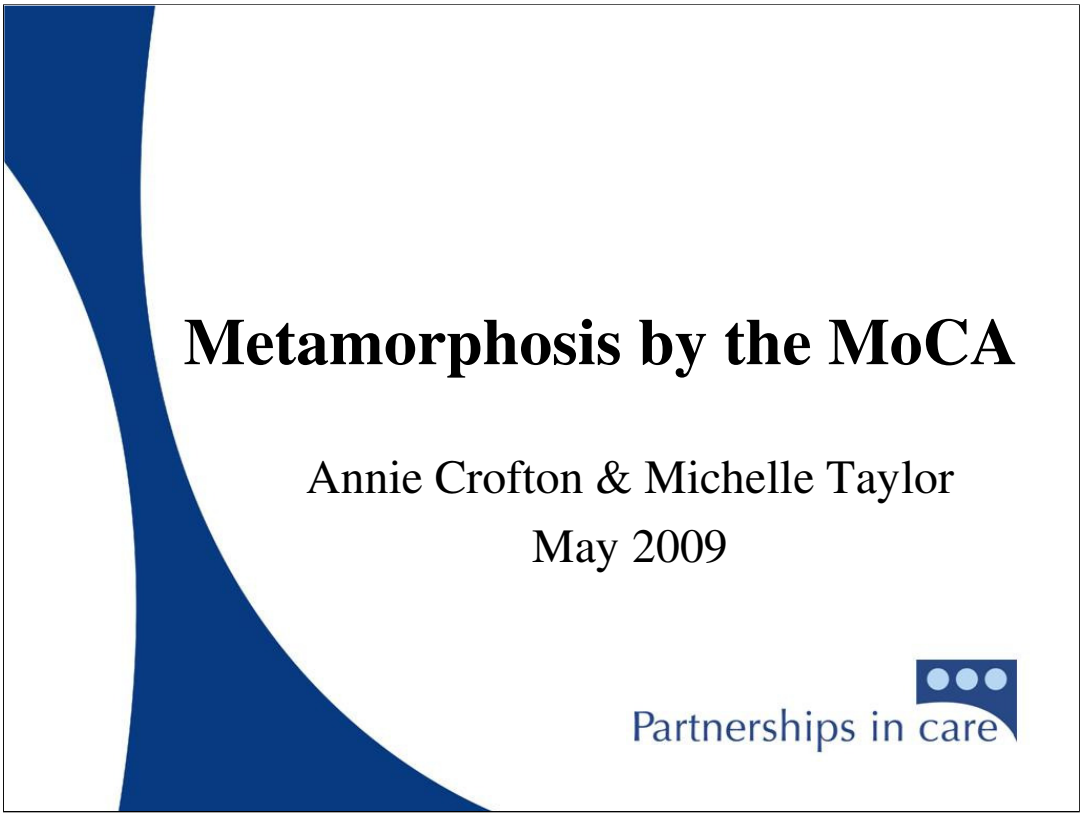


Good morning!

My name is Michelle Taylor…OT .. KHH .. Medium secure forensic hosp part of pic company

And this is Annie Crofton…used to work at KHH now working with children.

Today we are giving a presentation titled Metamorphosis by the MCA

This will explore how we introduced the model within a women's service medium secure unit.

We will do this using a case study example, and extract from OT treatment programme.

This presentation will explore how the MCA transformed not only Jane (our case study), the entirety of the women's service and the OTs working within the service.

Jane

- Diagnosed with BPD, Schizophrenia & history of self-harming behaviours. Detained under Section 37/41 of MHA.
- Self-care minimal, instruction to wash self but puts on dirty clothes, hospital does laundry, unwilling to help at meal times, uses plastic cutlery or fingers, eats messily.
- Spends long periods of time in seclusion rooms following incidents of physical & verbal aggression.
- Poor medical & treatment compliance.
- Severe self-harming behaviours, causing distortion of body, highly anxious regarding this.

