RCRHS Réseau canadien sur les ressources humaines en santé | CHHRN Canadian Health Human Resources Network

Welcome to Fireside Chat # 379

March 25, 2014 1:00 – 2:00 PM Eastern Time

(Teleconference open for participants at 12:50 ET)

CHHRN HHR Innovation Series Fireside Chat:

Occupational Therapists in Community Mental Health

Advisors on Tap:

Aditi Andruss, OT Reg. (Ont)
Sarah Curtis, OT Reg. (Ont)
Ron Remillard, OT Reg. (Ont)

Community Mental Health Program
Royal Ottawa Mental Health Centre

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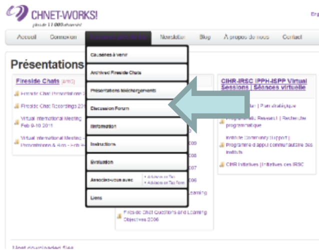
Population Health Improvement Research Network
University of Ottawa

Housekeeping : how a fireside chat works…



Step #1 : *Backup PowerPoint Presentation*

- ***www.chnet-works.ca***

Step #2 : Teleconference

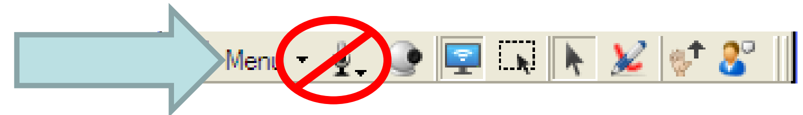
All Audio by telephone

- If your line is 'bad' – hang up and call back in
- Participant lines muted
- Recording announcement

Step #3: The Internet Conference *(via 'Bridgit' software)*

From our computer to yours

No audio via internet



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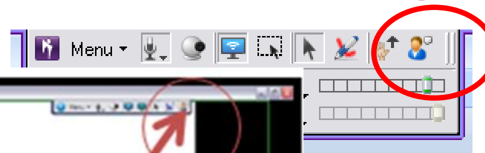

Joining in by Telephone
AND
Internet Conference
('Bridgit' software)

click: participant's icon – person/blue shirt

Please introduce yourself!

- ***Name***
- ***Organization***
- ***Location***

- *Group in Attendance?*

Joining by Telephone only?

By email:
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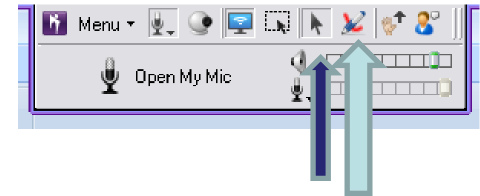
animateur@chnet-works.ca

Where are you located? Où *habitez-vous*?

√ on your province/territory

√ sur votre province ou territoire



YK NT NU BC AB SK MB ON QC NF PE NB NS

Advisors on Tap

Aditi Andruss

Occupational Therapist

Royal Ottawa Mental Health Centre *(Since 2004)*

- Aditi is currently working with the Step-Down from ACT team in the Community Mental Health Program.
- Aditi has previous experience working in various pediatric settings.
- Aditi has her MSc in Occupational Therapy from McMaster University, BSc Human Kinetics from University of Ottawa and a diploma in Developmental Services Worker from St. Lawrence College.
- She has a special interest in working with individuals with dual diagnosis.

Advisors on Tap

Sarah Curtis
Occupational Therapist
Royal Ottawa Mental Health Centre (*Since 2010)*

- Sarah is currently working with the Catherine ACT Team in the Community Mental Health Program.
- Sarah has previous experience working with a rural ACT team in Southern Ontario.
- Sarah has her MSc in Occupational Therapy from McMaster University and her BScH in Psychology from Queen's University.
- Sarah has a special interest in international development.

Advisors on Tap

Ron Remillard:
Occupational Therapist
Royal Ottawa Mental Health Centre (*Since 2001)*

- Ron is currently working with the Bank ACT Team in the Community Mental Health Program.
- Ron has previous experience working in the developmental services sector and providing vocational services in a variety of settings.
- Ron has his BSc in Occupational Therapy from University of Ottawa and a diploma in Developmental Social Work from Cambrian College.
- Ron is currently team lead of the Bank ACT Team.

