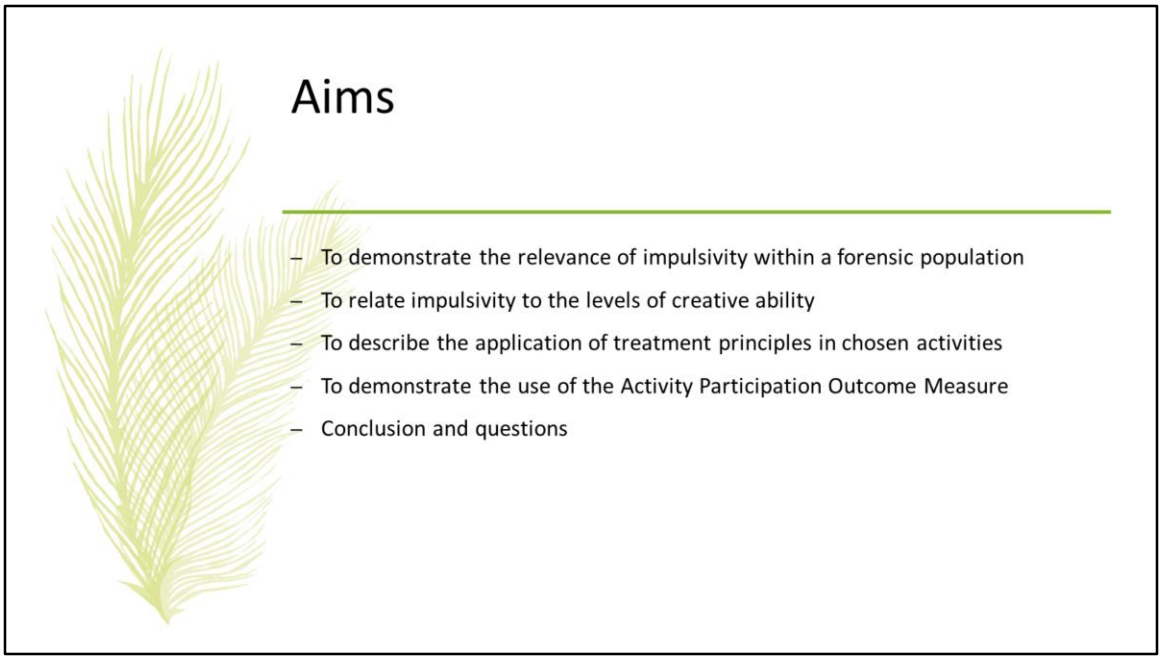
Good afternoon, my name is Louise Jeffries.
I work at St.Andrews Healthcare on a medium secure ward which is a Centre of Excellence for the use of the VdTMoCA. I also oversea the service across the Men's Mental Health pathway from medium to low secure.

I will be talking about my own clinical experience to help answer the question……. Read above



The aims of this presentation are …….

- To demonstrate the prevalence of impulsivity within a forensic population
- To relate impulsivity to the levels of creative ability, specifically the Self-Presentation level
- To investigate the application of the treatment principles in chosen activities
- To demonstrate the use of the APOM
- With a conclusion and hopefully time for questions

