

Building Good Lives, together

The development and implementation of a Model of Care in a NZ Forensic Intellectual Disability context

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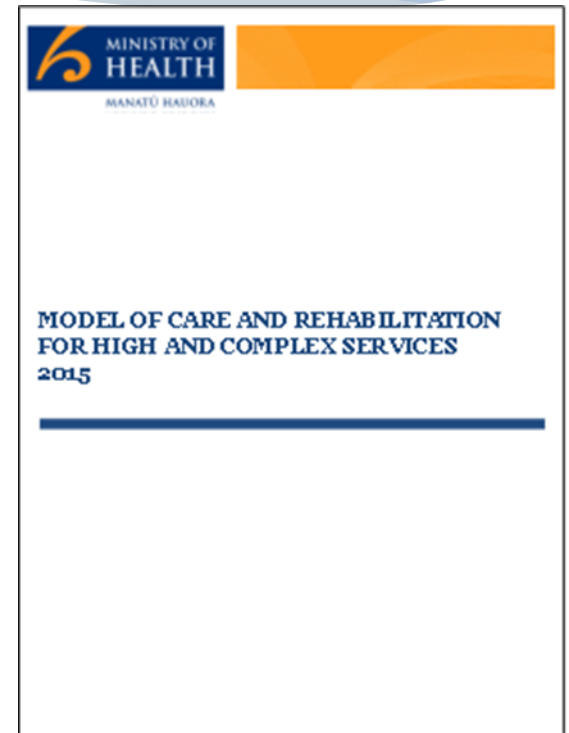
Wellington, New Zealand

What is a Model of Care and why do we need one?

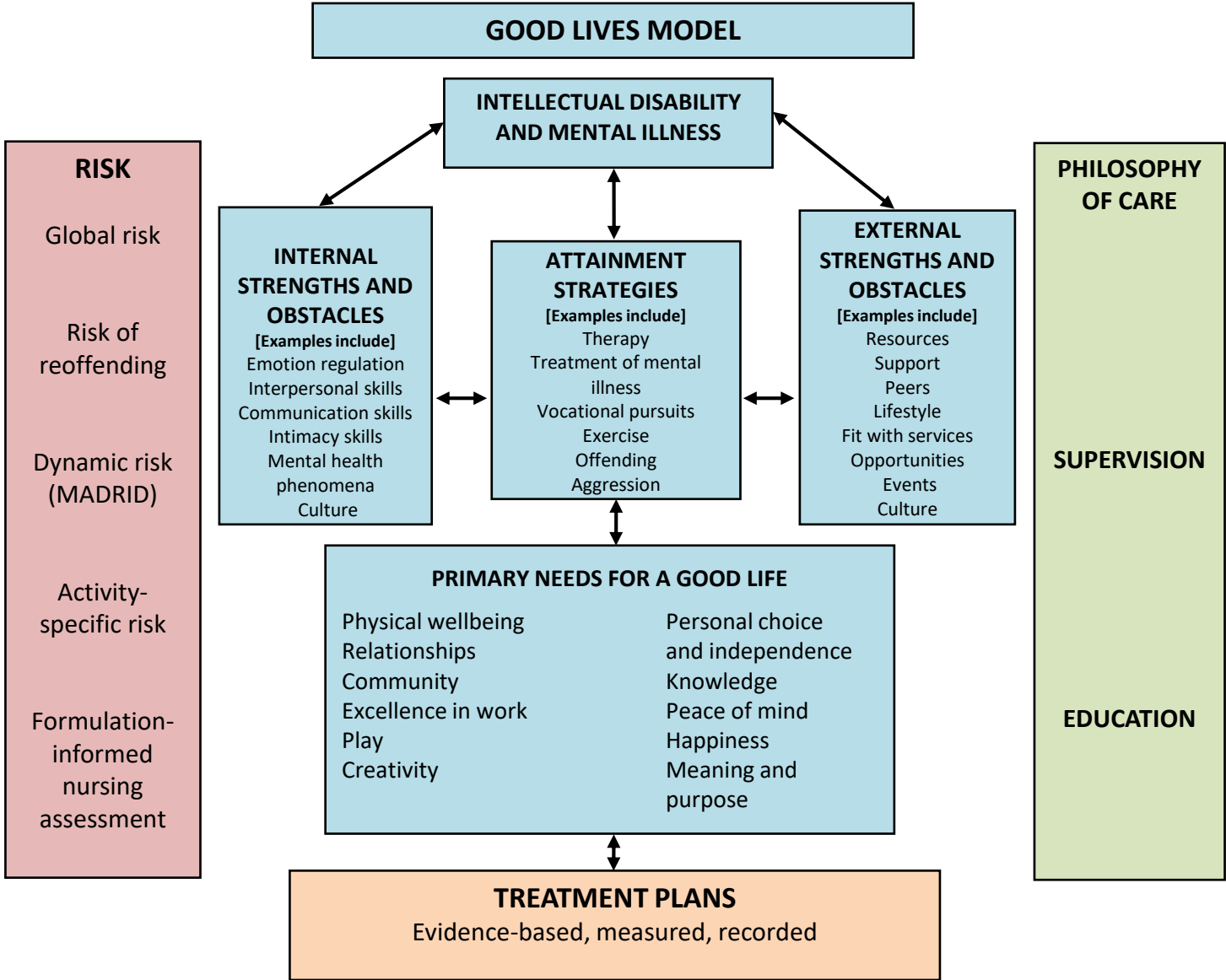
- * An umbrella framework that guides everything we do
- * A shared language
- * A way of unifying staff disciplines
- * More organised, efficient, consistent and cohesive