Jane's comments throughout this presentation are in red font. The verbal extracts explain the situation and are based on our assumptions of what she was experiencing and feeling, based on her presentation and behaviours. The text is therefore not representative of what she actually said, as this would clearly indicate her level of CP was much higher than we have given her credit for!

The green text represents the Ots comments, feelings and actions.

Dec 2007

“ I’ve missed meds. Sat in community meeting, I didn’t want to talk. I sat around the corner on the floor, sometimes they forget I'm there. But they know I’m still here when I kick the bins – then they come running. Hate it when they call assistance – I only kicked a bin and told the OT to ** off. I’ll spend the day isolated but I hate company and there’s nothing to do anyway. I’ll just sleep.”**

This was a regular occurrence. There were new women on the ward that Jane didn’t like. She lacked motivation, chose not to engage but with high incidents of physical & verbal aggression with serious self-harming behaviour Jane was deemed not ready for active OT intervention.

Jan 2008

“ Two new OT’s came to community meeting. Said something about working on the ward and ‘ideas’ for new activities – like that will happen. See how long that will last, they will soon give up on me anyway.”

From childhood experiences and revolving door medical treatment Jane expected to be abandoned and rejected. In anticipation of history repeating itself and for self-protection, she barely communicated with OT and warned them off with verbally threatening behaviour.

Jan 2008

"Where do we begin? Not worked with women before, I've always worked in male open rehab. I used the COPM there – that worked really well. Its not going to work on this ward. This is such a varied client group – MI, PD/autism/LD! All on a 15 bedded medium secure unit. How do these women progress to our 4 bedded open rehab bungalow? That is such a jump! How do we know when they are ready for this? Questions, questions I'd better re-open my OT text books"

Where did we start?

We began by showing our commitment we provided the patients & staff of a timetable of varied ward based OT activities, and ran these without fail, regardless of patients attendance! We would not reinforce their feelings of rejection.

"After 3 weeks of only 1 patient attending relaxation, today we had 5!"

Feb 2008

"Met another forensic OT at a conference. She's using the MCA and is also on a women's ward. Think it could work on our ward, its about recovery & motivation, what I really like is that's ability focussed, and you can use it with all diagnoses, regardless of the severity of the illness. This will work with our changing client group."

So we began researching the model and contacted OT's using this including a visit to Runwell.

Students with us on placement had some knowledge of MCA too.

Force in number made it seem less daunting, however, we were still faced with ….

"Would it work?"….. "Can we do this?"……

"Heard about it years ago from a South African OT I didn't really understand it then – will I now? I never implemented it then – can I now?"…….

