Long Title:

CREATOR Study: CREating conditions to co-shape meaningful personalised measures in the Arts Therapies in statutory community mental health services: arts-based transformational actiOn Research

Short Title:

CREATOR Study: Agreeing meaningful changes in Arts Therapies

HRA protocol compliance declaration:
This protocol has regard for the HRA guidance and order of content.

Protocol version number and date:
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SIGNATURE PAGE

The undersigned confirm that the following protocol has been agreed and accepted and that the Chief Investigator agrees to conduct the study in compliance with the approved protocol and will adhere to the principles outlined in the Declaration of Helsinki, the Sponsor's SOPs, and other regulatory requirement.

I agree to ensure that the confidential information contained in this document will not be used for any other purpose other than the evaluation or conduct of the investigation without the prior written consent of the Sponsor.

I also confirm that I will make the findings of the study publicly available through publication or other dissemination tools without any unnecessary delay and that an honest accurate and transparent account of the study will be given; and that any discrepancies from the study as planned in this protocol will be explained.

For and on behalf of the Study Sponsor:

Signature: Date: 2/11/2023

Name (please print): Dr Caroline Dickson

Position: Doctoral Supervisor

Chief Investigator:

Signature: Date: 02/11/2023

Name: (please print): Emma Maclean

LIST of CONTENTS

GENERAL INFORMATION	Page No.
TITLE PAGE	1
HRA PROTOCOL COMPLIANCE DECLARATION	1
RESEARCH REFERENCE NUMBERS	1
SIGNATURE PAGE	2
LIST OF CONTENTS	3
KEY STUDY CONTACTS	4
STUDY SUMMARY	4
FUNDING	5
ROLE OF SPONSOR AND FUNDER	5
ROLES & RESPONSIBILITIES OF STUDY STEERING GROUPS AND INDIVIDUALS	5
TIMELINE OF ACTIVITY	7
STUDY PROTOCOL	
1. BACKGROUND	8
2. RATIONALE	11
3. THEORETICAL FRAMEWORK	12
4. RESEARCH QUESTION/AIM(S)	14
5. STUDY DESIGN/METHODS	14
6. STUDY SETTING	19
7. SAMPLE AND RECRUITMENT	20
8. ETHICAL AND REGULATORY COMPLIANCE	22
9. DISSEMINATION POLICY	28
10. REFERENCES	29
11. APPENDICES	37

KEY STUDY CONTACTS

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Sponsor	Prof. Jim Scobbie, 0131 474 0000, JScobbie@qmu.ac.uk
Funder(s)	NHS Lothian Research Futures in partnership with QMU The Music Therapy Charity QMU Graduate School Training and Development Fund

STUDY SUMMARY

Study Title	CREATOR Study: Creating conditions to co-shape meaningful personalised measures in the arts therapies in statutory community mental health services: arts-based transformational action research
Internal ref. no. (or short title)	CREATOR Study: Agreeing meaningful changes in the arts therapies
Study Design	Arts-based transformational action research
Study Participants	• persons who have completed an arts therapies pathway in statutory adult mental health community settings beyond an initial appointment over the last three years, • arts therapists within the community team • managers of the arts therapies team • wider professionals currently working within Joint/Community Mental Health Teams, Primary Care Mental Health Services and Specialist Community Services that host an Arts Psychotherapist and may refer someone to the arts therapies. Persons will be excluded if they are acutely unwell. The criteria for this will be that the person is under the care of acute inpatient services or the Intensive Home Treatment Team at the time of recruitment or at the time of the workshops. Recognising that mental health can fluctuate, this will not prevent them from applying to join another workshop.
Planned Size of Sample (if applicable)	6 – 16 persons who have used the Arts Therapies Community Services and 6 – 16 Arts Therapists and/or persons who have referred to the Arts Therapies or managed Arts Therapies services.
Planned Study Period	January - August 2024
Research Question/Aim(s)	• maximising shared understandings of how we create conditions to co-shape meaningful personalised measures in the arts therapies in a statutory community mental health service, • refining and strengthening a framework for personalised measures developed in earlier phases of a professional doctorate journey.

FUNDING AND SUPPORT IN KIND

FUNDER(S)	**FINANCIAL AND NON FINANCIALSUPPORT GIVEN**
NHS Lothian Research Futures/QMU	Academic Fees for Doctoral Qualification
The Music Therapy Charity	Postage, travel expenses and refreshments
QMU Graduate School Training and Development Fund	Room rental costs to host workshops in community settings

ROLE OF STUDY SPONSOR AND FUNDERS

The sponsor is the Higher Education Institution in which the lead researcher is a doctoral candidate, Queen Margaret University (QMU). The institution holds responsibility for indemnity insurance and product and public liability. Academic supervisors identified above will provide ongoing support in relation to ethical conduct, data analysis and interpretation, manuscript writing and dissemination of results on behalf of the sponsor.

NHS Lothian Research Futures will annually review academic progress and the impact that increasing research capacity has on practice development.

The Music Therapy Charity and **QMU Graduate School Training and Development Fund** will require written reports from the lead researcher about benefits of the funding to participants, the profession, and the learner at 6 monthly intervals.

ROLES AND RESPONSIBILITIES OF STUDY STEERING GROUPS & INDIVIDUALS

Study Steering Groups

ACADEMIC SUPERVISION TEAM: The academic supervisors named above will, on behalf of the sponsor, ensure that the study is conducted in accordance with this protocol, QMU Research Ethics, Guidelines and Procedures, the Organisation Information Document and relevant policies within the NHS Trust where the research is proposed.

NHS ARTS THERAPIES SENIOR MANAGEMENT: The CREATOR Study is part of a professional doctorate. NHS Arts Therapies senior management will ensure management of the study meets local governance requirements and support ongoing researcher development within the Arts Therapies Service.

PATIENT AND PUBLIC INVOLVEMENT: Representatives outlined in the table below collaborated with the lead researcher to prepare accessible advertising materials and study documentation. The aim of this was to ensure participants are able to make informed decisions about choosing to become a co-researcher in the study.

Group represented	**Degree of independence from Sponsors and Investigators**	**Where information on the group can be found**
The NHS Lothian Arts Therapies Empowerment Group (*Persons who have used mental health services and arts therapists who*	The Lead Researcher is a founding member of this group.	https://services.nhslothian.scot/artspsychotherapies/lived-experience/

are striving to make the Arts Therapies Service the best that it can be)		
Royal Edinburgh Hospital Patients' Council (Volunteers with experience of using Mental Health Services)	All members are patients or former patients at the Royal Edinburgh Hospital. There has been previous involvement with the Arts Therapies Service.	https://rehpatientscouncil.org.uk/
NRS Mental Health Network	Peer Researcher within the Mental Health Network unknown to lead researcher prior to collaboration.	https://www.nhsresearchscotland.org.uk/public/help-shape-research/patient-and-public-involvement-groups

PROTOCOL CONTRIBUTORS

The protocol has been written solely by the lead researcher, Emma Maclean with ongoing academic supervision within QMU Centre for Person-Centred Practice from Dr Caroline Dickson and Professor Erna Haraldsdottir.

The protocol was first presented in an assessed seminar at QMU in March 2023. Comments from assessors helped to shape a written research proposal which was submitted in June 2023. Both met academic criteria to pass and progress with comments from internal assessors helping to shape this final research protocol.

Service users and members of the public have been directly involved in making study materials accessible.

KEY WORDS: Arts Therapies outcomes, Agreeing meaningful changes, Co-shaping outcomes, Personalised measures, Arts-based transformational action research, Participatory research

TIMELINE OF ACTIVITY

The GANTT chart below identifies key timelines.

	Jan/ Oct 23	Nov/ Dec 23	Jan/ Feb 24	Mar/ April 24	May/ Jun 24	Jul/ Aug 24	Sep/ Dec 24	Jan – Aug 25
Lit. Review (ongoing)								
Ethics applications								
Recruitment								
Funding applications for travel expenses/ refreshments								
Workshops (every 2 months)								
Practice Dev. Groups (every 2 months)								
Collaborative dissemination of findings								
Writing up for doctoral submission								

STUDY PROTOCOL

CREATOR Study

CREating conditions to co-shape meaningful personalised measures in the Arts Therapies in statutory community mental health services: Arts-based transformational actiOn Research.

1 BACKGROUND

The CREATOR study focuses on developing arts therapy services which are based in statutory adult mental health community outpatient settings. Persons requesting assistance from arts therapists in this context have usually experienced some level of relational trauma. They may be finding it challenging to notice and manage complex emotions and/or ways of being in relation to others. Arts therapists facilitate active participation in an arts-form as a primary part of the therapeutic process (Carr et al. 2021). Working implicitly through the arts forms can create spaces to re-work relational sensitivities in action, whilst also forming arts-based representations for more explicit reflections (Havsteen-Franklin 2019). Together these processes can generate increased awareness of the self as agent in dynamic relation with others and build towards meaningful social transformations (MacMurray 1961; McCormack 2004; Stetsenko 2012; Bateman and Fonagy 2016; Dewing 2018). The concerns, which underpin this study, are that current routine outcome measures, which seek participants' self-reports on pre-determined domains of distress (CORE IMS 2021; Kroenke et al. 2001; Spitzer et al. 2006) or well-being (NHS Health Scotland 2006; Leamy et al. 2011) do not reflect such relational complexities or meaningful shifts in everyday life, friendships, and communities.

Critical overview of the literature:
A brief critical overview of the literature outlines values within the practice context which influence the ways that outcomes are currently measured in the arts therapies, key characteristics of idiographic measures used in wider psychotherapy and mental health services, and experiences of persons who have accessed the arts therapies. These scoping reviews demonstrate how the research aims were refined and clarify the purpose of a more in-depth integrative review of the literature to be undertaken as part of this study.

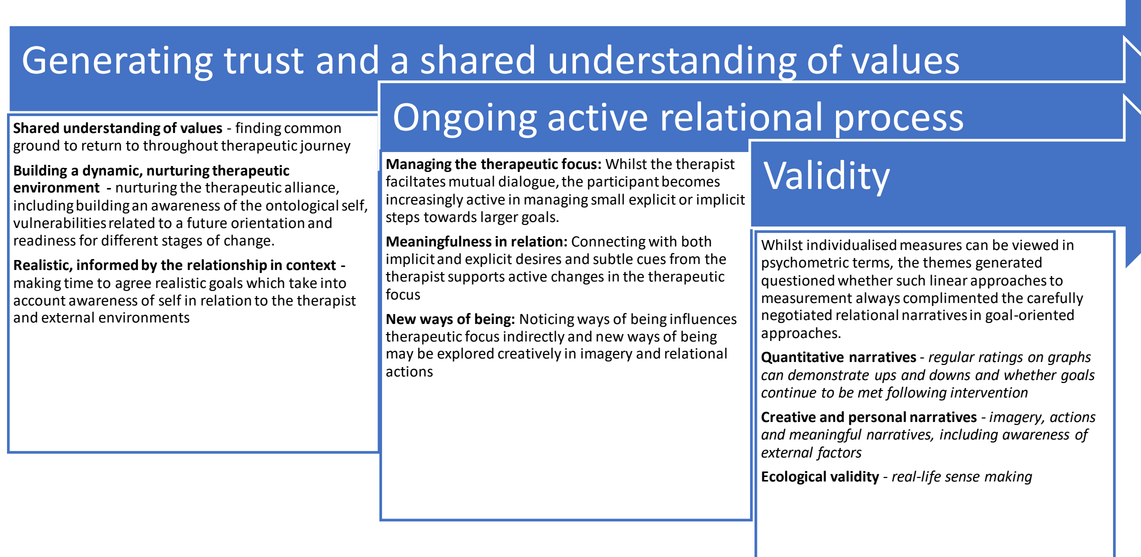
Measuring outcomes within statutory mental health services:
Commissioners of psychological therapies are increasingly demanding routine use of validated self-report measures (The National Collaborating Centre for Mental Health, 2020). In Scotland, CORE (CORE IMS, 2021) has been agreed as the standardised outcome measure across psychological therapies (Scottish Government, 2012) alongside other measures relevant to diagnoses such as PHQ-9 to measure depression severity (Kroenke et al., 2001) and GAD-7 for generalised anxiety disorder (Spitzer et al., 2006). Ongoing criticisms are that such measures medicalise mental distress and focus on deficits (Davies, 2021). In response in the UK, well-being measures, such as WEMWBS (NHS Health Scotland, 2006) and personal recovery frameworks, such as CHIME (Leamy et al., 2011) demonstrate cultural shifts towards measuring increased 'well-being' or 'personal recovery'. However, the scientific demand for pre-determined domains may overlook the complex relational processes of making meanings together either implicitly through the arts (Silverman and Baker, 2018), or more explicitly through agreeing a psychological formulation (Katerud and Kongerslev, 2019). In such practices the therapist and person attending work together to summarise difficulties and make sense of why they might be happening.

