JOB DESCRIPTION

**1. JOB DETAILS**

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| **Job Title:** | Art or Music Therapist, AFC Band 7 |
| **Responsible to:** | Principal Arts Therapist |
| **Accountable to:** | Clinical accountability to the referring agent / Team Managers, Principal Arts Therapist and Heads of Psychological Therapies |
| **Department:** | Psychological Services |
| **Directorate:** | Mental Health and Learning Disabilities Directorate |
| **Operating Division:** | NHS Forth Valley |
| **Job Reference:** | P-LHCCN-004 |
| **No. of Job holders:** | 1 (One) |
| **Last Update (insert date):** | January 2020 |

**2. JOB PURPOSE**

* A specialist Art or Music Therapist responsible for planning and providing skilled specialist service for any of the following: adult mental health patients; adults with a learning disability; children and young people experiencing mental health problems. Patients are likely to have highly complex needs and require assessment, support and input.
* Provides skilled specialist assessment and treatment to individuals and groups.
* Provides localised specialist advice and consultancy, and is the focal point for regular contact with the multidisciplinary team about Art or Music Therapy information.
* Provide training placements and clinical supervision for Art or Music Therapy students.
* Initiate and undertake audit and service evaluation aimed at increasing and maintaining clinical effectiveness in own working area, and meeting the requirements of the organisation.
* Highlight gaps and suggest initiatives for service development to line and locality managers.
* Undertakes evidence-based practice (EBP) and continuing professional development (CPD).
* May undertake research.
* Provides and participates in training workshops/seminars in multidisciplinary/agency settings.

1. **ORGANISATIONAL POSITION**

###### See Appendix I.

**4. ROLE OF DEPARTMENT**

* The Arts Therapies Service sits within the Psychological Therapies service.
* The Arts Therapies Service provides high quality, effective and equitable Art Therapy and Music Therapy services to the local population across the acute, enduring and community Mental Health settings, the in-patient and community Learning Disability settings and Child and Adolescent Mental Health Service.
* Art or Music Therapy offers the opportunity for self-expression, communication and reflection, and can be particularly helpful for people who find it hard to express their thoughts and feelings verbally. The overall aim is to enable a patient to effect change and growth on a personal level.

**5. DIMENSIONS**

**5.1** **Overview**

* Responsible to Principal Arts Therapist.
* Operationally Accountable to the Principal Arts Therapist and Head of Psychological Therapies.
* The post holder works autonomously within professional guidelines and local policies and procedures.

**5.2 Clinical Caseload**

The post holder maintains their own caseloads across agreed care groups which can include any of the following: child and adolescent mental health services;in-patient and out-patient Adult Mental Health; in-patient and out-patient Learning Disabilities. They are responsible for communicating with multi-disciplinary teams about their clinical work.

* Provide an Art or Music Therapy intervention programme for each referred individual within each of the multidisciplinary team locations.

**5.3 Caseload**

i) Mental Health Service:

* Individuals referred include those diagnosed with Schizophrenia, Drug-induced Psychosis, Addictions, Bi-polar disorder, Various Personality Disorders, Organic Disorders (e.g. Dementia).
* Patients referred may have controlled use of alcohol and substances, and have problems associated with traumatic life events, including childhood neglect, abuse and sexual abuse.
* They may also have additional physical conditions, e.g. Diabetes, Epilepsy, Korsakov’s syndrome, Multiple Sclerosis or Huntingdon’s Chorea.
* Individuals may also have their diagnosed condition compounded by secondary symptoms: Impaired ability to express emotions, communicate needs, function socially and form appropriate relationships, little or no coping skills to address significant life experiences, e.g. relationships, children, bereavement, employment issues, social alienation and impaired self confidence.

ii) Learning Disabilities Service:

* Adults have ‘Complex Care needs’, e.g. Autistic Spectrum Disorder; people who are vulnerable and/or at risk; substance abuse; additional physical disability; placement/family breakdown; offending behaviour; mental illness/disorder; dementia; abusive/exploitative relationships; Pervasive Developmental Disorder, which includes ADHD; Various organic syndromes, which include Downs Syndrome, Rett syndrome, Tourette's Syndrome and Fragile X Syndrome.
* Individuals may also have experienced long term institutional care during significant periods of their lives, and may still be coming to terms with transferring to life in the community
* Individuals are also very likely to have secondary symptoms similar to those described in the mental health section above

iii). Child and Adolescent Mental Health Service:

* Children and young people who are experiencing a range of moderate to severe mental health problems that do not require in-patient admission.
* They may also have co-morbid learning difficulties, neuro-developmental disorders or neurological conditions,
* Patients are likely to be experiencing a degree of social complexity, which will have given rise to systemic difficulties and complicated attachment histories,
* A proportion of patients referred will be looked after and accommodated, some of whom will have experienced multiple changes to their care placement provider.
* Some patients will have experienced complex relational trauma; this could include neglect, and/or physical, emotional or sexual abuse.
* Individuals are also very likely to have secondary symptoms similar to those described in the mental health section above; there may also present with substance or alcohol use.

**5.4 Non Patient / Patient Contact Duties**

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* Professional external forums and special interest groups - .
* Writing case notes in Multidisciplinary caseload files held at Units, -
* Case Conferences / CPA / Multidisciplinary Review Meetings, -
* Arts Therapies’ Team Business Meeting – 1 x 1 month.
* Detailed assessment review reports at end of assessment period, -
* Detailed ongoing therapy reports / discharge reports, -
* Ad-hoc meetings with external agencies to maintain awareness of community resources, avoid wasteful overlap, and provide advice on the development of projects.

**6. KEY RESULT AREAS**

**6.1 Patient / Patient Care**

* The post holder has specialised skills to independently assess patients with highly complex needs and difficulties for suitability for individual and group Art or Music Therapy. Assessments will be based on appropriate use, interpretation and integration of complex data including direct/indirect observation and semi-structured interviews, which take into account all current circumstances, risks and likely outcomes of treatment.
* Formulate, plan and provide individual and group Art or Music Therapy programmes, which are based on an appropriate conceptual framework of the patients’ problems employing methods based on evidence of efficiency across a full range of care settings.
* Manages difficult situations in individual and group sessions, recognising seriously emotive expression, including hostile, antagonistic and challenging behaviour, while tactfully dissipating the situation enough to maintain a safe environment and facilitate reflection on the process within the session.
* Assesses risk, provides reports, and makes judgements on the appropriate treatment based on the analysis and reviews throughout therapy episode, taking into account patient, family/carers, child and public safety. This will include responsibility for own caseload.
* Will undertake ongoing evaluation of the therapy and advise on discharge and follow up plans. This includes providing feedback of a complicated and sensitive nature providing professional opinion, both verbally and in written format, demonstrating Art or Music Therapy formulation.
* Offers highly specialist input to patients’ review meetings involving carers, referrers and primary care agencies where relevant. The post holder will provide and receive complex, sensitive information, which is considered in order to develop the most appropriate treatment plan.
* Maintains patients’ records and provides relevant and comprehensive case administration, e.g. assessment reports, discharge summaries, contributes to multidisciplinary notes and communication with other agencies.
* Maintains confidentiality in dealing with patients, their therapy and care, analysing and making decisions for self when that confidentiality needs to be breached, e.g. when patient or family at risk and the need to inform social services immediately becomes clear.
* Accepts and responds to requests for post holder’s clinical opinion, and provides appropriate professional / clinical judgements when necessary.

**6.2 Policy and Service Development**

* Responsible for prioritising need and deploying defined Art or Music Therapy resources within own working area.
* Attends and contributes to service development and promotion of Art odr Music Therapy at various forums as agreed with Principal Arts Therapist
* Implement policies and changes to working practices and procedures in own working area, e.g. in consultation and negotiation with local stakeholders, implement changes to local referral feedback procedures.
* Inputs into the development of service provision e.g. Art or Music Therapy service provision in integrated teams.
* Adheres and contributes to all relevant procedures, including Health and Safety, Data Protection etc.
* Inputs to relevant Arts Therapies and Local Management Service Development Meetings, as directed by the Principal Arts Therapist

**6.3 Financial and Physical Resources**

* Responsible for monitoring and regular upkeep of the stock of art equipment, and ordering replacements in work locality (orders require authorisation by Principal Arts Therapist)
* Participates in risk assessments and reviews on the therapy environment so that it is well maintained and secure. Ensures that instruments are used in a safe manner, and the therapy room and the equipment remain secure ensuring access to confidential material is restricted and maintained securely within confidential boundaries.
* Reports all accidents and complaints using correct procedures, completing incident forms and informing all relevant parties where appropriate, and notifying the Local Service Manager e.g. Integrated Team Leaders and Principal Arts Therapist as appropriate.

