Belfast School of Art
Faculty of Arts, Humanities & Social Sciences
Ulster University

MSc Art Therapy

MODULE BOOKLET

Art Therapy: Development of Theory and Practice
AAD732

Programme approved by the
Health and Care Professions Council
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Module AAD732: Art Therapy: Development of Theory and Practice

MODULE TITLE
Art Therapy: Development of Theory and Practice

MODULE CODE
Allocated by Module Office

EFFECTIVE FROM
2018

MODULE LEVEL
7

CREDIT POINTS
20 M (1 credit point per 10 hours of notional student effort)

MODULE INSTANCE(S)

<table>
<thead>
<tr>
<th>Location</th>
<th>Semester</th>
<th>Module co-ordinator</th>
<th>Teaching Staff</th>
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<tbody>
<tr>
<td>Belfast School of Art</td>
<td>2</td>
<td>Dr Caryl Sibbett / Dr Pamela Whitaker</td>
<td>Dr Caryl Sibbett Dr Pamela Whitaker Dr Colin Sims</td>
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</tbody>
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PREREQUISITE(S)
Module AAD731

COREQUISITE(S)
P1 or P2 or P3. Practicum.

HOURS
Indicate notional student effort hours and their division between lectures, seminars, tutorials, practicals, private study, etc, selecting from the categories available (10 hours = 1 credit point).

TOTAL EFFORT HOURS hrs
200
This should be the number of credit points multiplied by 10. The total of effort hours detailed above should match this figure.

ACADEMIC SUBJECT
Art Therapy

[NB. Information herein outlines the normal provision, but some variations may occur according to need.]
RATIONALE: programme philosophy & framework

The British Association of Art Therapists (BAAT) is the UK Professional Body and BAAT (2018) defines Art Therapy as: “a form of psychotherapy that uses art media as its primary mode of expression and communication. Within this context, art is not used as diagnostic tool but as a medium to address emotional issues which may be confusing and distressing.”<www.baat.org/About-Art-Therapy> Art Therapy, also known as Art Psychotherapy, is regulated in the UK by the Health & Care Professions Council (HCPC), which defines an Art Therapist as “a psychological therapist who has arts-based experience plus training in psychological interventions using … art as their primary mode of communication”. This is consistent with Edwards’ (2014: 3) assertion that:
"From a contemporary perspective, art therapy may be defined as a form of therapy in which creating images and objects plays a central role in the psychotherapeutic relationship established between the art therapist and client."

Therefore, the MSc Art Therapy programme’s philosophy and values prize the dynamic synthesis of art and psychotherapy and are in keeping with analytical art psychotherapy which holds that, in relation to the therapeutic triad (Client / Art / Art Therapist), “all three points of the triangle are of similar significance… although the engagement with the art process is central, it is not idealised, nor is it separated from the impact of the therapeutic relationship” (Schaverien, 2000: 72-73).

Consistent with the above definitions, we will also keep relationships and the art-making process at the core of learning, within the context of a psychotherapeutic training. The training will include the use of mixed methods teaching and learning: socratic, experiential, arts-based and digital.

The MSc Art Therapy holds that Art Therapy / Art Psychotherapy involves the intentional co-creation of a therapeutic relationship between Art Therapist, client and art, in the service of the client’s therapeutic goals and needs. This requires the collaborative co-creation of a therapeutic alliance in which both parties are active partners. Consistent with the centrality of relationship, this programme emphasises the development of the following key intersubjective competencies of the Art Therapist:

- **Caring professional relationship with client:** building a therapeutic alliance, attunement, managing ruptures and repairing to maintain an effective and safe psychotherapeutic relationship, whilst collaboratively assessing client needs and goals, planning, adapting and ending art therapy appropriately.
- **Caring professional relationship with art - client art & own art:** fostering the client’s therapeutic process through the medium of art; fostering own professional development through the medium of art.
- **Caring professional relationship with others:** including: supervisor, team, peers, wider professionals, client’s parents / guardians, and the wider eco-system.
- **Caring professional relationship with self:** self-awareness, understanding and insight, self-reflexive practice, autonomy, management of power, accountability.

On the MSc Art Therapy, we are committed to an **integrative model of wellbeing** that embraces the biopsychosocial model (Engel, 1977) and the biopsychosocial-spiritual dimensions (Sulmasy, 2006) of healthcare. We also share a pluralistic commitment to **respecting and promoting diversity**. We aim to develop reflexive practitioner-researchers who are dedicated to lifelong learning.

The capacity in Art Therapists to understand theory and apply it to practice is a requirement of the Health and Care Profession’s (HCPC, 2014) **Standards of Proficiency – Arts Therapists** and the British Association of Art Therapists’ (BAAT, 2014) **Code of Ethics and Principles of Professional Practice for Art Therapists**. The HCPC specifically requires that students should “be able to employ a coherent approach to the therapeutic process” (HCPC, 2013: 13.11) and understand “that while art therapy has a number of frames of reference, they

Dr Caryl Sibbett, 2019
must adopt a coherent approach to their therapy, including the relationship between theory, research, and practice and the relevant aspects of connected disciplines including visual arts, aesthetics, anthropology, psychology, psychiatry, sociology, psychotherapy, and medicine” (HCPC, 2013: 13.17).

Therefore, promoting a coherent approach, the MSc Art Therapy will offer an arena in which such disciplines are brought together to enable graduates to understand and explore the union of art and psychotherapy. Art Therapy, as defined by the programme, will be a coherent synthesis of knowledge and evidence-based research and practices deriving from art and psychotherapy, including a range of therapeutic theoretical orientations and wider disciplines.

Consistent with this, and with contemporary practice models, research and client needs, the MSc Art Therapy programme will introduce and develop a “coherent approach” grounded in an integrative framework which underpins the MSc Art Therapy programme and which will be developed across all modules. This coherent integrative framework is: trauma informed pluralistic Art Therapy.

Trauma informed pluralistic Art Therapy

The pluralistic approach is a major contemporary and evidence-based integrative framework in psychotherapy and is also a philosophical and ethical stance. It synthesises values, theory, research and practice. Working within this pluralistic coherent framework, the MSc Art Therapy will promote evidence-based attachment and trauma informed care and practice. The MSc Art Therapy pluralistic framework is founded on a relational person-centred orientation, particularly informed by psychodynamic (psychoanalytic, attachment, mentalization, object relations...) and eco-biopsychosocial understandings. This is consistent with the British Association of Art Therapists approach which promotes relational attachment and mentalization based practice informed by wider modalities.

