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The Impact of Specialist Support Team AHP assessment on management of forensic behaviours and capacity.

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Specialist Support Teams

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- **Supporting people to:**

- Live safe and meaningful lives avoiding the need for hospital admission
- Remain at home in times of distress by offering additional support
- Receive a range of specialist assessments and treatments
- Develop a shared understanding of themselves and the difficulties they experience through delivering expert training, advice and consultation
- Move from hospital to home as quickly and safely as possible with additional support afterwards

Greater Manchester SST Structure

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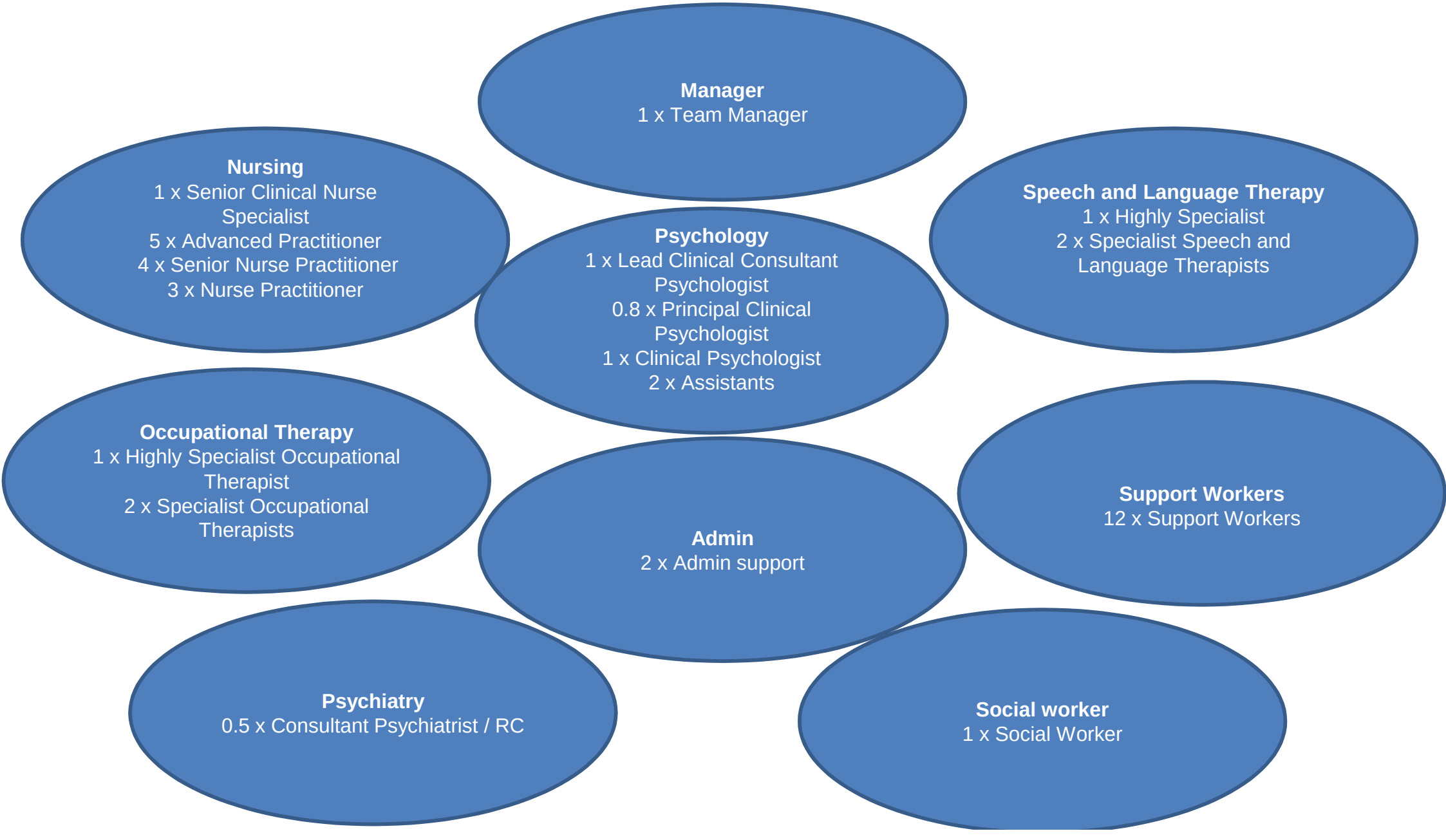