Measuring outcomes within the Arts Therapies:
Within practice, Maclean (2021a) demonstrated that the arts therapies do not yet consistently comply with guidance for routine outcome measures. This may be due to limited understanding within everyday practice (Spiro et al., 2018) or alliances with trans-diagnostic and contextual theories

(Carr et al., 2021). However, a growing number of studies seek to demonstrate good psychometric properties of profession specific outcome measures (International Music Therapy Assessment Consortium, 2021), or how to use standardised measures in a person-centred manner (Miller 2014). Through a lens of pragmatism, standardised self-report outcomes provide valid and reliable numeric scores and when used reflexively may inform subsequent stages of the therapeutic journey (Neale and Strang, 2015). However, through a critical lens a power imbalance is evident between the help seeker and help provider in who decides what is meaningful (Martin, 2023). Form-filling may have less of a role in initial assessments in the arts therapies that are non-structured, usually involving interviews, interaction, and observations (Lindahl Jacobsen et al., 2019). The wider ecology or 'lifeworlds' may be considered in noticing continuous outcomes within musical interactions (Ansdell et al., 2016). Using such approaches, space may be created for the person attending to assess what might help (Ala Ruona, 2005). There is however a lack of guidelines on how to actively engage a person attending the arts therapies in co-shaping personal outcomes (Spiro et al., 2017).

Key characteristics of idiographic measures used in wider psychotherapy and mental health services:
Searching more broadly it is evident that personalised, patient-generated, and goal-based measures are used in psychotherapy, occupational therapy, and peer support within mental health services. Maclean (2021b) scoped this literature with an integrative format (Whittemore and Knafl, 2005) bringing together empirical and theoretical data to map the key characteristics of legitimising the service-user voice in actively co-shaping a therapeutic process. Being critical of the dominance of a scientific paradigm which has required measures to be judged in psychometric terms (Barkham, 2016), the review analysed working with goals and personalised measures through the lens of a transformative worldview. This worldview assumes that we are all interdependent and continuously 'determining and determined by the world' (Stetsenko, 2012, p.185). The key characteristics which emerged from the literature review are illustrated in figure 1.

Figure 1.



The review was not exhaustive with only two databases searched alongside a handful of relevant journals, and further analysis needs to be made into the quality of different types of evidence. However, it identified preliminary evidence that there may be alternatives to viewing measures only

in psychometric terms. It suggested that, as an active ongoing relational process, validity for personalised measures could come from real-life sense making, noticing individual, relational *and* community enablers and barriers for ongoing capability, opportunity, and motivation (MARCH Network, 2021; World Health Organisation, 2021). It raised critical questions around how self-awareness, vulnerabilities and readiness for change may influence the conditions for generating trust, a shared understanding of values and realistic personalised measures. It identified the need to be aware of the extent to which therapists are guided by core principles in their actions (Carr et al., 2021), implicit and explicit sense-making (Havsteen-Franklin, 2019). It also highlighted the relevance of pre-requisites for person-centred practice, including 'knowing self', 'clarity of beliefs and values' and being 'professionally competent' (McCance and McCormack, 2020) during initial meetings.

Experiences of persons who have accessed the arts therapies:
A preliminary scoping of publications either written by or aiming to capture the experiences of persons who have attended the arts therapies suggested that relational experiences offer nurture, flexibility, possibilities for personal growth and rekindling enjoyment of the arts forms (McCaffrey and Edwards, 2016; Ford et al., 2021). Windle et al. (2020) and Chilvers et al. (2021) suggest that creating safe spaces through active participation in arts-based processes allows a sharing of emotions and experiences, which otherwise may remain silent. McCaffrey and Edwards (2016) and Chilvers et al. (2021) identify that the arts provide alternative ways to communicate which can mitigate the intensity of bringing self into interpersonal situations. According to Ford et al. (2021) metaphors offer different ways to participate in meaning making and refer back to interpersonal knowledge generated. They suggest interpersonal flexibility can allow meaning making to emerge in a timely manner. Windle et al. (2020) suggest fostering a space for ongoing curiosity can allow questions and shared understandings to emerge within the therapeutic relationship which ripple out and build different ways to connect with wider communities. Ansdell and Meehan (2010) and McCaffrey and Edwards (2016) demonstrate that reconnecting with the arts form can continue beyond the therapeutic relationship encouraging ongoing engagement in the arts outside of the mental health context. Solli and Rolvsjord (2014) found that the arts therapies can provide optimism towards the future, with active participation stimulating experiences of agency in wider parts of a person's life. Some participants have noted however that a lack of clear expectations can provide challenges (McCaffrey et al., 2018) with endings for time-limited high intensity music therapy groups leaving participants with a sense of loss, feeling unable to build on ongoing opportunities (Windle et al., 2020).

The literature reviewed so far, whilst not exhaustive, suggests that there may be alternatives to viewing measures only in psychometric terms. The relational experiences of persons who have attended the arts therapies highlight that active participation in arts-based processes offer different ways to engage in meaning-making. However, an overview of measuring outcomes in the arts therapies in statutory mental health services indicates a current lack of guidelines on how to actively engage a person attending the arts therapies to co-shape personal outcomes. Building on this gap, this study invites persons who have attended, referred to and managed the arts therapies to become co-researchers alongside Arts Therapies practitioners. Being a co-researcher emphasises that there are different ways of knowing, that we make meanings together through our actions, and that sharing power in research enables different voices to be heard. The aims of the CREATOR study are to:

- maximise shared understandings of how we create conditions to co-shape meaningful personalised measures in the arts therapies in a statutory community mental health service,

- refine and strengthen a framework for personalised measures developed in earlier phases of a professional doctorate journey.

2 RATIONALE

The CREATOR study forms phase 3 of the lead researcher's professional doctorate. All three phases question the positivist paradigm and the bio-medical model currently dominating health and social care in which value is placed on standardised outcome measures, or tools, which are 'validated' by 'experts' (Proctor 2021).

Phase 1 identified a misfit in using such models in community mental health settings. A review of Arts Therapies practice highlighted an apparent paradox in the demand for good psychometric data to justify services alongside the flexibility to co-create person-centred therapeutic directions (Fyvie et al. 2019). Easy to administer checklists being introduced, such as CORE (CORE IMS 2021) and the Warwick and Edinburgh Well Being Scale (NHS Health Scotland 2006), were individualising distress and standardising well-being rather than actively involving people in decision-making about what counts (Puras 2020). Clinician reported outcome measures (CROMS), such as CAT-SRS (Hackett 2016) (developed in a learning disability context) appeared to assume persons attending services are unable to actively engage in setting goals replacing shared decision-making processes with standardised domains to allow the therapist to 'unobtrusively' record observations. Looking through a critical lens, the hermeneutical injustice (Fricker 2007) for persons experiencing ongoing change through the arts therapies being invited to make sense of these through ill-fitting questionnaires became evident. Some of the assumptions, which Borsboom (2006) suggests blindly integrate psychology and psychometrics, needed to be looked at again. More thinking appeared to be required in relation to what Jacobson and Truax (1991) classified as 'functional' and 'dysfunctional' populations.

Phase 2 built on phase 1 seeking to encourage a paradigm shift in the ways that ongoing changes brought about by attending the arts therapies are agreed and reviewed. Building on the bedrocks of social justice, human rights, and person-centred aspirations to humanise healthcare (Dewing et al. 2021), the Community Arts Therapies team began to co-create an alternative framework for personalised measures. It was hoped this new framework might legitimize participation of those attending services to co-shape personal outcomes within the arts therapies that might be meaningful in everyday life, friendships, and communities. Using action inquiry evaluation core members of the team embedded, strengthened, and refined the framework, with the empowerment group contributing further through inviting claims, concerns, and issues (Foundation of Nursing Studies 2015).

The agreed framework for personalised measures (appendix 1) begins with therapist and participant agreeing the baseline or formulation, in which value is placed on persons attending the arts therapies being 'knowing subjects' (Bergold and Thomas 2012). In recognising that adverse childhood experiences can have a huge impact on epistemic trust and that persons beginning in the arts therapies may experience difficulties appraising social information as authentic and personally relevant, it allows for the therapeutic relationship being formed primarily through the arts forms. This allows social information to be experienced implicitly at first and a shared understanding to emerge in a language that holds meaning for both the person attending and the therapist. The agreed aims should create signposts which encourage actively making sense of and gaining an increased sense of agency through interactions with others (Gallotti and Frith, 2013; Fonagy et al., 2017) to explore new patterns of relating in wider contexts. The personalised nature of the measures assumes recovery to be an inherently relational process which builds on shared understandings of what emerges in the spaces between therapeutic contact with individuals and 'the social and cultural milieus in which they are embedded' (Price-Robertson et al., 2017, p.116). Endings include what the person needs to do next, recognising that ongoing steps should be an important part of a relational

measure and may link statutory mental health services to social prescribing (Teuton, 2015) and the participatory arts (MARCH Network, 2021). In this phase we also considered potential misfits with the ongoing use of the word 'measures'. However, as we did not find a suitable alternative this will remain an ongoing critical question in phase three.

Phase 3: The CREATOR Study
Moving from a positivist towards a critical paradigm phase 3, the CREATOR study, seeks to increase curiosity about the way that historical, social, and cultural processes impact on the types of knowledge that are valued (Camargo-Borges 2018; Dewing et al. 2021). As McCormack (2022) articulates, it is important to consider how wider social, political, and organisational values are communicated through approaches to monitoring and reviewing ongoing transformations. Looking again, through what Stetsenko (2012) names an 'active transformative stance to personhood', the CREATOR study questions whether, within relational therapies, outcomes become meaningful when they capture ongoing transformations of the self as agent in everyday communities (MacMurray 1953). These beliefs chime with recent guidance for Community Mental Health Services from the World Health Organisation (2021) which emphasises the need for a cultural shift to move away from a focus on symptom reduction towards ensuring that 'people with mental health conditions are included in the community and able to lead full and meaningful lives' (p.XVII).

The CREATOR study aims to continue to nurture the culture in which the framework was formed and invite persons who use, practice, manage, and refer to the arts therapies to consider how we create the conditions for the therapist and person attending an arts therapy to work together to agree and review meaningful changes. It will build on therapists' learning that personalised measures were easier to co-shape with some than others and that keeping the arts central to the process could be challenging. It will consider recent feedback in which responses from persons accessing the arts therapies to the CARE measure (Scottish Executive, 2004) suggested that areas for improvement were 'explaining things clearly' and 'developing a plan of action'. It will generate ongoing critical questions for cycles of arts-based transformational action research and embed mechanisms that sustain learning (Coghlan and Shani, 2015) with the aims of:

- maximising shared understandings of how we create conditions to co-shape meaningful personalised measures in the arts therapies in a statutory community mental health service,

- refining and strengthening a framework for personalised measures developed in earlier phases of a professional doctorate journey.

3 THEORETICAL FRAMEWORK

3.1 Methodology:
Persons who have completed an arts therapies pathway, managed, and referred to services will be invited to become co-researchers in cycles of arts-based transformational action research. An arts-based transformational action research approach will bring together key learning from arts-based (Leavy, 2018; Camargo-Borges, 2018; Kunt, 2020; Gerber, 2022) awareness-based (Scharmer and Kaufer, 2015), community-based (Taliep et al., 2022), and transformational methodologies (McCormack, 2015; Titchen et al., 2017).

Transformational methodologies will facilitate critical thinking around current ways of working. Noticing that the values underpinning a practice environment can become enmeshed with our ways of being (Kemmis et al., 2015; Kemmis, 2022) and become habitual, the CREATOR study will encourage co-researchers to let go of old ways of being and let the future come. Recognising that we are influenced at conscious and unconscious levels by social, political, and organisational factors,

awareness-based methodologies (Scharmer 2018), will encourage bending the beam back on personal experiences and habits to raise critical questions. Drawing on the work of Carmargo-Borges (2018), integrating arts-based methodologies will aim to facilitate different ways of generating new ideas. Kunt (2020) proposes that using art and music-making within individual reflections and within inter-actions between co-researchers, may encourage ways of knowing across affective and cognitive realms. As described by Gerber (2022), arts-based methodologies will seek *ideata* rather than *data* emphasising the co-creating that occurs in imaginative mental processes. This will aim to facilitate what Gergen (2015) describes as future-forming research.

