GetREAL Intervention Manual. A staff training intervention for inpatient mental health rehabilitation units aimed at increasing patients' engagement in activities

COOK, Sarah, HILL, Cathy, MUNDY, Timothy, KILLASPY, Helen, HOLLOWAY, Frank, CRAIG, Tom, TAYLOR, Deborah and FREEMAN, Lara

Published version

COOK, Sarah, HILL, Cathy, MUNDY, Timothy, KILLASPY, Helen, HOLLOWAY, Frank, CRAIG, Tom, TAYLOR, Deborah and FREEMAN, Lara (2012). GetREAL Intervention Manual. A staff training intervention for inpatient mental health rehabilitation units aimed at increasing patients' engagement in activities. Manual. Sheffield, Faculty of Health & Wellbeing, Sheffield Hallam University and UCL Mental Health Sciences Unit, University College London.

GetREAL Intervention Manual

A staff training intervention for inpatient mental health rehabilitation units aimed at increasing patients' engagement in activities.

Authors:

Sarah Cook, Cathy Hill, Tim Mundy, Helen Killaspy, Frank Holloway, Tom Craig, Deborah Taylor, Lara Freeman

Published by:

Faculty of Health & Wellbeing, Sheffield Hallam University

and

UCL Mental Health Sciences Unit, University College London

2012

Sheffield Hallam University

UCL

Camden and Islington NHS

NHS Foundation Trust

Acknowledgements:

The authors would like to thank the following members of the original GetREAL intervention teams for their valuable contributions to the development and refinement of the manual: Katherine Barrett and Maurice Arbuthnott (Service User Consultants) and Shanda Akwa, Eleni Ntala, and Melanie Lean (Activity Workers). We are also indebted to the occupational therapists, multidisciplinary teams and service users who participated in various consultation events during the development stage of the intervention, and the service users and staff who took part in the research trial of the GetREAL intervention.

Contents

Introduction

This intervention is designed to be carried out by a small team of experts who work for a short period of time with local staff in mental health rehabilitation units in England. The aim of the intervention is to develop local staff's work with service users in these units in order for them to be increasingly engaged in activities of their choice and to increase their activity levels. The GetREAL Intervention Manual details the approaches, stages, actions and tools for the intervention.

Background to the study

Recent Government policy has focussed investment in specialist community mental health services (assertive outreach, early intervention and crisis resolution teams) which has led to patchy disinvestment in mental health rehabilitation services. Around 20% of NHS inpatient beds are in rehabilitation units and around 1% of people with a diagnosis of schizophrenia are in receipt of inpatient rehabilitation at any time. The aims of rehabilitation are to assist the service user to gain/regain skills for community living. This client group has complex problems and co-morbidities that necessitate lengthy admissions that are expensive for the NHS. Despite the cost of these services, there has been little research to identify the factors associated with better outcomes, including the types of intervention that can reduce the length of stay and associated costs.

The first phase of this study has been a comprehensive survey of all inpatient rehabilitation units in England to assess the quality of each using a standardised toolkit, the 'Quality Indicator for Rehabilitative Care'. The data is being used to describe current service provision, factors associated with service quality and whether provision is appropriate to local psychiatric morbidity.

The next phase is the development of an enhanced rehabilitation intervention, the GetREAL intervention as defined in this manual. This will be tested in a randomised controlled trial. The primary outcome will be the proportion of time service users spend engaged in any activity over a given week, 12 months after the GetREAL intervention.

Rationale for the GetREAL intervention

It has long been known that facilitating service users' activity reduces negative symptoms (Wing and Brown, 1970; Curson et al, 1992) and there is some evidence that it may also lead to improvements in social function through promoting motivation and daytime structure (Oka et al. 2004; Cook and Howe, 2003; Buchain et al., 2003). The importance of staff facilitation of service user activities has recently been highlighted (Cook & Birrell, 2007). However, there have been no randomised controlled trials to test the efficacy of interventions to train and engage staff in promoting service users' activities. Such interventions may improve service users' social function so that community discharge can be achieved earlier. This would reduce the length of inpatient rehabilitation admissions and therefore reduce the cost of care for this client group. In addition, improving the functioning of service users such that they can be discharged to the local community may reduce the need for longer term, expensive placements in residential or nursing care (often located "out of area").

There is some evidence that the level of activity of users of acute inpatient services is alarmingly low: less than 17 minutes per day were spent in an activity other than sleeping, eating or watching TV in a recent survey in one Trust (SLaM, 2004). Shimitras et al (2003) found that although inpatient rehabilitation service users spent more time sleeping, they also spent more time engaged in active leisure activities than community rehabilitation service users. Other community samples have also found that people with schizophrenia spend a large amount of time engaged in passive activities such as watching TV (Minato and Zemke, 2004; Bejerholm and Eklund, 2004; Krupa, 2003). This suggests that although inpatient rehabilitation may improve activity levels, these gains are not sustained following discharge. Rehabilitation services therefore need to work with community organisations to enable service users to extend and maintain their range of community activities. The Social Exclusion Unit Report (2004) highlighted the roles of education, training, volunteering, arts, leisure and sports in promoting community participation for mental health service users. To date, interventions that aim to achieve this have not been evaluated.

Terms used in this manual

To demonstrate is to explicitly and formally show how something is done as a way of teaching.

To model is to show behaviour that can be copied by those observing it, and is a way of informally teaching during routine care.

Structural changes are alterations in staffing, materials, budgets and policies to accommodate the promotion of activities. For instance: changes in staffing timetables so that staff can accompany residents in community activities; the times that meals are held; staff extending their roles to do activities with residents; access to petty cash to facilitate activities; putting displays of art and photographs on walls; developing a system for collecting information about community resources etc. Policies concerning risk management may also need to be reviewed to allow residents to engage in a wider range of activities and in different environments.

Values and Approaches

Key values that influence the intervention are that all staff are highly valued for their expertise and ideas; that service user involvement is crucial for improving service delivery; and that we learn best when what is taught builds on our own experience. When engaging service users in activity, a key value is that activity is worthwhile because people find pleasure, identity and roles through activity. Also, through activity that is repeated, people develop their skills and independence. However, each person is unique with their own preferences, culture and interests, so different activities suit different people.

A further value is that asking staff to change what they do on a daily basis is a process which can be challenging and resisted, so this needs to be recognised and managed at all levels in a hierarchy.

Key approaches used in this intervention come from the disciplines of Organisational Change and Occupational Therapy. Knowledge about what motivates people and how to sustain attention and motivation informs all these approaches.

Organisational Change Approaches

The stages of change

The training model with staff will be based on a three-stage model of change (Green and Eriksen, 1988) which distinguishes between Predisposing, Enabling and Reinforcing processes. The Predisposing stage aims to facilitate a focus on the need for change and gain local service "sign up" (Doumit et al., 2007). The Enabling stage involves identifying and removing barriers to change, team-level action planning and the development of new necessary skills (O'Brien et al., 2001). The training within this stage will be tailored to resources in each service and demonstrate motivational techniques (Miller & Rollnick, 2002, De Las Heras et al. 2003) and simple interventions to encourage service users' activities. Staff will be taught to tailor their approach to the service user using the trans-theoretical model of change: pre-contemplation; contemplation; preparation; action; maintenance; and termination (Prochaska, Prochaska, & Levesque, 2001). Finally the Reinforcing stage involves maintaining changes once they are in place, identifying and implementing team changes and monitoring approaches in order to reinforce sustainable change (Jamtyedt et al., 2006). The team will also make use of techniques described by Gladwell (2000) in The Tipping Point, designed to create conditions where change can be facilitated and spread within organisations. These techniques will be taught and discussed during the staff induction process, and further support will be available via the organisational change component of the supervision process. Planning tools will include use of a reverse planning approach, designed to encourage both broad long term 'vision' and more detailed planning for immediate/early actions.

Working with hierarchies. This is in recognition of organisational hierarchies, and that structural change in an organisation needs those in authority at the highest level to be on board.

Doing with rather than doing for

Rather than trying to teach by demonstrating something to the learner, the instructor models the actions and techniques, and then supports staff to do it alone, gradually reducing their input. The aim is for the instructor to become redundant and for the learner to continue the actions when the instructor is not there.

Roles and teamwork

The get REAL intervention team will attempt to work with and support existing team processes and professional roles within the host unit, respecting the systemic nature of organisational life.

Occupational Therapy Approaches

These approaches are core to the practice of occupational therapy but also reflect wider recovery approaches and efforts to improve the social inclusion of people who tend to be marginalised. In addition these approaches align with the (World Health Organisation 2003) International Classification of Functioning, Disability and Health (ICF) with its emphasis on activity, participation, environmental factors, and a social model of disability.

Client centred

It is crucial for unit staff to find out what service users want to do rather than deliver a set menu of weekly activities. Client centred approaches stress a partnership between the service user and worker or therapist, that

"empowers the client to engage in functional performance and fulfil his or her occupational roles in a variety of environments . The client participates actively in negotiating goals, which are given priority and are at the centre of assessment, intervention and evaluation. Throughout the process the therapist listens to and respects the client's needs and enables the client to make informed decisions" (Sumsion, 2006).