In summary, the core components of trauma informed pluralistic Art Therapy are:

- **pluralistic** – Pluralism is both a way of thinking about the world and psychotherapy and a specific approach to practice (Cooper & McLeod, 2011, 2015). Pluralistic therapy “comprises a ‘meta-theory’ or practice framework that functions as a means of harnessing the ideas, knowledge and experience of both the client and the therapist.” (McLeod, 2018, p.2). The pluralistic approach (Cooper & McLeod, 2011, 2015; McLeod, 2018) is “a collaborative, integrative perspective, deeply rooted in humanistic and person-centred values. Its fundamental premise is that each client is unique, and therefore may need different things from therapy. On this basis, the pluralistic approach creates a framework in which practitioners can integrate a wide variety of understandings and methods into their practice.” (Cooper, 2018). A key element of this pluralistic approach is shared decision making: communicating with clients about what they want from therapy, and how they might most effectively be helped to get there. One aspect that “is distinctive about a pluralistic perspective, is that it consists of integration ‘in the room’ rather than ‘on the therapist’s desk’ or ‘in the therapist’s head’.” (McLeod, 2015: 7). Pluralistic psychotherapy is underpinned by three “pillars” (Cooper & Dryden, 2016: 3-4):
  - pluralism across orientations,
  - pluralism across clients,
  - pluralism across perspectives.
A pluralistic approach is consistent with contemporary art therapy (Burt, 2011; Gilroy, 2011; Hogan, 2003).

(See diagram below & Pluralistic practice section further below for further details).
Diagram showing three pillars of pluralistic practice

<table>
<thead>
<tr>
<th>Trauma Informed Care core principles (MSc Art Therapy)</th>
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PLURALISM

<table>
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<tr>
<th>ORIENTATIONS</th>
<th>CLIENTS</th>
<th>PERSPECTIVES</th>
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<tbody>
<tr>
<td>Integrative, Openness to: a variety of ways people are affected &amp; ways of helping; critical evaluation of multiple sources of knowledge (theory, research, own experience). ‘Both/and’ view.</td>
<td>Celebrating diversity &amp; uniqueness. &quot;ethical commitment to valuing diversity” (Wikan, 2017, 9), Congruence, acceptance &amp; empathy: person &amp; art. Tailoring, bespoke approach.</td>
<td>Collaborative partnership approach, Active partners, Collaborative case formulation, Shared decisions, Seeking feedback Metatherapeutic communication.</td>
</tr>
</tbody>
</table>

Values-based practice + Practice-based evidence + Evidence-based practice


- **evidence-based** - pluralistic practice draws on current research and “common factors” research (Asay & Lambert, 2008; Cooper, 2008; Norcross, 2011; Wampold, 2015; Wampold & Imel, 2015), promoting evidence-based practice (EBP) and informed by practice-based evidence (PBE);

- **values-based practice** (VBP) - pluralistic practice is consistent with values-based practice, underpinned by abiding within ethical and professional standards.

Consistent with pluralism, the MSc Art Therapy will also promote a systemic approach to understanding influences on mental reactions, illness and health, and on the promotion of wellbeing and creativity.

More details about Pluralistic practice, Trauma informed care (TIC), Evidence Based Practice and Values Based Practice are given below.
Pluralistic practice

Consistent with the pluralism paradigm, the teaching and learning aims to support the development of analytical skills and critical evaluation of theory, research and practice throughout the programme. Having an integrative pluralistic framework and evidence-based practice will enable students to develop their capacity to “be able to employ a coherent approach to the therapeutic process” (HCPC, 2013: 13.11). This will support students in being able to “recognise that they are personally responsible for and must be able to justify their decisions” (HCPC, 2013: 4.4). This will support students to be able to justify a rationale for their interventions and integration of theory and research into practice. The pluralistic coherent integrative framework, detailed below, is supported by evidence-based research on efficacy and effectiveness in psychotherapy and guided by evidence-based trauma informed care, particularly relevant given the Northern Ireland context.

In psychotherapy, pluralism adopts “a pluralistic stance in relation to knowledge and practice” (Dryden, 2013: 51) and is a “meta-model of therapy integration” (McLeod & Sundet, 2016: 160), underpinned by three “pillars” (Cooper & Dryden, 2016: 3-4):

1. **Pluralism across orientations** –
   - Having an **integrative** approach and an **openness** to considering a variety of ways clients are affected by issues and a variety of ways of helping them (Cooper & Dryden, 2016: 3). This involves reflexive practice and an openness to, and critical evaluation of, multiple sources of knowledge including research, theory and personal experience (Cooper & Dryden, 2016: 4). It involves “taking a ‘both/and’ perspective, rather than an ‘either/or’ one”, thus challenging traditional ‘schoolism’ in therapy (Cooper & Dryden, 2016: 4).

2. **Pluralism across clients** –
   - **Recognising, valuing and celebrating diversity** and **client uniqueness** (Cooper & Dryden, 2016: 3-4). Pluralistic practice involves “an ethical commitment to valuing diversity” (McLeod, 2017: 3). This is founded in a relational Humanistic/Existential way of being, characterized by adopting an “I-Thou” (Buber, 1958) stance (Cooper & Stumm, 2016: 140), a humanising attitude that values the presence of the parties in the encounter. This is also characterized by the communication of the following Person-Centred core conditions (Rogers, 1957, 1961): congruence, acceptance and empathy - and associated skills (Hanley et al, 2016: 101) which can facilitate therapeutic change (Cooper & McLeod, 2011). In pluralistic Art Therapy, such conditions and skills are communicated to the client and their art.
   - The provision of a **bespoke approach** tailored to specific client needs and goals, and maximising client strengths and creative resources (Cooper & Dryden, 2016: 3).

3. **Pluralism across perspectives** –
   - Adopting a **collaborative partnership approach**, advocating that both psychotherapist and client are active participants, sharing decision-making concerning goals, tasks and methods (Cooper & Dryden, 2016: 3). The Art Therapist collaboratively co-creates a safe and effective therapeutic alliance. “Clients should be fully involved at every stage of the therapeutic process” (Cooper & Dryden, 2016: 4). The therapist invites metatherapeutic communication (e.g. about the therapeutic process, relationship, needs, goals and methods). This also involves collaborating with clients in gathering systematic feedback on the Art Therapy, including using outcome measures and therapeutic alliance measures.

Therefore, the MSc Art Therapy promotes this collaborative, inclusive and ethical stance within the coherent framework of evidence based theories, research and interventions.

The pluralistic approach is consistent with the HCPC’s requirements, e.g.:
HCPC (2013)– “promote and protect the interests of service users and carers”;
“1.1 You must treat service users and carers as individuals, respecting their privacy and dignity.”
“1.2 You must work in partnership with service users and carers, involving them, where appropriate, in decisions about the care, treatment or other services to be provided.”
“1.5 You must not discriminate against service users, carers or colleagues by allowing your personal views to affect your professional relationships or the care, treatment or other services that you provide.”

In UK art therapy, BAAT also promotes a relational person-centred orientation, particularly informed by attachment, mentalization, psychodynamic, systemic and ecopsychological understandings. Mentalization is:
“the ability to reflect upon and to understand one’s own state of mind and the state of mind of the other. This includes the capacity to have insight into what one is feeling, and why, and to make inferences, based on these, as to the motivations of one’s own and other’s behaviour. This is one of the main building blocks for intersubjectivity, attachment and relationships” (Edinburg, 2018) - interview with Fonagy.

