

From Observation to Intervention: An AHP Approach

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From Observation to Intervention: The AHP Challenge

- Lived Experience

Mental Welfare Commission

‘If these things are made possible then it might mean that the overwhelming need to harm ourselves, or run away, becomes less overpowering and less necessary to our lives, helping to bring our recovery that much closer

Importance of Communication – What to say?

The liberating experience of being engaged

Purpose

Know us – Know what we need

Simple things are important -activity

The Human Need to be Occupied

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The World Federation of Occupational Therapy (WFOT) states that engagement in occupations are not only right, but also a need (WFOT,2006).

The WFOT Position Statement on human rights affirms the human right to occupation and asserts that this right should be ensured by equitable access to participation, regardless of difference.

Advancing Occupational justice – occupational deprivation, occupational alienation, occupational imbalance

The AHP '*Radical*' Challenge : Aim of Intervention



The use of safe activity boxes for use with patients on enhanced observations.

To provide accessible, safe and risk assessed occupation for individual patients whilst on enhanced observations.

Safe Activity Boxes



- Contents:
 - Crayons
 - Paper/notelets
 - Card Making – card, stickers etc
 - Games: - Draughts, Scrabble, Cards
 - Crosswords/wordsearch/suduko
 - Book of Short Stories
 - Picture Cards – creative writing/discussion
 - Activities identified on completion of patients passport/interest checklist

Safe Activity Boxes in Practice

- **Complex Female population**
 - mixed diagnosis
 - frequent use of enhanced observations
 - fluctuating presentation
 - Difficulty adhering to structure/routine
 - Ward structure was only pattern of occupation

Safe Activity Box Risk Assessments

Risk Assessment

- Contents have been risk assessed for:
 - Use within level of security
 - Individual patient presentation
 - Risk of harm to others
 - Tailored to risk

Activity Box Checklist

- Inventory of contents
- Items are checked before and after use
- 1 activity at a time

Contents – AHP Approach

- AHP Contribution
 - Patient Passport – About Me Document
 - Communication strategies
 - Individualised Occupation
 - Daily Timetable (Salt & OT)
 - Physio Assessment/Seated Exercise
 - Dietetic Assessment /Food options - Choices.
 - Sensory Needs

About Me - Patient Passport

About Me



Please read this information about me.....



My name is:

Samantha

I like to be called:

Sam

I come from:

Greenock

Before I came here I was:

In Cornton Vale prison



What matters to me?

My family. I have a mum called Janet. I have younger sister called Beth and a younger brother called James.
Beth is 21 and James is 19.
I keep in touch with my family by facetime and visits.

Having quiet time. I like to chat but I also like it to have times when everyone is quiet. I might show you I need quiet time by putting my hood up, covering my ears, looking down at the ground or covering my face.

My visual planner. I love having a plan. I use my visual planner to help me work out what to do during the day. Please help me use this.



Important people in my life

As well as my family, I have some friends. My best friend is called Sarah. I talk to her every week on the phone.

My keyworker is important to me. She is called Debbie.



When I meet someone new it helps if they

Tell me their name
Smile at me
Read this book about me



My communication

I will communicate with you using: Talking, writing a few words, pointing to objects or picture charts, hand gestures (thumbs up/down)

You can communicate with me using: Talking, showing me objects or pictures, clear gestures with your hands.

Please try to



- Speak slowly and clearly
- Give me time to think about what you have said
- Use short sentences, one sentence at a time
- Show me objects or pictures to help me know what you are talking about
- Give me positive body language – arms uncrossed and smiles.

Please try not to



- Have conversations in my room without including me. This makes me feel sad.
- Talk in a loud voice.
- Ask me to read. This makes me stressed because I find reading hard.
- Use sarcasm. I don't understand it and it makes me angry.



Supporting me to make choices

Sometimes I can tell you what I want. Sometimes I can't make a choice, it's too hard or overwhelming. Use my activity box. Show me a choice of two or three safe activities from my observations box. If I still can't choose, pick something that you know I like and look for my reaction when you show it to me.

About Me - Patient Passport cont ..



My health and personal care

I like to have a shower in the evenings to help me relax before bed.
I need reminders to brush my teeth.
I don't like the feeling of shower gel. I like body wash better.
I like getting my hair done. When I am settled and calm, staff do this for me using my hair gel.
I get a sore back. I use Ibuprofen gel.
I need some encouragement to take my medicine. If I say no, say ok, come back to me 10 minutes later and I might say yes.
I wear glasses for watching TV.



