The use of the Pool Activity Level (PAL) Instrument to support intervention planning for people with cognitive impairments: a case study example of person centred practice

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About Fred

- 69 years old.
- Following a stroke 3 years previously he was admitted to residential care.

Information on referral to community mental health team:

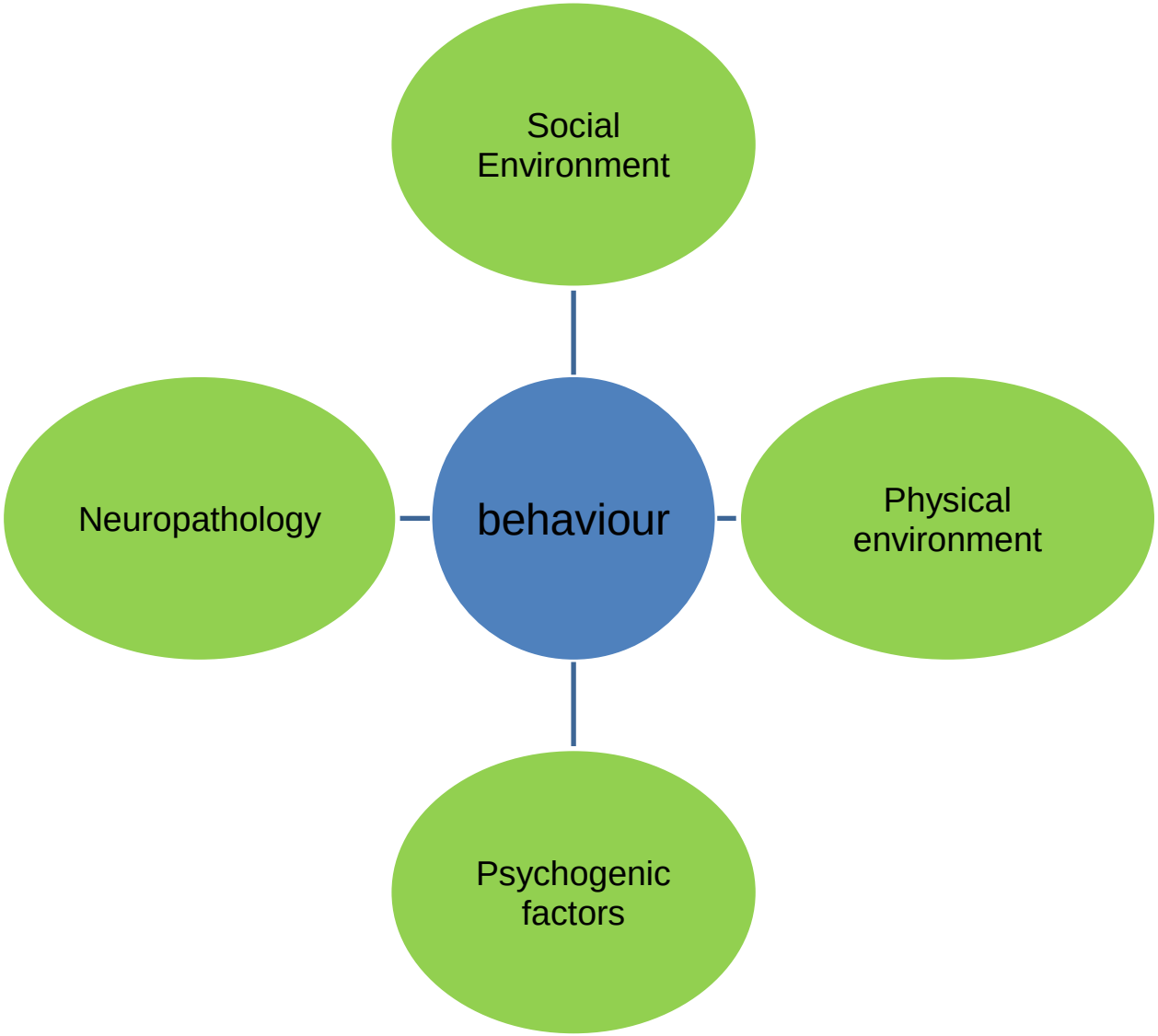
- Wheelchair dependent although can transfer independently.
- On two occasions he had attempted to push himself into the road. Staff feel that he is depressed. They also state that he is aggressive towards staff & residents & at times is sexually inappropriate & intentionally incontinent

