From Student OT to Forensic OT - new ideas from a new perspective

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Partnerships in care

Overview

- About the author
- Background to Partnerships in Care (PiC) and Kneesworth Hospital
- Examine and discuss the Model of Creative Ability (VdTMoCA)
- The patients
- The role of Occupational Therapy (OT)
- The role of the Multidisciplinary Team (MDT)
- Collaborative working and benefits
- Current activities on the ward
- New ideas and new activities
- The future?

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About the author

- Qualified as OT in September 2009
- Previously worked in physical setting as Therapy Assistant
- Previously website co-ordinator for Eastern Regional BAOT
- Author of Oh Tea! DVD
- Won COT national award Brighton 2009 for best poster presentation
- Approached to work for PiC at Kneesworth (previous placements)
- Dream job to work in forensics!

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PiC and Kneesworth Hospital

- Largest independent provider of secure mental health facilities across UK
- 23 hospitals in England, Wales and Scotland
- Kneesworth set on 48 acre site
- 150 beds for men and women detained under Mental Health Act
- OT led Patient Engagement Service (PES) of 4 specialist teams for 4 care pathways:
  - Male Mental Illness (MMI)
  - Women
  - Personality Disorders
  - Learning Disorders

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Model of Creative Ability (VdTMoCA)

- OT Recovery model
- 4 areas of Occupational Performance:
  - Personal management / self-care
  - Leisure
  - Work
  - Social
- Provides means of measurement
- Combines core belief and skills of OT

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VdTMoCA

- Motivation – basic skills to interact
- Assists in concept formation:
  - Basic
  - Elementary
  - Composite
  - Abstract
- Patients concepts are affected/disturbed
- Model addresses task concept

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CLIENT: Jane DATE: Feb 2008

Action	Undirected/ Unplanned	Inadvertent/ constructive or Destructive (1-2 step task) X	Explorative (3-4 step task)	Product centred (5-7 step task)	Product centred (7-10 step task)	With originality – transcends norm / expectations	Product centred
Violation	Egocentric to maintain existence	Egocentric to differentiate self from others X	To present self, unsure	Robust. Directed to attainment of skill	Directed to product, a good product, acceptable behaviour	Directed to improvement of product procedures, Etc.	Directed to participation with others, to compare and evaluate self in relation to others.
Handle Tools / Materials	Not evident	Only simple everyday tools (e.g. spoon) X	Basic tools for activity participation – poor handling	Appropriate skill	Good	With initiative	Very good
Relate To people	No awareness	Fleeting awareness X	Identification selection, makes contact, ties to communicate, superficial	Communicate	Communicate / interact	Close interpersonal relationships, intimacy, can assist others, adapt, allowances, consideration	Adept, allowances, consideration, close interpersonal relationships, intimacy, can assist others
Handle Situations	No awareness of different situations	No awareness of ability X	Stereotypical handling, makes effort, but unsure or timid	Follower, variety of situations, participates in a passive way	Manages a variety of situations, appropriate behaviour	Can evaluate, adapt, adjust according to need, can deal with problems	Can evaluate, adapt, adjust according to need, can deal with problems
Task Concept	No task concept, basic concepts	No task concept, basic and elementary concepts X	Partial task concept, compound concepts	Total task concept, extended compound (abstract element concepts)	Comprehensive task concept, integrated abstract concepts	Abstract reasoning	Abstract reasoning
Product	None	None X	Simple – familiar activities, poor quality product	Product fair quality (aware of expectations)	Product good quality (according to expectations)	Quality – can adapt, modify, exceed, have expectations, evaluate, upgrade	Quality – can adapt, modify, exceed, have expectations, evaluate, upgrade
Assistance / supervision needed	Total assistance and supervision (24-hour)	Physical assistance and constant supervision X	Constant supervision needed for task completion	Regular supervision	Guidance, supervision, regular or new activities, occasional for known activities	Guidance, formal training – (own responsibility), help to supervise others	Guidance, formal training – (own responsibility), help to supervise others