Developing the Model of Care

- * A series of “guiding principles”
 - * The Good Lives Model
 - * Robust risk assessment
 - * Positive Behaviour Support



CCDHB RIDSS MODEL OF CARE



Risk

- * Risk assessment and management runs alongside and throughout the model.
 - * Global risk
 - * Risk of reoffending
 - * Dynamic risk
 - * Activity-specific risk
 - * Formulation-informed nursing assessment
- * Risk coexists with rehabilitation
- * Safety through formulation and process

RISK

Global risk

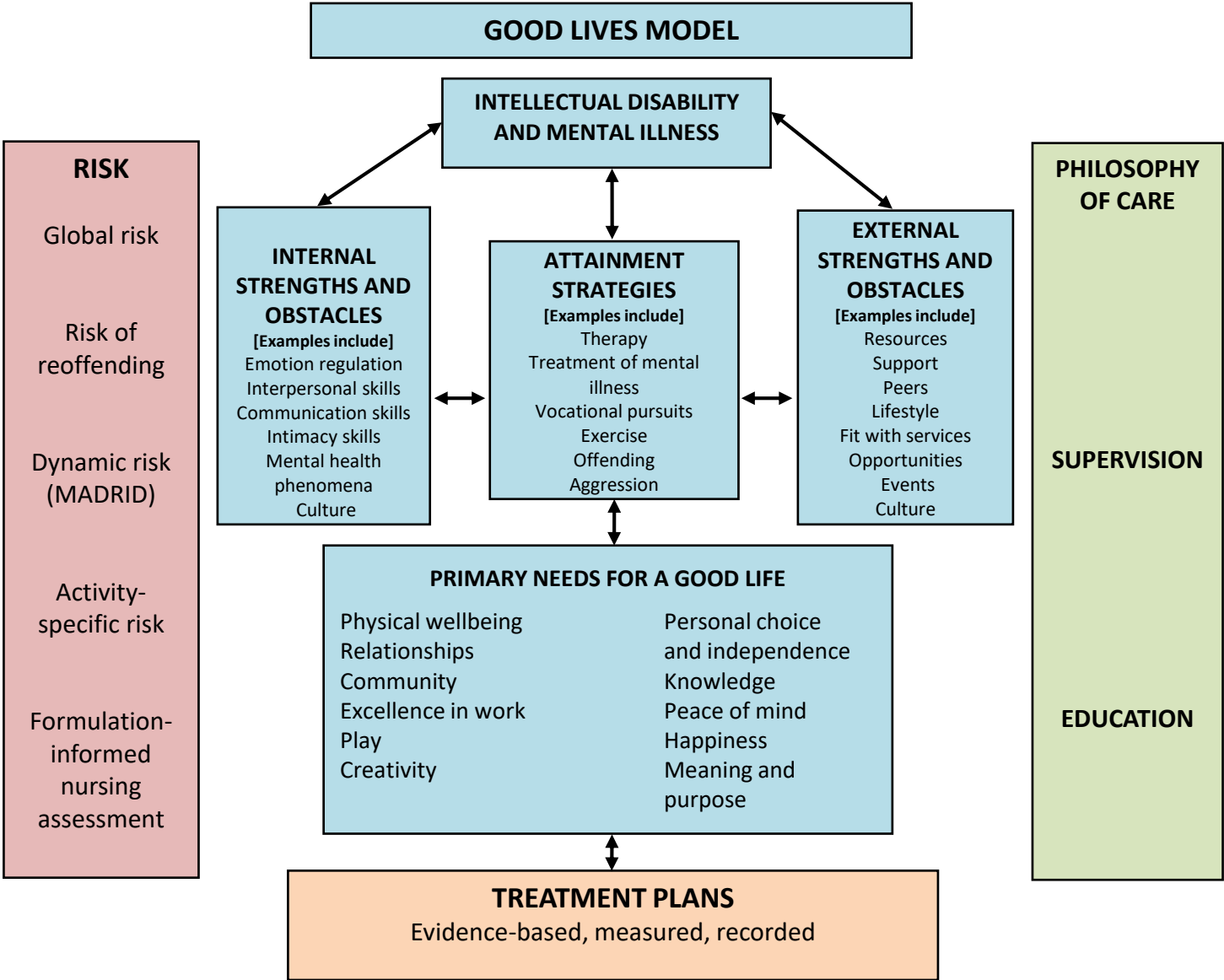
Risk of reoffending

Dynamic risk (MADRID)

