VdT MOCA in Action in a Medium Secure Unit

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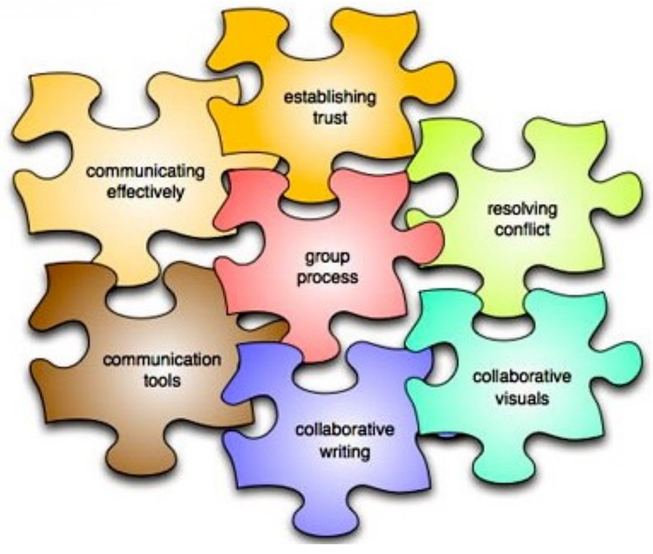
Context

- The VdT MoCA was implemented in Medium Secure ward for 15 male patients aged 20-50, with a forensic history.
- The purpose of the ward is to provide long-term rehabilitation (at least 2 years) for patients who are considered resistant to treatment, chronically ill for long periods of time or those who spent a considerable time in services already (to the extreme e.g. 17years, or came from prison).
- The ward has 1 OT, 1TI and nursing staff involved in activities on a daily basis. The environment plays a very important part in implementing the model on the ward, which has 4 rooms available for therapy, art/horticulture and a gym facility within a Medium Secure Unit.

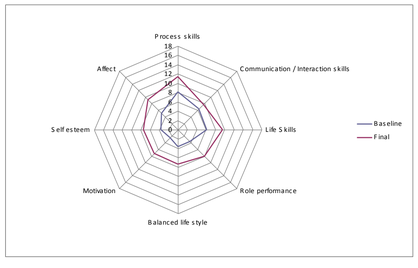


Action

The VdT MoCA was thought to be the best tool to use as patients were transferred from different places and did not progress for a long time. Creative Participation assessments were carried out using task activities (cooking or art), social activities (community meeting) and general observation on the ward. Considering majority of patients presented as on the of level Self Differentiation, it was decided that principals of treatment for this level will guide general ward structure, with the possibility of adapting it to Tone and Self Presentation.

Rationale for Using MOCA & MOHOST

- MOCA formed a baseline on which to compare the clients ability each time the clients came to the review period – every 6months.
- The MOHOST is very subjective dependant upon which Therapist is administering it, therefore the use of the 'Model of Creative Ability' increases the reliability of the assessment and intervention process.
- MOHOST does not allow for smaller changes in a clients occupational performance to be highlighted. 'MOCA provided a more sensitive assessment and treatment tool which noted these small changes.
- The MOCA gave direction for input and engagement and guides treatment with the service user.
- MOCA was very sensitive to changes in engagement when compared to MOHOST and therefore made treatment more appropriate and successful.



Result

The programme was based on open sessions with sensory input. Additionally, OT was concerned with the patient's physical health (lack of movement, long term stay, no community access), therefore physical activities played an important part in the development of the programme. The resulting comprehensive, highly structured, daily programme of therapeutic activities developed with patient involvement resulted in major improvement for the patients.