**6.4 Human Resources**

* Regularly organises workload and provides clinical supervision for Art or Music Therapy students on training placements.

**6.5 Information Resources**

* Regularly inputs data and statistics into central information systems, and regularly operates computers, responding to e-mail communication.
* Regularly updates clinical records in integrated, electronic patient records.
* Contributes to the development of computerised documents recording patients’ work, ensuring all information is treated according to national, local and professional confidentiality guidelines and protocols.

**6.6 Research and Development**

* Occasionally plans and undertakes audit and surveys with the aim of evaluating aspects of own service.
* Participates in Psychological Therapies service evaluation as directed by Psychological Therapies Management Team
* Participates in appraisal and planning of training/continuing professional development with the Principal Arts Therapist
* Use appraisal to evaluate the relevance and outcome of development activities to specific patient groups, and the Arts Therapies’ Service
* Make use of funds, study time and other forms of support in order to maximise the clinical advantage for the Arts Therapies service and specific patient group.
* Uphold CPD requirements in line with State Registration with Health Professions Council (HPC) and Principles of Professional Practice of the British Association of Art or Music Therapists (BAAT) or British Association of Music Therapists (BAMT)
* Participate in regular Arts Therapies clinical supervision, Participate in, promote, and actively contribute to all supervisory meetings, whether individual or group based, within the Arts Psychotherapies’ Service. Ensure other supervision needs and requirements are met in line with professional recommendations.
* Responsible for maintaining good progressive Art or Music Therapy practice by keeping in touch with developments in current advances in Art or Music Therapy theory and practice and other related disciplines.
* Inputs to current research and audit in specialist area and aware of possibilities relevant to Arts Therapy practice which could be undertaken within the Arts Therapies service.
* Plans and develops audits, collects information and data relevant to the progress and development of Arts Therapies services.
* Contributes to the Psychological Therapy Service’s audit and research programme toward improving and securing an evidence base for Art or Music Therapy with particular regard to the post holder’s specialist area.
* Attends all mandatory organisational training, including risk assessment, health and safety, control and restraint, breakaway, child and adult protection, and cultural awareness.
* Provides information and educational forum contributing to the in-service education and development of staff in the promotion of Art or Music Therapy knowledge through educational conferences, lectures, seminars and workshops. These could be for NHS staff or outside agencies.

**7. SYSTEMS AND EQUIPMENT**

* Organise the space to be used for Art or Music Therapy, taking into account patient need.
* Arrange safe storage, maintenance and cleanliness of equipment.
* Maintain confidential patient records, input to multidisciplinary case records and departmental records, as required by national/local guidelines.
* Input to TrakCare and Care Partner for the recording of patient contacts and case notes.
* Use Video technology, digital camera, film camera, etc to record patients’ work.
* Develop systems for recording and retrieving personally generalised information (e.g. excel spreadsheets) for audit.
* Use of standard office equipment, e.g. Telephone, PCs, Photocopiers and Scanners
* Standard administrative procedures, e.g. IR1 forms, Sickness and Absence Monitoring.
* Willingness to travel between sites as required to fulfil the functions of the service.

**8. ASSIGNMENT AND REVIEW OF WORK**

* The post holder exercises autonomous professional responsibility for the assessment, treatment and discharge of patients. The use of initiative is required in prioritising cases, need and other aspects of the workload, targeting resources in the context of local circumstances were they are likely to be most effective.
* The post holder works independently within clearly defined codes of practice and professional guidelines, referring only when necessary to management.
* The post holder is supervised for professional purposes within the clinical process, rather than level of competency, i.e. clinical supervision does not erode from practice as an autonomous clinician.
* The post holder has a responsibility to feedback a current overview of their service to the Principal Arts Therapist.
* The post holder has responsibility for informing the Principal Arts Therapist of plans to implement developments in their locality service. The Principal Arts Therapist is responsible for ensuring these plans are co-ordinated with the overall plans of the organisation.
* The post holder assigns work to student Art or Music Therapists, and manages/supervises their work during training placements. They will also occasionally assign and supervise the work of volunteers.