This presentation will focus on the model of care for Assertive Community Treatment and Step Down services using a client case study.

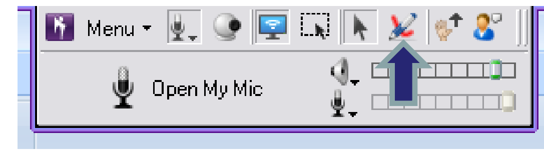
The outcome measures listed below will be used to illustrate the client's recovery in each service and validate transfer between them.

Through this process we will also discuss the strengths and challenges of service delivery.

- Ontario Common Assessment of Need (OCAN)
- Treatment and Recovery Plan (TARP)
- Assertive Community Treatment Transition Readiness Scale (ATR)

What Sector are you from?

Put a √ on your answer (or RSVP via email)



Public Health	**Education/Research Faculty/Staff/Student**	**Provincial /Territorial Government/Ministry**
Municipality	**Health Practitioner**	**Other**

Presentation Outline

- Definition of ACT care model
- Definition of Step-down care model
- Client Vignette
- Canadian Model of Occupational Performance
- Person Environment Occupation Model (PEO)
- Ontario Common Assessment of Need (OCAN)
- Treatment and Recovery Plan (TARP)
- Assertive Community Treatment Transition Readiness Scale (ATR)
- Strengths/Challenges
- Useful links

The Assertive Community Treatment Team (ACTT)

- Interdisciplinary team of mental health professionals
- Serving client's living in the community
- ACTT is for people with severe and persistent mental illness
- Multiple hospitalizations (criteria of 90 days/year for admitting)
- Clients can be unstable but not necessarily to the point of needing hospitalization.
- Focus on crisis management and stabilization in order to progress to rehabilitative goals (life skills, vocation, education, recreation)
- Care is provided 7 days/week, 24 hours/day; after-hours crisis line is available
- Each worker carries 8-12 prime clients, and assist clients with goal setting, treatment planning and follow-up.
- Clients work with all team members and have access to services of the entire interdisciplinary team (30% rule)
- Clients are seen as needed; for example able to provide support 2-3 times/day if necessary vs. once/week

- ***Services include:*** treatment; collaboration with families; referrals to community resources; skill teaching; assistance with housing; assistance with the legal system; active vocational support; inter-agency liaison; active recreation support.

Step-Down from ACT Team

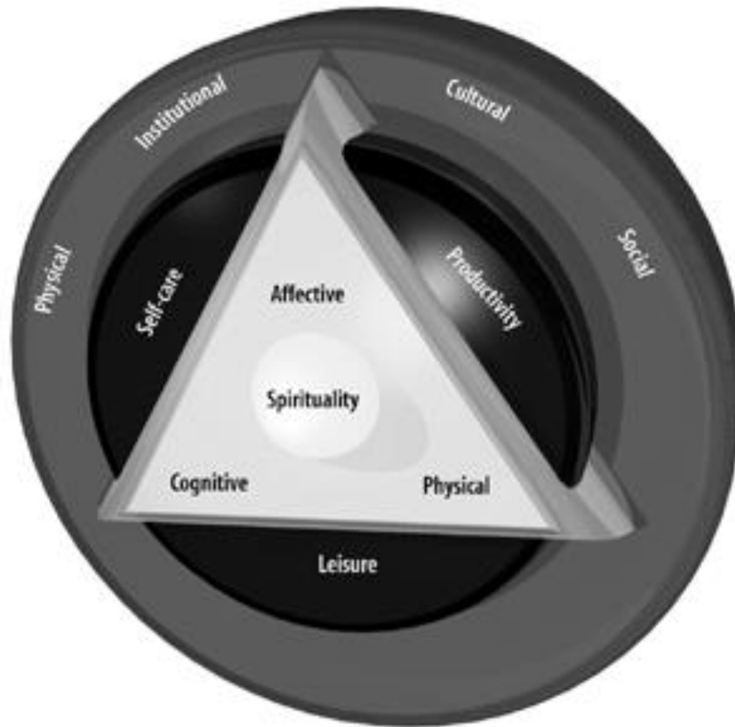
- Interdisciplinary team that brings mental health services to the client's in the community.
- Clients are psychiatrically stable having graduated from the intensive treatment/crisis model of the ACT team
- Uniqueness from some other case management teams/models is that there is a team psychiatrist
- Each clinician works with clients on a one-to-one basis
- Interdisciplinary team is used for consultation and coverage as needed
- Services provided during regular business hours; no after-hours support

