OCCUPATIONAL THERAPY SERVICE

MODEL OF CREATIVE ABILITY

Staff Guide

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What is Occupational Therapy?

In mental health services Occupational Therapy (OT) focuses on how our mental wellbeing affects our ability to do the everyday things we want to do or need to do so that we can lead healthy and fulfilled lives. Occupational Therapists (OTs) help people develop or regain the skills and abilities they need to live their lives and recover from relapses in mental health.

OTs will help you to do activities even when you are feeling mentally ill. Participating in activity when you have the right level of support can help increase your self-esteem and help you to manage your symptoms. OTs will help you develop new skills by challenging you in positive ways so that you can succeed in tasks and increase your independence

Occupational Therapists use a range of therapeutic models and approaches, examples are: The Model of Human Occupation, Sensory approaches, recovery based approaches. Within our inpatient services across secure care we are also using the VdT Model of Creative Ability which guides our treatment practices and is explained further in this information brochure.

This model has 4 areas of treatment:

- **Personal Management** (Attending to self–care activities)
- **Work ability** (Learning the practical skills we need to perform tasks)
- **Social ability** (Relating to others to form positive relationships)
- **Use of free time** (Creating balance in life, finding helpful interests)

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The model describes stages of recovery in the following ways:

Tone:
At this stage of recovery you may be highly distressed and struggling to cope with the world around you. Interventions would be aimed at ensuring you have your basic needs met, are kept safe and have opportunity to keep in touch with your senses and environment.

Self-differentiation:
At this stage of recovery you may be feeling anxious and uncomfortable with others around you and only able to tolerate stressors for short periods of time. You may want to get involved with ordinary daily activity but this is challenging and frustrating as you are not functioning at your best. At this stage intervention is aimed in a low key way to help you to re connect to activities that promote feeling good, having fun, exploring your likes and dislikes and identifying where support is needed.

Self-presentation:
At this stage of recovery you are ready to present yourself to the world and environment and feel more able to cope with the challenge of recovery. Intervention will support you to regain, learn or challenge your skills and functioning to start to create a meaningful routine that helps you to work towards longer terms goals such as independent living, employment, new hobbies and interests, this may need to be supported to explore who you are and my identity. You may be commencing supported leave to the community.

Passive participation:
At this stage of recovery you should be now thinking ahead to transition back into the community. You are developing confidence, and have skills to organise and plan a schedule of activities to promote a healthy balanced lifestyle. You may be working towards education courses in the community, employment, sustaining relationships, helping others through recovery colleges or returning to previous roles and responsibilities e.g. father, husband. You may be independently accessing the community and preparing to move to supported accommodation or independent living. Intervention will be aimed to give you guidance and support throughout these big transitions and coaching to use the skills you have learned.

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Occupational Therapy Treatment Pathway

Occupational Therapists, (OT), work with you to develop personal goals and plans to support your recovery from admission to discharge and often into the community. OT is focussed on skills and performance and developing confidence and competence in the areas of:

1. **Personal Management**
2. **Social Ability**
3. **Work ability**
4. **Use of free time**

These are key areas of occupational performance that will support you to achieve a healthy balance of activities of daily living, the skills to and prepare & integrate into the community.