Lancashire & South Cumbria SST Structure

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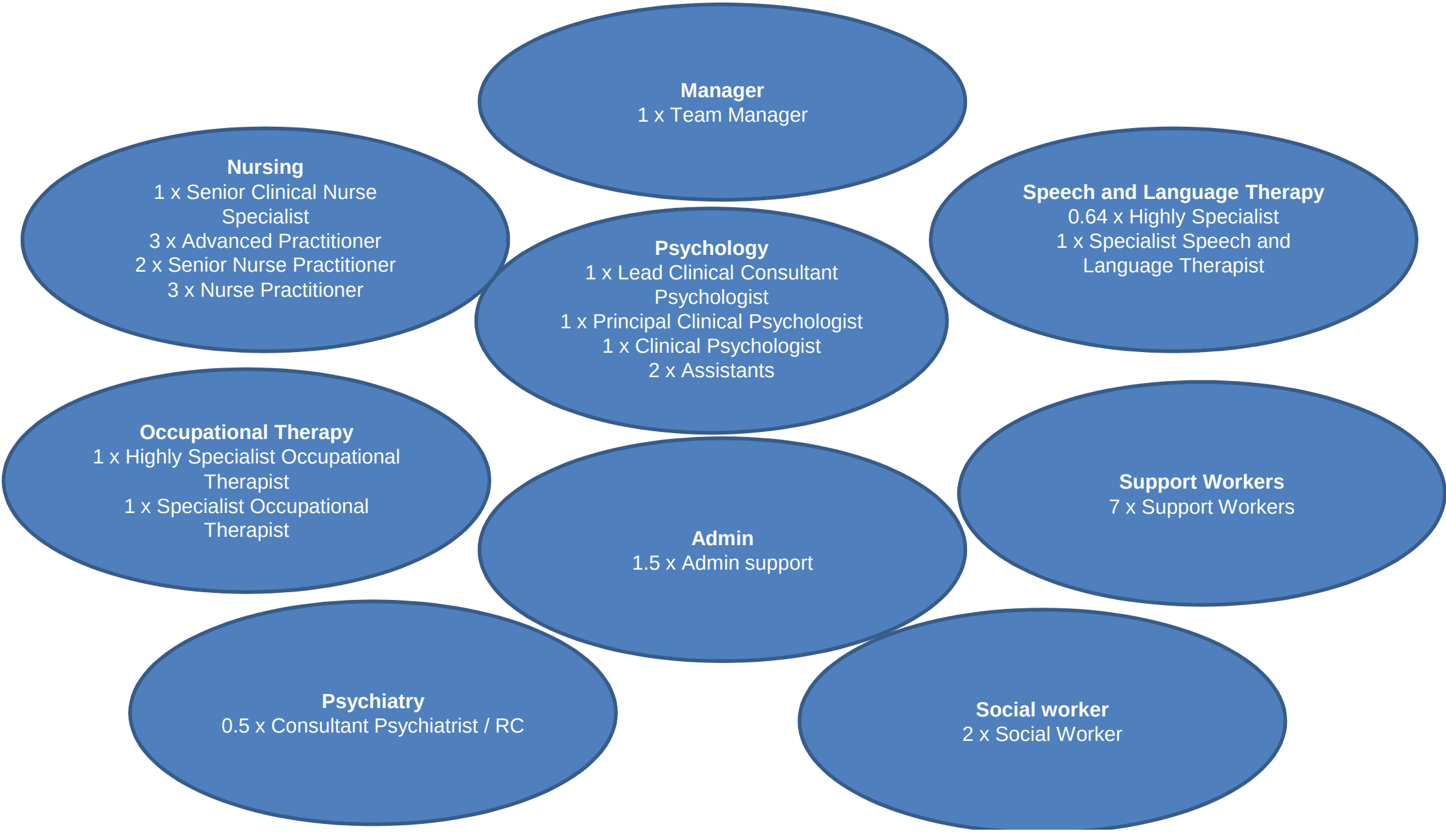

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Referral Criteria

- Individuals who are over 18*, have a learning disability and/or Autism and are displaying:
    - Offending behaviour / at risk of offending
    - Challenging behaviour

* If a person is under 18 and complex in presentation where it is agreed a more intensive transition is required

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Core Functions

1. **Prevent admissions**
2. **Expedite discharge**
3. **Therapeutic Interventions**
4. **Deliver access to 7 day / 24 hour wrap around support to targeted complex individuals**
5. **Consultation and Training**

‘Risk’ Management |

do we really know what is going on?

