M.J.O.T.

Maltese Journal of Occupational Therapy

Editorial

It is said that what is valid today may not be so tomorrow. In health care delivery, competence depends on learning to learn and continuing education. The OT profession has serious human resources problems; however, on a positive note, a significant number of OT s have been feeling the need to upgrade their knowledge and keeping abreast of thr latest developments.

It is estimated that presently, 20% of OT s are undergoing some form of lengthy post graduate education, while many others are availing themselves of opportunities in short term educational events. This is a very encouraging sign because it demonstrates that the profession is motivated. Besides personal growth and development, the knowledge base is improved, experience is widened, and service delivery is enhanced. When one acknowledges these facts in the light of local limitations, it augurs well for the future.

We again remind our readership of the need to contribute articles, letters and feedback so that the MJOT can continue to be published regularly.

The Editorial Board

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NEUROREHABILITATION

at the Atkinson Morley's Hospital and Wolfson Medical Rehabilitation Centre

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In February - March 1996, I spent a 3 week placement at the Wolfson Medical Rehabilitation Centre and Atkinson Morley's Hospital, Neuroscience, St. George's Healthcare Trust in Wimbledon, London. My work at the Atkinson included treatment on the Acute Neurosurgical and Neurological wards whilst in the adjoining Neurorehabilitation Centre, I was involved on the general rehabilitation programme, chronic pain programme and the acute stroke programme.

During this time I joined in all OT departmental activities including in-service training and staff-meetings so the days were usually full and varied. Work started at 8:30 and finished at 5:00. However, many therapists came in much earlier between 1 hour - 1.5 hours and remained until 6:00. The lunch break was also taken up very often by talks, lectures, ongoing educational meetings, staff meetings and discussions with other disciplines, not to mention the famous audit meetings (which is where a representative of the NHS visits and requests the standardised assessments, treatment plans and sessions protocol for each patient, e.g. An assessment of a new referral has to take place within 2 days; each patient must receive a minimum of 1.5 hours OT, 1 hour PT daily and Speech Therapy a minimum of 2-3 times per week)

As part of a multidisciplinary team, OT at the Atkinson aims to provide a comprehensive assessment package, identifying plans of action and contributing to management and discharge planning of the patient.

Special attention is given to the following:
- Early assessment and advice on the management of cognitive and perceptual problems, with recommendations for further rehabilitation.
- Assessment and advice on the functional implications of the patient's level of disability and how it affects personal, domestic, work and leisure activities.
- Teaching compensatory strategies and training in the use of adaptive equipment to help improve independence in personal and domestic tasks, and where appropriate, the work environment.
- Offering wheelchair/seating assessments and providing advice and recommendations on the most appropriate chair to meet the needs of the patient.
- A package of therapy advice and instruction to patients who have undergone back surgery.

The Wolfson consists of 38 beds and 12 out-patients. This allows a multidisciplinary team to work closely with the individual, their relatives and carers, and respond to their needs and at all stages of their rehabilitation. The Wolfson provides intensive rehabilitation for the extensive range of needs of people with a disability following brain or spinal insult, to a level where community resources are then able to step in. The aim is to maximise an individual's potential, utilising their capabilities and help to overcome barriers.

The professional services provided at the Wolfson include OT, PT, Clinical Psychology (Neuropsychology), Social Work, Speech and Language Therapy as well as visits from Dietetics, Chiropody and Neuropsychiatry. The medical input is usually kept to a minimum since clients are usually medically stable prior to admission to the Wolfson.

The Client group managed by the unit range from conditions such as stroke, head injury, multiple sclerosis to chronic back pain. The rehabilitation package is tailor-made to suit the individual's needs and depending on the problems related to the disability. The goals are set jointly with the patient and can be flexible. The aim is to enable individuals to live as independent a life as possible, enpowerng them with the ability to make choices in terms of their lifestyle and quality of life, access to service etc within their own home/social/work environment.