Activity-specific risk

Formulation-informed nursing assessment

CCDHB RIDSS MODEL OF CARE



Philosophy of Care

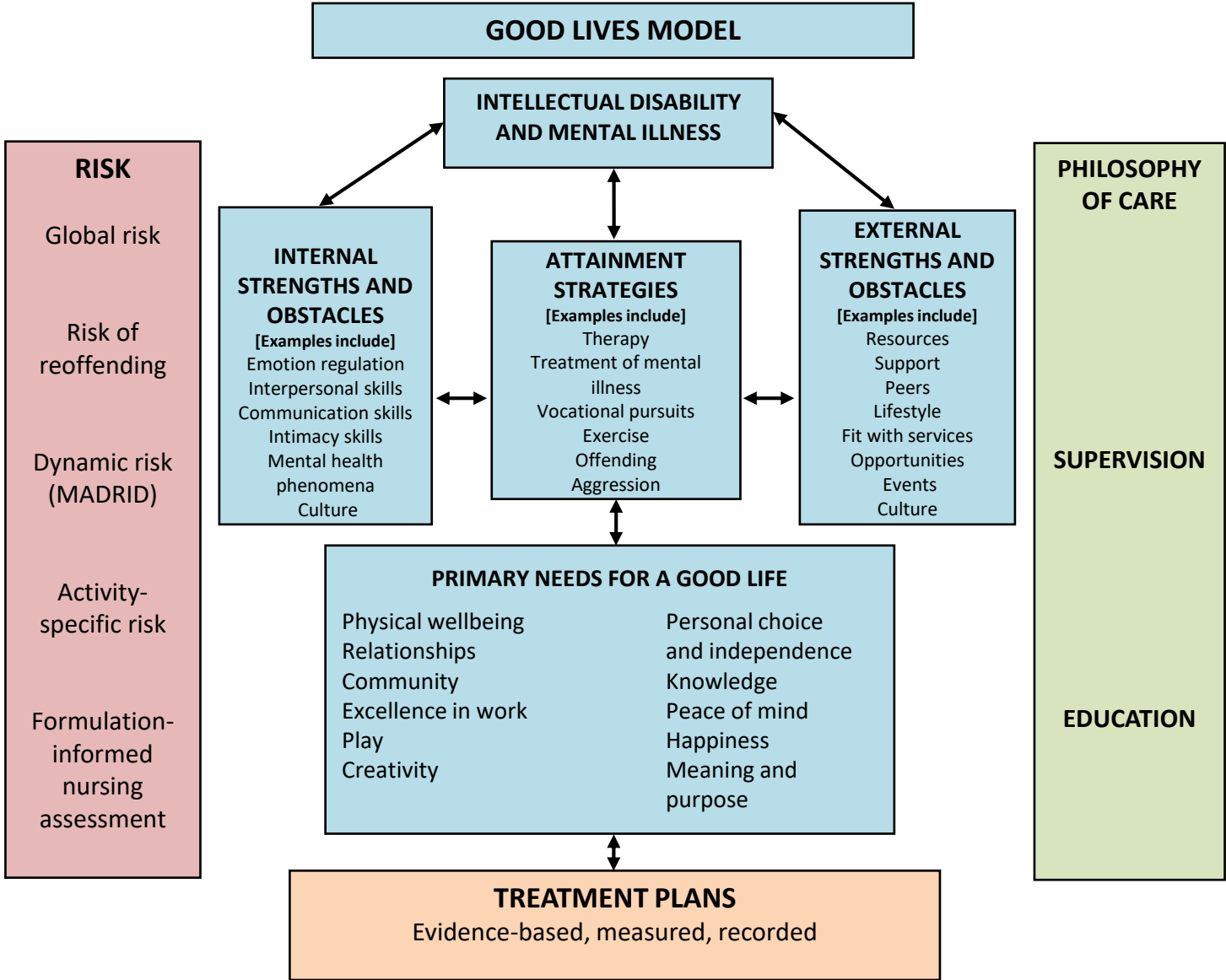
- * The clinician as the therapy
- * Role-modelling and Cognitive Coaching
- * Walking alongside the client
- * Positive Behaviour Support
- * Quality of life

PHILOSOPHY
OF CARE

SUPERVISION

EDUCATION

CCDHB RIDSS MODEL OF CARE



Supervision and Education

- * Essential for making sense of challenging behaviour
- * A priority
- * For everyone
- * Critical to the success of the Model

