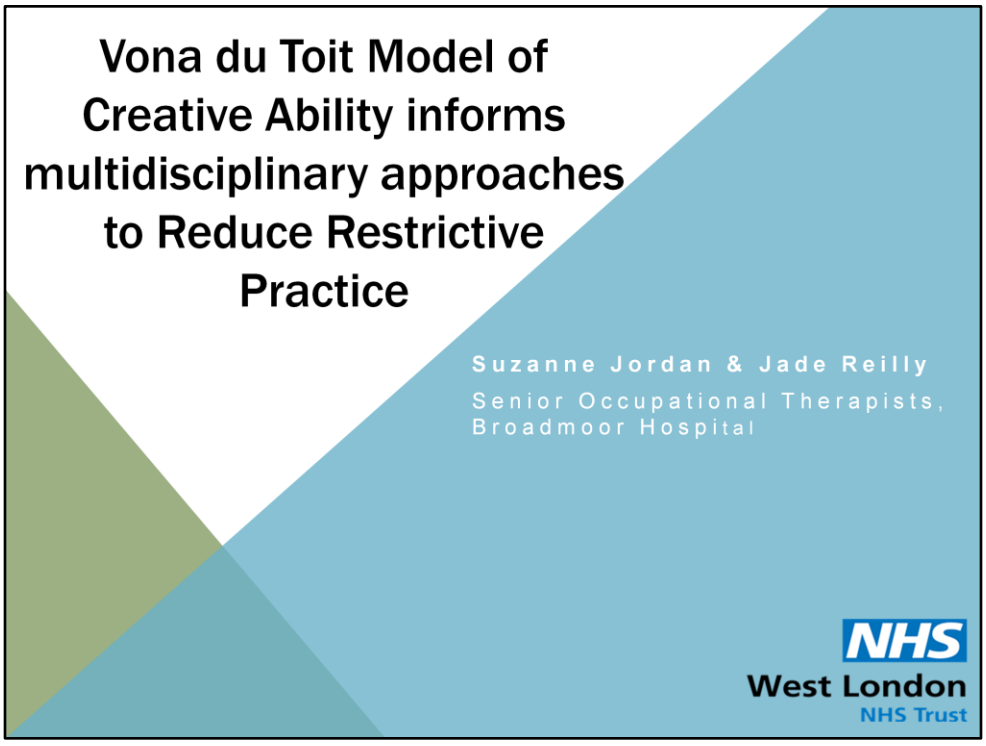

Handling principles support MDT in their approach

Aims

- To identify basic principles of the Vona du Toit Model of Creative Ability (VdTMoCA) and its application within a High Secure Forensic environment
- To discuss how the different levels of VdTMoCA have contributed to successful active engagement
- To share how the principles of the VdTMoCA have been utilised to illicit desired behaviours, reduce risk and restrictive practice
- To share how the VdTMoCA aligns with national drivers to reduce restrictive practice, within a High Secure Forensic environment

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Broadmoor Hospital

- Broadmoor Hospital is 1 of 3 **high secure forensic psychiatric hospitals** in England
- Broadmoor is commissioned to provide treatment to 210 males with mental illness and/or personality disorder
- A high percentage of patients in Intensive Care and High Dependency Units are cared for within the remit of Long Term Segregation (LTS)
- **Reducing risk is a high priority**