Relationship between the person, occupation and environment

A holistic approach to service users in rehabilitation units is essential to recognise all the aspects of their life that help or hinder them from being engaged in their preferred activities. Client centred occupational therapy uses holistic models of occupational performance that focus on the dynamic relationships between the person, their actions and occupations and their environments. The person includes their spirituality as well as mental and physical aspects. The social-environmental context closely interacts with the person rather than something separate to the person. Commonly used models that can be drawn on for the purposes of the GetREAL intervention and tailoring it to service users and settings include: the Canadian Model of Occupational Performance (Canadian Association of Occupational Therapists 2002); Model of Human Occupation (Kielhofner, 2008); and Model of Occupational Performance (Reed & Sanderson 1999). An understanding of non-western cultural dynamics can be encouraged using the Kawa River Model (Iwama, 2006). European concepts of Occupational Therapy have been gathered into a dynamic framework for practice by Creek and colleagues in six countries Creek (Creek, 2010).

Motivation volition and engagement

Patients in rehabilitation units often lack motivation. This may be due to the negative symptoms of schizophrenia, exacerbated by side effects of medication and cultures within care settings that may not be facilitative of activity. Motivation as a general term means enthusiasm and energy to do something and having a reason to do it. Occupational therapy proposes that we need to understand the complex interplay between motivation, volition and engagement in order to help a person to take part in activities.

A European definition is that "Motivation is a drive that directs a person's actions towards meeting needs" (Creek 2010). Occupational Therapists believe that people are naturally driven to do activities, but their drives and choices about what to do and the energy they find to be active and continue an activity, are influenced by many factors (Creek 2010). Psychologists have developed theories on intrinsic and extrinsic motivation that distinguish between "the basic drive to act...for the pleasure of being active [and] … the drive to meet needs, attain goals, win rewards or avoid punishment" (Creek 2010).

Volition, which has been defined as "the ability to choose to do or continue to do something, together with an awareness that the performance of the activity is voluntary"(Creek 2010). Doing an activity with volition involves free will and conscious decision making, rather than someone's motivation being manipulated by rewards or punishments.

Engagement involves occupying oneself in an activity or interest with attention, and over a period of time. We may talk of prolonging engagement. It has also been defined as "a sense of involvement, choice, positive meaning and commitment while performing an occupation or activity" (Creek 2010) Measures of engagement may include time spent doing something as well as the type or level of involvement (Bejerholm & Eklund, 2006).

A person is motivated to start an activity, but needs volition to choose the course of action and to continue doing it, and then once started becomes engaged for a period of time and to a lesser or greater extent of involvement and commitment (Creek 2010). Assessing where a service user is having difficulties with motivation, volition and engagement can help plan therapy and adapt activities.

Promoting occupational balance and reducing occupational deprivation

Occupational balance is the satisfactory balance between leisure, self care and productivity that is unique to the individual and their culture, values , expectations and environment (Backman 2004). How people organise their time and activities contributes to health and wellbeing. Occupational imbalance from too much or too few demands in one or more area of life leads to ill health. Lack of variety and positive reward from activities leads to boredom, loss of skills and learning, and too much demand in one area, such as work, can lead to stress and illness.

Occupational injustice comes from the belief that "people have the right to participate in a range of occupations that enable them to flourish, fulfil their potential and experience satisfaction in a way consistent with their culture and beliefs" (World Federation of Occupational Therapists, 2006). Occupational injustice can be a barrier to participation and wellbeing through occupational deprivation, occupational alienation and occupational imbalance. These occur when social or political conditions limit what people can do (Townsend and Wilcock, 2004 p251).

Occupational deprivation can characterise residential settings when there is a serious lack of opportunity for service users to participate in positively meaningful and rewarding occupations. This may be due to isolation, overcrowding, stigma and prejudice, and/or poverty of resources and environment. This deprivation can feed into **occupational alienation** - doing things that are not positively meaningful and satisfying, and doing things with no purpose. Recognition of the social and political contexts that prevent people leading balanced and fulfilling lives lead us to work for social and environmental changes within a residential or hospital setting, and not just focus on the individual person. It also leads occupational therapists to support service users in advocating and campaigning for their rights.

The GetREAL team

Three people make up each GetREAL team, an Occupational Therapist, an Activity Worker and a Service User Consultant. This person works in partnership with the other staff but does not attend all of the 5 week intervention period. The GetREAL team is supported by members of the REAL research team: three senior psychiatrists including the Chief Investigator for the REAL programme; an occupational therapist researcher; an organisational psychologist; and a senior occupational therapist. The occupational researcher and the organisational psychologist provide supervision to the GetREAL team occupational therapists to ensure they deliver the GetREAL intervention according to protocol. The senior occupational therapist line manages the GetREAL team occupational therapists.

Timetable and Stages

Figure 1. Overview of Timetable and Stages

Stages	Predisposing	Enabling				Reinforcing
	Before Get REAL visit	Get REAL team visit unit and work with residents alongside staff for 5 weeks				
Steps:		Week 1	Week 2	Week 3	Week 4	Week 5
REAL Psychiatrists	Meet with senior clinicians and managers of each unit to explain purpose of GetREAL intervention and gain senior "sign up". Facilitate practical arrangements e.g. honorary contracts, keys, IT access are in place for GetREAL staff	If necessary, further negotiate high level support for e.g. releasing staff time and any structural changes required to deliver the GetREAL intervention				
Occupational Therapist	Negotiate practical arrangements (e.g. dates of training days) with unit manager	Negotiate and tailor the intervention with all unit staff	Supervise GetREAL team; negotiate any changes to usual practice , systems and structures required in the unit to facilitate activities			Facilitate final "top-up" training day and ensure activity plan for next 12 months is in place and staff are aware of it
Occupational Therapist & Activity Worker		Self manage induction and orientation: Scoping; engaging with staff; one day training (repeated); develop community links	Manage the GetREAL team-working and team development; work in partnership with unit staff; identify and remove barriers to change; demonstrate, model and co-work; develop service user involvement; develop community links			One day training (repeated); Consolidate & prepare how to reinforce changes; Goodbye and thank you session with service users on the unit to collect their feedback.
Service user consultant		Develop service user involvement; One day training (repeated)				One day training (repeated)

Administration of Visits

Prior to the start of the intervention, the REAL project manager will organise any permissions that are required for the GetREAL teams to work with patients and staff on the units.

Predisposing Organisational Change

Senior psychiatrists engage and meet the senior management of each unit

Senior psychiatrists from the REAL project will visit senior service managers involved in the work of each unit, including psychiatrists whenever possible.

Purpose:
To explain the purposes of the REAL research programme and the GetREAL trial to senior service managers in order to engage them in supporting the intervention being carried out in their service i.e. to gain "sign-up" from senior management.

Timescale:
From February 2011

Topics to be discussed:
Using the QuIRC consultation report produced in Phase 1, the discussion will highlight local strengths and resources to be build on, such as the organisation's current service user involvement activities and personnel. Domains where the unit performed below the national average will also be discussed and highlighted as areas for potential improvement. The focus here will be on aspects of care that may be amenable to improvement through the GetREAL intervention (e.g. the Social Interface, Treatments and Interventions, Self-management and Autonomy, and Recovery orientated practice domains). The discussion will try to facilitate identification of potential barriers to the GetREAL intervention being trialled in the service and potential solutions will be discussed.
Commitments from the unit, such as staff release for the training days will be discussed and, where possible, agreements made and confirmed later in writing. Practical aspects which impact on the GetREAL team working efficiently alongside the team will be discussed-access to keys, computer and email access -and arrangements made for these to be addressed.

A local member of the rehabilitation unit staff (probably the unit manager) will be identified to be the lead for the unit in helping the GetREAL team to become orientated to the unit and engaged with the team. This individual will be provided with a short synopsis of the project to be supplied to all members of their team. This person will also be the key liaison point for discussion of any specific problems in delivering the GetREAL intervention at that site.

Negotiate visit with managers and unit manager

Prior to the predisposing visit, the Chief Investigator will liaise with the unit manager and GetREAL staff (supported as necessary by the REAL Project Manager) to arrange the timing of the five week GetREAL intervention period . The GetREAL OT will liaise with the unit manager to agree dates for the staff training days in the 1st and 5th weeks. The REAL Local Clinical Research Network will fund backfill for staff to attend the training. This funding can be accessed via each Trust's R&D

Department. The training days can be repeated during the target week and the aim is for all staff to attend. If repeated the training days should be timed closely together.

The Occupational Therapist will also liaise with the senior psychiatrists on the research team who gained "sign up" from the unit's senior management to gain as much information as possible about how best to make the five week visit productive. This will include the key people to engage with; cultural factors to consider; expectations and barriers identified in the "sign-up" meeting.

Enabling change in practice - Week 1

Negotiating and tailoring the intervention

In the first day or two of the five week GetREAL intervention period in each unit, the Occupational Therapist, supported by the Activity Worker will participate in unit routines, observe and converse with staff and service users in order to tailor the GetREAL intervention. Where possible GetREAL staff should attend all planned meetings, both clinical and organisational and may chose to work a variety of shifts to observe the unit and demands on staff resources at different periods of the day. This is an assessment phase in which the Occupational Therapist assesses the unit's work to engage service users in activity. This will include assessment of values, approaches, skills, teamwork, organisational structures and environment. This will inform the approach adopted for the training day and the subsequent weeks in order to build on existing strengths within the unit and negotiate how to overcome barriers or fill gaps. The Occupational Therapist will negotiate with key staff what to focus on and create an action plan for the duration of the intervention. The strategy will be to work for early and easier successes rather than try and change everything. For instance, in one unit a strength may be a lively range of activities on the unit but little variety and little interaction with the local community. In another unit there may be one or two staff members who are very involved in promoting activity, but the rest of the staff do not see this as their job.