The major aims of the care packages are as follows:
- Moderate to severe acquired physical disability: To maximise functional independence and implement a clear management framework for the future.
- Chronic back pain: Providing a method to enable self-management of pain and increase chances of return to employment. The role of he O.T. with these clients is to assess, advise and treat people who are having difficulties with daily living activities at home, work, in leisure, due to their backpain. The sessions involved an interview, questionnaire to discover the specific area of difficulty ; talks, discussions, videos and active treatment sessions; stimulating activities to work on during

the sessions so as to increase tolerance and improve the methods; and finally active treatment to improve the flexibility of the spine and improve on the problem solving abilities in relation to adopting good back care.

- Cognition and communication: To enable self identification of limitations and develop strategies to cope in order to operate safely in society. The OT uses standardised assessments, specific activities and tests, computers as well as teaching ways to compensate for lost or impaired skills.

- Multiple Sclerosis: To offer intensive rehabilitation and comprehensive evaluation of problems that have resulted from a significant deterioration or breakdown of support for an individual, aiming to prevent admission to hospital.

- Early Stroke Unit: To facilitate early discharge home, offering a comprehensive early rehabilitation package, aiming to maximise independence and reduce stress on family/carers. The procedures used for stroke clients is slightly different at present with specific framework and guidelines for admitting clients. The multidisciplinary team from the Wolfson visits the stroke client who is referred from either the Atkinson, St. George's Hospital or Bolingbroke Hospital. The OT uses formal, informal as well as standardised assessments with these clients. Once these functional abilities and level of impairments are established, intervention is planned. Multidisciplinary Goal planning sessions are held to set Long Term Goals and more immediate Short-Term goals as well as joint sessions, social meetings, reviews and discharge planning.

OT at Wolfson is particularly concerned with addressing the impact of cognitive, perceptual and physical problems on everyday life. The approach used follows the Sanderson and Reed Adaptation through Occupation model. This enables the OT to review the patient's performance in the areas of Motor, Sensory, Cognitive, Intrapersonal, Communication and Perception and what effects this has on their personal care, work and domestic tasks, leisure and relationship to and with the environment.

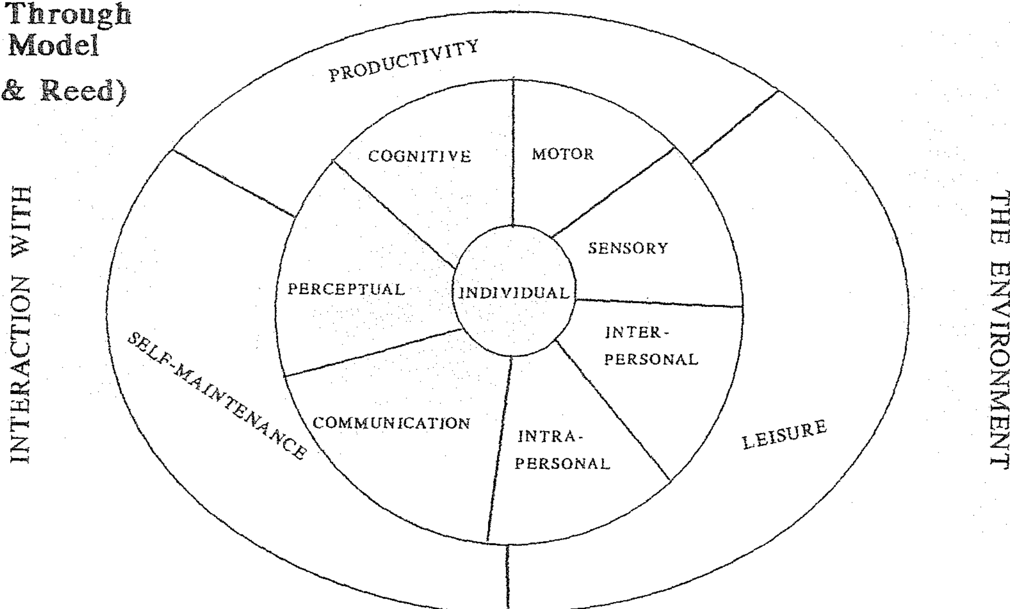
Special attention is given to the following:

- establishing a starting point based on the patients' previous and present capabilities.
- assessing the client's functional abilities (personal care, domestic, work and leisure skills).
- training in the use of adaptive equipment to help improve independence in personal and domestic tasks and, where appropriate, the work environment.
- identifying the most appropriate goals in vocational and leisure pursuits.
- offering advice on appropriate wheelchair and other seating needs which people require within their home or work environment.
- assessing level of cognitive impairments whether cognition, perception, motor function, psycho social skills.
- home and community visits and resettlement into the community.

