

Clients for the Art Psychotherapy Pilot Group were drawn from the NHS Recovery Team's lists of those with enduring mental health problems and who were beginning to establish life in the community. Some of these prospective clients had already experienced Art Psychotherapy in Bath as service users in the psychiatric unit at Hillview Lodge, Royal United Hospital. Some had used art materials in other contexts. Others had no previous experience of either Art Psychotherapy or art materials. Some clients were living in sheltered accommodation, others were living independently. All had designated key workers and interagency support via the Recovery Team.

Referral was based on:

- An inclination or expressed interest by the referred person towards art practice or creative activity and that Art Psychotherapy is a beneficial way for them to explore their problems.
- A professional opinion that the client would be able to participate in and benefit from a group therapeutic situation, including receiving, responding to, and supporting issues raised in discussion by the group.
- An assessment or opinion that a client would be able to sustain consistent attendance to an Art Psychotherapy Group over a six month period, and adhere to the boundaries set out in the guidelines.
- An understanding by the Recovery Team that this is a form of therapy which will help the client to explore their difficult thoughts and feelings and provide a means to express these through both the art materials and group participation.
- An assertion that the client would gain overall benefit from this work

An Art Psychotherapy presentation was made to the Recovery Team six months prior to the work starting, to demonstrate through case studies the type of work the clients

would be involved in and to offer the team the opportunity to further explore the profession of Art Psychotherapy. Guidelines for referrers were sent to all care workers in the team who might refer clients to the group. A referral form was issued by the co-therapist for the purpose of referral.

GROUP STRUCTURE

The group was based around a slow-open model so that new members could join, if appropriate, during the course of the sessions. Such potential members and any who were absent were kept in mind throughout each group session, as well as the definition of the group being its component members, thus giving ownership to the clients involved and identity to the group itself. The structure of the sessions was that the first half of the time was involved in making artwork at the tables with the materials, and the second half of the session was spent in discussion, about the artwork produced and other pertinent issues.

TRANSPORT

Transport was raised as an issue for some clients concerning punctuality and their ability to make their way independently to a specified location. Eventually, given the centrality of the site chosen, most clients were able to make their own way there. Others were initially brought by their care workers, the Recovery Team thus further endorsing the group and its boundaries. As the work Pilot Project progressed, all group members arrived independently and usually punctually, some consistently early.

ASSESSMENT PROCEDURES

Those considered as prospective group members were invited to an individual assessment lasting half an hour. This was with both the art psychotherapist and the co-therapist. A selection of art materials were also available, representative of materials which would be available in the sessions and for the prospective group member to use, if they wished to. As many clients as possible were given assessments in the location in which the clinical group work was to be taking place. The assessment objectives were:

- To assess the potential of the client as a group member [see referral criteria above]

- To introduce the art psychotherapist and co-therapist and allow the prospective group member to feel acquainted with each therapist in their respective roles
- To look at the commitment factor from the point of view of the client towards the potential group
- For the therapists to outline their commitment to the group and its boundaries
- To outline the importance of the boundaries for the group as set out in the guidelines for the functioning of the group, concerning time other important boundaries around the group in relation to mutual respect and group interactivity
- To present the art materials and their free use within the boundaries set, so that they do not seem intimidating to potential group members, especially to those who have little or no experience of previous involvement
- To explain face to face, the nature of the group itself, and for those who may find such interaction daunting, ensure it does not present as intimidating or threatening.
- To answer any questions arising and to reassure clients about the supportive nature of the project

All clients who were assessed for the Art Psychotherapy Group were given written guidelines which were studied with them in the assessment session and which they were able to take away. Each client was given the opportunity to ask any questions concerning these guidelines. It was then suggested that if there were any further queries, these could be addressed within the group, where others' similar queries might arise. A consent form was signed to indicate that the client had read the guidelines and had agreed to take part in the Pilot Project. The consent form also stated that questionnaires would require answers from the client, the results of which may be used anonymously for research and publication or presentations.

5. INTER-AGENCY WORKING

art psychotherapist and Co-therapist: CAT and the Recovery Team

The art psychotherapist and co-therapist created a structure of their working relationship whilst continuing their work in their other professional areas at the same time. The co-therapist became the link with the Recovery Team. The CAT Pilot Project was aware that this team worked within its own budgetary and personnel

restrictions, and was mindful that the Pilot Project needed to be experienced by the Recovery Team as a bonus rather than an imposition.
Any issues arising in this initial stage were taken to Art Psychotherapy clinical supervision. However, it was felt that these were more appropriately CAT team issues, and so a Management Team structure was requested to meet monthly to cross both the CAT and the Recovery Teams and provide a necessary forum for discussion of working methods. This was implemented in December 2005 between a CAT trustee, the art psychotherapist and the co-therapist. The Recovery Team Manager joined in February 2006 to provide cross-agency liaison.
It was important to establish good working communications with the Recovery Team as it was from here that the clients were drawn, and this was innovatory cross-agency work. Likewise, it was felt to be important for the co-therapist to have links with CAT. Unfortunately, for logistical reasons, this was not possible. He was therefore kept informed via emails from CAT. There were other reasons for his perspective:

- An element of self-protection for staying on the peripheries of the CAT organisation as he felt he had to stand on his own in this new work and maintain boundaries, as he would be returning to working as a care worker with some clients post- Pilot.
- There was also the sense that the *"energy would leak out"* if there were too many connections with CAT, blurring the boundaries in other work fields
- The model of the work was one of 'buying-in' a service and he was the provider. Normally he would not have an association with an external service provider and here he was required to be fully integrated in the working practice of CAT.

Support for the therapists was nominally by both CAT and by the Recovery Team and through clinical supervision. Cuts and reorganisation in the NHS mean that teams' caseloads were often subject to change. It is important to bear in mind that, in the event, the co-therapist's caseload was not reduced. Added to this, the Pilot Project coincided with him doing an external course at the same time. Instead of the Pilot being incorporated into the Trust's time, which had been originally proposed and accepted, the co-therapist therefore incurred additional commitments. There was also a potential disruption for some clients who had seen the co-therapist in a care worker role. This needed to be changed in order for the Art Psychotherapy work to maintain boundaries. All these factors were kept in mind throughout the pilot work.

Although the co-therapist had had previous experience of psychodynamic Art Psychotherapy, he had no formal Art Psychotherapy training. His opinion was that *"the only way you can do it is in vivo*". He was therefore aware of his own need to be open-minded; to be prepared to make mistakes and for this to be discussed; to alter his perspective; and of the need to be mindful about not knowing the process and assuming a false therapeutic stance.
The art psychotherapist also had professional concerns about any prospective co-therapist being inappropriate or untrained and the manifestation of this in the sessions. This element of the teamwork could not be prepared prior to the sessions but would have placed a particular burden on the group and on the art psychotherapist. Apprehension was also expressed regarding the identity role of the co-therapist for some of the prospective clients, for whom he had been their care worker, bringing a potential blurring of the clinical boundaries. Such concerns were all possible to discuss jointly in the arena of both clinical and managerial supervision.

In the event, the co-therapist's respect for the psychodynamic nature of the Art Psychotherapy work, his ability to incorporate new skills and appreciate a psychotherapeutic approach made him an invaluable co-therapist. He made appropriate and timely interventions for the clients and had a readiness to learn from the experience of working psychodynamically.

It was also essential for the art psychotherapist to explore issues concerning any reservations around setting up and running a first Pilot Project for CAT; whether there was a need to show that it could be done independently; anxiety that CAT would not be failed by the art psychotherapist in its objectives. At times, such trepidation may have been masked by handling issues, but it was possible to explore these issues appropriately in joint clinical supervision.

The introductory presentation made by CAT to the Recovery Team, showed ways of working in both Art Psychotherapy and Music Therapy by two music therapists and an art psychotherapist. The co-therapist and art psychotherapist updated the Recovery Team mid-term on the work in progress. This gave the team an opportunity to ask questions regarding their clients and the work in general.

The Recovery Team co-operated with both the art psychotherapist and CAT and the work being done, and support was offered from all members of the team.

Requests were made by the art psychotherapist and co-therapist to present the CAT Pilot to team meetings to ensure the Art Psychotherapy work featured and for its presence to be felt.

CAT PUBLICITY & COMMUNICATIONS

From the beginning of the pilot, CAT had discussed the need for leaflets to convey information for service users; potential service users; care workers; interested funding parties; any other who may be interested in CAT as an organisation; to provide evidence of identity; and a means for formal communication: headed notepaper to write letters to doctors, the Recovery Team [care co-ordinators], clients, and other agencies involved. In the event, the art psychotherapist's and co-therapist's used their names as headers, and the Recovery Team as an address for all correspondence.

A mobile phone was used by the therapist as the nominal point of contact for calls from the Recovery Team, clients, and any other agency involved with the work. A phone was purchased by CAT for this and for additional personal security. Care co-ordinators and the co-therapist used phone contact to speak to the art psychotherapist concerning points of work regarding the Pilot and regarding particular clients. This was understood to be satisfactory as the Recovery Team is accustomed to responding immediately, and mobile communication regarding clients is the method used, given the peripatetic nature of much of their work.

