Service User Involvement in the Evaluation and Development of the Pre-Treatment Stage in Psychological Interventions

Ludlow Street Healthcare

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Our Values

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PREM – Therapy Experience Questionnaire

- Requirement for PREM use and PREM reporting in all secure services (Low Secure Service Specification 2018)
- Questionnaire developed 2013-2014
- Revised 2015
- Dataset with key domains kept and reported on in CPA process [insert domains]
- Used to understand congruence between:
  - Service User understanding of difficulty
  - Primary therapist understanding
  - Wider MDT understanding
- Helps re: Quality monitoring and problem solving re : engagement

Maximising Engagement

- Psychological therapy is identified as essential in supporting those with PD.
- However, non engagement/ drop out levels are often high.
- Motivational / relational work focuses on enhancing engagement in structured EBT
- Some treatments outline how to do this

  e.g. DBT

Enhancing Motivation

Motivation is not a prerequisite for change, nor is it is fixed feature that therapists cannot change.

It consists of “a state of readiness or eagerness to change, which may fluctuate from one time or situation to another” (Miller & Rollnick, 1991)

- Motivation is influenced by therapist behaviour
- System behaviours can also influence motivation
- Traits such as low self-directness, impulsivity, anxiety, passivity, demoralisation, and difficulties trusting others can also influence motivation.

Consequently, people with a diagnosis of PD are often identified as having poor engagement/ motivation levels.

It is important to focus on enhancing motivation *prior* to treatment but this is unlikely to be maintained in the absence of consistent attention *throughout* treatment using various strategies.

Our question was:

"What are these strategies that are helpful in prompting motivation and engagement in treatment from the service users perspective?"

Service User Involvement

- Involving SUs in their care has been recognised as an indispensable part of mental health service delivery.
- The benefits have been known for a long time and include (to name a few): Improved service development; Information provision; Service user feedback mechanisms; and Esteem of service users (Crawford, et al., 2002)
- It is also morally the right thing to do
- With this in mind, NHS England has committed as part of the Five Year Forward View to increasing service user involvement including enhancing their power to make informed decisions about their care and treatment (Care Quality Commission, 2009).

What is Pre-Treatment?

- The initial stages of therapy – focus on motivation and commitment.
- A feature of many structured treatments

E.g. DBT Pre-treatment:

‘ *…is where you arrive at mutually informed decisions to work together and help SU make changes they want. Therapist modifies any dysfunctional beliefs or expectations re: treatment that is likely to contribute to TIB or decision to withdraw from treatment*’

- SUs have much to tell us about the process of motivation and engagement
- There is evidence that those residing in inpatient services do not feel adequately involved in the decisions around their care and treatment as they should be.
- Within forensic mental health settings they continue to review relatively little attention (Willmot, 2011).
- This may reflect wider societal attitudes that stigmatise and marginalise those with a diagnosis of PD.

- More involvement needed in understanding motivation and engagement. E.g. Welsh matrix – more work needs to be done on premature drop out/poor engagement. Research tends to be focused on external assessment (i.e. therapist led) rather than asking the individual involved.

Pre-treatment includes:

- Varies across tx's
- DBT definition is relatively clear and structured to include:

- Detailed assessment
- Identify treatment goals
- Explore commitment
- Describe treatment and introduce it as a learning process
- Discuss expectations of change
- Understand therapist and SU relational style

‘Experiences’ of DBT Pre-treatment

- Semi-structured interviews

- 7 participants – 4 in DBT currently, 2 completed DBT, and 1 dropped out of DBT

- IPA Analysis: Identified 4 themes:

1. Treatment Orientation
2. Hospital Milieu
3. Pre treatment Intensity
4. Therapeutic Relationship

1. Treatment Orientation

- Feeling Prepared for Tx (understanding DBT, Change, Expected Failure)
- Post Tx (Future Goals)

"It gave me a taster, increased my insight. I felt ready and prepared"

2. Hospital Milieu

- Ward Staff interactions (Coach Skills in Crises, Pressure)
- Influence of Peers (Negative, Positive)
- Impact of MDT (Pressure to engage, Lack of DBT Focus)

"Staff used to tell me what DBT skills I could use…that helped lots"

"Suddenly I was to 'use my skills'…I hated it"

3. Pre -Treatment Intensity

- Pressure (External, internal, DBT Structure)
- Experienced as challenging (Intrusive, Amount of Information)

"I was told I had to do (skills) group as well…I hate groups…felt forced to do it"

4. Therapeutic Relationship

- Collaborative Working (power imbalance vs. equality, Shared understanding)
- Therapist Techniques (Stylistic strategies, commitment strategies, skills practice, communication style)
- Consultation to the Environment (Problem solving, influence others, Communication