PHILOSOPHY
OF CARE

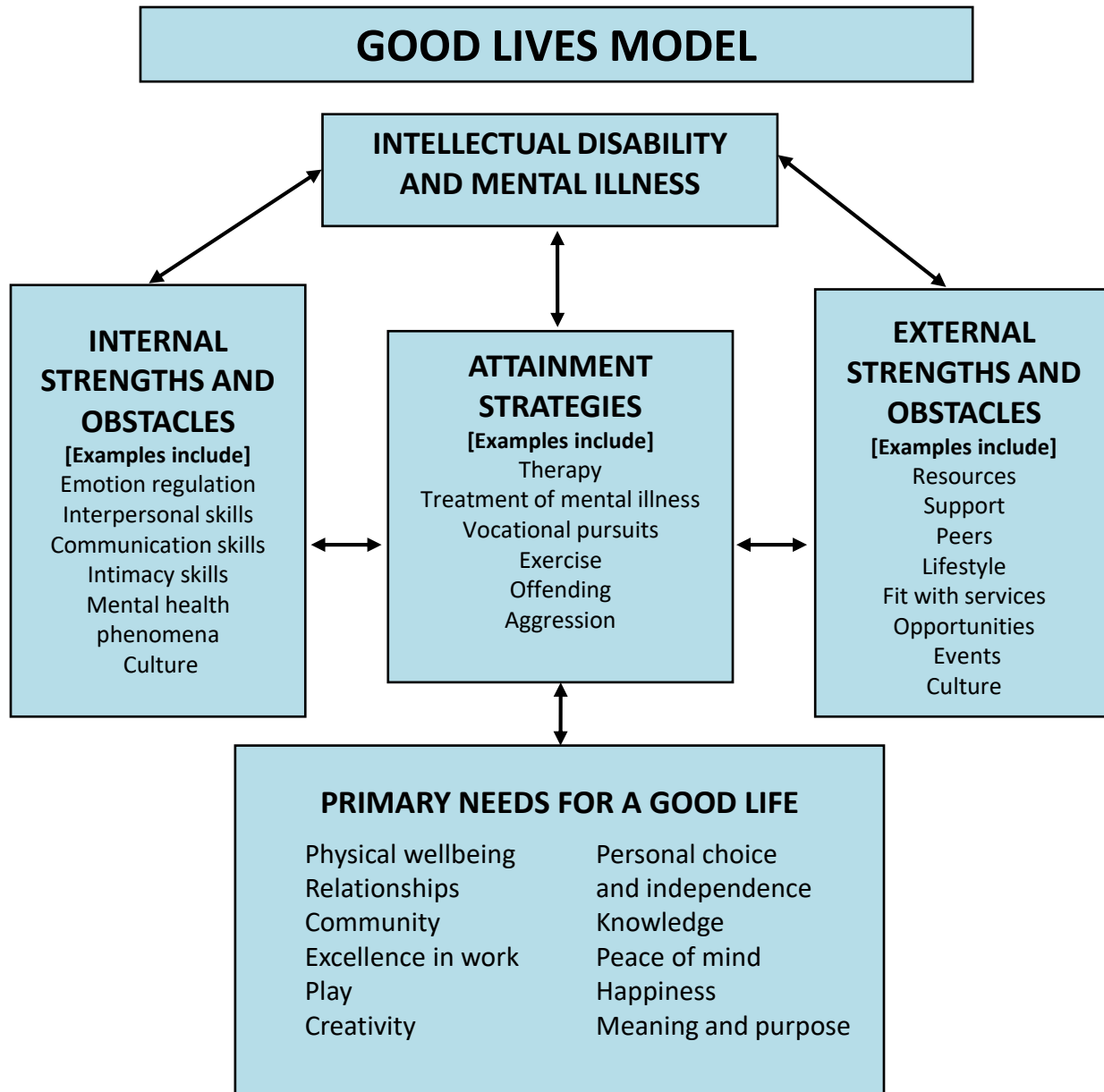
SUPERVISION

EDUCATION

Culture and Whānau

- * The Model of Care is responsive to each client's cultural beliefs, values and experiences.
- * Mechanisms to support family/whānau connection
- * Recognising context, history and individual preferences.

The Good Lives Model (GLM)