LOCATION

Various criteria considered important for this particular client group were borne in mind. These criteria involved a location:

- Which did not stigmatise mental health and where difference was accepted as not unusual
- Which was centrally sited to allow clients ease of access without having to be too concerned about transport arrangements
- Where there was the proximity of a café for the clients to use
- Which would fit within the CAT funding budget
- Which offered secure, confidential and lockable storage; spacious enough to hold any art work produced by the clients and including three dimensional

works. Also to hold all materials needed throughout the duration of the Pilot Project, including a drying rack for essential confidential storage of the artwork as it dried.

In choosing the location, the criteria were biased towards the wellbeing of the clients and the success of the group work, with an understanding that the character of the location would be influential to the work taking place. Many sites were considered and discounted for various reasons, including: rental costs, distance from the city centre, lack of storage facilities, carpeting (inappropriate when wet or sticky material is used); whether there were washing facilities for equipment; noise levels; and a risk assessment outcome. There was awareness on the part of the art psychotherapist and co-therapist of the potential labile nature of some of the clients. This could lead to possible disturbance for other clientele in any chosen location and so it was important to find a site where there was an acceptance of difference.

The art psychotherapist used personal professional knowledge and discretion to carry out a risk assessment for the location, both for the work to take place, and for the safety of both the clients and the therapists.

Suggested locations had included church halls, community centres and a health centre. Manvers Street Church Halls was finally chosen. It had a broad spectrum of classes and services being offered from other support groups at the same time as the Art Psychotherapy Pilot Project was due to take place. It also had an informal and relaxed café area attached. It was located next to the bus and train stations, five minutes from the city centre.

6. THE ART PSYCHOTHERAPY GROUP WORK

All the clients attending the group had long-term mental health problems. They were living in the community either in sheltered or warden assisted housing, or in independent accommodation. During the course of the Pilot, there were two re-admissions to the Royal United Hospital.
Within the client group considered for the CAT pilot, there was a range of complex diagnoses. These included schizophrenia, psychosis, acute depression, and bi-polar disorder. These had associated problems, including hearing voices, epilepsy, delusions and flight of ideas and / or hallucinations, self harm, paranoia, hypomania, stress and anxiety. The clients had very high defences and many felt defined as the people they were by their mental illness.

The ages of the clients assessed were from 20 to 59 years old. Of those who attended the group, the age range was 34 to 59. The clients were both male and female, the final group presenting a 50/50 ratio of males and females, perhaps reflecting the male / female therapists. The men were single, had never married, nor had children; the women were married but living apart from their partners and children, although in regular contact with their children. The men lived in sheltered accommodation; the women lived independently with support from local services.

Some clients had never attended a psychodynamic psychotherapeutic group before and at first found the boundaries and structural requirements bewildering and anxiety-provoking. This led at first to attacks from the group towards the therapists and the structural organisation concerning the physical boundaries of the room as well as what was initially experienced as the 'persecutory gaze' of the therapists. However, one group member was eventually able to say to the art psychotherapist:

> *'Thank you for coming – for making the effort to come, otherwise we [the group] would have had to close. Without you it won't work, if you don't come.'*

Anxiety was reflected in the artwork. Recognition of this enabled one client to stay in the room and address internalised anxieties and to value his process of being contained by the therapists. Anxiety levels were thereby reduced and the client was more able to explore his fears within the group, both verbally and through the art materials. This level of anxiety was to occur on subsequent occasions and it became possible to address this, and diverse personal issues, openly and in relation to issues in the whole group. However, the short duration of the Pilot Project meant that in two cases clients were unable to contain the anxiety provoked by the ending and stopped attending the group three weeks and one month before it finished. One client had issues concerning remaining in the room; these were explored and he was subsequently able to address the whole group and discuss this if his need to leave became unbearable. In this way, it was reflected back into the group process; concerns were possible to explore consciously and anxiety levels reduced.

For other group members, the number of people in the group was focussed upon; both the expectation and the fear that others may join; and whether more people would *'dilute'* the therapists' attention. The establishment of group coherence and identity was of importance, indicating a sense of engagement.

Appropriate group relationships developed between the clients during the sessions. These may have continued after the sessions ended but there is no feedback on this. One client who attended the sessions and had previously had problems and expressed anxiety around confidence and getting a job. He was later able to use the Job Centre to search for appropriate work.

Anxiety was also expressed on occasions about the subject matter of the artwork and whether anything was prohibited. The therapists assured the clients that this was not so and that all the work would be kept safe, whilst addressing their imagery. The therapists also reiterated the confidential nature of the group. Readiness by them to discuss and contain the more toxic elements of the work meant that these were not projected onto the group but examined as part of group process as well as issues personal to individual clients. The boundaries around keeping the clients and their processes in mind was the major task. This was addressed in various ways: keeping the artwork safe and maintaining confidentiality; prioritising the referring of issues within the group; and maintaining the boundaries around the group identity as well as the consistency of the physical boundaries within the clinical space. The nature of the group being the composite elements of its members was a theme that was necessary to reaffirm throughout the work, helping the clients feel supported and emphasising that by participation, they themselves were making the work happen. One member would return to the theme of feeling unable to attend the group and the realisation that *"once I'm there it's ok".*

Anger, its acknowledgement and its permission within the group were also important factors. Suppressed anger became possible to own, thereby liberating one client to take actions she had previously felt too inhibited and constrained to take. She was able to consider being more in control of her personal relationships, and of conducting them on her own physical, mental and emotional territory. At the end of the group, she booked herself a holiday abroad, alone; a previously unseen level of independent action. She was also able to support the repressed anger of her children towards her illness and to begin to explore this, externalised and independent of her family constraints, commenting on *'what a gorgeous, beautiful baby'* one of her sons had been. Another client was able to support her and vocalise her angry feelings for her in an opinion about how she felt, as an observer, the other group member was being treated by her family. This allowed an exploration of the potentially damaging and jealous feelings on the part of the group member's family which were controlling

how she interacted with them, rather than it being directly to do with her mental illness.

Another member felt that he, the person, was leaking from his own body; he felt the art materials made him bleed and he had need to discharge himself from the room. He talked of his skin splitting open after using certain materials. This was often linked to his subject matter and his inability to explore this on a conscious level. It was possible to refer this back to the group and his presence be supported by other members of the group; the nature of his disintegration recognised and shared. The act of using the art materials and of producing artwork was also possible to look at in its effect on the individual. The emergent cohesive and integrated nature of the group could also be re-emphasised and explored by the individual members.

During the first month of the work, there was a sense of engagement and trust which built up within the group towards both the other group members and the therapists. This was significant for some members of the group who had not been in a situation of such reciprocity before and this experience gave them a greater sense of security and confidence within the group process. One group member commented on:

"…how much it has helped me coming to the group…I got on a bus for the first time, on my own, which terrified me, but I got here".

Another group member was able to begin exploring issues around her drinking habit and persecutory feelings from her family about this. The group was able to support her in her decision to moderate her drinking in her own way. She was later able to give up drinking for an interlude:

"I just woke up in the morning and decided that was it!"

At times, it was also possible to point out to the group how it was able to hold and discuss powerful feelings which individuals brought and depicted, which were then discussed non-judgementally.

The artwork played an important part in this process: common themes were discovered and explored and group members became supportive of mutual interpretations and impressions. The act of using the materials became an essential element of the group work; change in manner of usage could indicate a client's frame of mind, possible for the group to explore. Similarly, refraining from using the materials could be explored. One woman projected her fears into the materials, gradually overcoming her fears, to be able to use a variety of media with increasing

liberation. Images displayed an increasing facility to project potent feelings which may otherwise have gone unseen, or unheard. Some group members used the artwork to verbalise all the things that they felt they were, and all that they wished to be.

The character of the group underwent various changes depending on which members attended. The women were more likely to explore issues around family, children and vulnerability if it was an all-female group; the men, their status regarding partners and their future. It is likely that, as the female art psychotherapist was present for all sessions but the male co-therapist was not, that this will have influenced group issues and dynamics.

The sense of being an individual as well as a member of a cohesive group was a challenge to some clients; the need for the self to be felt as predominant, as well as for the self to become eliminated, were both present as themes on occasions. However, as the members gained in confidence, they were more able to be curious about, and supportive of each other. One member elicited a promise from another group member that she would turn up because:

"I enjoy seeing your work and want to see what you do next".

Sporadically, the connection between the individuals in the group manifested itself in intuitive responses, offering pertinent advice and insight. One woman was able to refute the denigrating response of another woman's family towards her, externalising the situation for her and allowing her to see it more objectively.

Personal identity was often an issue, especially in relation to mental health and whether the group members felt that they were identified by their illness rather than by themselves as individuals.