Things that might upset me

Loud noises, especially if they are sudden
Being told no
Waiting for something to happen
Someone touching me lightly or brushing past me/walking behind me



Things that might help

Music or listening to my relaxation CD
Using my sensory balls
Using my sensory light
Being reassured that something will happen in the future, even if it is not happening just now.
PRN medicine if I am still struggling to calm down after using my other strategies.

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My favourites

Colour: Orange

Food: Ham and Pineapple Pizza

Drink: Sprite

Animal: Dog (I have 2 dogs called Patch & Scruff)

Film/TV: Pitch Perfect 2, Love Island, Emmerdale.

Newspaper: Don't like these

Magazine: Closer

Book: Don't like these

Music/Band: Take That and Ed Sheeran.

Activities: Swimming, cycling, board games (Monopoly and Frustration), shopping, dog walking

Topics: Celebrities, football (I like Rangers), clothes and fashion, food

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Other things I like

Horse riding
Baking cakes
Using my sensory light (I use this every night to help me relax)
Playing games on the iPad
Going outside to the patio area when I am calm and settled
Kicking a ball



Things I don't like

Bananas
Milkshakes
Getting my hands dirty
Too many people talking at once
People interrupting me
A messy room
Talking about my feelings (I need help with this)
Bright lights – they give me a sore head and make me irritated.



Anything else you need to know

I get stressed about meeting my lawyer. Please support me and help me to access Advocacy.

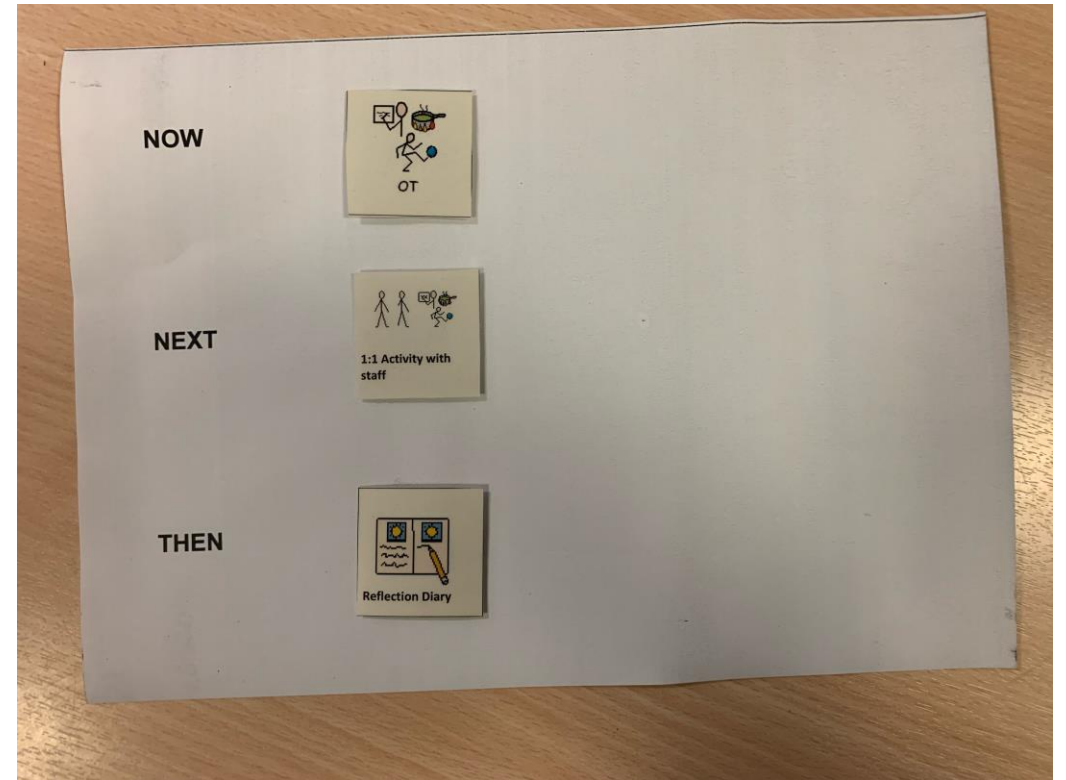
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Communication Tools and Strategies

Several tools are included in the box

- Visual choices for food and drink
- Visual choices for activity
- Tools to support decision making around care
- Communicating physical health needs
- Communicating sensory needs and preferences

Daily Timetable



Physiotherapy/Dietetic Assessment

- Physiotherapy /Dietetic AssessmentAssessment
- Seated Exercise examples
- Booklet on Importance of Movement whilst on Observations
- Visual choice cards for food and drink

The Level 10

These 10 exercises have been developed to help break up lengthy periods of sitting. They promote movement, strength and balance and will not make any noise or take you away from where you need to be.