Scoping and Engaging

During the first week the GetREAL team will continue scoping what is happening on the unit and building rapport with staff and service users. They will engage people through their enthusiasm, participating in what is going on, listening actively, and showing that they value the local staff and service users.

Developing service user involvement

The Service User Consultant will help the GetREAL team identify what local initiatives can be built on within the NHS Trust or organisation, and what potential there is within the unit's routines and structures. For instance there may be a robust patient and public involvement (PPI) group, a service user development worker, service user board members, service user led activities such as art or sport groups, trainers and service evaluators. Within the unit there may be weekly community meetings or a service user representative. It will be important to involve service users in the unit as much as possible as often this group of inpatients are seen as hard to involve. Informal conversations that make little demand, visual media such as photography followed by discussion, or chatting during an activity, may get people involved who find a group meeting too difficult.

Developing community links

The GetREAL team will initially find out the community links and resources that the local unit uses or has used recently, and how the unit manages these. For instance there may be one person who has a

community link role, a list or database of resources, or volunteers may be involved. The task then will be to negotiate and problem-solve so that developing and maintaining community links is a sustainable and integral aspect of the unit's work.

Self managed induction and orientation

Every unit that you work in will be similar but different. As you work you will become familiar with the similarities but continually challenged by the different peculiarities of each new place and each new staff team.

A significant task, whenever you arrive in a new unit, will be to learn as much as you can about its uniqueness. In the first few days at each place you will need to have a very open and questioning mind. You will need to try to discover a number of things.

Some of these are quite general:

- how do things work in this unit?
- when are the important meetings that it might be useful and appropriate to attend?
- who are the key people to get to know and develop as allies? (NB. these may not always be the most senior people!)
- what do you notice about the 'culture' and atmosphere of the unit?

And some are more specifically about your work for the REAL project:

- what do staff already know about the REAL project and what is their attitude to it?
- what is already going on in terms of service user engagement with activities?
- what opportunities are there for you to work with staff and service users?
- what might you need to do to negotiate your work?

Finding out all these things will require you to be observant and attentive, and initially, to listen more than you speak.

You may find it helpful to keep a personal reflective journal throughout the project - to record things that you notice and to reflect on them (you will need to consider how to make sure that this does not compromise anyone's confidentiality).

As a GetREAL team it will be important to find regular times and effective ways of sharing your observations and learning together throughout and between your time in each unit.

Recording and Reflecting

We suggest that, at the end of your first week in each new unit, you pool your observations and ideas and information record some initial answers to each of the questions above.

As time goes on you may find yourselves adding to or revising your understanding.

Several proformas to help you with reflections and recording information are provided below

Week plan for unit - key meetings, regular activities etc

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Key People - contact information

Name	Role	Contact details

Local NHS Departments

Name	Role	Contact details

External Organisations

Name	Activity	Contact details

Early Observations and Reflections

We suggest completing the following sheets, as a team, towards the end of the first week.

General:

- How do things work in this unit? Who seems to be in control? How is information communicated? etc. etc?

- What and when are the important meetings that it might be useful and appropriate to attend?

- Who are the key people to get to know and develop as allies?

- What do you notice about the 'culture' and atmosphere of the unit?

Specifically about your work for the REAL project:

- What do staff already know about the REAL project and what is their attitude to it and to you as the GetREAL team?

- What is already going on in terms of service user engagement with activities?

- What existing opportunities are there for you to work with staff and service users?

- What might you need to do to negotiate your task and enable yourselves to be effective on this particular unit?

Managing the GetREAL team-working and team development

Team Development

It will, inevitably, take time to get to know each other and work together as a team. It is often suggested that groups go through a number of stages as they learn to work together (Tuckman 1965). These stages are often described as:

- Forming - when the group meet and start to get to know each other
- Storming - as the individuals in the group work out their relationships with each other and grapple to understand the task and to find ways of working that suit everyone
- Norming - as individuals settle into a shared understanding of the task and of their roles and relationships
- Performing - this is a phase of effective and productive group activity
- Adjourning - this happens whenever something significant happens that disrupts smooth 'performance' so that a new mini phase of 'storming' and 'norming' becomes necessary.

In the life of the GetREAL team it is likely that you will go through all of these stages many times as you get to know each other and adjust to the many challenges that each intervention cycle brings. Some stages will be deeply satisfying - some may be quite challenging! It will be useful to have some strategies for managing your team process in the easy times and dealing with things if the going gets tough.

Self Managing teams

You will be a small team and will be working quite autonomously within the brief you have been given. You will therefore need to find ways of managing yourselves as a team. All teams are different because the people in them are different. Each of the GetREAL teams will probably manage itself in a slightly different way. That's fine - what is important is that each team finds a way of managing itself that works for all its members and enables it to get on with the team's task.

Effective team work finds a balance between the demands of the task and the needs of team members. In the end you are being paid to carry out a particular sort of short term intervention in a number of mental health units - achieving that aim must be your guiding principle. But each team consists of three individuals who have unique strengths, perceptions, experiences and foibles - the exact way in which your team approaches its task will be affected by the unique nature of the individuals in the team.

With luck your unique strengths, insights, foibles etc. will complement each other so that your sum as a team is greater than its parts. It may take a while to discover how this

complementarity works and at times you may feel you are working against one another. This is when taking time to reflect and listen to each other can be very helpful - see section below.

Remember - no team is perfect. Your aim is to be 'good enough'!

Communication and decision making

You will be a small team and will be working closely together a lot of the time. It might be assumed that communication will just happen..... A lot of communication will happen in the course of your daily activity but we strongly recommend that you protect time to meet as a team at least twice a week to reflect on all that's happening and to consider your next steps.

It will be important that you all work in the same direction, even though you may each be doing different things and may have different working styles. Inevitably there will be times when your ideas differ or when you see things differently. Regular and thoughtful meetings which give you all a chance to share your thoughts and listen carefully to each other will help you to understand each others' ideas and perspectives. In turn this will help you to manage your working together.

Team Meetings

Some suggestions for productive meetings:

- Keep a meetings book where you can record issues that are raised and decisions that are made. Ideally, take it in turns to write in the book.
- Start meetings with a round of 'constructive listening' - this is where each person takes a few minutes to talk about the things that are on their mind or that they would like to explore further in the meeting. Take care to let each person say all that they want to before the next person speaks. Don't let this turn into a discussion until everybody has had their opportunity to speak un-interrupted.
- Create an 'agenda' from the issues that have arisen in the initial listening exercise.
- Decide how much of the agenda can be discussed at this meeting and agree if some things need to be discussed at another time.
- Consider how best to approach each agenda item - sometimes it may be helpful to return to the constructive listening technique in order that you can all hear each other's thoughts without interruption or direct disagreement. This can be particularly helpful on more complex or difficult issues. You may sometimes need to go round the circle several times before you have all had a chance to listen to all that each person needs to say.

- In a small team it is ideal to try and reach decisions by consensus - that way everyone is broadly in agreement with whatever is decided and will feel able to give it their support.
- Take time, every few meetings, to consider how your communication, and particularly the meetings themselves, are going.
- Remember - communication is a complex and challenging business and getting meetings to work well sometimes requires a lot of skill and careful thought. It won't always go right but it is worth keeping on working at it.

Appreciative Enquiry

This is an approach to reflection and enquiry which involves asking questions about what is already working, or what is working well. It is often more productive and encouraging to try and learn from the things that are already going OK than it is to focus on critically analysing what's not so good.

Appreciative enquiry is an approach that you may find useful in developing your team dynamics and effectiveness as well as being central to your work with the staff on each unit.

Training: One Day Training in Week 1

Organisation

The majority of all staff in the unit will attend this training, which will be delivered twice at times to suit the unit, in order to make this possible.

On completion, CPD certificates will be given out to named staff.

Each training day could be delivered in two half day equivalent sessions, which may include evenings.

Learning objectives for staff

1. To engage positively with the REAL project and GetREAL intervention
2. To feel valued and listened to, and able to contribute to group discussions
3. To understand the importance of activity in everyone's lives
4. To appreciate how individuals differ in their interests, strengths and abilities
5. To evaluate what is happening in the unit that helps or hinders service users to lead an active life
6. To be more confident in some techniques that help service users engage in activities
7. To commit to plans to make more activity happen in the unit.

Educational style

Use a facilitative and collaborative, rather than didactic style to encourage the staff and GetREAL team to "help us learn together more about how to support service users to engage in activities"

Train using a mix of styles, using visual and auditory media and incorporating tactile and kinaesthetic experiences. This will suit different learning styles preferred by individual members of the group. Remember that some staff will find it difficult to sit still and concentrate as they are used to being on the move all day. Vary the training with straightforward giving of information, discussion and reflection, and experiential learning. Use pair work, small group and whole group exercises. Pay attention to conflicts within the team and members who opt out or display hostility. Use group management and facilitation techniques to encourage teamwork and engagement, making sure to involve and value all members. Pay attention to the different cultural backgrounds of members, welcoming expression and discussion of different beliefs and cultural practices. Culture may include work cultures such as nursing or night shift work as well as ethnicity.