The optimum time for the group to be held was on Monday mornings. This was seen as positive for this client group as it was directly after the weekend, which for some group members was a challenging time. A gauge of the importance of the group's boundaries was seen in clients keeping in mind appointments which may have clashed with the group sessions and in some cases being able to rearrange these; a measure of autonomous action enabled by discussion, and containment of anxieties previously provoked by such issues.

Easter, May Day and the Spring Bank Holidays meant that there were interruptions in the routine of the group, and there were indignant attacks after these holidays, due to them falling on Mondays. In preparation for the ending, taking into additional account

the co-therapist's negotiated and pre-arranged absence for two sessions, some group members suggested that they *"didn't know, and didn't care"* when the group was ending in June. This defence was exacerbated by the uncertainty over funding and how this would influence the group continuing or not in the coming September 2006. One client asked if there would be *"follow-up support"* when the group ended: a measure of engagement, and manifestation of a need for continuation of psychodynamic psychotherapeutic work of this kind. It also conveyed anxiety about the uncertainty. As protocol and to ensure that the clients were kept in mind after the group ending in June 2006, care workers were informed in advance of the need to be aware of the clients' psychological needs. The clients' GP's were also informed of the work that had been done with each client and the imminent ending.

Endings were an issue from the start of the group as the interruption of the Christmas break occurred after the third session. This was evidenced by the absence of all members the session before the break and the feeling by some group members that beginning attendance at the group was painful because they knew it was going to end eventually. In this form, death was an ever-present subject for the group, emphasised acutely at one point by a bereavement in the co-therapist's family.

Guilt about their mental health and its impinging nature on family and friends was a topic of concern for the group as it further explored its diversity, also becoming more able and to feel safer at looking more closely at feelings around loved ones. This entailed exploration of feelings about permission: whether or not clients could allow themselves to act independently and be allowed to feel strong emotions. Often, this was reflected in the use of the art materials. The group gradually began to learn to act autonomously, both as a group conducting itself with greater confidence and responsibility, and with greater personal independence in decision-making and image-making. It also allowed itself cohesion in which to behave more openly towards other individual members, increasingly able to show concern and give advice about personal situations and to allow the members' individual personalities to emerge.

It became possible for the group to explore both humour and irony as confidence with each other grew, along with the ability to hold the group entity safely in mind, and to be able to reflect upon issues.

7. PROCESS OF EVALUATION

Attendance records were kept and qualitative evaluation tools used. These included a monthly questionnaire adapted to group work use by the art psychotherapist and co-therapist.

In Art Psychotherapy, qualitative research tools are often used, given the nature of the work and the fact that psychodynamic work cannot be presented as figures. Art Psychotherapy work is involved with internal processes which are not quantifiable in terms of statistics. Record keeping, for example of attendance, may be used to show ability to maintain engagement, but there will be other factors which will not be apparent as figures but which are no less important to the process of the psychotherapeutic work. John Mcleod, in 'Qualitative Research in Counselling and Psychotherapy' [2001, Sage, London, 160], states:

"*Good qualitative research is a matter of imagination, creativity, courage, personal integrity, empathy and commitment. Method is just the means of channelling these qualities."*

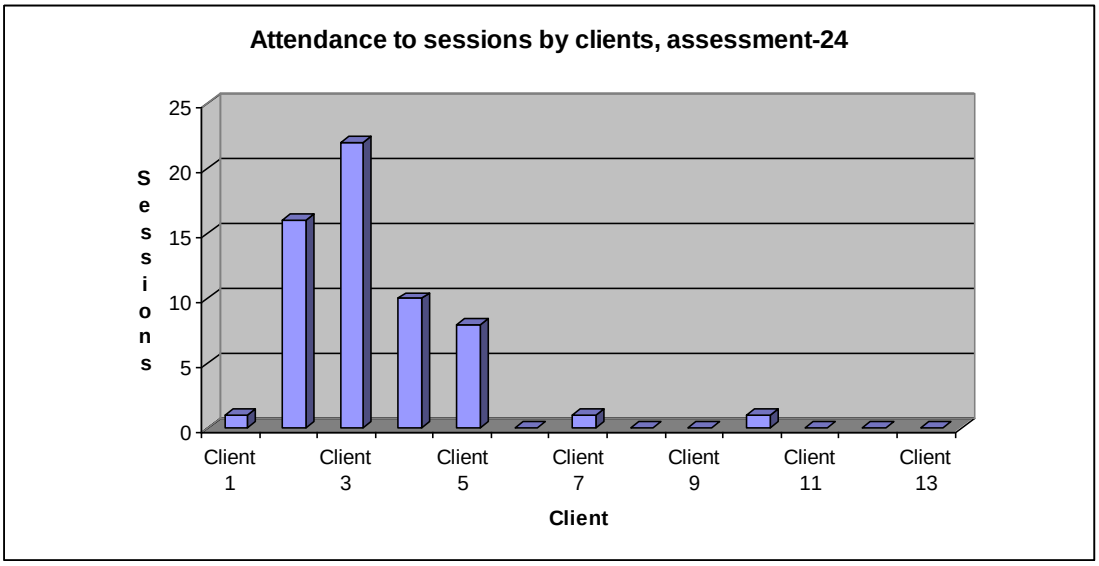
This evaluation was considered in stages. A first input from the clients was obtained as a comparative measure of response, to compare with further stages in the process. This was obtained in the assessment session in the form of a questionnaire regarding present state of mind, medication, and personal viewpoints.

A review period was used to ensure that information was being processed and that changes could be noted. An internal system of evaluation within the CAT Project group was put in place. This first involved a peer group consisting of a Trustee art psychotherapist and a Client Consultant meeting monthly during the course of the Art Psychotherapy group work to discuss the work in progress. Later, a monthly Management Team meeting was implemented to explore inter-agency issues. This involved a representative from the CAT Project team and the Manager from the Recovery Team, the art psychotherapist and the co-therapist.

Clinical supervision began before the Art Psychotherapy group work commenced in order to prepare and to explore issues around setting up the group and inter-agency work until it became established.

CLIENT PARTICIPATION

Of the seven clients who attended for assessment, one was taking antidepressants and two were taking tranquillisers. Three had previously been in therapy, of which two had experienced Art Psychotherapy previously at Hillview Lodge, Royal United Hospital.



Attendance graph

In terms of ethnicity, four group members classified their ethnic origin as White British; one as White Welsh; one as White European and one as White and Black Caribbean.

Initial problems which most troubled the clients ranged from 'people' (including family and friends), to problems associated with their mental health condition, including hearing voices and social withdrawal. Most suggested that they were relatively [3], to severely [5], affected by their problem on an ascending scale of 1 - 5. One client was concerned about his age and what he felt to be his impending demise. The time span over which clients felt they had been affected by this particular problem ranged from 3 months - 1 year, to over 5 years.

Secondary problems were wide-ranged and included 'shyness' in two cases; 'ending a piece of work you were attached to'; 'visiting the dentist'; 'low energy'; 'family', and 'strange thinking'. The range of affect was from 'not at all' to relatively severe. The time span over which this had been a problem ranged from 1-3 months, to over 5 years.

Things which the clients found hard to do or achieve because of their overriding problem[s] included 'being sociable'; 'being a good parent'; 'concentration' and 'doing excellent work'. Asked how hard this was for them, the responses ranged from 'quite hard' to 'very hard'.
Concerning how each of them had felt in the last week, the responses ranged on an ascending scale from 1 -5, from 'fairly bad' [2], to 'very bad' [5].

Of those who attended the Art Psychotherapy Group and completed the questionnaire at the end in the penultimate session, one stated that the problem which was most troubling was 'depression' and the other 'hearing voices'. The severity of these was 'relatively severe' [3] in one case and 'severe' [4] in the other. Both said that these were long-term problems which had been troubling them for between one - five or more years. Their secondary problems involved "personal relationships" and "concerns with family". Both stated that they were severely [5] affected by this and that it had been a preoccupation for 3 - 12 months and over the past five years. (In this latter case, it was to do with long term health concerns of an immediate member of the client's family). When asked what it was hard to do because of this problem, one wrote that "*Catching buses had been hard, but that now this was possible"*. The other stated that it was "*Hard to exist"*. To achieve the latter, the first rated it as relatively hard [3], the second as very hard [5].
Asked how each of them had felt over the past week, the responses were relatively bad [3], to very bad [5]. The therapists felt that negative feelings influenced many of these replies at the end of the Pilot Project, as there was anger and distress at the sessions finishing; in the therapists' countertransference regarding the ending and future uncertainty.

