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WELCOME

Welcome to the 4th edition of the Quality Network for Psychiatric Intensive Care Units newsletter. The year so far has largely been dominated by COVID-19 and the challenges a pandemic brings. PICUs have had their own set of challenges over the past few months, with many services reporting a noticeable increase in acuity levels. The Quality Network would like to take this opportunity to thank all of the staff working in services for their efforts in managing the pandemic and keeping everyone safe.

This edition contains articles relating to DBT informed emotional skills within PICUs and providing specialist occupational therapy services during COVID-19. In addition, we have included the entries to our artwork competition for you all to enjoy. They really are excellent and we look forward to using the winning pieces on our publications over the next year. Thank you to everyone that contributed!

As a result of COVID-19, we sadly had to postpone all peer-review and accreditation visits from mid-March 2020. We are happy to be restarting the second cycle again, with reviews being held in December-January. Initially, visits will occur virtually until it is safe to conduct reviews face-to-face again. We will be working closely with services to anticipate in advance any potential issues and ensure the review visits run as smoothly as possible.

As a team we have been busy working in the background and am pleased to detail some of the project's achievements. The second edition of the QNPICU standards is ready to be published in the

next few days. Furthermore, we are moving our processes to our online College Accreditation and Review System (CARS). We will be contacting services individually to give further guidance on this. Lastly, we have been hosting a number of webinars and online discussion forums that have been well attended and very well received. Thank you to everyone who has contributed and enabled us to keep supporting PICU services during this unsettled time.

Finally, Megan Georgiou is stepping down as programme manager in July, having worked at the College since 2014. Kate Townsend has been appointed to take over the role and is looking forward to further developing the programme of work.

We wish you all the best over the coming months and hope it won't be too long before we can see you all in person.



Developing DBT adherence for the DBT-informed Emotional Skills Programme for Psychiatric Intensive Care Units

Abstract

This article investigates the Dialectical Behaviour Therapy (DBT) Emotional Skills programme adapted for Psychiatric Intensive Care Units (PICU). Where a shorter-term DBT programme with intensive skills teaching is the focus for acquiring a limited set of skills over a shorter period of time. Service users admitted to PICU are defined from a trans-diagnostic perspective as persons in crisis, needing to learn crisis skills to regulate their emotional responses and reduce the prevalence of violence and life-threatening risk behaviour. The DBT-informed Emotional Skills programme for PICU is described and aspects of DBT adherence is discussed.

Introduction

DBT was developed by Marsha Linehan (1993a) as an effective out-patient treatment for patients with borderline personality disorder. This treatment was originally offered in the community and stemmed from the foundations of Cognitive Behaviour Therapy (CBT) and integrated with mindfulness. However, with randomised controlled research trials and application to in-patient treatment programmes, this treatment modality spread to various other clinical settings (Linehan, 1993a&b, 2014a&b).

Following the premise that DBT addresses life-threatening behaviour and teaches our patients coping skills while they are in crisis,

it became more apparent that this treatment programme could be useful in acute clinical settings (Booth, Keogh, Doyle & Owens, 2012).

Aims & Objectives

Due to the fast-paced nature of a PICU ward and the short length of stay during PICU admissions, a full DBT programme would not be suitable. Therefore, the need for an adapted DBT programme was identified. The programme was tailored to address the needs of our PICU service users and teaches specific crisis skills that would enhance their quality of life and ability to cope. Due to the adherence requirements for DBT, this programme was identified as a DBT-informed programme, while utilising several of the DBT Skills (Linehan, 2014a&b).

Methodology

The DBT-informed Emotional Skills programme for PICU consisted of eight identified DBT skills, Table 1 below (Linehan, 2014b).

Fox (2018) noted that “In short-term programmes, the main aim is to restore the patient to the community as quickly as possible...the function of any intervention is to resolve the immediate problem and, if possible, give the patient enough skills to prevent a recurrence” (Fox, 2018, p. 647).

