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# *“Measuring the ability to relate to self and others”*

## *The development of a TOMs scale for use within an Arts Psychotherapy service in a Forensic Setting.*


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# What we aim to talk about

- Why we developed the scale for use within a high secure setting
- How we devised it – The scale was devised both with reference to existing TOMS scales and we will make reference to other outcome measures that had been used in the past.
- What we want to gain from it – The focus of Arts Psychotherapies is very much around relating to others. The hope for the TOMs scale was that this would reflect the work delivered in an accessible form for all members of the wider MDT and begin creating an evidence base for the treatment.
- How the scale has become relevant to the work that we deliver within the LD Therapeutic Community – The work within this TC+ is still in its pilot phase and due to the nature of the TC+ the TOMs seems to reflect the very essence of what the community is trying to achieve. We will discuss how this has impacted on the development of this work.
- Results, Changes and the future – how we might modify it and develop it further

# What are Arts Psychotherapies and where do they fit in a Forensic Setting?

- Arts Psychotherapies provide an important treatment option for patients within a forensic setting and are embedded in the treatment pathways for each clinical service
- They work with patients who often find engaging with primarily verbal therapies challenging but may be able to express their emotions in a different way through the use of the Arts
- At Rampton Hospital they are an integrated part of the delivery of Psychological treatment programmes
- Their primary focus is to work with the relationship created between the therapist and patient and the patient and the Arts medium
- Working within the MDT to help formulate each individual

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# Why develop a specific TOMs scale?

- Important to capture the work that was being delivered
- Create some kind of accessible measure that both patients and MDTs could understand
- Nothing specifically developed for use with Arts Psychotherapies within the structures present in a high secure setting.

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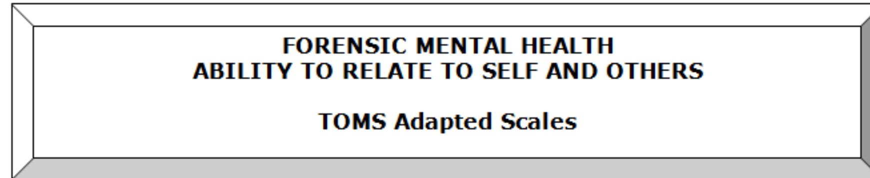
# Example of the scale


FORENSIC MENTAL HEALTH
ABILITY TO RELATE TO SELF AND OTHERS

TOMS Adapted Scales

Identify descriptor that is "best fit". The patient/client does not have to have each feature mentioned. Use 0.5 to indicate if patient/client is slightly better or worse than a descriptor and as appropriate to age.

**IMPAIRMENT**

**0 -** Catatonic, unresponsive, no insight, no communicative intent, high levels of hostility, fixed presentation, persistent/severe disturbance of affect, emotionally dysregulated.

**1 -** Severe thought disorder, variable disturbances of affect, no insight into maladaptive behaviours, some evidence of response, disorientation.

**2 –** Moderate thought disorder, disturbance of affect, occasional partial insight, inappropriate responses to some stimuli.

**3 –** Evidence of some thought disorder, some insight, some evidence to suggest responsibility of self, some evidence of emotional regulation, signs of orientation.

**4 –** Very occasional evidence of some thought disorder, good level of insight, usually stable mood, very occasional disorientation.

**5 –** No evidence of thought disorder, developed level of insight, orientated, emotionally regulated, clear ability to relate to self and others.

# FORENSIC MENTAL HEALTH
## Activity
## TOMS Adapted Scales

**0 – Unable to communicate effectively or appropriately in anyway.**

This may be associated with severe challenging behaviours. (Challenging Behaviour includes self-harm, assaultative behaviour, self-isolation, verbal aggression, boundary pushing (this is not an exhaustive list).

**1 – Occasionally able to communicate effectively or appropriately in one context.**

Occasionally able to make basic simple needs known and able to folow one-step instructions in context; can only do this with a known communication partner in familiar settings. Minimal communication with maximal assistance. Communication difficultes may result in severe challenging behaviours.

