THE VDTMOCA BEHIND BARS: BECOMING A VDTMOCA OCCUPATIONAL THERAPY SERVICE IN A THERAPEUTIC COMMUNITY PRISON

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LEARNING OUTCOMES:

- Gain understanding into how an occupational therapy service can be set up using VdTMoCA.
- Describe challenges and benefits of using the VdTMoCA with clients who have learning disability and personality disorder.
- Describe case examples of positive outcomes achieved through the use of the VdTMoCA.

WHO AM I

Career

2008-2010 - The University of Derby

- Qualified as an occupational therapist

2010 - 2015 Oxford Health NHS

- Wenric House male low forensic mental health secure service
- Forensic Community Mental Health Team (CMHT) Bucks
- Woodlands House mixed low forensic mental health secure service

2015-2017 National Offender Management Service (NOMS)

- Seconded HMP Grendon TC+

2017 Berkshire Healthcare NHS

- Community team for people with learning disabilities (CTPLD)

HMP GRENDON

HMP Grendon is the worlds only prison made completely of Therapeutic Communities. Therapeutic Communities (TCs) are structured, psychologically informed environments – they are places where the social relationships, structure of the day and different activities together are all deliberately designed to help people's health and well-being.

Therapeutic community plus (**TC+**) provides a graded and adapted TC experience to men with learning difficulties (IQ below 80) and a personality disorder.

WHAT ARE THE PRISON CATEGORIES?

Prisoner categories in England and Wales

There are four different security categories:

- **Category A** – Category A prisoners are those that would pose the most threat to the public, the police or national security should they escape. Security conditions in category A prisons are designed to make escape impossible for these prisoners.
- **Category B** – Category B prisoners do not need to be held in the highest security conditions but, for category B prisoners, the potential for escape should be made very difficult.
- **Category C** – Category C prisoners cannot be trusted in open conditions but are considered to be prisoners who are unlikely to make a determined escape attempt.
- **Category D** – Category D prisoners can be trusted in open conditions

CRITERIA FOR THOSE APPLYING TO COME TO TC+ HMP GRENDON

- Longer than 3 years left on their sentence
- Have taken responsibility for their crimes
- Have an IQ of less than 80
- Not have an acquired brain injury
- Not be currently experiencing psychosis
- Be 4 months adjudication free
- Not be involved in an appeal
- Be drug free for 4 months

THERAPEUTIC COMMUNITY PRINCIPALS

1.Democratisation – modelling a healthy society

2.Permissiveness - the freedom to express characteristic patterns of behaviour

3.Reality confrontation - peer pressure and peer support

4.Communalism – close knit intimate sets of relationships

TC+ model adds three further core principles:

5. Living-Learning Situation – everything that happens between TC members is used as a learning opportunity

6. Culture of Enquiry - all aspects of the community are questioned and explored

7. Confidentiality/ No secrets

HMP GRENDON TC+ TIMETABLE

Monday	Tuesday	Wednesday	Thursday	Friday
8.15 Unlocked	8.15 Unlocked	8.15 Unlocked	8.15 Unlocked	8.15 Unlocked
9.00-10.00 Community meeting	9.00-9.15 Feelings check	9.00-9.15 Feelings check	9.00-9.15 Feelings check	9.00-10.00 Community meeting
10.00-11.00 Music Therapy	9.15-11.00 Psychotherapy group	9.15-11.00 Psychotherapy group	9.15-11.00 Psychotherapy group	10.00-11.00 Art Therapy
	11.00-11.15 Group feedback	11.00-11.15 Group feedback	11.00-11.15 Group feedback	
12:00-12:30 Lunch	12:00-12:30 Lunch	12:00-12:30 Lunch	12:00-12:30 Lunch	12:00-12:30 Lunch
13.45-16.30 Work	13.45-16.30 Work	13.45-16.30 Work	13.45-16.30 Work	13.45-16.30 Work
17.00-17.30 Dinner	17.00-17.30 Dinner	17.00-17.30 Dinner	17.00-17.30 Dinner	17.00-17.30 Dinner
17.30-19.15 Association	17.30-19.15 Association	17.30-19.15 Association	17.30-19.15 Association	17.30-19.15 Association
19.15 Locked up	19.15 Locked up	19.15 Locked up	19.15 Locked up	19.15 Locked up

MY SECONDMENT OBJECTIVES

Set up an Occupational Therapy Service that can:-

- Provide meaningful and purposeful activity and reduce the impact of occupational deprivation on residents/prisoners
- Assessment of residents performance in activities
- To improve residents performance in activities (leisure, self-care, productivity) by either developing skills or adapting and grading activity to meet their needs
- To adapt and grade all areas of the TC+ program to meet individual learning styles
- Educate TC+ staff on best ways to work with prisoners

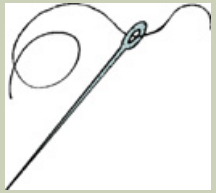
WHY I CHOSE VDT MOCA AS MY PRIMARY MODEL IN LEARNING DISABILITY?