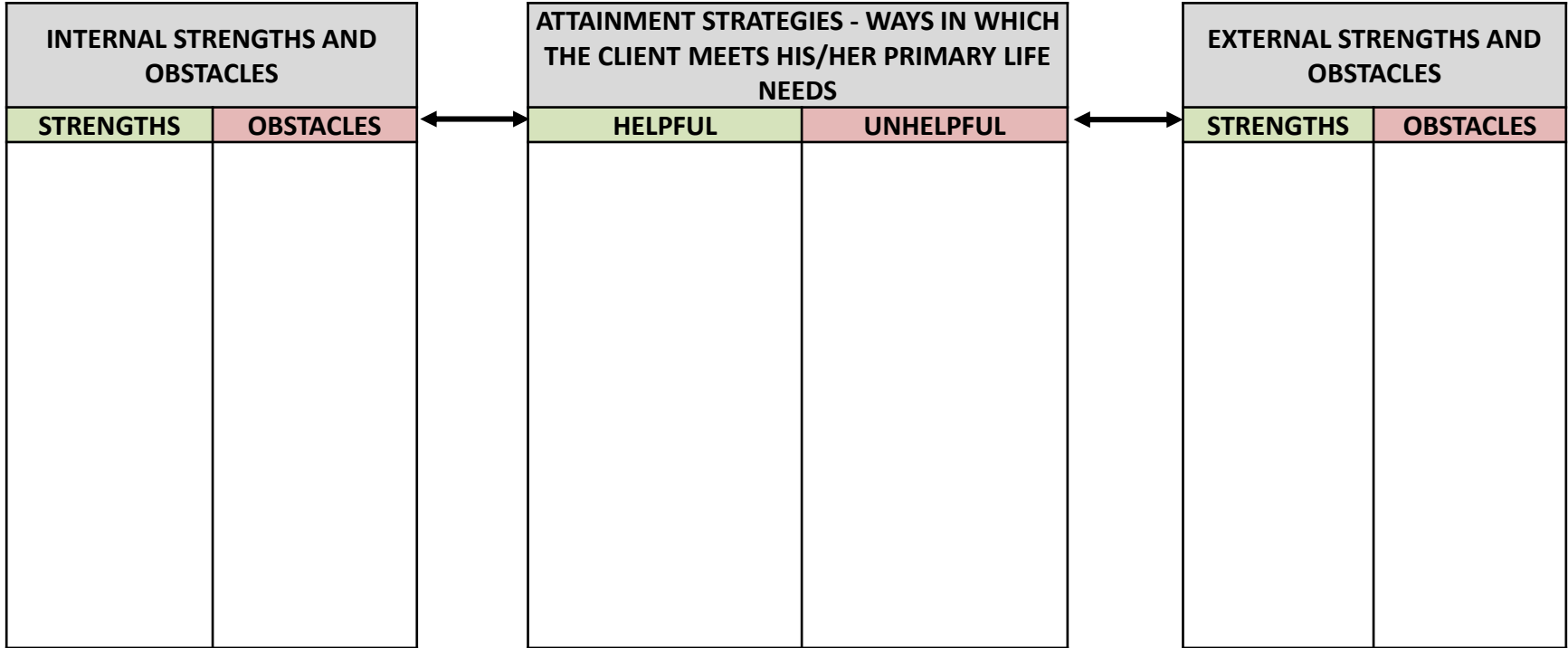
PART A – Client Interview

1. *Tell me a bit about yourself and your life before you came into secure care.*
2. *Before you came here, what did you want your life to be like? What did you do to meet those goals? What got in the way?*
3. *Who are the most important people in your life and why?*
4. *If you could be anyone at all, who would you be and why? Who would you least want to be and why?*
5. *What would a good life look like for you?*

CARE TEAM GOOD LIVES FORMULATION

CLIENT'S NAME: Peter

CLIENT'S DIAGNOSES: Mild ID

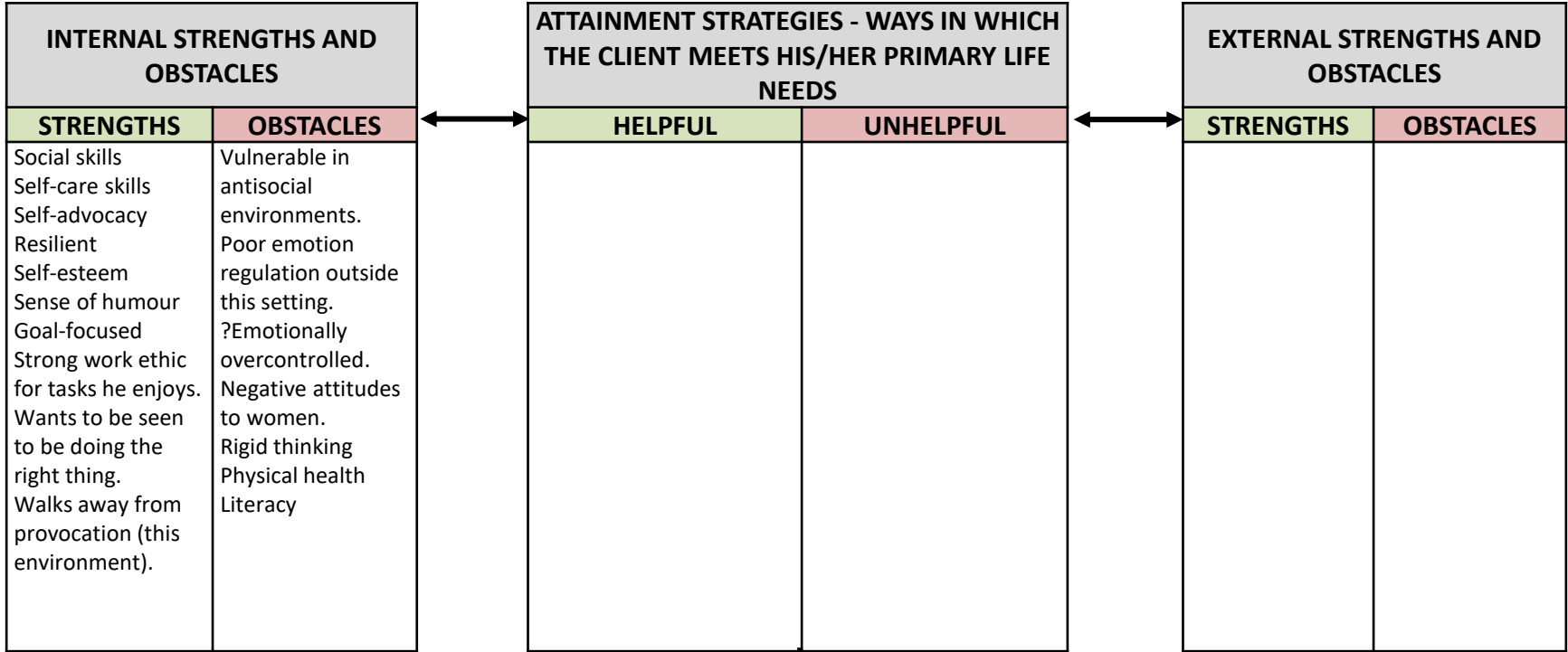


PRIMARY NEEDS FOR A GOOD LIFE			
Physical wellbeing	Personal choice/independence	Relationships	Community
Knowledge	Excellence in work	Peace of mind	Play
Happiness	Creativity	Meaning and purpose	