Occupational Therapy will support you along your recovery journey

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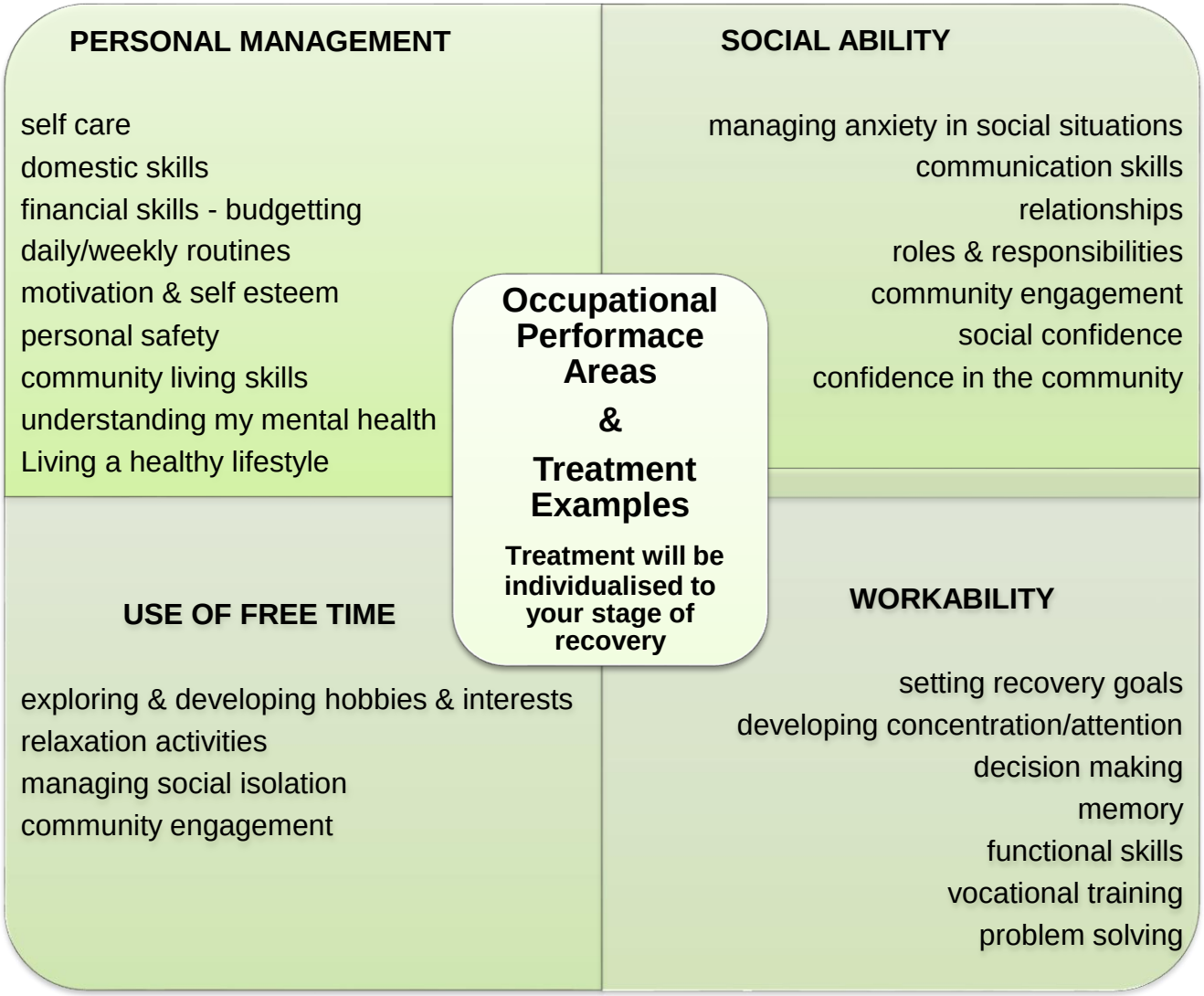

"Occupational Therapists support development of skills to achieve optimum performance"

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Assessment

OT's will use activitites, observations and self reporting to work out what your recovery plans/ideas are and what your needs may be

OTs will then work with youto agree what it is you wnat to achieve, what you may need to learn, what skills you may needs to regain, and develop a recovery plan

Setting CPA Goals

In collaboration with you and your team OT's will write goals with you for CPA care-plan meetings

Goals can be short term or can focus on longer term plans - the plan will change as you move through the recovery stages

Your goals should aim to show how you use activitites and educational treatments to support skills developments needed for planning discharge and beyond

Occupational Therapy Treatments

can take place on the ward, within the therapy centre or the community

can be onan individual basis small groups or larger groups depending on your needs

Treatment can be deliverd by:

Occupational therapists

OT's jointly with other professionals

trained technical staff

external agencies e.g teachers/artists

experts by expereince/co-produced by service users

OT treatment aims across the recovery pathway

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Occupational Therapy Treatment Aims – each stage of recovery is not time limited and personalised to your needs and driven by your recovery plans	**Tone** To support you on the ward to adapt to your new environment and maintain your safety. We will offer activities that are planned to offer enjoyment, opportunity to seek out how you are able to perform and will be 1:1 or in very small groups	**Self-Differentiation** During this stage your OT will introduce you to the therapy centre where you will start exploring your recovery goals and plans. You will be introduced to smaller groups and supported to develop occupational performance skills such as cognitive skills, looking after yourself, personal management and safety	**Self-presentation** During this stage your OT will be referring you to specific groups to focus attention on the learning and development of specific skills and performance areas; this could include budgeting, education, domestic skills, developing hobbies and interest, looking at your roles and routines. They will give you constructive feedback and support you to evaluate your own performance.	**Passive Participation** At this stage your OT will be checking in on you as you take on more personal responsibility to participate in regular recovery based programmes focussed on developing community living skills. Some of these may include supporting co-production of groups or recovery focused groups that support other service users or service developments. You are developing independence in socialisation, personal management and performing to societal norms. You may even be transferring some of these activities into a community setting with support. You may be engaged in achieving qualifications or worker roles	**FIRST team** At this stage you may be being supported by a community OT to support you to find services that will continue your recovery beyond hospital. This may be vocational/educational or employment based or joining craft/sports/leisure groups in your local area. In collaboration with other professionals you will be developing a recovery relapse plan to maintain your health & well-being and safety.