Diagnoses

- 35 patients (Medium and low secure) within the men's mental health pathway
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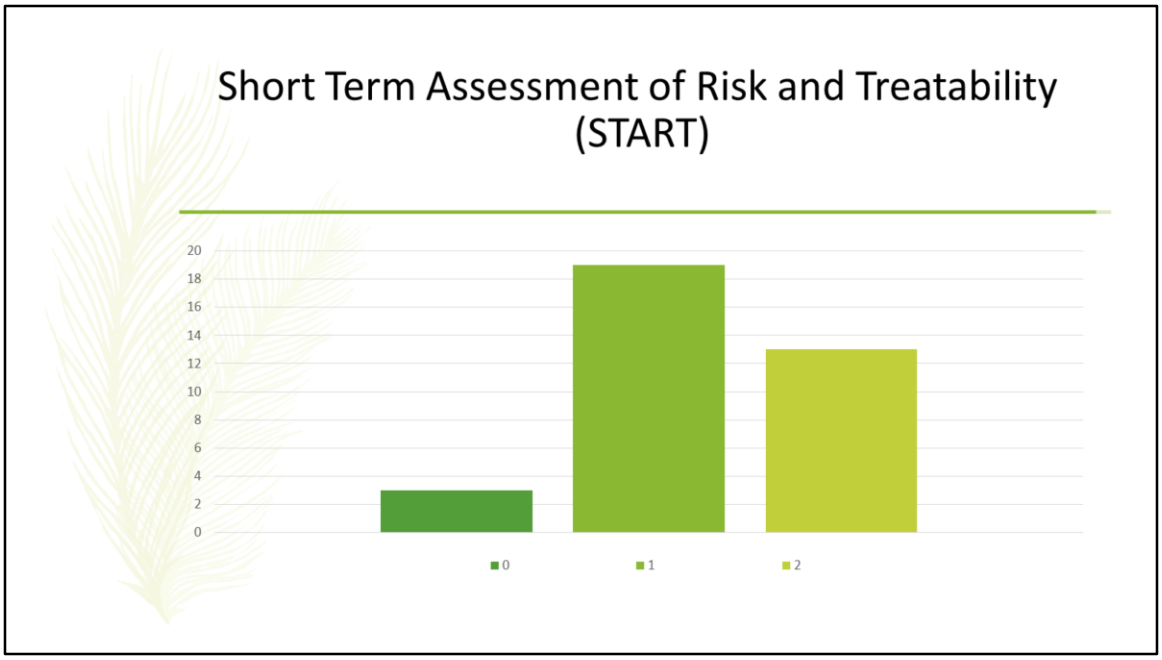
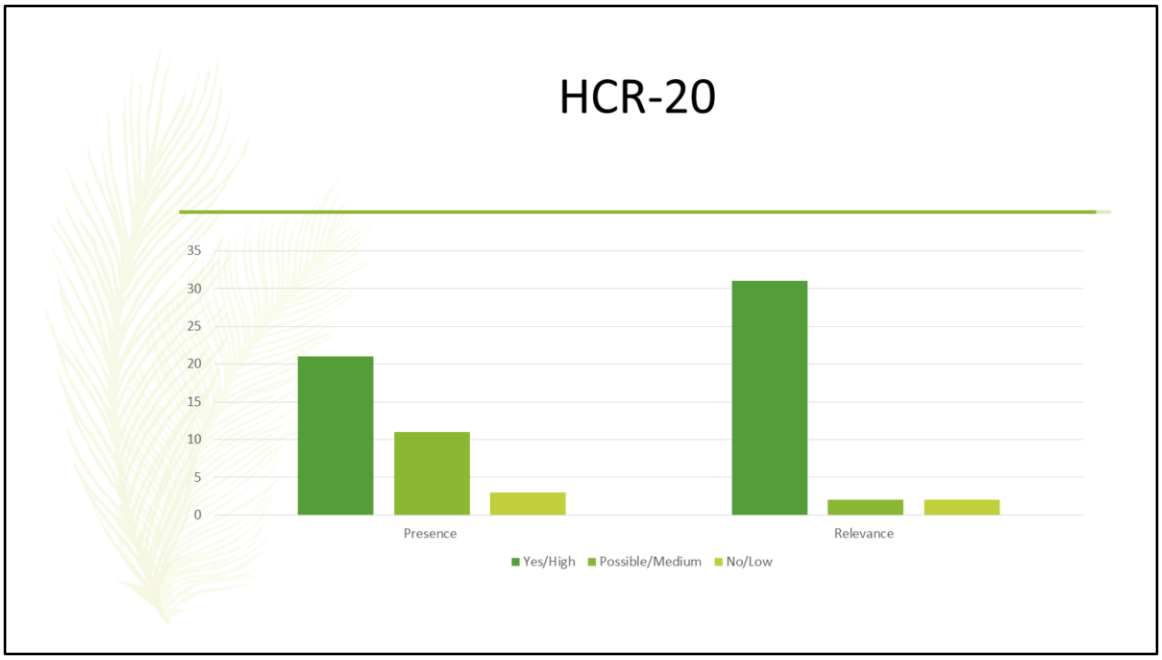
Diagnosis	Percentage of patients
Paranoid Schizophrenia	40%
Personality disorder	33%
Paranoid Schizophrenia & Personality disorder	9%
Organic personality disorder	6%
Personality disorder and ADHD	3%
ASD	3%
Dementia	3%
Hyperkinetic Conduct Disorder	3%