McCormack (2015) suggests that transformational methodologies are capable of transforming individuals, groups, and organizations. The CREATOR study moves away from a positivist stance, in which neutrality and control allows the researcher to seek truths or facts within what exists already. Through co-creating aesthetic spaces to bring different voices within a social field together it aims to plant seeds for ongoing changes. In line with community-based participatory research, which Taliep et al., (2022) note emphasises the importance of social justice, it will aim to maximise agency and activism, to challenge the status quo, and empower marginalised voices. From a relational ontological perspective, softening the separation between researcher and researched will aim to facilitate getting closer (Storberg-Walker 2022) and create spaces for ongoing negotiations and actions between persons who have accessed, managed, referred to, and delivered the arts therapies. It is hoped that this might build increased understanding of how interdependencies and interconnections may facilitate or limit co-shaping meaningful personalised measures.

3.2 Methodological principles:

The methodological principles I developed in phase 2 will help to apply these transformational methodologies:

<u>Principle 1:</u> Generating co-action through connecting: Connecting through arts making processes enables different experiences to be felt in co-action (Kunt, 2020; Gerber, 2022). Reflection, as the impersonal and negative aspect of action (MacMurray, 1961), facilitates collaborative and democratic processes to generate ongoing actions. Connecting in this way does not sustain traditional divides between communities of practice and those using services (Gergen and Gergen, 2015). It may create potential to move away from the third person 'expert' who analyses the data (Russo, 2016) towards building capacity to collaboratively transform cultures.

<u>Principle 2:</u> Building shared understandings: I will aim to build a good container or holding space to allow for generative social processes (Scharmer, 2018) innovation, and risk taking. We build shared understandings by tapping into personal transformations (first person) and experiences within direct relationships (second person). The process of making meanings by bringing together different perspectives will be used to transform statutory community arts therapies services (third person) (Coghlan and Shani, 2015).

<u>Principle 3:</u> Co-sensing: Valuing the connections that can be found by listening with hearts (affect) and minds (cognitive) within arts making processes and verbal reflection (Camargo-Borges, 2018; Gerber, 2022) facilitates hearing and seeing relational and interdependent shapes as they emerge. Listening at a generative level to the support or resistance experienced within dynamic relations (MacMurray, 1953; 1961) helps us to move cultures from 'absencing' to 'presencing', in which we let go of old ways of being and let the future come (Scharmer, 2018).

<u>Principle 4:</u> Being transparent, enabling criticality and awareness: As an insider researcher, I will be researching the practice context in which I also practice. Co-researchers will bring different experiences of being insiders within their own communities as experts with experience, as arts

therapists, or as wider professionals. We will encourage transparency about personal values and increase awareness of any misfits with values of wider stakeholders including drivers, policies, and strategies (Coghlan and Shani, 2015).

Principle 5: Negotiation and kindness: I will aim to develop enough trust between participants to enable authenticity in expressing different views (Bergold and Thomas, 2012). I will facilitate debate (offering a different stance) and dialogue (letting go to see other points of view) (Scharmer, 2018). I will appreciate different ways of knowing and invite co-researchers to make meanings through languages or processes not usually associated with research, including art and music, in the hope that this may bring potential to transform statutory community arts therapies services (Titchen et al., 2017).

Principle 6: Flourishing: I aim to create a research culture in which the use of imagination and creative processes maximises the potential of bringing different social fields together to generate knowledge (Gergen and Gergen, 2015). I will support ongoing personal, professional, and social transformations (Jacobs et al., 2017) and create conditions for human flourishing (Titchen et al., 2017; McCormack et al., 2020).

4 RESEARCH QUESTION/AIM(S)

The primary research question looks at how we create conditions to co-shape meaningful personalised measures in the arts therapies in a statutory community mental health service.

4.1 Objectives

The objectives are to:

- maximise shared understandings of how we create conditions to co-shape meaningful personalised measures in the arts therapies in a statutory community mental health service,
- refine and strengthening a framework for personalised measures developed in earlier phases of a professional doctorate journey.

4.2 Intended Outcome

Outputs, created through processes of shared meaning-making, will include sustainable resources, which will aim to contribute to ongoing changes within Arts Therapies practice in statutory mental health services. These may include:

- a refined framework to guide arts therapists in co-shaping meaningful personal outcomes in statutory community mental health contexts
- principles and implementation guidelines for arts therapies services in statutory community mental health contexts to create the conditions to agree and review a meaningful therapeutic focus
- Grey materials, and training packages accessible to a wide range of stakeholders

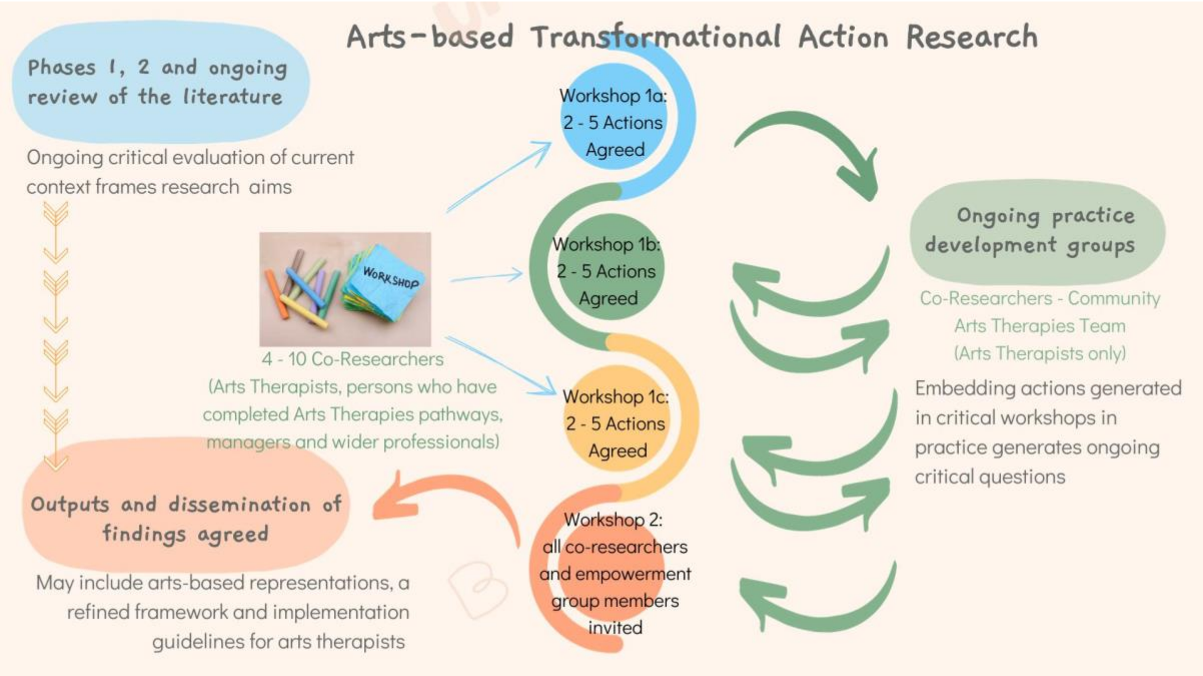
5 STUDY DESIGN and METHODS of DATA COLLECTION AND DATA ANALYIS

The study will consist of a series of three workshops (1a, 1b and 1c) which will aim to maximise shared understandings of how we create conditions to co-shape meaningful personalised measures. Each workshop will have a maximum of ten co-researchers, including persons who have completed an arts therapies pathway, arts therapists in the community team, managers of the arts therapies and wider professionals who refer to the arts therapies. Each workshop will last up to four hours and will be held in different locations across the region to encourage wide participation from persons who have accessed different community-based arts therapies services. Holding what Titchen et al. (2017) speak of as a transformational worldview, I will invite co-researchers to actively use music and art in relational processes to explore the main research question and imagine new ways of working. Co-researchers in each workshop will be guided through processes to generate 2 – 5 actions for ways to create the conditions to agree and review meaningful changes in the Arts Therapies.

Following each workshop, the lead researcher will email the agreed actions to arts therapists within the community team who will be invited to embed the actions generated into their ongoing arts therapies practice. Building on the action inquiry in phase two, it is hoped that this will enable Arts Therapists in the Community Team to try out new ways of being within their current practice context. These co-researchers only will meet once for one hour in a practice development group before the following workshop. Using a structured process the practice development groups will provide a space for Arts Therapists to reflect on their experiences of embedding any actions. They will be invited to engage in critical dialogues to shape dilemmas or metaphors that exemplify their experiences of any actions or resources which make it easier or harder for an arts therapist and person attending to agree and review changes in therapy. These dilemmas or metaphors will be shared by the lead researcher at the beginning of the next workshop as part of raising consciousness amongst co-researchers. Sharp (2018) suggests that such ongoing processes, which use cycles of action and reflection, can increase awareness of the bigger picture, and enable shifts from traditional ways of doing things towards embedding meaningful change.

All co-researchers will be invited to a final optional workshop (workshop 2). The empowerment group, as an expert panel, will be invited to join as additional co-researchers. All attending the final workshop will agree outputs and make plans for sharing any findings. These will be iterative action spirals as outlined in figure 2.

Figure 2.



5.1 Workshops:

In workshops 1a, b and c I will aim to build communicative spaces (Bergold and Thomas, 2012; Kemmis et al., 2015) which aim to enable all voices to be heard. I will guide participants through creative activities to facilitate a deep exploration of the main research question. In the second half of each workshop an adaptation of nominal group technique (NGT) will facilitate individual reflection and shared meaning-making of experiences in the creative activities. NGT has been used in community-based action research as a fun way to flatten hierarchies and ensure that all voices are heard (Totikidis, 2010). It can limit the influence of the facilitator and the problematic domineering voice often present in groups (Olsen, 2019) and enable ownership of the creation of data which is coded and categorised within each session (Willis and Varga-Atkins, 2015). It will aim to ensure that all co-researchers are involved collaboratively and democratically (Bergold and Thomas, 2012) in generating actions to take back to practice. It is hoped that this arts-based adaptation will enable co-researchers to move between what MacMurray (1961) spoke of as the 'personal' and 'impersonal' elements of human relations. Co-researchers will experience actions in dynamic relations with others, reflect on the experiences, and then come together with the aim of generating new actions. It is hoped that person-centred facilitation will, as McCormack et al. (2021) suggest, provide an alternative to agendas that are professionally driven and nurture meaningful transformations.

The process will incorporate the following ten steps:

1. **Consent (15 mins):**
   On arrival each member of the workshop will be invited to revisit the participant information sheets and ask any questions, which have not been already answered. Understanding will be checked by the lead researcher and consent forms signed and co-signed. Refreshments will be available during this process and instruments/arts materials.

2. **Creating a communicative space (15 mins):**
   Facilitated by the lead researcher, each co-researcher will be invited to play a chosen musical instrument from a selection available. The lead researcher will use a flexible musical framework to facilitate bringing different co-researchers together through making music.

Following this active experience, the lead researcher will invite each co-researcher to introduce themselves to the rest of the group verbally. The facilitator will invite reflections on the musical improvisation to begin to think about the ways that participants may have been influenced by the musical framework or by the musical contributions from others in the room. These reflections will be used to introduce participants to thinking about transformational processes. Ground rules will be agreed for the workshop. It will be noted that refreshments will be available throughout the workshops and regular check-ins will be made about taking breaks and any additional space required. Copies of the framework for personalised measures will be shared (appendix 1) alongside dilemmas or metaphors shaped by ongoing practice development groups and the ongoing review of the literature.

3. **Arts-based interactive explorations (60 mins):**
   The lead researcher will guide all co-researchers in making responses to the main research question; how we create conditions to co-shape meaningful personal outcomes. Co-researchers will initially be invited to use art materials to create a visual image of how therapists and persons attending can work together to agree and review meaningful changes that could be brought about by taking part in art or music therapy (20 mins). Musical instruments will then be introduced to allow each participant to take a turn to lead the rest of their group in an exploration of a process of agreeing and reviewing what might be meaningful changes, including their own and the therapist's actions and resources in the space where therapy takes place, the organisation, or the wider community (40 mins).