Behaviour	Bizarre, disorientation	Bizarre. Little reaction, disorientation X	At times strange behaviour, hesitant, unsure, willing to try out.	Follower, but will participate passively – occasionally strange	Socially acceptable, behaviour generally controlled	Acceptable, shows originality	Socially acceptable or correct, variety of situations, acceptable, plan action behaviour
Norm Awareness	None noted	None noted X	Starts to be aware of norms	Norm awareness (aware of expectations)	Norm compliance (do as expected, required standard)	Norm transcendence (do better, more than norm, adapt and so on), graded from activities or situations variety of situations	Norm transcendence (do better, more than norm, adapt and so on), graded from activities or situations, variety of situations
Anxiety / Emotional Responses	Limited responses	Limited, uncontrolled – basic emotions, comfort or discomfort shown X	Varied, usually low self-esteem and anxiety, poor control	Full range of emotions, mostly controlled, makes effort	Subtle differences, compassion and self-awareness, anxiety used	New situations – anxiety, normal emotional responses (anxiety motivator)	
Initiative Effort	None noted	Fleeting, minimal effort – not sustained X	Effort inconsistent, not maintained, decreased, frustration, tolerance	Varies	As expected, required, sustained	Consistent and original	Consistent and original
Totals		II	I				

LEVEL OF CREATIVE PARTICIPATION: SELF - DIFFERENTIATION

LEVEL:

Therapist directed	X
Patient directed	
Transition	

ASSESSOR: A. Crofton M. Taylor

Occupational Therapy & Activity Staff

PATIENT ENGAGEMENT SERVICE

This report has been compiled by the Occupational Therapist on behalf of the Male Mental Illness Service Patient Engagement Team. It includes contributions from Education Coordinator, Sports Instructor, Activity Assistants and Instructors specialising in Domestic skills, Art & Craft and Music.
The Model of Creative Ability is an assessment tool, theoretical framework for treatment interventions and outcome measure implemented within the MMI service.

Model of Creative Ability (MoCA)

MoCA is a recovery model that enables Therapists to facilitate the recovery of motivation and occupational performance. For each MoCA level intervention in the form of activity is graded, selected and presented appropriately for identified level. The model provides strategies for tailored treatment programmes, and elicits the maximum level of motivation through self-efficacy and achievement. Patient's progress through the MoCA levels and through Therapist directed phase of treatment to patient directed to transitional/independent maintenance of skills.

Following assessment using MoCA [redacted]'s overall level is determined at Self-Presentation. [redacted]'s presentation at this level includes:

- Volition – Explorative with regard to self/objects/materials, prepared to try/learn
- Action – Constructive, directed to doing, but uncertain about own ability
- Motivation – Initiative/effort shown, but fluctuates
- Task Concept – Partial
- Handling of tools – Basic tools for activity participation
- Norm awareness – Demonstrates awareness of norms
- Self-care – Independent
- Social – Shows awareness of others
- Emotional responses – Basic emotional responses displayed/demonstrated
- Supervision – Needed for completion of tasks
- Product – Able to manage 2-3 steps, end product produced
- Situations – Attends various groups/activities

TREATMENT AIMS FOR THIS LEVEL INCLUDE

- Improve focus and sustain concentration levels for duration of session
- Improve concept formation
- Improve social awareness and communication
- Improve basic tool handling
- Improve acceptable behaviour in different situations
- Progression to next MoCA level and from Therapist directed interventions to patient directed phase of treatment

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The patients

- MMI / Schizophrenia
- Abnormal behaviour
- Positive symptoms:
  - Hallucinations, delusions, thought disorder, speech
- Negative symptoms:
  - Alogia, avolition, catatonia
- Associated factors:
  - Increased suicide risk, alcoholism risk, depression risk, isolation from family/friends

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Patients cont…

- Barriers to control
  - Side effects of meds, relapse, finance, fear of future, not seen as individual
- Coping skills
  - 1 day at time, daily activities, challenging delusions, taking medication, develop insight
- Stigma (self, family, society)
  - 'not normal', barrier to form relationships, symptoms not person
  - Form negative view of self, low self-esteem/self-efficacy, low motivation, hopelessness

(Cook & Chambers, 2009)

