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ABSTRACT

Art therapy is a form of psychotherapy that uses art media as its primary mode of communication. Having skill and experience in art is not a pre-requirement for people to benefit from art therapy. Making art work can offer the opportunity for expression and communication within a psychological therapy for people who find it difficult to express their thoughts and feelings verbally, and it is an accessible approach for children and adults with learning disabilities. An estimated 20% of art therapists working in the UK have some involvement with children or adults who have learning disabilities. These clinical practice guidelines were devised within the UK by the British Association of Art Therapists. A guideline development group was formed by the Learning Disability Special Interest Group and a national consultation was carried out among its membership. Ten overarching guideline recommendations for clinical practice were identified, namely 'working relationships', 'communication', 'support networks', 'managing risk and vulnerability', 'establishing therapy agreements', 'assessment, formulation, and therapeutic goals', 'working creatively and flexibly', 'working psychotherapeutically', 'monitoring progress' and 'professional responsibilities and self-care'. The published art therapy practice-based guidelines for children and adults with learning disabilities are an example of a clinical consensus on current best practice in the UK.

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Introduction

Art therapy practice guidelines for working with children and adults who have a learning disability were developed by the British Association of Art Therapists. A definition of art therapy is presented, followed by a review of the literature related to art therapy and learning disabilities. The process of developing the practice guidelines is then described. This included seeking views and experiences from people with a learning disability who have received art therapy, which is briefly reported. In total, 10 practice guidelines have been generated and they are presented in full and discussed in the latter part of this article.

Art therapy

Art therapy (or art psychotherapy) is a form of psychotherapy that uses art media as its primary mode of communication for clients, where having skill and experience in art is not required. This can offer the opportunity for expression and communication in the context of a psychological therapy to people who find it hard to express their thoughts and feelings verbally. The overall aim of the therapy is to enable a person to achieve positive change and personal growth through working with the therapist and the art materials (British Association of Art Therapists, n.d.). Arts therapies (which include art, drama and music therapy) are described by the National Institute for Health and Care Excellence (NICE) as '… complex interventions that combine psychotherapeutic techniques with activities aimed at promoting creative expression' (NICE, 2014, p. 217). All arts therapies emphasise expression, communication, social connection and self-awareness through supportive and interactive experiences (NICE, 2014).

Art therapy with people who have a learning disability

Since the late 1970s, there has been a growing recognition of the emotional needs of people with a learning disability and an increasing awareness that emotional experiences remain intact regardless of having a learning disability (Bicknell, 1983; Sinason & Stokes, 1992). Historically, people with a learning disability were excluded from receiving psychotherapy (Royal College of Psychiatrists, 2004), though this changed significantly during the late twentieth and early twenty-first century, with psychotherapy and arts therapies now viewed as valid specialist interventions to support people who have a learning disability. Using the membership of the Art Therapy and Learning Disability Special Interest Group, we estimate that 20% of the 1600 members of the British Association of Art Therapists have some

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involvement with people who have a learning disability through their professional practice.

Currently, the evidence that supports art therapy with people who have a learning disability is a small but growing resource. It is well documented that people with a learning disability are some of the most vulnerable and socially excluded in society. They experience a greater prevalence of physical and mental health problems, earlier death rates and often have fewer inner resources to help them manage life events and emotions (Emerson, Baines, Allerton, & Welch, 2011). Loss is a recurrent theme in the literature; as well as being less likely to be included in the rituals that surround loss and change (Kuczaj, 1998; Sinason & Stokes, 1992), there is often no recognition that the person with a learning disability is grieving (Blackman, 2003; Hollins & Sinason, 2000). In addition, societal attitudes and responses to disability can create a secondary disability (Sinason & Stokes, 1992).

When people are unable to express complex emotion, either because they do not understand their feelings or because they have communication difficulties, it is essential to use interventions that will facilitate self-expression in a safe and supportive setting. Art therapy offers an opportunity to explore and express issues, through both verbal and non-verbal means, where people receiving therapy can discover their capacity to think (Bull & O'Farrell, 2012; Rees, 1998; Stack, 1996) and make sense of their experiences, while sustaining or developing a sense of hope and meaning in their lives.

Some children and adults with a learning disability can have difficulties with verbal communication and expression. An arts-based therapy can be helpful if this is the case, as it does not solely rely on verbal communication to be successful. For some people with non-verbal communication and/or a severe learning disability, art therapy can offer opportunities for personalised communication and interaction, sensory experiences and consistency.

Art therapists working with adults and children who have a learning disability often use flexible, adapted and individualised approaches in their practice. For a review of art therapy with children with a learning disability, see Freilich and Schechtman (2010).