4. **Individual reflection (10 mins):**
   Co-researchers will be invited to complete reflective sheets (appendix 2) following the arts-based experiences to think individually about interactions and/or resources, which might make it easier or harder to work with a therapist to agree, and review changes in therapy that could be meaningful in everyday life, friendships, and communities.

5. **Generative Listening (20 mins):**
   Interactions and or resources identified will be shared in a circle. To ensure all voices are heard only one person will speak at a time sharing one idea with the group from their list. Each idea will be written up verbatim on a flip chart. It will be highlighted that in generative listening the idea is to hold a space for new ideas to be born (Scharmer, 2018). These ideas should be added to the bottom of personal lists and brought into discussion as progression around the circle continues.

6. **Collaborative meaning-making (20 mins):**
   Group discussions will be encouraged. Whilst none of the ideas are eliminated at this stage, the group may begin to categorise. Where possible, ways to create conditions, or make it easier to agree and review changes that might be meaningful, will be imagined in response to barriers experienced. The group will be encouraged to begin to imagine how these could be tried out in practice.

7. **Generating transformative actions (20 mins):**
   Individually co-researchers will be invited to rank enabling interactions/resources using a 5* colour-coded system (Totikidis, 2010) as they write them up onto post-it notes. 1* (purple) not a bad idea, 2* (blue) a good idea), 3* (green) a very good idea, 4* (orange) an excellent idea, 5* (yellow) my most favourite idea. Coloured post-it notes will be placed on 5 flip chart papers belonging to each colour and title.

8. **Collaborative meaning-making (20 mins):**

Further group discussions and/or responses using art/music. Noticing any new categories emerging.

9. **Agreeing transformative actions (20 mins):**
   Re-ranking – participants can move interactions/resources which make it easier to work with a therapist to agree and review meaningful changes brought about by taking part in the arts therapies. The most important actions generated are agreed as the conditions to be taken forward to practice (between 2 – 5 on the yellow sheet).

10. **Final check-in and next steps (20 mins):**
    Imagery cards will be used to reflect on personal experiences within the workshop. Co-researchers will be informed about the option to attend a final workshop to agree outputs from the study and how findings will be shared.

All workshops will be audio recorded to enable accurate descriptions of what was said or made during the workshops. Recordings in which co-researchers are identifiable will be uploaded following each workshop to a password protected identified shared drive in the NHS Board where the study takes place in a folder for the CREATOR study to be accessed by the lead researcher only. The lead researcher will adhere to NHS Lothian Digital IT Security Policy with regards to device management and security. The lead researcher will transcribe audio recordings as soon as possible after each workshop. Each co-researcher will be allocated a pseudonym, and the code will be stored by the lead researcher in a locked filing cabinet in the NHS Board where the study is taking place in a separate location to consent forms. All comments will be pseudonomysed, and all identifiers removed. In order that co-researchers are not identifiable, as soon as transcriptions are complete, all discussions, and recordings of music which include voices, will be deleted.

Photographs will also be taken of images created during the workshops on equipment owned by NHS Lothian Arts Therapies, which may include a digital camera or NHS mobile phone. Photographs and recordings of instrumental music, in which co-researchers are not identifiable, will be stored throughout the research and kept for five years after preliminary findings have been disseminated in line with QMU's retention policy. These will be kept on a password protected identified shared drive in a folder for the CREATOR study to be accessed only by the lead researcher. They may be reviewed as part of the final workshop. If co-researchers agree that they would like to include any music or images in the dissemination of findings additional consent will be sought by the lead researcher. Individual co-researcher's responses will remain anonymous to other co-researchers.

5.2 Practice Development Groups:

Three practice development groups (2a, 2b and 2c) will take place following each workshop. These will be held online given the various localities in which practitioners are based. Each group will last one hour. One person will keep time throughout. This may or may not be the lead researcher.

The communicative space created by the structure aims:

- to ensure that all voices are given equal space.
- to enable practitioners to look back on their own experiences and those of other practitioners within the team with fresh eyes.
- to generate critical questions which might help shape dilemmas or metaphors that exemplify experiences of any actions or resources making it easier or harder for an arts therapist and person attending to agree and review changes in the arts therapies.

Adapted from Presencing Institute Case Clinics (www.presencing.org) and Sharp (2018).

Step	Time	Activity
1	8 mins	**Experience 1:** What has been like embedding, or preparing to embed the actions generated in the most recent co-researcher workshop? What have been your experiences? It may be helpful to share emotions/stories behind your actions. You may also want to share any documentation in advance which evidence the experiences you are describing.
2	1 min	**Silence**
3	8 mins	**Mirroring** – all observers share images, feelings, gestures, and verbal reflections that came up whilst listening.
4	3 mins	Presenter 1 reflects on what they have heard and what actions they will take forward
5	8 mins	**Experience 2:** As above (experience 1)
6	2 mins	**Silence**
7	8 mins	**Mirroring** – all observers share images, feelings, gestures, and verbal reflections that came up whilst listening.
8	3 mins	Presenter 2 reflects on what they have heard and what actions they will take forward
9	15 mins	**Generative dialogue:** What have we become aware of in this practice development meeting? What dilemmas or metaphors can we suggest for the next co-researcher workshop that exemplify experiences of any actions or resources that have made it easier or harder to agree and review changes in therapy?
10	3 mins	**Emotional check-in:** How do we feel about the next cycle of using personalised measures?
11	2 mins	**Agree presenters and timekeeper for next time.**

5.3 Final workshop: Co-analysing, agreeing study outcomes and dissemination

The purpose of the final workshop will be to agree the study outcomes, and how these should be shared within the NHS Trust and more widely. As outlined in the methodology section, the aim of using arts-based methodologies will be to seek *ideata* rather than *data.* Using *ideata* emphasizes the ongoing process of co-researchers working together to co-create and to co-analyse to facilitate future-forming research. Rather than the 'expert researcher' looking back at the data gathered and analysing what can be found, the lead researcher will facilitate a process of working together to co-analyse 'ideata' gathered throughout workshops 1a, 1b and 1c and practice development groups 2a, 2b and 2c. This will happen in four stages.

Stage 1: The lead researcher will identify moments of mean-making from the transcripts which led to the development of each action, dilemma or metaphor generated by co-researchers. A summary of these moments and actions, dilemmas or metaphors will be sent to all co-researchers with the invitation to the final workshop. In the first stage of the final workshop these relevant moments will be shared and co-researchers will be invited to identify any others that the lead researcher may have overlooked. Artwork will be displayed, alongside sections of the transcripts. Excerpts of music will also be shared.

Stage 2: All co-researchers in the final workshop will be invited to repeat steps 4 to 6 from the arts-based adaptation of nominal group technique (individual reflection, generative listening, and collaborative meaning making).

Stage 3: The lead researcher will guide all co-researchers through arts-based explorations and critical reflection to agree final outputs. Key principles for creating conditions to co-shape meaningful personalised measures in the arts therapies will be ranked and refined using post-it notes as in previous workshops to ensure that all voices are heard. The framework for personalised measures may also be refined and strengthened as part of this stage using claims, concerns, and issues (Foundation of Nursing Studies 2015).

Stage 4: The final stage will bring co-researchers together in collaborative meaning-making to reach consensus about how outcomes should be shared more widely, i.e. within local services and broader arts therapies/mental health services. Options may include using music, i.e. writing a song, using art, workshops or written guidelines. It will also be important to agree might be the scope of any academic publications written by the lead researcher, the remit of journals in which these might be published, i.e. *Critical Public Health, The Arts in Psychotherapies,* and if/how these will be checked by any co-researchers. In the final closing of this session the lead researcher will invite co-researchers to inform her the extent that they wish to be involved in dissemination.

6 STUDY SETTING

The CREATOR study is a single centre study. Co-researchers will be recruited within one NHS Board in which the lead researcher is a practicing clinician and sponsored by the Research Futures programme as a professional doctorate candidate.

The workshops will be held in different community-based locations across the region to encourage wide participation from persons who may bring different perspectives. Funding has been granted by QMU training and development fund to enable rooms to be booked outside of hospital and outpatient clinic settings as one of the measures to address the potential for a power imbalance between persons who have attended services and persons who work within and refer to these services. A second "quiet room" will be booked at each location to allow for any co-researcher to take time out should it be necessary. The Arts Therapies Service will ensure that someone suitable is available for the participant to talk to if required in this second room, i.e. an Arts Therapist, peer support worker, other professional.

A larger room may be required for workshop two depending on the number of co-researchers who choose to attend. The location of this final workshop will consider the geographical locations of the co-researchers who have attended the arts therapies who opt in to promote ease in attending.

Instruments and arts materials will be transported to the venue by the lead researcher. Refreshments will be ordered in advance and delivered to each venue.

7 SAMPLE AND RECRUITMENT

7.1 Eligibility Criteria

7.1.1 Inclusion criteria

Co-researchers will be living or working in Lothian and will include:

- Persons aged 18 -65 who have completed an arts therapies pathway in statutory adult mental health community settings beyond an initial assessment in the last three years
- Arts Therapists within the community team
- Managers of the arts therapies team

- Wider professionals from Joint/Community Mental Health Teams, Primary Care Mental Health services and specialist community services who may refer persons to the arts therapies

7.1.2 Exclusion criteria

Persons who attended the arts therapies will be excluded if:

- They are receiving care from acute inpatient services or the Intensive Home Treatment Team at the time of recruitment or at the time of the workshops. Recognising that mental health can fluctuate, this will not prevent them from applying to join another workshop.
- They only attended initial assessment appointments but did not take up the offer of the Arts Therapies.

In the preliminary stage of identifying co-researchers who have completed an arts therapies pathway in the last three years it will be essential to find out about any need for translation of materials/use of interpreters and make arrangements for these to be included. This will include adaptation of materials and workshops to include special communication needs.

7.2 Sampling

7.2.1 Size of sample

Each workshop (1a, 1b and 1c) will include a maximum of ten participants. At least half of the spaces will be offered to persons who have attended the Arts Therapies. Each group should include at least four persons (Arts Therapists and two persons who have attended services) to ensure multiple and diverse responses to the research question.

7.2.2 Sampling technique

Participants who have attended the arts therapies services in the last three years will be purposively sampled as per the inclusion criteria once approval has been granted by the Caldicott Guardian/ACCORD.

All Arts Therapists within the Community Team and managers will be purposively sampled. All will be invited to become co-researchers through email from the Head of Arts Therapies.

Wider professionals will be recruited through snowball sampling with email invitations sent by the Head of Arts Therapies to team leads for wider circulation.

The aim to recruit up to ten participants for each workshop recognises the importance of creating collaborative and democratic communicative spaces. Given that arts therapists and professionals who refer to the arts therapies will be attending in a professional capacity, and that for persons who have used services it will be a voluntary role, there is potential for a power imbalance. Patient involvement in the planning stages for the PIS highlighted that if there are more professionals in a group than persons who have used services it might be challenging to voice different ideas. The groups will therefore be balanced as much as is possible, and held in community locations, which may be considered more neutral. Professionals attending will require support from a line manager to attend the four-hour workshops. The arts-based adaptation of Nominal Group Technique used within each workshop aims to ensure that different ways of knowing are valued. Person-centred facilitation will aim to ensure that different voices are heard throughout the process, through art and music, verbally, on flip charts and using post-it notes.

7.3 Recruitment

7.3.1 Sample identification

Identification of persons who have attended services:

The lead researcher will apply to Caldicott Guardian/ACCORD for permission to create a database including the contact details of all persons who attended the Arts Therapies within community settings within the last three years. As we are seeking persons who have completed an Arts Therapies pathway, they will not currently be part of an Arts Therapist's care and may no longer be involved with secondary care mental health services. Details requested will therefore be kept to a minimum. It will be requested that the TRAK Mental Health Analysts pull the required data and email the lead researcher. This will include name, address, number of Arts Therapy sessions attended and any communication needs which may require materials to be translated or in a different format. If they are currently under the care of acute inpatient services or the Intensive Home Treatment Team, which would exclude them from the study at this time as they may be vulnerable and capacity to consent may be fluctuating, it will be requested that they are not included in this report.

All persons within the database will receive a letter. To avoid any sense of coercion, or persons feeling obliged to respond favourably to their previous therapist, the letters will be sent from the Head of the Arts Therapies Service, who does not currently have a clinical role in the team. This letter will include the Participation Information Sheet for persons who have attended services, an A4 version of the recruitment poster and a reply slip. It will be clear that if more information is required the lead researcher is available to go through the Participant Information Sheet in detail in person to ensure that all participants are making an informed decision to take part. The reply slip will be returned to Arts Therapies Administration via post.