Mentalization based therapy aims to provide a good enough therapy relationship, characterised by a curious mentalizing stance, which promotes in a client a more secure attachment style, improved ability to mentalise and regulate affect, a more coherent sense of self, better wellbeing, resilience and relationships (Fonagy, et al, 2002).

“Postmodern art therapy is particularly sensitive to pluralism” (Burt, 2011: 236). Gilroy (2011) proposes that a pluralistic evidence base should be developed which, whilst systematic and particular to client population, is neither prescriptive nor constrained by diagnostic criteria. “The art process within the art therapeutic relationship has the capacity to hold a polytheistic view of the clients’ inner world. Thus, the process of healing has many sources of meaning, direction and value. … Integrated and pluralistic art therapy approaches will create an inclusive, flexible and receptive environment for an increasingly multicultural population.” (Hogan, 2003: 191). In contemporary psychodynamic psychotherapy, there is recognition of the need to draw on “several theoretical models, reflecting the pluralism in the field today” (Gabbard, 2017, p.xi).

The MSc Art Therapy offers training in Art Therapy to HCPC and QAA threshold level for entry into the profession. Therefore, it offers a threshold level for pluralistic Art Therapy practice. It is emphasised that training in integrative pluralistic psychotherapy is underpinned by the following principles: having a lifelong learning perspective, adopting a critical philosophical perspective, learning to use personal and cultural resources, learning collaborative skills, acquiring basic therapeutic competencies, learning to use research knowledge as a resource for practice throughout one’s professional career (McLeod, 2015).

**Trauma informed care**

Consistent with this coherent pluralistic framework, the MSc Art Therapy also aims to develop trauma informed care and practice (Evans & Coccoma, 2014; (Steele & Malchiodi, 2012; Sweeney et al, 2016) and application of attachment theory, particularly as applied in Art Therapy (BAAT, 2018; Malchiodi, 2008, 2011, 2014; Malchiodi & Crenshaw, 2013), such as in clay work (Elbrecht & Antcliff, 2014). This will draw on research showing how adverse childhood experiences (ACEs) (Felitti et al, 1998) and various types of trauma can impact negatively on development and mental health (Van der Kolk, 2006, 2013, 2015). It will also draw on neurodevelopmental research (Perry, 2008) showing the value of symbolic and sensory-based “bottom up” approaches (Grabb & Miller-Karas, 2018) and synthesising “bottom up” and “top down” processing when addressing trauma (Ogden et al, 2006). The MSc Art Therapy will promote such a dynamic synthesis in practice guided by the core principles of trauma informed care:

1. **Trauma awareness**;
2. **Safety – physical & psychological**;
3. Resist retraumatisation;
4. Trustworthiness & transparency;
5. Cultural competence, historical & gender issues, diversity;
6. Collaboration & mutuality;
7. Empowerment, choice, control, voice, building strengths & skills;
8. Peer support & mutual self-help, survivor partnerships;

[Adapted from:]

Trauma informed care and practice is increasingly integrated into health care and education in Northern Ireland and beyond, with an increasing number of services, including NHS, identifying as “trauma informed”. Therefore, the trauma-informed pluralistic MSc Art Therapy framework is both evidence-based for efficacy / effectiveness and aligned with current workplace stances, and therefore should enhance graduate employability.

The MSc Art Therapy aims to contribute particularly to the Northern Ireland context given that research (Tomlinson, 2012) indicates high rates of suicide and PTSD here related to trauma. Indeed, one study which was part of the World Mental Health Survey Initiative found that “Northern Ireland has the highest level of 12-month and lifetime PTSD among all comparable studies undertaken across the world including other areas of conflict” (Ferry et al, 2012). Another research report (O’Neill et al, 2015) indicated the multi-faceted negative impact of trauma and transgenerational trauma in Northern Ireland. Fonagy’s mentalisation based therapy approach aims to provide a therapeutic relationship in which the effects of trauma and the negative spiral of the transgenerational trauma transmission can be addressed. The MSc Art Therapy will have a specific cross-curricular strand acknowledging its Northern Ireland context. This will include aspects of culture, arts, symbolic expression etc. It will also explore how Art Therapy is valuable when working with trauma and PTSD, thus promoting trauma informed care and practice.

**Evidence Based Practice**

The three pillars of the pluralistic approach and practice are each supported by a growing body of research evidence which students will be encouraged to explore, critically appraise and apply to inform their analytical skills and evidence-based practice. Cooper and Dryden (2016) summarise research showing that psychotherapy is more likely to be effective when it is coherent and relational, matches client’s preferences, involves them as partners in change, is tailored to suit their needs appropriately. Pluralistic practice is also consistent with findings from “common factors” international evidence based research (Asay & Lambert, 2008; Cooper, 2008; Norcross, 2011; Wampold, 2015; Wampold & Imel, 2015) that identifies common factors across modalities maximising effective practice.

Norcross (2011) summarises a wealth of data that shows that evidence-based psychotherapy “will necessarily consider the person of the psychotherapist, the therapy relationship and means to adapt or tailor that relationship to the individual patient – in addition to diagnosis.”

Informed by “common factors” research (e.g. Wampold & Imel, 2015 March), this coherent framework holds that, in Art Therapy, it is vital that the Art Therapist adopts a relational stance and can establish and maintain a constructive therapeutic alliance as a necessary foundation. This is consistent with Wampold’s common factors “contextual model” that
advocates that “an initial therapeutic relationship must be established” (Wampold, 2015). This relational stance is informed by Humanistic and Person-Centred theory (Rogers, 1995) and will be proposed as a foundational way of being, particularly within expressive arts therapy (Rogers, 1993). Building on this foundation, the Art Therapist’s practice needs to be tailored / culturally adapted to the needs of the client (Wampold & Imel, 2015), and therefore practice needs to be informed by a range of therapeutic theories and skills as consistent also with “pluralistic” theory (Cooper & McLeod, 2011, 2015). This is facilitated in a collaborative partnership approach in which the client and Art Therapist negotiate and review needs, goals, tasks, methods and outcomes, underpinned by an ethical and professional approach.

There is a sound evidence based rationale for this framework. Common factors research shows that psychotherapy is “remarkably effective”, the effects being larger than for many medical practices, as or more effective as medication for most mental disorders, and is also longer lasting and without the same side effects (Wampold & Imel, 2015). Common factors research also shows that therapists who draw on the common factors achieve consistently better outcomes than others (Wampold & Imel, 2015). Therefore, within a coherent integrative pluralistic framework, the MSc Art Therapy also draws on common factors research, synthesised with the HCPC (2013) Standards of Proficiency – Arts Therapists.