Although theoretical underpinnings to art therapy practice vary, art therapists have sometimes applied psychodynamic theory to their work (Damarell, 1998, 1999). When working with people who have limited verbal communication, adaptation can include using picture symbols and other communication aids within the therapy. This requires art therapists who work with people with a learning disability to acquire additional skills. In many settings, particularly in community work, art therapists also pay particular attention to the support networks of the people they are working with. This might include inviting significant people such as family members, carers, support workers and friends to engage with certain aspects of the therapy.

Ashby (2011) conducted a survey of 60 art therapists working with people with severe learning disabilities and challenging behaviour in the UK; 65% of respondents worked within the National Health Service (NHS). Findings indicated that the therapists worked flexibly and used a wide range of theory to underpin their practice, including psychodynamic, client-centred and behavioural approaches. Despite identifying constraints in many service areas, therapists reported that art therapy offered a wide range of benefits to people with severe learning disabilities and challenging behaviour. The therapists' perceptions of their effectiveness included providing safety and containment, empowerment, a thinking space to reflect and process, and an opportunity to develop a meaningful and trusting relationship. Therapists also felt that they had a role in enhancing communication through the development of non-verbal skills by modifying and redirecting challenging behaviour into more supportive channels of expression. The value of art making in art psychotherapy has also been seen to support communication, thinking and self-reflection for people with mild learning disabilities. A client who had undertaken six months of art psychotherapy reported that making a picture which they could speak about with the therapist helped them to make sense of their own thoughts, feelings and behaviour towards others (Hackett, 2012).

The longstanding work of art therapists with people who have a learning disability in the UK (Royal College of Psychiatrists, 2004, p. 15) is reflected in a wealth of rich case description and practice-based accounts. The majority of literature on work with people who have a learning disability has been general in nature (Gilroy, 2006). Stott and Males (1984) considered the merits of both directive and non-directive approaches in work with people who had a learning disability within a psychiatric setting. During the 1990s, a number of art therapists in the UK started to write about their work with both children and adults who had a learning disability. Clinical observations made by therapists led to theory development in relation to practice (Rees, 1998). Bull and O'Farrell (2012) identified common themes in case material arising from art therapy practice with people who have learning disabilities, such as loss and bereavement, issues of abuse, infantalisation, fear, powerlessness and self-identity. Positive outcomes in reduced levels of aggression have been shown in systematic single-case studies of art psychotherapy with adult offenders who had mild learning disabilities (Hackett, 2012). Clinical vignettes and case description have primarily been used

to explore particular subjects such as transference, communication (Tipple, 1993, 1994), group therapy (Lomas & Hallas, 1998), work with people who have a severe learning disability (Rees, 1995; Tipple, 1992), bereavement (Kuczaj, 1998), work with victims of rape (Hughes, 1998) and work with people with a personality disorder (Willoughby-Booth & Pearce, 1998). The complexity of art therapy, when several issues are affecting the person attending therapy, is described by Rothwell (2008) in relation to patients who had committed a criminal offence and had a history of mental illness, personality disorder and learning disability.

There has also been some art therapy work focusing on specific measures to evaluate the therapeutic intervention. Pounsett, Parker, Hawtin, and Collins (2006) evaluated individual art therapy sessions, recorded on video, using an adapted version of the Play Observation Scheme and Emotion Rating (POSER) (Wolke, 1986). In this study, three case studies are reported, including one man with a severe learning disability and a man and a woman with a moderate learning disability. The study concluded that there was evidence of increased pro-social behaviour taking place within art therapy sessions during the first 12 months of the intervention.

Although not referring to art therapy practice specifically, one international randomised controlled trial that investigated art facilitation with adults ($n = 19$) who had developmental disabilities found evidence that the treatment group made improvements in communication and social relationships (Got & Cheng, 2008). The 12-week group intervention used art activities to promote self-understanding. Members of the treatment group were encouraged to express personal views about their lives and to set goals for the future. Treatment effects were measured using parent and carer ratings by means of the Scale of Independent Behavior-Revised (SIB-R) (Bruininks, Woodcock, Weatherman, & Hill, 1996). An analysis of covariance of post-test with pre-test scores as covariates ($p < .10$) showed a positive difference between language comprehension and social interaction for the treatment group against the control group (Got & Cheng, 2008).

White, Bull, and Beavis (2009) combined case description and a post-therapy interview with a service user, who is also an author of the paper (under a pseudonym). Although no standardised outcome measures were used, an argument for cost-effectiveness of treatment is considered as a benefit of the intervention. A count of the service user's contacts with all professionals within a community team pre and post therapy is given as an example of reduced dependence upon services. Prior to therapy, the service user was recorded to have had 366 separate contacts with the community team. This reduced to 52 contacts in the year following the end of therapy. Post-therapy interview responses given by the service user suggested that the therapy involved processing emotionally painful material, particularly in relation to bereavement.