- ***Services include:*** treatment; collaboration with families; referrals to community resources; skill teaching; assistance with housing; assistance with the legal system; active vocational support; inter-agency liaison; active recreation support

Client Case Study

- 44 year old single black female
- Diagnosis of bipolar disorder and mild developmental delay
- Currently living in a supported home for adults with severe and persistent mental illness
- Employed with a consumer run business
- Participates in floor hockey, volleyball and other social outings with friends.
- History of suicide attempts and medication non-compliance
- Onset of mental illness at age 17

Canadian Model of Occupational Performance (CMOP)



(CAOT, 1997)

- occupational performance results from the relationship between the person, their environment, and their occupations
- this relationship is interdependent and dynamic
- spirituality is placed at the core → it resides in the person, it is shaped by the environment and it gives meaning to occupation

Person

Affective:	**A**-Does not consistently take medications as prescribed **A**-Easily irritable and quick to react with verbal or physical aggression **A**-Difficulty with self-control **A**-Frequent suicidal ideations, history of multiple attempts -Typically cheerful and elevated mood, but fluctuates frequently (bipolar) -Generally confident, outgoing but vulnerable (limited street smarts) -Decreased self-efficacy related to interpersonal relationships **S**-Motivated, flexibility to change **S**-Appropriate self control, no anxiety
Cognitive:	**A**-Limited insight into mental illness and emotions **A**-Difficulty with planning ahead, living “in the moment” -Mild developmental delay -Difficulty with abstract skills, multi-tasking -Able to follow simple step instructions, able to learn with repetition, increased practice -Some difficulty with non-verbal social cues -Poor judgment regarding personal safety **S**-Good insight into mental illness and emotions **S**-Able to plan ahead

A-blue text → qualities present when with the ACT team (in the past)

Green text → qualities consistent over time

S-red text → qualities currently present with the Step-Down team

Person

Physical:	-Functional ROM/reflexes/muscle strength and general physical functioning -Slight obesity, diabetes -Hormonal condition (related to pituitary gland) -Functional endurance (some shortness of breath with minimal exertion) -Chronic low back condition (secondary to fractured low back due to suicide attempt) -Functional gross motor skills -Minimal fine motor deficits-generally does not affect functioning -Ability to motor plan intact (Praxis) -Excellent Hand-Eye coordination, intact body scheme -No skin integrity issues -All senses intact (good eye contact, form perception intact, pain awareness/sensitivity)
Spiritual:	-Involved in various events within the black community (Haitian and Jamaican) in Ottawa

Environment

Physical:	**A**-Lives in own apartment, struggling to pay rent, bills, and complete household tasks **S**-Lives in group living for persons with mental illness (shared house) -No accessibility needed at present time at home -Lives in central location-close to buses, shopping, groceries, community health centre and other amenities (**A**-previously didn't have the skills to access these resources independently)
Institutional:	-Support from Ontario Disability Support Program for income -Has support from various community mental health consumer run organizations -ROMHC **S**-Employment supports for looking for competitive work
Cultural:	-Adopted Black woman who grew up in a Caucasian family in rural area where her and her adopted brother were the only black people in the community -Currently in a multi-cultural environment
Social:	**A**-Will often befriend men at bars and go home with them on a weekly basis -Family lives in rural town about an hour from Ottawa -Has several friends in both the psychiatric community and non-psychiatric community -Speaks with adopted Grandmother on the phone regularly **S**-Speaks with mother on the phone weekly and visits family on holidays