Five minutes is all it takes so what are you waiting for – just move and try 10 of each exercise, 10 seconds hold for the standing on one leg.

Warning

- Use a sturdy chair.
- A slight soreness the day after exercise is normal.
- If any exercise causes severe pain stop and consult your GP.



Straighten your Knee



Chair push ups



Seated cycling



Back twist and stretch



Sit to Stand



Heel raises



Side leg lifts



Back leg lifts

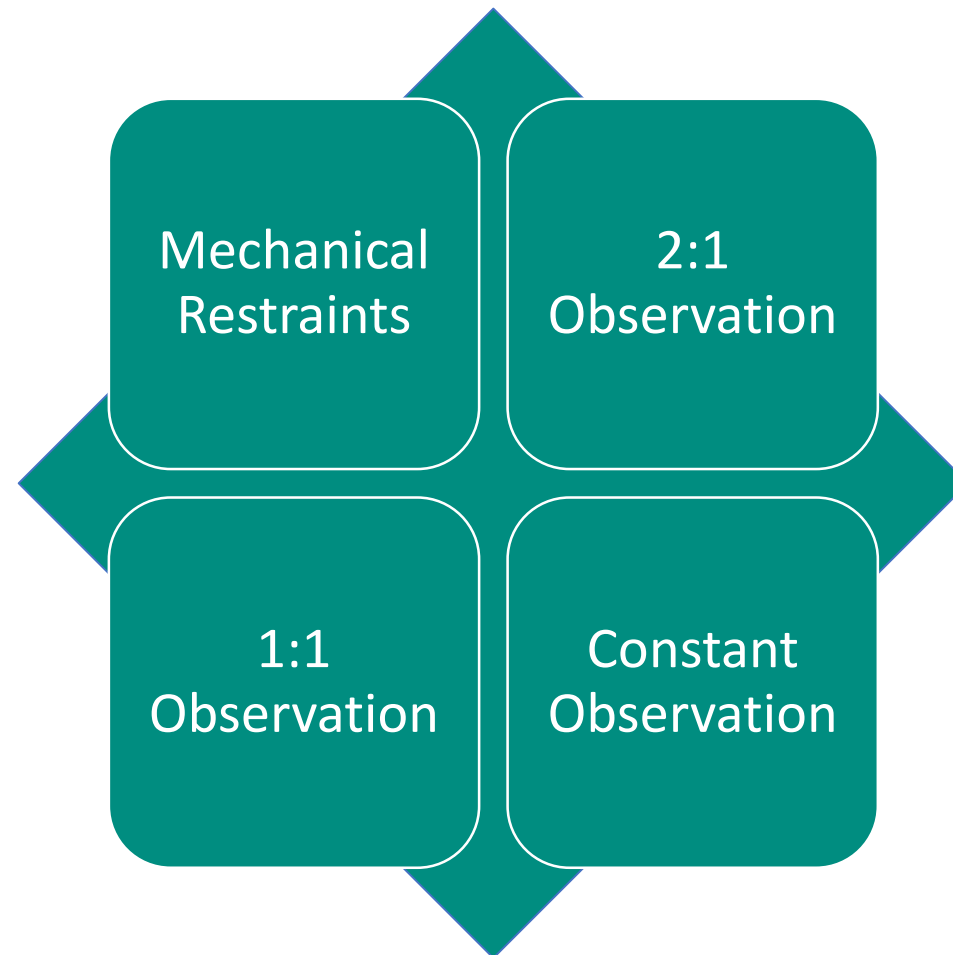


Side bends



Standing on one leg

Graded Activity : Tailored to Individual Need



Considerations

- Protocol for Use of Activity Box
- Flow chart for Implementation in Service
- Staff Education
- Team Approach
- Governance around use – documentation

Outcome Measures

- **Pilot Ward**

- Datix Incidents (Individual/Ward)
- Length of Time on Observations
- Ward Environment Scale

- **Observation Records**

- Record of Engagement
- Type of activity
- Time of engagement
- Frequency of engagement

- **Standardised Assessments**

- Mohost Single Observation
- Re-motivation Process
 - Volitional Questionnaire

Forensic AHP's Meet the Challenge

- Been Proactive
- Responded to the challenges of the guidance acknowledging the recommendations of each strand.
- Addressed the considerations highlighted from lived experience
- Outlined needs of the patient
- Intervention is personalised to the individual
- Treatment is individualised and offers a continuum approach
- The Intervention is patient led – the patient remains at the centre.

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