Hello everyone,

I am hoping for a bit of advice. I work as a Community Mental Health Occupational Therapist in Ireland. I also see patients in the Acute Psychiatric Unit (APU). There is currently no Occupational Therapy post in the APU. My colleague and I run an Anxiety management group in the APU on alternative weeks. The members of this group are selected by the activation nurse. The group runs for 1 hour.

We feel that the patients and staff are not fully benefiting from this group and we are considering changing the format of the group so that it is more occupational based, so that we could introduce MOHOST.

Basically I’m looking for some ideas for groups which we could run on the APU.

Any ideas would be great

Cheers,
Brian

Hi guys,

Thanks for all the suggests Re: ideas for groups, I have lots to go by.

@ Nina Nwaosu, the reason why the activation nurse selects members for the group is because we ( OT's) are not working on the Unit on full time therefore we do not know who is feeling up to attend agroup. It's not the best process but as I'm only new to the job I don’t want to rock the boat too much!!!

@ Robert White, at the moment it is an anxiety management group (psychoeducational), however lately I have been using Jenga as a method of putting the theory into practice, the members have found this to be very useful, not just as method of working on their anxiety (i.e Focusing on their breathing, concentrating on the task at hand) but also from

Model of Human Occupation

Archived List Serv Discussion
Dear Brian,

January 27, 2012

It would be useful to hear a little more about the type of group that is currently being facilitated before I could fully comment.

That being said, 2 of my Community Colleagues ran an anxiety group based more on an occupational basis. The group members identified specific occupational goals that they wanted to work on rather than anxiety per se. The group was formatted to develop peer support and to encourage service user problem solving rather than being a facilitator led process. The facilitators were there to provide a safe and appropriate environment to explore issues and to reinforce the service users taking control. My colleagues used the OSA as a outcome measuring tool for the group. I am happy to forward a group profile to you if you feel it would be useful, but it would need adapting for an inpatient service.

Kindest regards,

Rob

Robert White
Deputy Head/Clinical Lead OT - Community Rehabilitation, Recovery & Independent Living Service

January 27, 2012

Hi Brian,

Have you considered activity-based groups? They can be graded to assist use of the MOHOST and then built into treatment plans. I’ve worked in forensic hospitals where we did a baking activity and then used the cakes etc as refreshments for a lower-impact group (i.e. music appreciation and discussion). This was great because the clients who did the baking enjoyed the activity on its own but really enjoyed seeing their peers enjoy what they had made, having refreshments also enticed people to come to the second group who otherwise wouldn’t have done. Exercise groups can be great, yoga or tai-chi which include the elements of relaxation are excellent and can teach clients useful skills to help manage their own illness.
In terms of psycho-education or rehab based groups, what about using the WRAP as a pre-discharge activity? Or the elements of this can be broken down into individual modules to be taught in a repeated-workshop based group?

Am not sure which type of group you are thinking of, I have a few ideas about more practical activity based ones but not sure if that’s what you have in mind?

Hope that helps!

Nina Nwaosu

PS – why is a nurse selecting the participants for your group? Can you get involved in that process?

January 27, 2012

Hi Brian

I work in an APU in Dublin. We have a full group schedule that meets the many different needs of our clients.

We run
- psychoeducation groups: anxiety mgt (and relaxation), WRAP and Recovery Star
- living skill groups: exercise, community living skills, basic kitchen skills, meal planning and lunch cookery
- task-based groups: a task group (lower level) and project group (higher level)
- leisure groups: gardening, baking, leisure
- social skills: current affairs

I would suggest that maybe you should visit a few of the acute units in Ireland- you are more than welcome to contact me privately and arrange same!

Best of luck!

Laura

January 30, 2012

Hi Brian,

I’m a big fan of practical groups in inpatient settings and, I have to admit, not a big fan of running groups where the title leads people to think that our emphasis is on symptom management or that we are diagnosis-led. That said, there is a place for discussion-based
groups and groups like ‘anxiety management’ can often be re-vamped as ‘Life Management’.

