

Introducing an Outcome Measure Program for Eurythmy Therapy at Freeman College Ruskin Mill Trust

Outcome Measure Program

This outcome measure program began in 2013 with the Therapy Team (Hygeia) in the Sheffield Ruskin Mill Trust provision (Freeman College). The team consists of a Speech and Language Therapist (SLT) Rhythmic Massage Therapist (RM), Psychotherapist (PT), and Eurythmy (Movement) Therapist (ET). The focus for this project was to establish a generic plan for all therapists within Freeman College to record outcome measures from each weekly therapy session.

This program required research from each therapist to establish a suitable outcome measure format that would highlight each therapists' criteria used within their individual therapy structure. This program has been running effectively for 3 years. Each therapist was in charge of setting up their own outcome measure process based on their own therapeutic structures. A challenging task to examine how each student is engaging in therapy and crucially how they were progressing. I would like to describe the Eurythmy Therapy outcome measure program I have developed that fits in with the overall outcome measure program within Freeman College.

Having worked as a Eurythmy therapist since 1984 within a variety of different settings: Child and Adolescence Psychiatric NHS Unit, ILEA, Steiner Educational establishments, Specialists schools and adult provisions, Private practice and currently an FE College, my experience is generally that ET has been accepted with good satisfaction from clients, however, no written outcome measures have been recorded. The completion of my Masters Dissertation in 2014 which included interviews of Freeman College colleagues on their perceptions of Eurythmy Therapy. I gained a more comprehensive view and deeper insight to the different and varying perceptions of how ET is perceived. This research came about at a time of continual government requirements for therapists working in educational establishments where the need for recorded evidence is required and an outcome measures program available for every student that are engaged in a therapeutic program. With the permission of a colleague's Self-Assessment format designed for their own Masters research, I successfully used the *before and after* therapy question set which was specifically tailored for ET. It was at the early stage of the program that I was supported by the SLT in helping to establish different *language* wordings for young adult students with special needs. Through trial and error, I eventually found the appropriate language and phrasing associated with how a student may or may not feel in their person or body *before and after* a ET session. Adapting to this additional program of collecting evidence within my already well established therapy setting was both challenging and rewarding.

The main finding throughout this program was the different relationship established between myself and the student when recording a *before and after* outcome measure during the eurythmy therapy session, which also included a question *how does ET support them and how?* This enabled a new type of dialogue with students which brought about an opportunity to allow issues in their life both challenging and otherwise to be reflected within their ET session. It also helped to focus directly on how and what ET does for them which often resulted in adjusting their ET exercises to aim for a specific program more suited for that student. My observation of this program to date is the improved engagement of each student's involvement while using their *own findings* with a *before and after* evidence method. It also contributed to reducing the mystery which surrounds this relatively unknown therapy that is eurythmy. All findings to this outcome measure program were regularly discussed and reviewed in our weekly Hygeia Therapy meetings. It was helpful to share within the therapy team our different therapeutic experiences during this program, both the challenges and findings that were highlighted within our different practices. This resulted in each therapist creating a chart record for each outcome measure category from their weekly therapy. This has provided an overall time line within the outcome measure by observing both the weekly changes as well documenting changes that occur over a longer period while covering a therapeutic block.

This Chart record now forms the basis of our end of term therapy report, providing a thorough analysis of our evidence and process of our therapy findings.

TOMs and Student Study Program

During this outcome measure program, the Hygeia team also undertook a further Therapy outcome measure program (TOMs) which aims to evidence overall student improvement during their three-year College course offered at Freeman College. This has been introduced using our own method of researching students' progress called the *student study* which is a study method adopted and used by the Hygeia therapy team since 2007. This method is based a diagnostic tool established by Rudolf Steiner (Steiner, 1995). The student study takes place on a weekly basis for all our new students. The TOMs program is based on a theoretical framework commonly used in the NHS developed by a Speech and Language Therapist (SLT): Pamela Enderby to formulate an outcome measured score of the student's overall progress based on our own student study method process (Enderby, 2015). This TOMs program, requires all new students to be studied in alphabetical order in the weekly Hygeia *student study* followed by a TOMs analysis processed led by the Hygeia Therapy Team using Pamela Enderby's theoretical framework which is divided into 4 categories: *participation, wellbeing activity and impairment* where an overall score is obtained and recorded. This entire process is repeated in the Students' third and final year of his/her College education, giving an overarching outcome measure score of each student's progress during his/ her three-year College program. Working with the TOMs program after each student study has enabled the Team to work weekly within a structured framework enabling the reflective aspects of the study to be processed. The advantage of using the TOMs program for us as a team, was the ease of use and the relatively small amount of time it took to complete each student's TOMs program. As time progresses, and our confidence using TOMs increases, the time it will take should reduce even further.

We look forward to completing the first round of student studies using the TOM's outcome measure program in July 2017.

Conclusion

In my current role as Trust Head of Therapy, I look forward to developing this outcome measure program for all therapists within the different Ruskin Mill Trust provisions as well as supporting the introduction of the TOMs program within the existing Hygeia *student study* program. It has been a rewarding and challenging experience at a time when belief and individual insights as to whether a therapy is effective or not can now only be accepted when evidence is formulated. This is a current and on-going challenge on national levels for all therapy and therapists. My interest, however, in these findings is an attempt to make transparent the unique and holistic methods used within eurythmy therapy when connecting to an established theoretical framework. My experience during this outcome measure program since it's inception in 2013 has been the additional support it provides during each therapy session when using an all-inclusive and visual documentation that aims to provide for all our students more awareness of their *own* therapeutic progress, as well as adhering to the current government demand of recording therapeutic data.

The Hygeia Therapy Team are fully aware that any evidence we produce is based entirely on qualitative data and therefore subject to dispute. The rigour, however, used in any documentation process can be accepted as a clear qualitative finding when exploring the changing processes in any human being. The evidence gathered in this program works toward an evidence plan. This has been furthered by the full staff student study program using the TOMs outcome measure practice which generates qualitative data that provides a wealth of evidence from therapy, education and care to back it up.

If you would like any further information, please contact: andrea.damico@fmc.rmt.org.uk

Andrea Damico

Freeman College

Nov 2016