In the short time that I visited the Wolfson and Atkinson I had the opportunity to use standardised and non-standardised assessments, assess patients' functional abilities and their level of disability as well as planning intervention and joining in goal planning sessions. This placement involved hands-on training in assessment, treatment and home and community work with patients suffering from neurological problems. During this time I learnt new skills whilst enhancing previous knowledge which I found extremely valuable in my work at St. Luke's Hospital.

Adaptation Through Occupation Model

(Sanderson & Reed)



REHABILITATION

at Mount Carmel Hospital and in the Community

Rose Marie Borg Dip. OT SROT

What is Rehabilitation?

Rehabilitation is the process through which a person is helped to adjust to the limitations of his disability. Lost skills may be regained and coping strategies developed.

The aim of the rehab team is to restore the individual to his maximum level of independence, psychologically, socially, physically and economically.

Rehabilitation Programme

Any rehabilitation programme must be based on:
1. Assessment of the individual's skills and limitations so that realistic goals may be defined.
2. Appropriate treatment programme devised.
3. Reassessment and evaluation leading to modification of the programme.
4. Achievement of a gal allows termination of no particular part of the programme or a change on emphasis.

Rehabilitation programmes should be rehabilitative rather than designed to occupy the patient.

Principles of Rehabilitations

Four basic principles:

1. Listen to the patient
2. Know the community
3. Pay attention to detail
4. Remember how the world have changed

Rehabilitation Programme

Rehabilitation programmes consist of 3 stages.

1st. Stage - Rehabilitation within the hospital. Patients from admission wards are transferred to the long stay wards 5A, 5B, 3A, 3B or directly to Half-Way House.

Patients from Chronic long stay wards are assessed and reviewed regularly after they are either:
1. Referred to another Dept.
2. Transferred to HWH
3. Discharged home

2nd. Stage - Bridging the gap i.e. resettlement in the community.

The rehab process does not end at this stage but it is intensified as the patient comes face to face with the realities and problems of life in the community. While for some discharge will be a realisation aim, for others more independent level of living within the hospital may be the appropriate goal. It is at this point where a need for Hostels within the hospital is felt.

3rd Stage - Community Support

1. Home visits
2. Wednesday groups

OT involvement in the rehab programme

1. Selection of clients for training
2. Identifying the areas where individual training needs to be given.
3. Selecting what eventual placement might be suitable, i.e.
   - A. Transfer to another department
   - B. Accommodation in the Community
   - C. Transfer to another rehab unit such as HWH.

OT long Term Goals

are aimed at

1. Improving independence and or creating a better quality of life.
2. Adjustment outside the hospital or another institution by:
a. increasing domestic self help skills
b. improving social and interpersonal relationships
c. Purposeful use of recreational time

Observed Problems

1. Apathy and no motivation
2. Lack of self-care
3. Very poor life skills:
Domestic skills - Coping skills - Social skills
4. Resistance to change (both patients and relatives)
5. Institutionalisation
6. Social problems:
   - A. Stigma
   - B. Getting a job (economic problems)
   - C. Finding a home
   - D. Re-socialisation
   - E. Difficulty in getting alone
   - F. Refusal, resistance from family members, carers

G. Lack of support
H. Role changes within the family

Rehab Programme

1. Ward based domestic activities programme
2. Introduce patients to the use of knives when eating
3. Introduce the use of trays during lunch time
4. Future introduction of washing machines on these wards
5. Daily use of showers for people who wash independently
6. Provide patients with their own set of clothes and personal belongings such as toothbrush, underwear, umbrella
7. Improve the environment on the wards by putting on pictures, colourful printed curtains
8. Family involvement
9. Improve self-care
10. Social Activities - patients' involvement in organisation of parties/social functions

Difficulties Encountered

1. High number of patients
2. Lack of staff - individualised care is difficult to be offered.
3. High number of psychogeriatric patients who are fit for another ward (demented, incontinent) These interfere with the ward rehab programme.