Potential links between art therapy and arts in health, a growing area of art therapy practice, have been considered (Hackett & Critchley, 2012). The role of art therapy in a combined arts therapies team in the NHS for children and adults with a learning disability has also been described (Hackett, 2016). The British Psychological Society report 'Psychological Therapies and People Who Have Intellectual Disabilities' (Beail, 2016) includes reports about the adaptations made in art psychotherapy for children and adults with a learning disability (Hackett, Rothwell, & Lyle, 2016).

Practice guideline development

Clinical practice guidelines aim to assist the identification of the best process that will lead to optimum outcomes through appraising the literature, reaching a clinical consensus, drafting recommendations and conducting wider consultation (Gilroy, 2006). Taylor-Buck and Dent-Brown (2014) discussed the fears and uses of manualisation and suggested that guidelines can be the building blocks for professions that are 'seeking ways to demonstrate effectiveness and build up a convincing and robust evidence base' (p. 82), especially where a focus on a particular condition or client group is required. They conclude that instead of being prescriptive and limiting, if developed creatively and with rigour, guidelines or manuals can 'provide useful descriptions and … treatment fidelity without stifling the therapist's agency and creativity and without losing clinical richness' (2014, p. 86).

The British Association of Art Therapists (BAAT) is the national professional body representing art therapists in the UK. The BAAT have published a number of professional and clinical practice guidelines. Broadly, these can be divided into two areas: (a) issues of professional development and safe practice (e.g. storage of art work, clinical supervision and the use of social media); and (b) clinical practice with specific client groups or diagnosed conditions (e.g. working with people with a diagnosis of personality disorder, psychosis or dementia). Specific direction when developing and publishing art therapy practice guidelines has been issued in the form of a 'Protocol for Publishing BAAT Approved Special Interest Group Guidelines' (British Association of Art Therapists, 2012). The protocol outlines the ratification process for clinical practice guidelines, including: the requirement to comply with current UK Health and Care Professions Council standards of professional practice; the need to address ethical issues; the need to include an outline of the methodology used in the guideline development process; a description of the process followed to

achieve consensus; and the involvement of service users and carers in this process.

The practice-based guidelines set out below have been developed by the British Association of Art Therapists Learning Disability Special Interest Group (ATLDSIG). The ATLDSIG was established in 2000 by a small group of therapists working with people who have a learning disability in North and South Yorkshire. It is now a UK-wide network that is committed to improving and sharing practice that will benefit children and adults with a learning disability.

The guideline development group comprised the authors, who:

(1) conducted a general literature review;
(2) selected topics relevant to clinical practice;
(3) set up writing groups for each topic area;
(4) synthesised the key recommendations from the outputs of the writing groups;
(5) sought responses from people with a learning disability who had received art therapy; and
(6) carried out a national consultation of art therapists working in this area via the BAAT membership.

The responses from art therapists during the consultation were positive and indicated that the 10 recommended areas covered in the guidelines were broadly congruent with current practice in the UK.

Responses from people with a learning disability who have received art therapy

As part of the guideline development process, the group invited people who have engaged with art therapy to contribute some of their work and comment on their experiences. An information and consent form was devised in an easy-read format using the program Picture Communication Symbols™ Boardmaker (Mayer-Johnson, 2013). Potential contributors were then approached by art therapists who had previously worked with them. Contributors gave their consent to share their images and comments. Creative work made by people in art therapy can often have important personal meaning, which can be seen in the views of those who contributed to the practice guidelines.

Elaine had received art therapy and she chose a piece that she had made using cross stitch. Elaine spoke about this piece and said: 'It takes away memories … bad memories' (Figure 1).

Hilda had received art therapy and when she spoke about the work she had made by painting clay figures (Figure 2), she said:

> Isn't it lovely? My sister and me. She's lovely … when she was here. She's not here now. My sister died. They buried her under the ground. She was fast asleep. I couldn't talk to her. She was passed on. She was lovely though. I miss her though. She was nice and kind to me. Her son lives on his own now. How does he cope? His mother died. When I made the models I felt all right. I felt lovely. I liked making them. It's lovely that picture. They're lovely, they really are.

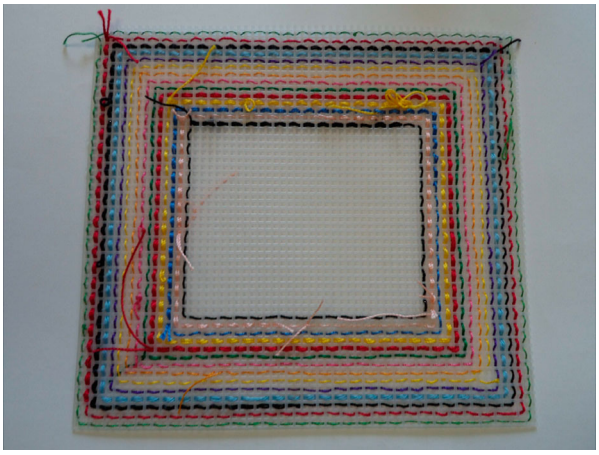

Figure 1. Elaine.