**9. COMMUNICATIONS AND WORKING RELATIONSHIPS**

9.1 With Mental Health patients and people with Learning Disabilities experiencing high levels of emotional, psychiatric and psychological disturbance

* Communicate and explain to patients the nature and purpose of Art Therapy; the reason(s) for referral; aspects of treatment, and negotiates therapeutic boundaries, e.g. confidentiality, length of treatment, storage of work. (The post holder takes care to assist patients to fully understand this information, especially when their condition affects their comprehension).
* Listen; empathise; provide acknowledgement and encouragement to patients in a mode geared to the patients’ requirements.
* Working with a directive or non-directive approach as assessed appropriate to patient requirements. At times the therapist needs to maintain the focus of therapy despite patients’ resistance or wish to avoid some issues.
* Pay close attention to conscious and unconscious communications (transference/counter-transference) in therapeutic work, and assess optimum therapeutic time to communicate thoughts and impressions back to patients to demonstrate empathy/understanding in language/mode patients can understand.
* Acknowledge and provide a sense of containment for feelings of distress, anger and sadness expressed by patients in individual sessions, or groups.
* Encourage the safe expression of, at times, very hostile/volatile feelings often felt/expressed towards the therapist (and/or other patients in groups) in order to facilitate self-exploration and understanding.
* Demonstrate a high level of therapeutic awareness, patience and sensitivity when working with resistance and psychic defences in patients where barriers to understanding exist, and where concentration and focus is affected by their condition.
* Most communication will take place face-to-face both with individuals and groups. There is a requirement to attend to all aspects of the verbal / non-verbal communication (i.e. art, speech and body language).
* The Art Therapist will also communicate with patients by letter, information leaflets / poster, and occasionally survey the patient’s views through questionnaires, using mode of communication geared to patient’s level of comprehension, e.g.. Boardmaker.

### 9.2 With parents/carers

* Provide clear information/explanation regarding Art Therapy and treatment aims.
* Demonstrate attentiveness, understanding and diplomacy with parents/carers and/or relatives who may present with anxieties; fears; different expectations regarding Art Therapy intervention and who may exhibit direct or indirect hostility towards the post holder and/or other team members.
* Maintain clear boundaries between psychotherapeutic work with the patient and other intervention(s) with family/carers. Within this, support appropriate communication of patients' needs and experiences to facilitate understanding and insight into problems within the family.
* Balance confidentiality with family/carers’ right to know, risk management and protection issues.

### 9.3 With staff and other professional groups

* Present and communicate aspects of treatment clearly and concisely.
* Discuss; negotiate; explain and explore, in depth, work on individual cases to support effective joint working.
* Collaborate with medical staff in solving problems of patient care.
* Provide regular information, opinions and advice on cases in reports, assessments, in MDTs, case discussions and care planning meetings, etc.
* Regularly liaise with referring agents and other professionals / community agencies within Forth Valley.
* When sharing information externally with other services involved, hold the patient’s welfare as paramount: balancing the need for confidentiality with risk management and protection issues.
* Record accurately information and actions to be taken discussed with co-workers and professionals from other services.
* Communicate with staff professionally, recognising that emotive cases can arouse strong personal reactions, which can create or reveal powerful and contradictory tensions in MDTs that require highly developed communication skills.
* Establish good working relations with agencies such as social services to create the best multi-agency support possible for patients, recognising tensions that can exist between different services.
* Exercise diplomacy and approach all aspects of cases with careful thought and balanced view.
* Consultation on use of art equipment by other disciplines.