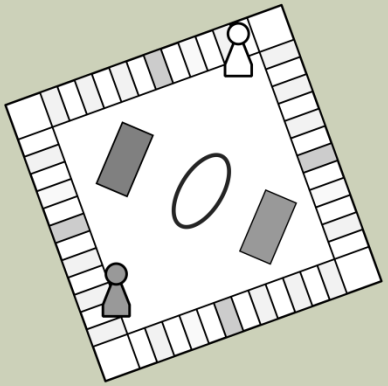
- Visual
- Basic concepts easier to communicate (moving up and down)
- Easier to outcome and explain
- Wanted to try something new as I had always worked in a MOHO centred service
- Less jargon than other models
- Solo working
- No previous assessments or occupational therapy input (starting from nothing)

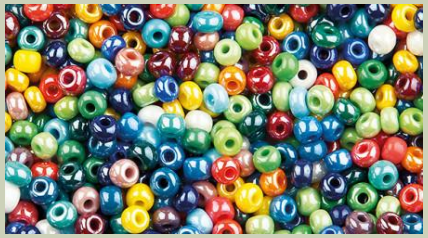
STEP 1 – ENGAGEMENT ACTIVITIES

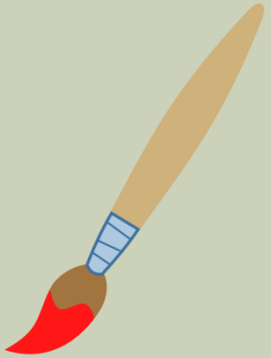
0-3 Months assessing the need (task assessments)

- Taster sessions
- 2 week therapy break
- Blokus, paint by numbers, sewing a bag, hama beads
- Creative participation tool (unfamiliar activity)









INTRODUCTION TO CASE STUDY BARRY

- 50 year old male
- Serving a life sentence for a violent crime; he had been in prison for 23 years
- Diagnosis of anti-social personality disorder
- Full scale Intelligence quotient (IQ) of 80, meaning that Barry was in the borderline range for intellectual difficulties.

BARRY'S PRESENTATION

Personal management

- Manages well and independently in a highly familiar structured environment

Social ability

- Major difficulties – constant altercations, sarcastic comments, few close relationships

Use of free time

- Watching TV, exercise, matchstick modelling

Work ability

- Struggled to maintain employment outside of prison, works in prison kitchen (highly structured)

BARRY'S CREATIVE PARTICIPATION TOOL (SELF PRESENTATION – THERAPIST DIRECTED) UNFAMILIAR ACTIVITY - BLOKUS

	Tone	Self-differentiation	Self-presentation	Passive Participation
Action	Undirected, unplanned	Incidentally constructive or destructive (1 - 2 step task)	Explorative 3 - 4 step task	Fairly product centred 5 - 7 step task (Experimental)
Volition	Egocentric to maintain existence	Egocentric to differentiate self from others	Seems willing to try to present self is unsure	Robust directed to attainment of skill
Handle Tools & Materials	Not evident	Only simple everyday tools, e.g. spoon. Poor handling	Basic tools for activity participation - poor handling	Appropriate skill
Relate to people	No awareness	Fleeting awareness	Identification selection, makes contact, tries to communicate, superficial	Can communicate
Handle situations	No awareness of different situations	No awareness or ability shown	Stereo type handling Makes effort, but unsure or timid	Follower, fair management in varied situations. Participates in passive way
Task concept	No task concept Basic concepts	No task concept, basic and elementary concepts	Partial task concept, compound concepts	Total task concept, extended compound concepts. Abstract elements
Product	None	None	Simple - familiar activities, poor quality product	Product fair quality. Aware of expectations.
Assistance / Supervision needed	Total assistance and supervision (24 hour)	Physical assistance & constant supervision	Constant supervision needed for task completion	Regular supervision
Behaviour	Bizarre Disorientated	Bizarre little reaction disorientation	At times strange behaviour. hesitant, unsure willing to try out	Follower, but will participate passively, occasionally strange
Norm Awareness	None noted	None noted	Starts to be aware of norms	Norm awareness (Aware of expectations)
Anxiety & Emotional Responses	Limited responses	Limited uncontrolled basic emotions Comfort and Discomfort easily evident.	Varied responses, usually low self-esteem and anxiety. Poor control	Full range of emotions- ,mostly controlled - makes effort
Initiative & Effort	None noted	Fleeting, minimal. Effort not sustained	Effort inconsistent, not maintained Low frustration tolerance	Varies Needs guidance to sustain effort