- Out of the 35 patients within the pathway – Paranoid Schizophrenia and Personality disorder were the highest % of diagnoses
- Literature supports that impulsivity is extensive in these diagnosis



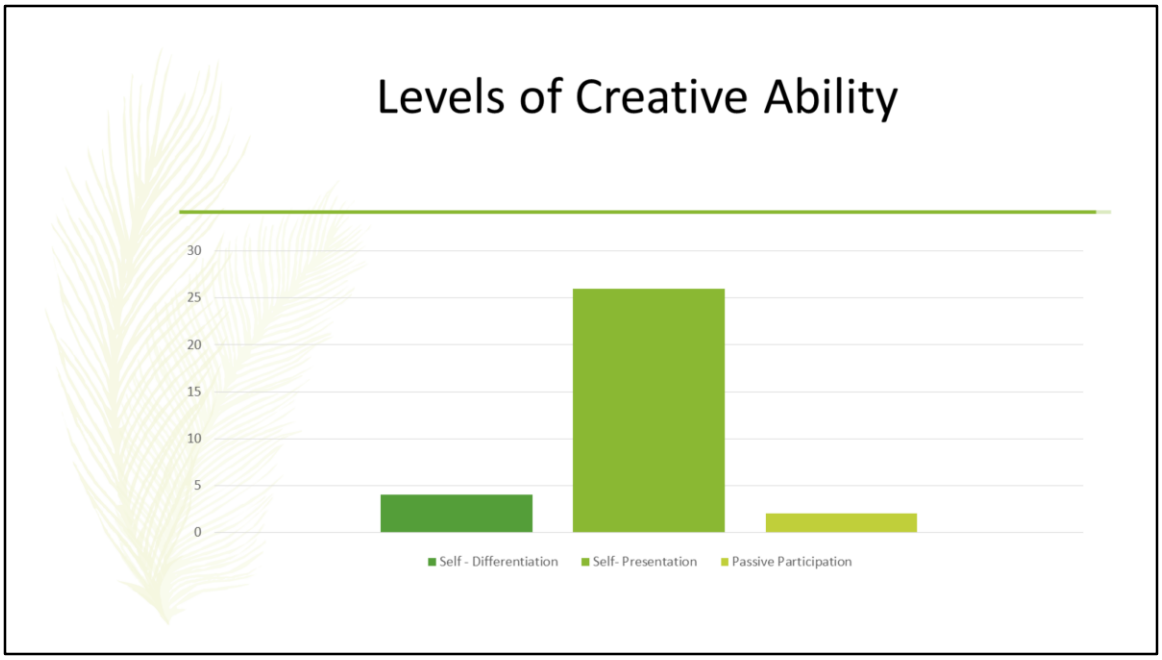
The MDT risk assessments used in clinical practise also demonstrate a high prevalence of impulsivity within this patient population.

START assessments showed only 3 out of the 35 patients scored a 0 for Impulsivity, with the remaining 32 scoring 1 or 2 identifying it as a clinical problem.



HCR-20's were also reviewed– impulsivity is scored within the Clinical item 4 -

21 identified that this was present and a high probability with 31 identifying it as relevant.



So relating this to the VdTMoCA
Looking at the 35 patients across the pathway the majority are functioning at the self-presentation level