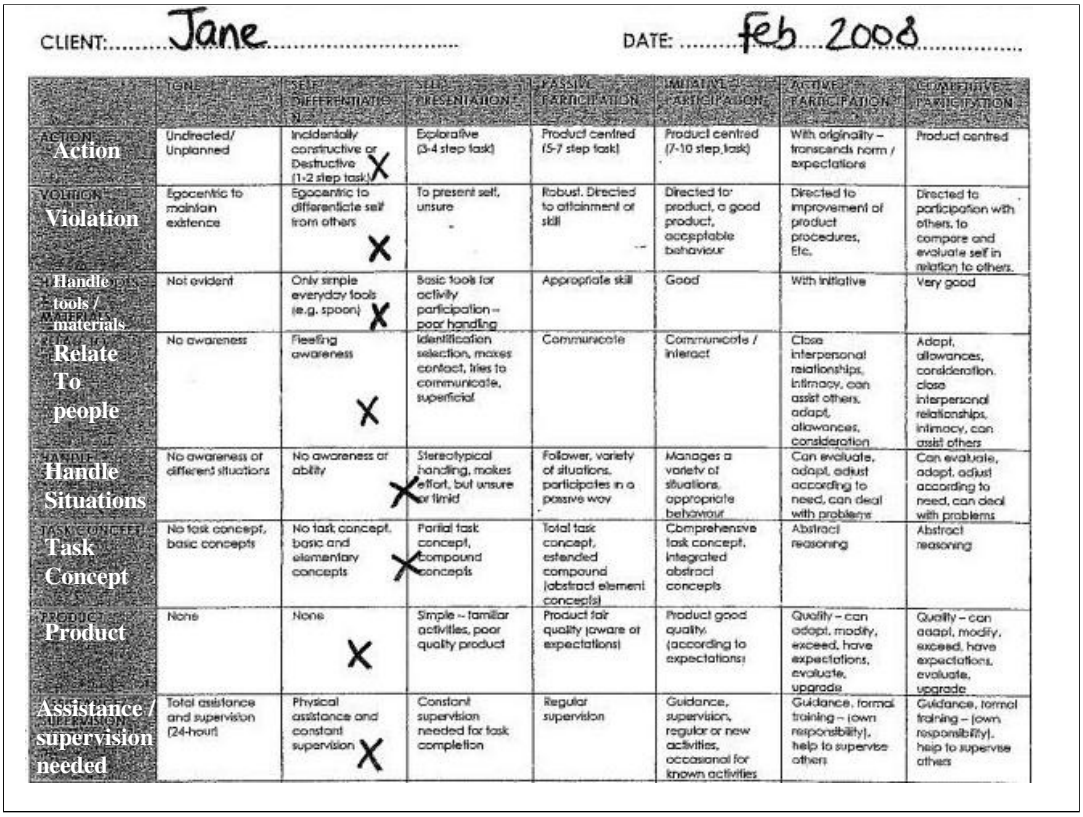
"Who's using it?"…….. "What's wrong with using COPM?"…….. "Where's the research?"

However, we felt we had known the patients for x3 months and felt motivated to pilot the assessment and wanted to get using the model

Why the MoCA?

- Recovery model
- Provides treatment to elicit motivation
- Activities provide the 'just right challenge'
- Guides therapist to provide treatment to enable full potential
- Focuses on personal management, work ability, social ability & use of free time
- Mastery through activities
- Challenges concept of 'not suitable' for OT but the OT offered is not suitable for the patient

So, over a 3 week period we completed the MCA assessments, determining the level of creative participation for patients following attendance at an established group. We all did this individually and then reviewed and compared as a group.



CLIENT: Jane DATE: Feb 2008

	ION	SELF DIFFERENTIATIO N	SELF PRESENTATION	PASSIVE PARTICIPATION	INITIATIVE PARTICIPATION	ACTIVE PARTICIPATION	COMPETITIVE PARTICIPATION
ACTION Action	Undirected/ Unplanned	Incidentally 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
VOLITION 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, tries to communicate, superficial	Communicate	Communicate / interact	Close interpersonal relationships, intimacy, can assist others, adapt, allowances, consideration	Adapt, allowances, consideration, close interpersonal relationships, intimacy, can assist others
HANDLE 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 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 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 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