The PICU therapeutic programme was presented as eight skills over two weeks. Two 60 minute groups were presented weekly, each session consisted of a mindfulness exercise and two skills, practical examples were used to encourage participation in skills practice. The two week cycle was repeated three times, thus six weeks in full.

<i>Dialectical Behaviour Therapy Skills</i>	
<i>M 3</i>	<i>Wise Mind: States of mind</i>
<i>DT 6</i>	<i>TIP Skills: Changing your body chemistry</i>
<i>DT 7</i>	<i>Distraction</i>
<i>DT 8</i>	<i>Self-Soothing</i>
<i>DT 9</i>	<i>Improving the Moment</i>
<i>ER 8</i>	<i>Checking the Facts</i>
<i>ER 10</i>	<i>Opposite Action</i>
<i>IE 5</i>	<i>DEARMAN: Guidelines for objective effectiveness</i>
<i>M 3</i>	<i>Wise Mind: States of mind</i>

Table 1. DBT-informed Emotional Skills Programme

The DBT-informed Emotional Skills programme was offered on a male and female PICU ward.

Service users completed practice examples between sessions and during psychology drop-in sessions and received DBT-informed coaching on the ward in the moment when needed. The coaching was provided by staff members who had completed two days of DBT coaching training. Upon completion of each cycle of eight DBT-informed Emotional Skills, the service users received attendance certificates specifying their individual skills acquisition. The therapeutic skills programme was further supported during the week by psychology one-to-one sessions, mindfulness and relaxation groups, positive behaviour support plans, mood charts and behaviour chain analyses.

Results

Once crisis symptoms were stabilised service users were able to start attending the therapeutic programme (De Lange, Johnson, Watkins, Snyman, & Fox, 2017). Figure 1 (next page) indicates where service user A interpreted the Wise Mind Skill on the general ward chalkboard (photographed with permission from the artist). The

comprehensive nature of each session offering two new Emotional Skills enabled a service user with a short admission the opportunity to engage in a session and gain two new skills, while service users with longer admissions could continue engaging with the programme to complete all three cycles of this therapeutic programme, consisting of six weeks. The average length of stay on a PICU ward is approximately 28 days, thus on average, a service user could complete two cycles of eight skills (Tarn, De Lange & Bloomfield, 2018).

Quantitative results at one year follow-up indicated a gradual increase in the number of service users attending all the cycles of the DBT-informed Emotional Skills programme for PICU (Johnson, De Lange, Bloomfield, Dove & Snyman, 2018). Due to the short length of stay and unpredictable recall or repatriation for service users on a PICU, attendance to the third cycle of skills decreased as service users are returned to their local community mental health teams and local areas.

Overall the qualitative responses from service users reflected that they found the skills beneficial. *Service user comment: "Everyone*

should have this Wise Mind on their fridge... I'm going to look at it every day." The importance of daily practice of Mindfulness was highlighted in order to develop the application and regular use of DBT-informed Emotional skills. The premise is that if the skills are regularly practiced then they will be at hand to recall when needed if a service user goes into crisis. The most beneficial practice of the skills is in the moment, and staff coaching facilitated this within the ward environment (Fox, Krawczyk, Staniford & Dickens, 2015).

Discussion

Developing adherence to DBT guidelines:

In order to ensure adherence to the five functions of a DBT programme the following factors were considered (Swales & Dunkley, 2019):

- Enhancing capabilities: A six week programme of eight core skills presented over a two week cycle, each cycle repeated three times. Each session includes Mindfulness practice (Stanton & Dunkley, 2019).
- Improving motivation: Psychology drop-in sessions and one-to-one sessions offered on the ward. DBT information and leaflet provided upon admission.
- Ensuring generalisation: Skills coaching provided in the moment on the ward by trained DBT Skills coaches. Skills practice between sessions to give feedback in the next attended session. Colourful stickers worked well for reinforcing skills practice and behavioural changes. Linking skills to Occupational Therapy groups, e.g. Self-Soothing Skill correlates to Beauty group, TIP Skill to Gym group, thus enhancing generalisation and practice to

other areas of daily skills.