Occupation

Self-Care:	**A**-During episodes of mania, hygiene can be impacted **A**-Needs support with activities in the community and to maintain apartment and household tasks (ie. ACT staff help with de-cluttering once/month, grocery shopping with staff) -Enjoys grooming hair/new hairstyles, keeps up with fashion -Bathes daily Needs assistance with banking and budgeting **S**-Independent with all activities of daily living **S**-Independent with cooking, household tasks and community outings
Productivity:	**A**-Plays in community volleyball league, with ACT support for transportation **S**-Responsible for intake, set up, other administrative tasks at volleyball league (receives honorarium for this role) **S**-Part-time employment as a cook in a consumer run business **S**-Role of helper/assistant in her group home when new roommates move in **S**-Spokesperson for housing organization **S**-Able to independently complete household chores (that are designated) and grocery shopping as needed
Leisure:	-Eats out with friends -Goes to dance bar weekly with friends (**A**-previously met a new partner weekly) -Changes her hairstyles frequently -Enjoys shopping -Plays volleyball/floor hockey **S**-Spends time with her boyfriend

Ontario Common Assessment of Need (OCAN)

- Created by Community Mental Health Common Assessment Project (CMH CAP)
- A standardized, consumer-led decision-making tool, based upon the Camberwell Assessment of Need (CAN-C)
- Performance is evaluated in 24 domains of functioning, classified as either “no need”, “met need” or “unmet need”
- Describes the level of informal (friends, family) and formal (service providers) support that they require and that they are receiving
- Contains sections for both self-assessment and staff-assessment, discussion is encouraged between contributors
- Results are prioritized and can then be easily translated into the recovery planning process

Sample OCAN Domain

9. Psychological Distress	Staff/Self rating
Have you recently felt very sad or low? Have you felt overly anxious or frightened?	
1. Does the person suffer from current psychological distress? (*If rated 0 or 9, go to the next domain)*	1/1
2. How much help does the person receive from friends or relatives for this distress?	0
3a. How much help does the person receive from local services for this distress?	2
3b. How much help does the person need from local services for this distress?	2
Staff comments: At times Jane can have some issues with interpersonal interactions that will cause conflict and stress. **Self comments:** No	
Action(s): Visits as needed with Jane to discuss stressors at her home, in her community, with family dynamics and other social contacts. Jane needs grounding and regular contact to discuss problem solving and interpersonal relationship skills. **By whom:** Prime Worker	

Rating Scale:

NEED *(Q1):* 0 = No Need (No serious problem)

1 = Met Need (No/Moderate problem due to help given)

2 = Unmet Need (Serious problem)

9 = Not known

HELP *(Q2 and 3a/b):*

0 = None

1 = Low help

2 = Moderate help

3 = High help

OCAN Summary of Actions

Priority	Domain	Action (s)
2	Physical Health	Jane has a new GP since her GP has retired. Writer will assist with transition of medical info to the new doctor. Follow-up liaison between GP and specialist as needed.
1	Psychological Distress	Visits with Jane to discuss stressors at her home, in her community and with family dynamics and other social contacts. Jane needs grounding and regular contact to discuss problem solving and interpersonal relationship skills.
3	Basic Education	Support provided to understand documents and ensure that Jane understands application requirements prior to filling out.
4	Money	Has Public Guardian and Trustee due to incapacity with finances. Assist with strategies to support building budgeting skills. Assist with obtaining second part time job.

OCAN Client Questionnaire

What are you hopes for the future?

“Find paid work, Travel to Jamaica, NYC and Nashville, know my roots better (parents)”

What do you think you need in order to get there?

“Bus pass, money, get over fear of flying for Jamaica”

How do you view your mental health?

“Very good. I’m on the ball and take my meds”

Is spirituality an important part of your life?

“Oh yes why not, I don’t go to church but it is important.”