Session plan for the day

These sessions may be modified to suit local strengths and situations

Session 1: Introduction

- Plan of Day/Intro
- Overview of REAL study
- Overview of GetREAL intervention
- Discussion of evidence about low levels of activities amongst rehab service users

- Importance of activities and how activities are related to well being and recovery
- Discussion of concepts such as meaningful or fulfilling interesting activities, engagement/participation, independence and community living, recovery.
- Importance of engaging service users in service developments

Coffee **break**

Session 2: The importance of activity in peoples' lives

Use Interactive exercises, digital media or a film, stories, mapping and discussion

- the importance of activity in everyday life
- Inspirational stories from service users about how valued activities are important.
- Review/gain information about current activities:
    - on unit
    - off unit
        - What activities – types of groups, individual, one to one
        - Who is involved in engaging SUs in activities
        - Who is involved in organising/running activities
        - Who facilitates the SU to access activities
        - Does anyone take a lead on finding out about/linking w. community resources
- Examples of barriers to activities from qualitative data ("we have found that in many units, it is difficult to prioritise activities because….")
- Service user viewpoint on barriers
- Barriers to activities on this unit that we would most like to overcome (practical focus – avoid a general negative rant)

Session 3: Motivational techniques.

Use experiential exercises, clinical examples, videos etc

- Introduce the concept of motivation as referred to in Motivational Interviewing. If the client group has severely impaired volition and difficulties communicating, introduce the Re-motivation Process (De Las Heras et al. 2003)
- Identify how complex our reactions to change can be-even positive change.
- Develop an understanding of the process of change and how staff can support people to increase their readiness to change.

Lunch

Session 4: Widening horizons and getting people active

Use experiential exercises, clinical examples, videos etc

- Techniques to help staff engage SUs in activities.
    - activity analysis, grading and sequencing tasks
    - finding activity that SU interested in/willing to try
    - involving service users in planning activities
    - expanding interests with everyday activities (getting up, washing etc), work and leisure, as well as specific groups/community activities
    - goal setting for achievable gains

Tea break

Session 5: Making more activity happen in this unit

What are the unit's aims to increase SU activities over the next 4-5 weeks and over the next year? How are we going to achieve this? Pick up and build on previous sessions: expressed values, barriers to overcome, techniques introduced, problem solving.

Practical solutions – use existing structures and systems and embed the GetREAL approach within these e.g.:

- care plans
- one to one primary nurse sessions with SU
- care review meetings/ CPA's
- S17 leave arrangements
- changes/refreshing the unit programme of groups/activities
- individual programming – weekly planners, diaries (ward and SU)
- daily reviews at handover re. activities re. each SU's activities for that day and who needs support and allocation of staff to do this
- weekly GetREAL meeting as part of staff/business meeting
- using various staff members as a resource, valuing their skills and expertise in a particular activity, ways of engaging SUs or community links
- use and develop existing service user involvement structures and staff

Session 6: Conclusion of the day.
The role of the GetREAL team in the next 4 weeks and beyond.
Use this part of the training to provide a clear statement of intent that GetREAL staff will be following up with staff commitments to trial techniques described. Agree when this will happen with individual staff when they are next on shift and which technique they would like to trial.
What was enjoyed, key messages that came across.
One thing each staff member is going to do (that they have control over).
Brief evaluation form to be completed by staff. This form will evaluate the training day and ask about their confidence in planning and facilitating activities for service users.

Conclusion of the Initial Training
After concluding the initial training, create a joint action plan between the GetREAL team and unit manager and present to the team. This will be reviewed in the final training days.

Training Day notes by OT and Activity Worker

- What went particularly well?

- What if anything was particularly challenging?

- Is there anything you will do differently next time?

- Other observations or reflections following the day?

Training Day notes by Service User Consultants

- What went particularly well?

- What if anything was particularly challenging?

- Is there anything you will do differently next time?

Other observations or reflections following the day?

Joint action plan between GetREAL team and unit staff team

Actions	by whom	by when

Goal setting

The GetREAL team will, together with unit staff, carry out goal setting with the service users. These will be recorded in Service Users' progress notes and care plans and a review process will be discussed and agreed with the unit staff. Where possible this should fit with current structures i.e. in clinical review meetings, 1:1 time.

Enabling - continued in Week 2 – 4

The GetREAL team will give intensive, hands on support for staff to gain confidence in the implementation of the techniques and interventions learned in the training. In these weeks the intervention will be tailored according to the local service and graded according to the progress being made, week by week.

Managing the GetREAL team working

GetREAL teams will continue to self manage, drawing on guidance above and continual reflection on team process and the teams ongoing effectiveness in their main task - the implementation of the GetREAL Intervention and facilitation of service users' activities. .

Record keeping

The GetREAL team OTs and Activity Workers will keep a daily reflective log of their main activities, achievements, challenges and ongoing plans using the proformas provided below.

Supervision of the GetREAL team

The occupational therapist who is line managing the GetREAL OTs will provide face to face supervision/line management meetings every six weeks or so. They will also be available to provide online and telephone support as required. The GetREAL OT will in turn support and supervise the Activity Worker.

In the four weeks between the training days the Activity Workers will provide weekly email contact to the Service User Consultants to keep them up dated on how the intervention is progressing and the key strengths and challenges of each team that the GetREAL team have observed.

Identifying and removing barriers to change

The GetREAL team will support unit staff in identifying and overcoming barriers to the changes that were agreed on and planned in the first training day. This may involve fundamental structural changes e.g. more flexible meal times, or the provision of "snack boxes" instead of a meal so that service users can attend a swimming session in the community and eat afterwards.

Negotiating practice and structural changes for the long term

In order to enable staff in the unit to carry out planned changes, the GetREAL team will negotiate with key staff ways of changing practice and structures. The GetREAL team will encourage the unit to integrate activity into daily routines and work out ways to sustain this long term, embedded in the structure of the unit. This will include discussing and making decisions about how to promote activity in the unit and importantly, including plans for activity into routine meetings. For example making activity part of the daily handover may embed the GetREAL ethos and approach.

It will also involve ways to integrate a range of enjoyable activities into individual service user's care plans and daily routines. Discussions will be needed on who does what and who has responsibility long term for promoting and maintaining activity in the unit. Attending team meetings, where they

exist, to discuss these issues and monitor the GetREAL process will support the unit staff in feeling active participants in the process and offer a forum for joint problem solving.

Demonstrating, modelling and co-working using occupational therapy techniques

The GetREAL team will work together with staff and service users, demonstrating and modelling occupational therapy techniques. The GetREAL team will work alongside staff on a day to day basis, using real life examples of service users' difficulties with motivation and engagement in activities to model and explore with the unit team possible approaches that may be effective. This will be focussed on engaging service users in active pursuits, a wider range of activities and activities that suit their individual interests and abilities. The emphasis will be on offering service users opportunities that challenge and bring achievement. Techniques will be selected from the following:

1. Activity analysis
2. Motivating and engaging people with their interests
3. Adapting, selecting, sequencing and grading activities
4. Assessing peoples' strengths and barriers to engagement in activity
5. Goal setting for achievable gains
6. Creative problem solving
7. Tools for finding out what people are interested in and expanding interests
8. Enabling choice and decision making
9. Encouraging independence
10. Group work with different levels of participation

Taster sessions

The GetREAL team will initiate taster sessions to increase the repertoire of activities and confidence of staff and service users in trying things out. The activities will be chosen by the service users, and they will be encouraged to widen their horizons and expand their repertoire of activities.

Developing service user involvement

The GetREAL team will demonstrate and model service user involvement tailored to the local situation.

Developing community links

The GetREAL team will encourage the gathering of community information and links, asking "what's out there that our service users may be interested in?" The unit will be encouraged to think widely and imaginatively and to use informal contacts they have, and local information sources such as library services, voluntary sector, or council.

The GetREAL team will model how community participation can be embarked on step by step. This is to counter feelings that taking service users into the community is too complicated or dangerous. Planning achievable steps will be done using activity and environmental analysis techniques, and

adapting, grading and sequencing techniques. The strengths and interests of service users and staff will be capitalised. Service users supporting each other may be an option.

Community links can take a few months rather than weeks to set up. Therefore, the GetREAL team may need to lead this to start with and then find a GetREAL link/champion in the team to carry it on. It is important that the GetREAL team try to get all staff interested in looking outside the unit.

Working with the OT provision in the unit

Not all the units that the GetREAL teams work with will have OT input. Where OTs are on site, or offer input into the unit, the GetREAL OTs should identify these individuals and arrange to meet with them. These meetings should focus on understanding how they work, what they feel the barriers are to increasing activity levels and negotiate ways that their structures can support the changes suggested by the GetREAL team.

Identifying the unit's GetREAL link person.

