South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

A Keele University Teaching Trust

READING FOR WELLBEING

An Arts for Health Initiative
Adapted for Occupational Therapy using VdTMoCA

Developed and delivered by:

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at Clee Forensic Low Secure Services, The Redwoods Centre, Shrewsbury.
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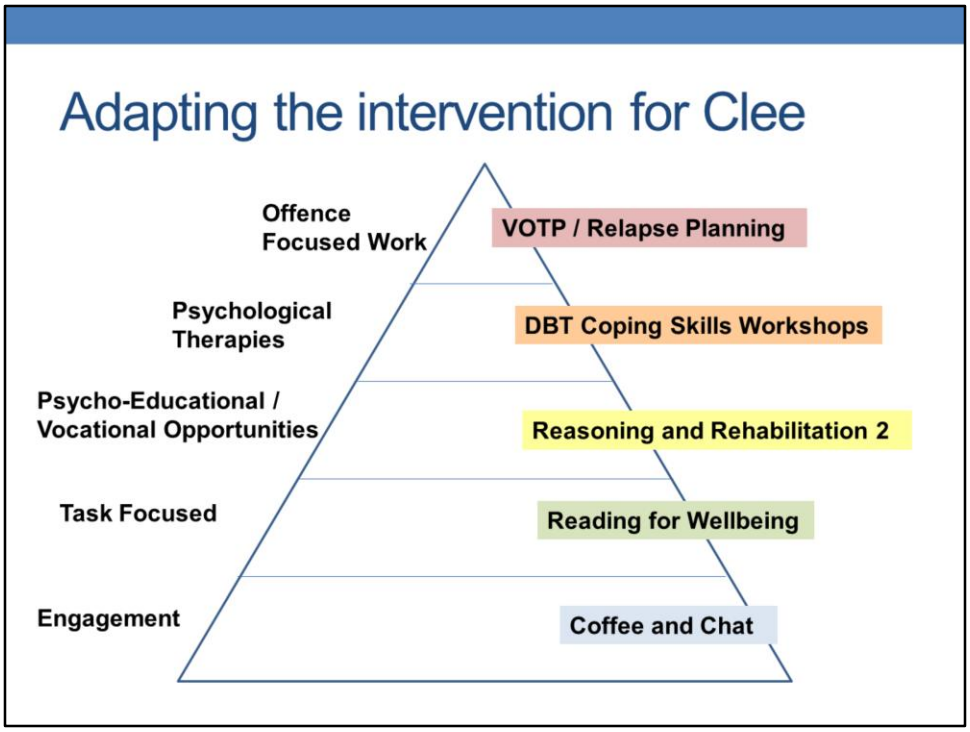
Welcome everybody, thank you for coming to our presentation about something we are very passionate about... Reading for Wellbeing. We are here today representing South Staffordshire and Shropshire Foundation Trust. My name is Ali and I am a Group Work Support Worker for Clee. This is my colleague Cathy and she is an Occupational Therapy Technical Instructor at Clee. Clee is a Forensic Low Secure Service in Shrewsbury. It is a 32 bed unit for males, the unit comprises of two wards. Willow ward is a Rehabilitation ward for twenty service users and Yew is an Assessment ward for 12 service users. Sycamore is the therapy suite that sits between the two wards and is this environment where most occupational therapy interventions take place. Cathy and I have been delivering 'Reading for Wellbeing' on Sycamore since the spring of 2015.

So, where did 'Reading for Wellbeing' come from?
Here's some background information.
The Trust began negotiations about establishing a 'reading for health' programme with support from the Arts for Health team in 2010. The Reader Organisation in Shrewsbury helped showcase various models of group work delivery and discussed the benefits and possibilities of a new and exciting programme. The aim was to be inclusive of many audiences; including libraries, prisons, and charities. To start with Arts for Health delivered groups called 'Time to Listen'. The success of this lead the trust to address the need for professional training. Training through the Reader Organisation required significant costs but on researching other options, Arts for Health were made aware of an organisation called the Hearth in Birmingham – this was a partnership of two professionals: a writer and a performer. The Hearth had been delivering Reading for Wellbeing at Birmingham and Solihull Mental Health Trust for over a year and had devised a training programme to support the work. As Arts for Health did not have the ready funds to support any training package, the Hearth themselves raised funds through Big Lottery to enable them to deliver the training to our Trust plus another Trust in the region. An initial training programme was run in May/June of 2014 in Shrewsbury; over 40 people were trained, Jacqui (another technical instructor) and I were lucky enough to be in these numbers. I really enjoyed the training, it was very different to what I had expected, it appealed to me and I could see the potential of how this could help our service users achieve new goals. I returned to Clee and shared my interest and knowledge with my colleagues and

that’s when Ali agreed to her role as a co-facilitator supporting both Jacqui and I to deliver separate groups, one for Willow, the rehabilitation ward and one for Yew, the assessment ward.