- Structuring the environment: Daily multi-disciplinary team handover, weekly care plan update meetings and ward round review. Weekly risk assessment and ward risk management. Ward operational policy and monthly ward management meetings.
- Motivating and supporting staff: PICU skills consult for DBT therapists, bi-weekly reflective practice for all staff, bi-monthly staff training (De Lange, Farrelly, Bailey & Clements, 2017).

The DBT-informed Emotional Skills programme was thus implemented with close consideration to adherence to the DBT therapeutic model requirements (Linehan, 2014a&b).

Conclusion & Recommendations

Initial findings of this service development programme were presented at local and national conferences (De Lange, Johnson, Watkins, Snyman & Fox, 2017). At one year follow-up, research findings were disseminated at conferences and shared upon request with professionals from other NHS trusts across the UK (Goldstone, De Lange, Tarn & Snyman, 2018). Further research should evaluate the efficacy of implementation across services using DBT outcomes measures. It is recommended that data be collected and collated across various PICU settings where DBT-informed Emotional Skills Programmes are offered to our service users. The programme could be developed further to closer adherence to the five functions of DBT.

Beer, Pereira and Paton (2008) highlighted the application of crisis stabilisation and

crisis management for patients that find themselves in acute states of crises. Developing a DBT-informed Emotional Skills programme for the PICU wards addressed this need for therapeutic input on the PICUs that enable our service users to stabilise after crisis and enhance their quality of life and coping skills, thus also possibly reducing future relapse factors. When evaluating DBT programmes, adherence to the DBT guidelines are closely considered and should be reviewed regularly (Fox, 2018).

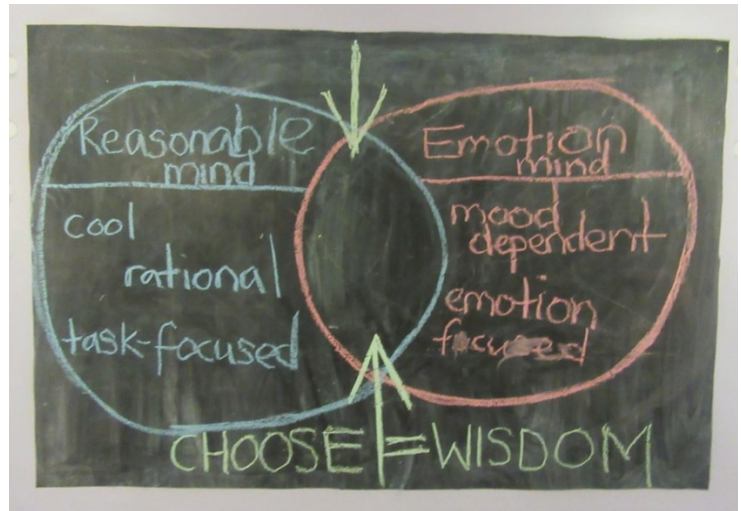


Figure 1. Service user A Wise Mind

De Lange, E. F., Fox, E., & Snyman, P. M. (2020), St. Andrew's Healthcare

Acknowledgements

Thank you to our PICU service users for engaging in the DBT-informed Emotional Skills programme. Thank-you to our Assistant Psychologists, M. M. Johnson, K. Watkins & B. Goldstone and Senior Occupational Therapists, E. Bloomfield and N. Sangha for their work.

Knowledgehub

Join the Quality Network for PICUs (QNPICU) online discussion forum!

Knowledge Hub is a free to join, online platform which allows you to be part of various groups. The Quality Network for Psychiatric Intensive Care Units (QNPICU) has created their own group to facilitate discussions around psychiatric intensive care units - you will only be able to join if you work within a service which is currently a member of the Network.

Joining Knowledge Hub will allow you to:

- Share best practice and quality improvement initiatives
- Seek advice and network with other members
- Share policies, procedures or research papers
- Advertise upcoming events and conferences



For more information or if you wish to join, please email PICU@rcpsych.ac.uk.