It is clear in the Participation Information Sheet that this is a voluntary role, that there is no payment for taking part, and that travel expenses will be available to minimise any financial burdens. It is recognised that as the research includes professionals and persons who have attended services there is a potential for an imbalance of power. It will be clear in the information sheet that all co-researchers will be able to make choices, to take breaks whenever they want, and that non-alcoholic refreshments and snacks will be provided throughout.

Identification of managers/wider professionals who have referred someone to arts therapies:
An email will be sent from the Head of Arts Therapies Service to invite managers/persons who have referred someone to services and arts therapists to become co-researchers. It will be clear that the email can be shared widely amongst teams. A Participation Information Sheet for Arts Therapists and Wider Professionals will be attached to the email. It will be clear that if more information is required the lead researcher is available to answer any questions to ensure that all participants are making an informed decision to take part. Participants will be asked to reply to
Admin.ArtsTherapies@nhslothian.scot.nhs.uk

Identification of Arts Therapists:
The Head of Arts Therapies will send an invitation email to the Arts Therapies Community Team, which is a small team (currently six arts therapists) and includes colleagues who were involved in the development phases of the research study. A Participation Information Sheet for Arts Therapists and Wider Professionals will be attached to the email. It will be clear that if more information is required the lead researcher is available to answer any questions to ensure that all participants are making an informed decision to take part. Participants will be asked to reply to
Admin.ArtsTherapies@nhslothian.scot.nhs.uk
For Arts Therapists and wider professionals interested in participating it will be up to the discretion of their line manager whether participation may be of benefit to their service and whether they can participate within working hours.

Recruitment posters:
Posters will be used to recruit all co-researchers. This recognises that addresses may have changed for persons who have attended the arts therapies and not all wider professionals may receive the email. Posters will be put up in locations where services are currently delivered by the Arts Therapies

Community Team within the NHS Board where the study is proposed to take place. These will include a QR code which takes potential participants to the Arts Therapies website where the Participation Information Sheets will be available and information about how to register an interest by contacting Admin.ArtsTherapies@nhslothian.scot.nhs.uk

Each co-researcher will be assigned a workshop according to geographical location to maximise ease of attending. If one group becomes full, co-researchers will be advised of travel distance to another group. This communication will be done by Arts Therapies Administration staff.

7.3.2 Consent

Informed consent will be gained by ensuring that all co-researchers have had an opportunity to read the relevant Participant Information Sheet at least 24 hours in advance of the first workshop they attend, and to ask any questions. The options to go through the information sheet with the lead researcher or to contact an independent advisor are clearly outlined on the participation sheets.

Understanding of what the research involves, including benefits, risks and burdens and the option to withdraw at any time will be checked at the beginning of each workshop before consent forms are initialled and signed by each co-researcher and co-signed by the lead researcher.

8 ETHICAL AND REGULATORY CONSIDERATIONS

Duty ethics:
The research will require a favourable ethical opinion from QMU and an NHS Research Ethics Committee Review (REC), which will ensure that clear guidance is followed regarding actions around recruitment, emotional safety, data storage and destruction. Additional approval will be required from the Caldicott Guardian/ACCORD to access personal data of persons who have already completed a journey with the Arts Therapies and are no longer actively involved in the Service. The Research and Development department within the NHS Board in which the study is proposed will approve this protocol and all accompanying documents before recruitment can begin.

In terms of benefits, it will be important to ensure that all participants are aware that this is not therapy and that there may be no direct benefits for individuals involved. It will be clear that the aim of each workshop will be to generate actions for creating conditions to co-shape meaningful personalised measures in community arts therapies pathways. It will be highlighted that in between workshops practitioners will embed actions and reflect on experiences to refine and strengthen shared principles, which it is hoped may improve ongoing experiences of the arts therapies and pathways to wider formal, informal, and voluntary supports.

Potential risks and burdens for co-researchers will be minimised as outlined below:

Recruiting co-researchers who have attended the arts therapies:
Persons may not be happy to be contacted or may feel coerced if they do not understand that their decision to participate does not impact on decisions to offer further involvement in wider mental health services. This will be minimised by the invitation letter being signed by the Head of the Arts Therapies Service rather than a previous therapist or the lead researcher. There will be clarity within the participation information sheet about how potential co-researchers have qualified for the study, that non-participation will not impact on any wider decisions regarding access to mental health services and that if they do not respond all contact details will be deleted from the study.

There may not be enough applicants with lived experience of the arts therapies. Methods can be adapted to allow for repeated membership over the three workshops to build ongoing critical questions.

There may be an apparent power imbalance between co-researchers who are being paid to work within statutory community mental health services and those who have attended these services and are choosing to be involved in the study on a voluntary basis. This will be mitigated pragmatically by minimising financial burdens – travel expenses will be available, and creating spaces in which participants can choose when to take breaks – non-alcoholic refreshments will be available throughout.

Person-centred facilitation:
As a novice facilitator and what Coghlan and Shani (2015) describe as an insider researcher it will be essential to recognise that the lead researcher is also an Arts Therapist within the proposed area of study. The lead researcher may have previously been another co-researcher's therapist or could currently be their line manager or clinical supervisor, roles which may suggest power dynamics. Findings of from the study and reflections on the process will also be submitted for an educational qualification. Careful consideration will be given to the ways that the lead researcher will facilitate co-creating *with* co-researchers in the workshops and practice development groups. Reflexivity (Finlay, 2002) and a consideration of wider epistemic reflexivity (Morwenna Whitaker and Atkinson, 2021) will enable ongoing consideration of the lead researcher and each co-researcher's values, needs and how they interconnect. Consent will be requested to audio record the workshops and practice development groups to enable rich descriptions of research processes and reflect on the conditions within which actions were generated (Jacobs et al., 2017).

Promoting emotional safety:
Engagement in the workshops could stimulate attachments from therapeutic relationships and raise emotional affect. This will be minimised by providing clear information about what to expect in a workshop. It will be clear that the aims will be to hold communicative spaces in a way that prioritises the emotional safety of all participants and enables all actions to be felt and heard. It will be made clear that should any concerns around harm to self or others related to participation in the research arise within the process, confidentiality will be broken, and relevant support sought. Debriefing will be available with the lead researcher following the workshop should it be required for any of the co-researchers experiencing the burden of their own emotions or of those of other co-researchers within the group. During the workshops there will be a quiet room available should time out be felt to be supportive. Arts materials, cushions and refreshments will be available in this space. The Arts Therapies Service, in the NHS Board where the study is taking place, will ensure that someone suitable is available for the participant to talk to if required in this second room, i.e. an Arts Therapist, peer support worker, other professional. Self-help numbers will also be available should distress occur during or after a workshop. Participants will be able to withdraw at any time and request that individual contributions are not included in findings. It will be clear that where a person has participated in generating joint actions these cannot be removed.

Breach of confidentiality:
Ground rules will identify the importance of confidentiality within the group to minimise the potential of co-researchers/participants sharing their personal experiences of the critical workshops within other communities.

There is a minimum risk that audio recordings and artefacts such as visual arts and reflective sheets could be lost in transit between the workshops and the NHS Board. This risk will be minimised by following the NHS Arts Therapies protocol for Illustrated Records, which has approval from the Caldicott Guardian (1242). SD cards will be transported separately from the audio recorder in the boot of a car out of sight. Audio recordings will be uploaded to an identified password protected shared drive as soon as possible, in a folder for the CREATOR study to be accessed only by the lead

researcher and artefacts moved to a locked cupboard which is only accessible by NHS employees. The lead researcher will adhere to NHS Lothian Digital IT Security Policy with regards to device management and security.

Retaining co-researchers:
There may be uncomfortable hierarchical dynamics between those who provide and manage services and between those who access services, which could impact on collaborative and democratic processes and retention of co-researchers. This will be minimised through person-centred facilitation and ongoing structured ethical reflection done by the applicant to ensure that methodological principles are upheld throughout.

Ongoing structured ethical reflection:
As an idiographic approach to research, this project challenges the nomothetic narratives central to assessing the quality of projects (Bergold and Thomas, 2012) including neutrality from the researcher. As an action researcher, the lead researcher will need to expect the unexpected and respond to additional ethical concerns as they arise. Beyond ‘duty ethics’, this will include considering:

- feminist ethics throughout to continuously focus on the way that power is distributed
- covenantal ethics, to notice the nature of relationships between all of the co-researchers
- communitarian ethics, which echoes the relational ontology and positions interdependence, social justice, mutual responsibility and flourishing at the forefront (Brydon-Miller et al., 2015).

A process of ‘structured ethical reflection’ (SER) (Brydon-Miller et al., 2015), will ensure that the methodological principles (3.2) frame ethical research practice throughout. The SER will consider key questions relevant to each stage of the research process, from a first person, second person and third person stance, and guide the ways in which the methodological principles will be lived through ongoing facilitation in collaboration *with* co-researchers. This should enable ongoing attention to ethical issues to safeguard relationships within each step of the action research process (appendix 3).

8.1 Assessment and management of risk

Below the main risks are outlined including the level of each risk and control measures.

Risk: *People who have completed a pathway through the arts therapies are not happy to be contacted by the arts therapies*
Level of risk: Remote minor risk to members of the public (4)
Control measures: Names will be removed from the Excel spreadsheet for potential researchers as soon as someone indicates that they do not wish to be contacted or if there is no response within one month of sending the letter.

Risk: *Not enough applicants with lived experience of the arts therapies to run three workshops*
Level of risk: Possible minor risk to members of the public (6)
Control measures: Methods will be adapted to allow for repeated membership over the three workshops to build ongoing critical questions.

Risk: *Potential co-researchers not fully informed about what it might be like to attend a workshop presents a risk of emotional safety for persons accessing wider mental health services*
Level of risk: Possible minor risk to members of the public (6)

Control measures: Potential co-researchers will be able to request a telephone call or face to face meeting with the lead researcher to go through the Participant Information Sheet in advance of agreeing to attend a workshop.

Risk: *Stimulating memories of therapeutic work through reconnecting with a therapist/space could raise emotional affect of co-researchers*
Level of risk: Possible minor risk to members of the public and employees/students (6)
Control measures: During all workshops a quiet room will be available should any co-researchers feel that a second space might be helpful. The Arts Therapies Service, in the NHS Board where the study is taking place, will ensure that someone suitable is available for the participant to talk to if required in this second room, i.e. an Arts Therapist, peer support worker, other professional. The lead researcher will available for debriefing following a workshop should participants require this. If there a risk of harm to self or others is identified confidentiality will be broken and referral made to wider mental health services. Co-researchers will be asked for permission to inform GPs that they are involved in the study so that they are aware should there be any emotional affect following the workshops.

Risk: *Confidentiality breached by co-researchers*
Level of risk: Possible minor risk to members of the public and employees/students (6)
Control measures: Ground rules to be agreed at the beginning of each workshop with an emotional check-in and reminder of next steps before leaving.

Risk: *Audio recordings lost or deleted*
Level of risk: Improbable minor risk to members of the public and employees/students (2)
Control measures: Illustrated records have not been lost previously within the arts therapies service. They will be uploaded to an identified password protected shared drive as soon as possible after each workshop in a folder for the CREATOR Study to be accessed only by the lead researcher.

Risk: *Retaining researchers: There may be uncomfortable hierarchical dynamics between those who provide services and those who access services, which could impact on retention as well as collaborative and democratic processes*
Level of risk: Possible minor risk to members of the public and employees/students (6)
Control measures: Epistemic reflexivity will be encouraged throughout, and ongoing structured ethical reflection ensure that methodological principles are in action at each stage of facilitation.

Risk: *Novice researcher building facilitation skills in arts-based transformational action research*
Level of risk: Possible minor risk to members of the public and employees/students (6)
Control measures: Monthly supervision and lead researcher actively engaged in community of practice for person-centred research.

8.2 Research Ethics Committee (REC) and other Regulatory review & reports

Before the start of the study, a favourable opinion will be sought from South East Scotland REC 02 for the study protocol, informed consent forms and other relevant documents e.g. advertisements.

Substantial amendments that require review by NHS REC will not be implemented until that review is in place and other mechanisms are in place to implement at site.

All correspondence with the REC will be retained. The lead researcher will produce annual reports within 30 days of the anniversary date on which the favourable opinion was given, and annually as required and notify the REC of the end of the study. Within one year after the end of the study, the Chief Investigator will submit a final report with the results, including any publications/abstracts, to the REC.