Consistent with this, on the MSc Art Therapy programme we promote the following factors which “are robustly related to outcome: the working alliance, empathy, expectations, psychoeducation about the disorder, and other so-called ‘common factors’” (Wampold & Imel, 2015 March). This involves “Goal Consensus/Collaboration”, “Positive Regard/Affirmation”, “Congruence/Genuineness”, “Expectations” and “Cultural Adaptation of EBT” (evidence-based therapy) (Wampold & Imel, 2015). The common factors research also shows that being able to provide the client with an explanation of his/her distress and explain how the work done in therapy will help with this are both important capacities for producing therapy benefits (Wampold & Imel, 2015 March). In addition, the content of the modules is also designed to take account of the evidence that shows that “Moreover, and importantly, those therapists who can form an alliance with a range of patients, have a sophisticated set of facilitative interpersonal skills, worry about their effectiveness, and make deliberate efforts to improve are the therapists who achieve better outcomes.” (Wampold & Imel, 2015 March).

EBP has been described as a ‘three-legged stool’ which involves the integration of:

1. **best research evidence** (on whether & why an intervention works);
2. **clinical expertise** (clinical judgment & experience) to assess client issues, manage risks & benefits of potential interventions;
3. **client values & preferences**

“By patient values we mean the unique preferences, concerns and expectations each patient brings to a clinical encounter and which must be integrated into clinical decisions if they are to serve the patient” (Sackett et al., 2000, page 1; emphasis in the original).

This is a characteristic of the pluralistic approach.

**Values Based Practice**

“Values-based practice (VBP) is the theory and skills base for effective health care decision making where different (and hence potentially conflicting) values are in play” (Fulford, 2004). Values are “action guiding” (Hare, 1952, 1963). Values, as well as evidence, underpin all decisions including all clinical decisions. “By not being mindful of Values, we can beget the opposite, which can be harmful to self, other, the system, our world.” (Watson, 2002: 4). Art therapists must abide by the HCPC’s *Standards of conduct, performance and ethics* (2016) (SCPE). Core dimensions of VBP are consistent with the pluralistic approach: VBP is User-centred: “The first source for information on values in any situation is the perspective of the service user concerned.” (Fulford & Woodbridge, 2008, p.85)
Main AIMS

Main aims: This module aims to further develop understanding, skills and attitudes relevant to a range of theoretical concepts and ethical practice issues which underpin the development of a relational therapeutic alliance in Art Therapy. This will be consistent with an evidence-based trauma-informed integrative pluralistic framework.

This module will aim to foster growth across two broad dimensions of development:

1. **Professional-personal development** – reflexivity; insight into one’s own self-awareness, art-making and how these underpin maintaining fitness to practise. This involves introspection, self-exploration, and an understanding how one’s own experiences and way of being affect our capacity to practice effectively. It aims to develop students’ competence in practising ethically with self-awareness.

2. **Professional practice** – reflexive practice. Developing the capacity to work within a coherent integrative pluralistic framework. The Module aims to develop students’ systematic and comprehensive understanding of relevant theories and their capacity to show originality in applying relevant techniques, particularly to be able to maintain, develop and end an effective therapeutic alliance. This involves applying attitudes, ethics, theory understandings and skills to one’s art therapy practice, use of supervision and evaluation.

LEARNING OUTCOMES & ASSESSMENT

Assessment Summary

Academic modules, such as this module AAD732, feature four Module Intended Learning Outcomes (MILOs). Practicum modules feature nine Generic Intended Learning Outcomes (GILOs). MILOs are a synthesis of the GILOs which are a synthesis of the HCPC’s (2013) Standards of Proficiency – Arts Therapies which students are required to demonstrate competence in to pass an HCPC approved programme. There is no expectation that all of the HCPC (2013) Standards of Proficiency – Arts Therapy (SoP) (summarised in the MILOs and GILO Criteria / indicators) will be met in any one Module, semester or placement. However, to pass the degree it is required that the MILOs and GILOs (& SoP) & are all met by the end of the practicums and overall programme.

Academic Module Assessment

To achieve a Pass in each academic Module (≥50%) you must demonstrate that you meet:

- each of the Module Learning Outcomes (MILOs 1-4) specifically, &
  - therefore each of the Generic Intended Learning Outcomes (GILOs 1-9) generally, evidenced by cumulatively gathering sufficient evidence & completing a cumulative record of meeting each relevant Standard of Proficiency (which will cross match with relevant GILO Criteria / indicators) – this will be assessed in the Practicum Modules, &

- all other Module requirements of the MSc Art Therapy and University.

Programme Assessment

On completing the programme, to Pass, it is required that students will be able to demonstrate HCPC (2013) competence, at “threshold” level (QAA, 2004), in the the HCPC (2013) Standards of Proficiency – Arts Therapists (SoP) & the HCPC (2016) Standards of Conduct, Performance and Ethics (SCPE), evidenced by meeting:

- all of the Generic Intended Learning Outcomes (GILOs 1-9) in Practicum modules (further documented by a Cumulative SoP Record; cross matches with the GILO Criteria / indicators);

- all of the Module Intended Learning Outcomes (MILOs) in each academic module;

- & completed a minimum of the required Practicum (≥840hrs) & personal therapy hours (≥75hrs) and met all other University & MSc Art Therapy requirements.
Module Intended Learning Outcomes (MILOs) - (20 M pts) AAD732

Module AAD732 Art Therapy: Development of Theory and Practice. Developing the therapeutic relationship, informed by attachment, object relations and holistic theory, trauma understandings, ethics, a pluralistic framework, and implications for individual and group practice.

Successful students will be able to demonstrate:

A. Knowledge and Understanding

MILO 1.
A comprehensive understanding and critical evaluation of:
- psychodynamic and eco-biopsychosocial theories, research, skills (GILO 1) and
- ethics, conduct and statutory requirements (GILO 2);
  critically evaluating their relevance in deepening the therapeutic relationship within a coherent approach to trauma informed pluralistic practice.

B. Application of Practice & Expectations in Provision of Services

MILO 2.
Originality in the application of evidence-based skills, critically evaluating how you develop a secure attachment, manage complex dynamics and meet client needs, working within a coherent approach to trauma informed pluralistic practice (GILO 4).

- Using skills particularly relevant to developing a relational therapeutic alliance, including: assessment & planning (GILO 3), evaluation of practice (GILO 5), self-awareness & accountability (GILO 6), relationships & communication (GILO 7).

C. Attitudinal & Behavioural Attributes

MILO 3.
Critical analytical ability in the application of ethical skills relevant to developing therapeutic relationships to meet client needs; critically evaluating your coherent practice within ethical, legal and professional standards and requirements (GILO 8).