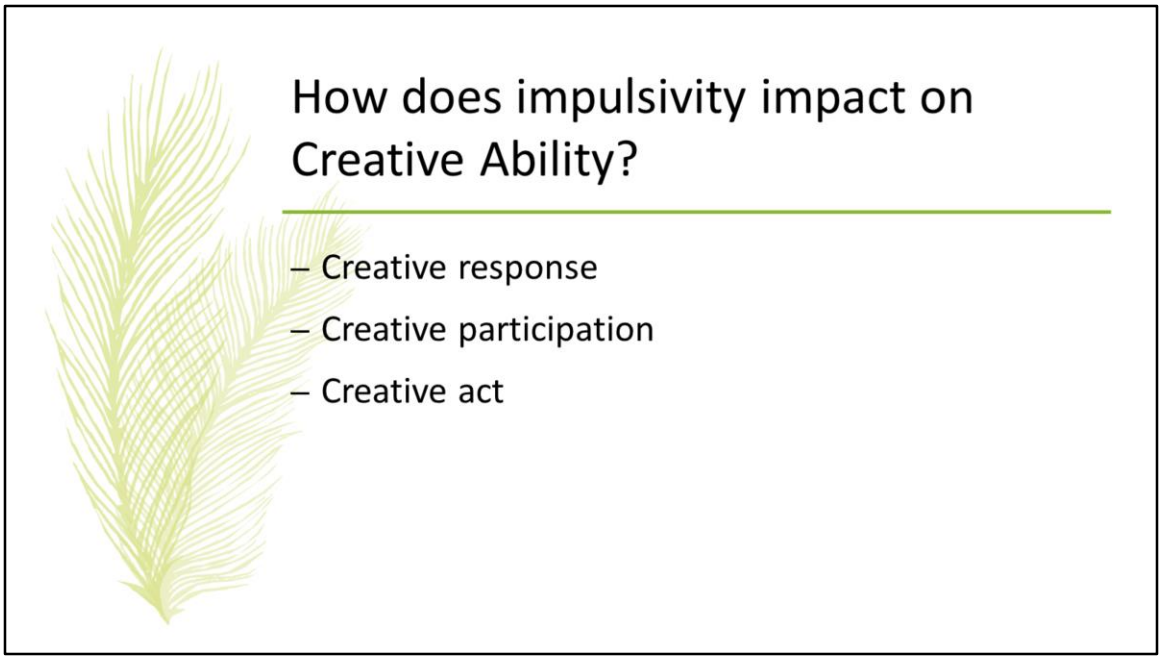
Self – Differentiation	Self-Presentation	Passive Participation
Destructive/ Unconstructive Incidentally constructive	Constructive Explorative	Norm awareness Experimental

- So there is a high percentage of patients functioning at the Self-presentation level, with diagnoses in which impulsivity is present, as well as the MDT risk assessments identifying impulsivity as a clinical problem for the majority of patients.

- Impulsivity may be evident in the Self – Differentiation level however the action is destructive or unconstructive. So there is little intention behind the impulsive behaviour, it is merely in reaction to something. This can be managed by staff interventions.

- Impulsivity may also be evident on the passive participation level however these patients are more aware of and want to comply with social norms, they have better control over their emotions and they also have more ability to engage in a wider range of interventions (see next slide).

- So patients on the Self-presentation level want to explore their world and for someone who is impulsive this is very chaotic, loud and rushed, often leading to verbal outbursts. They have poor emotional control, poor cognitive functioning, awareness of social norms is limited, they often want to initiate but can't sustain effort. So for someone who is impulsive they immediately start an activity with no planning and at great speed which can often lead to failure.