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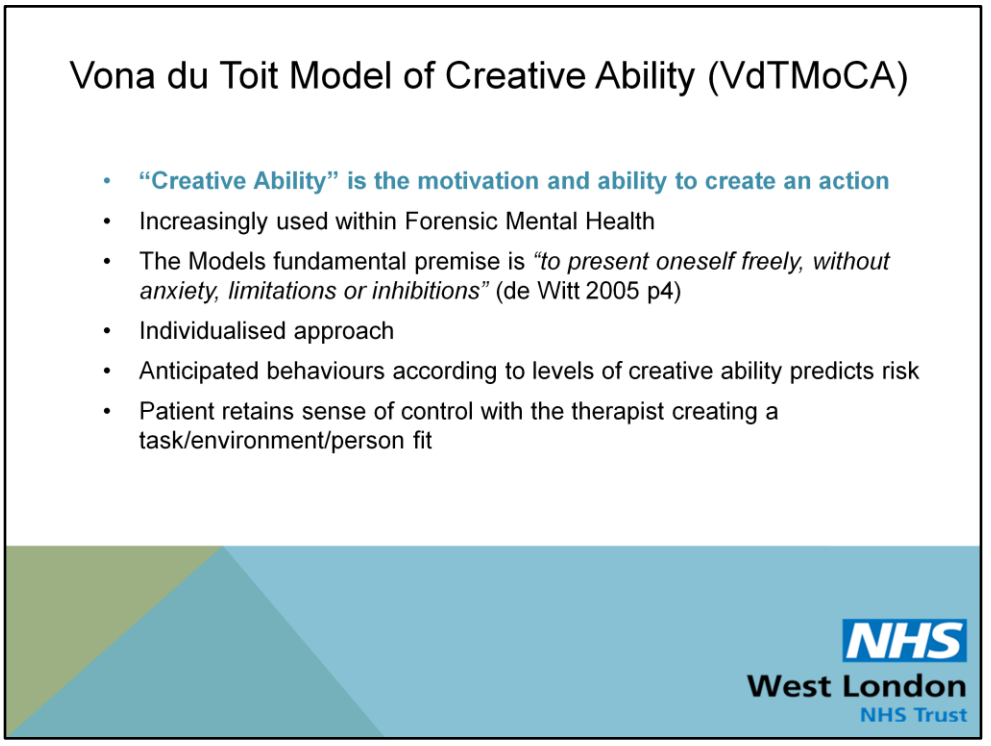


It is a clinical model of practice initially designed in South Africa.

It has an increasing academic interest and growing body of clinical evidence outside of its original geographical boundary

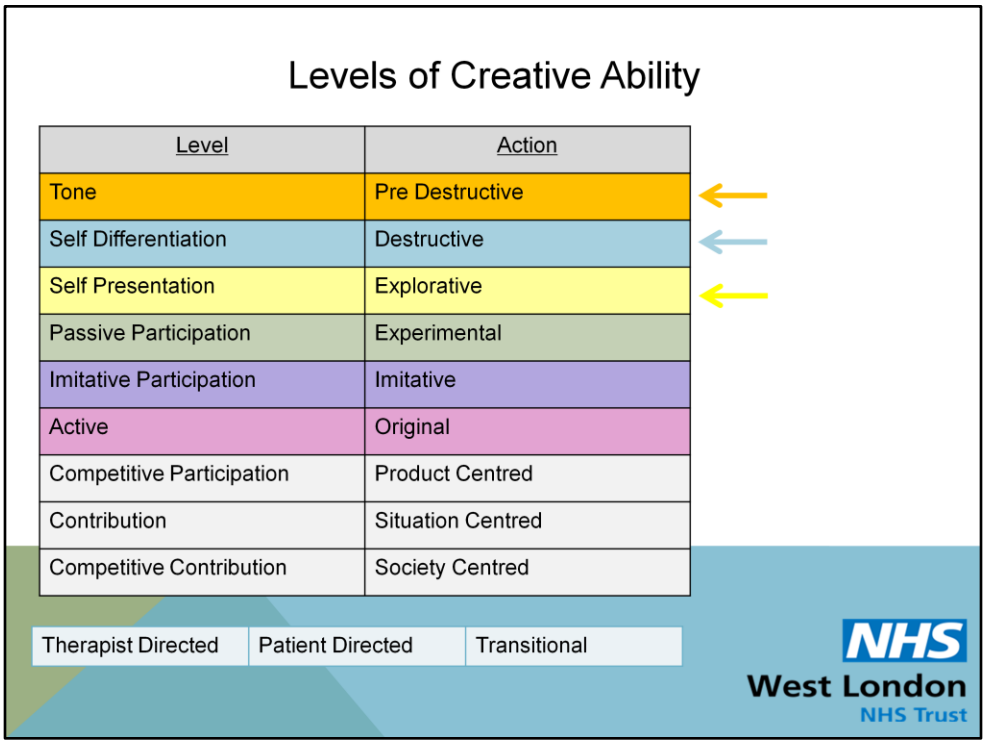
Becoming widely used in the UK in recent years especially within forensic mental health.