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- **Risk Behaviours** (violence/ assault, self injury, fire setting, vulnerability, substance misuse, suicide….)

- **Factors that impact on Risk Behaviours** (mental state, cognitive, coping, learning…..)

AHP Assessment…..can we dig a little deeper?

- **Task demands –** “The task was too hard for me – I felt embarrassed I couldn’t do it + people were laughing at me”
- **Sensory Avoidance** - I don’t like having a shower – people are laughing at me point me at me in the street
- **Overstimulating environments |** I didn’t want to be in such a busy place it sent my ‘head west’ – public transport
- **Lack of belonging/ social interaction |** I stay inside because I don’t have friends ,they are all online , people don’t like me
- **Volitional Issues/ Low mood |** ‘He is just lazy – he won’t listen – he is old enough to know now!
- **Social Interaction |** I don’t want to go out with my support – it’s awkward – what should I say?

Skills | Environment | Task Demands

Role of Occupational Therapy within Specialist Support Teams

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- **Model of Human Occupation**
  (volition, pattern, processing, interaction skills, social /physical environment)
- **Evidence based assessment & intervention** (NICE, 2016 & Hawes, 2010)
- **Strength Focus + Occupational Identity/ Competency + what is important to <u>you?</u>**
- **1:1 intensive | training & consultation**

hcpc health & care professions council

Royal College of Occupational Therapists

Occupational Therapy Assessment	
MOHOST/ MOHO exPLOR	Identifies strengths and limitations of performance / observational (roles/interaction)
AMPS	Assessment of Motor Processing – standardised assessment of activities of daily living
Forensic OCAIRS	Capture wider context - volition – 'readiness for change'
OSA	What is important to me/ insight = risk (under/ over estimate abilities?)
Sensory self/carer	Seeking/ Low registration – over stimulation = increase risk behaviour/ decrease function
REIS Environmental	Adapt – low stimulus Physical health needs

Occupational Therapy Collaborative Goal Setting & Intervention	
Occupational Formulation	**Risk Behaviours** (violence/ assault) **Enhancing Factors** (mental state/ psychosis, low mood, cognitive demands, frustration tolerance & interaction others) (NICE, 2016 & Hawes, 2010)

Occupational Issues & Risk Mitigation

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- **Loss of meaningful roles/ occupational identity**
- **Loss of meaningful occupations that provide structure and routine**
- **Under/ Over –estimation of abilities; limited realistic occupational goals matched to strengths/limitations**
- **Social/ physical environmental adaptation**

(NICE, 2016 & Hawes, 2010)

Independent Skills
'I don't need help'
Risk to self
Overestimate abilities/ processing skills
New skills/ compensatory aids/ grade activity – levels of support

Leisure
'I smoke weed to fit in'
++ Paranoia/ Anxiety
Habits/ Motivation/ interaction
New Interests/ Peers Social Skills / Story

Vocation
'I want to go back to college'
Violence to staff
Routine/ social environment
1:1 – Group/ Sensory diet – gardening/ physically fit/ adapt environment

Relationships
'I want a girlfriend'
Sexual Assault / Tactile ++
Roles/ relationships/ sensory seeker
Sensory diet might change/ Social Skills

Role of Speech and Language Therapy in the Specialist Support Team

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- To ensure there is an understanding of the persons communication functioning.
- To make the links between commination functioning and risk
- To provide additional assessment and intensive interventions where needed to minimise risk

SLT Assessment

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Language Function

- **Language profiles linked with offending (Snow and Powell 2004):**
- Difficulty with more **complex/abstract language.**
- Poor **narrative language** skills.
- Limited vocabulary and **word finding** difficulties.
- Difficulties with higher level language skills e.g. ability to reason, explain and **infer information**.

Social Communication

- Forensic behaviour can in a lot of cases be viewed as a **social response.**
- Often we try to treat the response without looking at the **cognition** behind it
- Speech therapy assessment will also examine a persons **social cognition:**
- E.g – What social information they are **attending** to, how they **interpret** this social information and how they **problem solve** to produce a social response (Garcia Winner 2007)

Jake

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Background

- Age 24
- Diagnosed with Autism as a toddler
- Attended mainstream school
- Struggled throughout school and was relentlessly bullied
- As a teenager, it became increasingly difficult for parents to manage his behaviour
- Parents were unable to leave Jake alone in the house due to his disruptive, impulsive and aggressive behaviour
- He often left the family home and would spend time in local pubs, where he would then get into arguments and fights with members of the public
- Financial exploitation
- Referred to our team by an Early Action Police Officer - visiting the family almost daily

"It was a grim, dangerous situation, the family bonds were being torn apart, yet he always responded with respect when we challenged him. This was a safeguarding issue for someone who was struggling with adulthood, he shouldn't be criminalised. I desperately wanted to help him avoid prison but I needed help to scratch the surface."