**2 – Occasionally able to communicate effectively or appropriately in one context or occasionally in more than one context**

Limited functional communication. Consistently able to make basic needs known and able to follow simple instructions out of context. Communicates better with a known communication partner but can occasionally communicate basic needs with unknown people in familiar settings. Depends heavily on context and cues. Communication difficulties may result in moderate challenging behaviours.

**3 – Consistently able to communicate effectively or appropriately in more than one context or occasionally in most.**

Able to follow most simple everyday conversations in context; can communicate just as well with familiar people and stangers in some unfamiliar as well as familiar settings. Needs fewer cues and assistance. Communication difficulties may result in moderate challenging behaviours that occur infrequently.

**4 – Consistently able to communicate effectively or appropriately in most contexts or occasionally able to communicate in all.**

Consistently able to convey information but has some difficulty conveying more abstract and complex thoughts. Able to understand almost all everyday conversation but still has occasional difficulty with very complex / lengthy / abstract information. Less context dependent. Communication difficulties may result in mild challenging behaviours.

**5 – Communicates well in all situations.**

# FORENSIC MENTAL HEALTH
## Participation
## TOMS Adapted Scales

**0 Unable to fulfil any relationship roles**.

Not involved in decision making/lacks motivation or responsibility/no investment in self or others/isolates self/lacks trust.

**1 Low self confidence/Poor self esteem**.

Wary of establishing individual relationships. Unable to take responsibility for self. Seeks to avoid making decisions pertaining to self.

**2 Some self confidence/Some social interaction**.

Able to tolerate some group situations, although does not invest self into these. Still prefers to be alone and defer responsibility for decision making.

**3 Some self confidence/ Autonomy emerging**.

More social integration seen through own volition. Beginning to take some decisions with support. Shows more investment in self and willingness to trust others.

**4 Mostly confident/occasional difficulties in interaction**.

Integrating more readily in variety of situations. Shows autonomy when making most decisions. More able to trust a range of people. On occasion does not fulfil relationship potential.

**5 Achieving relationship roles/potential/Autonomous.**

**FORENSIC MENTAL HEALTH**
**Well being and distress**
**TOMS Adapted Scales**

**0 Severe constant:**

High and constant levels of distress/upset/concern/frustration/anger/embarrassment/withdrawal/severe depression or apathy, unable to express or control emotion appropriately.

**1 Frequently severe:**

Moderate distress /upset /concern /frustration/ anger/embarrassment/withdrawal/severe depression or apathy. Becomes concerned easily, requires constant reassurance/support, needs clear/tight limits and structure, loses emotional control easily.

**2 Moderate consistent:**

Distress /upset /concern /frustration/ anger/embarrassment/withdrawal/severe depression or apathy in unfamiliar situations, frequent emotional encouragement and support required.

**3 Moderate frequent:**

Distress /upset /concern /frustration/ anger/embarrassment/withdrawal/severe depression or apathy. Controls emotions with assistance, emotionally dependent on some occasions, vulnerable to change in routine, etc., spontaneously uses methods to assist emotional control.

**4 Mild occasional:**

Distress /upset /concern /frustration/ anger/embarrassment/withdrawal/severe depression or apathy. Able to control feelings in most situations, generally well adjusted/stable (most of the time/most situations), occasional emotional support/encouragement needed.

**5 Not inappropriate:**

Distress /upset /concern /frustration/ anger/embarrassment/withdrawal/severe depression or apathy. Well adjusted, stable and able to cope emotionally with most situations, good insight, accepts and understands own limitations.

# How we devised the scale

- Worked collaboratively as a team
- Reviewed existing TOM scales and other outcome measures that were currently in use within the team
- What did these measures offer us and what didn't they offer us?