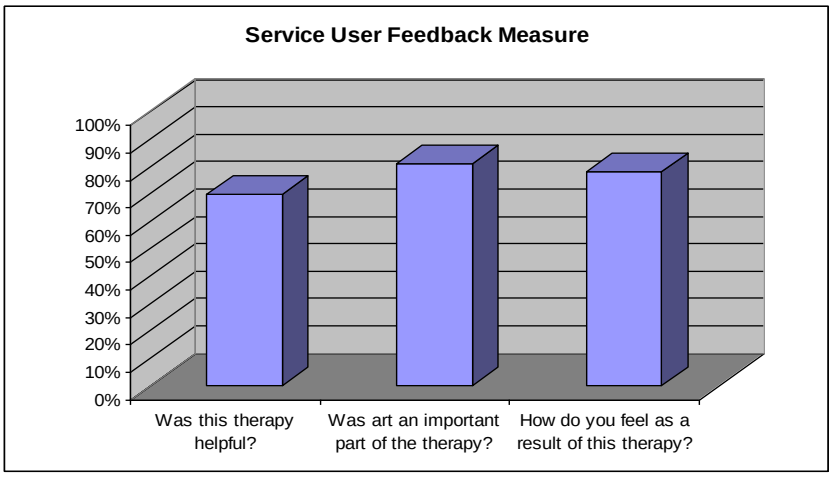
Using Service User Feedback forms [BAAT Region 17 – British Association of Art Therapists], of the four regular attendees of the Art Psychotherapy:

- 2 said it was 'very helpful'.
- 2 said they 'weren't sure'.
- 3 suggested that the fact it was *Art Psychotherapy* as opposed to any other form of psychotherapy was 'important', to 'very important' and one said 'not sure'.

All suggested that they felt better to some degree for participating in the Art Psychotherapy Group: their ratings were from 'not much', through to 'a great deal better'. None indicated they felt worse, although one woman ticked both 'no change' as well as 'not much better'.

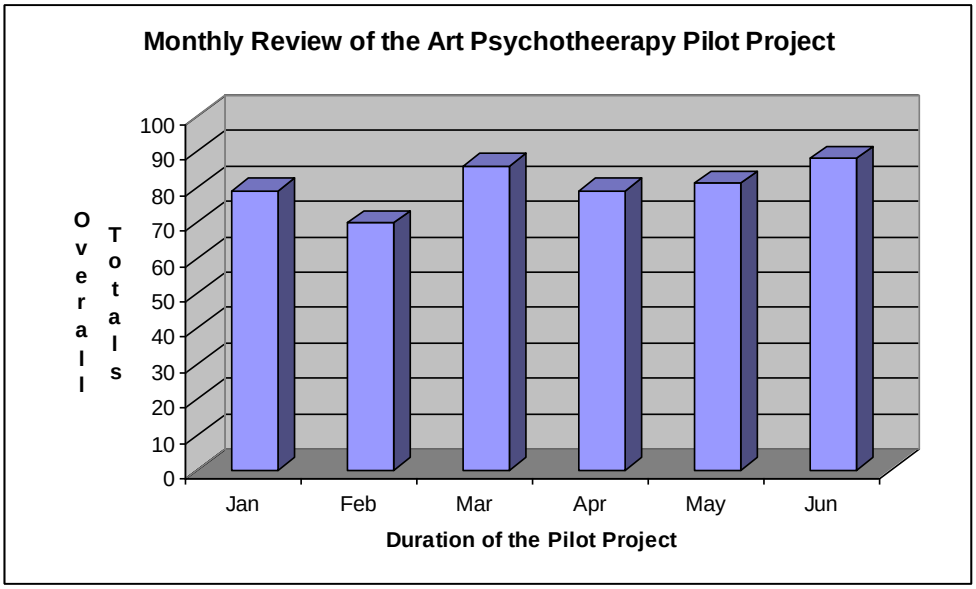
One client commented:

> *"I enjoyed the group. It was an opportunity to talk about some of the issues affecting me. I feel much better, and am sad that it is coming to an end."*

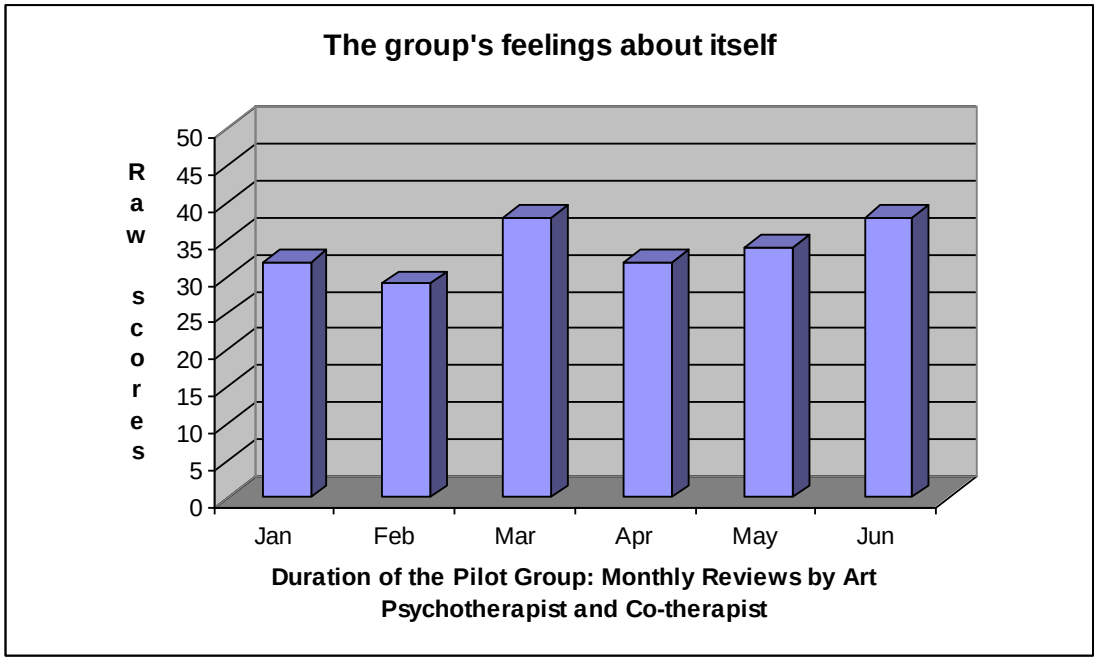


Service User Feedback Measure

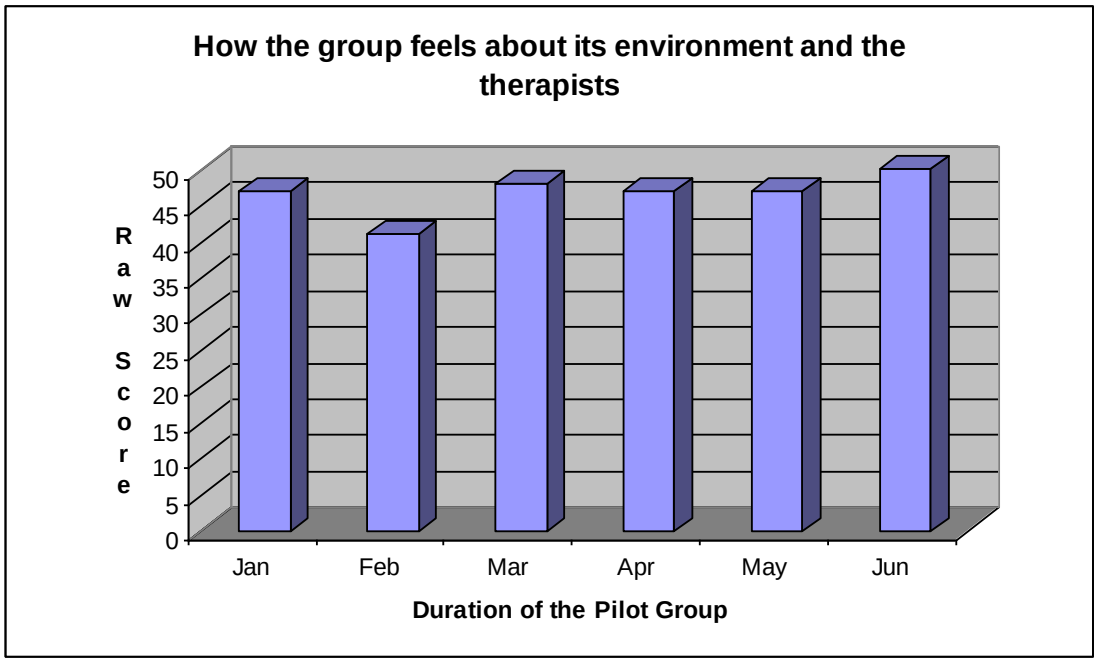
The therapists' evaluation tool showed fluctuating raw scores in relation to the group's feelings about itself as an entity, towards the sessional environment, therapists and other group members. The first three months showed a gradual rise in positive feeling, with a drop, followed by another rise. This would perhaps suggest a mid-term discontentment coinciding with absences, an unexpected bereavement in the co-therapist's family, and an above average number of breaks due to public holidays. However, taking these factors into account, the indication of the scoring is of an overall positive response.