During this period GetREAL staff should start to generate ideas about who the unit's GetREAL Link Person could be. The Link Person will email the lead Occupational Therapist in their GetREAL team to ask questions and keep them informed about what is going well in the unit as well as any problems. Once an individual is identified they, and their manager, should be approached to agree their sign up to this role.

Reflective Log proformas

Daily Activity reflection - OT

(one page to be completed each day)

Date:

- Main activities?

- Achievements?

- Challenges?

- Plans?

Daily Activity reflection - Activity Worker (one page to be completed each day)

Date:

- Main activities?

- Achievements?

- Challenges?

- Plans?

Reinforcing in Week 5

In week 5 the GetREAL team will consolidate the changes that have been developed so far and prepare to leave with minimal follow up.

Managing the GetREAL team working

The GetREAL team will at this point assess the progress of the intervention in the local situation. Some initiatives will have been abandoned, some changes will be embedded and some changes will need an extra push in this last week. There will be feelings of frustration, elation or maybe boredom. The GetREAL team will assess the capacity and relationships within the local unit team and consider how they can be best utilised for the final week of the GetREAL intervention period.

Goal attainment in Week 5

The GetREAL team, together with the unit staff, will review the progress the team has made in relation to the actions agreed after the first training day and in relation to the individual goals set with service users. . The findings will be discussed with the unit staff to identify successes and areas the unit could take forward. The process of setting and reviewing goals over time will be discussed as a possible useful ongoing approach for the unit.

Negotiating with managers and tailoring the conclusion of the GetREAL intervention period

The GetREAL team will discuss and negotiate with the unit managers about what to focus on in the last week. This may be a mixture of approaches and techniques, demonstrating, modelling and co-working.

Negotiating practice and structural changes for the long term

The GetREAL team will help consolidate changes in the structures of the unit that will be sustained long term. Support will be given to key staff members who will carry forward initiatives. However, dependence on key individuals who are enthusiastic is to be discouraged as they may leave or move to other departments. The GetREAL team will encourage posts to involve promoting and maintaining activity, rather than post-holders and, as far as possible, promote the importance of all staff including a focus on activities in their work with service users.

Goodbye and thank you session with the Service Users on the unit.

GetREAL staff should negotiate a day and time with the Service Users to run a goodbye session. This should be informal and focus on thanking them for working with and accommodating the team. At this session Service Users will be asked to comment on the GetREAL intervention-what did they like, what would they like to see the unit staff continue, what would they change?

This session should run before the final training day with the staff team. The feedback collected from service users should then be provided to the unit staff in the final training day.

Final training day: one day training in week 5

This top up session can be planned for a half or whole day

Materials may be provided to add to the resource pack/ toolkit, including a resume of the approach, to leave with the staff on the unit.

Learning Objectives for the staff

1. To feel some positive gain from the REAL project and GetREAL intervention
2. To feel confident about own and team abilities to engage service users in activity
3. To evaluate what is happening in the unit that helps or hinders service users to lead an active life and solve problems
4. To commit to plans to sustain making more activity happen in the unit
5. To support plans to continue developing community links
6. To have identified a link person and commit to supporting this role

Sessions

These will be tailored by the GetREAL team and Service User Consultant to best consolidate improved practice. The mode of delivery will be planned knowing what worked well in the first training and in subsequent weeks.

Session 1: Evaluation

Evaluation of what has gone well and what needs to be done next. Evaluate what will help and hinder good practice being continued over the next 12 months

Session 2: OT techniques

Occupational Therapy techniques – consolidating what has been introduced in training and what has been modelled and demonstrated.

Session 3: Link Person

Identify a Link Person who can continue getting support from the GetREAL teams via email. Ask the unit to identify a staff member who has access to a computer and email and who is in close contact with the unit staff. The Link Person can email the lead Occupational Therapist in their GetREAL team to ask questions and keep them informed about what is going well as well as asking for advice about any problems in relation to the GetREAL approaches that the team have agreed to continue with during the final week. Inform the team who this individual is and agree how other members of the team should communicate with them in order to access the advice and support available from the GetREAL OT.

Session 4: Planning for the long-term

Plan for how to sustain what has been learnt and developed over the next 12 months:

- How structural changes will be sustained
- How motivation will be sustained
- How techniques and approaches will be sustained
- How positive team work will be sustained
- How community links will be developed and sustained

Session 5: Evaluation of the GetREAL Intervention.

Unit staff to complete evaluation form to provide quantitative information on their individual experience of the GetREAL intervention.

Certificates of attendance to be provided to staff who have attended both training sessions, following their completion of the evaluation form.

Action plan

Following the final training day the GetREAL teams may wish to create a longer term action plan with the unit. This may take the form of considering the 'next steps' or building on and amending the action plan created in week 1.

NB: Remind the staff that the REAL researchers will return to the unit in 10-11 months to collect follow-up data from staff and service users. Emphasise that the unit staff MUST NOT reveal to the researchers that they received the GetREAL staff training intervention.

Follow up support

The lead Occupational Therapists in the two GetREAL teams will book themselves regular computer time at least weekly to respond to emails from each Link Person with the units they have visited. This requirement may grow as the programme of visits progresses. By the end, email communication should be established with up to 9 Link people.

Terminating the follow up support

The lead Occupational Therapist will tell each unit the date at which follow up support will end (12 months after the end of the GetREAL team 5 week visit).

The lead Occupational Therapist will email a goodbye and thank you message to each unit via the Link people. The Occupational Therapists will stress the importance of the unit's contribution to research and practice improvement. This is important to conclude the relationship and to motivate staff to collect the outcome measurement data at 12 months.

Continuing the follow up research

The REAL programme co-ordinator will contact the Link person and appropriate unit manager to clarify the arrangements for the continued research processes, including outcome measurement at 12 months.

The link person and unit manager will be reminded that the unit staff must ensure that they do not reveal to the researchers that they received the GetREAL intervention.

Sustainability Plan for Unit

(to be formulated in collaboration with staff team during final week of visit)

- Identified link person from Unit: Name:

  Contact details:

- Summary of long term sustainability plan following get REAL intervention:

Fidelity to the Intervention

The GetREAL team will keep a personal reflective practice diary throughout the intervention and throughout their employment in the project. This will be discussed during supervision to help identify and solve problems and celebrate success.

Weekly supervision to ensure fidelity to the GetREAL intervention will be provide by two members of the steering group who have expertise in mental health occupational therapy and organisational change within health services. This will be done remotely by teleconference, telephone or Skype. A set of key criteria will be used to assess fidelity.

The REAL research team will arrange for service user researchers to carry out in-depth interviews with 2-3 service users of the units that receive the GetREAL intervention. A staff focus group will also be facilitated by a member of the REAL research team. Qualitative data from staff focus groups and service user interviews will be transcribed and analysed to identify aspects of the GetREAL intervention that worked well and those that were problematic. These data will be collated across units to identify common strengths and weaknesses of the process and content of the GetREAL intervention.

Debriefing and Reflection between each unit

Appreciative Enquiry/Solution focused approach - Between your stays with each unit we suggest that you take time as a team to consider and record your answers to each of the questions below:

What worked well?

In the GetREAL team

In the unit

What would you like to see work better?

In the GetREAL team?

In the unit?

What would it look/feel/be like if it were working better?

In the GetREAL team?

In the unit?

What might be the next step on the way to achieving this?

In the GetREAL team?

In the unit?

What might the GetREAL team be able to do to be even more effective next time?

Action Plan:

Aim	Action	Who by?

References

Backman, C. L. 2004, "Occupational balance: exploring the relationships among daily occupations and their influence on well-being", *Canadian journal of occupational therapy. Revuee canadienne d'ergothθrapie*, vol. 71, no. 4, p. 202.

Bejerholm, U. & Eklund, M. 2006, "Engagement in occupations among men and women with schizophrenia", *Occup Ther Int*, vol. 13, no. 2, pp. 100-121.

Buchain, P. C., Vizotto, A. D. B., Neto, J. H., & Elkis, H. 2003, "Randomized controlled trial of occupational therapy in patients with treatment-resistant schizophrenia", *Revista Brasileira de Psiquiatria*, vol. 25, no. 1, pp. 26-30.

Canadian Association of Occupational Therapists 2002, *Enabling Occupation: an occupational therapy perspective.* CAOT Publications ACE, Ottawa.

Cook, S. & Birrell, M. 2007, "Defining and occupational therapy intervention for people with psychosis", *British Journal of Occupational Therapy*, vol. 70, no. 3, pp. 96-106.

Creek, J. 2010, *The Core Concepts of Occupational Therapy A Dynamic Framework Practice* Jessica Kinglsey Publishers.

De Las Heras, C.G., Lerena, V., & Kielforner, G. 2003. *Remotivation process: Progressive intervention for individuals with severe volitional challenges (Version 1.0)* Chicago, MOHO Clearinghouse.

Gladwell, M 2000, *The Tipping Point; How Little Things Can Make a Big Difference* Little Brown

Iwama, M. K. 2006, *The Kawa model : culturally relevant occupational therapy* Churchill Livingstone Elsevier, Edinburgh.

Jolley, S., Garety, P. A., Ellett, L., Kuipers, E., Freeman, D., Bebbington, P. E., Fowler, D. G., & Dunn, G. 2006, "A pilot validation of a new measure of activity in psychosis", *Schizophrenia research*, vol. 85, no. 1-3, pp. 288-295.