"The assessment helped me and my therapist understand why I do it"

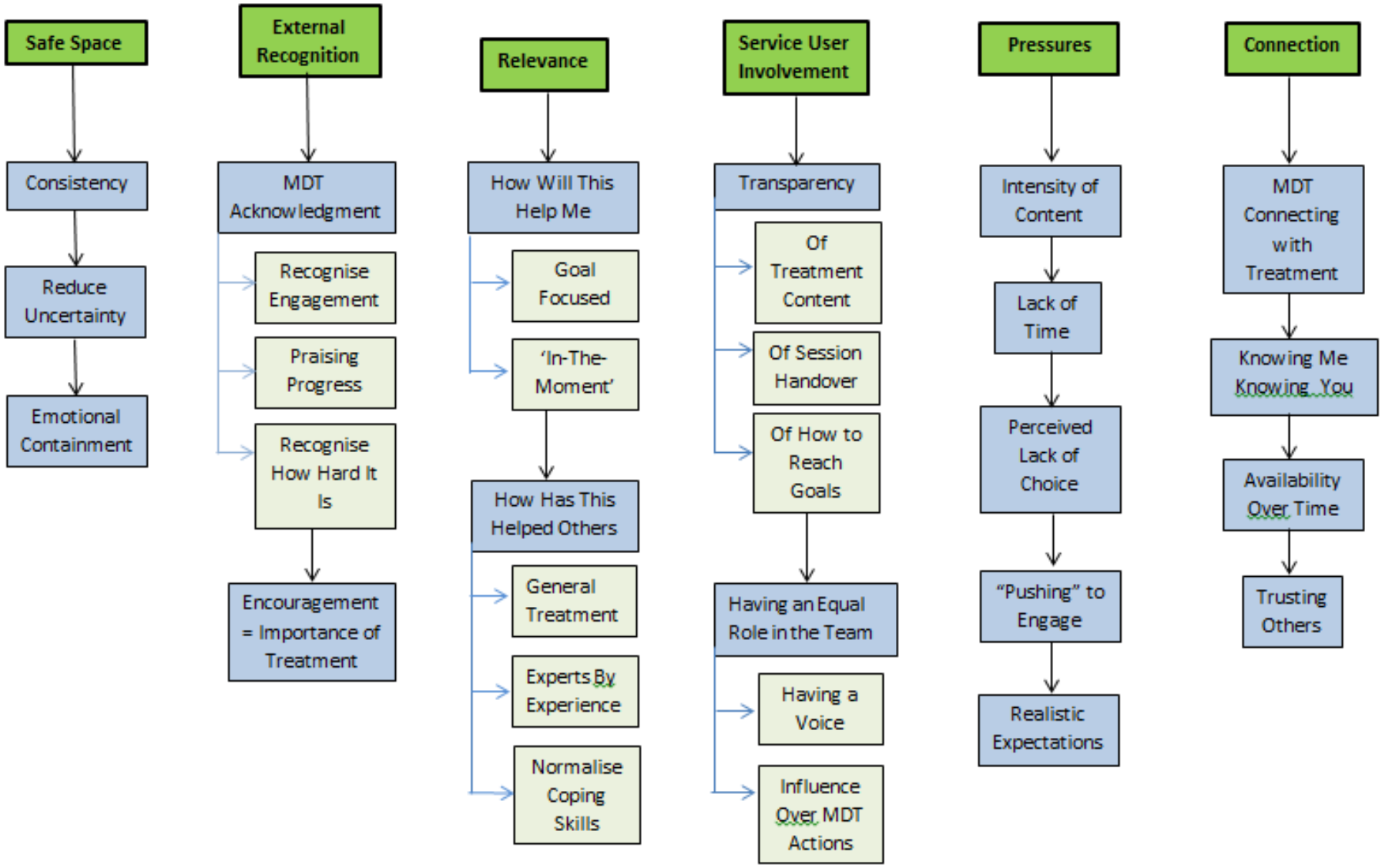
"Didn't take any rubbish…no excuses… I had to talk about it"

Enhancing motivation to attend Treatment – Service User Perspective

- How could these themes be developed and utilised in order to enhance engagement across a wide range of psychological interventions?