4. Environment - non therapeutic.
5. Lack of facilities on ward - structural, material, financial
6. Resistance to change from staff
7. Role Conflicts (Rule-book mentality)
8. No continuity of care
9. Lack of community-based facilities.

Changing the system is not as simple as might first appear.

1. Firstly because people in institutions tend to resist change and even when identified, undesirable attitude might prove very difficult to the change.

2. Even where there is a desire to change, the precise change brought about might not be what one had anticipated.

THE MALTA ASSOCIATION OF OCCUPATIONAL THERAPISTS NEWS:

by Stephanie Vella, Secretary

DANCE MOVEMENT THERAPY SEMINAR - FEEDBACK

The M.A.O.T. in conjunction with the Maltese Psychological Association held the workshop in dance movement therapy headed by Ms. Nina Papadopolous. The duration per workshop was of 3 hours having 25 participants respectively. The range of participants varied from University lecturers, therapists, psychologists, special needs teachers, social workers, dancers and university students.

In the initial part of the seminar Nina introduced the participants with the theoretical framework of Dance and Movement. After a short break she indulged the participants into a hand-on experience of dance movement therapy. She used ice breaking exercises, mirroring techniques, role reversal techniques, dialogue through dance and spatial awareness exercises. During these exercises Nina used classical/contemporary music as well as jingles which help her to maintain or change the timing of how the group moves.

Nina works in various Day Centres in the United Kingdom including elderly persons, physically disabled persons, mental health persons and adults with special needs. Age does not make any difference. Also Nina works in a school for normal children. She also published atricles and carried out research studies.

Nina enjoyed working with all the participants and many of them stated that it should have been longer and that there should be a follow up of this workshop. One hope it will come through!

Work Experience in the United Kingdom (1.4.96 - 26.4.96)

by
Carmen Farrugia Dip. OT SROT

My four week visit to London consisted of a work experience in specialised units catering for psycho-geriatric clients. This experience helped not only to improve my skills in dealing with this client group but also in gaining experience of new therapeutic activities.

Theoretical information was also available both within the team I was working with and through parallel practising professions and organisations. Furthermore, I have been introduced to formal and informal ways of teaching. During my stay I was working on a full time basis with the Hampstead Royal Free Trust.

Services within the
Hampstead Royal Free Trust

On one of my first visits I was introduced to services offered by Occupational Therapists in the Hampstead General Hospital.

This elderly client group is also catered for by a number of services in the community - day centres, day hospitals, home-visits, home-help and meals on wheels, hospital placement and residential care. All work in a closely knit network of internal cross referrals, feedback - verbal and written, and a holistic combined effort. Hence feedback in the form of correspondence and reports is available to all team members including the general practitioners and hospital staff. This approach facilitates assessment and re-evaluationof treatment and/or services being offered in the individual clients.

Work within Nancy Swift Unit

I was attached to this unit for most of my placement. Situated on the level which specialises in geriatric care of a general hospital, this is a twelve-bedded mixed ward catering for those elderly clients with mental health problems. Acute relapses of both functional and organic conditions are admitted usually by referral from the general practitioner. An assessment home visit is then carried out either by the consultant of the senior registrar on the ward. Occasionally, self admission by the clients themselves take place. Yet these are rare since most clients come to the team's attention before extreme emergencies arise.

Individualised care is the main approach on this ward. The clients are encouraged to be independent in their own way and time. Although rules exist - self hygiene, meal times and conditions on leaving the ward, all patients are free to join any other session being done and to use any part of the unit at any time of the day. It works on an open-door system and when there is a sectioned client who wishes to leave but can be harmful, more individualised care and attention is offered to that particular client.

Occupational Therapy Intervention:-

Apart from being responsible for individual and group activities with the clients, the Occupational Therapist is an active member of the multidisciplinary team, hence attending feedback sessions both on a daily routine and at the weekly ward-round.

