

PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS/PROSTHETICS AND ARTS THERAPY

MINIMUM STANDARDS FOR THE TRAINING OF ARTS THERAPISTS

INTRODUCTION

'Arts Therapies' is a generic term of convenience that is used to refer to the four separate professions of art therapy, dramatherapy, dance movement therapy and music therapy. Arts therapists make use of the mediums of drama, movement, art and music to facilitate change in the individual and in their ability to relate to others within multi-cultural and diverse social contexts. The main aim of the arts therapies is the intentional use of the arts to achieve the therapeutic goals of symptom relief, emotional, cognitive and physical integration and personal growth. Arts therapists use their different art forms in therapy treatment for people with a wide range of health and psycho-social problems, with either individuals or groups of children and/or adults. For each arts therapy discipline, there are separate training programmes and separate professional associations.

In the arts therapies, the art form (i.e. dance, drama, music, art) is used as a therapeutic tool to enable clients to effect change and growth. The art form provides an alternative form of communication in the formation and continuation of a therapeutic relationship. Clients who are referred to arts therapists need not have previous experience or skill in the specific art form and arts therapists do not necessarily make aesthetic or diagnostic assessments of client's use of the art forms. Central to arts therapy is the understanding that the process of making art—in any media—is more important than the content it expresses. By working with creative processes, clients are enabled to see their lives and themselves in different ways, and access powerful resources for confronting life's challenges. Even when dealing with painful or frightening issues, the experience of expressing oneself safely through a creative process and within a therapeutic relationship can provide fresh perspectives and a sense of hope and empowerment.

PHILOSOPHY AND PURPOSE OF THE PROGRAMME:

The programme will provide the qualifying graduates with the unique ability to work therapeutically via an arts medium; and to apply therapeutic skills in an intentional and systematic way in order to achieve therapeutic goals in a range of settings and contexts.

Graduates credited with this Masters qualification will be able to:

- Undertake the safe and effective practice of arts therapy, in which the creative modalities play a central role in the context of psychotherapeutic relationships.
- Meet the national training criteria for practice and registration as an arts therapist in ways that encompass the standards of proficiency and those of conduct, performance and ethics.
- Use their knowledge, range of theories and transferable skills in order to practice effectively in what are often complex and unpredictable specialised settings in the public or independent sector.
- Play a leading role in the development of arts therapy services.

COMPONENTS OF THE PROGRAMME:

1. ESSENTIAL REQUIREMENTS

- 1.1 The educational objectives should reflect the aims of the profession and be flexible enough to accommodate changes in our society and advances in knowledge about the arts therapies .
- 1.2 The course of study should make students receptive to change and encourage interest in continuing education after qualification.
- 1.3 The professional degree requires the student to complete two years of fulltime study or at least three years of part-time study.
- 1.4 Training programmes may construct their own curricula provided that it contains the core curriculum content (theory and supervised clinical internship hours) and that it is unfolded in a logical, effective and integrated manner over the two (full-time) or three (part-time) years of the programme.
- 1.4 Subjects / modules must be taught by lecturers who are appropriately qualified.
- 1.5 Completion of the requirements for the degree programme allows the graduate to register as a Community Service therapist with the HPCSA, allowing them to undertake one year of compulsory community service.

2. CORE THEORY CONTENT:

2.1 Knowledge supporting an understanding of the particular art therapy modality's theory and practice;

2.2 Knowledge supporting an understanding of general theoretical concepts from psychoanalysis, psychodynamic theory, behavioural/cognitive theories, social theories, systems/group theories and community psychology theories.

2.3 Knowledge supporting an understanding of clinical pathology including developmental conditions, adolescent conditions, adult and geriatric psychiatry, neurological and medical conditions and conditions that arise as a result of socio/political/economic factors including HIV and trauma

2.4 Knowledge supporting an understanding of the theory of research and the application of the research processes, principles and methods that promote meaningful arts therapy research (minimum of 5% of the credits of the programme).

2.5 Knowledge supporting an understanding of complementary studies including the basics of neuropsychology and psychiatry as well as introductions to allied professions including occupational therapy, speech therapy, physiotherapy, remedial teaching, clinical psychology, African traditional healing and related arts therapies (art, drama, dance movement)

3. CORE PRACTICE CONTENT– CLINICAL INTERNSHIP:

The records of students will reflect a range of different practice placements that require the students to integrate and apply knowledge, skills and attitudes over an appropriately diverse set of contexts.

- 3.1 The range of student experiences will always include:
- people of different age, gender and ethnicity
 - short and long term interventions
 - individual, community/group and population approaches;
 - placements at all levels of care in hospital and community settings, health and educational settings, urban and where possible rural areas;
- 3.2 The internship placement will develop clinical skills related to arts therapy practice
- 3.3 The placement and clinical studies component will develop documentation, evaluation, assessment and monitoring skills related to practice
- 3.4 The ongoing development of students' own creative arts practice will also be monitored
- 3.5 All practice must be conducted under direct supervision of a registered arts therapist. Under exceptional circumstances and in the absence of an arts therapist, the work can be conducted under the guidance of an appropriately qualified health professional
- 3.6 All students must complete 1000 hours of practice. The record of the 1000 hours practice must be documented and verified by the training center.