Is culture (heritage) an important part of your life?

“Yes, it is but I would like to know my roots better.”

Treatment and Recovery Plan (TARP)

- The TARP was developed as a complement to the OCAN
- The OCAN was seen as incomplete, as it did not consider client strengths and trauma experiences
- **Dr. Susan Farrell and Dr. John Lyons** developed this tool through working groups to explore how to include strengths and trauma in the process and development of client treatment/recovery goals

Treatment and Recovery Plan

Useful Strengths	Activities to maintain strengths (add in daily task if appropriate)

Strengths to build	Domain needs as per OCAN

Goal/Objective	Activities (should match daily activity schedule)	Anticipated outcomes

Pathway Needs	Note impact on treatment, if applicable

Next review date:

Reviewed with client: Yes or No

Jane's TARP

Useful Strengths	**Activities to maintain strengths (add in daily task if appropriate)**
-motivated, positive attitude -family and friends -independent med management -active participation in recreation (volleyball, hockey) -independent in home and community -ability to provide care to others -recognizes areas of need -insight into illness	-continue to foster social connections with community organizations -ensure PG&T understanding, ongoing funding (team advocacy)

Strengths to build	**Domain needs as per OCAN**
-difficulty accepting constructive criticism -setting boundaries in social relations (limits to time, finances, perceiving relations) -coping strategies (strengthen) -increase budgeting skills -develop internal strategies to cope with stress	-physical health -psychological distress -basic education -money

Goal/Objective	Activities (should match daily activity schedule)	Anticipated outcomes
(Psychological Distress) 1. Strengthen social perception skills to set boundaries in social relations (and task completion)	-skills teaching, role play and role model -use of coping skills: rounding, problem solve, discuss stressors -ongoing support	-increased comfort with and use of limit setting within continued activities
(Money) 2. Strengthen/developing budgeting skills	-modified (use of tangible items) to support understanding of budgeting -connect to goals of travel and bus trip to NYC (as method to promote saving) -strategies to support building budgeting skills -explore steps for employment (e.g., attire)	-increased autonomy and independence with money management -go on a bi-yearly trip/travel
(Physical Health) 3. Maintain current physical health, ongoing monitoring	-transition to new GP -regular visits with new GP -ongoing consults with specialists	-maintenance of current physical well being
(Money) 4. Obtain a second part-time job	-work with employment support agency to explore employment opportunities -apply for pardon application and complete steps for process as it affects employment opportunities	-to be working at a second part-time job -to have a clear criminal record

Pathway Needs	**Note impact on treatment, if applicable**
-mild intellectual disability -violence history -criminal record -ethnicity -adopted	-concrete tasks are important, one to two step instructions -written instructions when possible -get client to provide return demonstration/instruction

Next review date:

Reviewed with client: Yes or No

Assertive Community Treatment Transition Readiness Scale (ATR)

- 18 measure assessment tool to assist in deciding if a person is ready to transition from ACT to other community mental health services
- Looks at themes like the client's stability, legal involvement, social support, compliance with treatment, housing stability, employment and substance abuse
- Findings show that clients with higher ATR scores (>50) were more likely to transition successfully from ACT
- ATR is intended for use with clinical judgment and not meant to replace collaborative clinician and client decision making
- Pilot projects are ongoing at the present time, with the goal of developing subscales

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. He/she no longer needs intensive services.	○	○	○	○
2. He/she has structure in his/her daily life.	○	○	○	○
3. His/her symptoms have been stable over the last six months.	○	○	○	○
4. He/she has had stable housing over the last several months.	○	○	○	○
5. He/she has been in the psychiatric hospital within the last six months.	○	○	○	○
6. He/she has insight into his/her mental illness.	○	○	○	○
7. He/she has been incarcerated within the last six months.	○	○	○	○
8. He/she has benefits in place.	○	○	○	○
9. He/she is engaged in treatment.	○	○	○	○
10. He/she is independent.	○	○	○	○
11. He/she is compliant with his/her medication.	○	○	○	○
12. He/she has complex needs (i.e., personality disorders, health problems, substance use).	○	○	○	○
13. He/she has adequate resources.	○	○	○	○
14. He/she has social support.	○	○	○	○
15. He/she is gainfully employed.	○	○	○	○
16. He/she keeps appointments without help.	○	○	○	○
17. His/her behaviors have not been stable over the last six months.	○	○	○	○
18. He/she has met his/her treatment goals.	○	○	○	○