Individual Sessions:-

Rehabilitation in personal ADL's and helping in resolving personal problems takes place on an individual basis to safe-guard the person's integrity and to be able to properly assess the client's function when they are on their own. Feedback to the team is given in order to assist the holistic approach provided.

Group activities:-

Focusing on the present functional level of clients and aiming at enhancing better emotional and psychological functions, groups are held daily by the Occupational Therapist. All clients are encouraged to participate but attendance is at their discretion. They are operated on an open-group system in which other staff could attend and later follow up the clients with their individual needs.

Newspaper groups are held daily, at times informally by the clients. These include discussions on the news where clients are able to air their views on the subjects.

In creative and projective art sessions a wide variety of material available is used. The end product improves the sense of worth both to the individual clients and to the group as a whole. For some, art proves to be a way of relaxation and a means of reviving past interests.

Leisure, enjoyment and better physical fitness are the goals of another set of group activities. Such groups proved to be an effective way to enhance and motivate thought processes and cognition. Another important process for elderly persons, more so for those with mental

(continued on next page)

health problems, is reminiscence. The O.T. plays an important role to facilitate such process using variable media including photographs, side features, books and music from past gone years. Group intervention in this aspect provided better understanding of the client's lifestyle and hence future resettlement.

Friday morning called for a formal group where clients provided constructive feedback on the past week spent on the ward. Minutes are taken and are later discussed with other team members who work together at meeting with the clients' wishes.

Once a week the Occupational Therapist conducts a closed group for the clients. Topics such as hospital stays, treatment, follow-up in the community and medication are dealt with. Airing personal problems clients are helped by the team and other clients.

Home Visits: Here the OT together with the SW assess the housing facilities and the client's function in his/her own environment which often produces a different picture from that on the ward. The social network available and future management criteria are assessed and if needed arranged. This will influence the whole aftercare.

Ward Rounds: Once a week, the Occupational Therapist joins the other team members for a ward round. All clients are discussed with the team, listing the interventions and contacts that took place in the previous week. Hence the team is then able to form a joint decision on the immediate and more long term management of the clients, keeping in mind their personal needs and wishes. A list is then formulated to guide each professional on the following week's programme. Therefore all members will be able to assist the clients according to the team's directions.

Handover: As indicated above, feedback sessions amongst team members is a rule in the smooth running of the unit. Being the only profession represented twenty-four hours, seven days a week, the nurses are the pivot of all feedback. All other team members give feedback to nurses throughout the day. Feedback sessions for nurses are open to other staff. This minimises the risk of repeated efforts, misinterpretation of data or distorted images of the treatment plan and proves to be invaluable for ongoing re-evaluation of client's condition, treatment and services being offered.

Sessions with other team members

An exercise therapist holds a weekly group. Equipped with music, balls and exercise bands the session aims at improving physical fitness and motivation.

Attachment visits to other services within the Trust

Queen Mary's Day Hospital.

This day hospital catering for elderly persons suffering from functional illnesses is similar to an active day for an elderly person. The hospital is run by two nurses , a consultant, a senior registrar and one part-time occupational therapist. A psychologist and an art therapist provide weekly input. It runs on a five-day week basis with an average of twelve clients visiting each day.

During my one day visit I participated in the day's activities namely two groups, individual attention to clients and verbal feedback sessions for staff after each group. The morning consisted of a music-exercise group and later relaxation sessions. After individual sessions and lunch, the afternoon session was a social gathering of the clients. Social skills and relationships were the emphasis of the latter group. Both sessions were carried out by the occupational therapist with the nurses acting as co-leaders.

With this day hospital, many of these clients are able to continue living in their own home independently. Signs of relapse are indicated early enough to be dealt with usually without need of hospitalisation.

Queen Mary's Hospital

This is a geriatric hospital specialising in slow long-term rehabilitation. It houses two eighteen-bedded wards: one catering for functional illness and the other for organic causes mainly dementia. Most of those in the latter long-stay patients who will remain on the ward. Clients are encouraged to take their own furniture and to arrange their own room themselves. Hence the environment of the ward is very homely with staff working at ease around the individual's needs.