- Abiding by the: Standards of conduct, performance and ethics (HCPC, 2016),

D. Key Transferable Skills & relevant A-D. Standards of Proficiency – Arts Therapists

MILO 4.
Critically evaluating competence in:
  - key transferable skills (GILO 9) and
  - relevant HCPC (2013) Standards of Proficiency – Arts Therapists, (e.g. particularly as summarized in the GILOs 1-9 Criteria / indicators).
  (Building cumulatively to achieve competence in all SoPs by the end of the programme).
### Generic Intended Learning Outcomes (GILOs)


### Summary of Generic Intended Learning Outcomes (GILOs)

To be used to guide evaluation & assessment criteria:

#### A. Knowledge & Understanding (systematic & comprehensive understanding of knowledge & techniques)

<table>
<thead>
<tr>
<th>GILO 1.</th>
<th>Demonstrate a systematic and comprehensive knowledge and understanding of, and capacity to critically evaluate: art therapy and biopsychosocial theories, research and skills; critically evaluating their application within a coherent trauma informed pluralistic approach to meet diverse needs.</th>
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<tbody>
<tr>
<td></td>
<td>Summary in Evaluation / Assessment Reports:</td>
</tr>
<tr>
<td></td>
<td>GILO 1. Show critical understanding &amp; evaluation of theories, research &amp; skills to inform a coherent integrative &amp; trauma informed approach to meet diverse needs.</td>
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<tr>
<th>GILO 2.</th>
<th>Demonstrate a systematic and comprehensive knowledge and critical understanding of standards of performance, ethics and conduct, legal and statutory requirements and organisational policies to inform safe, ethical and professional practice.</th>
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<td></td>
<td>Summary in Evaluation / Assessment Reports:</td>
</tr>
<tr>
<td></td>
<td>GILO 2. Show comprehensive critical understanding of ethical standards, legislation &amp; policies to inform safe professional practice.</td>
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#### B1. Application of Practice (originality in application of knowledge & techniques)

<table>
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<tr>
<th>GILO 3.</th>
<th>Demonstrate competence and originality in the application of knowledge and skills in undertaking assessment and the critical evaluation of information to formulate, monitor and adapt Art Therapy plans and practice to meet diverse needs.</th>
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<td>Summary in Evaluation / Assessment Reports:</td>
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<tr>
<td></td>
<td>GILO 3. Apply knowledge &amp; skills in assessment &amp; evaluation of information to formulate, monitor &amp; adapt plans and practice to meet diverse needs.</td>
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<tr>
<th>GILO 4.</th>
<th>Demonstrate competence and originality in practising within a coherent integrative pluralistic &amp; trauma informed framework in the implementation of Art Therapy evidence-based practice to meet diverse needs.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Summary in Evaluation / Assessment Reports:</td>
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<tr>
<td></td>
<td>GILO 4. Practise within a coherent integrative &amp; trauma informed framework, implementing evidence-based practice to meet diverse needs.</td>
</tr>
</tbody>
</table>
**B1. Application of Practice** (originality in application of knowledge & techniques)

**GILO 5.** Demonstrate evidence of competence in the critical review, systematic evaluation, adaptation and quality assurance of Art Therapy practice and research, in line with evidence-based practice, including making appropriate professional use of supervision.

Summary in Evaluation / Assessment Reports:

GILO 5. Critically review, systematically evaluate, adapt & quality assure practice, & use supervision.

**B2. Expectations in Provision of Services** (capacity to deal with complexity systematically & creatively)

**GILO 6.** Demonstrate competence in practising Art Therapy with professional autonomy, self-awareness, reflexivity and accountability, working within own scope of practice, maintaining fitness to practise, exercising sound professional judgement, and dealing with complex issues systematically and creatively.

Summary in Evaluation / Assessment Reports:

GILO 6. Be autonomous, self-aware, reflexive & accountable in managing scope & fitness to practise, using sound judgement, including in complex situations.

**B2. Expectations in Provision of Services** (capacity to deal with complexity systematically & creatively)

**GILO 7.** Demonstrate the capacity to critically evaluate and manage professional relationships and communication appropriately in Art Therapy practice, including dealing with complex issues systematically and creatively.

Summary in Evaluation / Assessment Reports:

GILO 7. Critically evaluate management of professional relationships & communication, including in complex situations.

**C. Attitudinal & Behavioural Attributes** (capacity for sound judgement & professional ethical behaviour)

**GILO 8.** Demonstrate commitment and capacity to practise within ethical, legal and professional requirements, boundaries and standards of conduct, performance and ethics, including non-discriminatory practice and managing ethical complexity systematically and creatively.

Summary in Evaluation / Assessment Reports:

GILO 8. Show commitment to & practise within ethical, legal & professional requirements, boundaries & standards, & non-discriminatory practice.

**D. Professional Key Transferable Skills**

**GILO 9.** Demonstrate key qualities & transferable skills (also relevant for employment):
- the exercise of **initiative** and **personal responsibility**
- **decision-making** in complex and unpredictable situations
- **independent learning ability** required for continuing professional development

Summary in Evaluation / Assessment Reports:

GILO 9. Show key transferable skills (initiative, personal responsibility, decision-making, independent learning)

See Practicum Handbook for full details.
MODULE CONTENT

Year 1: Master's level (Novice phase → advanced Novice phase)

Autumn & Spring semester (Novice phase → Advanced Novice phase)

Module AAD732: Art Therapy: Development of Theory and Practice

Spring semester, Year 1

In therapy “when attention is directed toward the more protected recesses of inner experience, deeper bonds of trust and attachment are required and developed” (Bordin, 1979, p.254).” (Wampold, 2015)

Module AAD732 - complemented by and complementing the later part of Module P1 - develops a range of broad theoretical concepts which underpin the practice of Art Therapy, particularly as working within a coherent trauma-informed pluralistic theoretical framework.

Underpinned by learning from Module AAD731 which focused on establishing the relational foundation informed by Person-Centred/Humanistic and Psychoanalytic theories, Module AAD732 will focus on the development of containing attachment-based relationships, informed by psychodynamic theories & eco-biopsychosocial understandings, working within a coherent (HCPC, 2013: 13.11) relational trauma-informed pluralistic approach. Normally, we will draw on:

1) Psychodynamic theories / research / skills – e.g. Object relations (e.g. Klein: splitting, projection; Bion: containment; Milner), groups (e.g. Bion); ‘Independent’ psychoanalytic understandings (e.g. Winnicott, Attachment theories / Bowlby, Mentalization / Fonagy); Jungian concepts (e.g. Schaverien, Simon);

2) Eco-biopsychosocial theories / research / skills – trauma, vicarious stress/trauma, neuroscience; environmental / ecotherapy.


Practice promoted will be consistent with common factors research and a coherent trauma informed pluralistic framework. In general, an underpinning relational way of being and approach will be proposed, informed by wider relevant theories as noted above. National and international influences will be considered.