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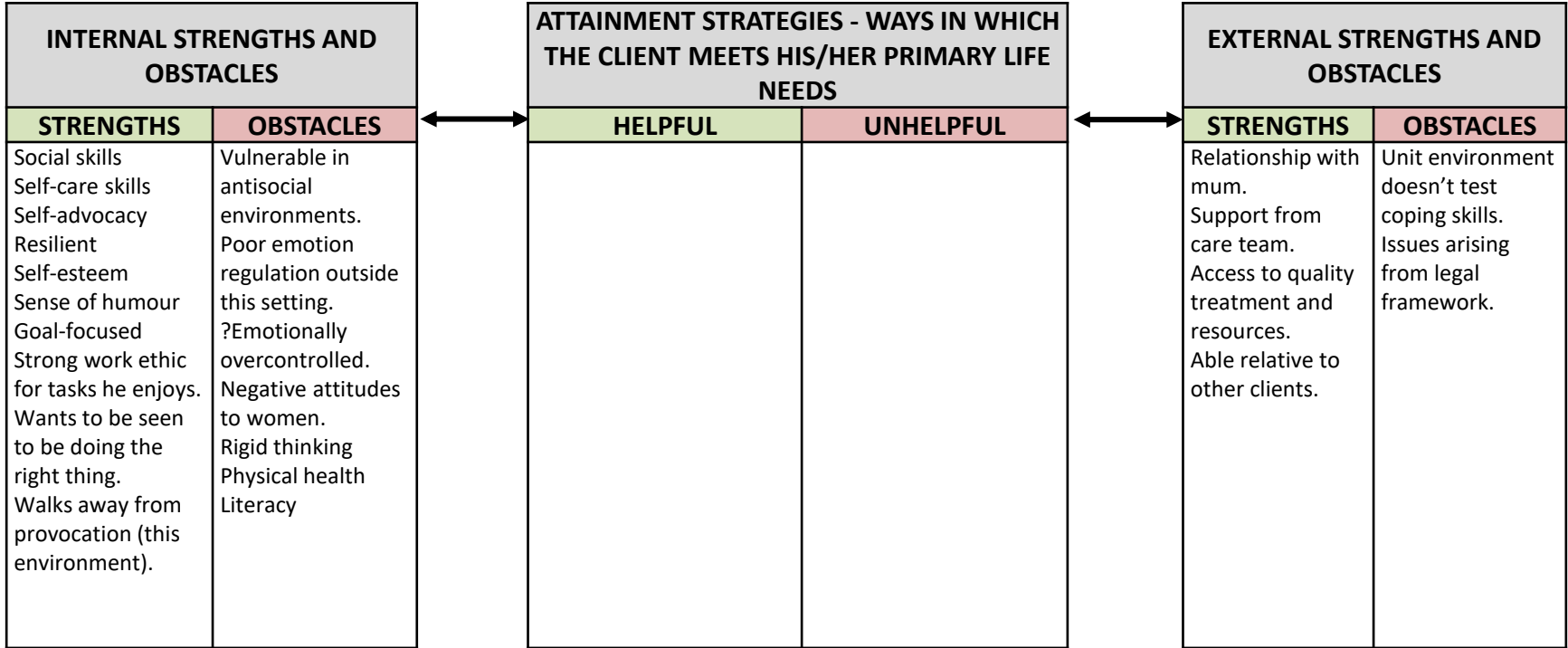


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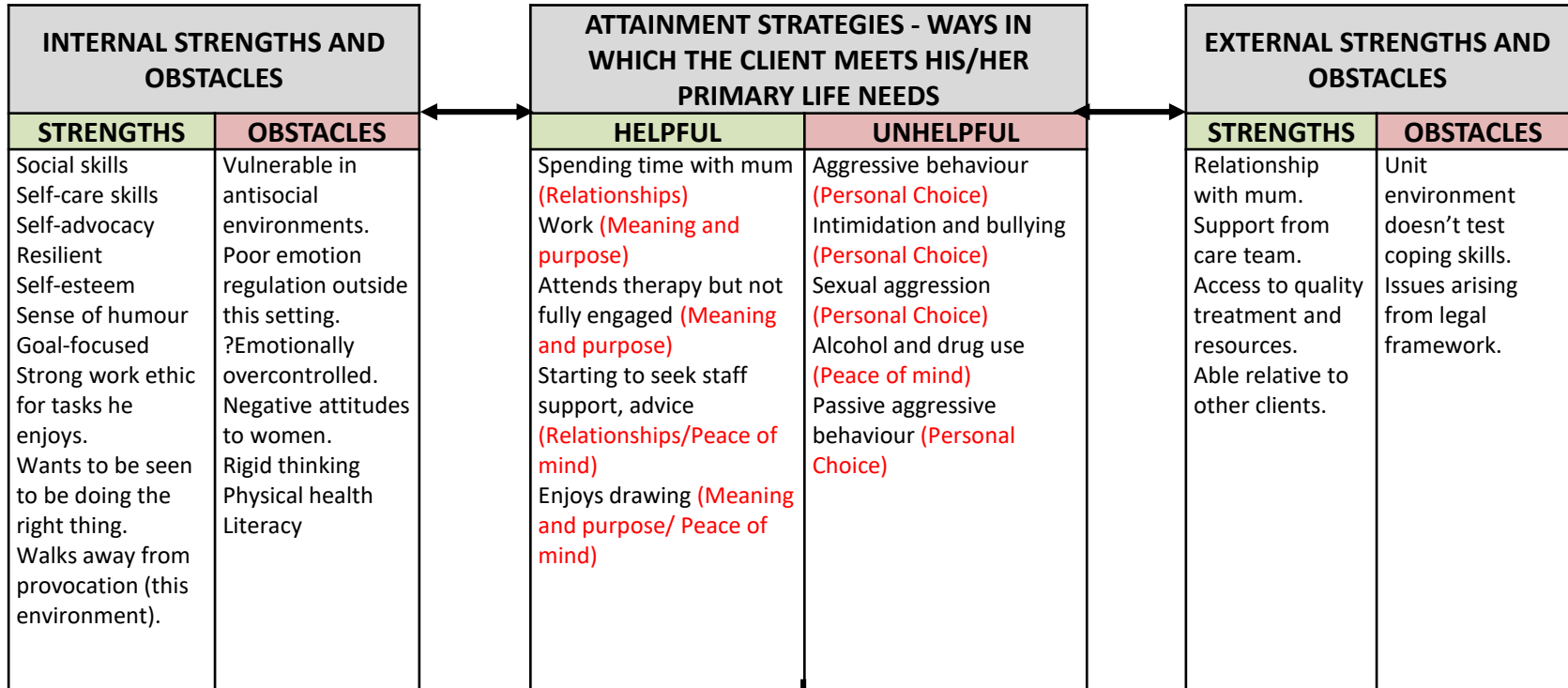


