Elysium Healthcare

Level 2 mental health rehabilitation inpatient services (higher support needs)

LEVEL 2

Hope House

Women's Dialectical Behaviour Therapy (DBT) Programme

The Dialectical Behaviour Therapy (DBT) service offers a therapy programme with strict adherence to the full DBT model.

The Level 2 rehabilitation service provides inpatient treatment for people who have received a diagnosis of moderate to severe Personality Disorder (PD) with Emotionally Unstable Personality Disorder (EUPD) traits.

The model has a robust evidence base and has demonstrated success in decreasing risk behaviours, improving relationships and enhancing independent living skills.

Service at a glance:

- **Level 2** service
- **10** beds (+**5** beds in flats)
- Service for **women**
- Age **18** and over

"This sounds really cheesy but I think this place is great. I honestly think it has changed my life. I was sort of told that this was my last opportunity and stuff, so yeah, I think it's great" Patient at Hope House

Who we support

The service accepts women who are motivated to decrease problem behaviours and engage in the intensive therapy programme.

- Individuals aged 18 and over
- People who have received a diagnosis of moderate to severe PD with EUPD traits, but not suffering from any additional major mental illness which will interfere with skills acquisition
- Intellectually able to engage with the treatment programme
- Individuals presenting with high risk self harming behaviours with risk of suicide
- Individuals who may or may not be detained under Mental Health Act 1983 (amended 2007)
- Exhibiting problem behaviours linked to difficulties with emotion regulation, distress tolerance and interpersonal difficulties, including self-harm, suicidal acts and substance abuse
- Those presenting with behaviours that challenge or are perceived to challenge, that require enhanced relational security of a Level 2 rehabilitation service
- May have a history of trauma, abuse, and attachment issues
- May be transitioning from CYPMHS

Assessment Process

The first stage of the assessment process involves an assessment of need and seeks out commitment to the DBT programme from the individual. The second stage of the assessment process involves the individual visiting the service in order to get to know the team and other patients and ends with a signed contract between the team and the patient.

What we do

Service Aims

The overall aim is to empower individuals to improve their self-worth and build a better quality of life for themselves. The DBT programme aims to deliver world class DBT interventions within a fixed period of time, during which people can achieve stability and enhance their quality of life. There is a focus on rehabilitation through engagement, placing a strong emphasis on generating a sense of belonging through active community involvement and building meaningful social networks.

The Model

The DBT programme has complete fidelity to the evidence-based DBT model as described by Marsha Linehan. The full DBT programme is supported by a 'My Motivational Goals Programme (MMGP)' that is bespoke to each person and was co-produced by Hope House patients to improve engagement. Each individual sets their own incentives, providing motivation, structure and reinforcing skillful behaviour. The MMGP clearly articulates clinical interventions, progress and steps towards a discharge plan. The adherence to the DBT programme, combined with the skillful use of goals allows staff to enhance safety, whilst promoting independence and empowerment.

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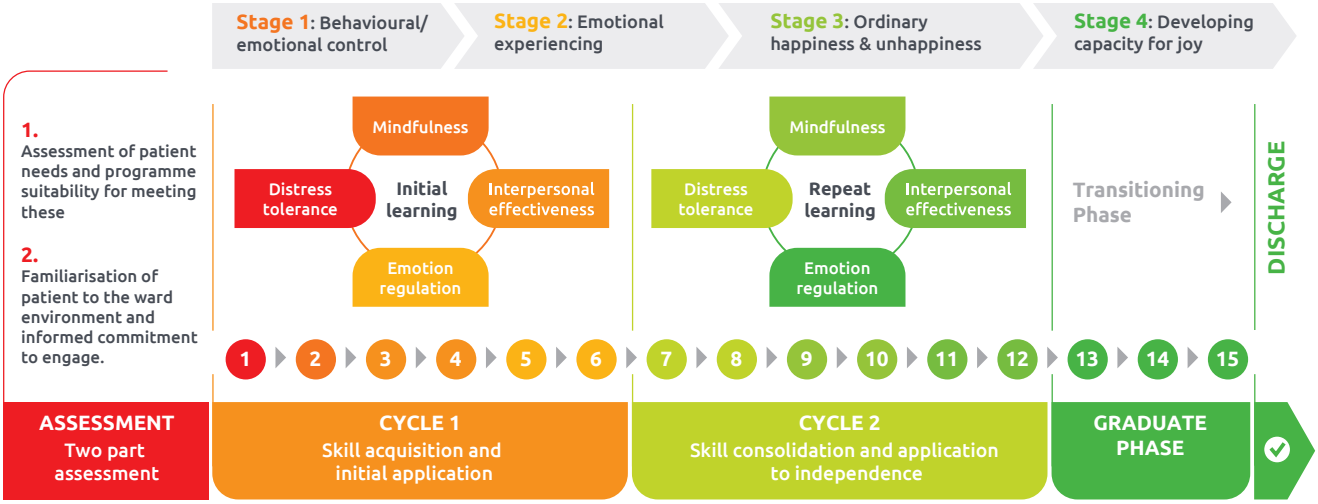
Hope House DBT Service



SUPPORTIVE THERAPEUTIC MODALITIES

- Group work
- Individual therapy
- Ward based skills coaching (as required)
- Enhanced coaching observations (as required)
- My motivational goals (MMG) planner

*movement through therapeutic stages and transition to the Hope Apartments is dependent upon the individual and responsive to their own needs.