Monthly Review of the Art Psychotherapy Pilot Project



The Group's Feelings about Itself



How the Group Feels About its Environment and the Therapists

The graphs indicate that containment of the group's feelings was managed proficiently by the therapists in terms of the boundaries set out and the interaction from the group towards both environment and the therapists. They also indicate an overall positive response to the Art Psychotherapeutic work during the Pilot Project. However, it is important to take into account that collection of such data is reliant on neutrality from the very people who are investing in its success: the art psychotherapist and the co-therapist. It may prove difficult to be wholly objective. Here, over the course of the Pilot Project, the clear procedure described was followed as far as possible, to help eliminate subjective influence from the evaluators. This involved the assessment taking place at the end of each month for the 6 months the Pilot was in progress, and it having to be completed by both therapists so that there was consensus.

It may be of interest in future projects to design evaluation tools drawn from this Pilot Project experience. They could be further tailored to the task of analysing qualitative data in future projects involving the arts psychotherapies.
The results shown here add to an increasing body of evidence for the positive effects of the arts psychotherapies with similar client groups in the community, and it would be beneficial to future CAT projects to disseminate this information as broadly as possible and to publish the results.

8. RELEVANCE OF THE EVALUATION

Many agencies may be interested in the evaluation of the project, including the AWP Mental Health NHS Partnership, and others; the regional and national Art Psychotherapy bodies The British Association of Art Therapists [BAAT], and other clinical and professional organisations and members. Primary Care Trusts [PCTs] and the teams working within these may find this work relevant to the needs of their client groups. It could also be of interest to Research and Development directorates within NHS trusts. On a local level, this evaluation is evidence of partnership working, and will be of use to the BANES Recovery Team, and as a document for Funding Bodies for future projects for CAT. It may also serve as a basis for further research in this field.

9. CONCLUSION

This is the first Pilot Project for the Community Arts Therapies Project (CAT) which is forming itself into a charitable body, with Arts Therapists, a Consultant Service User and Trustees, including a Consultant Psychiatrist working in the NHS. All members of the charity are also employed elsewhere and work with CAT voluntarily. This Pilot Project in community Art Psychotherapy group working aimed to (see) trial whether CAT could sustain and develop the work implemented, using the Pilot Project from which to learn improvements in organisation and communication, method, process and technique. Inevitably, many factors influenced the final working method and organisation of the project, although core principles of working remained the same and many lessons were learned. We feel that the result has been a successful piece of clinical work in an experimental framework from which new guidelines can be drawn and working methods improved upon.

Further funding applied for, for the continuation of this Pilot Project group, has not been successful to date. Successful future funding for an extension of this particular piece of work will allow future groups to be set up using the principles of this Pilot Project.

In future, it would be useful for CAT to implement a selection process to appoint a co-therapist. This is in response to the co-therapist's comments (see page 34). In this Pilot, both the art psychotherapist and the co-therapist established an excellent working relationship. The co-therapist's previous experience of psychodynamic work

and innate empathy were important which meant that any extraneous issues were able to be resolved satisfactorily by both co-therapist and art psychotherapist. This should be recognised as having been fortuitous rather than due to policy in the early development stage of this Pilot Project.

Further face-to-face contact should be built in to the working structure with the partner team, so that the arts therapists can become an integral part of any team, at least for the duration of projects and the work become part of day-to-day practice and service delivery. In this Pilot Project, it would have enabled greater collaboration between both the art psychotherapist and the Recovery Team and enabled discussion of clients and their Art Psychotherapy work in process. At times it was hard to know where to take issues within the structure of the Recovery Team, as the protocol was not conveyed or known. It probably would have been more effective if the art psychotherapist had had better working knowledge of the team, perhaps working alongside them for a period prior to the Pilot. This would have needed an investment of time prior to the six month period of the group running and would, in future, be more possible the longer a group were to function.

A policy of involvement in client consultation was proposed by the art psychotherapist for the group members of the Pilot, including attendance at their CPA meetings. However, over the duration of the Pilot Project, only two requests for attendance were received. One was received verbally by the art psychotherapist at short notice and which therefore could not be attended. The other was for a client who had been proposed for the Art Psychotherapy group by the team, but who was then withdrawn by them, and so was not assessed for Art Psychotherapy. No input from the art psychotherapist was requested by the Recovery Team for the core members of the group and therefore the clients seen in the Pilot and their Art Psychotherapy were not represented in their Care Plan Approach [CPA] meetings throughout this time. This may have been because:

- The relevance of the work and the necessity of inclusion in multi-agency working was not appreciated nor understood
- The notes were not immediately available to refer to in the files to remind the Recovery Team of the ongoing Art Psychotherapy work
- The team were confused about who to invite: CAT or the art psychotherapist, due to a lack of clarity in CAT's identity

- The art psychotherapist was seen in an independent working role rather than as 'CAT', and so the equivalent of sessional work may not have been seen as being necessary or relevant as a presence in CPA meetings

This was significant in its effects upon group members. The extent of the relevance and value of the work needs to be considered; also, whether the impact CAT made was anything other than a temporary presence in the team's working practice. This has future implications for effective cross agency working in terms of the visible contribution of Art Psychotherapy to the clients' care.

It was felt by the therapists that too few team meetings had been programmed in; there were not enough to be able to meet formally / informally with the team, the care workers and with the co-therapist. Further administration time for the art psychotherapist's requirements need to be planned in for future projects - for making contact calls and for following-up minor points for tighter working practice. For this Pilot, contact with the team via the co-therapist and his presence in the team tended to be used. This may have blurred boundaries, but it did provide a necessary interface where team time and meetings were tight. In addition, the art psychotherapist made regular appearances in the Recovery Team offices, in order to promote her identity and for contact for the work. This also gave informal opportunities for catching up on clients with their care workers.

At times, the art psychotherapist was covering work which in future could be better and more effectively handled by a Project Manager, leading to a greater separation of roles and responsibilities. This could also include funding issues, where there was great uncertainty for the future, and which leaked into both the therapeutic work and working relationships.

Supervision was used as a professional, clinical space to explore the work in progress and to look at uncertainties. It thereby provided a necessary confidential arena to express all concerns. It was and is important that such confidentiality is maintained for the professional boundaries of the therapists and that the supervisor's connection with the CAT group is only formal. It is to be questioned whether in future CAT appoints a supervisor for the therapists, or whether the therapists, if made financially responsible for supervision, choose their own, accredited supervisor. In this Pilot Project, CAT had budgeted for payment of supervision and for a certain

number of hours for attendance at supervision. Both of these were seen as correct and in accordance with the ethics of professional practice, and where the therapists attended supervision as working time. Future projects may consider both the financial and clinical implications of this.

Supervision fulfilled other roles: CAT had by now changed to meeting every 6 weeks and the agenda could not accommodate a comprehensive overview of the sessional work in progress. It was felt that the frequency of meetings needed to be in proportion to the work that CAT initiates, to ensure thorough feedback, comment, support, and the management of projects in progress.
The art psychotherapist also had process meetings with other CAT representatives: the Client Consultant and a CAT trustee. These were invaluable to maintain an overview of the clients' perspectives in the work and could in future feed back into the CAT team meetings.
A Project Manager was successfully brought into the project in January 2006, and meetings set up with the corresponding representative from the Recovery Team as there was a need for greater cross-agency relationship. It was felt that certain issues would be more effectively looked at and resolved collectively through an inter-agency model. This allowed for greater efficiency and time management over the relatively short space of time the pilot was functioning. It also allowed for better communication on cross-agency issues and future speculative plans. It was felt that this model would be improved in future projects by taking place fortnightly rather than monthly, especially if the project is short-span. However, in collaborative teams where members are already overstretched by their caseloads, CAT accepts that it may have to accommodate timing and travel to facilitate this.
In future projects, it would seem advisable for CAT management to be facilitating team-building; visits to work spaces; and greater prior involvement and awareness of clients' needs, thereby forging closer links with other teams involved, and providing a necessary preview of the project. This would allow for a succinct response to the CAT group in interagency and funding meetings. For this to work effectively, it has been suggested that both clinical supervision and management supervision should commence at the concept of a project.

The type of work handled by the Recovery Team, its peripatetic nature, with some part time workers, and some absences due to maternity leave and illness, all meant that contact with care co-ordinators was at times irregular and that contact for receiving or conveying information about clients was difficult. This felt precarious in

work where holding and containment of the clients' mental state is paramount and the needs are sometimes immediate. Communication was otherwise by phone; but the art psychotherapist and some members of the team working with the clients only on certain days, meant delays in contacting the clients. Over such a short period, this felt hampering to continuity and good progress of the work. At times, the art psychotherapist and co-therapist needed to move issues on for the work of the Pilot Project, rather than having to wait for the relevant teams to be involved. This may have been both a sign of autonomous working identity emerging, later becoming a basis for confident working practice.

Resulting anxieties may have been projected on to the Recovery Team accounting for interruption regarding contact with some clients and subsequent lack of access to them. However, the crisis-managing nature of the work of the Recovery Team meant that, when available, the relevant care co-ordinators were readily empathetic and willing to take issues on board at short notice. Better communication between future collaborating agencies would be enabled by agreed procedures being put in place. As it was, the co-therapist ended up with a greater caseload than previously, which may have burdened him unnecessarily. There was also awareness that the Recovery Team was working with budgetary and personnel restrictions. Therefore, there was a need to be mindful that the Pilot Project might have become an imposition rather than a bonus in this frame: adjustments in working practice were implemented accordingly by the art psychotherapist negotiating time and space to discuss clients and accommodating the working practices of the Recovery Team.