Kielhofner, G. 2008, *Model of Human Occupation: Theory and Application*, 4th Edition edn, Lippincott Williams & Wilkins, Philadelphia.

Miller, W. R. & Rollnick, S. 2002, *Motivational Interviewing: Preparing People for Change* Guilford Publications, New York.

Oka, M., Otsuka, K., Yokoyama, N., Mintz, J., Hoshino, K., Niwa, S., & Liberman, R. P. 2004, "An evaluation of a hybrid occupational therapy and supported employment program in Japan for persons with schizophrenia", *Am.J Occup.Ther.*, vol. 58, no. 4, pp. 466-475.

Prochaska, J. M., Prochaska, J. O., & Levesque, D. A. A Transtheoretical Approach to Changing Organizations. Administration and Policy in Mental Health 28[4], 247-261. 2001.
Ref Type: Journal (Full)

Reed, K. L. & Sanderson, S. N. 1999, *Concepts of Occupational Therapy*, 4th Edition edn, Lippincott Williams & Wilkins, Philadelphia.

Sumsion, T. 2006, *Client-centred practice in occupational therapy*, Second edn, Churchill Livingstone, Edinburgh.

Tuckman BW. (1965) Developmental sequence in small groups. *Psychological Bulletin.* 63(6), 384-399

World Federation of Occupational Therapists 2006, http://www.wfot.org/office_files/Human%20Rights%20Position%20Statement%20Final%20NLH%281%29.pdf, WFOT.

World Health Organisation 2003, *International Classification of Functioning, Disability and Health*.

Appendix 1. Training materials: a resource pack of useful tools.

This resource pack contains materials to be shared with staff and service users in psychiatric rehabilitation units. These tools will help to find out a person's interests and how they want to spend their time

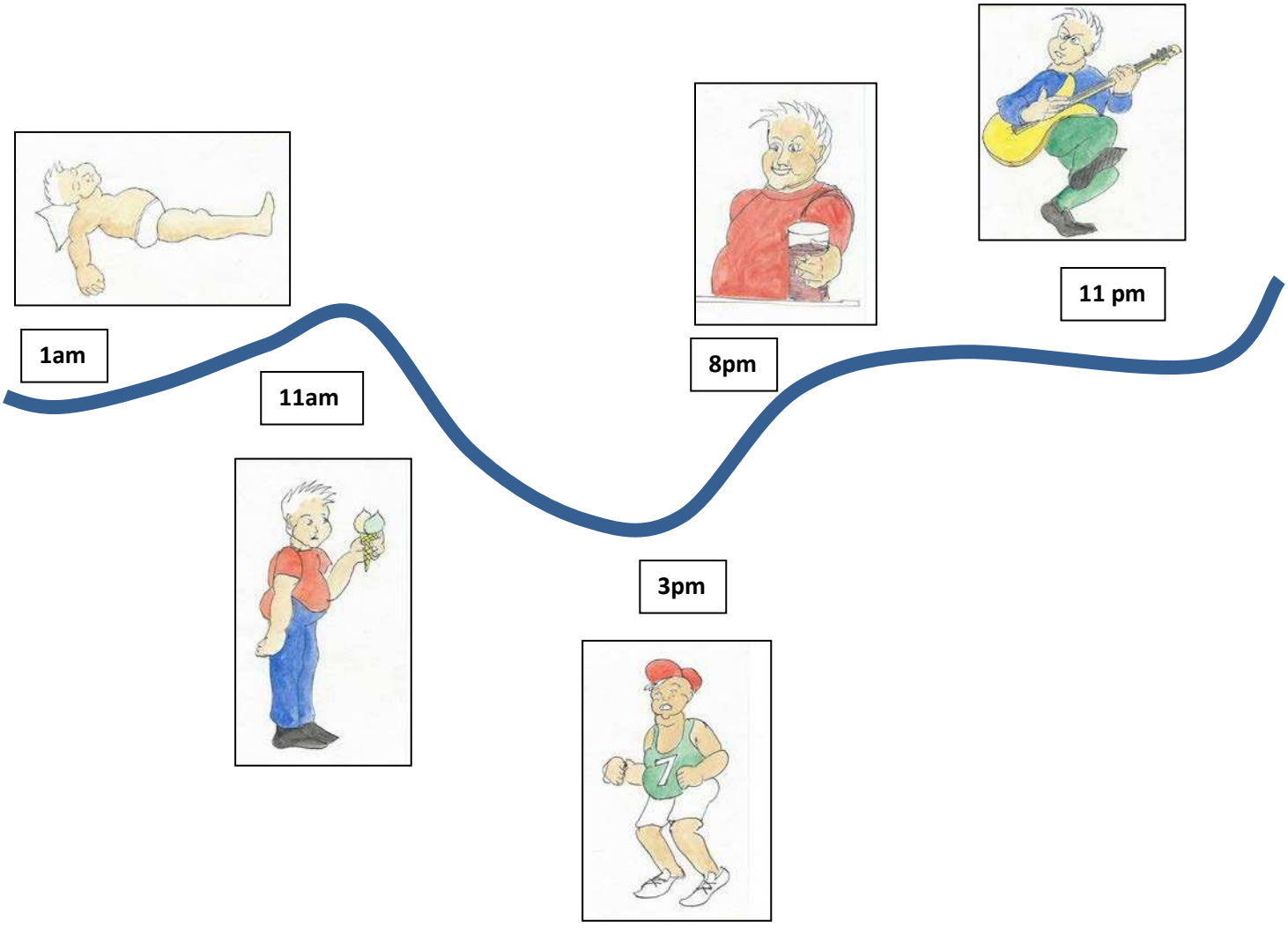
Time Line – A day in the life of me

This is a visual activity. Ask the service user about how she or he has spent the time over the last day. Invite him or her to draw pictures or write about these activities using the wavy time line. This indicates that our interest varies as we do different things. Or you could use images from magazines or from the internet using google images or similar software programmes. Develop this activity by inviting service users to take photographs of what they do and where they go throughout the day. Then print them and invite the service users to paste them onto their lines.

Suggest that the service user puts things most enjoyed above the line, and least enjoyed below the line. Discuss the different activities and why he or she likes them and which ones would he or she like to continue, develop or do less of.

A Day in the Life of Me

Draw and mark on the times and activities along the time line to fill 24 Hours



Occupational Balance Wheels

These cardboard coloured wheels have been developed by an occupational therapist and their use described by in her work with Pakistani mothers (Kramer-Roy 2009). She found the wheels useful to encourage people to look at how they wanted to spend their time.

The idea behind them is that how we spend our time is important to all of us. We spend our time on more than just surviving and carrying out self-care activities to make sure we are warm, clean, fed and sheltered. We also spend time being productive, which may be doing voluntary work or in employment; in being sociable, in education, and doing leisure activities as well as resting. How we spend our time can be "transformative, bringing change, growth, new opportunities, towards realising our dreams and goals" (Townsend 1997) p20). Through being able to make choices in how we spend our time, we gain control over our lives. Taking part in different sorts of activities of our choice and that have a positive value, improves our health and wellbeing:

> "Health flourishes when people's occupations give [positive]meaning and purpose to life and are publically valued by the society in which they live" (Canadian Association of Occupational Therapists 2008)

Gaining a balance between rest, work, self-care and leisure can make sure we do not suffer from boredom or depression from too little demand, excitement and pleasure. On the other hand, too much demand from an occupation such as work, or looking after other people, can be stressful and make us ill.

