

# Let's Explore Together: A Joint Modality Assessment Group for People with Learning Disabilities.

Aneurin Bevan University Health Board

## What is it and what makes it different?

The core practice of the learning disabilities directorate arts therapies service is to provide highly-specialist interventions for adults experiencing complex and acute emotional distress or mental health needs. We work across the Gwent area and are able to offer two forms of therapy - art therapy and music therapy.

When people are referred to the service, an outline assessment is completed to gain a picture of the referrer's concerns and aims for therapy and an idea of why the referral is being made at this particular time. We involve service users in decision making through the provision of information in accessible formats, and through face-to-face pre-therapy meetings. Typically, we have offered individual assessment, in a single method.

We noticed that:

- Without knowing what art therapy or music therapy are it is hard for people to know which therapy will suit them best;
- Often choices can be made for people based on what others think they might prefer;
- Referrers' aims are not always the same as the individual's own aims;
- People with learning disabilities would sometimes stop therapy as it was not right for them or they were not ready.

We thought that:

- We would like people to be more in control of their therapeutic journey, in partnership with their therapist;
- Having a chance to try something out with others might help people understand what therapy is like;
- People might want to work in a group or in individual therapy;
- People might like to try art therapy and music therapy to understand more about them and see what suited them best.

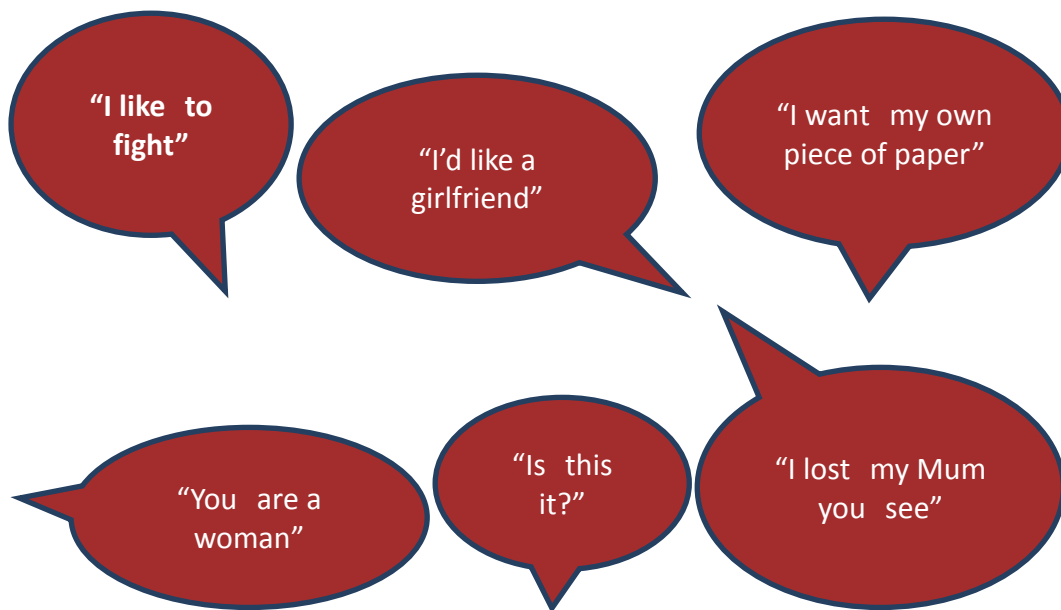
Consequently, we remodelled our pathways in order to pilot a joint modality assessment group with the following aims:

- Empower clients to make informed choices about their care and further develop person-centred services;
- Offer a collaborative assessment to identify which arts therapies method (art therapy or music therapy) was deemed therapeutically useful by client and therapist;
- Increase opportunity for informed choice and consent;
- Develop understanding of individual needs in an empowering and person-centred way.

Individuals from the list of people waiting for assessment were identified as suitable potential group members. They were asked to attend a pre-therapy meeting, to discuss hopes and fears and invited to complete a CORE-LD self evaluation. After these meetings three men, aged between 41 and 66, were offered and accepted a place in the group.

The joint assessment consisted of six 60-minute sessions, with a format devised to offer balanced experience of both modalities. It was facilitated by a music therapist and art therapist and supported by a volunteer, Yvonne Tsui. Each week 15 minutes of a music therapy activity and 15 minutes of an art therapy activity was offered, the rest of the session was unstructured allowing individuals to explore the space, being together and the different modalities. Therapeutic processes were scrutinised at regular peer and group clinical supervision.

Group members were able to communicate what mattered to them, both verbally and non-verbally using art and music to explore themes of: loss; potency; sexuality; similarity and difference; identity; manhood and living with labels.



At the end of the six weeks all group members were invited to a review meeting, to discuss their experiences, complete a final CORE-LD and decide, with the wider multidisciplinary team, what the next step would be.

- Group member one identified his own therapeutic aims and preferred modality - art therapy. He said he would find one-to-one work most helpful, before moving to group work.
- Group member two identified his own therapeutic aims. He was happy to access either art therapy or music therapy. He identified working in a group as his preference.

