

31st FATAG Conference Report

The 31st Arts Therapies Forensic Conference hosted by FATAG (Forensic Arts Therapies Advisory Group), was held in London, on Friday the 6th of June 2014.

Morning Presentation: “What's Evidence got to do with it?” - Nadia Somers

Nadia Somers is a Trainee Clinical Psychologist with a background in Developmental Psychopathology. She works clinically and in research. Her research roles include working on the NOURISHED Randomised Controlled Trial of Mentalization Based Therapy for use with Eating Disorders and Borderline Personality Disorder and the National Service Evaluation of Women's Secure Care Pathways.

Nadia adopted an interactive style in her presentation with opportunity for discussion among delegates. She encouraged the delegates to think about how, as practitioners, we know that our work is effective and how the profession can disseminate that knowledge, and its work, in an accessible form.

Nadia led the conference by examining three assumptions held within research based on diagnosis & symptoms, efficacy and therapy brand superiority. As art therapists, working within psychodynamic theory, diagnosis does not dictate our work and thus classical symptom reduction, for instance as measured by IAPT (Improving Access to Psychological Therapies), is not the outcome measure of choice. A great deal of discussion revolved around what we considered to be important outcome measures and how we might go about capturing them.

Delegates had the opportunity to discuss their perception of research. Feedback from delegates included questions about where to start, what was acceptable and how could a proposal be implemented. Concerns about funding and resources were discussed. A point that stood out in the discussion was the clarification of the popular assumption around RCT (Randomised Controlled Trial) that is known to be expensive and time consuming to carry out. With her experience and knowledge as a researcher, Nadia clarified that RCT is not the only method of recognised research in providing evidence in the clinical practice of arts therapies.

Based on the porosity of research available Nadia noted that the profession of Arts Therapies still needed to provide more evidence for funding purposes. Bearing in mind the current challenges of limited time and funding, Nadia suggested that an efficient way of collecting evidence was for practitioners to take advantage of the NHS drive to demonstrate outcomes and engage in audit and service evaluation work. This has the additional benefit of bypassing bureaucratic ethics procedures, if appropriate.

The myth that psychodynamic psychotherapy is not as effective as cognitive behavioural therapy was refuted with recent literature reviews, and the good long-term outcomes highlighted (Shedler, 2010). The delegates were interested to hear that while most research is based Cognitive Behavioural Therapy (CBT), because of its manualised nature allows for easier consistency and categorical measurement, the relapse rate for depression is 50%. It was apparent that an important aspect for arts therapists is to demonstrate their effectiveness and allow others to access what you are doing.

Nadia also presented a few examples of research studies conducted in the field of art therapy or psychodynamic therapy that could be inspiring for arts therapists in the forensic settings in the UK:

AATA Research bibliographic:

<http://www.arttherapy.org/upload/outcomebibliographyresearchcmte.pdf>

Blatt, S. J., & Auerbach, J. S. (2003). Psychodynamic measures of therapeutic change. *Psychoanalytic Inquiry*, 23, 268–307.

Shedler, J. K. (2010) “The Efficacy of Psychodynamic Psychotherapy,” University of Colorado Denver School of Medicine; *American Psychologist*, Vol. 65. No.2.
<https://www.apsa.org/portals/1/docs/news/JonathanShedlerStudy20100202.pdf>

Bucciarelli, A. L. (2007), "A Normative Study of the PPAT (Person Picking Apple from a Tree) Assessment on a Sample of College Students". *Electronic Theses, Treatises and Dissertations*. Paper 2888.
<http://diginole.lib.fsu.edu/etd/2888>

Gussak, D. (2004). Art therapy with prison inmates: A pilot study. *The Arts in Psychotherapy*, 31, 245–259. doi:10.1016/j.aip.2004.06.001

Gussak, D. (2006). Effects of art therapy with prison inmates: A follow-up study. *The Arts in Psychotherapy*, 33, 188–198. doi:10.1016/j.aip.2005.11.003

Gussak, D. (2007). The effectiveness of art therapy in reducing depression in prison populations. *International Journal of Offender therapy and Comparative Criminology*, 51(4), 444–460. doi:10.1177/0306624X06294137

FATAG Business meeting:

Feedback in response to AM presentation:

Responding to the AM presentation, most delegates expressed that it was useful, very accessible and encouraging and that they now feel more positive about research. Some commended that they felt encouraged to keep up with their current record keeping system, such as doing annual reports, and the importance of starting something on a small level, and then working on each circle, for example, from the MDT to commissioners.

The next FATAG conference will be in November (actual date to be confirmed), with possibility of showing the film produced by :

- Lorna Downing (Drama Therapist; FATAG's committee member): about service users.
- Kate Rothwell (Art Therapist; FATAG's Convener) : about a post-forensic client with neurological difficulties.