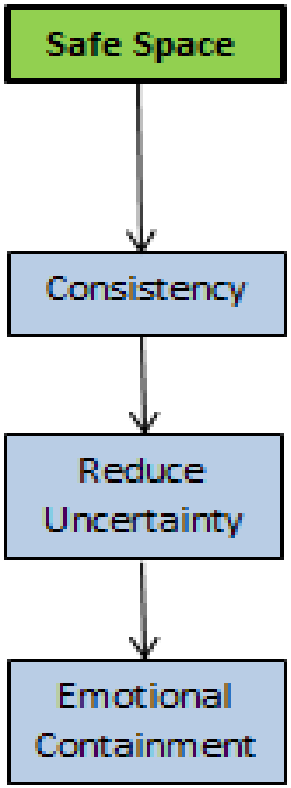
- Focus Group: 6 participants
- Thematic Analysis

Findings


Safe Space
Consistency
Reduce Uncertainty
Emotional Containment
External Recognition
MDT Acknowledgment
Recognise Engagement
Praising Progress
Recognise How Hard It Is
Encouragement = Importance of Treatment
Relevance
How Will This Help Me
Goal Focused
'In-The-Moment'
How Has This Helped Others
General Treatment
Experts By Experience
Normalise Coping Skills
Service User Involvement
Transparency
Of Treatment Content
Of Session Handover
Of How to Reach Goals
Having an Equal Role in the Team
Having a Voice
Influence Over MDT Actions
Pressures
Intensity of Content
Lack of Time
Perceived Lack of Choice
"Pushing" to Engage
Realistic Expectations
Connection
MDT Connecting with Treatment
Knowing Me Knowing You
Availability Over Time
Trusting Others

Theme 1: Safe Space

Seeking physical, interpersonal, and emotional security.



"Off the ward, so that you know where you're meeting, you know what room you are going to be in, what noises you are going to hear, you know…"

"Its all about being honest…and knowing boundaries and knowing where you…stand with your therapist"

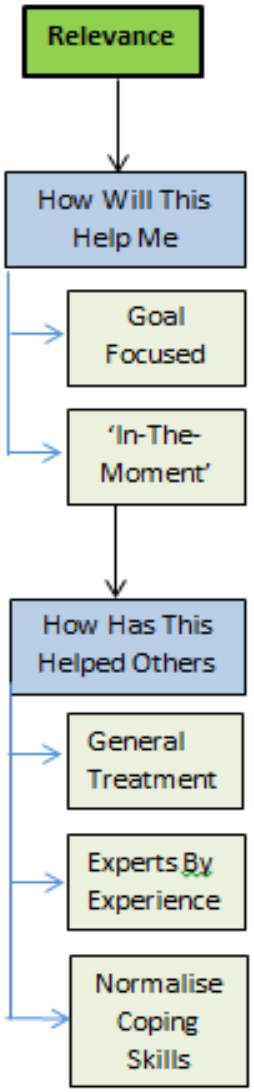
"The thing I find hard about it is when not all disciplines agree. Because sometimes, you'll find say, your psychiatrist agrees to this but the nursing staff don't. and you kind of feel like, you're stuck in the middle, you don't really know what you should be doing"

"Some of the questionnaires are, like, really personal. It goes into loads of stuff that you don't really want to go into. And its like, 'well, if we are doing this in pre-treatment, then what is treatment going to be like"

"Have an agreement that when it becomes too much, both have an agreement of 'okay, that's where we stop'"

Theme 2: Relevance

Tailoring the treatment and the system towards agreed person centred goals.



"Sat down with your therapist and made some goals, future goals, and if you are struggling or don't want to go to a therapy session, then you could remind me of those goals"

"I don't want to escalate and move back onto obs…and then things come out, and I feel that it's a weight lifted off my shoulders when I talk to her"

"Maybe having somebody who's been through therapy, and to kind of, either write something….so that you understand from a person who's been through treatment, their point of view. And what they found they got out of it and what it helped them with…we see it from a therapist or support worker point of view, but we don't really get to understand it from somebody else with mental health problems…"

"I'd quite like to know success rates…because it's a long treatment and you know that if the success rate is not very high…why would you bother going through all that effort…because its not going to work"

"you need skills to get out of hospital, so you can live your good life …we all use these…you do them everyday, people on tills, people on the street…"

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Theme 3: External Recognition

