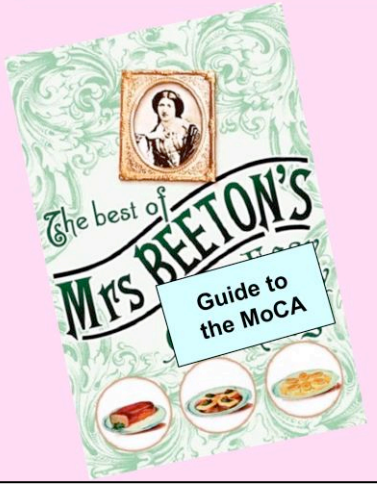
Building the MOCA into everyday practice: A practical guide to setting yourself the 'just right challenge'



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Hi, I'm Helen Harvey and I'm a band 6 Occupational Therapist from Ravenswood House – a medium secure unit in Hampshire
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NIHR funded Masters in Clinical Research

Our service was introduced to the MoCA two years ago, and this presentation describes our reflections
on implementing the model into practice and some hints and tips we hope you may find useful.
Sort of a little Mrs. Beetons guide to the MOCA!

We have structured the presentation as a developmental process we went through just as a client may go through the developmental stages of the MOCA so each level we go through shows our learning from training to the current picture.

The first level on the MoCA is Tone. What you would expect to see clinically is a person with no awareness of others.

With regards to the service…

Prior to MoCA **not** falling asleep at desk with

no awareness outside self.

Not aware of MoCA existence.

Level 1: Tone

Life Before MOCA

- Model of Human Occupation Assessments
- Fluctuating engagement
- Difficulty recording changes in presentation in a structured way
- Difficulty setting goals

Prior to the MoCA the service was using a range of MOHO assessments.
We were able to use them to identify area' of performance deficits
and then refer people to groups aimed at addressing these deficits.

However, as with all models, there are limitations to using MoHO.

We were able to identify what skills we wanted to work on
but we had difficulty structuring groups and sessions to cover a range of abilities.
At times we also had difficulty understanding why patients didn't attend regularly,
left half way through, or gave up after a few sessions.
At times it was difficulty identifying the subtle changes and setting small achievable goals for treatment.
For more well patients their goals would often be fairly ambitious
as we were trying to be client centred we would often agree to try and achieve these
but we were maybe setting expectations too high.

On the admissions ward we did recognise the need to provide low level activity sessions
but sometimes (especially as a newly qualified practitioner) it was difficult to record and verbalise to other Multi-Disciplinary colleagues
what was happening in the sessions and some saw it only as helping to distract patients from challenging behaviours.
We also felt the expectations to provide a full program of activities on these wards regardless of the client mix

So at this point we had ‘fleeting awareness’ of the MoCA!
We knew it existed thanks the forward thinking Mary Dickson
and with the support of Anita Bowser our manager we all began the staff training!

We would advise anyone thinking of using the MoCA to get as many people in the dept trained in it as possible to assist in supporting each other to learn how to use it in practice.

Level 2: Self-Differentiation

- Staff Training
- Start with small steps and goals (1-2 steps!)
- Engagement only is satisfactory!
- Tell to do rather than ask!

So after the training came the tricky bit- We then had to think about getting started;

It was overwhelming with all the information available from the training and the daunting prospect of implementing a new way of working alongside the other pressures of clinical practice.

I would advise whoever is taking a lead on the implementation to follow the self diff treatment principles and **tell to do rather than ask** as new ideas often fall by the wayside.

In our service we set timescales for our goals
e.g. - try assessing 3 patients in a month,
- review group structure in peer supervision etc.

this helped us keep the momentum going while the excitement and training was still fresh!

Start with small steps don't try and do it all at once.
Divide up implementation to tasks,

it doesn't have to be perfect it's the becoming involved with the process which is important.

This is interesting lets try it out!!

Self presentation

Attempt to do things

Level 3: Self-Presentation

- Get used to the assessment tool and tasks
- Assess service-users with the MOCA Tool
- Assessment Group
- Enhance your 'therapeutic use of self'
- Use support networks
- Have fun exploring!!!

So at this point you are feeling much more familiar with the theory behind the MoCA. At this point making insuring structure and support will increase your confidence and enable you to achieve putting it into practice.

•Have a think about the kind of tasks you already use in practice – how can they be adapted to the different levels? And think about the pragmatics – how can they be done safely and within resources available. For example – ICA Cheesecake!

•We would suggest assessing all serivice-users with the MoCA tool – this may need to be graded depending on your service, for example, we each assessed everyone on our caseload and then combined the results so we had the levels of everyone in the hospital. You could easily do this by ward etc. Start with one service-user at a time so you can really familiarise yourself with the theory of the MoCA. Go back to your levels sheets and try and match what you were seeing in practice with what the levels sheets are saying.