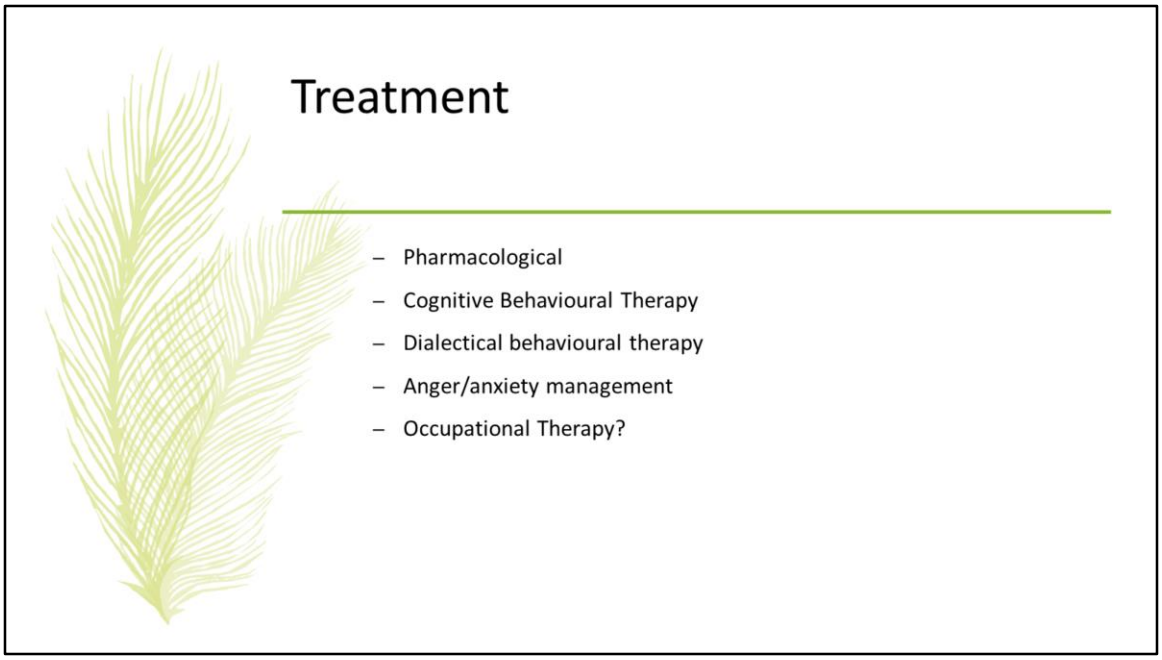


Creative response – patients who display impulsive behaviours also have high levels of anxiety. These combined will have a huge impact on a patients ability to respond to an opportunity to engage. With fast and disorganised thinking I am not sure how a patient feels when having to prepare themselves to engage and what they anticipate from the activity.

And so with the impulsive patient we see either an immediate negative response eg 'I don't want to make your 'xxxxing' ice cream or we see a patient storming to the therapy room saying come on then, what are we doing.

Creative participation – is the process of being involved in all activities in daily life. For patients who are impulsive their lives are chaotic, they often start things and don't finish, they rush without planning which often leads to failure, tendencies to interrupt others or interfere with others can lead to social conflict and their ability to manage their frustrations lead to aggression or violence

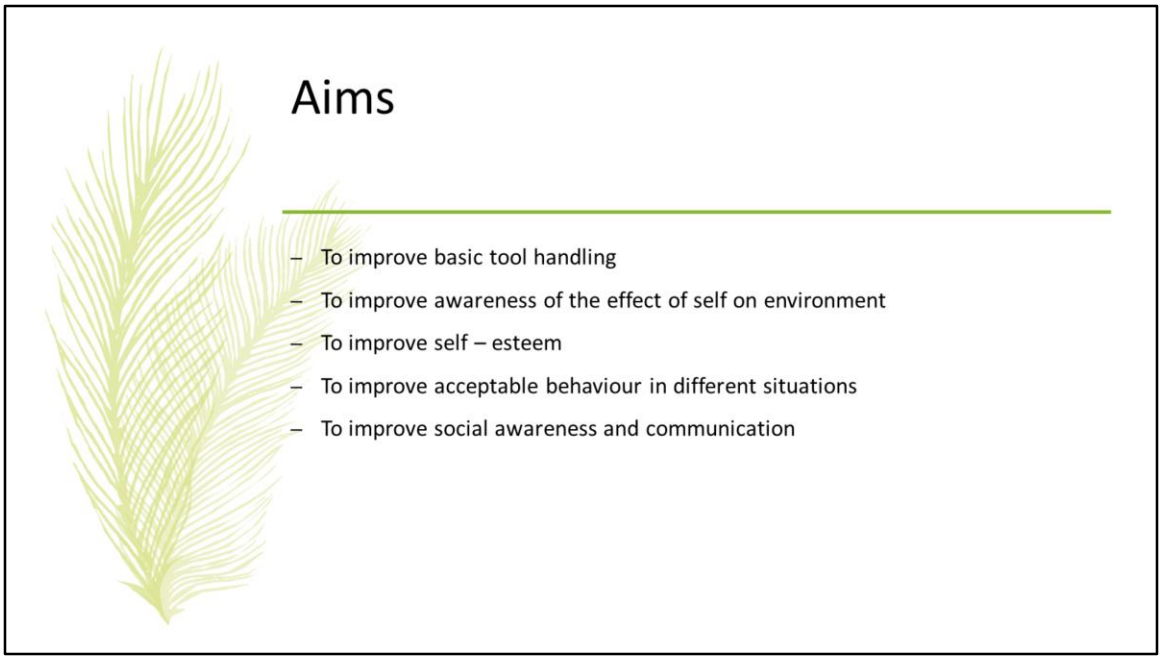
Creative Act – is a combination of the two – the results of their efforts in to a tangible end product. Patients who are impulsive often do not produce a good quality end product, their attempts at interacting with others leads to conflict, their attempts to conduct personal management tasks don't get finished, they become frustrated with periods of inactivity. They are often not able to access a range of therapy areas due to risk issues and maybe confined to ward based sessions. Their impulsive behaviour therefore constantly provides them with negative feedback about their abilities.