NAME Jane Doe DATE XXXX TOTAL or MEAN SCORE (61)

		Strongly Disagree	Disagree	Agree	Strongly Agree	
1.	He/she no longer needs intensive services.	○	○	○	●	4
2.	He/she has structure in his/her daily life.	○	○	●	○	3
3.	His/her symptoms have been stable over the last six months.	○	○	○	●	4
4.	He/she has had stable housing over the last several months.	○	○	●	○	3
(5.)	He/she has been in the psychiatric hospital within the last six months.	●	○	○	○	4
6.	He/she has insight into his/her mental illness.	○	●	○	○	2
(7.)	He/she has been incarcerated within the last six months.	○	●	○	○	3
8.	He/she has benefits in place.	○	○	○	●	4
9.	He/she is engaged in treatment.	○	○	●	○	3
10.	He/she is independent.	○	○	●	○	3
11.	He/she is compliant with his/her medication.	○	○	●	○	3
(12.)	He/she has complex needs (i.e., personality disorders, health problems, substance use).	○	○	○	●	4
13.	He/she has adequate resources.	○	○	●	○	3
14.	He/she has social support.	○	○	●	○	3
15.	He/she is gainfully employed.	○	○	●	○	3
16.	He/she keeps appointments without help.	○	●	○	○	2
(17.)	His/her behaviors have not been stable over the last six months.	○	●	○	○	3
18.	He/she has met his/her treatment goals.	○	○	●	○	3

A question for participants!

- What are the barriers to client flow and discharge from your program?
- What's working?

RSVP

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Respond to the 'access instructions email
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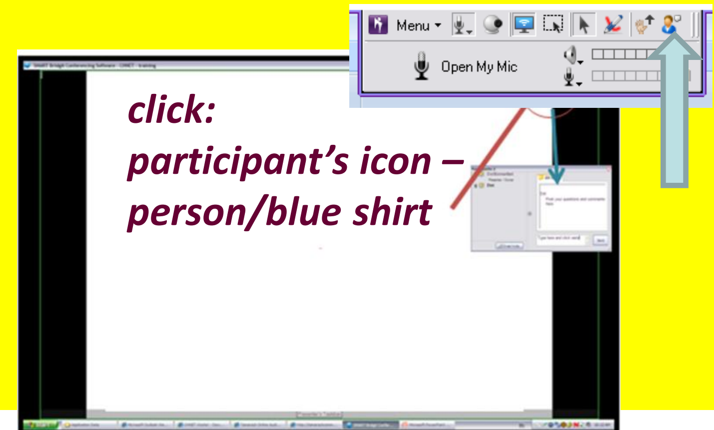
OR Text Chat...

Via Bridgit Internet Conference:



Strengths of the Tools

- Domains and themes from the OCAN, ATR and TARP compliment each other
- Tools are good at identifying discharge needs and transition readiness by minimizing clinician bias
- Provides framework for service
- Supports clinical relevance/reasoning to management.
- ATR is quick and simple
- OCAN and TARP identify domains that are sometimes overlooked (example: Strengths/TARP, intimate relationship/OCAN)
- Formalizes the process which engages some clients more
- Allows for client's words to be used, direct quotes

Challenges of the Tools

- Scale may not reflect actual reality (e.g. ATR requires additional clinical reasoning)
- Tools may have negative impact on rapport, some clients have identified that the OCAN is not client friendly/intrusive
- Client goals, family goals and clinician goals don't always match
- Time, frequency of re-assessment
- Tools (OCAN and TARP) don't address the ongoing changes/fluidity in goals (achieved or changed), don't capture small increments of improvement
- Clients may have difficulty trusting how the information will be used (uploaded)
- Don't address all domains of a client's life
- Not necessarily captured as "SMART" goals