I have been inspired by the Lifestyle Redesign study on the US and the Lifestyle Matters manual in the UK. Both of these were based on working with older people but the principles can be transferred for all ages. I’ve therefore been working with some colleagues on a ‘Recovery through Activity’ group programmes, designed to help members explore the value of leisure interests (volition), social activities (communication and interaction), creative activities (process skills), physical activities (motor skills), working roles (habituation) and community involvement (environment).

If you’d like to know more about this, then do get in touch.

Sue Parkinson

January 31, 2012

Hi Sue

Do you have the references to the Lifestyle Matters study you have mentioned. Also would be interested in any information your willing to share on the Recovery through Activity Group.

With Regards
Peter
Occupational Therapist Team Manager
Butler Clinic

January 31, 2012

Hi Brian

I have ran a breakfast club on an acute mental health ward and as long as you grade it they can be very effective. They are also lots of components that you can us e.g. healthy eating I got a dietician involved and a nurse. You can do shopping and budgeting for it. I used moho to look at motivation for engagement. They where all given weekly responsible these were grade to their needs. You can look at roles you give them or they take in the group. For example, the carer providing for others, sharing, helper these are all skills required to develop friendship roles so can be transferable.

As already stated activity based group table top gardening start small grow herds inside then move to gardening outside the horticulture as an interest later. Again I have used MOHOST breaking down the role/responsibilities/motivation/interest section to do individual goals as well as using the tool to evaluate progress.

Samantha Jaques-Newton
January 31, 2012

Hi Sue

I too would be very interesting in knowing more about the Lifestyle matters study or the recovery through activity group.

Regards

Claire Taylor

Occupational Therapist
MH Rehabilitation Services
Cefn Yr Afon
Bridgend

January 31, 2012

Can you say more about the types of reasons people are in your program and what their goals are?

Sarah Skinner

January 31, 2012

I like Sue's ideas and would also recommend the Action over Inertia manual by T. Krupa. More oriented towards outpatient MH population but i think could be modified to be used in IP setting as well.

Susan Burwash, PhD (Cand), MSc (OT), OT(C)
Assistant Professor
Department of Occupational Therapy
University of Alberta

February 1, 2012

Hi,
I also would be interested in any information you are willing to share Sue in regards to this matter, thank you. 

Lucinda Pollard  
Senior Occupational Therapist  
Specialist Services in Mental Health  
Sedgley House Hospital  
Woodcross Street  
Sedgley  
Wolverhampton  

February 1, 2012  
I would also be very interested in any additional information you could share about this Sue. I work full time in an APU and would like to see what elements of the programme may be adapted/suited to this environment.

Many thanks,

Michelle Fitzpatrick  
Co. Meath, Ireland  

February 1, 2012  
Hi Sue,  
Me too.  
Regards, Anne  

February 1, 2012  
Hi Brian,  

I work on a women's high dependency unit and have developed a varied group programme incorporating discussion and task based groups in order to meet the wide range of needs for clients in different stages of their recovery.

-Daily wake and shake group run by the support-workers aimed at supporting clients to be invigorated in a short fun exercise session which helps motivate clients at the beginning of the working day  
-Supper group, a closed group which incorporates a number of domestic ADL skills and has great feedback from clients..aiming to get clients much more involved in the
shopping tasks prior to the session in the future (often difficult in this setting because of leave restrictions)
-Baking, an open group which enables a number of clients be involved..this is great for developing confidence and a lovely talking point when they eat the goods with a cuppa
-Healthy living, a psychoeducation group which has looked at a variety of topics such as sleep hygiene, positive coping strategies, using the interest checklist to gauge past and current interests which is great for goal-setting
-Fitness group using the WII which promotes physical activity in a fun way for clients who often have poor energy levels due to side effects of medication
-Recovery group, using a recovery and wellbeing booklet....often a lot of info to take in but am finding the engagement is good and have observed some great peer support

Thanks,
Katy

February 1, 2012

Me too... Thank you

Daniel Houlder
Occupational Therapist
Manchester Learning Disability Partnership
Crescent Bank
Humphrey Street
Crumpsall

February 1, 2012

Hi Sue

Me too.

