

The 2016 RAID awards for excellence in working with Challenging Behaviour

Entry:

Spencer South, St. Andrew's Healthcare

Spencer South is a low secure, specialist DBT unit for women diagnosed with Emotionally Unstable Personality Disorder (BPD), which offers an OT and structured unit programme. The ward consists of 14 beds and is located within St. Andrew's Healthcare, Northampton.

DBT Programme

The DBT programme run on Spencer South aims to equip patients with life skills in order for them to change unhelpful patterns of behaviour; in doing so, the unit programme offers once weekly DBT skills groups, and individual DBT therapy and therapist consultation, in addition to nursing staff consultation. For patients to be in the DBT programme, they are expected to make a decision to commit to a years' worth of therapy, which sees them complete a full cycle of DBT and involves completing four modules. Each profession of the MDT (Psychiatry, Psychology, Social Work, OT and Nursing) are all trained as DBT facilitators and therapists, of which they work with allocated patients individually once weekly following the patient's commitment. The aim of the treatment is for patients to build for themselves a 'life worth living' in which they are able to identify goals important to them. During this time patients reflect on and discuss behaviours, breaking them down, understanding their function and aiming to improve their insight; in turn they are able to learn more adaptive ways of coping through building a repertoire of life skills.

"There's not just one psychologist that I have to wait to speak to, I feel like I can speak to the whole team and they all understand my treatment, this has also encouraged me to always use my skills"

Staff Consultation

We pride ourselves in both teaching and implementing RAID behavioural principles. This complements and supports our DBT programme, reinforcing the effective behaviours of our patients. One of the ways in which we do this is through once weekly staff consultation. Trained DBT therapists and those trained in the RAID approach deliver this meeting in order to support nursing staff, and to ensure there is consistency with regards to boundaries being implemented on the ward. Staff are supported in searching for the function behind behaviours they are finding difficult to manage, which in turn assists with validating the patient. In addition, staff consultation also communicates the idea of consistent praise to the patient when wanting to reinforce specific behaviours as well as re-phrasing the way in which some messages are communicated. Encouraging staff to attend RAID training once

settled in their position, and having experienced staff consultation is something the ward consistently strives to do.

“I know that when I go to staff consultation I will be given support and guidance from experienced staff and it gives me the opportunity to learn ways of how to manage patient’s behaviours”

“Both patients and staff engage in reinforcing good behaviour when appropriate and also not enforce undesirable behaviour, staff use this awareness to encourage /shape positive behaviours”

DBT Consultation

DBT consultation is carried out weekly for all DBT therapists and uses behavioural principles which are entwined throughout the programme to assist with problem solving. This space gives therapists the opportunity to safely explore options in terms of responding to particular behaviours, as well receiving validation and non-judgemental feedback in responses to issues they bring.

‘The way that staff have been, through consistency and the DBT programme has made such an impact’

Meetings on Spencer South

In order to manage our patients safely and in the least restrictive manner, Spencer South Ward operates a risk safety level system in response to individuals’ risk, with each stage being associated with defined requirements to ensure safe management of our patients. The ward programme is guided by the operational policy and the MDT meet once monthly in a Clinical Team Meeting to ensure that the policy is relevant, up to date, and adapted based on patient requests. Patient representatives attend each of the meetings through offering ideas and giving requests on behalf of the patient group. It is following these requests, risk permitting that we are able to update policy.

“Staff are constantly reviewing our freedoms and access to things”

“The team gives us things to look forward to when we’re ready for it and have worked up our levels like horse riding, trips to the theatre and seaside”

Ward rounds are carried out fortnightly, whereby patients are encouraged to attend and share their views as well as listen to the views of the MDT with regards to requests they make, this assists with the patient gaining insight into reasoning behind the decision making of the MDT, and allows them to take responsibility in terms of preparing their own plans for the requests they bring. For example, requesting leave; they would need to be able to identify their risk factors in potential situations. They are supported by their DBT therapists and/or Named Nurse in generating the plan; however they are responsible for informing the plan and presenting it to the team. This is a safe place to discuss patients concerns, struggles

and progress and staff continually ensure that throughout these meetings 'RAID friendly' language is used along with ongoing validation.

"I didn't want to hear it, but I was constantly been given constructive criticism, but then given the support to make these changes"

Effective Practice

The outcome of the DBT programme is measured through using pre and post measures carried out by Psychology on admission, during therapy and on discharge; this information is used to inform a large database which also contains risk behaviour data and group attendance. From this information a service evaluation into the one year effectiveness of DBT on a low secure unit is currently being carried out. The assessments we use aim to measure what it is we focus on treating, specifically for our patient group, for example difficulties into emotion regulation.

"Staff encourage patients to take responsibility for their own behaviour rather than getting staff to prevent them from doing anything risky. I believe that it's not until you take responsibility for your own behaviours that you can make the changes, and that's what Spencer South has helped me do"

Community Meeting

Patients lead this meeting through working through an agenda. During community meeting patients are also given verbal and visual feedback through incentive points, 'Star' and 'Worker of the Week' certificates, based on those patients who have acquired the most incentive points, made positive changes and/or engaged in a range of OT and vocational activities. Patients have also used this meeting to come up with their own ward guidelines and with staff support have re-worded them to be 'green' (through replacing words such as 'don't' with 'refrain'). Patients also use this meeting as a 'safe space' to discuss any difficulties on the ward, using their interpersonal skills to solve them.

'Patients challenge each other in a constructive and effective manner. Challenging behaviours are discussed in community meeting and ideas are generated to attempt to resolve, encourage a positive outcome and moving forward'.

The Timetable

The programme and timetable is goal focussed towards a life worth living, all individualised to each patient. The OT programme offers support and opportunities to develop patient's daily skills for independent living. The OT team have a therapeutic programme which caters for all needs (self-care, leisure and productivity). A weekly timetable of activities are offered to every patient, which is delivered following assessment of their functional needs, targeting areas of deficit e.g. communication skills, frustration tolerance etc. The activities are specially graded to allow for a balance of skill development and opportunity for realistic success. All activity is goal directed (set in collaboration with patients), enabling all patients to work towards what is meaningful to them, e.g. community volunteering, horse riding or

self-catering. As part of our efforts to reinforce positive behaviour we have introduced additional incentives, from trips to the local café to a ward theatre and seaside trip. This has not only provided hope for those that had lost touch with leisure interests beyond the hospital grounds, but motivated their peers who were unable to attend due to risk presentation.

“The best thing is that all the whole team are involved in the trips, even our Doctor, and that’s never happened before”

“Here they give us the responsibility to manage cooking cleaning and going out in the community”

Carer’s views

“The change in our daughter has been remarkable, no place has done for her what you have done for her here”

“In the short time she has been here she has changed so much, she now hugs us, which shocked us” (From a teenager this particular patient stopped hugging Dad, and later in adulthood stopped hugging Mum).

“We are so grateful for the care and treatment she is receiving; we can sleep at night knowing she is safe” (Reported on the first visit!)

“I want my daughter to stay here as I have confidence in your treatment”.