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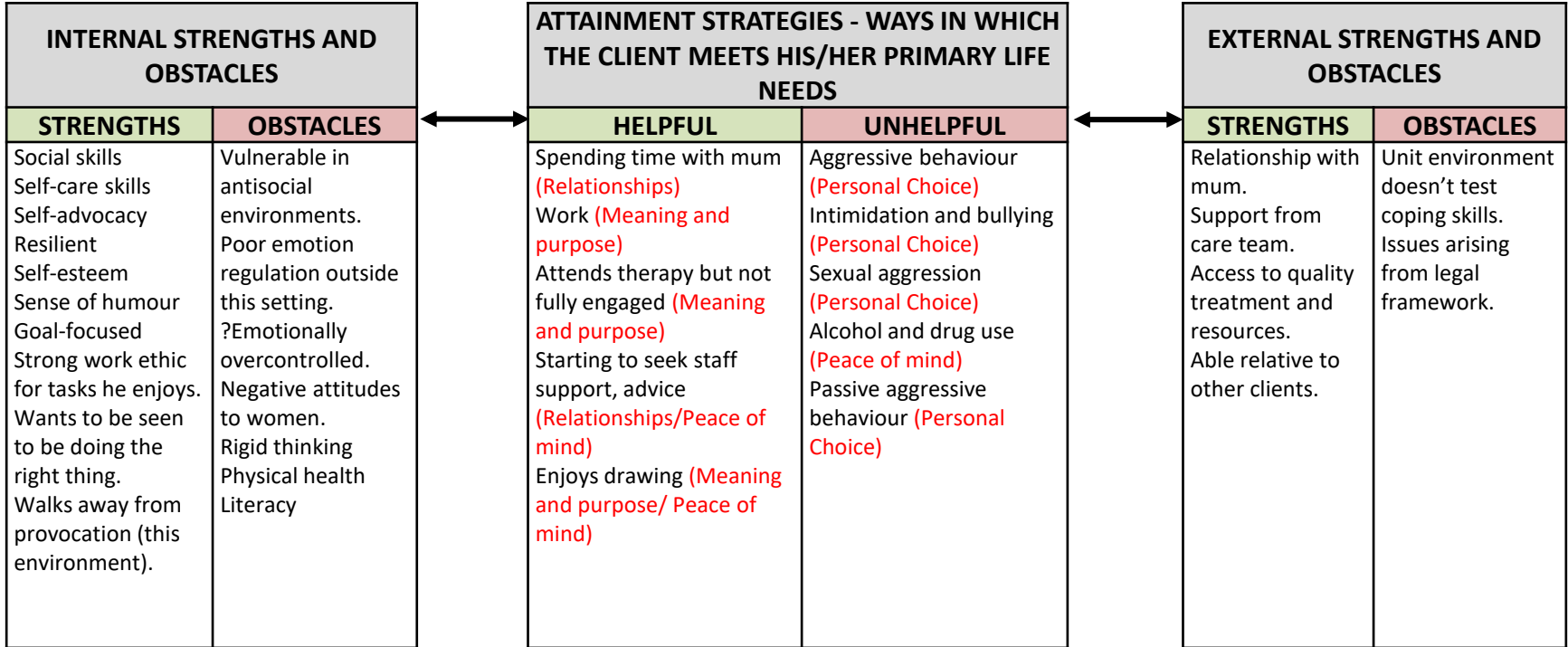


