

CPD profile

- 1.1 Full name:** **Dramatherapist**
1.2 Profession: **Dramatherapist**
1.3 Registration number: **AS1234**

2. Summary of recent work/practice

For the past two years I have worked in a dramatherapy department in the mental health directorate of a National Health Service (NHS) trust in a team with two other dramatherapists. I currently work four and a half days a week.

My clinical role involves providing therapy to people with a range of severe or enduring mental health problems including personality disorders, bipolar disorder, psychosis, anxiety and depression, in outpatient and acute inpatient adult services and older adults services. I work in a variety of locations across three localities. I manage a case load of approximately 20-25 clients.

I currently provide the following interventions:

Group dramatherapy: One inpatient semi-open group (supportive)
 One older adults day hospital group (supportive)
 One outpatient group (explorative)

Individual dramatherapy weekly or fortnightly for up to two years (4-5 clients)

I assess clients referred to the service for suitability for dramatherapy and the type of intervention most appropriate, making recommendations for treatment and sometimes referring to other services. I also carry out joint assessments with other therapists/professionals, assessing general need. I discuss the referral, assessment and treatment of clients with the mental health professionals or general practitioner involved in clients' care and alert them to any identified risk. I keep up to date electronic records of my client contact (respecting confidentiality) and provide regular reports and written correspondence to professionals and clients.

I act as care co-ordinator for some clients on standard CPA, where I am their primary contact and responsible for the monitoring and review of their care plans. I represent the psychological therapies at referral meetings and case conferences, offering advice and recommendations where appropriate and contributing to the MDT assessment of clients' needs. I represent the department at trust wide forums including the Acute Care Forum and the Arts Therapies Training and Development Group, feeding back and implementing any new procedures. I contribute to the evaluation and continued

development of dramatherapy provision. Examples of this include auditing referral pathways and outcomes and creating information leaflets.

I undertake management responsibilities delegated by the head of service. These include being a signatory for the budget, attending management meetings and deputising in the Head's absence. I currently provide clinical supervision to a day services worker who runs a confidence through drama group and act as placement manager for a dramatherapy student. In the last two years I have been clinical supervisor for two newly qualified dramatherapists. I also provide teaching to other mental health professionals. So far this has included the day services team and nursing assistants. In June 2005 I ran a workshop at the Trust's arts therapies conference.

I am also a member of the British Association of Dramatherapists (BADth) executive board and NHS committee and represent dramatherapy in NHS forums/issues affecting the profession.

Total words: 459
(Maximum 500 words)

3. Personal statement

Standard 1: A registrant must maintain a continuous, up-to-date and accurate record of their CPD activity

I complete a portfolio of CPD provided by my employer. This contains a list of training completed with dates, certificates of attendance, record of supervision, personal development plan and appraisal summary (evidence 1 and 2). For every course/workshop I attend I write a review which goes into the portfolio. I also include titles of books and articles I have read with a review. The portfolio is updated continually and this is checked in management supervision and reviewed annually in my appraisal.

Standard 2: A registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice

Standard 3: A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery

Standard 4: A registrant must seek to ensure that their CPD benefits the service user

Some of my learning needs have been identified through my annual appraisal and personal development plan (PDP): management training/experience, clinical supervision training to enable registration. Other CPD I have undertaken has come from opportunities that have arisen e.g. in-house conference, or has been identified as a need during the course of my practice, e.g. early sexual activity or abuse, reading on work with older adults, and from the need to continually develop my drama practice and share ideas with other therapists e.g. BADth annual conference 2005. Types of learning activities has ranged from reading literature, attending conferences and workshops,

giving presentations/workshops on my work (and the preparation into that) and using clinical supervision. I shall talk about six learning needs identified over the last two years, how they were met and how each meets standards 2, 3 and 4.