Social, board-games, outings, music, art and physical exercises are amongst the daily activities organised by hospital helpers although attendance is left at the client's own will.

The Hoo

Situated in a housing area this old house has lately been converted into a residential home for twenty four elderly persons suffering from moderate to severe dementia. A day hospital service treating about fifteen persons daily is also provided. The whole service is run by nurses in conjunction with two visiting activity organisers who carry out therapeutic sessions: music, art, reminiscence, outings, social self-care and cosmetic activities are common.

Visit to the British Association of Occupational Therapists.

A visit to the BAOT was fruitful in gaining access to latest publications regarding the Occupational Therapists role in particular.

Ongoing Education

In conjunction with regular staff meetings, supervision, individual ongoing education through publications and a wide variety of local courses available, the occupational therapist practising in the psychiatric field keeps abreast with recent developments through weekly sessions. Thus various topics and techniques are investigated and practised amongst therapists not only to learn the techniques but also to polish known information and to personally experience the media used.

Evaluation and Recommendations

As previously indicated, the visit was highly beneficial to myself as a practising Occupational Therapist and to my future services.

The first impression I got was that all services offered are very individualised. This is due to the fact that the staff - patient ratio is highly adequate. The priority of all staff is to get to know the patients as an individual and later to plan treatment programmes according to their specific needs. All patients are attached to a key worker who follows them more closely. Patients are treated with respect, listened to and helped to adapt to their environment. Hence it is obvious that with a good staff-ratio, and a manageable case load our results will be more reassuring.

Individualised care is promoted by the homely environment present in all units. Each place caters for a limited number of clients with rooms which make clients feel at home and staff feel at ease during the work. Rules are kept to a minimum with clients adhering to their previous life-style as much as possible. Mixed gender wards provide a more familiar situation where different life experiences offer a holistic view to life in general.

An important factor in the smooth running of the services is the specific designation of each service provided. This enables staff to be more specialised in dealing with the client group and the clients in a better position to understand each other and hence to integrate. Efficiency and effectiveness is the result of this approach. In my professional opinion, although this might mean a lot of space and human resources for a small number of clients, it would be highly beneficial to all, particularly to better our service and to add quality rather than quantity to life.

All staff working with this client group possess a high theoretical background and hence are well equipped to treat the clients and to work within a professional team.

The psychiatrists have a good rapport with general practitioners and their intervention starts before admission which is usually a last resort. Care of elderly within the community is supported by close monitoring of the private doctor and social services. Such a practice is definitely the most individualised service offered and it lifts pressure from hospital beds.

The Occupational Therapy service provided is very similar to that provided locally except that individualised care is more pronounced. Also, there is a better availability of training, most of them continually attend courses to better their service. Having a good number of practising Occupational Therapists, one feels less isolated and feels less the lack of support and proper supervision from more senior staff. Being a still young and developing profession locally, it is easy to feel inexperienced due to lack of observing other staff working in the same field. To further minimise these feelings, Occupational Therapists meet on regular basis for meetings and ongoing education sessions.

Locally most of the Occupational Therapy activities are limited in their effectiveness for the sole reason that space, equipment and materials are lacking. In my visit, I noticed that a variety of media is a must to enhance the full aim of the session. Having a variety of material to work with will cater for a wider number of clients, be more effective and will save time.

Envisaging an increasing ageing population, one must look forward at all possible ways to decrease pressure of hospital and residential services. A community network will assist this problem together with a higher number of qualified staff. The community will always benefit from any services that elderly persons are able to provide, hence the community should care for these persons.

As a last point, one should mention that the service will benefit if more staff will have similar experiences. Therefore more contacts ought to be made with the same or other organisations. Staff exchange is another possibility which was indicated during my experience.

Conclusion

After a four week period of working within a specialised team for elderly persons with mental health problems, I now return to continue my work in a heterogeneous group of elderly clients. Although the set-up is different, the experience was helpful in encouraging me in my future plans - specific sessions for a selection of persons. Though I will continue to work with a heterogeneous group, I will try to be more individually based with homogeneous groups within the service.

Is there anything you'd like to tell us?
Comments and suggestions? Letters? Articles?
We'd like to receive them. Write to:

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