Figure 2. Hilda.

Dona had received art therapy and selected a collage from a large body of work she had made over the course of a number of therapy sessions. Dona said: 'It's colourful, it's cheerful and colourful' (Figure 3).

Figure 3. Dona.

Full practice guidelines for art therapists working with children and adults with a learning disability

1. Working relationship: build a positive working relationship and develop an understanding of the person's strengths.

Developing a positive working relationship with the person attending art therapy is important. An art therapist should develop their understanding of the child or adult (service user) they will work with as soon as possible. This may require them to get information about any specific needs the service user may have by asking them directly or by speaking to someone who knows them well. The working relationship formed in therapy is based on developing trust within a safe environment. Often the relationship that is formed with the art therapist is the means by which the service user can feel supported, utilise their strengths and reach the therapeutic goals that are important to them. We recommend that the art therapist:

- gathers background information about why the service user requires art therapy;
- finds out whether the service user requires any specific support to attend art therapy. This could range from someone familiar helping them to travel to sessions or support for physical health conditions (e.g. epilepsy, need for oxygen), or the use of sign language or language interpretation services to aid communication;
- explains the face-to-face nature of art therapy, the boundaries of art therapy and the role of the therapist using accessible information;
- looks for ways to reduce any concerns that the service user may have about attending therapy. This may include being clear about travel arrangements or meeting specific requirements, for example sensory needs or suitable timing of sessions;
- gives the service user and anyone who is supporting them the opportunity to ask questions.

Further adaptations or flexibility in their approach may still be required as the art therapist gets to know the service user.

2. Communication: pay attention to all aspects of communication, including written, visual and spoken information.

Providing information that is accessible to the majority of the people with whom the art therapist works is important. The use of pictures and symbols is recommended both prior to beginning art therapy and during the therapy (i.e. at review points) and when producing reports or measuring outcomes. In addition, creative communication approaches using digital (audio and visual) media can also be effective. Be sure to check with the service user their level of understanding when any written or visual communication is presented. For some service users, the best way for them to get a full understanding of what art therapy is may be for them to experience this directly by visiting the venue where the art therapist will be

working with them. It can be helpful to offer a first session or a 'taster session' before they attend therapy on a regular basis. We recommend that the art therapist:

- produces information that is accessible to the people they will be working with;
- finds out from the service user the best way to help them understand information and what their communication preferences are;
- may need to adapt the way they speak or the language they use with service users or carers (or others involved in the person's care) so that they can easily understand information being shared;
- checks whether the service user has understood information given to them. A good way to do this is to ask them to tell the art therapist in their own words what they have understood;
- employs a more personalised approach when working with a service user who has limited understanding of the information given to them. This might include offering a 'taster session' or involving people (i.e. staff, carers or family) who know them well already to help to establish a good working relationship or adapting communication by using visual or technological aids.

3. Support networks: work with people who make up support networks.

Many people with a learning disability are independent and do not require additional support. Some people only have additional support for certain aspects of their life and in other areas of their life they are independent. For some people, it may be that they are supported for a part of or all of their day. If someone is considering engaging in art therapy, it is likely that it is because they are experiencing some kind of difficulty and want some help.

Art therapists need to be aware of the support networks around the service user and should use therapeutic approaches that involve the support networks the service user has available to them. This is likely to increase positive therapeutic outcomes for the service user. It is good practice to find out who else is working with the service user already; this could include paid support services, social services or health professionals. The art therapist may wish to speak to other people involved in caring for or supporting the service user and will need to get permission from the adult or the parent/guardian of the child before this happens. They should also be aware that in some instances people who are close to the service user may also increase risks or exploit vulnerabilities. To maximise the potential involvement of support networks, we recommend that the art therapist:

- tries to find out who forms the service user's support network. This might include family members or friends, services such as social services, their GP, the NHS, a housing association or a paid support or care provider;
- must get permission from the service user or the parent/guardian of the child they are working with prior to speaking to other people who are involved;
- must inform the service user that if they believe there to be a risk to them or to someone else during clinical contact, the art therapist is required to report this.