4. **Examinations**

Integration of the modules presented in the two year curriculum must be evident in the performance of the students in the final examinations.

- 4.1 Obtaining a final mark of at least 50% for all the theory modules specified in the curriculum presented by the training center over the two years of the programme, will lead to a qualification in arts therapy.
- 4.2 Obtaining a final mark of at least 50% for the fieldwork and/or service learning modules specified in the curriculum by the training center over the two years of the programme, will lead to a qualification in arts therapy.
- 4.3 The year mark should form part of the final mark. The marks obtained in the final examination should contribute at least 50% to the pass mark in the final examination. The year mark must contribute at least 50% to the final mark.
- 4.4 No candidate shall be considered to have passed the final examination unless a mark of 50% in all the modules of the final year examination has been obtained. If a student does not pass Clinical Studies II they are to do an additional 6 month placement and a clinical oral examination/presentation.
- 4.5 At least two examiners, internal and an external examiner should participate in the final evaluation of each qualifying module. The external examiner should not have participated in their instruction in any way.
- 4.6 The prescribed examination subjects may be arranged at the discretion of the education authority, provided that the professional modules are included in the final qualifying examinations.

- 4.7 No candidate shall be awarded the degree qualification in arts therapy unless:
- He/she has completed/obtained 240 credits as a registered arts therapy student at a training centre.
 - He/she has passed all course requirements
 - He/she has completed 1,000 hours of clinical practice learning.

ACCREDITATION OF A TRAINING PROGRAMME

- 5.1 The accreditation process for training programmes is under the jurisdiction of the Professional Board for Occupational Therapy, Medical Orthotics/Prosthetics and Arts Therapy.
- 5.2 The Professional Board will determine the format, relevant instruments and frequency of evaluation that leads to accreditation.
- 5.3 Evaluators are appointed by the Professional Board to do the evaluation of a training programme.
- 5.4 The evaluation process that may lead to accreditation of a training programme is based on the Minimum Standards for the Training of Arts Therapy Students.
- 5.5 Accreditation of a training center is for a maximum period of 5 years.

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ADDENDUM A:

1. Learning Presumed to be in Place

1.1 Psychology Requirements

Students who have not completed the Psychology entry requirements need to ascertain which of the Psychology Modules they need to complete to fulfil the entry requirements for the MA Arts Therapy:

Psychological Perspectives

Cognitive Processes

Health Psychology

Child Development

Personology

Minimum Standards – Arts Therapy

Developmental Psychology

Social Psychology

Child Psychopathology

Abnormal Behaviour

Community Psychology

1.2 Embedded Knowledge

The student should be able to link and critically discuss relevant theoretical and practical knowledge and skills based on the Psychological/ Social/ Professional concepts listed below. It is in each student's best interest to familiarise themselves with and practically apply the theoretical concepts below to ensure competent performance as both a student in the training course and as a profession.

- Non-Verbal communication theory
- Winnicott: Object relations theory
- Group theory
- Ethical practice
- Improvisation

2. *Critical Cross-field Outcomes*

The critical cross-field outcomes include, but are not limited to:

- Identifying and solving problems by using critical and creative thinking.
- Working effectively with others as co-therapists, as a member of a team or group, within an organisation/institution, and/or community.
- Organising and managing oneself and one's activities responsibly and effectively.
- Collecting, analysing, organising and critically evaluating information.
- Communicating effectively in the modes of oral and/or written persuasion.
- Using professional relational skills; showing responsibility towards the environment and health of others.
- Demonstrating an understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation.
- Contributing to the full personal development of each learner and the social and economic development of society at large by making it the underlying intention of any programme of learning to make an individual aware of the importance of:

- Reflecting on and exploring a variety of strategies to learn more effectively;
- Participating as responsible citizens in the lives of local, national and global communities;
- Being culturally and aesthetically sensitive across a range of social contexts;
- Exploring education and career opportunities; and
- Developing entrepreneurial opportunities.

CORE MODULES IN THE PROGRAMME

3. ARTS THERAPY THEORY 1

3.1 Modules

3.1.1 Arts Therapy Theory

Introduction to Arts Therapy Theory and Practice; to include general theoretical concepts from Psychoanalysis, Psychodynamic Theory, Social / Cultural studies, and the Arts and Healing.

Outcomes:

- Distinguish between Arts Therapy and other Psychology theories; Arts therapy and Arts education; and Arts Therapy and Arts activities.
- Apply learnt theoretical skills a variety of contexts
- Discuss Arts Therapy theory and other psychological theories critically, drawing on a range of theoretical concepts as needed.

3.1.2 Clinical Pathology

Seminars on clinical pathology, to include Developmental Conditions; Adolescent Conditions; Adult Psychiatric and Geriatric conditions; Neurological Conditions and Medical conditions.

