Frank — Appreciative Interview

1 a) over time sense of dependence of people.
how distressed are they, how can you support them in different ways - consider
Build up a sense of redness of distress.
looking at history sometimes recognise patterns leading to crises.
whatever of circumstances - formulate how to gauge response.
experience of range of client groups over the years.
identify predictable triggers - familiar themes
link to intuition.
when started at decision were terrifying.
nuance of manage risk + expectation. Became more robust & confident.

b) great to bounce off ideas, particularly when colleague has expertise in a particular field. example of CAMHS.
Also colleagues with greater depth of understanding.
Safe way - ability to ask any questions - won't be ridiculed.

Also draw from snippets of practice. Keep folder of examples of good practice.

Candidates that have good working relationship over years can talk through - shared responsibility re risk - agree approach to record

Draw with in MDT means on draw on expertise of others.

2 a) like to establish what is the person normally like? - speak to people who know the person. understand how who they are well. then start to consider what has changed. what is going on in their lives? what are the barriers to dealing with difficulties - consider what solutions there may be. within legal framework.

Talking to person before assessment. - "Look and see" - joint visit with crisis team - where information doesn't stack up. Advocating implications of assessment. example spent an afternoon trying to find someone with crisis team. Did find - gain agreement for more stable pathway.

reflections CTPLD must pay attend to anxiety about - provide resources to prevent need. Ensure that we do less of this in AOMA MH.

b) Must be open to different interpretations
receptive - look at individual through different lenses - medical, psychosocial, psychodynamic.
focus in on core issues + problems.
Looking at landscape of life + history - everything they are - consider progression to MH services - identify landmarks in people's lives that signal to me or my colleagues for whatever reason leading them to intervention.

Tries out what has worked - what hasn't.
Repeat admissions - why hasn't it worked. - in community - in hospital.

Transition points can be key - between services, admissions, discharges etc. Identify / smooth out gaps.
Recognise. Future: Seamlessness.

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2 c) Sense & own prejudices, biases, intolerances, knowing not always right, ~~sometimes~~ not fall into trap of seen this before. Things are never the same. Lots of injustices in Society. Recognising impact of these issues. Abusive relationships, financial stress etc.

open to interpretation. Valuing people are experts in their selves. openness but process? call person first??
openness with family - engage with them.

improve awareness / knowledge eg autism.

3 a) - example done re: educating providers on how to manage autism different understanding of the world.

Being able to motivate research.

Creative thinking - persuading others

b) - Key documents - risk, risk assessment, reports, latest progress notes
conversations with key people - professionals & family.
often a mismatch in person to on paper - not as bad as seem on paper.
Access to files knowing when to stop as lots of information etc. Temptation to keep gathering more information.

completing baseline with practice now.

Q4 a) Risk is pivotal - level of urgency and risk lighting: consider outcomes of do nothing.

positive risk view - understand there are risks but being able to articulate what they are - ? share it with other agencies involved.

positive approach - what works, what doesn't.

when admission will likely contain risk but doesn't require situation - honest discussion with person + agencies. may need to accept risks.

Something about <u>acceptance of risk</u>

Trying to influence risks in other ways / minimise risks
example - heart
remove objects
treat wounds

Sometimes risk is part of who the person is.

think more widely

b) "Diplomatic flu"
Decline over months - reach point where immediate response wanted.
Acknowledge distress + risks but explain need time to consider
Validation of concerns, give yourself time, other people
relax — Build in time and often ~~time~~
crisis passes - invest time to listen to
anxiety of relatives. Assure will respond but
will also take time. Arrange two other things
resolve.

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(5)

Put in the help + support to avert need for assessment

must be genuine acknowledgement of concern - then pace response - pathway to assessment that can alleviate crisis.

must do fine crisis not at the time

slowing response down
+ manage anxiety of others
objective + unified approach.

ruling one down
avoid assessments
pick spot + challenge.

visit - look see - joint visit

want to regain sense of professional control