**10. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB**

**10.1 Physical Demands**

* On a regular basis (at least once per week) transport equipment and prepare undesignated / multipurpose room to facilitate individual and group Art Therapy sessions, including the manipulation of furniture – tables and chairs etc.
* Sit in a constrained position for prolonged periods

**10.2 Mental/Emotional Demands of the Job**

1. Mental Effort:

* Frequently required to concentrate for writing assessments and reports, and attending multidisciplinary team or clinical / staff meetings.
* Frequently required to concentrate intensely during individual and group Art Therapy sessions. This involves close detailed observation and thought in relation to the patients’ physical presentation and non-verbal / symbolic communication, where words and artistic improvisations produced are explored in relation to psychodynamic theory, i.e. transference and counter-transference; conscious and unconscious communications etc.
* Communication during Art Therapy group sessions may be multi-layered and highly complex, e.g. patients expecting individual attention in conflicting ways. The Art Therapist needs to think when under emotional pressure, and act to maintain the therapeutic values and cohesiveness of the group as a whole.

ii) Emotional Effort:

* Frequent requirement to work directly with patients who have had traumatic events in their lives, such as emotional/physical/sexual abuse, self injury and who are upset, overwhelmed by events or symptoms, highly anxious or angry and can exhibit challenging behaviours.
* Requirement to communicate directly with parents/carers and other family members who are often very distressed and deal with difficult family situations.
* Frequent exposure to a variety of distressing case histories in the multidisciplinary team meeting / discussion.

### iii) Working Conditions:

* Occasional (or regular, dependant on patient’s level of challenging behaviour) exposure to disinhibition, verbal abuse, hostility and aggression and risk of physical aggression from parents/carers and patients.
* Face to face contact with people in distress without other staff nearby.
* Occasional exposure to situations where there are offensive smells, bodily fluids and smoking, due to patients’ physical expression of distress, self-neglect and withdrawal from personal care and hygiene.
* Lack of collegiate support in location due to single-handed working.

**11. KNOWLEDGE, SKILLS, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**

**11.1 Registration and professional affiliations**

* Registered with Health Professions Council (HPC), i.e. State Registration.
* Active membership of BAAT.

**11.2 Professional knowledge required**

* Three-year full-time Arts or other Degree i.e. RMN, Psychology, Social Work, OT or teaching.
* Working knowledge of health or social services prior to acceptance for professional Art Therapy training.
* Postgraduate training in Art Therapy to Masters level or equivalent.
* Experience and understanding of creative processes and their application.
* Experience as Art Therapist in Adult Mental Health and/or Learning Disabilities *and/or CAMHS.*
* Knowledge of, and ability to work within, professional guidelines clearly defined occupational policies.
* Experience of having engaged in own therapy.

**11.3 Communication and interpersonal skills required**

* To actively represent the Arts Psychotherapies service at localised multidisciplinary meetings, case conferences, and Care Programme Approach meetings.
* To provide to, and also to receive from, complex, highly sensitive information as a member of a large multidisciplinary meeting.
* To provide specialist and skilled therapy, assessment and treatment (individual and group) for mental health patients / people with a learning disability with high levels of emotional, psychiatric and psychological disturbance, where behaviour can be challenging and histories are disturbed, i.e. sexual, physical and emotional abuse
* To liaise with referring agents and other community professionals (i.e.: GPs, Social Services, and other relevant services within Forth Valley).
* To participate in the delivery of training and workshops to professionals and carers within the board and to external agencies.
* Knowledge of relevant, current legislation.
* Lone-working, which requires the post holder to be confident, self-sufficient and independent.

### 11.4 Analytic and judgmental skills required

* To provide professional assessment, advice and considered opinion in Art Therapy intervention options, i.e. social / psychological / support.
* To assess and analyse patients’ levels of risk, i.e. self harm, suicide and potential risk to themselves, family/carers, children and others.
* Formulate treatment plans based on an appropriate conceptual framework.
* Give consideration to feedback from a variety of sources in evaluating and modifying treatment plans.

**11.5 Planning and organisational skills required**

* To manage / prioritise / review own clinical caseload and workload.
* To manage own time.
* To arrange multidisciplinary clinical review meetings.

### 11.6 Practical skills acquired through

* Specific graduate training and ongoing practice i.e. highly developed knowledge, creative skills and experience of various art groups.
* Ongoing practice i.e. standard keyboard skills.
* Use of technology to record patients’ work.

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| **12. JOB DESCRIPTION AGREEMENT** | |
| A separate Job Description will need to be signed off by each jobholder to whom the Job Description applies.  Job Holder’s Signature:  Head of Department’s Signature: | Date:  Date: |