Proactive changes to occupational therapy practice within Specialist Learning Disability Services during COVID19: grading and adapting meaningful activity to the ward based environment

During the COVID-19 outbreak, the occupational therapy team working within the specialist learning disability site at Whalley have changed the way they usually provide therapy. Whilst still retaining our focus on occupation and risk reduction, our main aim is to prevent the temporary occupational disruption caused by lockdown resulting in occupational deprivation. This could have a negative impact on physical and mental health, increase risk and prolong the hospital stay. We are doing this by moving occupations, roles, structure and routine onto the wards through various strategies:

We have developed a 'Ward Based Activity Resource Pack'. This is based on service users interests across the hospital and contains a wide range of activities that can be graded and adapted to suit the individual. These can be used by all staff and service users and the pack is regularly being developed with more resources added on a weekly basis, centred on service user requests and need.

An easy read 'Self-Isolation Pack' has been designed - this is a booklet which can be individualised based on assessment. It includes information about; the importance of structure and routine, occupational balance and sleep hygiene, ideas and

examples of activities that can be carried out on the ward or in bedrooms, how to adapt activities to the ward environment and advice about staying well when social distancing.

We are providing an in-reach service carrying out intervention and activity on the wards. This includes:

- Grading and adapting activities so they can be carried out on the ward or in someone's bedroom
- Adapting the ward environment to enable activity to be carried out there
- Developing new ward-based roles
- Supporting the development of a new structure and routine
- Developing individualised timetables based on sensory needs

Carrying out intervention on the wards with service users e.g. teaching self-sooth techniques, journal writing to improve insight into emotions and abilities, Lego therapy, time management, improving self-esteem and confidence and developing new interests and hobbies

Role modelling and improving motivation by carrying out an activity in the proximity of others with the aim of inviting participation.

Although it has so far been a challenging time, particularly for service users who find change difficult, there have been many advantages to working in this way and some of our experiences will no doubt influence the way we carry out therapy in the future.

Deborah Haworth, Specialist Occupational Therapist, Mersey Care Trust

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and use #qnpicu for up-to-date information

QNPICU Open Discussion Summary

Managing Acute Disturbances

Services now have fewer cases of COVID19 with many experiencing no positive cases. Most PICUs have seen an increase in the acuity of patient presentation and suggest it could be due to less available inpatient beds and reduced community provision – patients. Generally, more staff are required to support practices such as isolation of symptomatic patients and therapeutic activities have been adapted to allow for social distancing.

Key challenges

PPE - wearing facemasks limits verbal communication and the use of meaningful facial expressions. Patients who are acutely unwell find it difficult to recognise staff which can increase feelings of paranoia.

Testing - some services are able to test effectively and rapidly. Others do not have capacity and focus on those displaying symptoms.

Visits - PICU's are taking individualised approaches: one service is facilitating socially distanced visits for an hour whilst other services do not facilitate visits on hospital grounds.

Use of technology

One service introduced a patient laptop set up with internet calling - this has enabled patients to call loved ones with the added extra of visual communication. Most services agree technology has been helpful and likely to be carried on post COVID. Additionally, it has had a positive effect on staff who no longer need to travel long distances for meetings.

Carer experiences

Carers have mixed experiences: some feel communication regarding their loved ones care has been strong whilst others have been worried by the lack of contact. A service explains to carers why restrictive practices are in place.

Technology has increased virtual connectedness between patients and loved ones and carers hope this carries on post COVID. As guidelines relax, communication with carers regarding visits and safety practices is essential.

Positive outcomes

There is an increased motivation in patients to give up smoking and there is an increased emphasis on health promotion and actively facilitate exercise and outdoor activities. Services have been flexible in their approach to the use of grounds and outdoor space.

Staff support and wellbeing

Staff report exceptional team work, creativity and connection through remote working. Most services have additional meetings and feel responsiveness has increased. To support ward staff, a service has established a 'recharge room' as a protected space for timeout. One Trust has applied for a grant to gift staff pampering products such as massages and face creams. Another service has sandwiches and snacks delivered to the ward; staff really appreciate having food provided. Widely, staff are checking in and supporting one another.

