
CPD profile

1.1 Full Name: Practitioner

1.2 Profession: Arts Therapist

1.3 Registration number: AS----

2. Summary of recent work/practice:

I work as a music therapist and have two part-time jobs. I work three days a week in a special school with young people aged 11-19 who have a variety of difficulties including severe learning disabilities, profound multiple learning disabilities, autistic spectrum disorders and challenging behaviour. All the students at the school come under the 'umbrella' of severe learning disabilities. My work includes both individual and group work, assessment, and consultation. I also work collaboratively with the dramatherapist in the school: we run a 'creative therapy group' which combines drama, music, and movement. As well as running therapy sessions I liaise regularly with parents, other professionals, and class teams.

I also work two days a week for a community learning disabilities team. I am based in a day centre which offers day care to adults with learning disabilities and challenging behaviour, but also offer a service to clients from elsewhere in the community. Most of my referrals come from within the day service and consequently I work with people who have a range of complex needs, moderate to severe learning disabilities, profound and multiple learning disabilities, and challenging behaviour. I offer both individual and group work as well as assessments. I also offer support in other areas in the centre, such as intensive interaction work; this support includes training, supervision and advice as well as assisting staff to run intensive interaction groups. I work as a member both of the community learning disabilities team, where I regularly meet with other professionals, attend meetings and reviews, contribute to policies, audit, and information leaflets, and also as a member of the day centre team, where I regularly meet with staff, parents, and carers. In the next few weeks I hope to start some collaborative work with the art therapist who works in the team.

Total words: 303
(Maximum 500 words)

3. Personal Statement:

Standard 1: A registrant must maintain a continuous, up to date and accurate record of their CPD activity.

I have kept a computerised log of all the CPD training activities I have attended. As well as keeping my own record I also have a personal

development plan developed through appraisal and approved by my supervisor in my NHS job. I have updated my CPD log periodically, usually straight after attending a training activity. Please see attached sheet for details of dates and activities (evidence 1).

Standard 2: A registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice.

My CPD activities are partly identified through appraisal, however, often courses or training ideas arise through supervision, discussion with other professionals or in sharing of good practice over the course of the year. I try to address the different areas of my personal and professional development through different types of learning activity.

I regularly attend clinical supervision, both individually and with a small group of colleagues, this helps me to work in a reflective and questioning way, and develops my understanding of my casework.

For example, I attended a formal course in intensive interaction training (evidence 7), which is relevant to my current practice with clients who have severe communication difficulties. As well as learning from this training myself I was able to feed the information back to my colleagues in order to implement delivery of intensive interaction training and activity within day centres in the borough. Following training I was also able to provide supervision and support to staff using the techniques. Therefore the formal training course led to other forms of personal learning such as developing my supervision and training skills.

As well as those more formal training events I have also endeavoured to maintain and develop my musical skills and awareness. Maintaining my own musical development is a key part of my development as a clinician and is primarily achieved through personal learning such as playing with other people (quartet and duets), performing, and listening to live performances.

I meet regularly with colleagues for 'Good Practice Forum' where we share good practice through presentations and discussion. This type of workplace based learning develops my own practice through the sharing of knowledge and skills and also helps to identify potential further areas for my own CPD.

Standard 3: A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery.

Standard 4: A registrant must seek to ensure that their CPD benefits the service user.

In this section I hope to address both Standards 3 and 4 through several examples of my CPD activities.

1. Applying diversity awareness training (evidence 4, 5): This training involved both presentations from the trainer around aspects of the law and group discussion and activities. An example of this was where we watched some video which showed aspects of a person's life, but not the actual person. We were then asked to describe the kind of person we thought the video was portraying. After this we had a group discussion about our

thoughts, preconceptions and prejudices upon which we had formed our opinions.

This has benefitted the people I work with as I have a greater awareness of the way in which issues related to diversity can impact on clinical work. The training encouraged me to constantly challenge my own assumptions about the people I work with and has consequently allowed me to be more open minded in my practice, particularly about the potential each individual has to develop, no matter their age or disability. I am aware of legislation and the ways in which I can support and advocate for individuals. For example I have met with care managers and other professionals to discuss potential POVA (Protection of Vulnerable Adults) issues in relation to one service user whose opportunities appeared to be limited due to their physical disability. This enabled us to plan changes to their care and develop our shared understanding of the needs and wishes of this individual.

2. Work on accessible information leaflets (evidence 10): I have developed leaflets for our service in both ordinary and accessible formats. The work involved developing a leaflet in symbol form to accompany the standard information leaflet; I did this in consultation with our speech and language therapists. I learnt about how to use the 'writing with symbols' software and also looked at leaflets and information used in other services with easy words and pictures and/or symbols. Once I had developed the leaflet I undertook a peer review amongst colleagues, carers and service users. I then submitted the leaflet for ratification and it was printed professionally for distribution.