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Level Specific Group Protocols

Stage of Creative Participation **Self-differentiation**	
At this stage of Recovery a person requires a safe environment, 24 hour care and support to maintain a productive routine. Their motivation for creative participation is not planned and can be destructive or incidentally constructive. They are likely to present as egocentrically focussed and unaware of the needs of others. Their anxiety levels may be high they will find difficulty with managing emotions, controlling behaviour and not able to conform to social norms.	
Therapies include:	
Personal Management Basic self-care Ward-based low key engagement Introduction to physical activity such as walking groups	**Use of free time** Introduction to art skills & pottery Musical expression sessions
Social Ability Developing routines Basic cognitive development games	**Work Ability** Baking
Therapeutic aims: To support initiation of engagement in tasks • Become involved in activity • Develop focusing of attention for short periods • Attempt relating to people • Increase concept formation of self, environment & objects • Reality orientation	
Skills Development aims:	
Task concept	• To develop attention and short periods of focus • To encourage engagement in an activity (initiation) • Explore forms, shapes, texture senses • Maintain orientation to time and place • Encourage control and body awareness (physical)
Social Ability	• Encourage recognition of others as a social norm • Encourage and support toleration of others • Improve self esteem • Fully supported attendance
Emotional Range and control	• Support the management of low level anxiety in small groups • Support recognition of basic emotion • Provide an environment which encourages experience of fun/enjoyment
Relating to tools materials & objects	• To achieve correct recognition of basic tools and materials • To achieve correct handling of basic tools and materials

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Self-differentiation Guidance for Facilitators	
Task concept	• Gross motor movement and co-ordination • Big movement with physical effort • Short burst of attention and concentration 2-5 minutes • Have an example/sample to demonstrate with • Explain and tell them what and how to do something and repeat • Demonstrate and do with
Social Ability	• Role model appropriate greeting and introduce each group member • Small membership • The ratio of escorting staff will be dependent upon risk/need and will need to be facilitated and considered • Facilitators may need to accept odd or bizarre behaviours • Give positive praise for effort and engagement • Will need to manage attendance
Emotional Range and control	• Facilitators may need to manage emotional outbursts to coach more rational responses • Encourage basic expressions, e.g. “I like this”, “I don’t like this” • Role model calm and positive interactions • Use simple language • Keep tasks safe and members feeling safe • Low stimulus environment protect from people coming in/out
Relating to tools materials & objects	• Use simple language, maximum verbalisation of steps • Limit tools and materials • Only use materials and equipment intended for the task • Tell how to do, do with, and explain in simple language the use of the tool and its purpose • Repeat until mastered • Pre-set up the environment • The environment needs to be specifically dedicated/designed for the activity

Activity components	Ideas for increasing the challenge over the ten weeks
	• **Increasing focus of attention expectations** • **Start with no material – work to introduce – aim for recognition naming and knowledge of purpose** • **Ability to stay in the group until completion**

Stage of Creative Participation
Self- Participation

At this stage of Recovery a person requires opportunity to explore interests, and extended environments. They need to be supported to develop routines and structure for personal management. They are able to manage their emotions and behaviour for periods of time in structured activity, however still may experience episodes of distress and bizarre behaviours. They are beginning to conform to social norms and awareness of others.
They require support to develop initiation, problem solving, decision making, organisation, task completion; in general when presented with a task or a challenge, knowing what to do, how to do it when to do it and what is required to do it.

This is the stage where we support the development of the core elements of functioning in order to prepare for more independent application as they transition into a community setting.