As Cathy, Jacqui and I began planning this intervention I was keen to create a new model of task focused group work, to serve as both a standard way of working for facilitators but also to help service users understand the value of the intervention and what to expect when engaging in treatment. Previous low level engagement groups like 'Coffee and Chat' had been successful but had been unstructured, ad-hoc and very different when delivered by a myriad of facilitators. This fluidity had its own merits but did not help to prepare participants for more psychologically informed treatments which lay ahead of them in their recovery. With guidance from the Consultant Clinical Psychologist Chris Davis and the Lead Occupational Therapist Betsey Walker there appeared to be potential for Reading for Wellbeing to be a group which would help the therapy team carve out a pathway of treatment in the Clee's vision of a Therapeutic Triangle. By having service users engage in the task and work on individual goals we could help them access therapies further up the therapy triangle. Here you can see a model of the therapy triangle and an example of how groups can form a pathway of treatment, service users in our services need to access risk reduction work, and the beginning of their journey starts with engagement. Reading for Wellbeing sits at the task focused level in the triangle as it is 'skill building' and will assist the participant develop, primarily, Sociability and Workability skills.

Process of development

From the training, facilitators wanted to keep:

- focus on interests
- the turn taking opportunities
- the readers responsibility for the session
- the safe and relaxed environment.

Changes for the service's needs were:

- a referral process
- boundaries
- supervised preparation of the material
- coaching for reading aloud

Group Structure:

1. Writing and dissemination of a Protocol
   Review referrals from Occupational Therapists and MDT
   Meet with the service user to discuss the group, timetable and individual goals
2. Deliver session , session 1: the lead facilitator to present
   Arrange and engage in preparatory appointments with service users outside the group
3. Last session is delivered by the co-facilitator and an evaluation of the work is completed
   Meet with service user to review their goals. Report writing and feedback to MDT.

Cathy and Jacqui already knew the aspects of the training that they felt were going to be successful with our client group- these were related to interest; exploring a sense of self and sharing this with others. Cathy and Jacqui saw the merit in turn taking opportunities, encouraging a service user to have responsibility for a session, and making the group feel like a safe and relaxed environment in order to make the task and progress possible.
The changes that would reflect having more structure to task focused work would be a formal referral process; by having specific goals for the service user- actually something that we could measure- we could start to think about how we were going to help an individual develop awareness of this area of function, and how we would expose them to new learning- how to do it differently, how to change the behaviour. Another formality we introduced was the inclusion of some boundaries, for example introducing group rules. When considering the Vdt MoCA level of some of our service users and their limited experience of group work, it also felt important to give ourselves the option of having a break within the session. The other aspect of the work, is the need for supervised preparation of material to present. In the training, participants could find resource from a pack that had been put together as an 'example' of the types of material you might be able to explore. In our preparatory appointments we researched material specifically suggested by the participant and helped them to explore what would make a successful reading and experience in both content and delivery.
So the structure of how the group (as a programme) has formed and developed over time. I started in 2015 by writing a protocol and presented this for discussion with the MDT. This communication was vital, it was an opportunity to showcase what the group could offer and ensure appropriate referrals.
Once the referrals have been written, facilitators then review these referrals; overtime we have refined how specific goals need to be. For example, referrals based on increasing confidence were too vague. We knew the group was able to do this but we did need to be more specific in how to measure it- for example, increased eye contact, volunteering of contributions, sitting upright in the chair, a reduction in clock watching etc.
At this point Cathy , Jacqui and I approach the service user to discuss their specific needs and how this group would help them to address this. Participants are told about the format of the group, the expectations of them and of others. They are given a timetable and asked whether they were willing to attend the treatment. They are also given the opportunity to ask any questions. Participants are made aware of how facilitators will feed back observations to the MDT.
Then there is the delivery of the sessions, delivery takes place once a week with a preparatory appointment available for the next 'presenter' within the week leading up to the session. These preparatory appointments are also always fixed in the timetable to avoid any confusion. Participants are aware which week they would be presenting in advance. Finally the last session of the programme is performed by the co-facilitator, and allows an additional opportunity for participants to ask more 'probing' questions to a member of staff who is a resilient member(!) of the group. At the end of the programme facilitators write reports using a Occupational Therapy feedback template on Rio (our electronic records system). Facilitators then feedback and review the individual goals with the service user.