For overall understanding of the project and good practice, clients' and the CAT project's work the process notes need to be entered weekly in to the case files. Access to the Trust files was via the computer set-up in the Recovery Team's office where all clinical notes are input onto the system's computers by the Recovery Team. For reasons of confidentiality and the Data Protection Act, it is illegal to send clinical notes via email outside the system. These were therefore collated onto disc at the end of the work, including a full file of documentation with letters written to clients, letters to doctors. The information on the disc was to be read by the Team Manager and destroyed after the information had been placed in the respective files. Thorough personal process notes were written punctually by the art psychotherapist throughout the Pilot Project containing the therapeutic content, and sessional notes were available for the Recovery Team. However, there was no filed feedback to source readily. This may have made it more difficult for Recovery Team members to gain knowledge of the work in progress and the nature of the work in general. It also

meant that the main means of liaison became the co-therapist for the Recovery Team and the art psychotherapist for CAT rather than the notes in the clients' files leading to a split in communication of the work. The influence of the Art Psychotherapy work on the clients may not therefore have been fully appreciated by the team until after the Pilot Project had finished, despite maintained contact with the care workers wherever possible.
This in turn may have led to anxiety and confusion for some members of the team concerning their clients, and to difficulty for the art psychotherapist around accessibility to potential clients sometimes. The art psychotherapist therefore provided verbal information whenever it was required, either by phone or direct contact with the relevant team worker. In future, such protocols need to be in place prior to the work starting, so that all communication and a seamless system of record-keeping can be easily referenced, ensuring that the clinical work remains topical for the collaborating teams.

In addition to the art psychotherapist, CAT needed an infrastructure with which the Recovery Team could associate. Communication was often difficult regarding some clients and care-coordinators, as the latter worked only on certain days and repeated approaches for information / commentary sometimes had to be made. This wasted time and was not satisfactory for keeping up to date with clients' situations which could change rapidly. Often this contact was of necessity via the co-therapist, once more placing an extra burden on his work time, over and above what CAT / the Pilot Project originally agreed.

It was suggested that information leaflets and stationery would have made CAT a more solid entity with a greater sense of identity, thereby facilitating communication between the operating teams. These means for communication need to be in place for future projects. This would demonstrate CAT's confidence in its communications about itself and an appropriately professional working manner.
It was suggested that an education and information space was needed regarding presentation of the nature of Art Psychotherapy in advance of the clinical work beginning. This could then be used for assessments and as an information space for potential clients, providing both the relevant team and the clients with a sense of CAT's identity, principles, approach and aims, and a greater association with the location for the work for the CAT team therapists. Entangled thinking could have been avoided: the Recovery Team wanted CAT to rent a workspace for clients to identify with, prior to them being informed of the Art Psychotherapy group; whereas

CAT, because of budgetary constraints, wanted to rent a workspace from the Assessment period onwards. This led to an inability in accessing clients. In future, more advance financial planning needs to be built in for this. These are all matters which CAT acknowledges can in future be handled by a Project Management Team drawn from both CAT and the partner service.

Presentations could be given more specifically and expansively about the therapy relevant to the ensuing work, perhaps with a review concerning the work in hand, mid and post-project; time for feedback / questions and any doubts. Some Recovery Team members questioned why time had been given to a presentation of Music Therapy, when the Pilot Project with the Recovery Team was to be in Art Psychotherapy; that this presented an inappropriate and confusing message from CAT. Comments were that it would have been helpful for the art psychotherapist running the Pilot Project - rather than another art psychotherapist from CAT - to have given the Art Psychotherapy presentation. This may have occurred because of that art psychotherapist's existing links with the Recovery Team.
It is also interesting to note that in a team meeting six months later, a team member asked for further clarification of the work in Art Psychotherapy, saying that it had not felt comprehensible and he was still unsure how it might affect his clients. This incomprehension became manifest in the lack of co-ordination between some care workers and the CAT Pilot, through their clients. It became evident that communication regarding the nature of Art Psychotherapy had not been wholly successful and that closer links – including the need for further teaching workshops - were needed so that opportunities for open and continual communication and clarification were available. In future projects, a workshop may be a clearer way to involve members of a collaborating team in a more active way. However, in this case, there was awareness by CAT that the Recovery Team dealt with crisis management and that time as a team was restricted and it was therefore difficult to safeguard meeting time for such work.

Sometimes CAT and Recovery Team meetings were rescheduled at short notice, other times not all members could attend. Within the 6 months duration of the Pilot, the work may not therefore have made as great an impact as it might have over a longer period. The dynamics of inter-agency working need to be borne in mind in terms of a realistic working timescale for successful future projects.
This is also an argument for a longer time-span for such projects so that they become embedded in the working philosophy of the service being joined.

It was felt by the art psychotherapist and co-therapist that funding should have been inbuilt as part of the process of the Pilot Project, to both profit by the evident working momentum, and to enable the project to continue into its next phase. A query regarding future funding was first mooted by the art psychotherapist when the sessions began, appreciating that the boundaries of the ending must be kept in mind throughout. The issue of storage of clients' work and the Art Psychotherapy materials was raised after Easter as being of urgent consideration in the same vein. The art psychotherapist felt that, in the context of being clinically involved in therapeutic work with a voluntary organisation, reliant on funding and with a lack of a permanent base, such considerations need to be clarified and taken on board for before the group begins, saving projection of anxieties from both the group members and the therapists. In the event, these issues were not effectively addressed and were manifested in the anxiety and frustration evident within the group. This was taken to supervision and explored there. It was strongly felt by the therapists that the above issues should be avoided, if possible, in future projects. However, it is recognised that this was a Pilot Project and that the organisation of CAT in its early functioning was not able to take on extra commitments at this stage. In future, it should be more possible to dovetail a current therapy group into a group post-Pilot. The energy and commitment which was invested in setting up this Pilot has been acknowledged CAT and similar energy and commitment would be needed to set up a follow-up group.

The short term, six-month funding of the Pilot group, evoked unbearable feelings in some clients who found it hard to cope with the ending. This led some group members to leave the Pilot group before the final session, a means of avoiding having to experience the anticipated, intolerable nature of the ending. A longer period for the Pilot group would have allowed for more in-depth exploration of such important issues and may have been of greater help to the clients, perhaps resulting in greater, more evident therapeutic effectiveness. The vulnerability of this client group needs constantly to be kept in mind by all agencies working with them. It was felt by the art psychotherapist and co-therapist that the artwork of the clients may have been more reserved because of the relatively short length of the Pilot Project. The clients may have felt that the short duration of the project and uncertainty around its future was inhibiting. This was manifested in the artwork which was expulsive in the initial few sessions and more restrained later. In addition, there was a lot of writing in the artwork, which may have been a defence against greater involvement with the materials as well as being an expression of particular mental health illness. At the times when some of the clients were able to become fully immersed in the

materials, the results were strikingly different with more liberal use of the materials available and greater expression of feelings. The art psychotherapist and co-therapist wondered what difference it would have made had the clinical work taken place in a dedicated Art Psychotherapy space. The short term, temporary nature of the Pilot and setting unwittingly created a therapeutic ambiance ‘not-quite-safe-enough’ for difficult issues to be fully explored.

Regarding assessments, our conclusions were that it is preferable for these to take place in the same room as the subsequent group Art Psychotherapy sessions are to be held. Regrettably, booking arrangements meant that this was not always possible for this group; some assessments took place in another room in the same building chosen for the group work. One assessment took place in a residential home where the prospective group member had previously been housed; this had an adverse effect on this client, who manifested discomfort at returning to this location and consequently refused to attend the group, verbally attacking the process. This showed the importance in future of booking the location for the pilot in advance of the work taking place, to ensure consistency of location and ambience, and to begin to set the boundaries for the group.

Whilst the written guidelines set out for the group were helpful in many ways, and care was taken to explore them in detail in assessment with prospective clients, there was awareness on the part of the therapists that the amount of detail could have appeared intimidating; in future, simplification may be helpful.

Thorough risk assessments need to be in place for premises used in future projects, using standard and accepted measures, with appropriate timescales for the renting of premises put in place to achieve this satisfactorily.

In the event, the final location did not fit the ideal criteria. There was no sink in the room itself. This meant that group members had to go down a flight of stairs to the toilets or to the kitchen area below where there was running water available for the artwork. Some clients felt inhibited from using the paint or clay, or any other materials where utensils would need to be cleaned afterwards. It made the materials more inaccessible than they may otherwise have been, also breaking the therapeutic bond with the environment. One client, when asked to clean a brush and palette, presented it to the art psychotherapist cursorily washed, asking if it had been cleaned “well enough”. He did not use paint again. This may have been a combination of

being asked to clean up and the fact that it was a process external to the therapeutic environment.