CYCLE 1

- Skills Acquisition and Stabilisation
- Sensory Screening and Care Planning (referral for full sensory assessment if required)
- Focus on basic ADLs (cooking, hygiene, budgeting etc)
- Local community exposure
- Individualised traumatic experiences assessment and care plan
- Emotional Vocabulary Enhancement
- Psychoeducation of psychological needs (understanding my developmental experience)
- Commence emotional experiencing
- Behavioural Support Plan
- Skills teaching for family members

CYCLE 2

- Increasing skills mastery
- Advanced ADLs (i.e. cooking, budgeting, independent hygiene, self-medication)
- Further independent community exposure
- Focus on emotional experiencing (individual trauma work)
- Individualised collaborative DBT case conceptualisation in place
- Self-catering
- Community involvement (occupational, recreational and vocational)

GRADUATE PHASE

- Community reintegration (placement familiarisation)
- Transition planning
- WRAP Plan
- Finalised case conceptualisation
- Independent application of skills

The full DBT Programme - The full DBT Programme Cycle 1 and 2 include the following five functions:

DBT Service Enhancing Capability Group Sessions

- Four skills modules including mindfulness etc.
- Goal setting and reviewing
- Behaviour Chain Analysis (BCA) and Enhancing Emotional Vocabulary

Enhancing Motivation one to one sessions

Focus on identifying target behaviours starting with life threatening behaviours, therapy interfering behaviours and quality interfering behaviours

Ensuring Generalisation of Skills

- Focuses on maintaining motivation and transferring skills to a non-therapy environment
- Access to specific coaching that helps increase the use of skills and decrease maladaptive crisis behaviours

Structuring the Environment

- A number of qualified nursing staff are fully trained DBT Therapists and many HCW have DBT essential skills training
- All ward staff undertake DBT awareness training so they are fully aware of DBT principles and can structure the unit around this
- Contingency management training helps to ensure that the environment is not inadvertently reinforcing maladaptive behaviour
- Family awareness training supports family members in supporting their loved ones in the application of DBT away from the service

Enhancing the Therapists Capability

- Therapy staff attend a weekly DBT consultation. The consultation time is protected and involves a discussion hierarchy, whilst facilitating the concept of a group of professionals treating each patient
- Staff also participate in one to one supervision, formulation meetings and reflective practice
- Additional support is offered for newly qualified DBT Therapists

Self catering apartments

We have self contained apartments on site to promote independence, and enable individuals to practice their skills in real life situations to empowering them to return to the community or a step down placement.

Fixed length of stay

The length of stay is 12-15 months depending upon individual needs. This timescale provides those we support with a clear goal of recovery from admission back into the community. The Multidisciplinary Team (MDT) will liaise closely with the receiving care team to enhance effectiveness of the transition for all involved. This may involve transitional visits and training to family/carers to ensure the continued application of acquired skills going forward.

Outcome measures

The programme uses a wide range of outcome measures including:

- HoNOS (Health of the Nation Scales)
- The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)
- Work and Social Adjustment Scale (WSAS)
- Clinical Outcomes in Routine Evaluation (CORE)
- Borderline Evaluation of Severity over Time (BEST)
- Borderline Symptom List – 23 (BSL-23)
- Patient Reported Outcome Measures (PROM)
- Observational Data Incidents of deliberate self-harm, treatment at general hospital, observation levels, days requiring enhanced support and mental health status
- My Motivational Goals Programme (MMGP)
- Enhanced Coaching Observations (ECO) available if required

Our values

Kindness Integrity Teamwork Excellence

Elysium Healthcare

1722/0725

Preparing for discharge

Discharge planning begins on admission due to the nature of the time limited programme. In preparation for discharge, the therapy provided is focused around functional skills that will be used in the community to aid independent living. Care Programme Approach (CPA) meetings take place every three months with the patient, their family, treatment team, and Care Coordinator. These regular meetings ensure that everyone involved is up to date with progress and aware of the planned discharge date.

"For me, what I found very different at Hope House compared to other places I've been that have done DBT is that the whole place is based on DBT. It's not just the groups you do in the week, it's your therapy, it's how you interact with staff, its' everything"

Patient at Hope House

How to make a referral:

24h referral line 0800 218 2398

Send an email to:
referrals@elysiumhealthcare.co.uk

This information is available in different languages, Braille, Easy Read and BSL on request

Hope House
Chadwick Drive (off Saxton Street),
Eaglestone, Milton Keynes,
Buckinghamshire MK6 5LS

T: 01908 593 000

E: chadwicklodge@elysiumhealthcare.co.uk

To view our video tour, please visit
elysiumhealthcare.co.uk

Part of Ramsay Health Care

REHABILITATION SERVICES