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

- Social Environment
- Neuropathology
- Physical environment
- Psychogenic factors

behaviour
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/](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
Leisure

• 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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