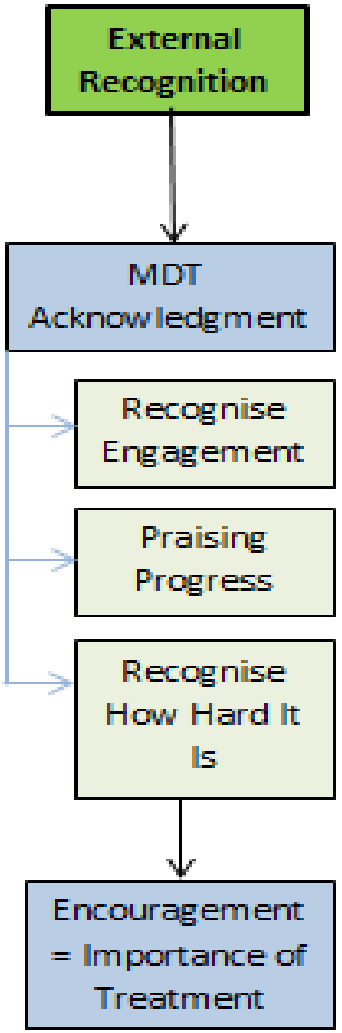
MDT validation strengthening commitment

"…when you do go into MDT, when other disciplines aren't really appreciating how much you are trying in therapy…them recognising that it's hard. But recognising that you made progress"

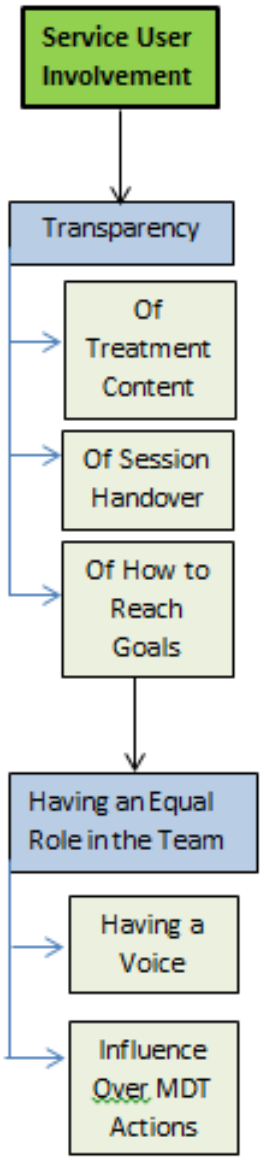
"I tend to say I'm not going. And then people ask me again, not going. People ask me again, 'oh yeah, okay, they've asked me a couple of times, maybe I should go'. Even with Occupational Therapy, still, people ask me a couple of times, I'm more likely to go. So I think with all of them [MDT] it works"

"If they don't push you, 'oh well, it wasn't that important anyway'"

"So, if the [MDT] not carrying on, like 'This is important, you can do this, it will get you out'…well, its clearly not that important otherwise they would keep trying"



Theme 4: SU Involvement



Explicit and implicit collaboration in their treatment

"going through, the diary cards, and what's expected of you…"

"…like handover…not knowing what psychology are handing over after session to staff. That kind of makes me not want to go. Even what you write on Care Partner "

"Ill ask for…stuff on my list…they say 'wait for your next MDT' and they keep saying that six months down the line"

"…you explained to them what you do like and don't like on something, like how you would like to be spoken to. And then, next time you meet, they don't do it"

"You to go to an MDT and don't want to be asked the questions...and the next time…you have another MDT, they ask you those questions. So that sort of thing is going to make me not want to go…because they are not listening to what you said"

"…and then [MDT] passed that on….and then it got ticked with my signature, and [staff] still didn't believe me, so I wasn't allowed it out…so people aren't being consitent"

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Theme 5: Pressures

Balancing expectations from SU, MDT, external agencies, and treatment structure.

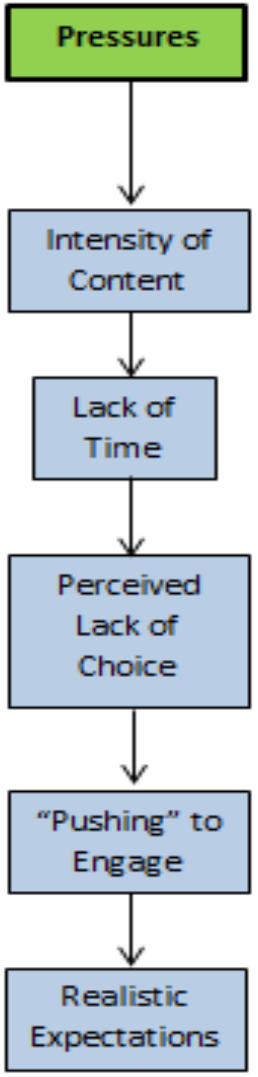
"You learn all of them [treatment structure] in such a short space of time…your head feels like it is about to explode"

"They ain't got long enough for you. they've got to go and sort someone else out or somebody's knocking on the door, constantly".