Thanks
Sam

Samantha Jaques-Newton
Professional Lead Occupational Therapist.
Specialist Service Directorate
Moorgreen House
Highbury Hospital
Bulwell
Highbury Vale
Nottingham

February 1, 2012
Can you post to all on the listserv Sue?

Sarah Skinner

February 2, 2012

Hi Sue,

Great to hear of your interest around the Lifestyle Redesign work and your “recovery through activity” group programme. How exciting it is when you hear of other OT services who are heading in a similar direction!

We too have become inspired by the Lifestyle Redesign programme and are rolling out a version of this in our working age adults community mental health recovery services and older people’s inpatient / community services. In fact, we have talked with the University of Southern California (Skyped!) and hope to develop further links with them. Our service has written a manual for working age adults as the Lifestyle Redesign programme and Lifestyle Matters are aimed towards older people. Our manual is linked to Moho and we plan to use the Mohost and OSA throughout the programme. On 6th February we’ll start trialing our manual at the first of the 4 pilot sites and in turn hope to extend this trust wide.

In addition, at the same time as this, our OT services have started to run another group which is called “Recovery through Occupation.” This is again a practical activity based group and is helping our OT’s to return to, what I believe is the roots of our profession.

It is reassuring to see that OT services are advancing in similar directions both within the UK and internationally and I would be very interested to talk more with you regarding both our developments.

Alison

Alison Newport
Practice Development Lead for Occupational Therapy
Abraham Cowley Unit,
Holloway Hill, Lyne, Surrey

February 2, 2012

Hi Sue,

The groups that you highlighted sound really interested and I would be very grateful for any information that you are happy to share. I work in Psychiatric Rehabilitation and the groups sound like they would be very well suited for the population.

Kind regards
Hi Sue

i am an O.T student, i am currently in the middle of doing a literature review on lifestyle redesign programmes with the older population as my dissertation. I would like to know if you would mind, (if i find out if i can and how to do so) use your email as a reference that this type of programme is currently being developed with younger people to show that it can be effective with a range of people?

the groups you are running sound extremely interesting to me and i welcome any information that could help to inform my future practice.

kind regards

Emma

February 2, 2012

I work in a locked state psych rehab setting. My unit has the most long-term patients, generally an older population whose illness has responded poorly to meds and with a high incidence of comorbid dementia. I strongly favor occupation-based activities, even in discussion groups.

To add some suggestions: in social skills, I have incorporated Wii activities for the lowest functioning people who tend to tolerate very little parallel activity (studies indicate benefit with youth) and have noted success with negative symptoms; in mood/anger/emotional regulation groups, I have found arts (expressing mood through media) and crafts (sensory) effective in two different settings that vary in size and level of environmental distractions; lifeskills groups encompass community outings, again, with graded group sizes and environmental distractions (from public library to mall); cooking and other life skill activity (patients collaborate to plan menus within my budget and time frameworks and discuss healthy choices, shop when logistically feasible -- individual tx for med and ADL management); time and money management: limited work program on unit activities where they can earn small amounts of pocket money; current events discussion groups where we discuss topical issues (provides orientation to time, place and outer community), among other things. I'm sure there are many, many more ideas out there.
Dear all, apologies for the delay in replying. I’ve been enjoying seeing all the interest in this topic – my email box has been filling up really quickly! Thank you so much, Brian, for starting off this discussion. Rather than replying individually, I think it’s best if I reply via the listserv.

First of all, for those of you wanting the references for the Lifestyle Redesign manual and Lifestyle Matters manual, these are:
Craig C, Mountain G (2007) Lifestyle Matters

Both are available on Amazon and there is loads of information about them available on the internet.