As an Occupational Therapist I began to think about my role with treating patients with impulsive behaviour. As the main focus for OT within a forensic setting is to improve function and reduce risk and we know impulsivity leads to risky behaviours. Whilst investigating the potential treatments for impulsive behaviours, there was no literature relating specifically to OT in Forensic settings and impulsivity. There were articles relating to a range of diagnosis which suggested the above treatment (read through).

However patients on the Self-Presentation level have difficulty engaging in such treatments which require some ability to evaluate self, set goals and use initiative to implement the skills learnt in to their daily lives. These interventions also consist of abstract concepts which patients on this level cannot understand.

However the VdTMoCA does inform the therapist how to deliver specific intervention to focus on enabling the patient to manage and reduce impulsive behaviours.



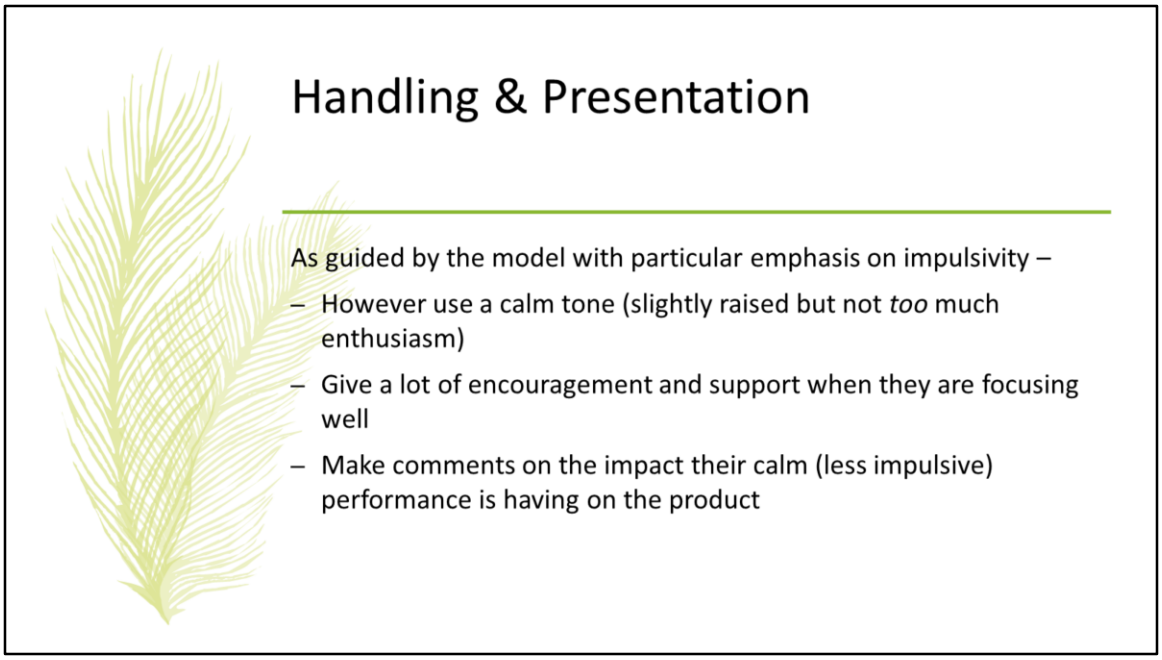
These are the aims for patients on the Self-Presentation level
So to focus on impulsivity the intervention should -