It's clinical effectiveness has been recognised by CQC (Wilson 2015b)

It was inspired by child developmental theories and incorporates a humanistic approach.

The Model acknowledges accumulative affect of past experiences, community impact upon and inter and intra personal interactions impact upon cognitive development and function

accepts the environment a person now finds themselves will affect engagement

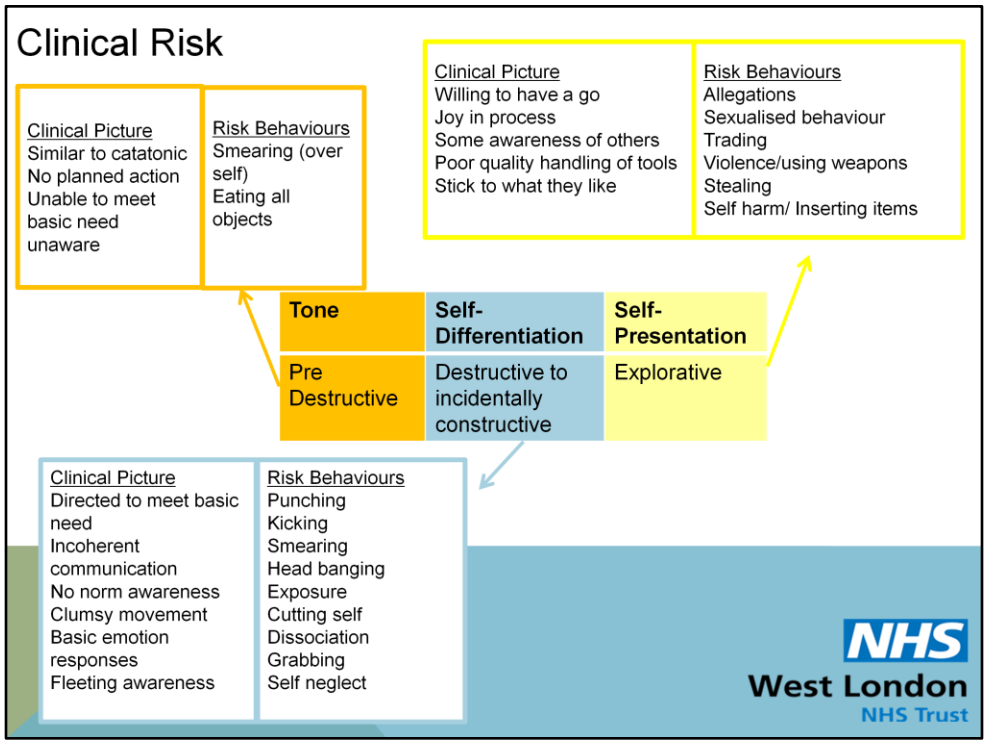


The model has nine levels in total

All humans will be on one of these levels

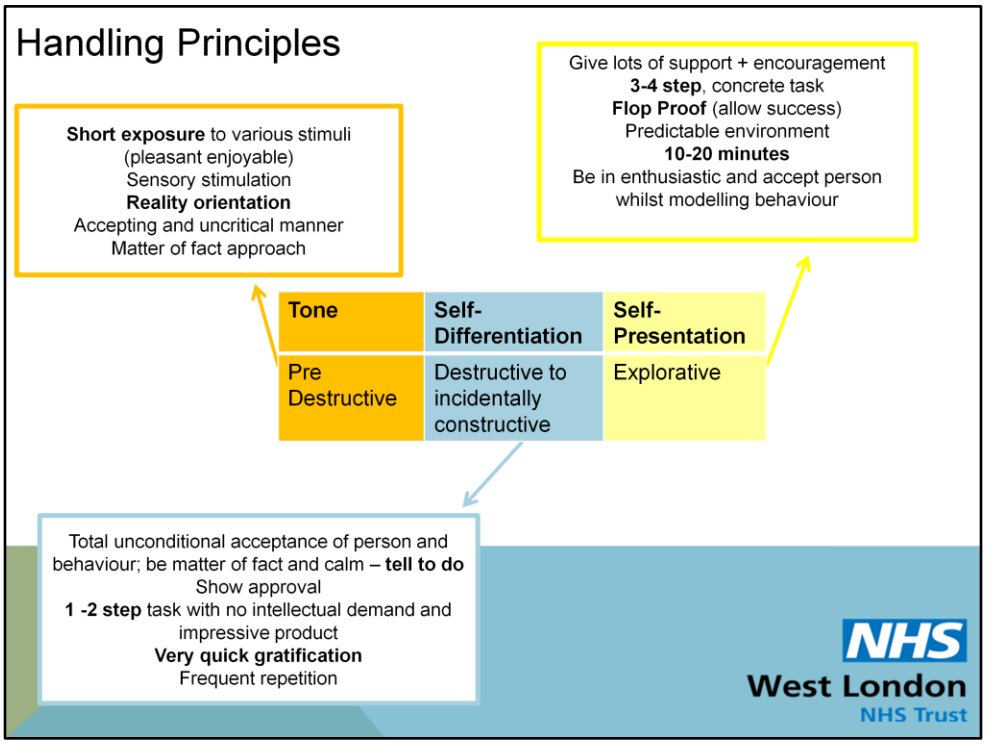