•If this all seems like to long a process, to make this quicker you could run an assessment group with people you think are of a similar level. If you can, set the time aside to work with someone else who has done the training to plan the task (refer to the levels sheet) and run the group together so you can assist each other in delivering the task at the right level and familiarising yourself with the assessment tool.

•Just have a go, don't worry if it seems to be a disaster – go back to your levels sheets and have a think about why it didn't work – was it presented in the wrong way? Was the task too easy? Were there people at different levels in the same group?

•You could do this as part of your CPD – work alongside a colleague to develop your clinical reasoning and enhance your 'therapuetic use of self' in line with the recommendations on the levels sheets – for example, how to present the task/verbal cues used at different levels and why.

•Talk with colleagues that have done the training, run groups with them,

By this point you will feel much more confident in your clinical reasoning based on the MoCA. And now it shouldn't be as time consuming, it should start becoming part of everyday practice.

Level 4: Passive

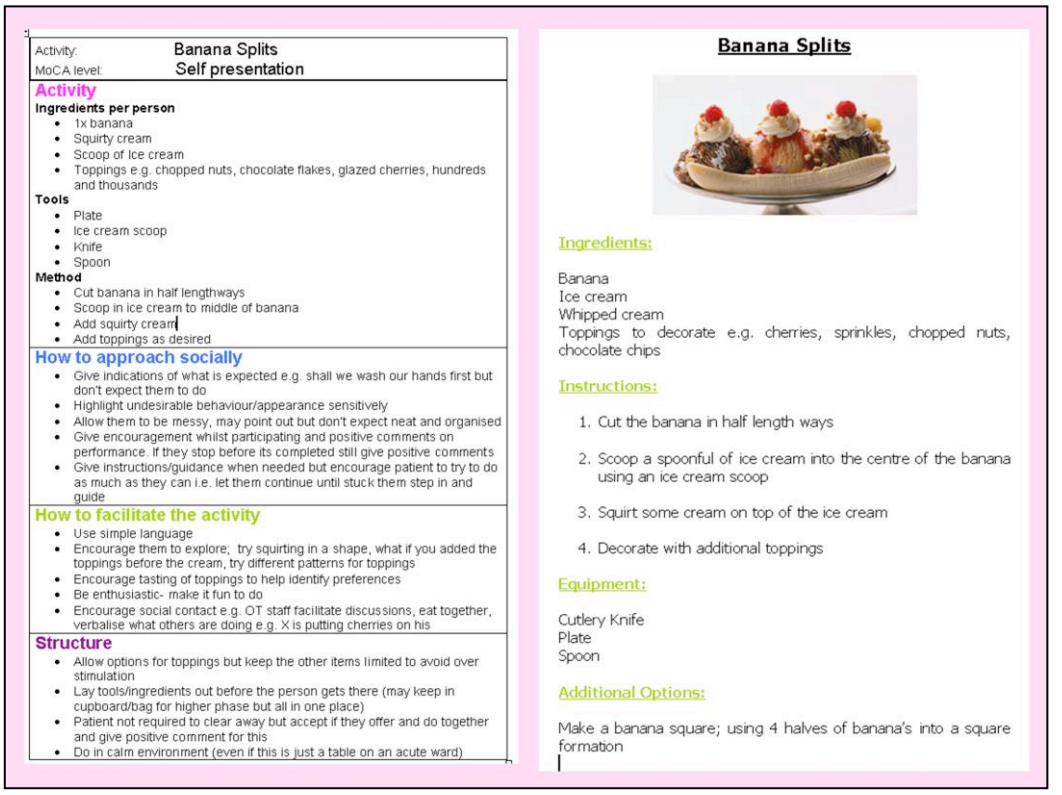
- Revise the levels
- Develop a folder of activities and resource station
- Very clear structure of sessions and group program
- Begin adapting program to meet the needs of the service-users on the ward.
- Getting the MOCA into everyday language

We had lots of different strategies at this stage to help support us in using the model.

•Revise the levels – In our service we organized a revision session on the passive level just to support staff in using the theory and reflecting on achievements and challenges within session. We identified a session for each member of staff which they currently ran and revised the structuring and presentation aspects to see if the session and principles matched up and used shared problem solving to help make any suggestions for changes to help us meet the aims of those at passive.
This helped to re-focus us of the theory and support each other and give each other a pat on the back!!

•Folder – we organised a folder into different levels.
•We had a list of ideas for different sessions e.g. self pres art activities to help us choose activities, a

•Range of tasks assessment prompts for each level which we could take with us
•Each sheet is like a recipe for the activity (show sheet).