This is Jane's initial creative participation assessment

Action is destructive

Volition is egocentric

Only simple handling tools

Communication inappropriate or mute at times

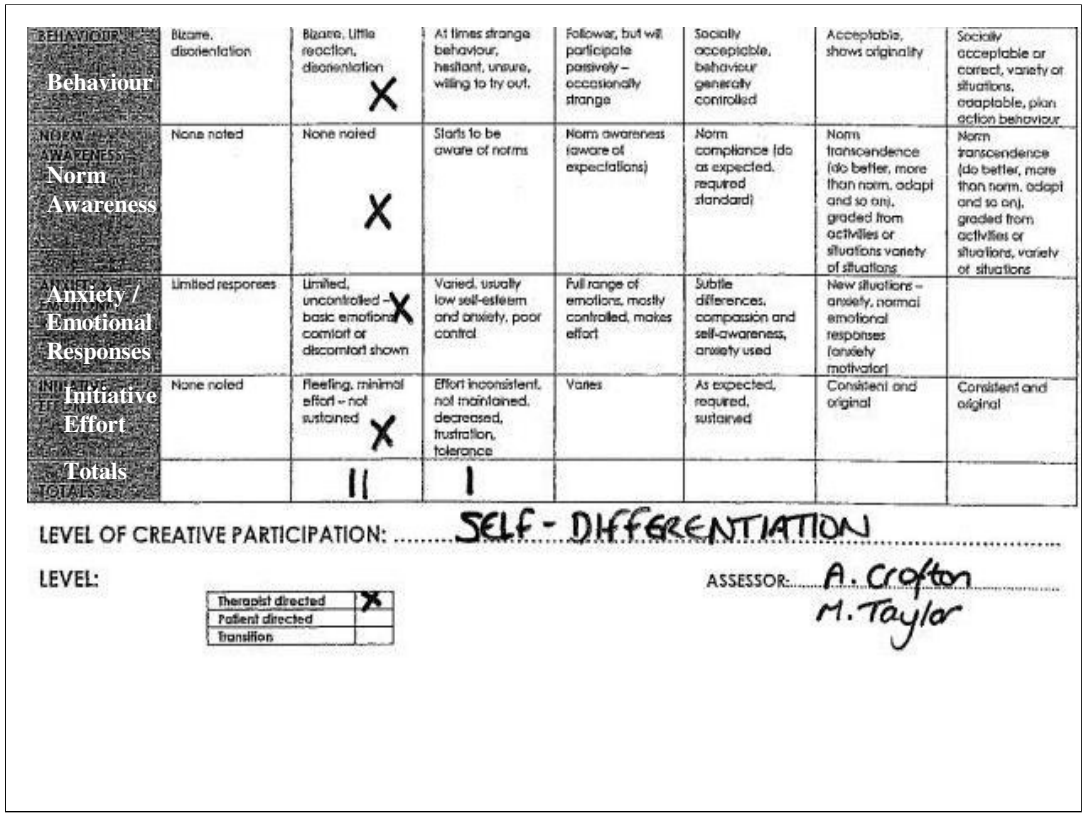
Limited ability to work with others

No evidence task concept, basic concepts disturbed

Incidental end product

Emotional responses blunted

Sensory motor function poor



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, adaptable, 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 X comfort or discomfort shown	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

Jane is at self diff stage

We did this for all patients

“ It works!!!! We were all in agreement on the patients level of creative participation. The assessment was quick to complete following the session. She has varied and her creative ability has fluctuated but the MCA has accounted for this and overall she is presenting at the self-diff level. The clinical picture as described in the MCA literature clearly illustrates Jane’s presentation. To be able to assess without interviewing was important as Jane could only give a limited account of herself.”

Self-Diff Clinical Picture

- **Volition –** directed towards differentiation of self from others/objects, learning social behaviours.
- **Action –** destructive or unconstructive, no planning.
- **Initiative –** not evident.
- **Self-care –** poor.
- **Task Concept –** no evidence, basic & elementary concepts disturbed.

As it had worked well we assessed all patients on the ward using the MCA. The majority of patients demonstrated creative ability in self-diff stage and were therapist directed. We planned our interventions according to this using the treatment guidelines provided in the MCA literature.

- **Emotional Responses –** basic, mostly positive & negative, blunted responses.
- **Communication –** poor/inappropriate verbalisation.
- **Social –** fleeting awareness of others.
- **Norm Awareness –** limited.
- **Situations –** poor ability to differentiate between different situations.
- **Supervision –** constant supervision needed for tasks.
- **Product –** is incidental, no planning or evaluation.