Within mental health services we see people on the first six levels (Sherwood 2011).

Within PICU and HDU we tend to see those within the first three levels



Identified clinical picture and risk within the first three levels seen within the PICU an HDU environments

The expected risk picture can help clinicians predict the risk behaviours likely to be observed before/during/after contact

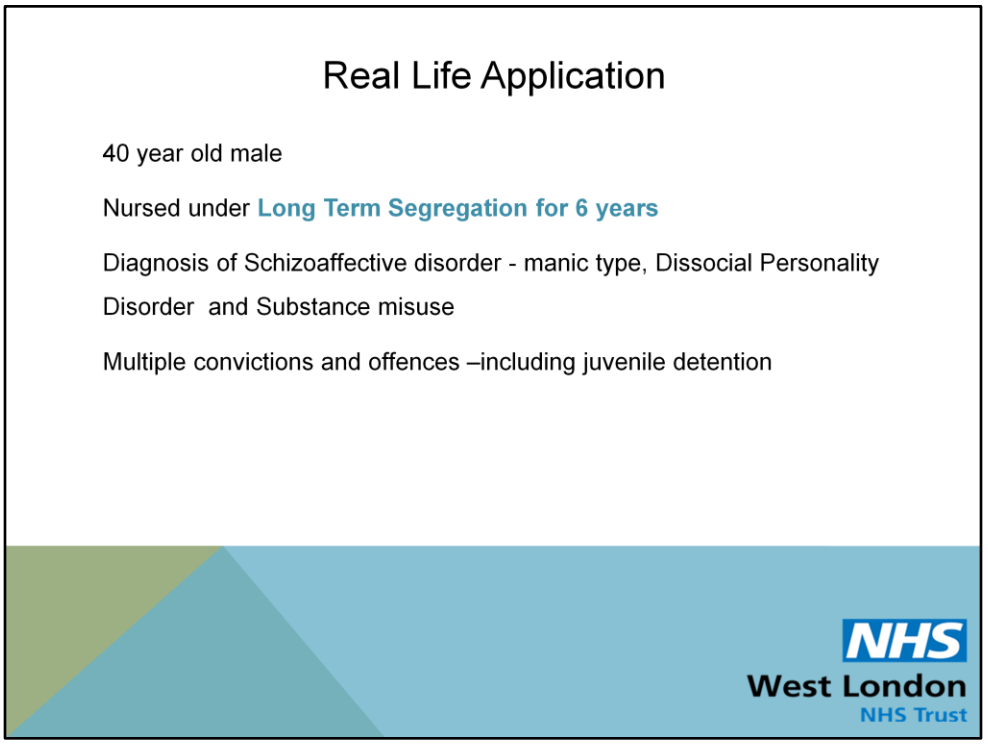


The handling principles can support clinicians designing treatment interventions using the key characteristics above