# What we wanted to gain from the scale

- Important to be able to show clear levels of change with each individual patient
- A measure that specifically focused on the psychotherapeutic relationship created with the patient and/or the therapeutic medium
- Created an evidence base for the treatment being delivered
- Worked in collaboration with the rest of the MDT

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# Example of the scoring chart

TOMS individual monitoring sheet

| Patient name: | | Hospital Number: | |
|---|---|---|---|

| | Impairment rating | | | | | | Activity rating | | | | | | Participation rating | | | | | | Wellbeing & distress rating | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| Therapist completing: | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | | | | | | | | | | | |
| Session: | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | |

| | Impairment rating | | | | | | Activity rating | | | | | | Participation rating | | | | | | Wellbeing & distress rating | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| Therapist completing: | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | | | | | | | | | | | |
| Session: | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | |

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# Cheltenham Therapeutic Community TC+

- The TC+ runs differently to other wards within the hospital
- A manualised therapy programme is followed that places emphasis on patients taking increased responsibility for their own wellbeing and wellbeing of the community, and in so doing, learning from each other
- Patients have a dual diagnosis of LD/PD
- A requirement of the TC+ is to offer “Core Creative Psychotherapies”

# Art and Music Therapy Group

- Established in February 2015
- Follows the morning Community Meeting on a Friday afternoon, running for 1.5 hours
- Is open to all patients on the ward
- A wide range of art materials and musical instruments are made available for patients to use as they choose
- Engagement with art materials and instruments is encouraged but not compulsory
- Patients can come and go as they choose
- Facilitated setting for reflection
- Staff and facilitator participation is also encouraged

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# Why Art and Music Therapy?

- Offering the non-verbal as a way of engaging in a creative process, expressing, exploring and developing insight into the meaning behind what is created.
- To consider how one influences the other and vice versa. The impact of each can be addressed and thought about in the context of the therapy session and the wider therapeutic community.
- Very limited evidence-base for art and music being used simultaneously in a group setting.

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# Using TOMS

- TOMS is the main outcome measure
- Fits well within the TC+ due to the ethos of learning from and supporting each other and the relational focus of the scale
- TOMS is completed every 10 weeks when the group is reviewed by facilitators
- Patients have been scored based upon what has been observed during Community Meeting, Therapeutic Lunch and participation in the optional Art and Music Therapy group in the afternoon.

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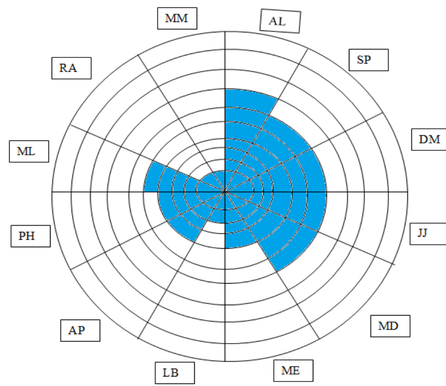
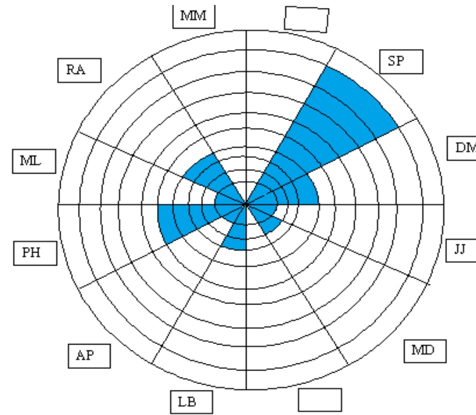
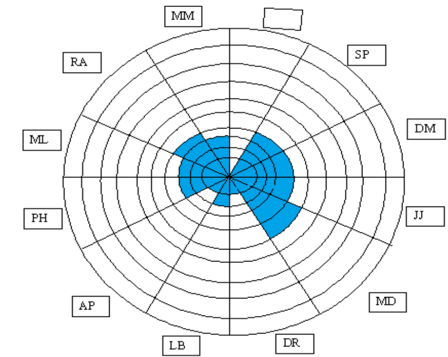
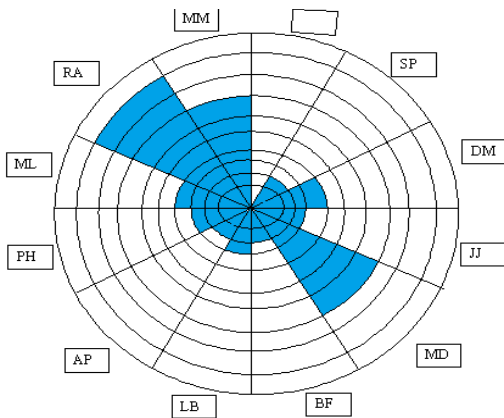
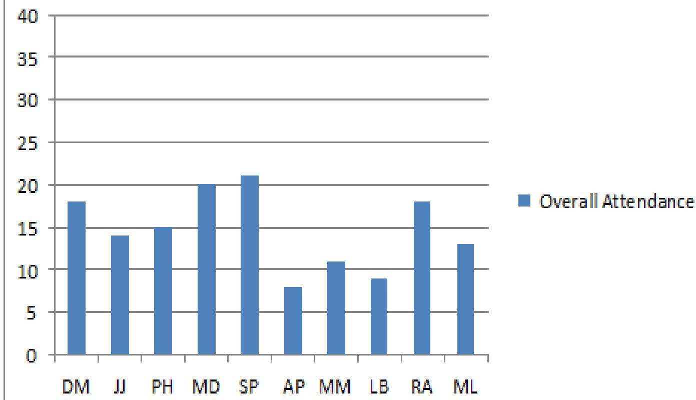
# Attendance