If the study is ended prematurely, the lead researcher will notify the REC, including the reasons for the premature termination.

Regulatory Review & Compliance

Before any site can enrol patients into the study, the Lead Researcher will ensure that appropriate approvals from the Research and Development Department at the NHS Site are in place.

For any amendment to the study, the Lead Researcher, in agreement with the sponsor will submit information to the appropriate body in order for them to issue approval for the amendment. The Lead Researcher will work with sites (R&D departments at NHS sites) so they can put the necessary arrangements in place to implement the amendment to confirm their support for the study as amended.

Amendments

The process for making amendments will be that the Lead Researcher will firstly agree with the sponsor whether an amendment is substantial or non-substantial.

If an amendment to the REC application or supporting documents is deemed substantial, the Lead Researcher will submit, on behalf of the sponsor, a valid notice of amendment to the REC and QMU ethics for considerations.

If an amendment is considered non-substantial it will still be notified to NHS R &D.

The amendment history will be tracked using the decimal point of the final version number given a favourable opinion by the REC, i.e. V1.0, V1.1, V1.2

8.3 Peer review

As the CREATOR Study forms part of an educational qualification the ideas which formed this protocol were subject to an assessed seminar and a 6000-word written version of the proposal. Both were approved by two assessors allocated by the sponsor (QMU). The assessors are not involved in the study in anyway and are independent from the NHS Board and the Arts Therapies Service where the study is taking place. The assessors brought expertise from the arts therapies and knowledge of participatory action research methodologies. This is deemed proportionate by the HEI with the level of study – Professional Doctorate.

8.4 Patient & Public Involvement

Phases 1 and 2 of the study involved members of the Arts Therapies Team in an action inquiry evaluation of current practice.

Phase 3 – The CREATOR Study,

The design stages involved representatives of an NHS Arts Therapies Empowerment Group, Royal Edinburgh Patients Council, and the NHS Research Scotland Mental Health Network in strengthening and refining the Participant Information Sheets for persons who have attended services, advertising posters and consent forms.

(The Arts Therapies Empowerment Group involves persons who have used mental health services and arts therapists striving to make the Arts Therapies Service the best it can be.)

All participants will be invited to become co-researchers in phase three.

- In workshops 1a, 1b and 1c co-researchers will be actively involved in sharing their own reflections, listening to others, categorising comments, and agreeing actions to be taken back to practice.
- All co-researchers will be invited to attend the final workshop. The final workshop will allow all co-researchers who choose to attend to input and be involved in deciding what the outputs of the CREATOR study are and how they might be disseminated.

8.5 Protocol compliance

Accidental protocol deviations can happen at any time. Any deviations will be documented and reported to the Sponsor/Academic Supervisors immediately.

Deviations from the protocol which are found to frequently recur are not acceptable, will require immediate action and could potentially be classified as a serious breach.

8.6 Data protection and patient confidentiality

All the information collected during the study will be kept securely as outlined below. All participant's rights to confidentiality will be protected in accordance with the UK's Data Protection Act (2018). A weblink to access information about the Act will be included in the Participant Information Sheets.

a) Contact details:

Digital data:

With consent from Caldicott Guardian I will ask TRAK mental health analysts to provide names, addresses, length of arts therapy attended, and any communication needs for persons who completed an arts therapies pathway in the last three years. These details will be shared with the lead researcher only via NHS email. I will ask them to exclude anyone who is currently under the care of acute inpatient services or an Intensive Home Treatment Team.

An initial excel spreadsheet will be made by the lead researcher of all the contact details for people who attended the arts therapies beyond the two initial assessment appointments. This will be kept in an identified password protected shared drive within the NHS Board where the study will take place. A folder will be made specific to the CREATOR Study to be accessed by the lead researcher only.

If potential co-researchers either contact the service to say they do not want to be involved, or do not reply within one month of the letter being sent, they will be removed from the initial Excel spreadsheet.

If potential co-researchers reply to say that they would like more information their preferred method of communication may be added to the Excel spreadsheet and any notes about meetings arranged to meet the lead researcher to go through the Participation Information Sheet. If they choose not to be involved these details will then be removed from the initial Excel spreadsheet.

If persons reply to say that they would like to be involved in the study their contact details will be moved to a second Excel spreadsheet, which may include a preferred method of contact to be used for communication about the times of workshops, dissemination of findings. This information will be kept in an identified password protected shared drive. A folder will be made specific to the CREATOR Study to be accessed by the lead researcher only. This data will be kept until they withdraw from the study or findings have been disseminated as agreed by all co-researchers.

b) Audio recordings in which persons are identifiable:
Digital data: All workshops will be audio recorded on equipment (audio recorder/SD card) belonging to the NHS Board in accordance with the arts therapies' illustrated records policy (Caldicott Guardian approval 1242). This will enable accurate descriptions of what is said or made during the workshops. The lead researcher will transcribe audio recordings as soon as possible after each workshop and store these in an identified password protected shared drive with the NHS Board where the study will take place. All comments will be pseudonymised, and all identifiers removed. As soon as transcriptions are complete, all discussions, and recordings of music which include voices, will be deleted.

Manual data: The code linking each co-researcher to their pseudonym will be stored by the lead researcher in a locked filing cabinet in the NHS Board where the study will take place separate from consent forms and any other materials generated in the workshops.

c) **Photographs of images and recordings of music in which persons are not identifiable:**
Digital data: Co-researchers will be advised in the Participation Information Sheet that photographs will also be taken of images created during the workshops. Comments and reproductions or descriptions of images/recordings of music may be included in the findings but only if co-researchers give permission. Photographs and recordings of instrumental music, in which co-researchers are not identifiable, will be stored throughout the research and will be kept for five years after preliminary findings have been disseminated in line with QMU's retention policy. These will be kept on an identified password protected shared drive in a folder for the CREATOR study to be accessed only by the lead researcher. They may be reviewed as part of the final workshop. If co-researchers agree that they would like to include any music or images in the dissemination of findings, co-researchers will be asked for additional consent by the lead researcher. Individual responses will remain anonymous to other co-researchers. These additional consent forms will be stored in a locked filing cabinet in the NHS Board where the study takes place with other consent forms.

d) Artwork in which persons are not identifiable, reflective sheets, flip charts and post-it notes:
Manual data: Visual art will be stored in a locked cupboard which is only accessible to NHS employees using the shared therapies room until the final workshop after which it will either be returned to the co-researcher who made it or destroyed. Individually completed reflective sheets, flip charts used for collaborative meaning-making and ranked post-it notes will be stored in a locked filing cabinet within NHS Lothian separate from consent forms and separate from the code for pseudonyms.

e) GP contact
Digital data: With the consent of co-researchers, the lead researcher will inform each person's GP that they are taking part in the study so that they will be aware should a patient become distressed or experience any emotional challenges after or during the workshops. Informing the GP will be optional and clearly explained in the Participation Information Sheet.

8.7 Indemnity

As the Lead Researcher is a Professional Doctorate Candidate at Queen Margaret University, the institution will be the sponsor for the study. The study will be covered by QMU's professional indemnity insurance and public and products liability provided by U.M. Association Limited.

8.8 Access to the final study dataset

Data will be generated, and analysed within each workshop generating actions that Arts Therapists within the Community Team will be invited to put into practice in between workshops. In the final workshop transcripts, images, and audio recordings from other workshops, in which co-researchers are not identifiable, will be available for all co-researchers who attend to be able to agree the outputs of the study and how to disseminate findings.

9 DISSEMINIATION POLICY

9.1 Dissemination policy

In line with the person-centred stance, and methodological principles, the lead researcher will ensure that co-researchers have a shared voice in deciding how to disseminate findings within the organisation and beyond, at conferences and in publications, nationally and internationally. There will be an option for all participants to be acknowledged as co-researchers and to co-create local events, or training packages to share findings with wider mental health services. To translate key findings to wider settings, contexts, and organisations guidelines may be developed which will be available on the Arts Therapies' website and in grey materials as well as supplementing written articles in academic journals alongside the refined framework. It will be essential that any guidelines or training packages belong to participants and that, as Faulkner (2004) suggests, each person's voices are heard in the way that they want them to be heard. They will need to be accountable to and accessible for a wide range of different stakeholders and local users, i.e. participants and the organisation and capable of shaping services moving forwards. Acknowledging the valuing of different ways of generating knowledge it will also be important to think about how arts-based representations may capture the emotions underpinning the words in any written publications.

In line with my methodological principle of being transparent, the lead researcher will be explicit from the beginning that as a doctoral candidate she will decide which findings are submitted for academic accreditation. The lead researcher may also write publications which challenge theoretical and methodological perspectives, outline the research process, and increase awareness of philosophies underpinning the current culture, within a healthcare system dominated by the positivist paradigm, of psychometrics. The aims of such academic publications may be to plant the seeds for further research projects.

Authorship of the final study report will be the responsibility of the lead researcher and academic supervisors. The full report and this study protocol will be available on the NHS Arts Therapies website. A lay summary will be posted to all co-researchers who requested this option on the consent form. It will also be available to be published by the Music Therapy Charity and QMU Graduate School Training and Development Fund who are funding resources for the study.

Through embracing arts-based transformational action research, it is hopeful that new meanings and new opportunities may be co-created. These could lead to ongoing research, which is truly participatory generated within the process of coming together as co-researchers. Additionally, all co-researchers will be reminded of the ongoing invitation to join the empowerment group within the NHS Board following attendance at workshop 1a, 1b or 1c. This could provide opportunities to contribute to ongoing service developments and generate further research within the arts therapies service.

9.2 Authorship eligibility guidelines and any intended use of professional writers

All co-researchers will be involved in generating and analysing data within the workshops and will have the option to be acknowledged for these roles in the final study report. Additional consent will be sought for this option following each workshop.

Authorship will be granted to the lead researcher and academic supervisors who will critically review the work for intellectual content, approve the final version and be accountable for all aspects of the work.

10 REFERENCES

Ala-Ruona, E. (2005) 'Non-structured initial assessment of psychiatric client in music therapy', *Music Therapy Today,* VI (1), pp.23-46.

Ansdell, G., Denora, T., Wilson, S. (2016) *Musical pathways in recovery. Community music therapy and mental wellbeing.* London and New York: Routledge.

Ansdell, G., & Meehan, J. (2010) '"Some light at the end of the tunnel'': Exploring users' evidence for the effectiveness of music therapy in adult mental health settings', *Music and Medicine, 2*, pp.29-40.

Barkham, M. (2016) 'Patient-centered assessment in psychotherapy: toward a greater bandwidth of evidence', *Clinical Psychology Science and Practice,* 23, pp.284-287.

Bateman, A., and Fonagy, P. (2016) *Mentalization-based treatment for personality disorders.* Oxford: Oxford University Press.

Bergold, J., and Thomas, S. (2012) 'Participatory research methods: A methodological approach in motion', *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 13(1) article number 30. Available at: https://doi: 10.17169/fqs-13.1.1801

Borsboom, D. (2006) 'The attack of the psychometricians', *Psychometrika,* 71(3), pp.425-440. Available at: DOI: 10.1007/s11336-006-1447-6

Brydon-Miller, M., Rector Aranda, A. and Stevens, D.A. (2015) 'Widening the circle: Ethical reflection in action research and the practice of structured ethical reflection' in H. Bradbury (ed) *The SAGE handbook of action research*. London: SAGE Publications, pp. 453-464.

Camargo-Borges, C. (2018) 'Creativity and imagination. Research as world-making' in P. Leavy (ed) *Handbook of arts-based research.* London: The Guilford Press, pp.88-100.

Carr, C., Feldtkeller, B., French, J., Havsteen-Franklin, D., Huet, V., Priebe, S., Sandford, S. (2021) 'What makes us the same? What makes us different? Development of a shared model and manual of group therapy practice across art therapy, dance movement therapy and music therapy within community mental health care', *The Arts in Psychotherapy,* 72. Available at: https://doi.org/10.1016/j.aip.2020.101747

Chilvers, N., Chesterman, N and Lim, A. (2021) 'Life is easier now: Lived experience research into mentalization-based art psychotherapy', *International Journal of Art Therapy,* 26(1-2), pp.17-28. Available at: https://doi.org/10.1080/17454832.2021.1889008

Coghlan, D., and Shani, A.B. (2015) 'Developing the practice of leading change through insider action research: A dynamic capability perspective' in H. Bradbury (ed) *The SAGE handbook of action research*. London: SAGE Publications, pp. 47-54.