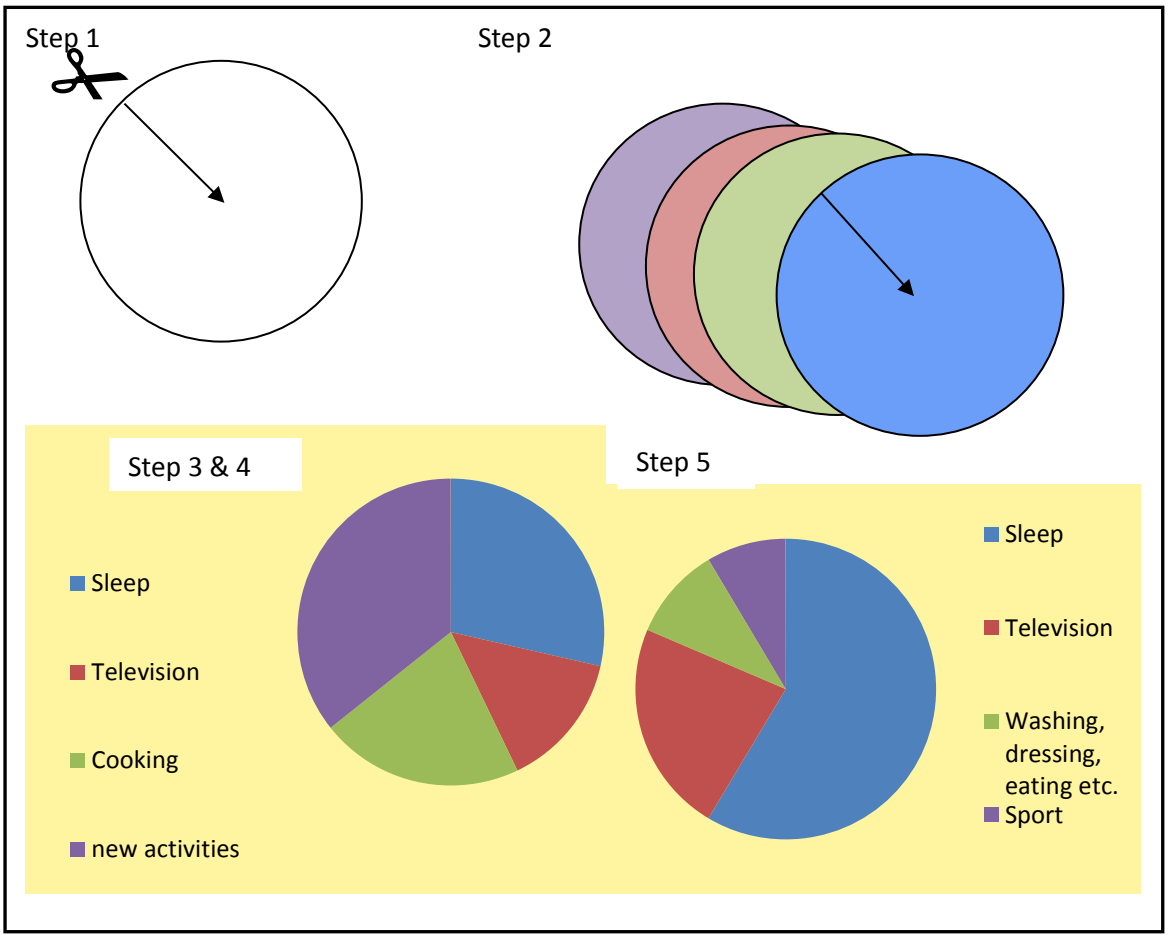
Unfortunately in residential rehabilitation settings people can become very inactive, doing very little or the same things every day and with little choice about how they spend their time. When people get deprived from doing stimulating and rewarding activities, or they are not able to balance what they do with their time, people get alienated, withdrawn, deskilled and unwell.

Using the wheels

Discuss with the service user how he or she spends their time, and what proportion of the 24 hour day they spend doing different types of activity. Ask them to demonstrate with the different colours wheels. Using this visual display of time helps people to become interested and to focus.

Next discuss with the service user what he or she would like to change in how they spend their time, and ask them to move the wheels to demonstrate this. Give positive re-enforcement to the service user for what they are expressing and their efforts in thinking about their time. Do not make any value judgements about how they spend their time. Show that you are interested in their values and priorities. Show that you believe it is possible for them to change how they spend their time, to fit better with their aspirations, and that the unit can support them in making changes.

Making the wheels



Step 1. Cut about 4 circles from cardboard about 6 inches (15 cm) in diameter. Make one slit from the outside edge to the centre in each circle. The number of circles you need depends on how many types of activity are wanted.

Step 2. Together with the service user, choose different colours of card for each circle, or colour them in.

Step 3. Put the wheels on top of each other and move the slit opening to slide over or under the next wheel. The service user can then move the slit circles to cover or reveal each layer.

Step 4. Write on the circles what type of activity it is. Discuss what to call each type of activity. Choosing colours can express symbolically which each type of activity means. E.g someone may say that the Red activities are their favourite, but that yellow is the thing they don't like. Each person is different though in what colours mean to them.

Step 5. With the same wheel, or even a second one, ask the service user to label and move each colour to how he or she wants to spend their time.

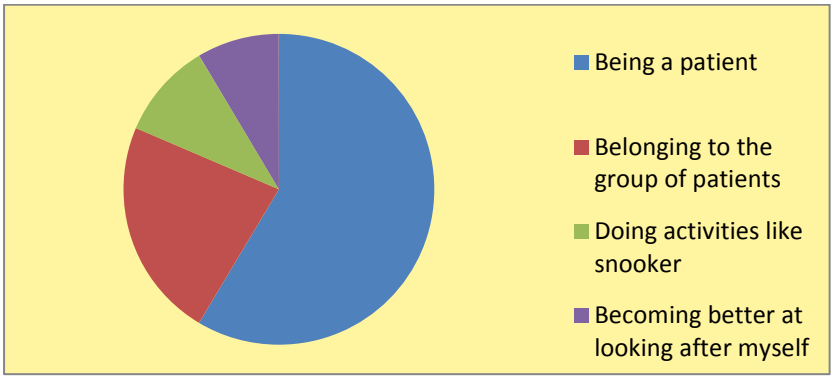
There are different ways to think about types of activity or occupations. We can use the service user's words to describe activity and this can be good to reflect what is important to that person. Or we can use other terms that may help people to think differently about how they spend their time, how they have got stuck in a rut, and how they want to change. The following way was used by (Kramer-Roy 2009) in her work.

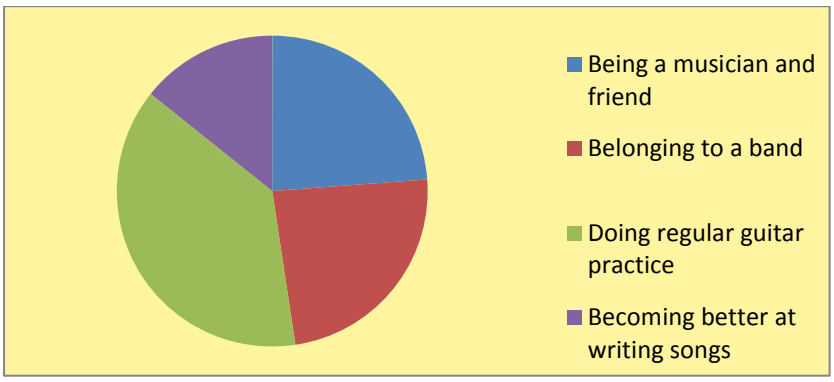
Doing, Being, Becoming and Belonging

Much of how we spend our time can be seen as doing, being, becoming and belonging, and we need a balance of all these to survive and be healthy (Wilcock 2006).

- **Doing** means our actions and doing activities. These may be observable physical actions, or thinking activities.
- **Being** means who we are as an individual. We talk of being true to ourselves. Being, or who we are, is what is distinctive about ourselves, our world view, values and relationships.
- **Becoming** means how we further develop who we are, and builds on who we have been before, ie our personal history and culture. Becoming is hopefully the process of becoming more like we want to be.
- **Belonging** means being part of family, or a friendship network, social or leisure group, work team, community etc. A sense of belonging means feeling valued and accepted in the group. It often means being dependent on each other and gaining self-esteem from the support of other people. Belonging may involve acting with other people to change society or the environment, coming together to be powerful, such as in a trade union.

Colour wheels showing the amount of time Douglas spent on Doing, Being, Becoming and Belonging, and below, how he would like to spend his time.





Activity cards

A set of pictures can be made from photographs, cartoons, or magazine pictures. These can be made with service users. Mount the pictures on the same size cards, using a size that is easy to handle. Maybe make them slightly larger than playing cards. You may want to add text labels as well to clarify what the activity is. Try and gather pictures of people doing things who come from different ethnic backgrounds, and have a balance of men and women. Include leisure, social , sports, creative, domestic and work activities.

Use the Activity cards to stimulate discussion with service users about what activities they used to do and currently do. This can be an informal chat. With very withdrawn people, spread some cards out before them and notice where their eyes are pointing or if they move towards a particular card, and start talking about that activity. Then use the picture cards to ask people whether they still enjoy the activities they selected or recognised, and what they would like to do in the future. Another way is to ask the person to put the picture cards in piles of what they like and don't and then explore their choices with them.

The Activity Card Sort

This is available for purchase. It is a set of 89 photographs mounted on cards that show a wide range of activities with labels describing the activities. It was developed by Baum & Edwards (2008) in the USA. It has been extensively tested and translated internationally.

The Activity Card Sort was developed in the USA as a tool for assessing service users' participation in activities and how they think they perform (refs). It was developed with older people so may not be suitable for use with young people. The pictures show people from a range of ethnic backgrounds.

Baum, C.M., & Edwards, D. (2001). Activity card sort. St. Louis, MO: Washington University at St. Louis.

For purchase see http://myaota.aota.org/shop_aota/prodview.aspx?TYPE=D&PID=763&SKU=1247

Interest Checklist

This list of interests has been developed by David Heasman and Paul Brewer in South West London and St George's NHS Trust Occupational Therapy Service and is informed by the Model of Human Occupation. It is available to download from the MOHO Clearing House website.

http://www.cade.uic.edu/moho/productDetails.aspx?aid=38

It focuses on interests other than employment. Activities are listed in 9 categories:

- Health & Fitness
- Sports
- Creative
- Productivity at home
- Leisure at home
- Social
- Outdoor pursuits
- Out and About/entertainment
- Educational

Use this interest checklist to record service users' interests, then the degree of interest and whether they are participating in the chosen activities now, in the past, or want to do it in the future.

After this discussion, make a note of those strongest interests and together with the service user, decide on an action plan to help them follow their interests now and in the future.

Name:…… Date of Birth:……..