- Enable the patient to use tools with more thought and care
- Help the patient recognise how it feels to perform a task when they are able to manage their impulsivity and how this impacts on the quality of the end product, therefore improving self esteem
- Make the social norms explicit so the patient understands what is acceptable behaviour and improve communication through reducing impulsivity

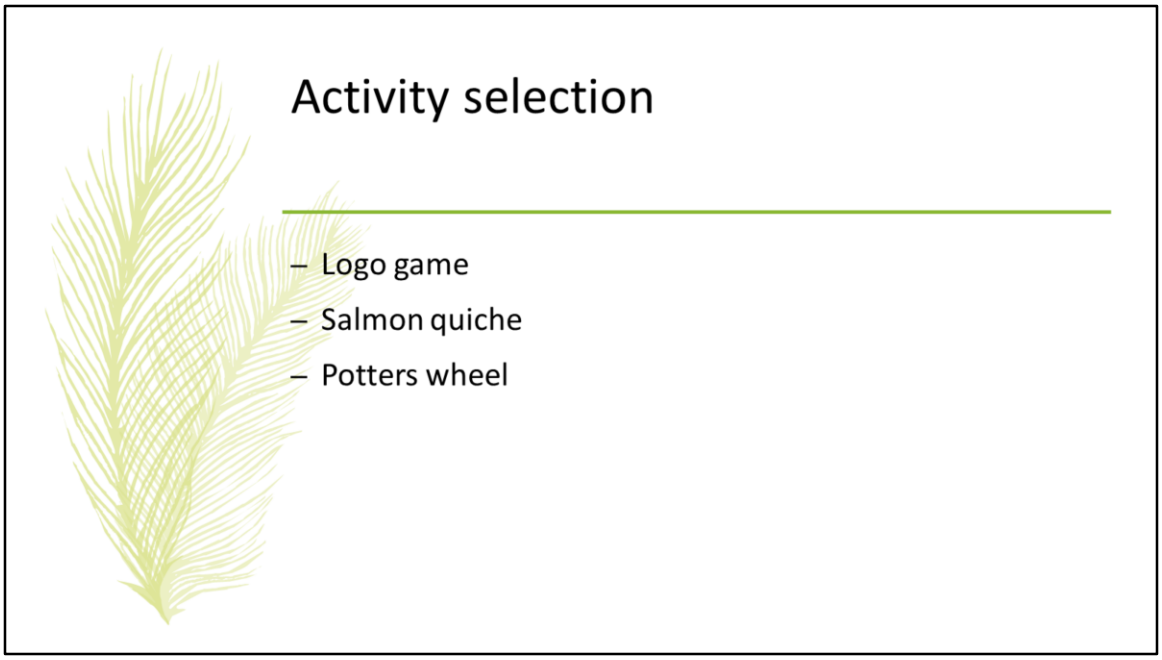
So I am going to do this through very careful selection of activities to meet these aims whilst focusing on reducing impulsivity.

This is a summary of the treatment principles for activity selection and structuring as guided by the model.

1 – I need my impulsive patient to be able to work through a task from beginning to end with some thought, at a slower speed and I want them to succeed
2 – I want the task to be completed in one treatment session but not too quickly and not rushed
3 – My patient needs to know the rules in order to try and comply
4 – I will use either 1:1 or small group activities to increase the demands to manage their impulsivity
5 – The space needs to be well structured due to the chaotic behaviour of my patient.



Really stress the impact the patient is having on the materials and tools – see how flat you have rolled the pastry, see what a tall vase you can make when you are calm and concentrating.