Both are really worth getting hold of – Lifestyle Matters is recommended in UK Public Health guidance (PH16?). The original Lifestyle Redesign Programme was implemented in the US and its cost effectiveness was proven in an incredibly impressive randomised controlled trial. Older people in a residential unit were divided people into 3 groups; one that received OT, one that was provided with recreational activities, and one where no intervention was offered. Comprehensive assessments of general well-being were made before and after the program, and again a few months later. It was found that there was no real difference in well-being between the recreation group and the control group, but that substantial improvements in well-being were made and maintained by the group who received OT!

The OT group differed from the recreational group in the amount of explanation given re the importance of occupation and in the addition of 1:1 coaching. Each month of the 9 month program was spent exploring a meaningful occupation - experiencing the occupation together, discussing its importance as a group, and then practising and adapting the occupation on a 1:1 basis. I have therefore encouraged the OTs that I have worked with to make sure that groups are supplemented by 1:1 assessment, analysis and coaching. Also to keep the general tone of the groups very light – with less heavy information and analysis and more opportunities to explore/experience each topic in a fun way so that the importance of lifestyle changes can be discussed and recognised by drawing on the shared knowledge of group members, rather than providing instruction. Ideally, discussion-based groups will be balanced by practical experiential groups.

My colleagues and I have been working on producing a manual to look at the 6 topics that I described in my last email and it has been piloted in three sites so far. Just to give
you a bit of a flavour, one of the services that piloted the sessions, ran a group to look at the importance of physical activities and then the next week the group decided to do some archery. And after they’d discussed the importance of creative activities, it was arranged for them to have a go at pole-lathing the following week – really novel experiences that captured their imagination!

It’s brilliant to know that others are developing new ideas along the same lines. Your work sounds really exciting, Alison. What topics does your Recovery through Occupation include?

I’ll talk with my colleagues about how we might best share the material we have put together so far ... is it worth publishing???

Hope this answers some of the queries I have received.

Sue Parkinson

February 2, 2012

Dear all,

You queries were forwarded to me due to your interest in Lifestyle Redesign. I am a UK based OT currently undertaking a study visit to the University of Southern California in Los Angeles funded by a Winston Churchill Memorial Trust (WCMT) travel award. The purpose of my visit is to learn about the Lifestyle Redesign approach and to look specifically at how it could be used at the hospital to home interface for older people.

I am delighted to find that there are a lot of people already interested in this in the UK and I would like to invite you to follow the blog I am keeping as a record of my experiences. I will be completing a full report on my return in March and this will be disseminated as widely as possible via the COT Specialist Section-Older People newsletter, WCMT website and any other opportunities I can find!

Through the blog you can read about my experiences, comment, share your own experiences or ask questions- I will do my best to find out and answer any queries.

(I was unable to get the email address for Peter Chester at Devon Health Partnership so if anyone knows it perhaps they would forward this to him-thanks)

The link to my blog is:

http://otebby.blogspot.com/

I'd very much like to hear how your projects are progressing.

Best Wishes
Ebby Sigmund
February 1, 2012

Hi Sue,

I was reading your post on the Moho listserve regarding revamping traditional groups such as anxiety management and feel inspired to tweak ours to fit within a lifestyle redesign title. Is your group changed in any major way? Currently ours is quite traditional with an occupation focus (SMART goals set in group to challenge avoided activity in a graded way).

Could you possibly forward details of the lifestyle redesign study you mentioned and the lifestyle matters UK manual. Also really like the idea of the recovery through activity group - would you mind sharing the format you were considering as this sounds very interesting.

Many Thanks for your input - and the prompt to consider different ways of doing things
Charlotte

Charlotte Holmes
Occupational Therapist

Oaktrees ward
Springview
Clatterbridge Hospital
Clatterbridge Rd
Bebington

February 6, 2012

Hi Charlotte,

I thought I should reply individually to your email re anxiety management, though hopefully my email to the listserv will have helped a bit.

The Lifestyle Redesign programme involves a mixture of: a. group discussion about the importance of occupations; b. group practical experience; c. 1:1 analysis and coaching. So it fits well with a programme designed to promote well-being by offering taster experiences of healthy lifestyle choices.