Strengths of the ACTT Model

- Shared care for clients, options around switching clients on a daily basis
- Potential for minimizing burnout
- More flexible options around coverage; 24 hr service, 365 days/year
- Potential for more consistent service delivery
- Multi disciplinary team, or "one-stop-shop"
- Flexibility of care; can be as intense as required based on changing client needs
- Worker and client safety (e.g., doubling up when needed)
- Seen in their environment
- Decreased hospitalization and emergency room time

Challenges of the ACTT Model

- Consistency in rehabilitation activities
- Consensus in recovery plan
- Consensus in administrative/functional activities
- Fit between assessment tools and client level of functioning (crisis stage) (OCAN/wellness)
- “Antiquated” ACTT model; most ACTT team functioning differently now
- Relationship with many different individuals not always easy for clients, more splitting can occur
- Dependency can be fostered more easily when multiple staff are seeing clients

Strengths of the Step-Down Model

- Potential for more consistent service delivery
- Access to interdisciplinary team
- Tools match better with client level of functioning
- Consistency in rehabilitation activities
- Consensus in recovery plan
- Ability to transfer back to ACTT if required
- Seen in their environment
- Decreased hospitalization and emergency room time
- Possible improved therapeutic relationship/rapport

Challenges of the Step-Down Model

- More potential for personal values to enter to the relationships
- Potential higher burnout (less support, more paperwork)
- One style vs. multiple styles
- Less direct supervision, higher potential for breaches in therapeutic relationship

Useful Links

OT Resource Sheets: www.ot-works.com

Canadian Association of Occupational Therapists: www.caot.ca

Canadian Association of Occupational Therapists. (1997). *Enabling occupation.* Ottawa, ON: CAOT ACE.

Law, M., Cooper, B.A., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The Person-Environment-Occupation Model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy, 63,* 9-23.

ACTT Standards: http://www.ontarioactassociation.com/act_model

Royal Ottawa Mental Health Centre: www.theroyal.ca

TARP: Dr. John Lyons, PhD, Professor, University of Ottawa
Dr. Susan Farrell, PhD, CPsych susan.farrell@theroyal.ca

ATR: Gary S. Cuddeback, PhD, University of North Carolina at Chapel Hill cuddeback@mail.schsr.unc.edu

OCAN: Community Mental Health Common Assessment Project (CMH CAP) cmhcap@ccim.on.ca
www.ccim.on.ca/CMHA/OCAN

Presenter Contacts: Aditi Andruss: aditi.andruss@theroyal.ca
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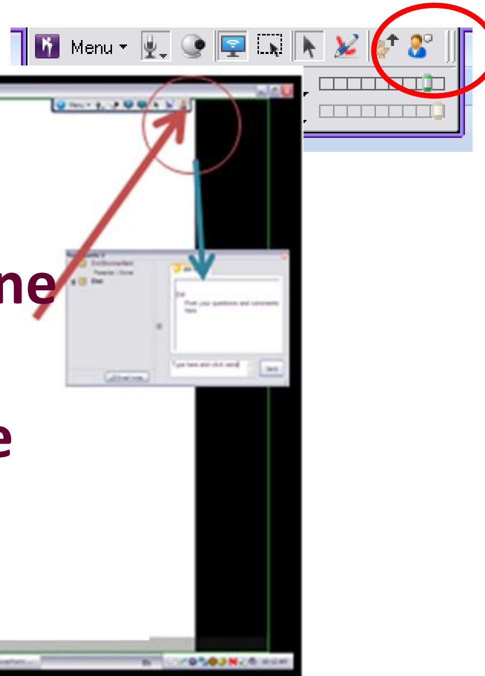
Your comments/questions please



Joining in by Telephone
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('Bridgit' software)

click: participant's icon – person/blue shirt

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Thanks for joining in!

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