Learning need 1.To develop management skills and experience to support with taking on some management responsibilities

Learning activities to support this (evidence: 3-7):

Training on root cause analysis for the investigation of serious untoward incidents (SUI)

I learnt how to conduct and record investigations and I have now carried out one investigation for the trust using the approach learnt in the training. I am the nominated person from my team for doing SUI investigations, and am expected to do one a year. The training and the experience of carrying out an SUI investigation has taught me skills that I can apply to other areas of management i.e. time management, interviewing skills, writing reports, collating evidence.

Knowledge and Skills Framework (KSF): training session for arts therapists from the union:

I learnt how to create KSF outlines for arts therapists at an appropriate level. Many questions I had were answered. I discovered how other arts therapists are creating their KSF outlines through an exchange of ideas. Those who have benefited are the arts therapies team (my colleagues) and BADth members who work in the NHS, in helping them with compiling profiles at the right level. I wrote notes on the training and circulated these to the above.

Member of BADth's NHS sub-committee and BADth executive committee:

Through these committees I have considerably increased my knowledge and understanding of and input into policies and procedures affecting the profession, particularly those related to the NHS. I have developed my skills in chairing meetings, representing the profession, and feeding back from meetings/training, which I have then been able to use in my work place. By passing on my knowledge it has increased the team's understanding of issues affecting practice/the profession e.g. Agenda for Change, KSF.

Learning need 2. To develop clinical supervision skills to help me in my role as clinical supervisor to a support worker, students and newly qualified dramatherapists, and be eligible for inclusion on the professional body's register of supervisors.

Learning activities to support this (evidence 8, 9 10):

Clinical Supervision module of BA in Mental Health Studies and 2 workshops on the use of the art form in supervision.

The course involved nine lectures and seminars, completion of a work diary of supervision, a 3,500 word formative essay and an exam. Whilst doing the training I have been continuing to develop the supervision I am giving to my supervisee. I have been reflecting on my approach and learning about different models for supervision and roles the supervisor might play. This has included reading on creative arts therapies approaches. Through role play in seminars I have tried out approaches/techniques, and practiced responding to difficult supervisee problems. The two workshops have increased my confidence in using drama in supervision and my understanding of when and how this might be helpful. I am facilitating my supervisee to be reflective, and am using new ways to help them reflect on a problem. I have made a clearer distinction between management and clinical supervision. I have agreed a contract with my supervisee. Future dramatherapy supervisees can use supervision from me as part of their 40 hours once I am registered. This will help the team, by providing internal clinical supervision.

I have used my own supervision to reflect on the supervision I am giving, and also as a model. This facilitates ongoing development and helps me think about issues my supervisee brings and how I may help them.

Learning need 3. Develop my ways of working dramatherapeutically with older adults with mental health problems to help my new work with this client group.

Learning activities to support this (evidence 11):

Reading literature and clinical supervision

I found stories I could use in the sessions and developed my own way of working with them. I thought about the issues that may be around for this client group, and how they may feel about working with drama and applied this to my work with the clients. I gained new perspectives and ideas including what exercises might be appropriate and what I wouldn't do.

Learning need 4. To develop my awareness of the effect of early sexual abuse on some of my current clients, and learn new approaches to work with these.

Learning activity to support this (evidence 12):

One day workshop by Bruce Bayley, dramatherapist

I learnt about the different effects of early sexual abuse/sexual activity, how my clients might react to the therapeutic relationship and ideas for working with these, different interpretations of sexual activity, and how the reactions of others may have had an effect. I gained increased confidence working with this issue and greater awareness and understanding that I am now able to take into future client work, as this is an experience of many clients who are referred to my service. In particular I tried a creative approach that was discussed in the workshop with one client and they reflected that this had been helpful for them.

Learning need 5. To build on repertoire of dramatic ways of working, and increase psychotherapeutic theoretical knowledge base influencing practice, and knowledge of evidence based practice. To share experiences with other drama, arts and psychotherapists and learn from each other.

Learning activities to support this (evidence 13-15):

BADth conference 2005: The Role of the Fool in Theatre and Therapy.