4. Managing risks and vulnerability: be aware of people's vulnerabilities and know how to act upon concerns.

Providing a safe experience for the service user is paramount. A primary task for art therapists is to ensure the safety of the service user they are seeing. This involves being aware of risks that may exist prior to starting therapy and also those arising during the course of therapy. Consideration should extend to providing a safe place to work in and ensuring that additional support is secured if a potential risk is identified. Developing a sense of safety within the therapeutic relationship is supported by being clear about what service users are agreeing to (giving consent) when they begin therapy. Risks can be assessed both formally and informally using a number of methods and approaches. Art therapists should make a written record whenever a risk has been identified and must respond to risks by taking appropriate action (i.e. following organisational procedures related to safety or reporting to an appropriate agency). To appropriately manage risk, we recommend that the art therapist:

- seeks access to good information about a service user's support needs from the referrer, the person themselves, family members, support staff or other professionals involved. This will enable the art therapist to consider and make informed decisions regarding the health and safety of the service user, those who may be supporting them, and themselves;
- collates basic background information prior to meeting the service user. Information related to the service user's medical or psychiatric history will support them to assess risk effectively. The art therapist should seek information about events or situations that indicate obvious risks related to self-harm, harm towards others, or vulnerabilities that place the service user at risk from others;
- makes an action plan to reduce or manage the risk where potential risks of harm are identified. This plan should involve the service user, family members, support staff or other professionals involved, colleagues, their line manager and clinical supervisor;

- be familiar with local procedures for reporting risk and routinely seek advice from local services regarding safeguarding, child protection and vulnerable adult procedures;
- maintains a safe working environment including monitoring materials and other objects that may be in the room and building being used for art therapy.

5. Therapy agreements: manage therapy agreements including gaining consent for treatment and agreeing a therapy contract and the scope of information sharing.

Providing clarity about arrangements for therapy is the responsibility of the art therapist. This may be an ongoing process and can be supported by agreeing a contract between the art therapist and the service user. A basic therapy contract should be agreed that includes: how, when and where therapy will take place; the aims of therapy; and the date the agreement will be reviewed. The contract should also state clearly what has been agreed regarding the service user's consent to participate in therapy, confidentiality and any information-sharing arrangements. When agreeing a contract, we recommend that the art therapist:

- provides basic accessible information about art therapy that enables the service user to fully understand what is being offered and what they are required to do;
- be clear about arrangements such as frequency of attendance (weekly or otherwise), time, venue, support needs and when therapy agreements will be reviewed;
- produces a basic written therapy contract that records the therapy agreements that have been discussed with the service user and provides them with a copy. This should include a statement about information-sharing arrangements with other services, family, carers or support staff.

6. Assessment, formulation and therapeutic goals: undertake a full assessment and formulation that develops understanding of the person's strengths.

Assessment is an essential element of good practice in therapy. The aim of completing an assessment is to develop a shared understanding, with the service user, of what can support immediate and/or long-term improvements in their well-being. It is good practice to agree achievable therapeutic goals with the service user at the start of or during an assessment. While this may not always be achievable during the assessment period, it should remain as a therapeutic aim. The initial assessment period also provides an opportunity to establish a positive working relationship. Assessment should result in a holistic formulation developed between the art therapist and the service user regarding their strengths and resources. A formulation aims to describe the person's strengths and difficulties (including reasons therapy is being considered) linked to a psychologically informed model or approach. Art therapy assessment and formulation can form part of a multi-disciplinary approach. We recommend that the art therapist considers:

- that a good assessment encompasses accurate background information relating to the service user, the reason they are attending therapy, and what support is already in place for them in their life;
- that the time an assessment may take can vary. An assessment period of between four and six therapy sessions should allow the service user attending art therapy and the therapist to develop a good understanding of the potential benefits of therapy. This assessment period may be extended if the service user requires specific support due to having limited or non-verbal communication or difficulties accessing therapy;
- that at the start or during the assessment period the art therapist should work with the service user to establish how they view their strengths and difficulties. This should result in establishing achievable therapeutic goals. In most cases, therapeutic goals can be agreed with the adult or child with a learning disability, but this process may also involve people who know them well. Therapeutic goals should be reviewed during and at the end of therapy.
- using a formulation-based approach during assessment. During or at the end of therapy, it is best practice to review therapy and reformulate as needed.

7. Work creatively and flexibly: find ways of working that support the person to fully engage.

Art therapy encompasses a broad range of creative approaches where the process of 'making' can be more highly valued than the final object. Art therapists should be flexible and employ a supportive and enabling approach. In combination with the development of a working relationship with a therapist, creative work can support positive engagement for people with communication difficulties. Offering choice is an important part of working creatively and flexibly in therapy. Art therapists should use a wide range of creative art media, technology, toys/props or games to support the full engagement of adults or children with a learning disability. Some service users may benefit from working in a group and others may prefer individual work. Service users attending therapy are encouraged to make their own art work but may be supported through working collaboratively with the therapist.