Engagement that he can succeed in to alter perception of self – he sees himself as risky person and breaks down these barriers (personal and staff) begin to change view of self for your note:

it also changes views of others, who communicate and interact with him differently, either consciously or unconsciously. e.g. some staff might avoid him more because they also perceive / view the patient as high risk

i.e. changing views of self and others all help and ultimately support the change view of self long term



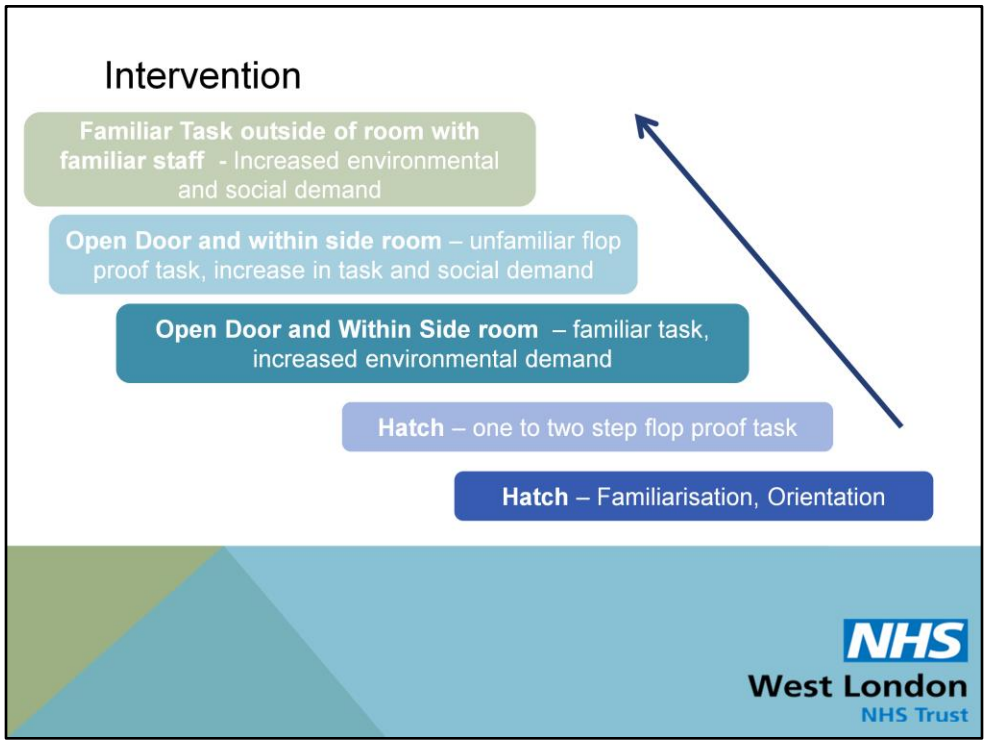
Since admission to Broadmoor all of his time, with the exception of the assessment period has been spent on High Dependency units across the hospital. Over this time he has spent six years on long term segregation to manage his risk to self and others

Long standing history of challenging behaviour, substance abuse and exhibits signs of borderline learning disabilities.

This challenging behaviour is high risk when he is experiencing periods of psychosis, leading to attacks on staff including behaviours such as hitting, punching, kicking, biting and scratching

Historically severely cut his self to cause bleeding

He is a large male which can mean then when he is engaging in such behaviours he is difficult to isolate and contain leading to high levels of anxiety within staff



He was still living behind a locked door. He was socially and occupationally deprived and staff struggled to engage him in other tasks than to meet his self-care needs as his motivation was so low.

He presented at self-differentiation level, which has previously been explained

On the slide, I have outlined a simplified version of the intervention which I undertook with MDT members

The first two steps were helping the staff to develop a more positive risk profile of the patient - who can engage with others and succeed. This was done through role modelling, teaching, demonstrating, collaborative working and empowering the staff to feel part of the process.

I began by working through the hatch of his door to successfully engage with no increase in risk behaviours feeds into his perception of self, his relationship with self and others, others perception of him whilst increasing social and occupational contact

The same tasks were used at several steps of the intervention for assessment and then treatment as an instant gratification task. This then became a familiar task, which he knew he could achieve as it was flop proof but still provided him with the sense of achievement from cooking.