The papers facilitated thinking about working with clients from different ethnicity/cultures and what issues/transference/projection might be around. The effect of a new member joining a group, the possibility of scapegoating and how the therapist might deal with this. One workshop gave me new ideas for ways of working with script, and with stories/myths, which I may bring into future practice.

The conference benefited my clients through the inspiration, energy and enthusiasm afterwards that I took into my work and creative ideas from the conference I adapted and used with clients. Being a participant in a group has increased my awareness of what that experience might be like for my clients. My greater awareness of the effect of a new client joining the group has affected how I handled this recently in my outpatient group i.e. more discussion with the group, noticing how the new person is treated/fits in and facilitating appropriate work on this area.

Psychological Therapies Discussion Group:

This is a group with the organisation I work which meets monthly to discuss a paper or piece of work. We take it in turn to present. I have

increased my knowledge of psychotherapeutic theory, and learnt about colleagues' projects and approaches.

Learning need 6. To gain experience and develop my skills and confidence in teaching and facilitating workshops.

Learning activities to support this (evidence 16):

Facilitating a workshop at the Trust's Arts Therapies Conference:

I gained increased confidence in my ability to facilitate workshops. I learnt what I could improve e.g. time management; what can be achieved in the time; what to prioritise, through my experience and through feedback from participants.

Benefit to participants (other mental health professionals): An increased understanding of dramatherapy and how relationships can be explored through metaphor/ stories, and other perspectives gained by trying out different roles.

Teaching session to nursing assistants: Introduction to dramatherapy on the inpatient units:

I gained experience in preparing a teaching session and getting the right balance between talking, activity and discussion. I gained confidence. Through listening to the nursing assistants I learnt how they perceive dramatherapy and where improvements can be made in the relationship with them.

There was benefit to the nursing assistants and clients: the nursing assistants' clearer understanding will enable them to inform clients about dramatherapy and support clients after a session. I have noticed an improved working relationship.

Total words: 1494
(Maximum 1500 words)

4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages or description of format	CPD standards this evidence relates to
1	Record of CPD (front sheet from portfolio)	2 pages	1
2	Personal development plan and appraisal, 2004	3 pages	2
3	Attendance certificate for Root Cause Analysis and Incident Investigation, Three Day Modular Workshop, 04/08/04	1 page	2 and 3
4	Attendance certificate: Implementing the Complaints procedure (internal), 09/03/05	1 page	2
5	Attendance certificate: KSF for Arts Therapists (Amicus), 10/05	1 page	2 and 4
6	Notes from Amicus KSF Training for Arts Therapists, that I made for the other Arts Therapists in the Trust and for BADth members.		2, 4
7	BADth NHS sub committee annual report for 2004-5, as published	1 page of BADth report	2 and 4
8	Essay on clinical supervision. Course content, Certificate of pass.	7 pages	2, 3 and 4
9	Certificate of attendance on The Art Form in Clinical Supervision, 2 workshops.	2 certificates	2, 3 and 4
10	Statement from Clinical Supervisor	1 page	2, 3 and 4
11	Review of literature on Dramatherapy and Older Adults: Paula Crimmens, Mike Reinstein "When I am an Old Woman: Using Dramatherapy as a treatment for depression with functional elderly people" 2002 and "Dramatic play Amongst the Aged" Shulamith Lev-Aladgem, 1999.	3 pages	2, 3, 4

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12	Attendance certificate: Approaches to working with survivors of early sexual abuse/ early sexual activity Bruce Bayley. 11/06/05	1 page	2, 3, 4
13	Attendance certificate: BADth Conference 2005: The Role of the Fool in Theatre and Therapy, 1-4/09/05	1 page	2
14	Programme of BADth conference: the Role of the Fool in Theatre and Therapy, with the workshops and papers I attended highlighted.	Booklet, A5, 30 pages	2, 3
15	Review of BADth conference (as published in BADth newsletter)	1 page	2, 3
16	Programme of HPT's (employer) Arts Therapies Conference 2005: Families and Other Systems, showing theme and content, including workshop I presented.	1 page	2, 3, 4