Outcomes:

- Distinguish between various developmental, psychological and medical conditions; their symptoms and effects; progression of disease or disorders; and understand and recognised basic treatments of these.
- Take into consideration and apply learnt knowledge in clinical contexts; in client profiles, clinical reports and supervision sessions.
- Discuss the relevance of the above in clinical situations and in one's own practical work.

3.1.3 Research Methodology

Weekly seminars on current trends in arts therapy research, quantitative and qualitative research methods, research ethics and philosophical bases. The seminars will equip students with methodology for their dissertation.

Outcomes:

- Distinguish between various research methodologies.
- Apply learnt skills of basic research methods.
- Discuss relevant research literature.
- Conduct basic research procedures.

3.1.4 Ethics

Develop personal values, morals and knowledge of professional conduct, confidentiality, ethics in practice and research, statutory legislation, registration, and professional development.

Outcomes:

- Distinguish between ethical and non-ethical behaviour in a professional context.
- Apply learnt skills within Clinical placements
- Discuss professional conduct, confidentiality, ethics in practice and research, statutory legislation, registration, and professional development in light of the HPCSA code of conduct.
- Conduct oneself in a professional and ethical manner in all professional contexts.

4. CLINICAL STUDIES 1

4.1 Modules

4.1.1 Clinical Application of Arts Therapies

Developing clinical improvisation skills; utilizing the arts modalities for individual and group work for clients with a range of needs and disabilities.

Outcomes:

- Adapt and apply arts therapy techniques in a variety of clinical situations.

4.1.2 Clinical Documentation and Evaluation

Client Profiles & Observation Reports; Documentation of Clinical Work (including. assessment, treatment, progress and final reports); Evaluation of Arts Therapy.

Outcomes:

- Provide accurate, concise and sufficient Information regarding Client & Context (Date of birth/ Diagnosis/ setting/ reasons for referral/ admission date etc), Description of Client, aims and structure of clinical work, showing a capacity for self-reflection and inter-subjective thinking, speculation and interpretation.

4.1.3 Clinical Internship

Video/ Audio Recordings and Informed Consent

Recordings are used only for clinical, research and educational purposes, as part of the clinical training, for supervision purposes with their supervisors, and as part of clinical case study presentations for examinations.

At the end of the training, tapes become the property of the University where they will form part of the training archives and will be securely stored and not distributed or sold for gain.

Informed consent must be obtained from all institutions/ and or individual clients or guardians before commencement of sessions and before recordings may be made.

a. Phase One – Orientation

Developing observational skills, and orientation within institutions catering for populations of all ages with special needs, with acute and long-term illness, long-term disabilities, and with chronic mental illness, across the social spectrum.

b. Phase Two - Activity Participation

Participating in activities organised by members of staff at various institutions; organising an 'arts event' (not an arts therapy event); recording and documenting the purpose of the activities, and developing a observation skills while participating (reflexive practitioner stance).

c. Phase Three - Clinical Work

Providing arts therapy to clients with long-term needs, contributing to multi-disciplinary team meetings and liaise with professional colleagues, writing arts therapy assessments, treatment plans and treatment reports for clients' files.

Outcomes:

- Develop a professional rapport with staff and clients at various institutions.
- Apply learnt clinical skills in sessions with clients and practice awareness of various disorders exhibited in clients.
- Discuss work in supervisory sessions, applying clinical thinking and theory to individual cases.
- Document treatment plans, session notes and write up assessment, progress and final reports.

5. ARTS THERAPY THEORY 2

5.1 Modules

5.1.1 Arts Therapy Theory

Clinical case studies, theory and evaluation procedures are covered in more depth, addressed through case studies emphasising work with more complex pathologies. Weekly group seminars on clinical issues arising from placements are scheduled and link to theoretical work covered in Arts Therapy theory.

6. CLINICAL STUDIES 2

6.1 Modules

6.1.1 Clinical Application of Arts Therapies

Advanced clinical improvisation techniques adapted to students' needs arising out of ongoing clinical placements and client groups.

6.1.2 Clinical Internship: Phase four

To provide short-term and longer-term individual and group arts therapy service to placements; to contribute to multi-disciplinary team meetings and liaise with professional colleagues; to write arts therapy assessments, treatment plans and treatment reports for clients' files.

Minimum Standards – Arts Therapy

7. MINI-DISSERTATION/ RESEARCH PROJECT

Weekly seminars are held on research studies and on preparation for the mini-dissertation. This is on topic of the student's choice, within broad focus areas set by the research supervisor.

The mini-dissertation must show knowledge of arts therapy research literature and current debates; include data collection; and show an understanding, and application, of qualitative / quantitative research methods. The mini-dissertation may include clinical examples on audio or videotape, as part of raw data collection. The mini-dissertation proposal, once approved by research supervisors, is submitted to the Departmental Research Committee (NAVKOM), and once approved, to the Faculty Ethics Committee for final approval and registration with Faculty.

7.1 Format and Contents

The mini-dissertation must contain the following sections:

- ♦ Motivation and statement of hypothesis
- ♦ Aim of research as related to hypothesis
- ♦ Interpretation of results
- ♦ Evaluation of results according to literature
- ♦ Conclusions drawn from the study
- ♦ Relevance of study to broader discipline

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