The module is in line with the QAA (2015) Characteristics Statement Master’s Degree and is informed by the QAA’s (2010) Master’s degree characteristics for professional/practice master’s degrees. The QAA (2015) notes that “Professional or practice master’s degrees usually aim to enable graduates to qualify for entry into a profession, subject to any further conditions required by the PSRB”, which in the case of the MSc Art Therapy are:

i) subject-specific attributes [i.e. as summarised in GILOs 1-8]

HCPC (2013) Standards of Proficiency – Arts Therapists (SoP),
HCPC (2016) Standards of conduct, performance and ethics (SCPE),

ii) generic attributes (including skills relevant to an employment-setting) [as summarised in GILO 9], which the QAA (2008) summarise as:

- the exercise of initiative and personal responsibility
- decision-making in complex and unpredictable situations
- the independent learning ability required for continuing professional development.

NB. Such professional/practice master's degrees are approved by a relevant Professional, Statutory and Regulatory Body (PSRB), in this case the HCPC.

Experiential learning, particularly in Training Groups and the Studio Practice, will help students to “13.13 know about theories of group work and the management of group
process” (HCPC, 2013: 13.13). Art-based learning will support students to “3.4 recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process” (HCPC, 2013: 3.4) and to “13.18 know the practice and process of visual art-making” (HCPC, 2013: 13.18).

This module will be complemented by the later part of Module P1: Practicum 1.

Autumn & Spring semester, Year 1 (Novice phase → Advanced Novice phase)
P/T Practicum 1 may also continue into the Summer semester. F/T Practicum 2 will normally begin in the Summer semester (and may be a continuation of the first placement).

[NB. Information herein outlines the normal provision, but some variations may occur according to need.]

**Summary of lecture / seminar content**

Normally, module session content will be drawn from areas such as the following, but may be changed according to need:

- **Opening.** Group-building activities; “environmentalization” activities.
- **Overview** of module: the development of containing attachment-based relationships, informed by psychodynamic theories & eco-biopsychosocial understandings, working within a coherent (HCPC, 2013: 13.11) relational trauma-informed pluralistic approach, informed by:
  - **Psychodynamic theories / research / skills:** e.g. (HCPC, 2013: 13; 13.17; 13.20; 13.21)
    - **Object Relations:** e.g. Kleinian; splitting, projection; Bion; containment; Milner;
      - **Group processes & dynamics:** e.g. Foulkes, Bion, Tuckman, Agazarian & Peters. Art Therapy: Waller, Skaife & Huet, McNeilly, Liebmann etc. Supervision & other groups will extend awareness of group theory & managing group process (HCPC, 2013: 13.13)
    - **‘Independent’ psychoanalytic theorists:** e.g. Winnicott: play, transitional objects; and
      - **Attachment theory:** e.g. Bowlby, Ainsworth etc. Attachment & loss,
      - **Mentalization:** e.g. Fonagy, Havsteen-Franklin, Springsham, Verfaille
    - **Jungian:** Schaverien: talisman, scapegoat, diagrammatic/embodied images; Simon: theory of styles
  - **Eco-biopsychosocial theories / research / skills:** E.g. (HCPC, 2013: 13; 13.17; 13.20; 13.21)
  - **Trauma & vicarious stress & self-care:** e.g. ethic of ‘no harm’; neuroscience, managing vicarious stress/trauma, e.g. as relevant in a N. Ireland setting & wider post-conflict / conflict settings.
  - **Environmental/Ecotherapy:** e.g “environmentalization” (Sibbett, 2005), eco-art therapy
  - **Professional practice:** within HCPC (2013. 2016) requirements (HCPC, 2013: 2.2), BAAT (2014) & wider ethical & legal boundaries (HCPC, 2013: 2) & organisational requirements. Safeguarding / Child Protection training will be offered.
  - **Intensive.** Experiential exploring core theories and approaches to practice.

This will be complemented by, and also demonstrated in, placement application:
LEARNING AND TEACHING METHODS

Normally, these will include:
- Art Therapy theoretical lectures / seminars
- Training groups
- Studio practice
- Intensive experiential(s)
- Arts-based learning
- Tutorials
- Blogging, E-Portfolio: Reflective Journal and Practicum Log
- Self-directed learning

Module: Theoretical / Clinical Development

Art Therapy Theoretical Lectures / Seminars

Art Therapy theoretical seminars will feature lecturer input, discussion and experiential approaches. The theoretical components will be delivered in a variety of formats, which will include direct teaching, discussion, Socratic methods, video-link (where possible), problem-solving, blue-skying, art-making, case studies, and other active participation methods which will encourage the development of critical thinking skills and approaches.

Lectures and seminars will develop students understanding of integrative theory and practice and contribute to their capacity to demonstrate competence in relevant Standards of Proficiency, as summarised in the Generic Intended Learning Outcomes. Practical exercises will offer opportunities for experiential learning. Students will be directed to read the core module reading and HCPC documents, as well as engaging in wider self-directed reading. Students will be expected to work towards, by the end of the programme, being able to demonstrate threshold competence across all of the Generic Intended Learning Outcomes and thus in the Standards of Proficiency – Arts Therapists. The module will feature blended learning where possible.

Intensive Experiential(s)

Most modules normally either have a day intensive / induction or a weekend event. Normally this module contains an intensive experiential which may be at a weekend. The practical application and integration of Art Therapy theory and experience will be explored by means of more personally-oriented methods as well as clinical experience.

Tutorials

The academic input will be supported by tutorial support and contact with a personal tutor, to enable students to discuss and integrate theory and practice and other relevant issues. Students undertaking a dissertation will also be allocated a dissertation supervisor. Tutorials will support students in their learning.

Module: Experiential / Personal Development

Experiential learning in groups will help students to “13.13 know about theories of group work and the management of group process” (HCPC, 2013: 13.13). Art-based learning will support students to “3.4 recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process” (HCPC, 2013: 3.4) and to “13.18 know the practice and process of visual art-making” (HCPC, 2013: 13.18).
**Training Group(s) * **

Students will engage in Training Group(s) experience to gain on-going reflective processing and art-making experience and to share art objects or images within an integrative / pluralistic relational and psychodynamic framework. Normally, this will include readings and Book Club activities to promote reflective processing. There will be opportunities to learn about the management of group roles, processes and dynamics. It will enable personal development opportunities for student participants through the medium being offered to others (i.e. clients). The Training Group(s) will promote a developmental process over the course as students progress from novice towards threshold competence. This will inform, and be informed by, the increasing integration of personal process with clinical application. The Training Group(s) will normally be led by experienced Art Therapists and may be smaller groups than the whole cohort. The facilitator will clarify the group boundaries and the group’s place within the course. It is emphasised that the Training Group(s) experience is neither personal therapy nor a substitute for personal therapy. The Belfast School of Art may consider it appropriate to organise brief Workshops and/or Theme Centred Groups to complement the ongoing nature of the Training Groups. The group allocated may change during the programme.

**Studio Practice * **

Normally this will be for the whole cohort and may also include students from other years. Time and space will be provided to develop the student participants’ own artist identity and art work, and ongoing understanding of their own process of art-making during the programme. Studio practice will focus on participants’ own creative development. It will also offer opportunities to renew familiarity and relationship with the art process and to extend student participants’ own range of media, techniques, skills and visual vocabulary. It will promote allow for the exploration of the interplay between artist-therapist identity and professional development. The Studio Group will also be an opportunity for the whole group to engage in art-making together. The group will be loosely facilitated, where possible, and in such cases the tutor(s) will be a professional artist who is experienced and skilled in art-making processes and the use of diverse media. The Studio Group may include visiting students from other Art Therapy/Art Psychotherapy courses (UK and international).