In my experience Anxiety Management focused on teaching coping strategies. When I used to facilitate anx. man. the sessions generally covered such things as – What is anxiety? What maintains anxiety? Cognitive strategies; Physical strategies; Behavioural strategies. – basically quite a lot of instruction and analysis with ‘homework’ set for the group. Perhaps things have changed since then? I like to think that occupational therapists will enable people to share and practice coping strategies in real-life situations.
If I were to facilitate a Life Management group now, ideally I’d like to interview the group members first to identify common stresses and build the programme around this to create a personalised programme with an occupational focus. I think the OSA (Occupational Self Assessment) would be ideal for this. The discussion part of the programme would focus on the importance of overcoming the stresses, ’i.e., what people have to gain by managing the life situations, whether these are: shopping, managing public transport, eating in public, socialising, money management; going on holiday; childcare; finding a job etc etc etc. Perhaps people could also share tips that have helped. These sessions would then be complemented by practical sessions (shopping, using buses, going to a cafe) or talks from visiting experts (citizen’s advice, job support) but most importantly, all the analysis and ‘homework’ + instruction re coping strategies would be done individually through individual goal-setting.

I recognise that it’s not always easy to plan endlessly individualised sessions, but perhaps your experience of working with a particular client group will help you to identify common themes that you could build a programme around? Also, I realise that it’s more time-consuming to have 1:1 sessions in addition to the group sessions and that you may have to compromise due to time constraints and resource issues. However, I think it’s important to reflect on the findings from the Lifestyle Redesign randomised controlled trial. I believe that this showed that recreational activity (without the added value of 1:1 coaching and group support to reflect on the meaning of the activity) had no lasting benefit – a cautionary tale about the wisdom of providing a service without devoting the proper resources!

What do other people think?

Sue Parkinson

February 6, 2012

Dear Sue, dear all:

I agree with your vision Sue on running groups based on occupation, keeping the focus on life experiences and needs, and having talking groups as being a complement of living occupational life. As a matter of fact, this is crucial on respecting MOHO principles and its theory.

All groups you have mentioned in your mails have that focus and that is why people get the meaning to incorporate what they learn from each other in their unique life’s experience.

Parallel in time with Life Redisign Program development and research, I always considered MOHO as a model of promoting satisfying occupational participation with people who have or not a medical problem or a disability, including therefore any group of people with occupational needs. I published an article in the Israeli Journal, on September 2011 which explains the different types of interventions MOHO uses in
practice including among them participation in relevant and normalizing occupations (differentiating them from using an activity isolated of its meaning for the person and its used as remedial focus), selfhelp educational groups focused in occupational themes, self help groups focus on common occupational goals and participation, and several others.

Selfhelp educational groups follow a similar format than life redesign groups: giving a space of sharing experiences, advising each other, orientation by therapists and members of the group, serving also as a group and individual coaching. Themes are selected by patients and a set of several sessions are also decided and evaluated by members and therapist of the group.

Individual orientation and coaching are very important too. When there is not enough time to do both for everyone, self help educational groups are prioritized, and individual orientation and coaching is provided with people who needs it more. Self help is a key element.

In these groups we have also incorporated MOHO teaching, application of MOHO assessments, and analysis of videos made by members of the group were they observe and self evaluate motivation for doing, communication-interaction skills following the forms from assessments which serves as follow up of their goals, generating feedback and promoting new goals for each member and new suggestions of strategies that come within them and therapist.

If anyone is interested in the paper I will be glad to share it with you...It could be a complement and enrichment to this discussion

Best to you Sue
My love to everyone..

Carmen Gloria de las Heras, MS, OTR
Chile

February 10, 2012

The first manual is available through AOTA as well - for those in the US. There is also a new study out this year. Unfortunately I have it sitting on my desk at work. I know one of the last 4 or 5 OT Practice Magazines ran a story on it so you might be able to get the reference there. I will post the reference Monday unless someone else has it at their fingertips. Lisa

Lisa Mahaffey M.S. OTR/L
Assistant Professor
Occupational Therapy Department
Midwestern University