Activity: Banana Splits
MoCA level: Self presentation

Activity

Ingredients per person
- 1x banana
- Squirty cream
- Scoop of Ice cream
- Toppings e.g. chopped nuts, chocolate flakes, glazed cherries, hundreds and thousands

Tools
- Plate
- Ice cream scoop
- Knife
- Spoon

Method
- Cut banana in half lengthways
- Scoop in ice cream to middle of banana
- Add squirty cream
- Add toppings as desired

How to approach socially
- Give indications of what is expected e.g. shall we wash our hands first but don't expect them to do
- Highlight undesirable behaviour/appearance sensitively
- Allow them to be messy, may point out but don't expect neat and organised
- Give encouragement whilst participating and positive comments on performance. If they stop before its completed still give positive comments
- Give instructions/guidance when needed but encourage patient to try to do as much as they can i.e. let them continue until stuck then step in and guide

How to facilitate the activity
- Use simple language
- Encourage them to explore; try squirting in a shape, what if you added the toppings before the cream, try different patterns for toppings
- Encourage tasting of toppings to help identify preferences
- Be enthusiastic- make it fun to do
- Encourage social contact e.g. OT staff facilitate discussions, eat together, verbalise what others are doing e.g. X is putting cherries on his

Structure
- Allow options for toppings but keep the other items limited to avoid over stimulation
- Lay tools/ingredients out before the person gets there (may keep in cupboard/bag for higher phase but all in one place)
- Patient not required to clear away but accept if they offer and do together and give positive comment for this
- Do in calm environment (even if this is just a table on an acute ward)

Banana Splits

Ingredients:

Banana
Ice cream
Whipped cream
Toppings to decorate e.g. cherries, sprinkles, chopped nuts, chocolate chips

Instructions:

1. Cut the banana in half length ways
2. Scoop a spoonful of ice cream into the centre of the banana using an ice cream scoop
3. Squirt some cream on top of the ice cream
4. Decorate with additional toppings

Equipment:

Cutlery Knife
Plate
Spoon

Additional Options:

Make a banana square; using 4 halves of banana's into a square formation

Have a card for staff to know what they re doing and one for the session with patients. It gives you a brief refresher before you go to run the session

You don't have to use them for everything just make some general examples which you can then adapt. Writing it out also helped it sink in.

They also help save time as at earlier levels often instructions need to be simple and concise and so stops each staff member havign to write out their own set for similar activities.

Our OT tech has a folder in the kitchen of simplified meals in order to give choice of flicking through a recipe folder but limiting choices to appropriate activities for treatment.

This example was designed by an O.T. but it could be a good exercise to do in supervision with techs to help support their learning

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- We adapted our on ward program to provide more on ward self-pres groups when the ward was full of predominantly self-pres service-users then as they developed onto the passive level we began to run more off ward groups
- this gave us a concrete justification for the service we were providing and enabled communication with ward managers.

	Personal management	Social	Leisure	Work
Group 1 LOW Preparation for construction action (tone/ self diff)		On ward basic Wii	1:1 gym	
Group 2- medium Behaviour and skill development of norm compliance (self pres/ passive/ imitative)	1:1 pedometer Circuit training	Basketball Walking group 1 Walking group 2	**	
Group 3 High Behaviour and skills for self actualization (active and above)	Weight management	Community gym	Evening gym	

•Looking at your service provision is also useful there is no point in having loads of high level groups if all of your patients are self-pres! (Please see info pack.)

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The trolley was useful for thinking how the resources we had could be used. We used existing resources to map tasks to different levels – all the things we need for the task are in the trolley!

Even sorting out the trolley was a learning experience.

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•Everyday Language – within the team you will now be using the MoCA terms because you are familiar with them – a word of caution, other people may still not be completely familiar with the words used.
• In explaining it to other people you are constantly reinforcing your knowledge of the MoCA which is a good thing!

What else can I do??

Imitative

To do as well as others

Level 5: Imitative

- Using the MOCA with originality
- Thinking on your feet with new tasks
- Share these idea's and experiences
- Increasing Service-User Understanding
- Use MOCA language in MDT meetings, CPA's and Treatment Plans

So now you are fully functioning and using the MoCA with confidence

•So you can think on your feet and adapt the structure of sessions to meet service user need in line with the MoCA theory

•You have a professional duty to share these idea's with others – get on the forum's, talk to people about your experiences! To those of you who are already converts this is obvious but to those of you new to the MoCA we believe it really does enhance service-user care and therefore it is our duty on behalf of the service users we work with to tell you about it! When we met before we had written

•Share understanding with other collegues – explain to your MDT why it's not appropriate for someone on self-diff to be referred for a job in the community no matter how keen they are! (unless you can adapt it!)