Another remark at the meeting was the potential invitation for Emma Allen (Art Therapist at Rampton Hospital) to present at a future FATAG conference. Earlier this year (March 2014), Emma presented at the annual conference of International Association for Forensic Psychotherapy at Utrecht, Netherlands with her clinical presentation entitled “Fire & Phoenix- Forensic Sandplay Therapy: Working with the symbolic element of fire in individual Arson Treatment in a High Secure Setting”.

The suggestion of organising FATAG events outside London was also mentioned at the meeting. Scotland and Sheffield were recommended through the discussion as there are major forensic arts therapies services at these locations.

Another topic that arose was the desire for the support in knowing more about guidelines such as the policy and politics in work environment.

Website

A few delegates had shared the experience of the old FATAG website showing up in a misleading order on certain search engines on the internet. In response, follow-up action was noted.

References to be added to website/ recommended reads are:

Shirly Riley, Chapter 7 “Short-term, Solution Focused, Art Therapy Treatment” in her book “Contemporary Art Therapy with Adolescent”.

Helen Short (Music Therapist, PM presenter)'s paper about Rap and management of verbal boundaries can be found on :

<https://voices.no/index.php/voices/article/view/668/598>

New Books:

Music Therapy:

The Music in Music Therapy

Psychodynamic Music Therapy in Europe: Clinical, Theoretical and Research Approaches. Edited by Jos De Backer & Julie P. Sutton. Published by Jessica Kingsley

Drama Therapy:

Engaging Mirror Neurons to Inspire Connection and Social Emotional Development in Children and Teens on the Autism Spectrum. Theory into Practice through Drama Therapy. By Lee R. Chasen. Published by Jessica Kingsley

Vacancies/ Post Update

- Ealing, WLMHT (West London Mental Health Trust) – A Drama Therapist post, 3 days a week, covering men, women & adolescent.
- Rosy Marshall is retiring, after 13 years at John Howard (since 1996).

*There is a keen interest in inviting Rosie to speak about her experience of ending and keeping in touch with FATAG.

Rose Hall (Art Therapist) mentioned her current pioneering research work with a ward doctor, which involve seeing patient only once and providing statistical input.

The business meeting ended on the note of recapturing the importance of pushing into mentality of publishing more - “just get published” and considering the experience based aspect in research.

Afternoon Presentation: “Managing Verbal Boundaries When using Rap in Music Therapy, a Qualitative Study” presented by Music Therapist - Helen Short.

Helen Short practices at the John Howard Centre (East London NHS Foundation Trust) and Ealing Hospital (West London Mental Health Trust) working with male mentally-disordered offenders and Rampton Hospital (Nottinghamshire Healthcare Trust) working with female and male mentally-disordered offenders. She recently presented her clinical work and research on the use of Rap in music therapy at the European music therapy congress and will present her clinical work at the World Music Therapy Congress in July 2014.

The afternoon presentation kicked-off in an unconventional yet engaging atmosphere of rap music being played and displays of rap lyrics. Through this, delegates had the privilege to have a glimpse of first hand experience in feeling the emotions evoked by the rhythm of rap music, as well as the rich emotions expressed in the lyrics.

Helen presented a qualitative research project she had conducted as part of her MA research project. Her study applied the research methodology of grounded theory approach and thematic analysis. It was a qualitative investigation of the therapist's stance and reasoning regarding the use of offensive language in Rap, through in-depth semi-structured interviews with 8 music therapy experts who are experienced in the use of Rap as an intervention. With the aim to gather an internationally representative sample. The music therapists being interviewed are practising in different parts of the world and vary in their approaches. They were being systematically selected, with 2 therapists from Britain, 2 from Australia, 3 from America and 1 from Canada: Andrea Frisch-Hara; Florence Ierardi; Mike Viega; Aaron Lightstone; Katrina McFerran; Emma O'biren; Steve Cobbett; Stella Compton-Dickson.

Helen provided an informative and interesting overview of the history of rap, quoting key scholars: For example, rap “originated as vocal practice of the griots of nigeria and gambia” (Toop 1991) and that “Rappers are seen as post modern african griot” (Smitherman 1997); Rap as a form of “genuine empowerment of non-dominant groups” (Frisch-Hara 2011) and as “narrative of social inequality” (Alridge and Stewart 2005); As a way “to maintain sanity in the midst of hardship and poverty” (Yancy 2011).

A major focus of Helen's presentation was four key themes that emerged from her data analysis, with the particular emphasis on the factors relevant to the forensic settings.