Therapies include:

Personal Management Cognition development activities Domestic skills Support to develop routine Self-care Breakfast Club	**Use of free time** Health and well-being activities Team sports Men's Health Wellbeing Clinic Creative expression (pottery ,art ,photography)
Social Ability Constructive leave Community assessment	**Work Ability** Workshop Education (English & Maths) Internet safety & IT skills Basic budgeting Food hygiene

Therapeutic aims: To support exploration , development of identity ,

- Experience fun and enjoyment
- Improve personal management (grooming, domestic, ADL)
- Improve socialisation
- Improve self-esteem
- Improve knowledge and skills
- Improve prevocational skills e.g. concentration, planning, organisation, decision making

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Skills Development aims:	
Task concept	• Develop partial task concept (task selection to completion) • Improve simple decision-making, planning, problem-solving and basic organisation skills (some setting-up and clearing away activity), following instructions • Opportunity to experience having a go, trying it out, initiating some independence.
Social Ability	• Improve social awareness including awareness of selected norms for appearance and behaviour • Improve communication skills • Develop awareness of the work of others • Improve awareness of the effect of the self on people and situations
Emotional Range and control	• Decrease anxiety • Improve self-esteem • Improve frustration tolerance • Decrease acting on impulsiveness
Relating to tools materials & objects	• Improve basic tool handling and exploration of objects and materials • Develop understanding about materials, objects and tools (elementary to compound concept formation re: materials and equipment)
Personal management	• Improve awareness and compliance with selected norms for dress and personal hygiene for this group situation

Self-Presentation aims:- Guide for facilitators	
Social ability	• Clearly indicate what's expected (behaviour, hygiene, social, task performance (e.g. have a go/participate, safe use of tools, manners, no swearing, stay until the end). • Commend conventional behaviours and shape less desirable ones, but don't expect norm compliance, instead use language "like let's try to…" Immediately and gently make him aware of unacceptable behaviour and appearance e.g. being intrusive, then discuss briefly, offering an alternative and explain why that's a better option: "like let's try to…" • Facilitate interaction with other clients - concrete topics (no high social skills, just conversation skills for effective communication in order to develop sense of acceptance and connection with others). • Encourage listening and turn taking • Develop awareness of social norms such as asking other clients if they want a drink. • Don't create a dependency relationship with the therapist; provide enough support for success
Task concept & concept formation	• Describe the whole task and show (do with client) step by step how to achieve the end product. • Encourage to look at instructions (if provided) at each step, but don't expect compliance. • Before making the product (if any), engage in discussion about materials/ objects/product and related events/situations; draw on past experience and aspirations of what they would like to make/ do. Discuss wider concept of use of the product e.g. concrete and abstract, basic snack, party food etc. • Require effort to do tasks to completion/properly, even though quality may be poor (do not focus solely on quality). • Identify when the steps have been completed, ask "what do you think we do next/should/might happen next?" Ask to recall previous learning. Encourage effort by not allowing cutting of corners. • Involve in simple, concrete planning; offer options and choices to develop simple decision making. • Reflect back what the client has done; where in the process he is, how much is left to do, state when finished
Relating to materials, tools, objects	• Encourage trying different experiences i.e. tools, methods, "what would happen if….." • Demonstrate, explain / educate; encourage trying out use of tools and materials before using them to make a final product. • Use tasks that require repetition. • Discuss what they are using, doing and what's happening/resulting from their action.
Emotional range and control	• Give lots of support and encouragement. Require effort to do tasks to completion/properly, even though it causes frustration or is tedious. • Ensure success; provide constant supervision. • Praise effort. Reflect back achievements to the client e.g. "you wanted to stain all of the planks and get them finished today – you've done that, well done". "You've learned how to……" "You've

	done a whole session of 2 hours, well done for keeping up the effort until the end". • Facilitate fun/enjoyment (stimulate emotional response); ask what he gained satisfaction from in the session; encourage awareness of how he feels in relation to the doing and completion of tasks and the social experience – for task satisfaction and for identifying with tasks (developing interest/value of doing tasks; motivation).
Personal management	• Clearly indicate what's expected regarding appearance and hygiene (explain/show how to achieve selected norms as necessary) • Immediately and gently make him aware unacceptable appearance and hygiene; suggest alternatives

Stage of Creative Participation

Passive-Participation

At this stage of Recovery a person is able to experiment more with their interests in wider environments.
They will begin to develop a wider range of leisure interests and an awareness of routine.
At this stage a person will be able to concentrate on tasks for 60+minutes and developing their problem solving and evaluation skills.
They will be encouraged to begin to develop abstract thinking and concepts and showing willingness to learn.
Their interactions will be focused on a desire to be accepted and to belong. They may begin to develop assertiveness and developing their self-confidence in group settings.