Working creatively and flexibly may include: making adjustments to the setting, furniture or venue in which therapy is provided; being aware of a person's style of communication; or accommodating the length of time

they can sustain their involvement in a therapy session. Engagement may also be sustained for some service users by maintaining consistency in key areas of art therapy, for example planning for breaks or endings with those who struggle to manage when their established routine is changed. To maximise engagement, we recommend that the art therapist:

- tries to anticipate any adjustments that may increase a service user's successful engagement in therapy. This may include practical arrangements such as access to the venue in which therapy is being provided, reviewing therapy agreements or responding to the specific support or communication needs of the service user;
- where possible provides access to both group and individual therapy;
- provides creative art materials that can be accessed by people with a range of abilities and interests;
- facilitates and supports the person to engage in a creative process. This may include offering choices, making suggestions, working jointly or collaboratively, adopting a playful approach or working in a way that supports positive communication and interaction;
- actively responds to changes within therapy. This may include changes in the working relationship, the creative interests of the person or their therapeutic goals. Changes may require the art therapist to develop or modify their approach or review therapeutic goals with the service user;
- be mindful that flexible and creative working can also inform assessment and formulation in art therapy.

8. Work psychotherapeutically: apply up-to-date knowledge of developmental and mental health problems and use psychologically informed approaches.

Applying psychologically informed knowledge within art therapy forms a central part of training and clinical practice. Adults and children with a learning disability may have a wide range of developmental, psychological, social, emotional, behavioural, mental health and physical health difficulties. This knowledge should inform both assessment and therapy delivery. It is important for art therapists to build up a broad range of knowledge regarding issues that adults or children with a learning disability may encounter. It is also necessary to develop some specialist areas of skill and knowledge from current and developing evidence-based practice. Additionally, art therapists need to understand the limits of their knowledge and work with the networks of support available to service users in order to support and promote their improved health and well-being. Psychotherapeutic work requires art therapists to:

- apply psychologically informed knowledge based on current evidence-based practice to the assessment, formulation, therapeutic goal setting and therapy provided to service users;
- develop a broad understanding of issues that relate to people who have a learning disability;
- develop specialist skills and knowledge required for the safe and effective delivery of therapy to children and adults with a learning disability;
- work with broader networks of support when issues and concerns related to the health and well-being of the service user cannot be fully addressed within therapy.

9. Monitor progress: take steps to monitor your work including getting feedback from the person about their experience of therapy and whether it is helping.

Monitoring art therapy work through getting feedback or conducting a more formal evaluation is important and will lead to improved practice. The most immediate and important feedback is the service user's view of their experience of therapy. Art therapists can also monitor changes related to the service user's therapeutic goals. There are self-report questionnaires designed for children and adults with a learning disability; these can form part of the therapeutic process.

Some service users may not be able give direct feedback to the art therapist about their progress. In these cases, therapeutic goals may be reviewed with people who know them well and make up their network of support. This can also be important as people who know the service user well can sometimes see small areas of progress that are meaningful which cannot otherwise be sensitively measured using formal methods of evaluation. It is essential to fully understand any routine outcome or evaluation measures used by the art therapist in order to fully make sense of and communicate the results.

Conducting audits of therapy provision and outcomes over a period of time can be helpful for monitoring aspects of therapy delivery. This information should be of interest to service users, service providers, funders and commissioners. The approach used by the art therapist to monitor their work will often be influenced by the priorities of the organisation they are working within or by the people they work with. We recommend that the art therapist:

- seeks feedback from service users regarding their experience of therapy;
- monitors and reviews therapeutic goals agreed during the assessment period or at the start of therapy;
- involves people who know the service user well where the service user is not able to give feedback about their experience of therapy;

- establishes routine methods to monitor their work and uses a range of approaches suitable for the service users they work with.

10. Professional responsibilities and self-care: take responsibility for having supportive professional structures in place that will develop and sustain your safe practice.

Art therapists practicing in the UK are required to have up-to-date registration with the Health and Care Professions Council (HCPC). Registration checks can be carried out by members of the public online via www.hcpc-uk.org. Evidence of Continued Professional Development (CPD) is a requirement of HCPC registration. It is highly recommended that art therapists become members of the British Association of Art Therapists (www.baat.org), which gives them access to up-to-date professional information, opportunities to access the *International Journal of Art Therapy: Inscape*, peer support such as Regional Groups, Special Interest Groups, the Art Therapy Practice Research Network, and evidence-based training courses. Membership of a trades union is also recommended by the BAAT. Art therapists are now required to have adequate public liability insurance. For those working in private practice, it is recommended that they seek registration as a private practitioner with the BAAT.

Art therapists should be aware of the potential for 'burn-out' and stresses that may be caused by the work they do. Some therapists have found that continuing to engage in their own personal art work in response to the therapy work is a helpful approach to manage stress. Supportive structures should be provided in the workplace, such as clinical supervision, reflective practice and team meetings. Clinical supervision is regarded as an essential requirement for good clinical practice and to ensure the continuing reflective development of the art therapist as well as to ensure the protection and welfare of the service users they see. To maintain professional requirements and skills, the art therapist should:

- hold up-to-date registration with the Health and Care Professions Council and should consider joining supportive professional organisations such as the British Association of Art Therapists and a trades union;
- attend forums where practice development is discussed with peers, such as Special Interest Groups, journal clubs, local networks or professional groups;
- secure regular clinical supervision to discuss how they deliver art therapy;
- be aware of their personal safety and the safety of the people they work with in therapy. If the art therapist is working for an organisation, they should be familiar with local procedures that make work safe, such as risk management or lone working arrangements;
- consider aspects of 'self-care' more broadly and reflect upon how their practice can be safely maintained and developed. This might involve making a personal plan that helps them to manage at times that feel stressful.