This task could last for ten seconds – ten minutes depending on his mental state and mood but that was ok.

It allowed me to understand how he can communicate, using the handling principles of the VdTMoCA, and understand how to structure his engagement

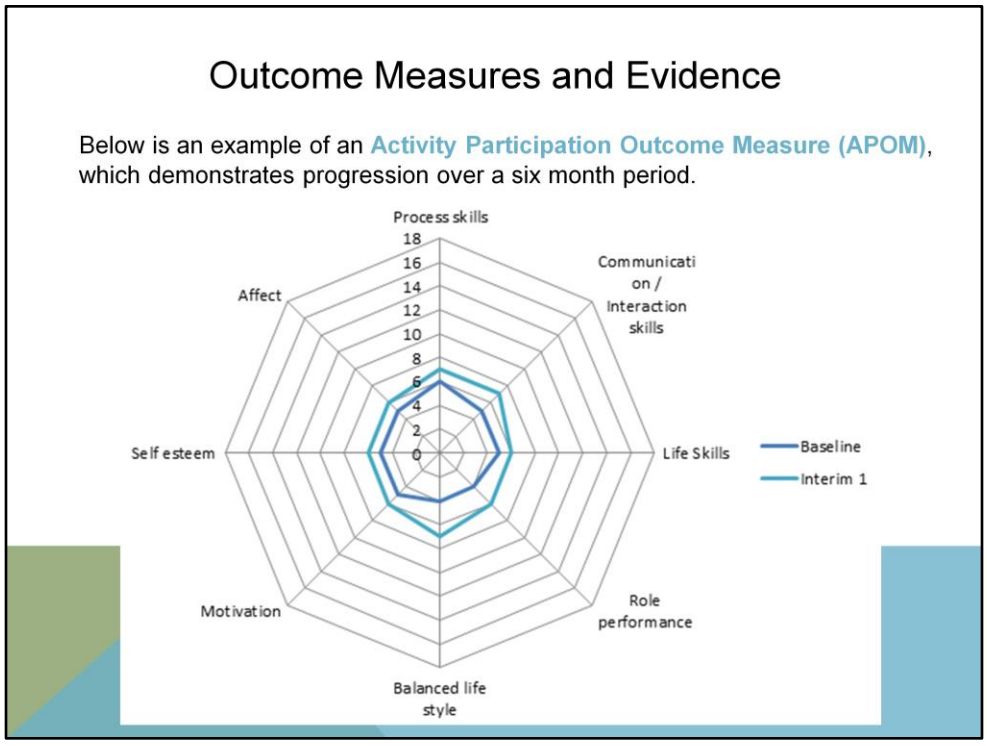
I used this task to then develop his tolerance of other environments slowly, whilst maintain the responsibility of recognising when he was becoming over stimulated and managing this to avoid risk behaviours

Slowly he allowed new people into his environment and the MDT were able to utilise the same principles and tasks to manage his risk behaviours

In terms of terminating his LTS, this intervention and integration into ward areas had already exposed and taught others and him how to cope in anxiety provoking situations and higher stimulus environment than his side room

He had learnt social skills and was now aware of others within his environment and able to communicate coherent conversation