What does the group look like?

- Closed group, facilitators do not change.
- Includes up to 8 participants- this is dependent on the needs of the individuals, smaller groups can enhance the experience and learning
- The group takes place on Sycamore Therapy Suite
- In the first session the service users are invited to devise their own group rules
- Facilitator models the first session as reader
- All participants and facilitators take a turn, week by week preparing material and facilitating a session
- The group is 1 hour in duration, this can be altered and graded for self presentation participants with a break time
- Towards the end of the session participants are encouraged to reflect and provide feed back to the reader
- Participants return the ward, aware of their up and coming preparatory appointment. Facilitators may give 1:1 feedback on behaviour if necessary.
- Facilitators then debrief, record the observations on RIO and plan for preparatory appointments.

So, what does the delivery of the group look like?
This group is designed to meet the needs of our service users. We are generally working with referrals at Self Presentation and Passive Participation levels. Service Users at the Self Differentiation level are not ready for this formal group work and service users at the Imitative Participation level are generally ready for challenges that are more community focussed.
Once referrals have been agreed, the group is closed to new participants. We have also made the decision that the facilitators must not be interchangeable with other members of the team. The reason for this is the need for the facilitators to take a turn in reading. By ensuring all members of the group 'have a go' at the activity you can create a feeling of equality and a shared experience. We are not going to ask participants to do something that we wouldn't be prepared to do ourselves. This also helps the group gain a sense of identity and promotes confidence in confidentiality.
We have had up to 8 participants in a group. In our experience, self presentation participants benefit from a smaller group and this gives facilitators a greater opportunity to manage challenging behaviour and model a pro social skills.
The group takes place on Sycamore therapy suite, in a group room set up with a flipchart and a circle of chairs. This room is familiar to participants as they have their MDT meetings in this room, however to create unfamiliar challenges facilitators may insist on different seating arrangements from week to week.
In the first session the group devises its own group rules. Participants are invited to make their own commitments to each other, and facilitators can use the group rules

as a point of reference for encouraging pro-social behaviours, this is a method participants can call on as well if they are feeling uncertain or unsafe.
In the first session I always perform the role of reader, I model the routine of the session, the reading and discussion, the type of material that might be shared and the responsibility of taking ownership of the group in this week.
Each week the baton of being the 'reader' is passed on, until each participant has taken a turn. In between sessions participants are aware of their prep appointments. This appears to keep momentum going as the group is 'alive' outside the session. We have often found that participants like to try and guess what each other are going to present- it generates a real buzz of conversation and anticipation on the ward.
The group always last for one hour; this should be easily manageable for the passive participation level, for self presentation participants breaks can be used to grade the activity. We have held breaks half way through sessions, and at the end of sessions as reflective time, we have also reduced the use of breaks overtime so that by the last session participants don't need or expect a break.
We always model and request an applause for the reader, at the end of each session we encourage the group to provide feedback to the reader. For self presentation participants we see comments that reflect preference and we acknowledge this whilst trying to prompt specific examples of what worked well, what they liked. For the passive participation level we encourage more critical thinking, why was the session a success? Was the topic useful to them and why? Did they come across any new perspectives?
Participants return to the ward after the session aware of up and coming appointments. We spend time as facilitators feeding back our observations in 1:1 meetings so we can address individual behaviours. Immediate feedback appears to be the most successful way of helping participants understand the importance of the therapy and their impact on the group.
Ali and I meet after the group to debrief and write a record of our observations, directly commenting in the notes on how participants are working on their goals from the referral.

What does the preparatory appointment look like?

Intervention is specific to their level of need

The areas to explore are :

- Personal interests
- Grading exposure to materials and methods of research
- Coaching 'how' to present work – speaking aloud, use of media, limiting the demand where necessary
- Reassurance and rehearsal

After the preparatory work with the service user, the facilitators must prepare complimentary work and specific questions that would help to provide the right challenge.