CORE IMS (2021) *About us.* Available at: https://www.coreims.co.uk/about.html (Accessed: 27 November 2022)

Davies, J. (2021) *Sedated. How modern capitalism created our mental health crisis.* London: Atlantic Books

Dewing, J. (2018) 'On being a person' in D. Brooker (ed) *Dementia reconsidered, revisited.* London: Open University Press.

Dewing, J., McCormack, B., and McCance, T. (2021) 'Principles for person-centred nursing research' in J. Dewing, B. McCormack and T. McCance (eds) *Person-centred nursing. Research: methodology, methods and outcomes.* Switzerland: Springer, pp.1-12.

Faulkner, A. (2004) *The ethics of survivor research: Guidelines for the ethical conduct of research carried out by mental health service users and survivors. A manual for ethical research practice from the perspective of mental health service users and survivors,* York: Joseph Rowntree Foundation. Available at: https://www.jrf.org.uk/report/ethics-survivor-research-guidelines-ethical-conduct-research-carried-out-mental-health (Accessed: 23 October 2022)

Finlay, L. (2002) 'Negotiating the swamp: the opportunity and challenge of reflexivity in research practice', *Qualitative Research,* 2(2), pp.209-230.

Fonagy, P., Luyten, P., Allison, E., Campbell, C. (2017) 'What we have changed our minds about: Part 2. Borderline personality disorder, epistemic trust and the developmental significance of social communication', *Borderline Personality Disorder and Emotional Dysregulation,* 4(9) article number 9. Available at: https://doi.org/10.1186/s40479-017-0062-8

Ford, E., George, N., Holland, E., Maher, S., Maree, L., Naylor, K., Rossel, K., Wake, J. (2021) 'Seven lived experience stories of making meaning using art therapy, *International Journal of Art Therapy,* 26 (1-2), pp.65-72. Available at: https://doi.org/10.1080/17454832.2021.1893771

Foundation of Nursing Studies (2015) *Claims, concerns and issues.* Available at: https://www.fons.org/resources/documents/Creating-Caring-Cultures/CCIs.pdf (Accessed: 12 December 2021)

Fricker, M. (2007) *Epistemic injustice. Power and the ethics of knowing.* Oxford: Oxford University Press.

Fyvie, C., Easton, P., Moreton, G., Mckeever, J., Karatzias, T. (2019). 'The Rivers Centre in Scotland: an attachment-based service model for people with complex posttraumatic stress disorder', *Journal of Traumatic Stress*. Available at: https://doi.org/10.1002/jts.22458 (Accessed: 5 May 2021)

Gallotti and Frith (2013) 'Social cognition in the we-mode', *Trends in Cognitive Sciences, 17(4).* Available at: https://doi.org/10.1016/j.tics.2013.02.002

Gerber, N. (2022) *Imagination and arts-based practices for integration in research.* London and New York: Routledge.

Gergen, K. (2015) 'From mirroring to world-making: research as future forming', *Journal for the Theory of Social Behaviour,* 45(3), pp.287-396.

Gergen, K.J., and Gergen, M.M. (2015) 'Social construction and research as action', in H. Bradbury (ed) *The SAGE handbook of action research*. London: SAGE Publications, pp. 47-54.

Hackett, S. (2016) 'The combined arts therapies team: sharing practice development in the National Health Service in England', *Approaches: An Interdisciplinary Journal of Music Therapy,* Special Issue 8(1), pp. 42-49. Available at: https://approaches.gr/wp-content/uploads/2016/05/4-Approaches_812016_hackett-a20160109.pdf

Havsteen-Franklin, D. (2019) 'Creative arts therapies' in A.W. Bateman and P. Fonagy (eds) *Handbook of mentalizing in mental health practice,* Washington: American Psychiatric Association Publishing, pp.181-196.

International Music Therapy Assessment Consortium, (2021) *IMTACs catalogue of assessment tools* Available at: https://www.musictherapy.aau.dk/imtac/catalogue/ (Accessed: 03 May 2021)

Jacobs, G., Van Lieshout, F., Borg, M., Ness, O. (2017) 'Being a person-centred researcher: principles and methods for doing research in a person-centred way' in B. McCormack, S. Van Dulmen, H. Eide, K. Skovdahl and T. Eide (eds) *Person-centred healthcare research,* West Sussex: John Wiley & Sons Ltd., pp. 51-60.

Jacobson, N.S., and Truax, P. (1991) 'Clinical significance. A statistical approach to defining change in psychotherapy research', *Journal of Consulting and Clinical Psychology,* 59(1), pp.12-19.

Katerud, S., and Kongerslev, M.T. (2019) 'Case formulation in mentalisation-based treatment (MBT) for patients with borderline personality disorder', in U.Kramer (ed) *Case formulation for personality disorders. Tailoring psychotherapy to the individual client,* Amsterdam: Elsevier Inc., pp.41-60. Available at: https://doi.org/10.1016/B978-0-12-813521-1.00003-5

Kemmis, S. (2022) *Transforming practices. Changing the world with the theory of practice architectures.* Singapore: Springer.

Kemmis, S., McTaggart, R., and Nixon, R. (2015) 'Critical theory and critical participatory research' in H. Bradbury (ed) *The SAGE handbook of action research*. London: SAGE Publications, pp. 453-464.

Kroenke, K., Spitzer, R.L., and Williams, J.B. (2001) 'The PHQ-9: validity of a brief depression severity measure', *Journal of General Internal Medicine,* 16(9), pp. 606-13. Available at: doi: 10.1046/j.1525-1497.2001.016009606.x.

Kuhn, T. (1962) *The structure of scientific revolutions.* 3rd edn. London: The University of Chicago Press.

Kunt, Z. (2020) 'Art-based methods for participatory action research', *Interactions: Studies in Communication and Culture,* 11(1), pp.87-96.

Leamy, M., Bird, V., Le Boutillier, C., Williams, J., Slade, M. (2011) 'Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis', *British Journal of Psychiatry,* 199(6), pp. 445–452.

Leavy. P. (2018) 'Introduction to arts-based research', in P. Leavy (ed) *Handbook of arts-based research.* London: The Guilford Press, pp.3-21.

Lindahl Jacobsen, S., Waldon, E.G., and Gattino, G. (eds) (2019) *Music therapy assessment. Theory, research, and application.* London and Philadelphia: Jessica Kingsley Publishers.

MacMurray, J. (1953) *Self as agent. London:* Faber and Faber Ltd.

Macmurray, J. (1961) *Persons in relation.* London: Faber and Faber Ltd.

MARCH Network (2021) *Improving access to the arts for mental health.* Available at: https://assets.ctfassets.net/qh92njlzsof9/5L4IBsUQ1XteIqjD79j10h/cea557b4389b7334897d5949dd1e9f85/Improving_Access_to_the_Arts_-_MARCH_Network.pdf (Accessed: 18 October 2022)

Maclean, E. (2021a) 'Critical commentary. Moving from goal-based outcomes to personalised measures', Unpublished eportfolio submitted as part of XD026.

Maclean, E. (2021b) 'An Integrative Review of the Literature: Working with goal-based and personalized measures with adults with complex mental health needs through the lens of an active transformative stance to personhood', Unpublished paper submitted as part of XD025.

Martin, S. (2023) 'A demedicalised approach to psychodynamic therapy' in P. Sanders and J. Tolan, *People not pathology. Freeing therapy from the medical model',* Monmouth: PCCS Books Ltd., pp.55-64.

McCaffrey, T., Carr, C., Petter Solli, H., Hense, C. (2018) Music therapy and recovery in mental health: seeking a way forward, *Voices: A World Forum for Music Therapy,* 18(1) Available at: https://doi.org/10.15845/voices.v18i1.918 (Accessed: 30 April 2019)

McCaffrey, T. and Edwards, J. (2016) '"Music therapy helped me get back doing." Perspectives of music therapy participants in mental health services', *Journal of Music Therapy,* 53(2), pp.121-148. Available at: DOI: 10.1093/jmt/thw002

McCance, T., and McCormack, B. (2020) 'The person-centred practice framework' in B. Mccormack, T. Mccance, C. Bulley, D. Brown, A. Mcmillan, S. Martin, *Fundamentals of person-centred healthcare practice.* Chichester: John Wiley & Sons Ltd., pp.23-32.

McCormack, B. (2004) 'Person-centredness in gerontological nursing: an overview of the literature', *Journal of Clinical Nursing,* 13(1), pp.31-38.

McCormack, B. (2015) 'Action research for the implementation of complex interventions' in D. A. Richards and I. R. Hallberg, *Complex interventions in health. An overview of research methods.* London and New York: Routledge, pp.300-311.

McCormack, B. (2022) 'Person centred care and measurement: The more one sees, the better one knows where to look', *Journal of Health Services Research and Policy,* 0(0), pp. 1-3.

McCormack, B., Cable, C., Cantrell, J., Bunce, A., Douglas, J., Fitzpatrick, J., Forsyth, N., Gallacher, J., Grant, J., Griffin, L., Guinnane, C., Hollis, K., Kernaghan, K., Kininmonth, M., Mason, F., Maxwell, G., McIntyre, P., Mullay, S., Ridge, G., Taylor, J., Wilkieson, M., Wilson, E., Wishart, D. (2021) 'The

Queen's Nurses collaborative inquiry - understanding individual and collective experiences of transformative learning', *International Practice Development Journal,* 11(1), article 2. Available at: https://doi.org/10.19043/ipdj.111.002

McCormack, B., McCance, T., and Dewing, J. (2020) 'Flourishing as humans', in B. McCormack, T. McCance, C. Bulley, D. Brown, A. McMillan, S. Martin, *Fundamentals of person-centred healthcare practice.* Chichester: John Wiley & Sons Ltd., pp.41-50.

Miller, C. (ed) (2014) *Assessment and outcomes in the arts therapies. A person-centred approach.* London: Jessica Kingsley Publishers.

Morwenna Whitaker, E. M., and Atkinson, P. (2021) *Reflexivity in social research.* Switzerland: Springer International Publishing AG.

Neale, J., And Strang, J. (2015) 'Philosophical ruminations on measurement: methodological orientations of patient reported outcome measures (PROMS)', *Journal of Mental Health,* 24(3) pp. 123-125.

NHS Education for Scotland (2015) *The matrix 2014: a guide to delivering evidence-based psychological therapies in Scotland.* Edinburgh: NHS Education for Scotland.

NHS Health Scotland (2006) *The Warwick-Edinburgh Mental Well-being Scale (WEMWBS).* Available from: https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/about/ (Accessed: 18 May 2021)

Olsen, J. (2019) 'The Nominal Group Technique (NGT) as a Tool for Facilitating Pan-Disability Focus Groups and as a New Method for Quantifying Changes in Qualitative Data', *International Journal of Qualitative Methods,* 18, pp.1-10. Available at: DOI: 10.1177/1609406919866049

Presencing Institute (2021) *Presencing institute tool-kit: case clinics 1.0* https:presencing.org

Price-Robertson, R., Obradovic, A., Morgan, B. (2017) 'Relational recovery: beyond individualism in the recovery approach', *Advances in Mental Health.* 15(2), pp.108-120. Available at: http://dx.doi.org/10.1080/18387357.2016.1243014 (Accessed 3 November 2018)

Proctor, G. (2021) *The Dynamics of Power in Counselling and Psychotherapy: Ethics, Politics and Practice.* 2nd edn. Monmouth: PCCS Books.

Puras, D. (2020) *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*. United Nations General Assembly. Available at: https://undocs.org/A/HRC/44/48 (Accessed 12 December 2021).

Russo, J. (2016) 'Towards our own framework, or reclaiming madness part two', in J. Russo and A. Sweeney, *Searching for a rose garden: challenging psychiatry, fostering mad studies,* Monmouth: PCCS Books.

Scharmer, O. (2018) *The essentials of theory U. Core principles and applications*. Oakland: Berrett-Koehler Publishers.

Scharmer, O. & Kaufer, K. (2015) 'Awareness-based action research: catching social reality creation in flight' in H. Bradbury (ed) *The SAGE handbook of action research*. London: SAGE Publications, pp. 199-210.

Scottish Executive (2004) *Welcome to the CARE measure website.* Available at: https://caremeasure.stir.ac.uk/ (Accessed: 28 August 2022).