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SST input

- SST nurse
- Local LD team declined referral to their team - balance of probability assessment = no LD
- SST nurse completed Enhancing Communication Tool
- Highlighted significant difficulties with understanding, expression and social cognition.
- Referred to SST SALT for further assessment = comprehension, expression and social cognition very limited.
- Cognitive assessment never carried out - both SALT and Nurse suspected he may have LD
- Referred to SST Psychologist for WAIS who completed a WAIS = IQ of 48 (moderate LD).
- With this information, we were then able to get the local LD team on board to help with supporting Jake and to back up an application for funding for a care package.

Outcome

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- Through a collaborative approach with Jake, his family, the local LD team, social services and the police it was identified that he needed more opportunities to live an independent lifestyle but with some professional support from carers. A plan was agreed for Jake to move to a house near the family home, with support from staff who were trained to work alongside him.

- Police officer:

  "If Jordan had gone before a court he'd be in prison now, with all the trauma and funding that it involves. Working with the Specialist Support Team lets us divert people like Jordan away from the criminal justice system"

- Mum:

  "Simon and I would like to say a huge and sincere THANKYOU to you and your team for helping both Jordan and ourselves at a time when we were all in the wilderness without a hope in hell of knowing which way to turn. Your involvement turned our lives around and gave us support and a way forward. For that we will be eternally grateful"

What this case demonstrates

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- Communication deficits can be a useful indicator of learning disability
- Balance of probability assessments are sometimes inefficient at identifying LD, particularly if the person has developed good ‘masking’ skills
- Adding in an ‘extra layer’ of support can offer the flexibility that is needed to engage people (going to the pub!)
- The availability of a full multi-disciplinary team can really make a difference to the outcome

John: Background

- Referred to SST due to concerns about difficulties in community (getting bullied by local gang)
- John was believed to have capacity to access community independently. He could label a number of risks both physical and social – **there was something missing……**
- He is articulate and can engage in high level conversation.
- Was able to discuss a number of meaningful activity - however volition/ fixated on routine – participating only in walking in the community and weight loss.

John: What we Did

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- **Speech Therapy Assessment** of his social cognition demonstrated weak social attention which impacted on his interpretations and social problem solving which contributed significantly to difficulties in the community.
- **Occupational Therapy Assessment** | identified strengths, collaborative goals, baseline of functional ability | skills development | exploration new social environments = belonging

What we learnt

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- Having **evidence based assessment** to underpin capacity decisions is good practice
- **Role of AHP in capacity building** and promoting least restrictive practice – measurable change

Michael: Background

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- **Very isolated** in the community only social connections though online gaming
- High **social anxiety;** however, evidence of positive social and language processing skills. – Previous SLT assessment highlighted Narrative and abstract language as main difficulties
- Limited participation with Occupational Therapy previously – 'I don't want to do what they said'

Michael: What we are doing

- Social anxiety made social communication assessment difficult
- Speech therapy focused on social anxiety to enhance current skills
- Low tolerance for ‘feeling awkward’ in a social situation
- **Occupational Therapy assessing** readiness for change – re-motivation process – occupational identity – understanding of own strengths/ priorities alongside limitations

What we learnt

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- Standardised assessment does not always offer a picture of real world functioning
- **Social Isolation needs to be viewed as a significant risk factor –** key priority area identified for research for ASC no LD population*
- AHP (SLT and OT) have a significant contribution to understanding this complex risk and working to mitigate by improving functioning
- **Provides evidence for care act assessment** – ensuring right support is enabled a the right time

Themes – autism/no LD

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- **Person not knowing what they're good at** – low self esteem
- **Services not having clear picture of functioning** eg. can get to the shops independently so is ok?
- **Difficulties overlooked until this point –**
- **Overestimating capacity / abilities –**
- **Time to build rapport & engagement**
- **Close liaison with MH services & CJS**
- **Social isolation –** frameworks for this population

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Any questions?

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