The prep appointments are an hour in the weekly timetable, but for self presentation service users it can be beneficial to break this into two half an hour meetings. Generally Cathy, Jacqui and I meet with participants on the ward to assess their personal interests which form as potential topics to explore. We also assess their experience of the written word and what support they might need from us at this stage. Then the research can begin. For Self Presentation service users we may need to limit the options as this can become overwhelming, we find no more than three sets of stimulus for participants to choose from. Service users may or may not be party to the research, depending on where they are in the level. Often short and literal texts allow participants to feel 'safe'. Because the product which is the presentation must be flop proof, the role of the facilitator is to make the demand manageable. Participants are supported to prepare comments on why they have chosen the piece and this relates to memories, preferences and their understanding of the text. Facilitators then find complementary material which will reinforce the presentation, this can be used to start more discussion if needed. The use of media also works well, participants may also like to play songs to hear the lyrics again and break the intensity of discussion. The music can often impact the interpretation of the piece, for example the tempo of the music may denote the mood of the text. Self presentation participants appear to readily connect and express emotional responses. Facilitators are on hand to contain this if the emotional response becomes inappropriate.

For passive participation, facilitators encourage much more independent research on

the internet and in books. Participants are encouraged to analyse the text for deeper meanings, for example- considering why the author may have used certain words or considering how different interpretations can be made. Passive Participation service users appear to need much more coaching in confidence and rehearsal is paramount for them to sustain motivation and reassure them of success. Facilitators often focus on providing a contrasting text when adding additional material to the session; this encourages the group to consider new perspectives.

Skill building

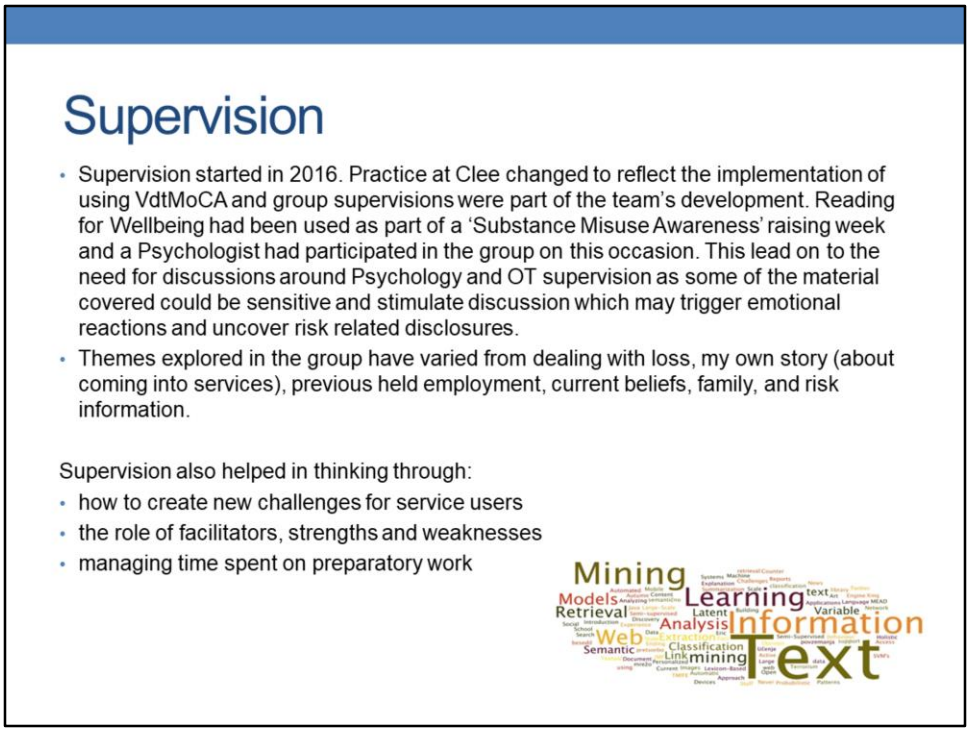
Social ability	Work ability	Personal Management	Use of free time
Awareness of social norms	Time management	Attending to personal care –looking after appearance	Potential internet sessions
Respect - developing listening skills, turn taking	Commitment to tasks / appointments	Understanding impact of self on environment	Develop an interest in reading or writing
Introduce different perspectives	Preparation of materials, research, holding of.	Tolerating anxiety	
Articulation / expression / finding a voice & a space to speak	Performing a responsible role		
Develop appropriate questions / learn how to show an interest			
Sharing the experience			