The storage area for the materials and work was also sited downstairs, requiring heavy loads of materials for the sessions being carried up two flights of stairs. Whilst this was not adequate in terms of risk assessment, it was one of the only locations found to have secure storage on the premises. In addition, there was no access to the storage area whilst a Mother and Toddler Group was taking place. This meant further planning [and fitness!] needed to be built in to the organisation of the group.

Noise was another factor which could not have been anticipated when looking at the room initially. There was music, chanting and singing from a group below; conversations were held outside offices in the corridor outside the room, and the entrance hall, with general movement and an electronic door was nearby. All these were disturbing at times, but overall were considered part of the general ambience of a lively and social building and were never overly intrusive. Renting of premises in the initial stages of the work would allow a probationary period to highlight such unforeseen environmental elements.

However, to our great advantage, the administration of the chosen location was at all times extremely helpful. Firstly, in providing storage, which in the initial search for premises proved one of the most difficult criteria to fulfil; also in providing a free parking permit for the therapist who was transporting a laptop, files, and clients' artwork. They were also particularly generous in allowing CAT to maintain the storage area beyond the rental agreement for the room. This option was taken up.

To be considered is at what point CAT's services should, or will, be bought in by a future contractor in a project. A future focus needs to be on establishing a financial and contractual procedure with the client provider. For this Pilot Project, the co-therapist's services were given. Future contracts will need to be similarly negotiated with the agency concerned, the objective being that CAT functions as an independent provider of the Arts Therapies. CAT will then to be seen as providing both effective services and solid presentation of its principles, approach, and objectives.

Future considerations regarding premises - where the materials and clients' work will be stored; the defined limits of the timescale of the group - would provide strong and confident boundaries for the work. Until CAT achieves a long term goal to acquire a

permanent base, it is essential that secure and confidential storage of clients' artwork and confidential CAT files are considered and accommodated. In the interim, secure storage should be provided for the requisite period. In the short-term, records are being stored in a locked filing cabinet, together with the artwork, in a CAT member's studio premises which amply fulfil these criteria.

Uncertainty in relation to future plans inevitably leaks into the work with the clients, so in the interest of best practice, future funding and storage issues should be planned and resolved either by a steering committee or a Project Management Team in advance of a project taking place. In this way, therapists' roles remain clearly defined and their focus and energies directed entirely on the clinical work for which they are contracted. The focal point of the work - the clients' needs - are therefore kept paramount and takes precedence.

In later management meetings, the profile and identity of CAT was explored: CAT recognises the need to differentiate between work which is contracted with either social care or health care regarding who may accommodate the work. CAT may need to work further on its locality identity, for example, on whether it is to follow a studio based model or be peripatetic in its work, or to flexibly combine both, and more, options in the future. There is also the question of whether CAT aligns itself with other psychotherapeutic models and organisations already in existence in the area, and to what extent. Currently, there is a parallel project in which CAT is working in partnership with the Walcot Street Trust to permanently establish a centrally located arts centre in Bath. Should this prove fruitful, it would provide CAT with a fitting venue for both its clients' and the geographical needs, including appropriate studio space for each of the arts therapies, a business location from which to run its projects, as well as fulfilling funding criteria which advocate partnership models of working.

Bearing in mind that CAT is a group of four different Arts Therapies: Art, Music, Drama, and Dance Movement, Pilot Projects in each discipline need to be run to establish CAT as an umbrella organisation for each of these therapies; and to explore, take an overview of and demonstrate the need in the community. At present, a Pilot Project in Music Therapy in progress.

The therapeutic work which CAT can now provide is effective and valued, as shown by this Evaluation Report on this Pilot in Group Art Psychotherapy. CAT is now

building on the formative programme instigated by this challenging, exciting and innovatory Pilot Project – the first in the Bath & North East Somerset locality.

A timely national assessment of the gaps and needs in community mental healthcare by the Healthcare Commission (the independent inspection body for both the NHS and the private sector) [29.09.06], suggests:

> '*Community mental health services play a crucial role in modern mental health care. They provide services that are designed around the needs of the individual, in their own community, not in hospital. Care in the community helps people get better quicker. These services are very important as they focus on crisis prevention and recovery'.*
>
> *www.healthcarecommission.org.uk/newsandevents/pressreleases*
>
> "*The majority of people who suffer from mental illness receive their treatment in their own community, not in hospital. They want to remain in the community and this helps them get better. But for care in the community to work for the mentally ill, more access is needed to talking therapies…People who use community mental health services feel they are being treated with dignity and respect, and this is good news."*
>
> *Anna Walker, Chief Executive, Healthcare Commission*

COMMENTS FROM THE GROUP

> *"I debated whether to come or not today, but was prompted to because I remembered what good it does me"*

A client, commenting on a piece of artwork:

> *"[This piece of work is] about those who support me and those who don't. You're in there!"* [in the designated area of 'support' in the artwork, said to the art psychotherapist]

> *"It's a shame the group's ending"*

10. CO-THERAPIST'S ACCOUNT JON WHITE

Not all that long ago I embarked on a journey of discovery. This I shared with a number of other fellow '*travellers'* all of whom I am sure learned a lot about themselves and the others who shared the experience.

Although for me the journey started eight months ago, the real story started a number of years earlier. I joined almost at the end of it.

While carrying out my day to day work as a community psychiatric nurse with the Recovery Team, I was asked by my manager - who also wears the hat of clinical nurse specialist for Recovery in the locality - if I would become involved in the Community Art Psychotherapy Project as a co-therapist. As I had previous experience setting up a group, he thought that such knowledge would be useful. I had always been interested in Art Psychotherapy as I had seen the benefits for others while working on Hillview Lodge, the acute psychiatric inpatient unit in Bath. I had been a participant of one of Sarah Parkinson's, Art Psychotherapy workshops at Hillview. However, I would have to say that that was the extent of my knowledge and I had next to no understanding of the process itself. At the time, I was also in the thick of the Thorn Initiative course, an academic programme that was geared far more towards Cognitive Behavioural Therapy (CBT) than towards other forms of psychological therapies. The course involved days in Cheltenham at University, taped and presented casework, and a good few essays, so my time was pretty tight. But where angels fear to tread fools rush in, and against my better judgement, I agreed to become involved.

The first phase of the journey for me was to meet Helen Jury, the art psychotherapist, at the Recovery Team's location, and we arranged to visit a number of buildings that could be possible venues for the Art Psychotherapy group. Initially, I felt a little out of my depth as I wasn't sure that I could envisage what was needed. This process, obviously, and in hind sight, quite properly took some time. Both Steve Herries, my manager, and I naively thought that Helen was being a little too exacting and that we may never find a place with all the requirements. It was also at this time that Helen wanted to have the names of the clients who might wish to be involved in Art Psychotherapy. Within the team, we had been discussing the possibility that Art Psychotherapy would be available in the community for our clients, and although there was a fair degree of interest, no one wanted to sign up to anything, as the time,

day and venue had yet to be decided. This created a situation which both Helen and I felt frustrated by. Helen needed to start the process of assessment as time was ticking on, but I was unable to offer a definitive list. This at the time created some tension, but it felt important to be frank and honest about the situation, and my feelings towards it, for a solid working relationship to develop. I think that the team also found it difficult to commit too much thought to the project, as they too were unsure of when, where and how the pilot would begin. We had all had experiences of projects running out of steam before they had begun.

After exploring a number of possible venues, and following some false leads, a suitable location was found at Manvers Street Baptist Church. Time was now running out and the pilot had to start in a few weeks so the race was on to meet and assess all the prospective group members. This led to another, so far unexpected, situation. The number of people interested was reduced as the day the space could be booked was Monday and a number of potential candidates already had college commitments and so would not be available.

I discussed the pilot with the team again, and Steve and I cast the net again to find people who would want to participate in the project. Unfortunately, the number was considerably less than first envisaged. Team members were keen to discuss possible group members, but this was very much at the time of the request and I think colleagues did not have the capacity to hold on to it and explore it further as they went about their work with their clients. This was frustrating for both Helen and me, and I began to feel as if I was letting the project down. My response to this was to take on the task of contacting people myself, with Steve in support. We soon had a list of names and, with Helen, began to plan a timetable of assessments. The room that was booked for the Art Psychotherapy group was unfortunately still booked up and not available and so another room within the building had to be used for the assessments. At the time, I did not appreciate the significance of the therapeutic space, both in terms of its physical attributes and the dimension of time in which it exists, and so I thrust the names and times towards Helen. On reflection, this could have been a subconscious mechanism of handing the responsibility of the next step forward.

Within the team, we have always prided ourselves for thinking out of the box and for working in an extremely flexible way in order to get something done. I am afraid to say I adopted this response with arranging the assessments and there were times, I

am sure, that Helen – against her better judgement – took a course of action that proved to hamper rather than help our cause. One such time was when assessing a woman in a fairly ad hoc and rather rushed manner, in a space that had nothing to do with the Art Psychotherapy space, and indeed later proved to be a place she had a not particularly happy association with.