STEP 2 – ASSESSMENT GROUP

- 12 sessions
- 45 minutes
- Creative participation tool conducted after each session
- Assessment of communication and interaction skills intermittently used
- Activity Participation Outcome Measure performed before
- Structure (warm up, main activity, reflection)

AIMS OF ASSESSMENT GROUP

- familiar and unfamiliar tasks
- The content of this group changes each week, likely activities -creating a product (art and craft activities), communication skills exercises (group tasks), Social norms (group games), life skills (practical skills sessions).
- Aim to see resident in multiple situations to get an accurate assessment of skills

ASSESSMENT GROUP

- Advertising
- 7 spaces
- Wing “backings” process
- Timetable issues (finding space)
- Credibility (meaningful over purposeful?)
- Staff education
- Staff involvement (co-facilitator/observational)
- Handling principals of self presentation

EXAMPLE OF ASSESSMENT GROUP SESSION PLAN

Introduction (5 minutes):- Greeting, check in

Icebreaker (10minutes): - Each member was given a name tag with the name of a famous pop star on, they are not able to see their own label. Each member takes it in turn to ask the group 3 closed questions the group can only respond with yes/no answers and the aim is for the individual to correctly guess which pop star is on their name badge.

Main activity (20 minutes):- Newspaper tower – the group is split into two groups based on a picking a random number from a bowl. Each group is given a stack of newspapers and one roll of cello tape. Both groups are asked to work as a team to create the tallest free standing tower from newspapers they can which can hopefully support the weight of a small object (nectarine) when placed on top.

Review (10 minutes):- Reflection, opportunity to evaluate

BARRY'S BASELINE APOM (CONDUCTED BEFORE ASSESSMENT GROUP)

SELF PRESENTATION - THERAPIST DIRECTED

	Process skills	Communication / Interaction skills	Life Skills	Role performance	Balanced life style	Motivation	Self esteem	Affect	**Average level**
Baseline	8	7	10	8	7	10	7	7	**7.6**

BARRY'S FEEDBACK AFTER ASSESSMENT GROUP

OCCUPATIONAL THERAPY END OF ASSESSMENT GROUP SUMMARY

Strengths

- Boundary keeping (maintaining the rules of a situation and highlighting the rules to others)
- Tool handling/ fine motor movements (manipulating objects)
- Motivation and effort (sustaining interest and commitment to a task)
- Action (focus on goal attainment by creating a product to completing a task)

Areas for development

- Emotional response (lack of facial expressions, minimal gesturing)
- Relating to others (blunt interactions when others do not meet your expectations)
- Body language (poor posture, slumped, poor eye contact)
- Speech (volume of speech, stutter, tone)

Barry chose to prioritise how he communicates with others as he felt this was negatively impacting his life and this could be worked on effectively within prison environment

STEP 3 – HOBBIES GROUP

- 24 Sessions (45 minutes)
- Must of attended the Assessment group to attend
- Each group member picks a long term individual project to work on for the duration
- Just right challenge
- Skill development (social, functional)
- Self esteem
- APOM completed at the end

INTERVENTION
BARRY'S SELF DEVISED SOCIAL RULES

- **Rule 1**: Make eye contact when speaking to others
- **Rule 2**: Try not to mumble when I speak
- **Rule 3**: Try not to make negative comments
- **Rule 4**: Try not to interrupt others when they were speaking
- I rate my anxiety level in today's session as:

Rule: Try not to interrupt others when they were speaking				
1 Very below accepted level	2 Below accepted level	3 Acceptable level	4 Above accepted level	5 Greater than accepted level
6+ interruptions	4-5 interruptions	2-3 interruptions	1 interruption	No interruptions

APOM AFTER HOBBIES
SELF PRESENTATION - PATIENT DIRECTED

	Process skills	Communication / Interaction skills	Life Skills	Role performance	Balanced life style	Motivation	Self esteem	Affect	**Average level**
Baseline	8	7	10	8	7	10	7	7	**7.6**
Interim 2	8	8	10	8	7	10	7	7	**8.0**

Numerical improvements in the communication/ interaction skills domain

- Non-verbal: Physical contact
- Non-verbal: Eye contact
- Non-verbal: Gestures
- Non-verbal: Use of body
- Verbal: Use of speech
- Verbal: Express needs
- Relations: Social norms
- Relations: Rapport

POSITIVE OUTCOMES OF OCCUPATIONAL THERAPY PROVISION AT HMP GRENDON

- Reduction in occupational deprivation
- Client choice (meaningful occupation)
- Adaptation and grading of TC+ content
- APOM quantified progress
- Better community understanding of clients needs, skills and limitations
- Employment of a permanent Occupational therapist

Any questions?