Scottish Government (2012) Realising potential our own and others. Available at: https://www.gov.scot/publications/realising-potential-others/pages/4/ (Accessed: 28 November 2022)

Sharp, C. (2018) *Collective leadership: where nothing is clear, and everything keeps changing. Exploring new territories for evaluation.* Available at: https://workforcescotland.files.wordpress.com/2018/11/collectiveleadershipreport1.pdf (Accessed: 18 October 2021).

Silverman, M., and Baker, F. (2018) 'Flow as a mechanism of change in music therapy: applications to clinical practice', *Approaches: An Interdisciplinary Journal of Music Therapy,* 10(1), pp. 43-51.

Solli. H.P., and Rolvsjord, R. (2014) '"The Opposite of Treatment": A qualitative study of how patients diagnosed with psychosis experience music therapy', *Nordic Journal of Music Therapy,* 24(1), pp.67-92. Available at: https://doi.org/10.1080/08098131.2014.890639

Spiro, N., Tsiris, G., Cripps, C. (2017) 'A systematic review of outcome measures in music therapy', *Music Therapy Perspectives,* 36(1), pp. 67-78.

Spiro, N., Tsiris, G., Cripps, C. (2018) "Sounds good, but… what is it?" An introduction to outcome measurement from a music therapy perspective, *Approaches: An Interdisciplinary Journal of Music Therapy.* Available at: https://core.ac.uk/download/pdf/161925614.pdf (Accessed: 3 February 2019)

Spitzer, R.L., Kroenke, K., Williams, J., and Lowe, B. (2006) 'A brief measure for assessing generalized anxiety disorder: the GAD-7', *Archives of Internal Medicine,* 166(10), pp.1092-7. Available at: doi: 10.1001/archinte.166.10.1092.

Stetsenko, A. (2012) 'Personhood: an activist project of historical becoming through collaborative pursuits of social transformation', *New Ideas in Psychology,* 30, pp. 144-153.

Storberg-Walker, J. (2022) 'Relating differently: exploring how a relational ontology might catalyze transformative and emancipatory action-oriented MSR research', in Y. Altman, J. Neal, W. Mayrhofer (eds), *Workplace spirituality: making a difference,* pp.261-276. Available at: https://doi.org/10.1515/9783110711349

Taliep, N., Bulbulia, S., Lazarus, S., Seedat, M. and Building Bridges Team (2022) 'Community-based participatory research (CBPR) as an emancipatory modality promoting social transformation, empowerment, agency and activism', in C. Walker, A. Zlotowitz and A. Zoli, *The Palgrave handbook of innovative community and clinical psychologies.* Switzerland: Palgrave Macmillan, pp.497-520.

Teuton, J. (2015) *Social prescribing for mental health: background paper.* Edinburgh: NHS Health Scotland. Available at: https://www.healthscotland.scot/media/2067/social-prescribing-for-mental-health-background-paper.pdf (Accessed: 18 October 2022)

The National Collaborating Centre for Mental Health (2020) *The improving access to psychological therapies manual.* Available at: https://www.england.nhs.uk/wp-content/uploads/2020/05/iapt-manual-v4.pdf (Accessed: 3 May 2021)

Titchen, A., Cardiff, S., and Biong, S. (2017) 'The knowing and being of person-centred research practice across worldviews: an epistemological and ontological framework', in B. McCormack, S. Van Dulmen, H. Eide, K. Skovdahl and T. Eide, (eds) *Person-centred healthcare research,* West Sussex: John Wiley & Sons Ltd., pp. 31-50.

Totikidis, V. (2010) 'Applying the Nominal Group Technique (NGT) in Community Based Action Research for Health Promotion and Disease Prevention', *The Australian Community Psychologist,* 22(1)

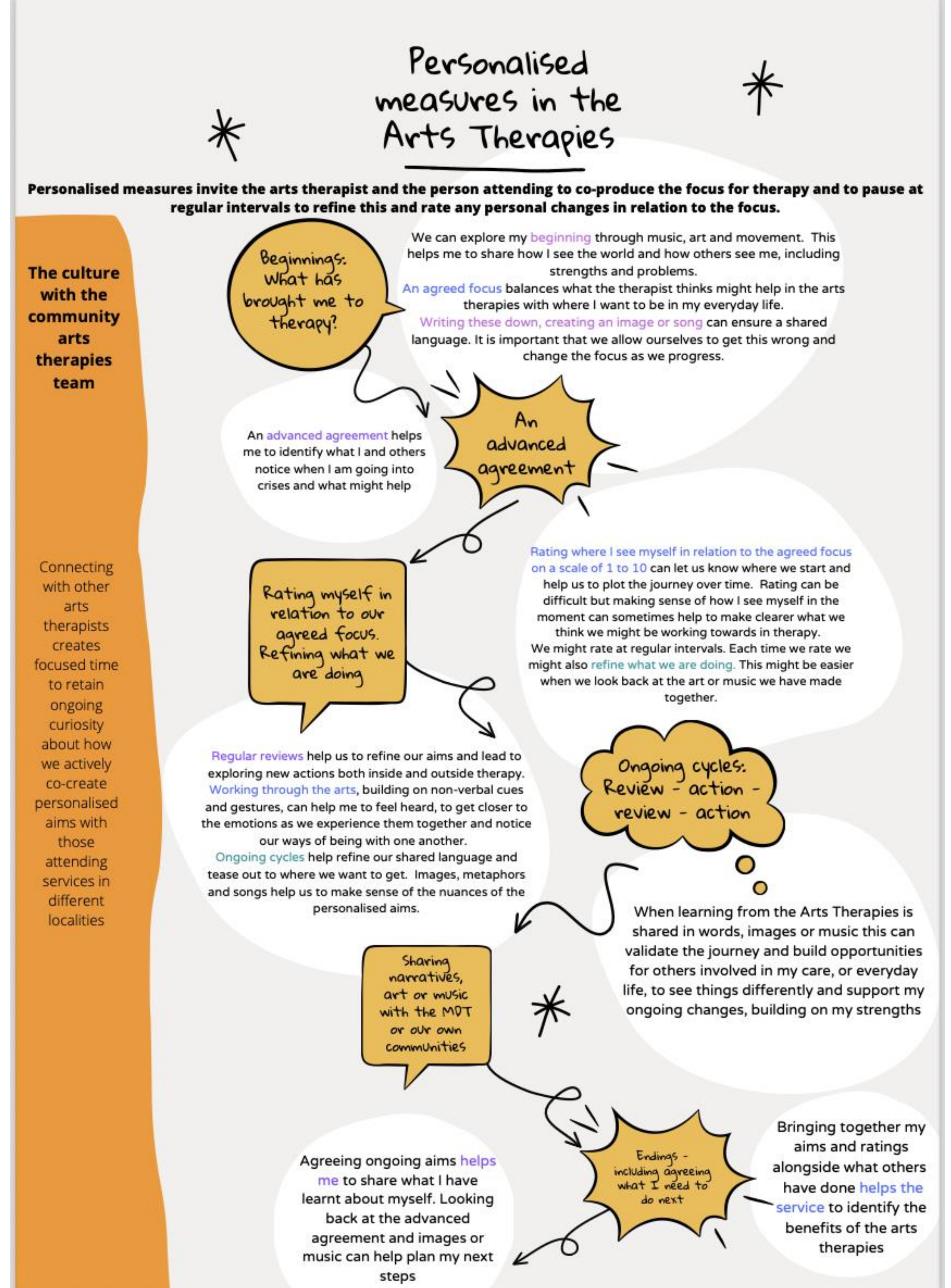
Whittemore, R., And Knafl, K. (2005) 'The integrative review: updated methodology', *Journal of Advanced Nursing,* 52(5), pp.546-553.

World Health Organiation (2021) *Guidance on community mental health services: Promoting person-centred and rights-based approaches.* Geneva: World Health Organization.

Willis, I., and Varga-Atkins, T. (2015) 'Focus Group meets Nominal Group Technique: an effective combination for student evaluation?' *Innovations in Education and Teaching International,* 54(4). Available at: DOI: 10.1080/14703297.2015.1058721

Windle, E., Hickling, L.M., Jayacodi, S., and Carr, C. (2020) 'The experiences of patients in the synchrony group music therapy trial for long-term depression', *The Arts in Psychotherapy,* 67. Available at: https://doi.org/10.1016/j.aip.2019.101580

Appendix 1: The personalised measures framework was developed in through an action inquiry evaluation in phase two of the research. It sets out some ways of agreeing and reviewing a focus for therapy that we hope to refine and strengthen through the CREATOR study.



Appendix 2: Reflective sheets following arts-based activities

Please take some time on your own to think about your experiences of making images and music in the workshop so far. Did any interactions with other co-researchers make doing the task easier or harder? What was the impact of the resources available, space, and any preparation for the workshop? Use these experiences to imagine what actions or resources could make it easier or harder for an arts therapist and person attending to agree and review changes in therapy that could be meaningful in everyday life, friendships, and communities. Put your comments in the table below.

Could make it easier to agree, and review meaningful changes ☺	**Could make it harder to agree, and review meaningful changes** ☹
Actions (making music / art / talking)	**Actions (making music / art / talking)**
Resources within the space where therapy takes place, the organisation, or the wider community	**Resources within the space where therapy takes place, the organisation, or the wider community**

Appendix 3: Structured ethical review

The structured ethical review aims to ensure that my methodological principles frame ethical research practice throughout. The questions in the table demonstrate how I propose to monitor at different stages to what extent I observe co-researchers being able to connect in co-action, build shared understandings, co-sense, be transparent, critical, aware, negotiate, experience kindness and flourish.

First person		**Second person**			**Third person**
Values / Methodological principles	**Constructing a research question**	**Engaging co-researchers and creating communicative spaces**	**Arts-based transformational action research: facilitating critical workshops and ongoing practice development groups**	**Generating actions / making meanings together**	**Dissemination to the organisation, wider system, and policy makers**
Co-action through connecting	Does the research question build capacity for co-action to collaboratively transform the culture within the arts therapies service?	Are co-researchers being/becoming brave in their participation in collaborative and democratic processes?	Do arts-based adaptations to NGT and ongoing practice development groups enable different ways of connecting and reflecting to generate consensus about the most important actions and critical questions?	Do the cycles of critical workshops and practice development groups generate innovative ideas and are these sufficiently linked for ongoing collaborative meaning-making?	Do co-researchers have ongoing opportunities to contribute to plans for disseminating findings within the organisation and beyond?
Building shared understandings	Does the research question enable collaborative meaning making to be generated through bringing together different perspectives?	Do communicative spaces enable shared understandings to emerge through arts-different ways of co-creating knowledge?	Does generating critical questions for critical workshops and actions for practice development groups enable the building of shared understandings?	Does facilitation allow for shared understandings to emerge through cycles of music/arts-based actions and reflection?	Do outputs credit co-researchers in building shared understandings?
Co-sensing	Does the research question create space for deeper listening and for different	Is the idea of deeper listening, using open hearts and minds, accessible to co-researchers?	Does facilitation enable actions generated to be informed by arts-based and reflective processes?	Are meanings generated through listening to hearts, minds and wills within the arts-based	Are outputs verbal, arts-based or both? Is the research process celebrated whilst meeting

	types of knowledge to allow new perspectives to emerge?			adaptation of NGT and in practice development groups?	the requirements of wider stakeholders in dissemination?
Being transparent, enabling criticality and awareness	Does the research question share theoretical underpinnings clearly and invite awareness of blind-spots and criticality?	How will I evaluate whether co-researchers feel safe/brave?	How will I evaluate transparency, criticality and awareness across the critical workshops and practice development groups within the action research cycles?	How will transparency be supported in collaborative meaning-making within critical workshops and practice development groups?	Do the outputs demonstrate transparency and critical awareness throughout the process?
Negotiation and kindness	Will the research question nurture kindness in engaging persons who have used the arts therapies alongside practitioners?	Will co-researchers experience communicative spaces as kind and transformational?	How will actions generated within critical workshops inform practice development groups and vice versa, whilst maintaining kindness?	Will meanings made together reflect negotiation and kindness within the research process?	Do outputs demonstrate negotiation and kindness with all co-researchers?
Flourishing	Will the research question enable those who use the arts therapies, those who practice, and arts therapies services to flourish?	How will the facilitation of communicative spaces support co-researchers to flourish?	How will ongoing research cycles encourage co-researchers to flourish?	How will making meanings together facilitate flourishing for individuals and the arts therapies service?	Do outputs enable co-researchers to flourish in research facilitated by a doctoral candidate and submitted for academic accreditation?