March 2008

" I gave in! I went to relaxation, only had to lie down and listen to music. I didn't want to close my eyes and they didn't make me. It wasn't as bad as I thought it would be and it wasn't too long so I stayed for the whole session. I'm surprised I enjoyed it"

"Jane attended self-diff relaxation weekly, she demonstrated motivation to attend, participated in relaxation exercises – eventually closing her eyes and demonstrated increased awareness of herself and others in the group. Jane benefited from the quiet, safe environment and would comment on this"

Following engagement in relaxation sessions and consistency that OT provided, the therapeutic relationship developed. Jane began speaking with OT regarding her past psychiatric history, her current situation and interests. The OT continued to provide sessions which provided the 'just right challenge' which gave her sense of mastery and in turn improved motivation

“I’ve been off the ward! The OT took me to the hospital farm – I was allowed to hold the rabbit, he seemed to like me. It was calming stroking him and he liked me feeding him a carrot. I’d told the OT’s I liked animals – they said I could go to the animal shelter – I guess I’ll have to keep up this good work!”

Why Animal Care?

- Enabled basic to elementary form concept, such as developing awareness of physical characteristics (texture)
- Explores influence we can have by holding/touching
- Is handling of basic material (straw/animal food)
- Encourages social contact but places no pressure on communication, interaction etc
- Has limited social demands but provides sense of freedom being off the ward
- Flop proof with quick gratification
- Increases understanding of personal management by caring for something else
- Increased socialisation opportunities (for the future)
- Aims to reduce anxiety
- Increase mastery through success

We reminded ourselves of her initial assessment; her task concept was poor, she took little pleasure and showed minimal response to completion of an end product. Animal care enabled her to engage without the conscious effort of an end product.

It was nonthreatening, as Jane was highly anxious of her appearance following severe self harming activity, and this was an activity initially with limited social demands, there was not lots of people to judge her or stare at her.

The task was therapist directed, with the OT acting as the initiator and providing Jane with enough support to enable her to try this out.

Low expectation to 'do well'

calm approach with element of affection

Short session with graded external stimulation

April 2008

“ What’s the point? Just been told we are moving to a new ward. Heard its smaller- I like my own space. Probably means new OT’s. No one understands, everyone's too busy to talk to me, feel like self harming today”.

Jane did self harm, her anxiety levels rose and her motivation was affected. It was a difficult period waiting for the move for Jane and although as OT’s we could empathise, we ourselves embraced the environmental change.

Women's Service Restructure

- 11 bedded HDU
- 5 bedded low secure unit
- 4 bedded open rehab house

" The MCA is helping us to structure the clinical pathway through the step-down levels of security. As we have determined all patients level of creative participation, the team have listened to our recommendations as to where they should be placed. We have been able to identify treatment aims, situations and clinical needs using the MCA. We are confident and positive about the changes"

As Jane was at self-diff stage, she was placed on the 11 bedded HDU.

May 2008

" I went to the farm again, because they were pleased with how I managed the move. It wasn't as bad as I thought it would be. Its quite nice actually. It's the same OT's and the same sessions. Maybe I'll get to move to the low secure unit. And I'll have to remind the OT's about my trip to the animal shelter."

"Jane managed the move and maintained involvement in activity. The trip to the animal shelter was deemed appropriate. This was a positive first community trip. Jane had the opportunity to increase sensory stimulation, her activation increased and it facilitated enjoyment. This has cemented her engagement with us and assisted with her recovery of motivation and progression to the next MCA level."

Her CPA which followed a month later reflected her levels of engagement. It raised interesting debate as her family and external funders could not believe her levels of activity, after all this patient had always been deemed not ready for OT!

External CPA report

Occupational Therapy

Jane

Goals

1) Improve understanding about self and abilities
2) Improve social awareness
3) Improve awareness of acceptable behaviours and appearance in different situations
4) Improve self esteem through mastery
5) Broaden and regulations of emotional responses

This is an extract of her CPA report.