So why is my account here not of failure or disaster? I think, in part, it was because I started to understand. Helen had kindly lent me articles on Art Psychotherapy, the therapeutic space and the dynamics which exist within a session. I had also borrowed a couple of books from our team's psychologist. I had just finished a CBT-focussed essay and had now some reading time and the ability to explore a different approach. It was then I began to enter the realm of conscious incompetence!

As my understanding of the therapeutic process developed, I began to realise the toxic nature of my previous lack of understanding. I tried to impart my recently gained knowledge onto the team, but the concepts were still forming in my head and I felt unable to be an effective advocate for the approach. This would have been a good time for Helen to be offered more space to discuss Art Psychotherapy with the team, but the team were unable to make the time to give the Pilot Project due consideration. Helen may have also felt unable to invite herself to the team to offer colleagues further information and greater insight. This led to fears in the team that this 'new' therapy may somehow damage the clients it was aimed to support. The assessments continued and Helen and I, armed with a little more insight, sailed the sea of scepticism and wariness, buffeted from time to time by waves of unconscious dissent.

It was around about this time that Helen and I began to meet with Sarah L for supervision. This was every other Monday afternoon. At the time, I felt this may have been a little too frequent. However, I found it immediately useful as it gave Helen and me space to reflect on the process so far. We had been hard on ourselves and had not realised that we had come a long way from conception to realisation and that we were on the brink of the therapy sessions taking place.

On the day of the first session, Helen and I prepared the room and tried to prepare ourselves for the session. It was difficult to contain the relief I felt to see people come through the door.

I was learning about how important it is to maintain the boundaries, but it was still uncomfortable to reinforce these, especially in regard to one client who found it extremely difficult to accept any boundaries. I am sure it was somewhat easier for me, as Helen, being the lead therapist, received the greater part of the emotional and negative transference. That said it was still a very new way for me to work. The sessions were basically in two parts, first working with the art materials, then meeting together in a circle to discuss both the artwork made and people's responses to it and to each other. In the first section, Helen and I would sit and observe the work being created. Initially, this felt a little uncomfortable for me and I am sure for those working with the materials. Over time however, we settled in to the comfortable and importantly predictable routine which allowed the group members greater facility to express their feelings within the boundaries.

I was still very aware that my knowledge-base for this type of therapy was limited and so in the discussion I felt I had little to offer to the group. Again, over time, I began to settle and to feel that I could contribute as a member of the group. I am sure we all were finding our feet and forming a group identity. This process was hampered a little however, as the group, being held on ~~a~~ Mondays, meant that bank holidays would be honoured and so the group would not run. I am sure there were a myriad of other problems that contributed to the sometimes sporadic attendance of some clients, not least the illnesses that so profoundly disrupt all aspects of their lives.

One of our group members in the group was having difficulties with support staff in his accommodation. I was his care co-ordinator, but for the duration of the Art Psychotherapy group, another colleague took over his day-to-day care issues. For me, this led to a number of problems as I was to be working with this client and his support staff as part of my assessed Thorn Work. I discussed this with Helen, and both Sarah P and Sarah L in our supervision sessions, but quite rightly was told that I could not work with him directly whilst seeing him as co-therapist in the Art Psychotherapy group. I continued to argue my position and tried to justify why the work was important and at times, although I tried to, found it difficult to separate my needs from his. It was as if I had a *petite* rebellion against the psychotherapy approach and when in supervision Sarah L interpreted an image of the client as a baby crying but being ignored, I saw this as an extrapolation too far. However, an hour and a half later whilst driving my car, I had a distinct recollection of the client mock-crying in my car which I recalled he did a lot. This was something of an

epiphany as I now could understand the potential of this way of working and some of the fundamental properties it has to offer.

And the other group members? I do not feel in a position to offer an account of anyone else's personal journey, but I can offer a few, subjective observations:

One female client was able to explore, if not to believe, that her spontaneity was an asset and not pathological. Just after the end of the pilot, she took herself off on holiday abroad. Would she have done this before the Pilot? I do not think so. She had also applied for and was offered a job. Sadly, the momentum has begun to wane. She has not taken up the job and from what I can gather her role in the family has once again reverted, without similar opportunity for her to explore alternatives.

Despite my concerns about the deteriorating relationship between the client I mentioned and the support staff, he has become much more able to contain himself and as a result, the highly expressed emotion within his household has diminished. He found the prospect of the ending of the project difficult, so chose his own time to depart, and then lamented its 'passing' later.

There were others who were beginning to feel safe enough in the group to begin to explore their issues. Unfortunately, time was against us and we can only speculate at what might have been achieved.

There were a number of people who were not able to attend following their assessment. Their names were recorded and they have been kept in mind so that they could be invited back when the project is able to start again.

And what have I gained? Well I am still consciously incompetent, though there are elements of this way of working that, through this experience, have filtered into my practice. I have a much greater respect for the process of Supervision and the power of transference, and this comes into my consciousness much quicker than perhaps it used. I now feel more comfortable with my discomfort!

I feel the experience has allowed me to grow in ways that I am still struggling to articulate and so will not try. I will say I feel all the richer for the experience and would like to thank CAT, Helen, Sarah L and Sarah P for the opportunity, their patience and the invaluable support I received.

11. MANAGEMENT TEAM ACCOUNT SARAH PARKINSON

Helen Jury (art psychotherapist; CAT founder member),
Jon White (Co-therapist; Recovery Team Community Nurse) and
Sarah Parkinson (CAT founder member and trustee; art psychotherapist within AWP) met regularly for project management meetings during the Pilot Project from January 2006.
This was to discuss how best to support the Pilot Project managerially; to develop new guidelines for CAT; and to ensure that we were working within the available AWP NHS Trust guidelines as well as addressing issues which arose which could be addressed through management of both the Recovery and CAT teams.

This has been our first Pilot Project, so it was necessary to 'learn on our feet' and develop some of the guidelines as we progressed. Where possible, we made use of, or amended, policies and guidelines from AWP or other establishments to suit this project. As a result, for example, we have now, established that:

- A therapist working for CAT and in partnership with AWP can obtain Practitioner Status within the NHS Trust. This agreement insures data protection.

- A therapist working for CAT will be introduced to the central AWP Trust Guidelines and Policies via the AWP Trust Website, and Intranet.

- A therapist working for CAT will have a copy of the AWP Psychotherapy Service Guidelines on record keeping and note keeping within AWP etc.

Monthly management meetings were arranged, beginning the month following the start of the project (January 2006). Steve Herries, Clinical Nurse Manager for the Recovery Project, also came to a couple of meetings.

After the pilot Art Psychotherapy groups had ended, we met for three further meetings which included time to assess how Project Management itself could be improved upon.

We have established that Project Management meetings should begin at a point when a Pilot Project is being set up, rather than, as happened in this case, after the group had been running for a month and six months preparatory work had been achieved. The therapists have also recommended that meetings for a pilot be held fortnightly, and that managers from both agencies (in this case CAT and Recovery Team) be involved.

12. CLIENT CONSULTANT ACCOUNT BEVERLEY FERGUSON

At the beginning of the project, the therapists were aware of how it felt for clients to walk into an unknown space, with people you haven't met before, and to become part of a group.

Initially there were fears of not being able "to paint", or having no knowledge or experience about art!

Gradually, as the space began to feel secure and safe, and well held, the different and sometimes difficult feelings could be expressed.

There was a lot of discussion about individual art pieces and how to keep them safe. This reflected the care, sensitivity, and concern for confidentiality.

The group had to face a number of holiday breaks, which again were handled with great care, allowing anger and abandonment issues to surface and be expressed.

13. RECOVERY TEAM MANAGER INPUT STEVE HERRIES

This CAT Project Art Psychotherapy Group was an exciting opportunity to be involved in.

∅ It was the first fruition of externally delivered Art Psychotherapy in a community setting in Bath for the client group covered by the Recovery Team.

∅ It was also a project in which I was involved in developing from its conception.

∅ The project provided a unique opportunity for one of the Recovery Team Care Coordinators to develop psychotherapeutic skills, and those in the setting up and delivery of a highly specialised therapeutic intervention.

∅ It provided the highest quality Art Psychotherapy to a group of clients who would not otherwise have received such an intervention.

There have been many direct clinical benefits. An example of this has been that one of our clients who attended, has now been identified as suitable for individual psychotherapy, and at his last ICPA meeting, agreed to meet with the team psychologist to discuss options.

The experience, knowledge and skills gained by the two therapists, as an outcome of this first CAT Pilot Project, will be extremely useful in the development of further services in the future.

One of the things that I take from this project is the sheer volume of time needed to deliver such services. This must make us all more resolute in seeking appropriate funding, and for the backfilling of time away from teams by practitioners.

Steve Herries
Specialist Practitioner/Team Manager Recovery Team BANES

END

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CAT thanks Sarah Lewis for her support and contributions throughout this Pilot Project, especially with regard to the evaluation.