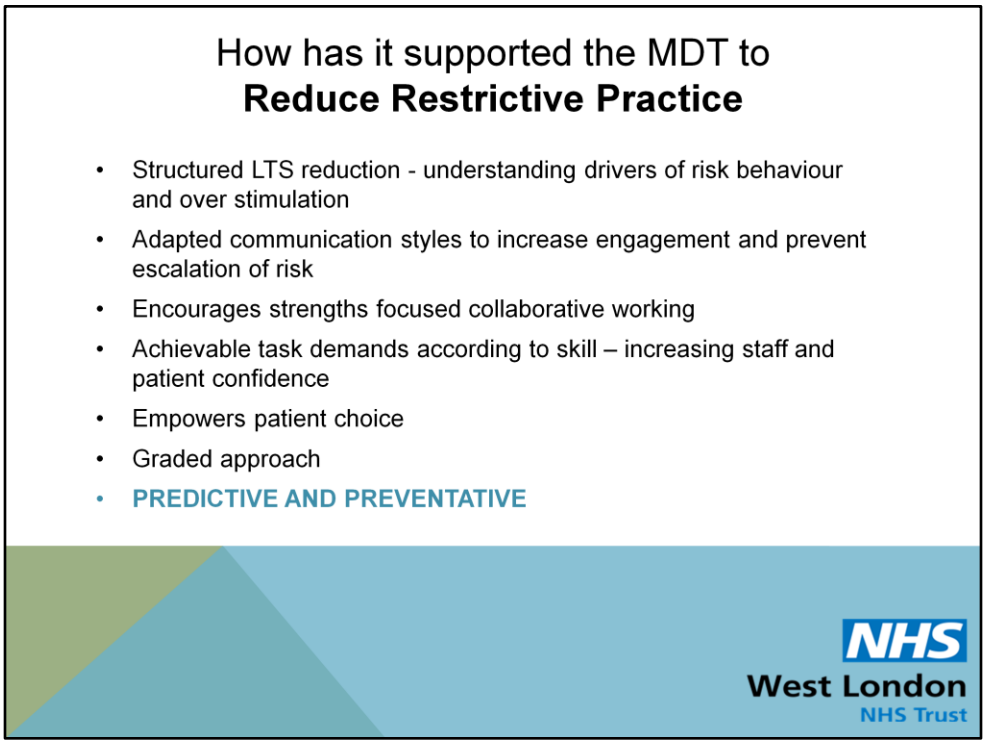
Providing structure was essential to termination his LTS, which was developed by the whole MDT, to ensure we were not setting his up to fail by taking away all of the restrictions which had previously been put in place



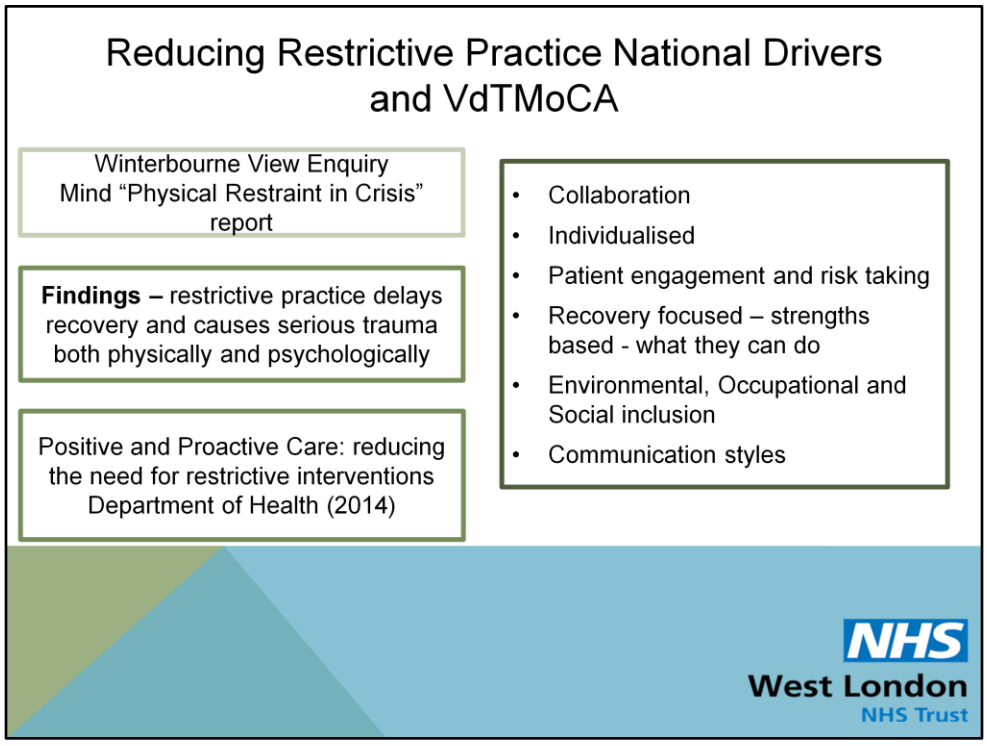
This is the Activity Participation Outcome Measure. The APOM uses the eight domains within the VdTMoCA to asses patients.