The specific ways that this group can help develop skills in the performance areas are:
Sociability – the awareness and development of social norms, for example their Interpersonal Effectiveness – how we look at a person when they are speaking to us, we applaud effort when it's made.
It helps participants develop respect, the group aims to give equal opportunities, a sense of fairness supported by the group rules so that participants aren't domineering or stifled. They take turns and listen to eachother.
The group encourages shared experiences and different perspectives. That it is ok to have different perspectives, these are valid even if they need challenging.
The group helps participants find a voice and a space to speak. Often this is a real challenge to service users at Passive Participation level as they can be shy and the 'follower' rather than initiating discussion and explicit in their point of view.
We specifically encourage group members to be responsive to the reader, what do they think of what they have heard, how can they find out more about it? What do they want to ask the reader?
And finally the experience is a bonding one, participants often find out something new about their peers and the facilitator and this can lead to conversations and connections outside of the group.
The workability skills this group provides is that of time management, being group ready, awake on the ward for risk assessment, participants may also time the break if needed. It develops a commitment to the group work tasks and highlights the need to attend all sessions. It helps participants to see through the planning of their

presentation to delivery, they may develop skills in researching, for example using tools appropriately, in this case the computer or the dictionary. Then there is the opportunity to take responsibility for looking after and remembering their own photocopies of the text to hand out to others. They take ownership of 'leading' the group and 'evaluating' the group in routine.

The Personal Management needed to support the group relates to how to present yourself ready for group work, what is the appropriate attire? what do I need to take with me? Facilitators may direct this in 1:1 work outside the session. It also relates to the individual understanding their impact on the environment, for example clearing away after a coffee break. The group also helps participants to manage their emotions, in particular anxiety. For example, tolerating the length of the session, containing an emotional outburst.

We have found from our group that a positive outcome has often been that participants are motivated to use their own free time discussing the task with key workers, using their internet sessions to find their own materials and that they can develop a new interest in reading, or writing.



Supervision began in 2016 as the team began to implement Vdt MoCA and assess the level of challenge within the interventions on offer.
Ali, Jacqui and I ran a one off Reading for Wellbeing group for a Substance Misuse Awareness week at Clee. Ali read out the lyrics to a song 'I took a Pill in Ibiza' and a Psychologist came to sit in on the session. It was immediately apparent that we had been uncovering lots of psychological materials in our work and that this should be supported through a formal supervision with the psychology team. After all 'art', the written word can affect the service users and facilitators emotionally.
We have touched on many themes throughout the last 2 and a half years;
Loss, loneliness, family, participants have shared their own stories they have written, we have had read the ten commandments, read Oscar Wilde, newspaper articles of pollution, delved into fantasy worlds of Harry Potter and returned to historical events, family arguments, anti social behaviours and politics.
Supervision has allowed us time to review what we are doing and focus on the roles Ali and I perform in the room. I work well the Self Presentation service users; I'm aware of being a mother and being instructive, managing unhelpful behaviours and I promote the sharing of experiences and preferences. Ali steers the group, aware of time, and finds new ways to reach participants so that they can be challenged with new perspectives and discover the 'abstract'.
Supervision has also looked at how to accommodate the amount of time and preparatory work needed for a successful intervention.

Successes

Treatment outcomes:

- Participants are willing to attend other therapies and can actually meaningfully engage in a pathway of treatment.
- Participants have spoken of having more confidence when speaking out loud in MDT
- Bonding with others, finding new shared experiences / interest with others on the ward
- Establishing routine and structure, encouraging therapy work to take place alongside leaves. Permitted leaves are not necessarily the priority.
- Keeping work interest based, making the reader the master
- Managing risk
- Feedback - making time for praise

Successes of the intervention have been that participants have enjoyed group work, they have found that engaging in task focused work has been rewarding and as a result are willing to engage in other therapies. One participant attended Reading for Wellbeing on 6 occasions and when he first started the group he was so anxious that he was audibly breathing through the session. At the end of his time with us, having become a champion for the group and taking on additional roles such as mentoring others he was ready to attend a 16 session problem solving course called Reasoning and Rehabilitation 2. He is now able to tolerate Substance Misuse education work and is successfully socialising in the community at MIND.
Another positive outcome was the comments coming from some of the participants, that they felt more prepared for their MDT, using the preparation techniques and feeling comfortable with conducting their own enquiries in the meeting.
Participants often reflected at the end of the group that they knew each other better and could find common ground to discuss and pursue interests outside of the group.
The structure of Reading for Wellbeing prompted the MDT, in particular staff on the wards, to get behind the group and prioritise the therapy work alongside permitted leaves from the unit.
The one thing Ali and I are proud of is the fact that we will support the participant to be the master of their session, we always accommodate their interests, even when they are a challenge for us as facilitators. We have not yet found a topic too tough to facilitate, it's all about how you go about it.
We have moments of caution during delivery, an example would be dealing with anti social rap music which undermines the law and glamorises criminal activity. We have, with the support of supervision, been mindful of how to deal with sensitive topics and have allowed time to plan for the management of this.
One of the most enjoyable parts of the job is giving feedback, even when it's difficult and challenging to the service user we endeavour to be honest about their presentation. We really enjoy praising the participants and have often found that this is sadly an experience that they are not used to.