Initial information gathering/ assessment

- Joint visit with Community Psychiatric Nurse
- Liaison with assessment officer from social services who had made referral
- Information gathering from care home staff
- No family involvement for further information
- Spending time with Fred

- Stokes's model was used to gather initial information relating to the context and behaviour that was challenging to staff

Adapted from Stokes (2002) The Holistic person-centred model of dementia p76



Areas of difficulty for Fred

- Neuropathology: medication, disability, health
- Psychogenic: psychological components
- Social environment: attitudes, relationships, care practices
- Built environment: – architecture, interior design

- All set within the context of the care home setting & all impacting on health, wellbeing & occupation

Neuropathology

- Stroke 3 years ago – wheelchair dependent
- Patchy long term memory – vascular dementia
  Aphasia – difficulty expressing thoughts & needs
- Limited attention & concentration
- Good facial recognition
- Urinary & faecal incontinence on occasions
- Well orientated within environment
- Wears glasses
- Frequent UTI's
- Emotionally labile at times
- Depression?

Psychogenic factors

- Experienced physical & emotional abuse as a child
- Married twice – son (who became involved at a later stage) reported he spent little time with them
- Experienced depression in the past
- Intelligent man who had travelled extensively when in Navy
- Wide range of interests before stroke: classical music, golf, reading, chess, piano, walking, swimming & fine art
- Used to be heavy smoker & drinker

Physical environment

- Depersonalised & unstimulating environment
- No personal belongings or pictures
- TV & radio in room didn’t work
- Wardrobe was empty
- Poor view from window
- Wheelchair brakes did not work
- No other place but wheelchair to sit in bedroom

Social & cultural environment

- No contact with any family
- No friendships – no social contacts
- Simple requests not being met
- Remains in bedroom most of day
- Care staff report difficulty & un-cooperative with personal care tasks & aggressive behaviour at times
- Feels threatened & confused by male resident
- GP suggests placement should be sought at secure unit as he is a ‘psychopath’
- Belief by care staff he is inflicting self injury
- Largely much older population in home with moderate – severe dementia
- Environment - malignant social psychology (Kitwood 1997)

Malignant social psychology within care settings:

- Person is undermined, intimidated, not responded to, infantilised, labelled, blamed, invalidated & disempowered

- Rarely done with malicious intent but interwoven into the care culture

Kitwood T(1997) *Dementia reconsidered: The person comes first*; Buckinghamshire; OU press

Social distance

- The distance we place between ourselves & those we view as different in some way…
- This can lead to the growth of myth & prejudice

- Fred was living in an environment where malignant social psychology was dominant
- Evident social distance between staff & clients

Role of the occupational therapist

- To provide comprehensive assessment of function in relation to self care, productivity & leisure to maximise function & independence

Pool Activity Level (PAL) assessment: Theoretical background

Draws from several models of understanding human behaviour:

- The lifespan Approach to human development (Erikson cited Atkinson, Atkinson & Hilgard 1983)
- The Dialetical Model of a person-centred approach (Kitwood 1993)
- The Functional Information Processing Model (Allen 1999)

The PAL Instrument comprises of:

- Life History Profile
- Checklist describing the way a person engages in occupations
- Activity Profile with general information for engaging the person in a range of meaningful occupations
- Individual action plan
- Outcome sheet

Based on the principles that:

- ‘People with cognitive impairment have potential abilities that can be realised when in an enabling environment & that occupation is the key to unlocking this potential’

Pool (2008)

Pool Activity Level identifies function being at one of 4 activity levels:

- Planned Activity Level
- Exploratory Activity Level
- Sensory Activity Level
- Reflex Activity Level

Planned Activity Level

- Able to work towards completing activities but may not be able to solve any problems that arise in the process
- May not be able to search beyond usual places

To facilitate participation:

- Keep sentences short – avoid words such as ‘and’ or ‘but’
- Be present to help to solve problems that arise
- Focus on activities that achieve a tangible result

Exploratory Activity level:

- Able to carry out familiar activities in familiar surroundings
- Less concerned with consequences of carrying out the activity and may not have end result in mind

To facilitate participation

- Requires creative & spontaneous approach to activities
- If more than 2 or 3 stages, will require activity to be broken into manageable chunks
- Simple use of memory aids such as activity lists, calendars & labelling

Sensory Activity Level

- Limited Thoughts & ideas about carrying out an activity
- Concerned with sensation & moving body in response to those sensations

To facilitate participation:

- Guide to carry out single step activities ie sweeping, winding wool
- More complex activities need single step supported approach
- Ensure the person experiences a wide variety of sensations (but avoid over stimulation)
- Demonstration of actions required

Reflex activity level

- Maybe unaware of surrounding environment or own body
- Movement is generally a reflex response to a stimulus

To facilitate participation

- Need to use direct sensory stimulation to raise self awareness
- Don’t over stimulate or use multiple stimuli at one time as may have difficulty organising sensory information eg avoid crowds, noisy environments
- Use communication skills to enter the world of the person
- Minor role of language skills but tone of voice & positive facial expressions can establish communication

Promoting Person-Centred Care at the front line (Innes A, Macpherson S, McCabe L 2006)

Service users identified the following as being key:

- Patience
- compassion
- sensitivity
- empathy
- Skills to help perform their role are also valued
- Listening to service user & carer views which may be contrary to our own

Fred's Goals

- To find a new home
- To be assessed for new wheelchair
- To have structure & routine & choice each day
- To have increased independence in personal care
- To have access to leisure opportunities each day
- To have opportunity for meaningful relationships
- To have a detailed care plan to enable staff to value Fred, promote is health, wellbeing and engagement in meaningful & purposeful occupation

Fred was identified as working at a Planned Activity level

Initial action taken

- Joint working with CPN & social services care co-ordinator – shared responsibility
- Frequent visits to establish rapport with Fred & develop advocacy role – through this empowered Fred to make own choices
- Offer training to staff

Occupational Therapy Role

Self Care

- Providing grab rails to room to assist with transfers
- Assist Fred to establish daily routine to include independent dressing/ undressing & independent toileting http://dementia.stir.ac.uk/

Productivity

- Liaising with wheelchair service for re-assessment
- Identify with Fred, role within the home ie setting tables, dusting own room, watering plants & facilitate engagement in this using PAL guide

Occupational therapy role contd.

Leisure

- Working with Fred to complete life story book & therapeutic collage (Clouston (2003), Batson et al (2002), Woods et al (2009)
- Referral to volunteer befriender & supporting this relationship initially (Menec 2003)
- Enabling access to independent leisure activities – tv, radio, sweets, keyboard, talking books (Padilla 2011)
- Participation in group activities such as horticulture, music (Heathcote (2011), Chelfont (2007), Gigilotti, Jarott & Yorganson (2004)

Contribution to development of detailed care plan

Outcome

- Following hospital admission, Fred moved to nursing home with continued support of mental health team
- Care staff had access to biographical details to incorporate into care plan – habits, routines, likes, dislikes & facilitating activity at **planned level**
- Volunteer befriender visited 2x weekly
- Contact resumed with one son
- Staff training ensured positive attitude & good relationships particularly with key worker
- Access to sweets, daily paper, new clothes
- Goes out regularly
- Ground floor room with access to garden, bird table & pots to maintain

Who was involved?

- Hospital team
- CPN
- GP
- Psychiatrist
- Assessment officer
- District Nurse
- Talking Books
- Optician
- Wheelchair services
- Nursing home staff
- Family
- Befriender service
- Continence advisor
- Support worker
- Occupational Therapist

Value of using the Pool Activity Level (PAL)

- Recommended in the National Clinical Practice Guidelines for Dementia (NICE 2006)
- Studies show reasonably easy to complete
- Useful practical resource for care staff to enable people with dementia to engage in meaningful activities (Pool et al 2008)
- Contains outcomes sheet to assist with adapting to change in function
- All members of the care staff can see their input; therefore is empowering for staff resulting in them being more likely to engage in implementation (Brooker 2004)

Thoughts to take away

- See the person behind the illness (Kitwood 1997)
- Value people's uniqueness and individuality
- Use validation to acknowledge people's feelings & emotions in their communication (Feil 1993)
- Power with not power over the person
- Build effective networks with other OT's and services to provide a better quality of care and access to services
- Focus on quality of life & wellbeing throughout the OT process
- Promote a positive social environment (Brooker 2004, McCormack 2004))

- Identify the person's agenda and reconcile it with your own
- Focus on providing a positive social environment to enable the person with dementia to experience relative well-being.(Brooker 2004)
- Assist person to maintain 'aspects of self' (Sabat 2006)
- Support staff – if they are not treated in a person-centred way, they will have difficulty doing this with service users (Jacques and Innes, 1998; Ryan et al., 2004).

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