



# The Tidal Model



## BASIC INFORMATION FOR NURSING STAFF AND OTHER PROFESSIONALS

### **Theory based approach**

**Focused on developing a user empowering therapeutic relationship**

### **3 phases of care**

- immediate
- developmental
- transitional

### **6 Guiding principles:**

1. Curiosity
2. Resourcefulness
3. Respect
4. Crisis as an opportunity
5. Think small
6. Think simple

## The Background

The Tidal Model is a theory-based approach to Mental Health Nursing. It emphasizes the need for nurses to collaborate closely with the people by developing a therapeutic user-empowering relationship.

At present the model is being tested in a number of international pilot sites including the Republic of Ireland, England, Wales, Australia and New Zealand.

The model focuses on three phases of the care

continuum.

**Immediate care** – when simple solutions are required to ‘rescue’ the person from crisis.

**Transitional Care** – where effective collaborative working is required when a person is moving from one care situation to another.

**Developmental care** – which is the active care/support designed to place the emphasis on learning to deal with life problems in the medium to

longer term.

Within the Tidal Model nursing care focuses on what needs to be done to help the person overcome, or adapt to, the problems of living which are associated with their psychiatric condition.

The model also stresses the need for nurses to tread a path which balances their need for the ‘professional role’, with the service user’s need to be engaged and involved in an ‘ordinary’ way using everyday language.

## The Guiding Principles.

There are 6 guiding principles concerning the nature and functioning of the nurse’s therapeutic relationship with the person, which are fundamental to the model.

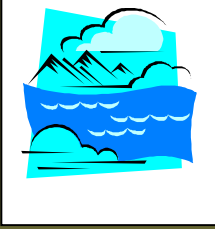
1. **Curiosity:** The person is a mystery which requires to be explored if their needs are to be identified and met. The nurse must seek to find out what exactly the person thinks, feels and knows about him/herself and what is the person’s understanding of the nature and severity of the problems which brought

them into the healthcare setting.

2. **Resourcefulness:** Traditionally patients are defined in terms of their problems, deficits, diagnoses or other symptoms of their illness or disorder. Although the model recognizes the reality of these problems, it is primarily concerned with focusing on, and working with, the person’s obvious (and perhaps not so obvious) strengths and how s/he manages to live and cope with these various problems. It also seeks to identify other

resources within the person’s personal and social network which might aid problem resolution.

3. **Respect:** Nursing care is often wholly based on ‘objective’ assessment of the person and on doing what the careteam think is ‘best’ for that person. The Tidal Model emphasizes the importance of collaborating actively with the person to identify what s/he sees as their current needs – it is essential to continue to do this. However, it is also important to respect the



'The wishes of the person should be at the heart of the caring process'.

#### The Therapeutic Philosophy.

- Why this Why now?

- What works?

- What is the personal theory?

- What is the least restrictive intervention?

## The Guiding Principles - *cont'd.*

person's wishes by trying to meet the needs that they feel are important. The wishes of the person should be at the heart of the caring process.

#### 4. **Crisis as an opportunity:**

Traditionally crises have been viewed as problems which need to be managed and controlled. The Tidal Model emphasizes the need to view crises as signs that something needs to change – as natural signals that something

needs to be done. It can be helpful if the person in crisis and the nurse view the situation as an opportunity for change.

5. **Think small:** Nurses often set care goals which represent the end-point of the care process. Within the Tidal Model small steps are emphasized – the steps that the person needs to take to move away from the circumstances which brought them into hospital in the first place. The initial goals should

therefore be small and highly specific.

6. **Think simple:** Nursing careplans are often extremely complex. The Tidal Model stresses the need for the simplest form of intervention which might bring about the changes necessary for the person to experience a positive difference, however small.

## The Therapeutic Philosophy.

The Tidal Philosophy involves asking 4 basic questions.

#### 1. **Why this, why now?**

The nurse needs to consider why the person is experiencing this particular life difficulty now. The focus is very much on what the person is experiencing at this moment in time and what needs to be done now to rectify the situation.

2. **What works?** The nurse should ask what will work for the person under the present circumstances? This represents the 'person-centred' focus of the care. Rather than using 'broad-brush' techniques the model aims to identify either what has worked in the past for this person or what might work in

immediate future, given the history, personality and general life circumstances?

3. **What is the personal theory?** – This is where the nurse considers how the person understands their problem(s) and what explanations they bring to these understandings. In effect, the nurse wants to know what 'sense' the person makes of their problems.

This is a vital part of the overall model. Rather than giving the person a 'professionalised' explanation of their difficulties – in the form of theory or diagnosis – the nurse tries to understand how the person understands their experience. Hence – what is the 'personal theory'.