"You know in your head you do have a choice, but it feels like everyone's so like for it, that you're just like, I feel like I have to do it, otherwise…everybody, goings to be disappointed. Everyone's going to be upset"

"Not to be pushy" vs. "I kinda of need people to be pushy…I need more pushiness really"

"Your therapist is trying to, when you are looking at behaviours or beliefs, they are trying to change them a bit, and that's kind of really hard. Because something you believed in for so long, and then … someone's kind of telling you that they are not"



Theme 6: Connection

Developing relationships and sharing the journey

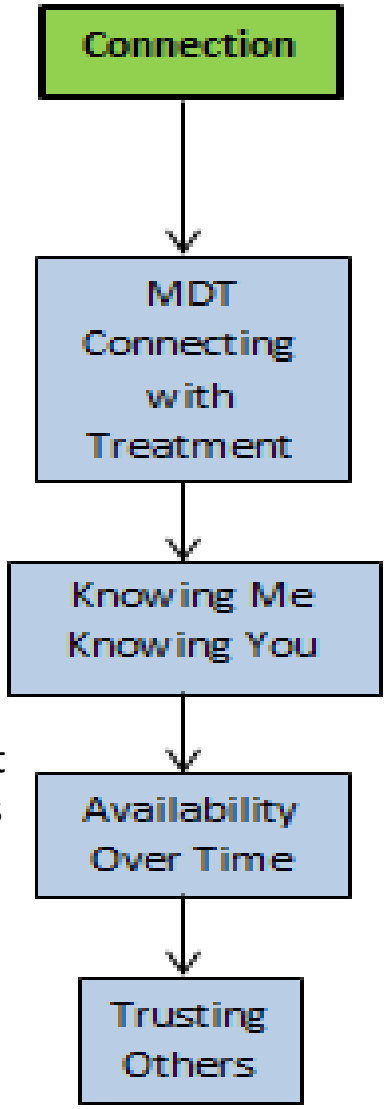
"…something I think is a really big thing, and then your doctor or whoever is in the MDT, turns around and says its something little…they don't get it…kind of feels like the MDT judges you, after a psychology session"

"its going to sound bad but sometimes staff are a bit like…'oh you wont go '…and its kind of like, well I feel like that as well…almost a sense that its taking up their time"

"More people to get involved in your care, who know you the best. Like if I had a managers hearing and somebody came, an agency, and they didn't know me…I felt a bit uncomfortable"

"before starting like whatever with them, maybe…doing some fun things, just to get to know them. ..so its not like 'hi, I'm your psychologist, lets do this. Its just kind of like, get to know each other a little bit first"

"People rushing you [about talk-time]. You cant talk calmly, thinking…I go to bed and I worry about it then. You get angry afterwards, because you cant have talk-time, and you've been promised talk-time for ages…"



What does this mean?

Motivating and engaging people with a diagnosis of PD goes beyond specific psychological therapy, and substantially depends on the 'system' in which it occurs.

Enhancing meaningful engagement requires:

- Supportive / Reflective Staff – to manage staff collusion with SU's resistance to treatment
- Shared ownership / collaboration
- Physical and Psychological Safety – manageable emotional disclosure within sessions and adequate support between sessions
- Appropriate levels of 'pressure'

This is consistent with:

- The Consensus Statement for People with Complex Mental Health Difficulties with a Personality Disorder (2018)
- The Matrics Cymru: A guide to delivering evidence based psychological therapies in Wales (2017)
- NICE Guidelines: Borderline Personality Disorder and Antisocial Personality Disorder
- Working Positively with Personality Disorder in Secure Settings. Edited by Phil Willmot and Neil Gordon
- Treating Personality Disorder. Edited by Naomi Murphy and Des McVey
- Practical Management of Personality Disorder. John Livesley

To name but a few…..

So, what to include in Pre-treatment

- Consider **written information** re treatment structure/ expectations that can be processed outside of the sessions
- **Share reflective accounts** from other SU who have completed treatment or consider involving other SU's in 'pre treatment sessions' 'Buddy system'
- Putting **engagement/progress in treatment on the MDT agenda** and encourage all disciplines to review and encourage it (but individualise intensity of this)
- **Consistent time and location** for session
- **Stagger psychometric assessments** and share relevance of these (especially trauma related assessments as a pre-treatment measure)
- **Involve SU in the verbal handover after sessions**. Share MDT feedback and CTP/CPA reports prior to meetings with them. Communicate information sensitively.

Limitations/Ways forward

- Sample size allowed depth of information but limits generalisability
- Further SU involvement required in other placements and in the community
- SU involvement in the development of therapies
- Inpatient staff training
- An integrated framework for the MDT when providing treatment
- Focus on barriers to developing therapeutic relationships with PD

Thank you for listening.
Any Questions?

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