

# Write a biography

## Reporters

Janice Woodliffe and Mike Chendambuya at [Alpha Hospital](#) on 21 October 2014.

## What did you do\*?

We use “[My Shared Pathway](#)” to build a support plan for each resident, but this does not routinely bring together a full life story from the perspective of the individual. We were also asked by the commissioners to provide and report of how one resident perceived their journey and the benefits of their current stay with us.

Our occupational therapist spent one three hour session with the person who talked freely about their history. This was then written up by the therapist in an anonymised format and the names of places as well as people were changed to protect the identity of the person.

It was passed to the person for checking, and the resident indicated that this was an accurate account.

## What was excellent about it?

This exercise focused on the patient’s own voice and helped them to see their own journey which brought them to this service. This gives a longer view than the work on My Shared Pathway which concentrates on the present and the future and helps staff to work on a day to day basis with the individual.

Creating the biography helped the person to see the progress they had already made and it built hope that progress up to now could continue into the future as they embraced personal recovery. Creating the story helped the person to reflect on their own past behaviour too, assess things that were unhelpful and acknowledge the help that they had received, including the importance of compliance with medication.

It helped to strengthen the therapeutic alliance between the resident and staff team as we all recognised that we are working together to promote recovery.

## Even better next time?

While this exercise was entirely positive for the resident, another person might find that recalling their history would unsettle them and remind them of past trauma, so we need to ensure that the right staff are involved in the exercise. Next time we would include this as a possible project to be undertaken at the right time in the person's recovery, and when they wanted to do it.

Some residents may feel that disclosing their thoughts and feelings in this way would affect their care plan, medication levels or entitlement to leave, so we negotiate this prior to starting and explain when our duty of care means that we would have to act on disclosures made through this exercise.

We would read up the literature on '[life story books](#)' to build on the learning from other professionals. Another resident would need more than one session, especially people with poor concentration, a chaotic history, or poor mental health which would impair linear thinking. Others would benefit from use of different media such as pictures and photographs, video or audio recording.

We need to ensure informed consent is given for both the content of the biography, the medium, as photos need more care than anonymised text, the audience who will see it and the time period in which it may be shared.

As this report was written for the commissioner, it is in a rather bureaucratic format (it is written in the third person and includes subheadings and paragraph numbers), so we would change the style to make it more like a personal diary, scrapbook or photo album.

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\* [NDTi](#) was commissioned to deliver a staff development programme promoting a more personalised and inclusive approach for those living and working in locked rehabilitation services in the English East Midlands. While the current inspection routine has a focus on risk prevention, our job is to focus on sharing positive practice and innovation. Peter Bates led the programme and wrote up these stories.

The Excellence Programme is for independent and voluntary sector providers of locked residential rehabilitation services for people with mental health issues or learning disabilities living in the East Midlands. It has delivered:

- A series of seminars for key staff and people using services to promote a more personalised and inclusive approach
- A shared sense of what excellent services look like, captured in an [Excellence Framework](#) document.
- Learning exchange visits between members which lead to individual action plans for each service
- Excellence stories that capture and share ideas for service improvement.

These case studies have arisen from members of the Excellence programme and NDTi has not independently verified what we have been told. Some are radical and ambitious approaches that transform the whole service, while others consist of small steps that may not seem especially exciting to other readers, but make a difference to one person. Some readers might even question whether progress is being made at all! The overall purpose is to stimulate reflection and celebration for every step forward, whether large or small.