Discussion

The completion of these practice-based guidelines in 2016 coincided with the fifth anniversary of the BBC One Panorama programme 'Undercover Care: The Abuse Exposed', which showed the abuse at Winterbourne View in 2011. Since this scandal, there has been a national drive towards 'transforming care' (Department of Health, 2012) for people with a learning disability in England. It is important that arts therapists continue to support transformation, both in terms of developing effective clinical practice and through supporting the transformation of services for people with a learning disability. Due to the flexible nature of art therapy and the variety of approaches when applying art therapy in practice, there is greater potential for its use beyond traditional settings.

Developing a robust evidence base for art therapy is a priority for the profession. We have seen that the examples in the literature for art therapy in the UK have, to date, been broadly descriptive of the therapeutic process and include outcomes that illustrate some of the complexity of art therapy interventions. It is important that more systematic approaches to research and evaluation are included in the range of studies being published within this area of work. The Medical Research Council's framework for developing and evaluating complex interventions (Craig et al., 2008) is a helpful starting place for art therapists who want to develop research about this work. The framework outlines four interrelated stages of development, feasibility and piloting, evaluation, and implementation.

Many art therapists report, from their clinical practice, examples of being able to support people with a learning disability to unlock areas of personal expression and communication. Sometimes this is demonstrated through the words or actions of the service user having been misinterpreted by those around them for many years. Art therapy can provide a medium of expression that is personalised and often seeks shared understanding of the meaning of images and experiences for the service user. Art therapy seeks to support the social, emotional and psychological needs of children and adults with a learning disability.

The recommendations for UK art therapy practice-based guidelines for children and adults with a learning disability are an example of clinical consensus on current best practice. It is hoped that the publication

and use of these guidelines will support the development of art therapy in the UK and its potential to be increasingly beneficial to children and adults with a learning disability.

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References

Ashby, E. (2011). Resourceful, skillful and flexible: Art therapy with people who have severe learning disabilities and challenging behaviour. In A. Gilroy (Ed.), *Art therapy research in practice* (pp. 159–180). London: Routledge.

Beail, N. (2016). *Psychological therapies and people who have intellectual disabilities*. London: The British Psychological Society. Retrieved June 13, 2016, from http://www.bps.org.uk/system/files/Public%2520files/Policy/psychological_therapies_and_people_who_have_id_pdf_for_review.pdf

Bicknell, J. (1983). The psychopathology of handicap. *British Journal of Medical Psychology*, *56*(2), 167–178.

Blackman, N. (2003). *Loss and learning disability*. London: Worth Publishing.

British Association of Art Therapists. (2012). Protocol for publishing BAAT approved special interest group guidelines. Annual report and accounts for year ended 31 December 2012.

British Association of Art Therapists. (n.d.). What is art therapy? Retrieved January 5, 2017, from http://www.baat.org/About-Art-Therapy

Bruininks, R. H., Woodcock, R. W., Weatherman, R. F., & Hill, B. K. (1996). *Scales of independent behavior – revised*. Itasca, IL: Riverside.

Bull, S., & O'Farrell, K. (Eds.). (2012). *Art therapy and learning disability "Don't guess my happiness"*. Hove: Routledge.

Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2008). Developing and evaluating complex interventions: The new medical research council guidance. *BMJ*, *337*. doi:10.1136/bmj.a1655

Damarell, B. (1998). Grandma, what a big beard you have! An exploration of the client's reaction to a change in the art therapist's appearance. *Inscape: The Journal of the British Association of Art Therapists*, *3*(2), 63–72.

Damarell, B. (1999). Just forging, or seeking love and approval? An investigation into the phenomenon of the forged art object and the copied picture in art therapy involving people with learning disabilities. *Inscape: The Journal of the British Association of Art Therapists*, *4*(2), 44–50.

Department of Health. (2012). Transforming care: A national response to Winterbourne view hospital. Retrieved June 13, 2016, from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

Emerson, E., Baines, S., Allerton, L., & Welch, V. (2011). Health inequalities & people with learning disabilities in the UK. 2011.

Freilich, R., & Schechtman, Z. (2010). The contribution of art therapy to the social, emotional, and academic adjustment of children with learning disabilities. *The Arts in Psychotherapy*, *37*, 97–105.

Gilroy, A. (2006). *Art therapy, research and evidence-based practice*. London: Sage.