- Group member three identified one-to-one music therapy as his preference but decided that now was not the right time for him. He was signposted to other services.

Therapeutic letters and reports were written with consent of service users, in order to share learning and outcomes with the wider multidisciplinary team.

From the pilot, we concluded that people with learning disabilities can be very clear about what they want from their therapy: given the opportunity they can make valuable choices. Modalities were used as a means of expression and sharing from participants. There was opportunity to access a lot of therapeutic material in a short amount of time. The group was useful and we would see it as being good practice to offer people the opportunity to access assessment groups in the future.

Recommendations made through reports enabled carers, families and professionals to extend their support of people's emotional and mental health needs.



### **What impact has it had?**

Measurement of impact is via the triangulation of service user's, therapist's and referrer's observations and views. The joint modality assessment group was found to facilitate wise decisions by service users, therapists, family, carers and the wider multidisciplinary team.

The main benefits for service users are:

- Timely access to care;
- More accurate assessment;
- Equity - barriers to joint decision making diminished;
- Informed choice - made through direct experience. The opportunity of working therapeutically in a group setting allowed members to develop their understanding of the rigours of this type of engagement. This awareness

acted to inform individual choice about embarking into the therapeutic process;

- Being heard - views made known through verbal and non-verbal feedback. This includes use of CORE-LD as a standardised self-assessment tool, devised in close collaboration with people with learning disabilities to measure emotional health and mental health.

Main benefits for arts therapies service are:

- More demanding work, and increased initial input, but more accurate observations, assessment and outcomes;
- Improved patient/service-user flow;
- Therapists see service users in a social context, leading to witnessing relationship patterns in the here and now, rather than from reports;
- Direct comparisons of modalities offers new insights into the uses, benefits and limitations of music therapy and / or art therapy for these particular individuals at this particular time;
- Formulation and reflective processes include examination of co-therapy dynamics and consequent insight into the kind of therapist an individual may need: gender, age, modality, therapeutic models and frameworks;
- Increased clarity and congruence of therapeutic goals between referrer, service user and therapist;
- Increased commitment to service model agreed upon, and reduced risk of drop-out;
- Identification of service deficiencies (for example, treatment models not currently available, such as drama-therapy);
- Increased accuracy of decision making: internal allocation / discharge / referral or signposting to other service;
- Increased knowledge and understanding leading to improved formulations and consequently improved advice to families, carers, wider multidisciplinary team.

The need for further consideration of the role of volunteer within this setting was identified.

### **What makes it prudent?**

Co-production is at the heart of all arts therapies work, but the joint modality assessment group is an example of how we have sought innovative ways of remodelling pathways and delivery to provide:

**Targeted care** - building a trusting therapeutic relationship can take longer than usual for some people with learning disabilities. The assessment group reduces the likelihood of investment by the service user and therapist in a treatment method, which could potentially prove not be the optimum choice for them. This approach also reduces the risk of accidental harm to individuals that might otherwise be inflicted through a treatment that may not be appropriate to that patient.

**Care tailored to an individual's needs** - identifying in partnership with the individual their own aims for therapy, and measuring what matters to them; making adaptations to meet service user need whilst respecting their strengths and ability for active participation in care.

**A personalised approach** - promote autonomy and give greater involvement in decision making. Therapeutic concepts can be difficult for some people to understand. The joint modality assessment group provides an experiential format to complement other, more usual means of helping an person with learning disabilities to make informed choices about their own health care and treatments (for example leaflets, visual/audio information).

**Fostering of reablement** - maximise the individual's own ability to take care of their own emotional / mental health and wellbeing: maximise capacity of family, carers and support network to understand and adjust their own approaches to support and maintain changes in the individual.

**Evidence-based care** - We work closely with other learning disabilities arts therapies services in Wales in order to identify and implement innovation and evidence based practise - leading to more unified and equitable services for people with learning disability in Wales. We also base our work on emerging guidance and evidence identified via UK practice and research networks, adapting approaches to our specific geographical and social context.

**Minimum intervention** - The assessment group allowed for an arts therapy intervention to be offered in a timely and appropriate manner. Being able to meet the individual group members therapeutic needs, in a person centred and individualised way, has the potential to reduce more intensive interventions from the wider multidisciplinary team. This may in turn, lead to a possible reduction in the need for medication increases, decreased risk of placement breakdown and support individual service users to manage their own recovery without inpatient admission.

**For more information please contact:**

Joanna Clifton, Art therapist  
email: [Joanna.Clifton@wales.nhs.uk](mailto:Joanna.Clifton@wales.nhs.uk)  
Tel: 01633 623594

Joy Rickwood, Music therapist  
email: [Joy.Rickwood@wales.nhs.uk](mailto:Joy.Rickwood@wales.nhs.uk)  
Tel: 01633 623593

Penny Hallas, Head of LDD arts therapies.  
email: [penny.hallas@wales.nhs.uk](mailto:penny.hallas@wales.nhs.uk)  
Tel: 01633 623615

Note: image created as part of reflective practice