Patient Artwork Competition

This summer we launched a patient artwork competition at QNPICU and welcomed all patients in PICU's to contribute in submitting their artwork for a chance to be featured on the cover of our reports, standards and other network publications.

We received some great entries and wanted to showcase these talented individuals in our newsletter!



Untitled, E.S., Haren Ward



Perspective, E.S., Haren Ward



Red and White, Jordan Dean Ezekude, Hamtun Ward



Untitled, Sherbourne PICU The Caludon Centre



Flowers, Alwyn Kosted, Hamtun Ward



Salient ambience through the storm, Mike and C, Devon Ward



World together- together we share, M,E, Chris, Samual, Mike and OT Michael, Devon Ward

New QNPICU Standards

The second edition of the standards for the Quality Network for Psychiatric Intensive Care Units will be published shortly. Keep an eye on communications and our website.



Standards for Psychiatric Intensive Care Units
Quality Network for Psychiatric Intensive Care Units

Developmental cycle 2 – restarting soon!

We have been working hard in the background to adapt and make the necessary changes to the second cycle of QNPICU. All services will now be reviewed against a new set of standards. We are working to get the process online through the College Accreditation and Review System (CARS). Reviews are likely to be scheduled for December/January. Please keep an eye out for more information on this.

For services on an accreditation membership – we are still currently working on the changes and adaptations. Please keep your eye on communications for further updates on this.

Upcoming Events

Open Discussion Forums

These open forum groups are for individuals working within member services to discuss common issues arising from working within PICUs. Each forum will have a particular theme and will be facilitated by the Quality Network group. The purpose of the sessions is for individuals to engage in conversations about particular issues and to learn and share good practice. The upcoming sessions are:

- **04 August 2020, 16:00-17:00: Restoration and recovery**

To join a session, please complete this [booking form](#). Please share this widely within your teams. Places are limited and allocated on a first-come, first-served basis. If the session is full, you will be placed on a waiting list. After booking, if you can no longer attend, please cancel your place so it can be offered to someone else.

QNPICU Third Annual Forum

Save the date! The QNPICU Annual Forum will be held on 22 October 2020.

It will be an interesting day full of presentations, workshops and networking - including sharing good practice! If you have any good practice that you would like to share, please contact PICU@rcpsych.ac.uk.

For further information about QNPICU please visit

www.rcpsych.ac.uk

Useful links

Care Quality Commission

www.cqc.org.uk

Centre for Mental Health

www.centreformentalhealth.org.uk

Department of Health

www.doh.gov.uk

Health and Social Care Advisory Service

www.hascas.org.uk

Institute of Psychiatry

www.iop.kcl.ac.uk

National Institute for Health and Care Excellence

www.nice.org.uk

NHS England

www.england.nhs.uk

National Association of Psychiatric Intensive Care Units

www.napicu.org

Revolving Doors

www.revolving-doors.org.uk

Royal College of Psychiatrists' College Centre for Quality Improvement

www.rcpsych.ac.uk/quality.aspx

Royal College of Psychiatrists' Training

www.rcpsych.ac.uk/traininpsychiatry.aspx

See Think Act (2nd Edition)

www.rcpsych.ac.uk/sta

Contact the Network

Kate Townsend, Programme Manager

Kate.Townsend@rcpsych.ac.uk

0208 618 4067

Jemini Jethwa, Deputy Programme Manager for QNFMHS

Jemini.Jethwa@rcpsych.ac.uk

0208 618 4061

Adele DeBono, Project Officer

Adele.DeBono@rcpsych.ac.uk

0208 618 4052

Kelly Rodriguez, Project Officer

Kelly.Rodriguez@rcpsych.ac.uk

0208 618 4063

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Knowledge Hub

Please email picu@rcpsych.ac.uk if you wish to join Knowledge Hub, to start discussions and share good practice.

Royal College of Psychiatrists' College Centre for Quality Improvement QNPICU

21 Prescott Street

London

E1 8BB