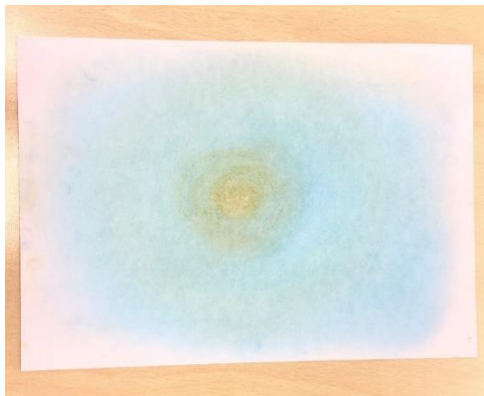


Community Arts Therapies Team: Quarterly Report Oct 2022

CARE (Consultation and Relational Empathy) measures: In September we invited persons using the Arts Therapies to complete a CARE measure, to find out how well we are creating empathy within therapeutic relationships. We received 24 responses across primary care, secondary care, and specialist services with an average outcome of 4.8 out of 5.

Personalised Measures: We continue to explore co-shaping personal outcomes in therapy, which helps to link therapeutic formulations with ongoing personal changes. For example, one therapist writes, *“attending art therapy for the last 21 months has helped you think about why you have a particular relating style, what you have lived through, and what its effect is. Sometimes we don’t realise stuff until we put it into images and talk it through and realize we can change.”* In this care measures included ‘working on self-esteem and self-worth’, which increased from 1/10 to 5/10, ‘being more honest with myself and others’, which increased from 1/10 to 8/10 and ‘being able to speak to someone without having to worry about what they will say or think’, which increased from 0/10 to 5/10.

Arts-Based Psychoeducation: Our team away afternoon focused on Arts-based Psychoeducation. We have started to offer this as a brief option, which is particularly useful in primary care. Psychoeducation emphasises learning and maintaining emotional stability when it is hard to identify and manage emotions.



“Cindy had recently experienced a panic attack and, ‘forgetting’ in the moment what could help. In response, I offered empathic validation, acknowledging how frightening and overwhelming the experience sounded. I introduced the ‘Window of Tolerance’ materials which provides a visual, empowering participants to think and learn about their thoughts and feelings without being overwhelmed by them. This encouraged Cindy to make an image of their ‘safe place’ - associated with happy, peaceful, and contented memories, describing the art making as a soothing and calming experience. Using chalk pastels, the sensory aspects connected them to their ‘safe place’.

Alongside Cindy, I made a creative response image (see below), also using chalk pastels. I used a pompom to smooth the chalk and shared my surprise at how much physical effort I had to put into creating something that created a similar sense of being soft and calming. This made us wonder about the conscious effort needed to create and nurture ‘safe spaces’ and how this might be something that we need to practice.”

Single-session assessment model: In West Lothian an art therapy pilot adapted practice to fit the ACAST single-session assessment model. Findings were that the assessment enabled staff to have a better understanding of patient needs, art therapy helped patients identify, communicate, and manage their needs better encouraging increased patient engagement with other services.

What next: Continuing to develop and evaluate pathways in different community arts therapies localities and specialist services. Connecting arts therapies provisions within acute, psychological, primary care services and third sector providers to build smoother transitions.

[East Lothian Joint Mental Health Team \(Primary and Secondary Care\):](#)
Art and Music

[Edinburgh North East/North West Community Mental Health Teams:](#)
Art (Supervised Practice Education) and Music

[Edinburgh South East/South West](#)
Art (Supervised Practice Education)

[Matrix 4: Psychology:](#)
Art (Pilot Project)

[Lothian Eating Disorder Service:](#)
Art

[FAST Learning Disability:](#)
Art Therapy

[Perinatal Services:](#)
Music and Art (Pilot)