Challenges

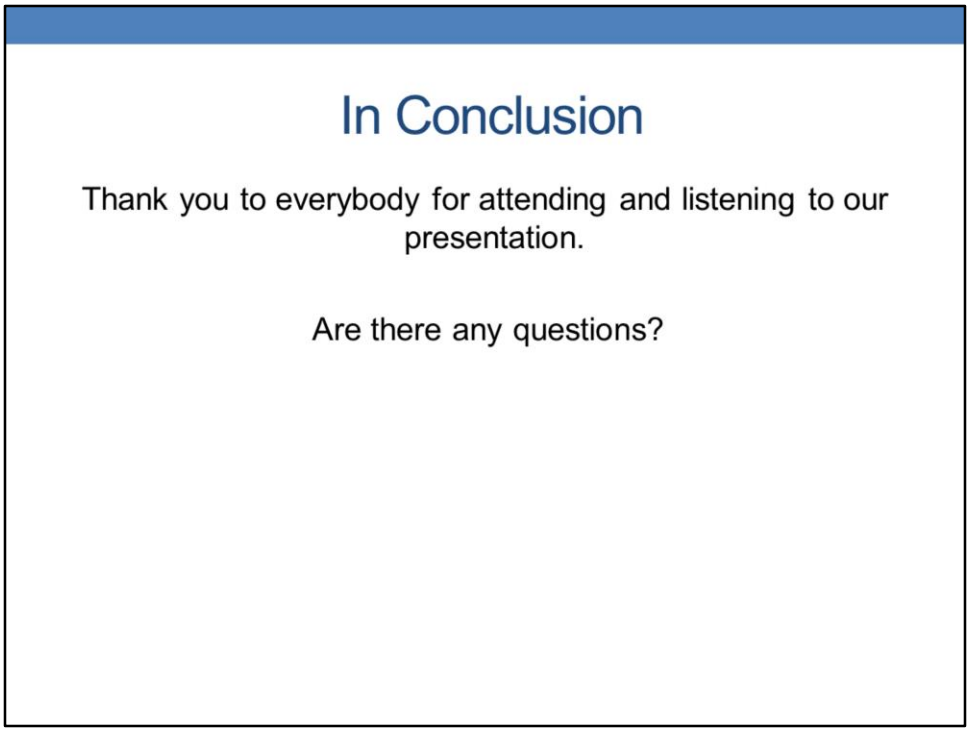
- Time pressures, protecting time for work outside of group and communicating the need for this to this MDT.
- Managing the unknown
- New facilitators
- Adapting the work to a ten week programme
- Being the living model- delivering a presentation

Inevitably there are always challenges; the amount of time this intervention takes is one of those challenges. Cathy and I have had to protect time, defending the use of this time to others who are less aware of the group - its demands and its offer. Not only is the planning and delivery of the intervention important, but it is the prep appointments and time needed for facilitators to find complimentary materials that pose the biggest unseen demands. End of session feedback to service users about behaviour, both as praise and as additional support prove to be the most important factor in helping a service user develop awareness and implement new behaviours to move through a level. Without time to do this, we would be doing the service user a disservice.

As facilitators we must also manage the unknown. Cathy, Jacqui and I are experienced members of the team but the fluidity of a discussion and not knowing what response the material will receive is a difficult. You can never predict the silences coming, the antisocial remarks you may manage or the potential 'triggers' to the person's past. Because of this experience Cathy, Jacqui and I are used to each other's facilitation styles, it will be a new challenge to broaden out the pool of facilitators and for others to facilitate and make changes to sessions as the intervention evolves.

Moving forward we need to adapt the intervention to a ten week programme, prior to this the length of the group has been determined on the number of participants. In the future we will have to think more creatively about how expand tasks to deliver ten weeks of treatment.

And finally we have come here today, two very nervous support workers because we believe we must be the living model to our service users, we must be daring, we must reach out of our comfort zone. In doing this presentation we are MoCA-ing ourselves!



Thank you so much for listening and being a part of our experience today.
Are there any questions?