We will now explore an extract of the OT programme…

Kitchen Skills Pathway

WARD BASED SELF-DIFF 1:1 SESSION

MCA Level – Self-Differentiation

Motivation – for learning, differentiating self from others

With the use of photo illustration we will now demonstrate the kitchen skills and art treatment pathways set up using the MCA for patients to progress their recovery.

- Making a milkshake activity using 1-2 step process
- No social demands
- Short duration of session
- Successful end product, that can be consumed and enjoyed
- No access to cutlery or equipment during sessions (pouring, drinking, even mashing fruit with fingers)

WARD BASED BREAKFAST GROUP

MCA Level – Self-Differentiation/Self-Presentation

Motivation - exploring

Within sessions

- Increased number of steps involved in activity
- Increased choice
- Basic tool handling with use of cutlery
- Encourgaement of communication with peers
- Still flop proof activity
- Facilitated weekly and well organised by OT

OFF WARD BREAKFAST GROUP

MCA Level – Self-Presentation

Motivation – developing understanding of objects & materials and their purpose

Access to kitchen facilities = increase handling of kitchen equipment and utensils

•Increase in choice of breakfast options

•Increase in planning for sessions with peers

= increase in communication skills

* Increased opportunities to assess risk

1:1 KITCHEN SKILLS SESSION

MCA Level – Self-Presentation/Passive Participation

Motivation – developing skills & establishing rules

Emphasis on:

•Improving knowledge and skills with an experimental component

•Planning and decision making skills

•Evaluating end product with therapist

•Increase in session duration

•As sessions progress introducing shopping for food prior to sessions

FOOD HYGIENE & SAFETY GROUP

MCA Level – Passive Participation

Motivation – recognising societies norms & rules

•To increase knowledge and skills in preparation for commencing ward self catering programme and independent use of kitchen. This has to be approved by MDT when OT identifies patient is ready/at this level

SELF-CATERING SHOPPING - COMMUNITY

MCA Level – Passive Participation/Imitative Participation
Motivation – adhering to norms & rules

At this stage, patients are able to handle different situations appropriately and have increased access to community facilitates including visiting the supermarket to purchase self catering shopping. This may be done using public transport.

At this stage, planning, decision making and evaluation skills are being utilised.

Budgeting and shopping lists…

Additional aims at this stage are anxiety management and prevocational training

SELF-CATERING GROUP MEAL

MCA Level – Imitative Participation

Motivation – adhering to norms & rules

At this MCA stage, the focus is doing activities with others to a socially acceptable standard.

Increased independence with consolidating of knowledge and skills, following self catering guidelines and kitchen procedures

Patients have to sign a contract to be on this programme and this is monitored by OT as part of MDT

Long duration of activity

Higher order social skills and effective communication (negotiating, budgeting as a group, planning)

At this stage, activities need not always be successful. Failure is OK and can be managed appropriately

BAKING FOR SKILLS CENTRE COFFEE MORNING

MCA Level – Imitative Participation

Motivation – adhering to norms & rules

Focus at this stage is on high quality end product being produced.

Patients have a high level of social skills, liaising with skills centre to offer to bake, and attending the coffee morning to serve others with refreshments

Art Pathway

WARD BASED ART GROUP

MCA Level – Self-Differentiation
Motivation – for learning, differentiating self from others

Again followed self diff activity requirements for this session ie.

Short session

No social demands

Limited materials

Patients are told what to do and process is verbalised. There is no sample

OFF WARD TEXTILE GROUP - INDIVIDUAL PROJECT

MCA Level – Self-Presentation
Motivation – exploring & developing understanding

The patient is becoming more productive

Increased steps involved in activities

Increased choice

Increased tool handling

Encouragement of communication with peers

Other activities at this stage may include clay, batik, mosaic etc

OFF WARD TEXTILE GROUP – GROUP PROJECT

MCA Level – Passive Participation

Motivation – developing skills & establishing rules

Emphasis on improving knowledge and skills and doing to an acceptable standard.

End product or sample is shown, the task is demonstrated.