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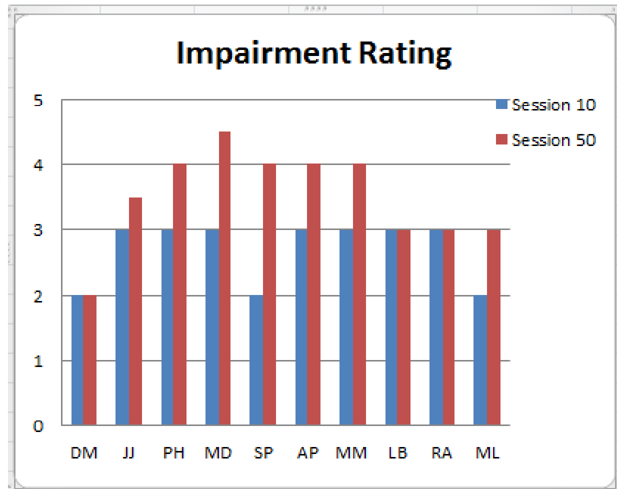
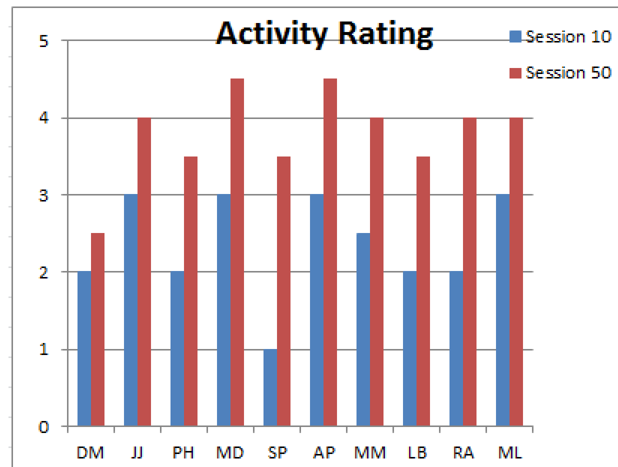
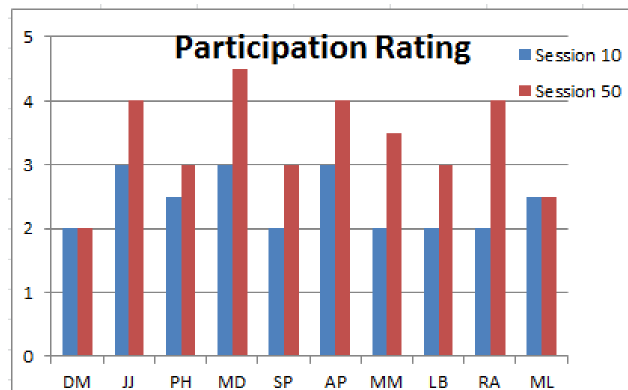
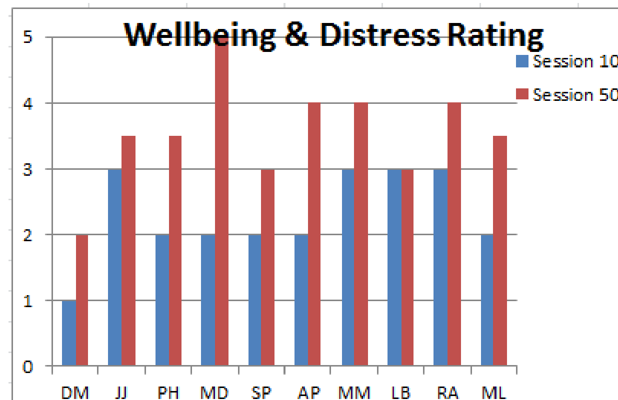
# TOMS Results