Undertaking this piece of work developed my technical knowledge of producing accessible information for service users, as I now have gained skills in using specific software. It has also enhanced my understanding of issues around communicating information to clients which I can incorporate into my future practice. The project also gave me an understanding of the process of consulting with carers and service users, a process that I now feel more confident in using in the future.

The work has had a significant benefit for service users as it has provided them with an accessible document giving information about our art and music therapy service. The leaflets allow service users to access this information independently or with minimal support, resulting in greater understanding of what art and music therapy could offer, and the possibility of greater self referrals. For example, when I met with a service user who had been referred to music therapy, we looked at the leaflet together, and she was able to identify some feelings that she has that she wanted to bring to music therapy. This helped her to understand what she could do in music therapy and to decide if she wished to use the opportunity for a series of individual sessions.

3. Intensive interaction training (evidence 8): I attended intensive interaction training - a day course involving lectures and presentations from Dave Hewitt. I learnt new skills in this approach. The training had a direct impact on my own work and knowledge base heightening my awareness of the importance of the smallest communication which might open up the opportunity for an interaction. This has made my practice more focussed and client centred. I have been able to develop my clinical practice by working with service users through this approach in conjunction with music therapy. For

example, I worked with one man with autism and profound and multiple learning disability who found it hard to come into the music therapy room, making it hard to engage in any musical interaction. Using my new skills, I was able to engage him in the day centre environment through using an intensive interaction approach, and as our relationship developed through this approach, we gradually were able to move into the music therapy room and begin some more focused and intense therapeutic work.

As well as influencing my own practice this training has impacted on the practice of the staff in the day centre I work in, as training was developed with senior colleagues, and supervision groups were set up where the techniques were used. I have been able to support and advise staff in these groups as well as joining the practical sessions on occasion to work directly with clients. This has led to a dramatic change in the quality of some relationships in the day centre. Service users have benefitted from more responsive and reflective relatedness and a more consistent approach from day centre staff.

4. Self-injurious behaviour training (evidence 3): This was in the form of lectures and presentations from experts in this field. The training has led me to consider more carefully the reasons for the behaviour, approaches to supporting clients who exhibit such behaviour and more considered multidisciplinary working in these cases.

The clients have benefitted from a development in my own ability to respond in a more effective way when presented with this kind of behaviour in sessions. For example, my greater understanding of appropriate ways to work with these clients means that I can respond in an informed and more supportive way. An improvement in my abilities to work in a multidisciplinary way meant an improvement in service to clients, and a more holistic approach. This training also introduced me to an assessment tool, which I discussed with colleagues. We were able to use the tool to gain more in depth observation of clients' behaviours. This allowed us to plan and provide relevant approaches in more detail to deliver a better quality service. Clients benefit from a safer session, where they are more able to express themselves appropriately and with confidence in me, as the therapist, to manage their difficulties.

5. Musical activity: Engaging in music-making with other musicians and listening to live music has inspired and developed my own music making (evidence 11). This has extended my scope of practice by improving my musicianship. I have more confidence in my playing and have become more flexible. This is an ongoing process of musical development, and therefore continually benefits the clients I work with as I am more able to respond with appropriate musical interactions. For example, I have found that attending a variety of live music performances widens my knowledge and experience of different musical genres which means that I can be more flexible and imaginative in my musical accompaniments in my clinical work. This in turn enables clients to develop and extend their own music making and self expression in the sessions.

Total words: 1152
(Maximum 1500 words)

Standard 5: Summary of supporting evidence submitted:

Evidence number:	Brief description of evidence:	Number of pages, or description of evidence format:	CPD standards that this evidence relates to:
Example:	e.g. 'case studies' or 'critical literature review'	e.g. '3 pages', 'photographs', or 'video tape'	e.g. standards 2 and 4
1.	CPD log sheet for 2003 - 2005	2 pages printout of CPD log word document	Standard 1
2.	HCPC CPD Consultation	1 page, copy of front page of handout	2 and 3
3.	SIB in people with autism and learning disabilities.	1 page, programme	2, 3 and 4
4.	Research in the Clinical Setting	1page, flyer/invite	2
5.	Applying diversity awareness	3 pages, copy of front page of handout, notes taken from course, certificate	2,3 and 4
6.	Knowledge and Skills Framework	1 page, copy of front page of handout	2 and 3
7.	Hearing Impairment Training	1 page, copy of front page of handout	2 and 3
8.	Intensive Interaction Training	1 page, certificate	2,3 and 4
9.	Children Handling Training	1 page, certificate	2 and 3
10.	Accessible leaflet	Copy of leaflet	2 and 3
11.	Flyers from musical performances I have attended	3 flyers	3