4. **How to limit restrictions?** Nurses should aim to use the least restrictive means to help people to address their problems. Much emphasis in the model is placed on identifying how little the nurse might do to help the person and also how much the person might do to bring about therapeutic change. Together these represent the least restrictive intervention.

By adopting a highly person-centred approach, the therapeutic philosophy is highly individualistic and aims to develop the most realistic form of therapeutic intervention: i.e. one that fits the needs, perspective and general motivation of the person concerned

## The Domains of the Tidal Model

A 'domain' is defined as a sphere of control or influence

The Tidal Model comprises three inter-related domains of assessment and intervention: –

- § the 'Self' domain
- § the 'World' domain
- § the 'Others' domain.

These 3 domains represent the separate yet inter-connected dimensions of the person's life which control or influence the person's presentation.

The aim of both the nursing and the multi-disciplinary assessment is to understand better the influences that are being exerted on the person, from within each of these domains and how interventions from within each domain might help to

address the person's problems of living.

The Self Domain – focuses on the person's experience of crisis and emphasizes the need for them to feel safe. It prompts the development of a 'security plan'. The security plan sets out what has to be done to help the person feel safe, both physically and emotionally.

The World Domain – emphasizes the person's need to be understood. It prompts the 'holistic assessment' which includes the person's evaluation of their situation and the degree to which they think they can control it. It gives the person an opportunity to describe, discuss and examine their experience of illness and health. It is written by the

person or in their own words and signed of by them. The assessment explores: -

- § When and how this all began
- § How it has affected me
- § How I felt at the beginning
- § How things have changed
- § How have my relationships been affected
- § How I feel now
- § What needs to happen now
- § What do I expect from the nurses

The Others Domain – focuses on the type and nature of support the person might need from other people, professionals and agencies in order to live an ordinary life.



### Three Domains:-

- § Self
- § World
- § Others

Lead to: -

- § Security plan
- § Holistic Assessment
- § Wider care and support plan

## Clinical Risk Screening – observation and engagement

The 'Glasgow Risk Screen' should be used to determine the potential for risk of harm to self, harm to others and risk of self-neglect.

Where the screening has identified a potential suicide risk the nurse will conduct a structured suicide risk interview and rate the potential risk using the Nurses Global Assessment of Suicide Risk (NGASR) instrument which is an integral component of the Tidal Model.

It is essential at this point that the findings of the risk screening and the NGASR are discussed with the wider multi-disciplinary team and in particular with the consultant psychiatrist (or recognized deputy). Wherever possible it should involve the person and their carer(s). These discussions should determine the level of clinical observation appropriate for the person at that moment in time.

Nursing staff must then determine the level and

nature of engagement appropriate, given the person's needs and mental state. This should be carried out in collaboration with the person and their carer whenever possible and be reflected in the careplan. Good practice dictates that the wider careteam should have input into determining the required level of engagement.

Use Glasgow Risk Screen to identify potential risks.

Use NGASR scale to assess suicide risk.

Agree level of observation.

Agree the nature and level of engagement required.



*Three levels of engagement. The levels of engagement are intended to harmonise with the Observation Policy not replace it.*

*All, patients should be offered level 4 engagement plus one of the other three depending upon their needs and degree of vulnerability.*

*It is acknowledged that people who are on constant and special observation may not be able to interact at level 4 but all should be offered the opportunity to do so.*

## The Levels of Engagement

The levels of engagement are intended to harmonise with the Divisional Observation Policy they are not intended to override it.

There are 4 levels of engagement within the Tidal Model.

**Level 4 engagement** :- It is anticipated that all patients on *General Observation* will be engaged at this level. In effect it means that the person will be formally engaged by staff at least once per day in such as a one-to-one session, group discussion or family meeting.

This level of engagement is intended to provide the active care required to address specific needs.

It should also be offered to people on *Constant* and *Special* observation, though it is acknowledged that their ability to interact at this level maybe impaired by their prevailing mental state.

**Level 3 engagement**- Once again it is anticipated that this will be closely aligned with *General Observation*. The person will usually be deemed to be at low risk but the nature of their needs dictates that they be briefly formally engaged by staff at least 3 times – morning, afternoon and evening and the outcome of these

interactions recorded.

The aim of these brief contacts is to assess the person's situation, monitor well being, discuss how they are managing their security plan and offer emotional support.

These interactions will be over and above the formal engagement offered under level 4.

**Level 2 engagement**- Will be appropriate for people deemed to be significantly vulnerable. They will often, but not always, be on *Constant* observation.

The person will require frequent contact and regular support from nursing staff throughout the day. A designated nurse must make regular and recurrent enquiries over the course of the day in relation to how the person feels and respond appropriately to maintain physical and emotional security.

People on level 2 engagement will also be offered the degree of input defined under level 4 engagement.

**Level 1 engagement**- People offered this level of engagement will usually be deemed to be very vulnerable requiring the fullest support possible.