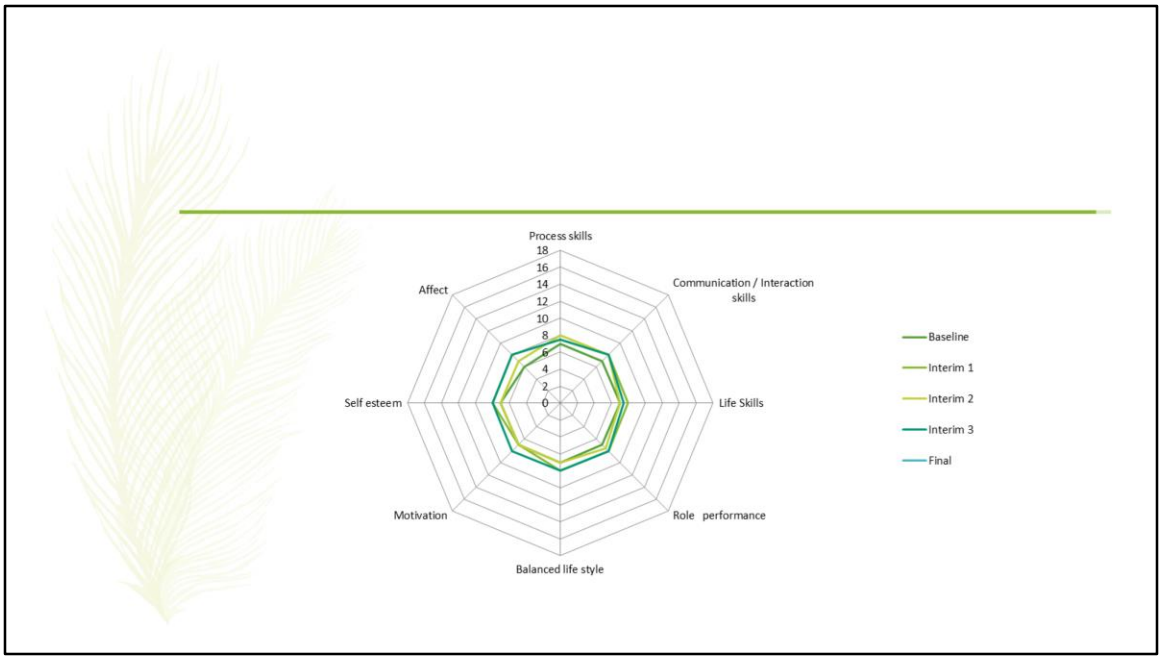
Logo game –

- 2 patients both playing with a member of staff
- Rules and expected behaviour were explained - he must consult his OT first rather than just shouting the answer out
- If the answer was shouted out the other team would win that card
- He adopted his own strategy of lifting his arm as high in the air as he could as this helped reduce the impulsive feeling – suggests potential sensory intervention – he was also encouraged before beginning tasks to do large proprioceptive movements which had a calming effect.

Salmon quiche –

- The patient had to follow the steps and build the quiche in a sequence – there was no room for him making other suggestions on how it should be made as it was unfamiliar to him (but he loved salmon)
- The task was fully explained before starting
- The tools and materials were arranged but placed to the left of where he was sitting so he could not grab them
- Rolling the pastry needed calm slow movements – I commented on how flat and smooth he had rolled it
- The end product was incredible

Potters wheel – totally engrossed (high levels of concentration) which reduced impulsivity, had to exert much effort and an element of control, if he was impulsive he saw the result of this behaviour.



This is an example of an Activity Participation Outcome Measure (APOM)
The APOM scores 53 items within these 8 domains and then provides a numerical value to the levels and phases - and it provides you with this spidergraph

This patient had specific intervention focusing on impulsivity – impulsivity is scored within affect, however is considered in all domains – so you can see a direct improvement in the domain of affect. However there was also improvement in processing skills as the patient was able to think at a slower pace and take more consideration over decisions, he was also better able to deal with obstacles and manage his emotional response.
As a result of his improved functioning there was also an improvement in the domain of self-esteem and communication and interaction skills.

Conclusion

- There is a high prevalence of impulsivity within the forensic population – within the type of diagnoses and as demonstrated within the MDT risk assessments
- There is also a high prevalence of self presentation within forensic settings
- There are no specific Occupational Therapy treatments identified.
- Through applying the treatment principles as guided by the VdTMoCA, focusing on impulsivity there was an improvement in functioning and reduction of impulsive behaviour.

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Any questions?