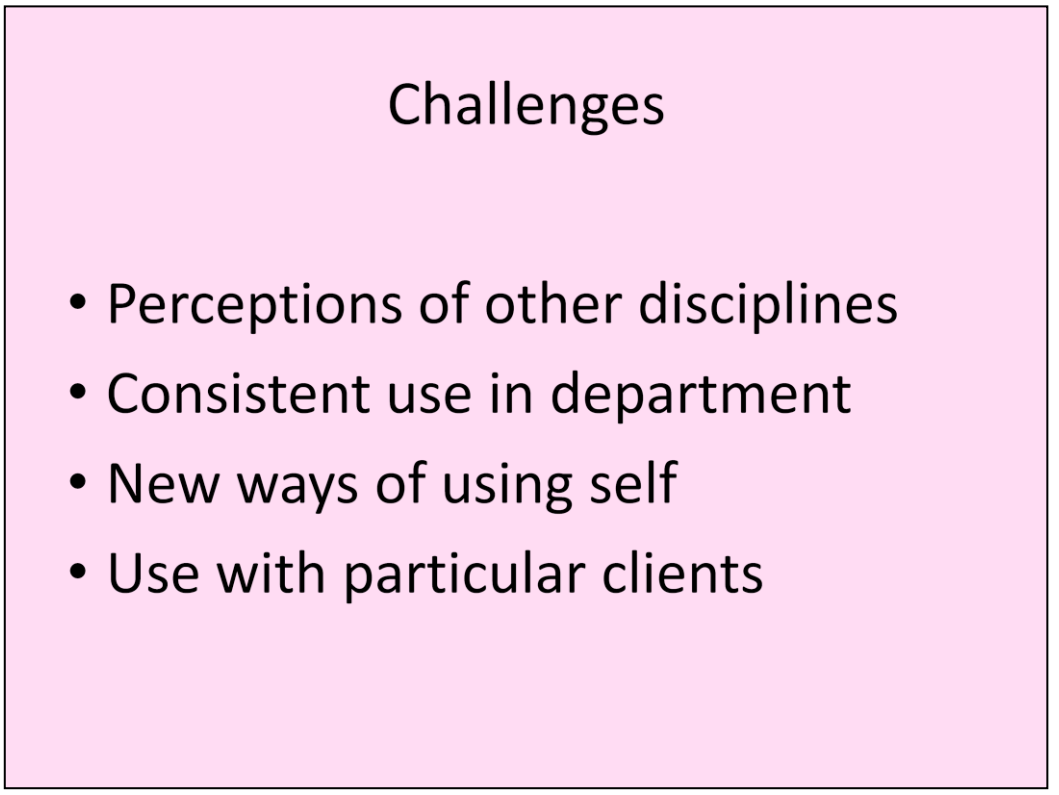
•Increasing SU understanding is a challenge especially at the lower levels

•Using MoCA language – this will become natural but be mindful that not everyone speaks our OT language.

You can write stock phrases to give an overview of the level or explain the complexity of the task to ensure what you are writing is not misunderstood.

•Star wards – do some basic eduacation with your nurses and do joint care planning. We found it's not always easy but keep trying

We are stopping at imitative as we are still learning and do not profess to being experts!



There have also been hiccups along the way

•Other disciplines have had to adjust to the change in our approach and we have slowly tried to do some education but need to develop this further. Sometimes we found they thought our treatment occupations were a bit bizarre for example when we were encouraging exploration of biscuit toppings and the client was squeezing icing from a tube all over his face!!

•Some people in the department feel more comfortable with the model than others. Some of the techs found the adjustment difficult and needed extra support.

•The principles of the levels introduced a new way of approaching people and made us all reflect on how we used self in the treatment. At times it felt a bit alien to start the new principles!

•Particular clients have been difficult. The use of the model with clients with borderline PD has been a challenge! But one that can be overcome with support!

Checklist

- ✓ Staff Training
- ✓ Assessment
- ✓ Folder
- ✓ Reflection
- ✓ Peer Support
- ✓ What levels are current groups at?
- ✓ Designing new groups at different levels to meet need
- ✓ Review the service
- ✓ Task Assessment Groups
- ✓ Paperwork
- ✓ Trolley

So finally just a quick reflection. Here is a list of things we found useful for implementation. You may even move up and down in this process for example our senior OT is just back from maternity and tells us she is back to self diff!!

Each step may seem small but it is important not to overwhelm yourself.

While resources from others are useful as templates to get started don't be over reliant - Actively engage in the learning process

take advantage of peer support/forums.

Remember - no question is a stupid one

Very quickly before we all go off for tea …