Theme 1: Factors influencing the management of Verbal Boundaries in music:

1.1 Therapist's response

The majority of therapists interviewed viewed the acceptance of language as a way to establish trust in the therapeutic relationship. Countertransference response of the therapist was discussed with the emphasis on how therapist provide containment by surviving the strong projection evoked by offensive material. Meanwhile it is equally important for therapists to recognise their own limitation in terms of tolerance with offensive language in order to effectively manage the verbal boundaries.

1.2 What the client is communicating

According to Helen's findings, usage of offensive language could potentially be a defense against vulnerability. It can also be a way to shock or to test, just as every generation of pop music does to an extent. With the illustration of a case study, Helen gave the example of how lyrics could be more fantasised and idealised in the initial phase of therapy. The usage of offensive language might be an attempt by the client to portray a strong persona. In contrast, when the client gradually becomes more able to shed and risk the mask, to explore the less ideal side of self, lyrics with offensive contents might reflect authentic expression.

Theme 2: Influence of therapy context and characteristic upon the use of rap

As with other modalities of therapy, verbal boundary management depended on context, such as the nature of settings, purpose of music making and the specific needs of clients. For some instances, authentic expression in rap are encouraged to take precedence over the rules of the setting; In other instances, it is recommend to adhere to the rules of the setting. One key principle shown from the data was the therapist's sensitivity in tailoring to a client's specific needs and pathology, while being conscious of the severity of language and its potential to “open things up” or be personally volatile for members in a group therapy context.

Theme 3: Familiarity with the Rap genre

Helen's findings reminded us that it is important to recognise the complex, metaphorical nature of the genre. The therapist's understanding in respecting the poetry, culture references, and personal elements are crucial elements in facilitating the clinical work. It is also through the therapist's

familiarisation with the genre, that the therapist could have deeper discernment, in identifying and differentiating antisocial tendencies from authentic expression.

Theme 4: Contraindication

The final theme that emerged from the data suggested several key factors that the therapist should take into consideration that which may indicate that involvement of rap as therapeutic intervention might not be suitable, when clients: -

- associate themselves with rap artists that are considered negative role models
- become overstimulated by the music of rap
- use the fantasy element of certain rap genres to avoid confronting the difficult situations that led them to therapy or use rap in an anti-social or destructive way

Discussion:

The main theme of “what is the function of the rap?” emerged. Rap was being compared in parallel to the symbolic meaning of the “mask” in Drama Therapy and Art Therapy. Some delegates suggested the element of repetition in rap could potentially become a wall.

A delegate whose clinical expertise is in Drama Therapy shared her remarks on how the mask can be a protective tool, especially at the initial phase of therapy, to allow permission to show vulnerability. She also later compared the function of rap music to a theatre script in drama. Another delegate shared her experience of hearing “masquerade” as “mask-a-rage”, and how it led her to associate the rage and anger embedded in rap. In response another delegate commended: “there's a lot of genuine anger there”.

The rap element of “split” was also being discussed, with mainly the emotions related to the act of splitting, such as humiliation and anger. Other delegates commended on the potential symbolic significance of the speed and beat chosen by a client.

Potential areas of difficult situations revolving around confidentiality was another focus of the discussion. Discussed among delegates, in a forensic setting, the possibility of a client rapping about their case, and how the rap music can be potentially turned into evidence, which will interfere with therapeutic work. Furthermore, due to it's nature as a popular genre, there is a high possibility that patients would want to record the rap music they created and bring it back to the ward, and this must be mindfully monitored by the therapist.

Interestingly, as delegates reflected on Helen's presentation in relation to their clinical experience, the discussion of racial tension in rap music emerged, which has not been previously discussed by the participants in the studies. Therapy as whole is generally seen as part of the white, middle-class society. Rap music, on the other hand, is predominantly identified with people of Afro origin. The “N” word is commonly used in Rap music, and at the same time a sensitive word. Some delegates shared their experience of facing challenging situation in clinical practice, revolving around usage of the “N” word and how the word possessed a powerful element of ownership of the speaker.

Delegates also fed back that rap music could potentially carry the element of bullying, as a form of verbal abuse, from the client toward the therapist. Moreover, some commended the rapid rhythm of rap music often led them to feel oppressed. On the other hand, a delegate commended how reading the lyrics on their own (without the music) revealed a unique facet of rap that is of high aesthetic value in a similar fashion to traditional poetry.

Conclusion

Overall, the conference turned out to be an interactive platform where open discussion, exchange of thoughts and insights, sharing of doubts and challenges were made possible.

Delegates had expressed that, through this conference, it was encouraging to envision the subject of research in a refreshing way that is accessible, engaging and relevant to clinical practice.

Special thanks to FATAG's committee, Kate Rothwell (Convener), Vicki le Sache (Supervisor) for offering me this valuable opportunity to write this report for the conference.

Report prepared by Joy Chong, Trainee Art Therapist, WLMHT.