INTEREST CHECKLIST (UK)

Category		Activity	Degree of Interest			Participation?		
			Strong	Some	None	Past	Present	Future
1	**Health & Fitness**	Aerobics / Gym						
		Cycling						
		Running / Jogging						
		Roller blading / Ice Skating						
		Swimming						
		Yoga / Tai Chi…..						
Other Health and fitness								
2	**Sports**	Athletics						
		Basketball / Netball						
		Bowling						
		Cricket / Baseball / Rounders						
		Darts						
		Football / Rugby / Hockey						
		Golf						
		Martial Arts / Boxing / Fencing						
		Pool / Snooker						
		Spectator Sports						
		Table Tennis						
		Tennis / Squash / Badminton						
Other Sports:								

3.	**Creative**	Amateur Dramatics						
		Crafts / Needlework						
		Fashion: incl Clothes / Hair / Cosmetics						
		Making music – incl. instrument, DJ'ing….						
		Model Building						
		Painting / Drawing (Art)						
		Photography						
		Pottery						
		Singing						
		Writing: letters / poems / stories						
		Woodworking – incl. Picture Framing, Furniture Restoration						
Other Creative:								
4.	**Productivity - at home**	Car Repair						
		Cooking / Baking						
		Gardening – incl Indoor Plants						
		Mending / DIY						
		Pet ownership						
Other Productivity at home								

			Strong	Some	No	Past	Now	Future
5.	**Leisure- at home**	Board games – chess, scrabble etc.						
		Collecting						
		Computing – games / pc / internet						
		Listening to music						
		Playing cards						
		Puzzles / Crosswords						
		Radio						
		Reading						
		Television / Video						
Other Leisure at home								
6.	**Social:**	Clubs: Social / Nightclubs						
		Eating out						
		Faith-related activities						
		Inviting / visiting friends / family						
		Pubs / bars						
		Voluntary work						
Other social:								
7.	**Outdoor Pursuits**	Bird watching / Wildlife						
		Camping						
		Climbing						
		Ecology / Conservation						
		Fishing						
		Horse riding						
		Walking						
		Water Sports incl. canoeing / rowing						
Other outdoor pursuits								
8.	**Out and About**	Bingo						

	/ Entertainment							
		Cinema						
		Concerts /Theatre						
		Dancing						
		Driving						
		Jumble/car boot sales/charity shops						
		Museums / art galleries						
		Places of interest / day trips						
		Shopping (incl. Markets)						
		Traveling / Holidays						
Other out and about:								
9.	**Educational**	Antiques						
		Courses / adult education						
		Foreign Languages						
		History						
		Politics / Philosophy						
		Science						
		Speeches / Lectures						
Other educational								

Occupational Therapist…… Signed…….. Date……

INTEREST SUMMARY

Name:…… Date of Birth……..

Strong Interests	

ACTION PLAN

	SHORTLIST	ACTION PLAN
1		
2		
3		

Occupational Therapist……. Signed……..

Date……

References

Baum, C. M. & Edwards, D. Activity Card Sort. 2nd Edition. 2008. Bethesda MD, AOTA Press.
Ref Type: Catalog

Canadian Association of Occupational Therapists. Position Statement: Occupations and Health (2008). CAOT . 2008. 16-11-0020.
Ref Type: Electronic Citation

Kramer-Roy, D. 2009, *Exploring the support needs of Pakistani families with disabled children: a participatory action research study. PhD thesis*, Brunel University, London.

Townsend, E. 1997, "Occupation: Potential for personal and social transformation", *JOURNAL OF OCCUPATIONAL SCIENCE*, vol. 4, pp. 18-26.

Appendix 2. Fidelity Criteria for the GetREAL intervention

Terms: unit staff (working in the rehabilitation ward/unit); GetREAL team (OT, Activity Worker & Service User consultant; Project team (Project Manager, Principal investigator)

Name of unit:	✓ or X	**Number (and % of staff/SUs achieving the criterion)**	**Comments**
Predisposing visit			
1. A predisposing meeting is held with the unit's senior team members attended by at least one of the REAL research steering group's senior psychiatrists (HK, FH, TC) to explain the purpose of the GetREAL intervention, answer any queries and gain senior staff "sign up" to support the GetREAL team's work.		N/A	
2. Dates for the first GetREAL training day/s for unit staff, and release of staff to attend, are discussed and agreed with the unit manager before the GetREAL team arrive.		N/A	
3. The unit manager agrees to provide unit keys and, where possible, IT access/email accounts for the GetREAL team OT and Activity Worker		N/A	
Initial Training			
4. At least two members of the GetREAL team deliver the initial training			
5. At least 50% of the unit staff attend			
6. Initial evaluation forms are completed by all staff attending			
7. Action plans are agreed for the next 4 weeks		N/A	
Enabling phase			
8. The GetREAL team work alongside unit staff for at least 5 weeks including the training days		N/A	
9. At least one structural change or enhancement is agreed to facilitate service user activity levels		N/A	Describe any changes:
10. Were any other changes that have been made secondary to the GetREAL team's suggestions that may not directly relate to service user activities?		N/A	Describe any changes:
11. Individual goal setting (regarding activities) is carried out and recorded in care plans for at least 50% of service users on the unit.			

Final Training			
12. At least two members of the GetREAL team deliver the final training			
13. At least 50% of the unit staff attend			
14. The certificate of attendance is awarded to at least 50% of unit staff (staff have to attend both the initial and final training to receive the certificate)			
Sustainability & Reinforcing phase			
15. At the end of the 5 weeks, a written action plan for the unit to continue the GetREAL work for the next 12 months is agreed		N/A	
16. The 12 month action plan is circulated to all unit staff by the GetREAL team		N/A	
17. At the end of the 5 weeks, activity is included in at least 50% of SUs' individual care plans			
18. A link person is identified to keep email contact with the GetREAL team/steering group members for up to 12 months		N/A	
Supervision and support of the GetREAL team			
19. The GetREAL service user consultants are supported by the OTs through face to face/email/telephone discussion as required.		N/A	
20. The GetREAL Activity Workers are supervised by the OTs weekly during each intervention period		N/A	
21. The GetREAL OTs are supervised at least three times per intervention period by the REAL research OT and/or the REAL organisational change specialist. This can be by phone, skype, email or face to face.			Record number and type of contacts
22. The GetREAL OTs have a line management meeting with the REAL senior OT once per cycle.		N/A	
Signed:			Date completed.

Fidelity Criteria at 12 months, for the GetREAL intervention

23. GetREAL team members or steering group members continue offering email contact for 12 months following the 5 week visit			Record number of contacts made by GetREAL/REAL staff with Link Person
24. The Link Person makes contact with the GetREAL team at least once during the 12 month period			Record number of contacts made by Link Person with GetREAL/REAL staff

Appendix 3. GetREAL Team Induction Schedule

Two week schedule

Note that the training team were newly employed by the NHS Trust. They were involved in finalising the intervention manual and staff training materials prior to piloting the intervention and then delivering within a cluster randomised controlled trial.

<table>
<tr><th colspan="5">Week One</th></tr>
<tr><th>Monday</th><th>Tuesday</th><th>Wednesday</th><th>Thursday</th><th>Friday</th></tr>
<tr><td>Local NHS Trust</td><td>Local NHS Trust</td><td>Mental Health Rehabilitation services</td><td>GetREAL team base</td><td>Academic Dept of Health Sciences, (University)</td></tr>
<tr><td>8am - 5pm</td><td>9:30am - 1pm</td><td>9am - 3pm</td><td>9am - 5pm</td><td>9 - 1pm</td></tr>
<tr><td rowspan="2">Local NHS Trust induction from the Learning & Development Dept.</td><td rowspan="2">Local NHS Trust induction from the Learning & Development Dept.</td><td>Meeting with the Principle Investigator</td><td rowspan="2">Day to study the manual</td><td>Principle Investigator: overview of the whole project</td></tr>
<tr><td>Orientation to the Local NHS Trust and rehabilitation services by Occupational Therapists including the line manager.</td><td>Begin to go through manual in outline form.</td></tr>
<tr><th colspan="5">NOTES</th></tr>
<tr><td></td><td></td><td>These clinical occupational therapists were involved in developing the intervention</td><td></td><td>This day is attended by the Service User consultants.</td></tr>
</table>

Week Two				
Monday 14th	**Tuesday 15th**	**Wednesday 16th**	**Thurs 17th**	**Fri 18th**
University Faculty of Health & Wellbeing				
1 - 4.30pm	9am - 4.30pm	9am - 4.30pm	9am - 4.30pm	9 - 1pm
Travel	Manual and detail of intervention.- OT approaches; & the two training days within the intervention Fidelity to the GetREAL intervention	Practice with each other, make amendments and agree any further training materials that are required	Manual and the organisational development cycle - reviewing the GetREAL teams' work; sustainability & the tipping point	Final queries; Practice on line supervision on SKYPE; Verify practical details of pilot sites, dates travel etc
1pm: Styles of learning within the GetREAL interventions - starting with you (practical exercise)	Amendments to manual	Prepare materials for the pilots	Final amendments to manual The forms in the manual	Travel
NOTES				
Lead Occupational Therapist & Organisational Change Consultant	Lead Occupational Therapist	Teams will work alone	Lead Occupational Therapist & Organisational Change Consultant	Lead Occupational Therapist & Organisational Change Consultant
Attended by the Service User consultants.				