* NB. In the Studio Practice and Training Groups will provide a range of art media. Students are also encouraged to (a) re-cycle ethically and bring materials that could be used for art-making and (b) bring their own art-making materials with them (within reason) to the School for art-making purposes. Students are also strongly encouraged to engage in their own ongoing art-making processes alongside the programme.

**Personal Therapy**

In accordance with the requirements of the Health & Care Professions Council (HCPC) and the British Association of Art Therapists (BAAT), each student is required to be in personal therapy throughout the programme. This must be with a School approved therapist for a minimum of 75 hours during the programme and this must run concurrently with placements. Typically, personal therapy is for an hour once a week. The School / University reserves the right to withhold approval of a therapist. The programme personal therapy is a ‘training therapy’ that offers opportunities for:
- Dealing with your own issues, unresolved problems & blind spots to better enable work with clients.
- Experience of therapy first hand to help promote understanding of how your clients may experience it.
- Emotional support with the demands of the training.

Personal therapy, which is normally one to one, should be of a type that is similar to the therapeutic process in Art Psychotherapy. Normally, it should be with an Art Therapist / Art Psychotherapist or similarly trained psychotherapist, e.g. UKCP or BACP accredited therapist who has at least five years of experience of post qualification and private practice.
ASSESSMENT AND COURSEWORK

Attendance must meet the Ulster University’s requirements. In relation to all coursework, students must highlight and collate cumulative record of the relevant Standards of Proficiency – Arts Therapists being claimed. Assessment will be in line with Ulster University’s Assessment Policy.

Module AAD732: Coursework 1:

Assessment type: Essay.
Percentage contribution: 60% Coursework
Short description: An Essay critically and analytically examining your professional development, critically evaluating your competence in developing containing relationships, coherently and professionally. This should include how you apply - psychodynamic and eco-biopsychosocial theories, research & skills covered in the module; consistent with a coherent trauma-informed pluralistic framework; working within ethical, legal and professional requirements.

(meeting Module Learning Outcomes 1-4) (highlighting relevant Standards of Proficiency claimed)

Details

An essay (2,400 words) (normally including art) which integrates your comprehensive understanding, and critical evaluation of application to practice, and demonstrates your capacity to analyse, synthesise and critically evaluate application to practice.

Title: Developing containing relationships in art therapy – applying psychodynamic and eco-biopsychosocial theories, research & skills and working within ethical, legal and professional requirements.

A critical and analytical examination of your professional development, critically evaluating your competence in art therapy practice applying theory, skills and research coherently and working within ethical, legal and professional requirements. This should include how you apply: psychodynamic and eco-biopsychosocial theories, research & skills covered in the module & wider relevant reading; consistent with a coherent trauma-informed pluralistic framework; working within ethical, legal and professional requirements.

NB. Accompanying this assignment, in an Appendix that is not assessed you must also submit an extract or extracts from your Blog / E-Portfolio: Reflective Journal and Practicum Log that indicates your ongoing processing of professional and personal development. (This must be between 500-1000 words + art).

The assignment(s) for this module should demonstrate the student’s ability to meet School / University M level assessment criteria and relevant Module Intended Learning Outcomes (MILOs), (and thus relevant programme GILOs & SoP), and your ability to:

• Critically evaluate the contribution of relevant theory, research & skills to your professional practice and capacity to work appropriately within a coherent framework and professional, ethical and legal requirements.
• Critically evaluate the contribution of relevant theory to your personal and professional development.
• Integrate theoretical concepts with clinical practice and show how you work within HCPC Standards of Proficiency – Arts Therapies and HCPC Standards of Conduct… and other relevant standards and Standards and Codes of Ethics and Practice.
• Incorporate relevant photographs / examples of your own programme-related reflexive practice artwork during the Module.
• Integrate key learning needs into your PDP (see Practicum Handbook).
• Demonstrate:
  o systematic & comprehensive understanding of knowledge & techniques
  o originality in application of knowledge & techniques
  o capacity to deal with complexity systematically & creatively
  o capacity for sound judgement & professional ethical behaviour
  o relevant key qualities and transferable skills

It should draw on key aspects covered within the module as well as wider relevant reading.

Method of feedback: Written and verbal feedback.
Submission date: See Timetable

**Module AAD732 - Coursework 2:**

**Assessment type:** Report (1,600 words, + art, report summarising an oral-visual presentation e.g. blog / powerpoint)

**Percentage contribution:** 40% Coursework

Short description: A Report - summarising an oral-visual presentation given within your Training Group. The Report documents / evidences the presentation. A critical evaluation of your learning, particularly in the experiential Training group and Studio practice, on core theory, research & skills covered in the module, and examining implications for your Art Therapy practice. This should include how you work apply - attachment-based, object relations and holistic approaches; consistent with a coherent trauma-informed pluralistic framework; working within ethical and professional requirements. (meeting Module Learning Outcomes 1-4) (highlighting relevant Standards of Proficiency claimed)

**Details**

This coursework is a Report (1,600 words) (normally including art) evidencing your oral-visual presentation (e.g. blog / powerpoint) and examining your experiential learning and insights gained from your participation particularly in both the Training Group and Studio Practice. This must critically evaluate implications for your Art Therapy practice, applying theory, skills and research covered in the module, and in working within a coherent framework and professional boundaries. This should also:

• Incorporate relevant photographs / examples of your own programme-related reflexive practice artwork during the Module.

Method of feedback: Written and verbal feedback.
Submission date: See Timetable
**Summary of HCPC (2013) Standards of Proficiency – Arts Therapists**

1. “be able to practise safely and effectively within their scope of practice” (HCPC, 2013: 1)
2. “be able to practise within the legal and ethical boundaries of their profession” (HCPC, 2013: 2)
   - E.g. “2.7 be able to exercise a professional duty of care” (HCPC, 2013: 2.7)
3. “be able to maintain fitness to practice” (HCPC, 2013: 3)
4. “be able to practise as an autonomous professional, exercising their own professional judgement” (HCPC, 2013: 4)
5. “be aware of the impact of culture, equality and diversity on practice” (HCPC, 2013: 5)
6. “be able to practise in a non-discriminatory manner” (HCPC, 2013: 6)
7. “understand the importance of and be able to maintain confidentiality” (HCPC, 2013: 7)
8. “be able to communicate effectively” (HCPC, 2013: 8)
9. “be able to work appropriately with others” (HCPC, 2013: 9)
10. “be able to maintain records appropriately” (HCPC, 2013: 10)
11. “be able to reflect on and review practice” (HCPC, 2013: 11)
    - E.g. Reflection on practice and record outcomes of reflection; value of case conferences and review; value of ongoing clinical supervision.
12. “be able to assure the quality of their practice” (HCPC, 2013: 12)
    - E.g. EBP, data gathering, audit, review, quality control, quality assurance, evaluate using outcome measures
13. “understand the key concepts of the knowledge base relevant to their profession” (HCPC, 2013: 13)
14. “be able to draw on appropriate knowledge and skills to inform practice” (HCPC, 2013: 14)
15. “understand the need to establish and maintain a safe practice environment” (HCPC, 2013: 15)