Got, I. L. S., & Cheng, S.-T. (2008). The effects of art facilitation on the social functioning of people with developmental disability. *Art Therapy: Journal of the American Art Therapy Association*, *25*(1), 32–37.

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), 42–49.

Hackett, S. S. (2012). *Art psychotherapy with adult offenders who have learning and developmental disabilities* (PhD). University of Northumbria, Newcastle Upon Tyne. Retrieved from http://nrl.northumbria.ac.uk/10354/

Hackett, S. S., & Critchley, S. (2012). From art therapy to arts in health: Bridging the gap for people with learning disabilities. *Newsbriefing, November*, 12–13.

Hackett, S., Rothwell, K., & Lyle, C. (2016). Art psychotherapy. In N. Beail (Ed.), *Psychological therapies and people who have intellectual disabilities*. London: The British Psychological Society. Retrieved June 13, 2016, from http://www.bps.org.uk/system/files/Public%20files/Policy/psychological_therapies_and_people_who_have_id_pdf_for_review.pdf

Hollins, S., & Sinason, V. (2000). Psychotherapy, learning disabilities and trauma: New perspectives. *The British Journal of Psychiatry*, *176*, 32–36.

Hughes, R. (1998). Rape! The violation of integrity and will. In M. Rees (Ed.), *Drawing on difference: Art therapy with people who have learning difficulties* (pp. 111–129). London: Routledge.

Kuczaj, E. (1998). Learning to say "goodbye": Loss and bereavement in learning difficulties and the role of art

therapy. In M. Rees (Ed.), *Drawing on difference: Art therapy with people who have learning difficulties* (150–168). London: Routledge.

Lomas, H., & Hallas, P. (1998). It's a mystery: Accounts of an art therapy group for people with learning disabilities. In M. Rees (Ed.), *Drawing on difference: Art therapy with people who have learning difficulties* (pp. 31–58). London: Routledge.

Mayer-Johnson. (2013). Boardmaker (v.6.) [Computer software]. Retrieved from http://www.mayer-johnson.com/

NICE. (2014). *Schizophrenia: Core interventions in the treatment and management of schizophrenia in adults in primary and secondary care* (updated ed.). London: National Institute for Clinical Excellence.

Pounsett, H., Parker, K., Hawtin, A., & Collins, S. (2006). Examination of the changes that take place during an art therapy intervention. *International Journal of Art Therapy*, *11*(2), 79–101.

Rees, M. (1995). Making sense of marking space: Researching art therapy with people who have severe learning difficulties. In C. Lee & A. Gilroy (Eds.), *Art and music therapy research*. London: Routledge.

Rees, M. (1998). *Drawing on difference: Art therapy with people who have learning difficulties*. London: Routledge.

Rothwell, K. (2008). What anger? Working with acting-out behaviour in a secure setting. In M. Liebmann (Ed.), *Art therapy and anger* (pp. 117–133). London: Jessica Kingsley.

Royal College of Psychiatrists. (2004). *Psychotherapy and learning disability*. Council Report CR116. London: Royal College of Psychiatrists.

Sinason, V., & Stokes, J. (1992). Secondary mental handicap as a defence. In A. Waitman & S. Conboy-Hill (Eds.), *Psychotherapy and mental handicap* (pp. 46–58). London: Sage.

Stack, M. (1996). Humpty dumpty had a great fall. *The Journal of the British Association of Art Therapists*, *1*(1), 1–13.

Stott, J., & Males, B. (1984). Art therapy for people who are mentally handicapped. In T. Dalley (Ed.), *Art as therapy: An introduction to the use of art as a therapeutic technique* (pp. 90–103). London: Tavistock.

Taylor-Buck, E., & Dent-Brown, K. (2014). Creative manuals. *International Journal of Art Therapy*, *19*(2), 82–87.

Tipple, R. (1992). Art therapy with people who have severe learning difficulties. In D. Waller & A. Gilroy (Eds.), *Art therapy: A handbook* (pp. 105–124). Buckingham: Open University Press.

Tipple, R. (1993). Challenging assumptions: The importance of transference processes in work with people with learning difficulties. *Inscape: Journal of the British Association of Art Therapists*, *2*, 2–9.

Tipple, R. (1994). Communication and interpretation in art therapy with people who have a learning disability. *Inscape: Journal of the British Association of Art Therapists*, *2*, 31–35.

White, I., Bull, S., & Beavis, M. (2009). Isobel's images – one woman's experience of art therapy. *British Journal of Learning Disabilities*, *37*(2), 103–109.

Willoughby-Booth, S., & Pearce, J. (1998). On the edge: Art therapy for people with learning difficulties and disordered personalities. In M. Rees (Ed.), *Drawing on difference: Art therapy with people who have learning difficulties* (pp. 63–78). London: Routledge.

Wolke, D. (1986). Play observation scheme and emotion rating (POSER) *Unpublished manual*. London: Institute of Child Health.