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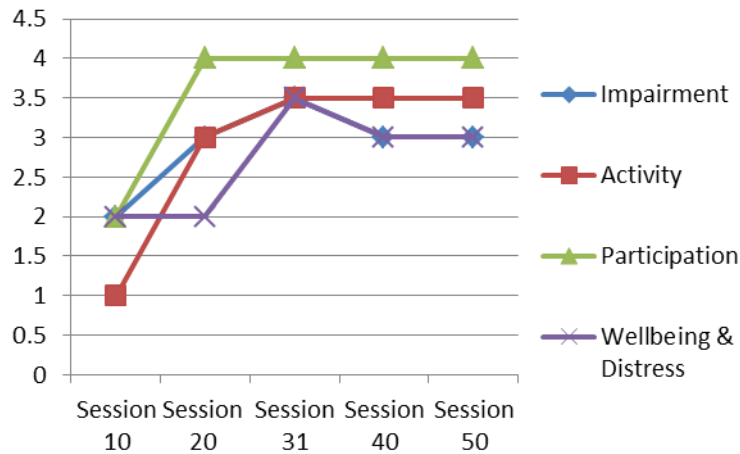
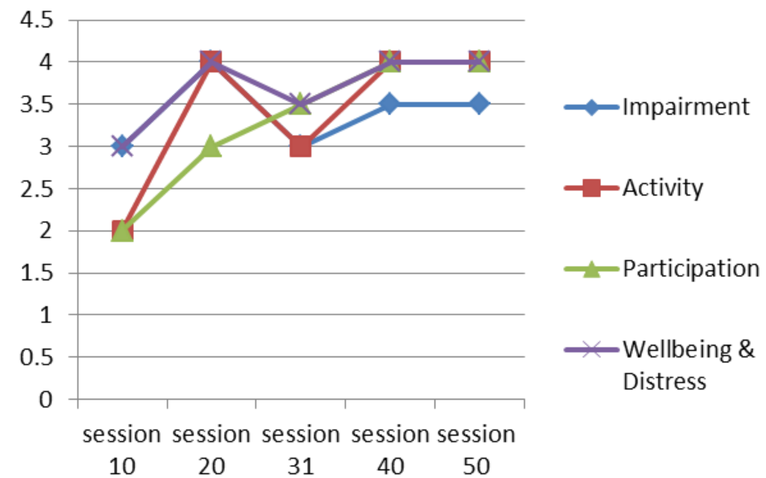
# Individual Results

SP




RA



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# Potential Developments

TOMS to be linked with the use of other outcome measures to support its use and to identify any correlation between different measures;

- Treatment Needs Matrix (TNM) which is completed by the whole staff team
- EssenCES ward atmosphere scale

- To encourage completion by the wider MDT, in order to make overall scoring for TOMs more robust.