Increase session duration

Increased communication with peers

Planning, decision and evaluation skills used.

Initiative should be praised, and effort acknowledged

SKILLS CENTRE – CARD MAKING

MCA Level – Passive Participation/Imitative Participation
Motivation – adhering to norms & rules, doing as expected

Knowledge and skill development

Use of free time

Use of sample

Increase exposure to tools

Increase social communication with peers from across hospital (opposite gender too)

1:1 POTTERY SESSIONS

MCA level – Self-Differentiation/Self-Presentation
Motivation – learning/exploring

At the same time as attending textile group, patients can attend pottery.

As you can see, materials only directly needed are used

No tools – basic tool handling

Patient is told what to do, no sample

Aim is just to become involved in activity and exploration of material

1:1 POTTERY SESSIONS

MCA Level – Self-Presentation

Motivation – understanding & developing skills

As sessions progress, patients have access to increase tools

More complex processes

Increased focus on producing good quality end product

Like this beautiful pig and pot…

At this stage, patients have developed basic and elementary concepts and have improved motor coordination.

1:1 POTTERY SESSIONS

MCA Level – Passive Participation
Motivation – recognising societies norms & rules

Doing to a socially acceptable standard…

TRIP TO FITZWILLIAM MUSEUM - COMMUNITY

MCA Level – Passive Participation/Imitative Participation

Motivation – adhering to norms & rules

We then introduced community access into sessions, to view pieces of artwork in museums

Patients at this level have improved socially acceptable behaviour, and can manage different community situations

Skills are effective for performance, behaviour and appearance

KOESTLER COMPETITION

MCA Level – Passive Participation/Imitative Participation

Motivation – product centred, adhering to norms & rules

There is an annual Koestler competition, where patients can exhibit their work and enter pieces, with a chance to win prizes.

Patients use planning and decision making skills, indicating their higher level of functioning

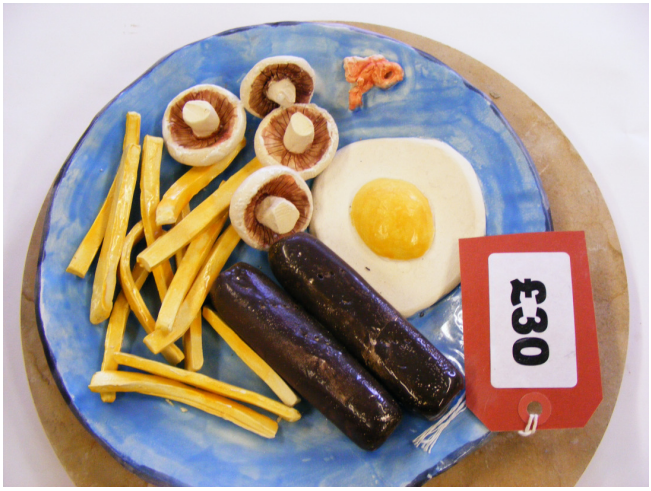
www.google.co.uk/images

VISIT TO KOESTLER EXHIBITION, LONDON

MCA Level – Passive Participation/Imitative Participation

Motivation – adhering to norms & rules

We take patients to view pieces entered at the exhibition, and where appropriate, use public transport to do so due to patients high functioning skills within the community.



KOESTLER ENTRY

MCA Level – Passive Participation/Imitative Participation
Motivation – product centred, adhering to norms & rules

This is an example of a successful entered piece of work. This won an award.

Conclusions

- Promoted the role of OT within the MDT
- Reinforced OT practice
- Provided structure in planning interventions
- Assisted assessment of transition of patients
- Monitored patients occupational performance including organic dementia
- Can be used as an outcome/bench mark measure
- Facilitates recovery
- MCAIG – support network/evidence base

The future

- MDT
- Wider OT colleagues
- Use within new services
- Training
- MCAIG Network

Michelle and Annie can be found on the forum, and we welcome your comments, questions and suggestions here.

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