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Role of OT

- Participation in meaningful activities can
  - Prevent relapse, boost self-esteem, increase motivation, decrease isolation, promote good health, increase socialisation, combat internalised stigma
- Relationships with staff and family can
  - Give sense of belonging, valued support, show caring, be non-judgmental, show kindness and respect
- Therapeutic relationships can
  - Give honesty and openness, listening and understanding with empathy, acceptance of their choices, not impose ideas, express warmth and hopefulness
- OT relationships can also benefit patients through enhancing thinking, artistry and critical thinking

(Cook & Chambers, 2009)

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Role of OT in forensic setting

- See absolute difference between activity as punishment or means of atonement
- Activity way of managing dangerous people safely
- Occupation is fundamental and essential to human existence
- Consider humanity of individual and subjective experience
- Understood in wider context of environment, family and culture
- Goal of activity is not end product

(Couldrick & Alred, 2003)

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Role of MDT

- Interests and resources of MDT enrich activity programme
- Creates a ward atmosphere which offers
  - Decision making opportunities, promotes independence
- Important motivation factors are
  - Clients offered encouragement, support, never coerced or forced to participate

(Couldrick & Alred, 2003)

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Collaborative working and benefits

- To promote social inclusion and recovery all staff should
  - Clarify and acknowledge aspirations and strengths, help patients make own choices, convey hope and optimism, match individuals to opportunities

(DoH, 2004, cited in Cook & Chambers, 2009)

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Current ward activities

Mon	Tues	Weds	Thurs	Fri
Slot available 11am	1:1 ward based cooking	Slot available 11am	Breakfast group 1:1 off ward cooking	Slot available 11am
Music Group	Food for thought	Slot available Nurse led pool (3.30pm)	Nature walk	Community trips

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New ideas and activities

- Provide opportunities to assess motivation, abilities and social interactions through use of MoCA
- Adapting / developing music group
  - Work with Music instructor
  - Divide music group into 2 sessions to increase all patients motivation to attend and participate
  - Session 1 = Allow patients/staff to bring own music, provide open discussion, encourage sharing and turn taking
  - Session 2 = Open mike session (rapping), encourage sharing and turn taking, mutual respect, increase cognition skills

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New ideas and activities cont…

- Adapting / developing breakfast group
  - Work with Education co-ordinator to promote new Spanish lessons with a Spanish breakfast
  - Increase patients motivation to attend and learn phrases, discover and try new foods and learn about other cultures
  - Develop language skills, increase awareness of healthy eating, encourage turn taking and negotiation

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COME AND JOIN US FOR

A Spanish Breakfast!

Or 'El Desayuno'

THURSDAY 3rd SEPTEMBER AT BREAKFAST GROUP

This week's menu includes:

- **Churros (sugared mini doughnuts)**
- **Magdalenas (lemon cupcakes)**
- **Bolos (pastries)**
- **Parma ham / Soft cheese**

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New ideas and activities cont…

- Introduce new group – Top trumps
  - Provide opportunity to learn about cars, develop motivation to attend, turn taking, negotiation, cognition
  - Facilitator will show picture, patients guess details e.g. make, model, top speed, why famous
  - Pictures will be laminated, split between wards, will develop into pack of cards

Lets play!

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Future?

- Music group = bid for funding from hospital, recording for Koestler award, street dancing
- Breakfast group = Every month – new country e.g. Ireland, Greece, Italy
- Top Trumps = Once pack developed, can hold quizzes (e.g. Christmas), develop into other areas e.g. aeroplanes, plants
- Could also use as pathway e.g. car washing, car maintenance OCR
- Adapt / change Food for Thought group

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Future cont…

- Offer more ward based and off ward based cooking sessions?
- Tai Chi group? – would require staff training to facilitate
- Through VdTMoCA tailor 1:1 and group activities to patients levels & provide evidence base for OT interventions for ward meetings and CPAs
- Aim to give all patients increased motivation, develop transferable skills i.e. patience and turn taking, reduce anxiety, structure time, reduce violence, develop self-esteem / confidence and develop therapeutic relationships with OT and MDT

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References

- Cook, S & Chambers, E (2009). *What helps and hinders people with psychotic conditions doing what they want in their daily lives.* British Journal of Occupational Therapy, Volume 72:6, pg 238 – 248
- Couldrick, L & Alred, D (2003). *Forensic Occupational Therapy*. London: Whurr

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Any questions?

Thank you for listening!

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