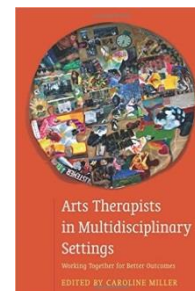


## Arts Therapists in Multidisciplinary Settings: Working Together for Better Outcomes (Caroline Miller, Ed.)

Reviewed by Jane Burns



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I pondered upon the title of this book before actually opening the front cover. The term 'multidisciplinary' it could be argued has become, in everyday parlance, what we might call a 'loaded' word for many health professions (Burns 2009; Tsirir et al. 2016). I was reminded of my early days negotiating differences in practice with my non-arts therapy trained colleagues. As the lone arts therapist working in various day and residential services for older clients I left work sometimes head-in-hands, despairing if we would ever find shared pathways or common ground. On other days I left work with a spring in my step as I realised a piece of professional collaboration had succeeded.

Similar issues are discussed in this book which, from start to finish, provides a fascinating insight into different multidisciplinary team (MDT) approaches. The text is written from the perspectives of New Zealand and Australian trained arts therapists and explores through discussion and vignette case example how they negotiate their way with their colleagues.

The book begins with the editor, Miller, giving an overview of the advantages and disadvantages of MDT working. She discusses the clear need for arts therapists to have a strong evidence base from which to give voice to their work. Miller suggests arts therapists, not already actively engaged in research, might wish to access their local university for guidance on database searching and research strategies in order to develop their own evidence based practice.

Much of the rest of the book is a series of case examples in which the writers (all arts therapists) provide very honest and revealing accounts pertaining to the complexities of working as an arts therapist. The lens through which individual therapists discuss their work is not fixed on their respective art, music, drama or dance discipline (although writing in the case chapters does illustrate clearly the modality) but refreshingly there is an assumption that the arts therapists share a core set of principles and values. The real focus of the book is the professional relationships arts

therapists have with colleagues from different health professions.

In chapter three, for example, Raymond's discussion of inter-professional differences illustrates the cavern that can exist between professions. Working with a young boy with autistic spectrum disorder who initially was resistant to participating in the group, Raymond – an arts therapist – was pleased to see that after a few sessions her client began to work independently with little prompting for at least half the session. This, however, was interpreted more negatively by the child's behaviourally-orientated case worker. She felt that Raymond was feeding into the child's avoidant behaviour during times when he was not participating in the group activity. Raymond realised that she needed to do some groundwork in terms of speaking with co-workers and finding out their perspectives. What she learnt was that they employed a variety of other strategies such as mindfulness, visual and behavioural techniques, some of which she integrated into her own practice. She noticed, after some time, that other colleagues became interested in her perspective on their work. Perhaps what this points to is the need for more transparent communication and a willingness to listen? Not always easy in today's climate when therapists and their colleagues are often working to such time pressures in often under-staffed settings!

Raymond offers some useful tips for new arts therapists joining multi-professional teams. This is largely focused on the importance of getting 'out there' and mixing with colleagues and telling them what we do and listen to what they do. She reminds us not to underestimate how little colleagues might know about the arts therapies.

Gordon-Flower's writing in chapter four makes an interesting point about working multi-modally within a multidisciplinary team. She refutes Moon's (2006) concern that multi-modal working adds a layer of confusion to teams getting to grips with what arts therapists actually do. Gordon-Flower points to the fact that she is trained to work across modalities and that her approach has been evaluated by her 5-point Star Assessment tool (Gordon-Flower 2014). Multi-modality working is perhaps an area that audiences in the UK, where I am based, might be less familiar with as the majority of training is still largely discipline-specific. In New Zealand, however, there is only a dedicated music therapy programme while training in art, dance and dramatherapy is combined. In relation to training readers may be interested to visit the 2016

special issue of *Approaches* edited by Karkou (2016).

In Chapter five, Spragg discusses her music therapy work within a special education setting. She highlights how MDT working together can develop professional standards and best practice. She points to the need for a clear focus on a set of narrower rather than context-specific goals when working as part of an MDT so team members know each other's role.

Working outside the parameters of the care setting, Halliday's chapter offers a fascinating discussion of her work with Fiona and her family. As Fiona's Motor Neurone Disease progresses Halliday's art therapy work with Fiona moves from the hospice to her home. The writer talks movingly about the delicate fragile situation which the therapist as outsider must negotiate when working in the home with the potential family member in close proximity. Having worked with Fiona until her death, Halliday describes the process of offering bereavement art therapy to the family. This starts with Fiona's husband and daughters reflecting upon Fiona's images (which she had shared with them) and then moving on to create their own image by choosing a letter from her name as a starting point. Finally, the letters are brought together into a shared image containing her full name. Although this example is not MDT-specific, it does illustrate the diverse nature of the work of arts therapists.

In chapter 12, Fletcher offers insight into working as a music therapist in a remote and rural location in New Zealand. In her discussion of working with Melissa, a traumatised 15-year-old Maori girl, we learn how a team of counsellors, social workers and Maori specialist mental health officers worked alongside the music therapist to provide an intervention for Melissa. Ultimately, music therapy provided the key to unlocking Melissa and helping her to move on but only, as Fletcher acknowledges, because there was an MDT supporting her work. The therapist reflects that many layers make up the MDT approach and if one layer is missing then a successful outcome is less assured.

This review offers just a snapshot from this rich collection of thought-provoking essays and case examples exploring MDT approaches. Importantly, this book illustrates innovative ways in which arts therapists adopt and adapt practice while staying true to their theoretical principles.

I look forward to a second edition!

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