Therapies include:

Personal Management	**Use of free time**
Constructive Leave group Ward Based group cooking Pre-discharge planning group Cognition development activities Domestic skills Community assessment	Creative exploring and construction projects Community groups e.g. Swimming
Social Ability	**Work Ability**
Health and well-being activities Team sports Wellbeing Clinic Men's Health	Workshop Food hygiene Internet safety & IT skills Budgeting Skills Pre-Vocational training Education Recovery College Service User Led groups Worker Roles Committee Roles

Therapeutic aims: enhancing, consolidating, stabilising, and/or expanding of the person's knowledge, skills and/or abilities.

- Improve personal management (grooming, domestic & community survival)
- Improve knowledge and skills – for end product
- Improve socialisation (social skills and behaviour)
- Develop higher executive functioning and work skills (not necessarily prevocational)
- Increase self-efficacy

Skills Development aims:	
Task concept	• Develop knowledge and skills for attainment of good quality products. • Develop norm awareness for products and procedures. • Improve quality of task performance (skills for attainment of good quality products) • Develop abstract concept formation • Develop towards consolidated task concept (selection to completion and beginnings of evaluation) • Develop skills for decision-making, problem-solving, planning, organisation and evaluation of product and performance. • Develop/improve all pre-vocational skills, particularly work competence.
Social Ability	• Increase awareness and compliance with norms for appearance and behaviour. • Improve social skills: assertiveness, apologising, negotiating, stating opinions, team working skills (communication and interaction skills for teamwork).
Emotional Range and control	• Improve anxiety management skills • Improve coping skills e.g. to manage frustration and perceived failure. • Improve confidence • Improve self-esteem (identity, belonging, competence) • Improve ability to express opinions and feelings related to task performance and group work
Relating to tools materials & objects	• Increase knowledge of correct materials and tools, and the techniques for their use. • Increase knowledge of proper care and storage of materials and tools
Personal management	• Improve awareness and compliance with selected norms for dress and personal hygiene for this group situation

Passive Participation aims:-	Guide for facilitators
Social ability	• Encourage discussion and support to state their wishes and opinions (rather than being passive). • Guide towards making alternative suggestions and finding solutions to problems. • Set core rules and expectations. Suggest, discuss and add additional norms when specific sessions require it. Be firm and consistent in managing poor norm compliance. • Expect appearance, behaviour and attendance in keeping with predetermined norms. Set an expectation of participation and interaction with others, and explain what that consists of. • Pre-plan/consider allocation of tasks and/or team formation. Facilitate negotiation and agreement of roles for each session (when doing tasks with others). • Demonstrate (model) norms for eating with others (hygiene, self-care, table etiquette)
Task concept & concept formation	• Require client to read through the instructions / talk through the steps of the task and get the materials and tools needed; organise workspace. • Ensure knowledge and understanding; teach whilst demonstrating tasks/skills. • If there is difficulty in initiating and completing the task, assist with commencing and sequencing steps. Guide to anticipate the next step. • Be patient and helpful, but not prescriptive or go into a 'rescue mode'; the person benefits most when problem solving and the making of his own plans is facilitated. Ask what should happen next to think through the process and procedures and ways of solving problems. • Supervise regularly to check understanding of what they're doing/have to do. Leave the person to continue for a while. • Gently help to evaluate by asking client to compare product with the aimed for product – talk about the quality of the end product; prompt with questions about accuracy of joints, adequacy of sanding etc. Talk about the product, not the person e.g. "I see a problem with the joint, what do you think it is?" Avoid being in any way judgemental of the person (e.g. YOU haven't lined up the joint correctly). • Facilitate consideration of how clients will plan and use community leave to investigate and/or purchase items ready for session.
Relating to materials, tools, objects	• Provide opportunity to experiment with how best to use materials and objects; try out before doing final product. • Give the person full or partial responsibility for setting up the activity, preparation of the area, clearing up and correctly storing equipment. Check has done tasks properly.
Emotional range and control	• Provide support to facilitate on-going participation and to maintain effort.

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	• Encourage expression of anxieties about tasks/situation, but do not expect confidence in doing this • Provide reassurance by explaining the whole process of the tasks/the whole situation and what is going to happen • Provide regular supervision to ensure knowledge, understanding and facilitate problem-solving • Provide regular feedback on specifics of his performance • Discuss products made, acknowledging areas for improvement but emphasising positives
Personal management	• Clearly indicate what's expected regarding appearance and hygiene (explain/show how to achieve selected norms as necessary) and express requirement to comply. • Be firm and consistent with addressing unacceptable appearance and hygiene; do not allow him to continue with the session if basic expectations are not met.