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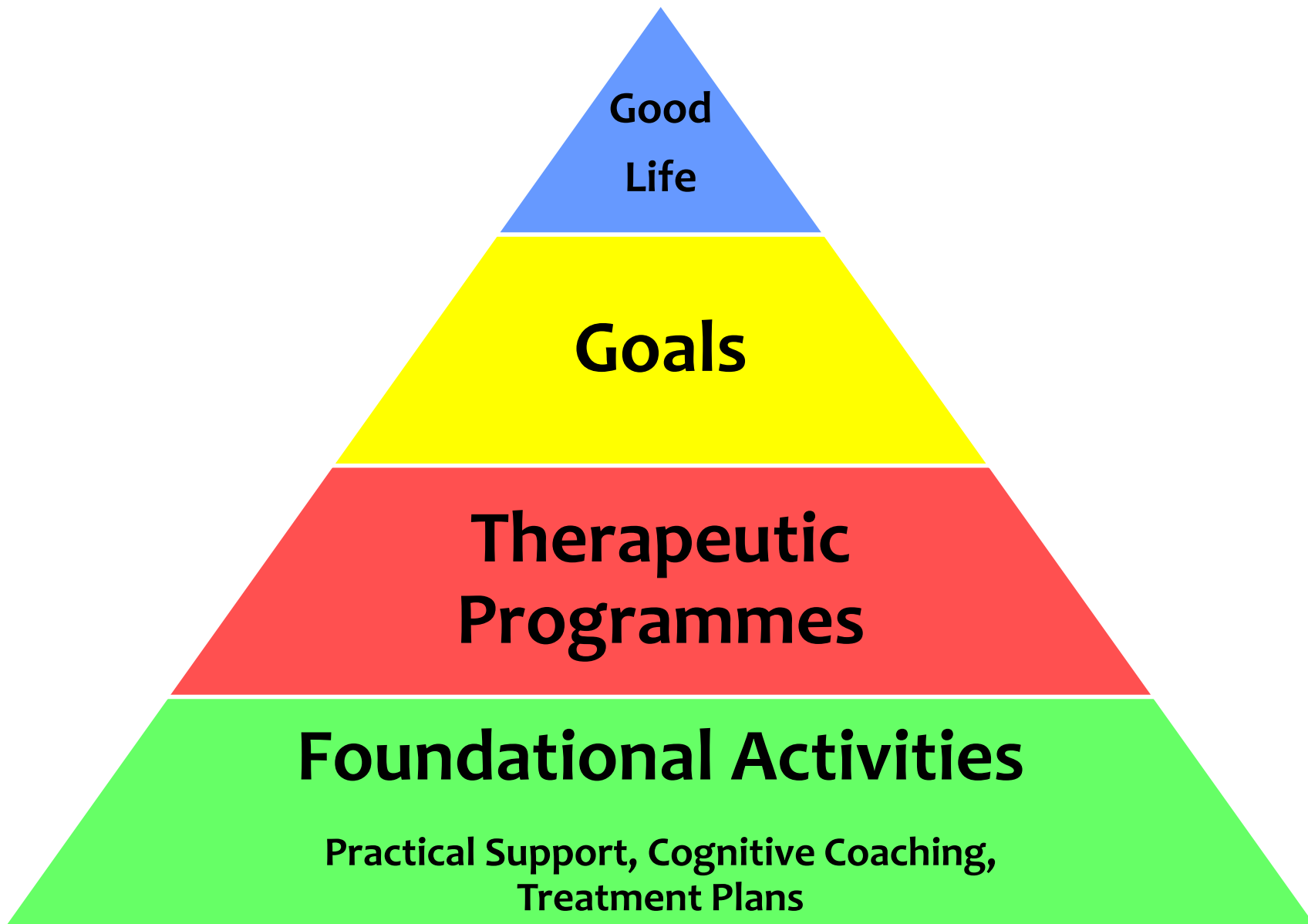
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CARE TEAM GOOD LIVES FORMULATION

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INTERNAL STRENGTHS AND OBSTACLES		ATTAINMENT STRATEGIES - WAYS IN WHICH THE CLIENT MEETS HIS/HER PRIMARY LIFE NEEDS		EXTERNAL STRENGTHS AND OBSTACLES	
STRENGTHS	OBSTACLES	HELPFUL	UNHELPFUL	STRENGTHS	OBSTACLES
Social skills Self-care skills Self-advocacy – developing assertiveness skills Resilient Self-esteem Sense of humour Goal-focused Strong work ethic for tasks he enjoys. Viewed as a role model by himself and others Walks away from provocation (across environments). Starting to be able to share emotions.	Vulnerable in antisocial environments. Negative attitudes to women sometimes in some contexts (not observed recently). Rigid thinking Literacy	Work (Meaning and purpose) Engaged in therapy (Meaning and purpose/ Peace of mind) Seeks support from a strong network (Relationships/Peace of mind) Enjoys drawing, music and singing (Meaning and purpose/ Peace of mind) Enjoys using his leave (Personal Choice/ Meaning and purpose) Has shown he can use assertive strategies (Personal Choice)	Historical: Aggressive behaviour (Personal Choice) Intimidation (Personal Choice) Sexual aggression (Personal Choice) Alcohol and drug use (Peace of mind) Current: Passive aggressive behaviour (Personal Choice) Belittling others/ bullying (Personal Choice) Accessing internet (Personal Choice)	Support from care teams (secure and community-based) and family members. Access to quality treatment and resources. Valued by community and work programmes. Developing peer network and friendships in community.	Without ongoing support, may struggle to manage stress in his environment. Issues arising from legal framework. People have high expectations of him.
PRIMARY NEEDS FOR A GOOD LIFE					
Physical wellbeing Knowledge Happiness	Personal choice/independence Excellence in work Creativity	Relationships Peace of mind Meaning and purpose	Community Play		

In summary

- * A shared understanding of Peter and what his Good Life looks like for him
- * Individually tailored treatment plan
- * Peter taking control of his life in a more adaptive way
- * Improved cohesion and focus within care teams
- * ?Foundation for a national model

Questions & Comments