See full Standards of Proficiency [www.hcpc-uk.org/aboutregistration/standards/](http://www.hcpc-uk.org/aboutregistration/standards/)
Summary of HCPC (2016) *Standards of Conduct, Performance & Ethics*

As students of an HCPC approved MSc Art Therapy programme, you will be expected to adhere to the following HCPC (2016) key standards of conduct, performance & ethics:

**Summary of the key standards of conduct, performance and ethics you must keep to:**

1. **Promote and protect the interests of service users and carers.**
   - Treat service users and carers with respect
   - Make sure you have consent
   - Challenge discrimination
   - Maintain appropriate boundaries

2. **Communicate appropriately and effectively.**
   - Communicate with service users and carers
   - Work with colleagues
   - Social media and networking websites

3. **Work within the limits of your knowledge and skills.**
   - Keep within your scope of practice
   - Maintain and develop your knowledge and skills

4. **Delegate appropriately.**
   - Delegation, oversight and support

5. **Respect confidentiality.**
   - Using information
   - Disclosing information

6. **Manage risk.**
   - Identify and minimise risk
   - Manage your health

7. **Report concerns about safety.**
   - Report concerns
   - Follow up concerns

8. **Be open when things go wrong.**
   - Openness with service users and carers
   - Deal with concerns and complaints

9. **Be honest and trustworthy**
   - Personal and professional behaviour
   - Important information about your conduct and competence

10. **Keep records of your work.**
    - Keep accurate records
    - Keep records secure

This document sets out the standards of conduct, performance and ethics we expect from the health professionals we register. The standards also apply to people who are applying to become registered.


www.hcpc-uk.org/
Extenuating Circumstances for Assignments

As normal with assessment and attendance for assessment, any student wishing to claim Extenuating Circumstances should apply directly through the appropriate route in the Belfast School of Art and consistent with Ulster University requirements. See http://www.ulster.ac.uk/guide/procedures-regulations/assessmentexams/presentation-of-information-about-extenuating-circumstances/

Referencing

All material submitted for assessment must be your own original ideas. In order to support your ideas/arguments and to illustrate points it will be necessary to refer to the works of other authors. These must be acknowledged and fully and appropriately cited and referenced using the Harvard Referencing system and avoiding plagiarism. Students must use the Belfast School of Art’s required style of referencing. Students will be given information on this and you will also be given the opportunity to ask tutors questions in order to ensure that you understand how to reference correctly. Normally, the Turnitin system will be used.

READING LIST

Required Reading


https://archiveorg/stream/MemoriesDreamsReflectionsCarlJung/Memories,%20Dreams,%20Reflections%20-%20Carl%20Jung_djvu.txt


See also wider reading lists and reading material supplied by tutors.

**Recommended**


**Additional Readings**


Hare, R.M. (1952) *The language of morals*. Oxford: Oxford University Press


Dr Caryl Sibbett, 2019


**Journals**

*International Journal of Art Therapy (formerly Inscape)*, Journal of BAAT

*Art Therapy, Journal of the American Art Therapy Association.*

**Online**

Health Professions Council (HPC) www.hcpc-uk.org/

British Association of Art Therapists (BAAT) www.baat.org/

C.H. Patterson website: www.sageofasheville.com/pub_downloads/

Aristos: An Online Review of the Arts www.aristos.org/

British Association of Art Therapists (BAAT) www.baat.org/

Health Professions Council (HPC) www.hcpc-uk.org/
GENERAL REQUIREMENTS

Attendance

Students are expected to maintain the required attendance and must maintain the minimum required attendance at sessions (whole and sub groups) throughout each semester and the whole programme. Students must comply with the relevant Belfast School of Art / Ulster University procedures and requirements relating to attendance. See relevant Ulster University Attendance Policy. https://www.ulster.ac.uk/academicoffice/policies

Student Progress and Learning

Students in the module are encouraged to make the tutors aware (as appropriate) of any changes in their personal or professional circumstances that are likely to impinge upon their progress and learning during the module and to identify any matters discussed during module sessions on which further elaboration or discussion would be beneficial.

E-Learning and Communication

In accordance with University guidance, the Belfast School of Art encourages the use of electronic communication in the administration and delivery of its provision. One aspect of this is the use which will increasingly be made of online communication between staff and students.

As the module progresses, module materials, lecture notes and further references to relevant reading will be available online. Online resources can also be used, for example, for electronic discussion and e-mail communications relating to changes to module sessions (such as are occasionally necessitated by inclement weather conditions, tutor or student illness etc.). Accordingly, participants are strongly urged to familiarise themselves with the relevant sections of the University and School's online resources.

Copyright Regulations

Students in the module are reminded to ensure that they are familiar with the regulations pertaining to copyright and that these regulations are not breached by them in the course of accessing resources associated with their study in the Ulster University.

[NB. Information herein outlines the normal provision, but some variations may occur according to need.]
Appendix 1

GILOs summarised in plain language to assist Practicum assessment & evaluation

Nine Generic Intended Learning Outcomes (GILOs)
Summary in Evaluation / Assessment Reports:

GILO 1. Critical understanding & evaluation of theories, research & skills to inform a coherent integrative & trauma informed approach to meet diverse needs.

GILO 2. Show comprehensive critical understanding of ethical standards, legislation & policies to inform safe professional practice

GILO 3. Apply knowledge & skills in assessment & evaluation of information to formulate, monitor & adapt plans and practice to meet diverse needs.

GILO 4. Practise within a coherent integrative & trauma informed framework, implementing evidence-based practice to meet diverse needs (e.g.: establish, maintain & end safe therapeutic relationships with clients & their artwork.)

GILO 5. Critically review, systematically evaluate, adapt & quality assure practice, & use supervision

GILO 6. Be autonomous, self-aware, reflexive & accountable in managing scope & fitness to practise, using sound judgement, including in complex situations.

GILO 7. Critically evaluate management of professional relationships & communication, including in complex situations

GILO 8. Show commitment to & practise within ethical, legal & professional requirements, boundaries & standards, & non-discriminatory practice.

GILO 9. Show key transferable skills (initiative, personal responsibility, decision-making, independent learning)
Creative containment

[NB. Information herein outlines the normal provision, but some variations may occur according to need.]

This document is to be read along with all relevant University and course documents and requirements.

Cover image:
Environ-mentalization mandala (C. Sibbett, 2017)