This level of engagement aligns closely but not exclusively, with *Special*

observation.

People offered level 1 engagement will have a nurse in continuous attendance throughout the day. However, this does not mean that the nurse will be actively engaged with the person at all times and in all circumstances.

It does mean that the person will have uninterrupted access to a nurse for support throughout the day.

People on level 1 engagement should also be offered the level of input defined at level 4.

## The Security Plan

The security plan is devised in the knowledge that if the person does not feel physically safe and emotionally secure then all other interventions, however sophisticated, are likely to have little effect.

The composition of the plan is informed by the assessment undertaken in the *Self Domain*.

The assessment will identify significant risks related to self-harm, suicide, harm to others and self neglect and the plan will focus on addressing these risks and making the person feel as secure as possible.

The emphasis is on developing a Person / Nurse collaborative approach to risk minimization and the plan should include responsibilities on their both parts.

The aims of the plan are

to identify exactly what it is that the person might be able to do for themselves to reduce the likelihood of an untoward event happening. It will also identify the type of support the person will require if they are to successfully enact their responsibilities

The security plan is the bedrock of the person's contribution to their own careplan and requires to be reviewed and update regularly and as frequently as the person's needs dictate.

The plan is likely to include common-sense measures like removal of harmful objects, materials that might prove harmful and people that might prove harmful. Such measures are usually the responsibility of the careteam.

A major consideration will, however, be the risks that lie within the person – their thoughts, feelings,

beliefs – that could precipitate a harmful event. The aim in this respect, is to identify how the person might be able to manage their own thoughts, feelings and impulses to minimize the risk of harm.

In developing the plan it can be helpful to explore things that the person might have done in the past to offset risks and how might these strategies be utilised or developed to address the current situation.

The security plan assumes a willingness on the part of the person to collaborate in the careplan. This is designed to empower the individual by helping them to realize that they have the capacity to manage their own risks if they are provided with appropriate support. This positive attitude of the nurse helps instill a sense of hope

## Individual Work

One-to-one work should focus on addressing the immediate needs of the person and the continuation of the assessment process.

The emphasis should be on encouraging the person to become aware of the part they can play in identifying needs and working out potential solutions.

Initial sessions may be very informal but it is anticipated that things will move fairly quickly to a more focused approach.

In all care settings the nurse should regularly spend time with the person in focused one-to-one sessions. Although such sessions should appear like ordinary conversation the aim is to develop the

person's awareness of change however small or gradual and use this to instill hope for the future and to build on.



*The Security plan is designed to make the person feel physically and emotionally secure.*

*The emphasis is on a joint Person / Nurse collaborative approach to minimizing risk.*

*The plan is the bedrock of the person's contribution to their careplan*

*Individual work focuses on the developing awareness of change and instilling hope*



Within the model there are 3 types of Groups.

- § The Recovery Group
- § The Information Group
- § The Solutions Group

Builds upon nursing's core concepts of caring about people.



Primary Care Trust  
Mental Health  
Division

## Groupwork

The aims of groupwork undertaken within the Tidal Model are:-

- § To share experiences of difficulty, distress and disability.
- § To obtain support from other group members.
- § View problems from a different perspective and learn from the experiences of others.
- § Experience helping others.
- § Sharing of information.
- § Exploring options for resolving problems.
- § Developing assertiveness, social skills and problem-solving skills.

Within the model there are 3 types of Groups.

- § The Recovery Group
- § The Information Group
- § The Solutions Group

The Recovery Group:- Is focused on a set of questions that aim to generate simple reflection and informal conversation and helps people to identify their strengths – ideally it should be held in the morning when people often need a boost.

The Information Group:- Aims to demystify the language of psychiatry and develop the person's understanding of their illness, situation and treatment. Such sessions might include discussions on medication management, benefit

information, illness education, self-help groups, housing issues etc.

The Solutions Group:- Supports and builds upon the one-to-one work and is focused upon bringing about and recognizing change. Ideally it should be held in the afternoon and allow people time to reflect and unwind afterwards. A separate information sheet provides further details about this group session.

## Summary

The Tidal Model builds upon nursing's core concepts of caring about people.

The model is based upon working collaboratively with people, promoting recognition of their personal strengths and attributes and their ability to bring about change in their own lives with appropriate support from formal and informal carers.

It contains little that could be described as 'new' – but it successfully redevelops and reframes 'old' solutions in a more creative package.

The model is not intended to be slavishly followed or worshipped and there is scope to develop it at a local level by adding components to it e.g. rating scales, assessment instruments, outcome measures and so forth.

The model should be considered as the basic everyday tools of the mental health nursing trade – upon which more specialized interventions and treatment approaches can be overlaid.

Person-Centred Care - The Tidal Model