As you can see it provides a visual representation of progress, which can be minute but still measurable. This allows both patients and other professionals to easily see the progression made by a patient as well as identify treatment needs.

I was able to show the patient his APOM focusing on the different sizes of the circles, which he reported to be good – which is a huge development in his self-esteem and ability to comprehend



We are able to create environment and tasks for patients to succeed in by understanding their behaviours and why they act in that way whilst targeting their treatment needs - increasing patient and staff confidence - decreasing sensory and occupational deprivation



Following the winterbourne view enquiry there was a national response leading to changes in Acts and legislations,

FINDINGS

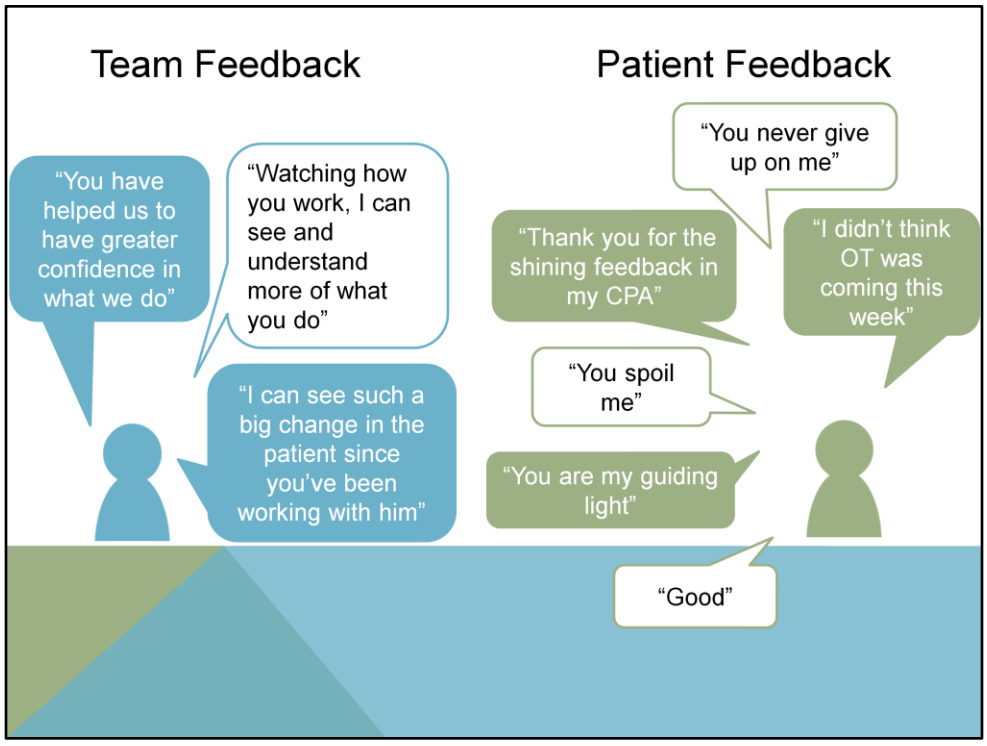
The Department of Health released their paper positive and proactive care; followed by revisions to the mental health act and NICE guidelines to alter treatment pathways (National Institute for Care and Excellence)

Ongoing reviews acknowledge positive changes have been made as a result, yet more needs to be done

The VdTMoCA approach is collaborative between therapist, patient and the MDT. It is patient centred and individualised according to patient treatment needs.
The VdTMoCA is recovery focused and strengths based which highlights their positive attributes, increasing self esteem, confidence and sense of self.
This approach empowers patient control, positive choices and supports social and occupational inclusion and skill development.
It increases everyone's confidence with positive and pro-active risk taking in order to

increase patient choices and opportunities.

The VdTMoCA supports our practice to address and meet the recommendations within the government reviews and international literature
Which say –
Cultures that encourage a recovery focused, collaborative, positive risk taking environment reduces the need for restrictive practices



"Patient progress was more easily measured and monitored" CQC

Thank you for attending.

We welcome any questions…

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