

# APT Excellence Awards

## Arbury Court

### DBT Team:

Roxana Zomorrody; Maria Amorim; Zoe Johnson-Marsh; Louise Kennedy; Nicola Brown; Robyn Arnold; Brooke Kesic; Jessica Newsome

### Arbury Court:

Arbury Court is a specialist service working with women with complex needs. We care for patients in Low and Medium Secure, and PICU services. Women within our service are diagnosed with mental illness and/or Personality Disorder and / or intellectual difficulties, with a history of challenging behaviour including: violence and aggression; self-harm and suicidal behaviours and substance misuse.

### DBT:

The DBT programme was originally set up in 2014 when staff from a number of disciplines (including psychology, nursing staff and Occupational Therapy) were intensively trained in the DBT approach. Our first full DBT programme began in May 2015. Since this time, there have been a number of changes to the therapy team and we now have many new members who have undergone intensive training and / or training in DBT Skills. Our DBT programme has also undergone a number of adaptations over the years and has grown into the comprehensive service we deliver today.

Our full DBT programme involves patients attending 2 x 2 hour group skills sessions, one individual therapy session per week and telephone consultation, which is provided between the hours of 9 - 5 Monday to Friday. Our DBT consultation team also meets on a weekly basis. We deliver our skills in accordance with the 6 monthly cycle, which is delivered twice per year.

### Some of the things we do well:

- All patients within the hospital, are offered the opportunity to engage in Mindfulness sessions on a weekly basis. Sessions last approximately one hour and cover both theory and the opportunity to practice Mindfulness. In addition to

developing patients' skills, this also provides a good opportunity for facilitators to promote DBT.

- Group facilitators allocate specific preparation time to ensure the skills sessions are interactive, engaging and adapted to meet the needs of the group.
- A DBT awareness package has been developed and delivered to staff from all disciplines within the hospital. An overview of DBT is also provided during staff inductions by DBT graduates.
- DBT awareness has been presented to patients' families and carers during a carers event.
- DBT is always promoted within the hospital via the use of posters and leaflets.
- A DBT 'Skill of the Week' email is sent to all wards to update staff on what patients are covering in sessions. It is anticipated that staff can then: use this information to prompt patients to use skills they have been taught; observe when patients are using DBT skills on the ward and when in the community; and improve staff members understanding of DBT.
- Patients' families and carers are also invited to meet with DBT individual and group facilitators alongside the patients, in order to provide an opportunity for the patient to update them on their progress in DBT and to teach their family members / carers some skills that they have found particularly helpful.
- We have a graduation ceremony for all patients who complete DBT. Patients' MDT's, senior staff within the Hospital, patients currently on DBT and the DBT team are all invited to celebrate a patient's achievement.
- Each DBT graduate is also invited to plant a tree in the hospital grounds. In addition to this commemorating the patient's achievement, we also feel it helps to motivate existing group members and give something back to the environment for the paper used during the programme.
- We have developed a DBT Maintenance group which is delivered to DBT graduates on a weekly basis.
- Our team's attendance at weekly consultation meetings is excellent, demonstrating staff member's commitment to the programme. As a consultation team, we are very reflective with regards to the service we deliver and how we can improve. With focus on the adherence to the core principles of DBT.
- In addition to our weekly consultation team, we also attend a Regional consultation meeting, which is attended by DBT trained staff from our organisation within the North West region. This provides an excellent opportunity to share best practice and keep up to date with all recent DBT research and literature.
- We have sought external supervision to continuously improve the service we deliver.
- In order to monitor the effectiveness of the intervention we deliver, we administer pre and post psychometric measures. We also measure behavioural outcomes, which are reported on in patient's post programme reports. We plan to complete research looking into the impact of DBT.

Our dedication, passion and hard work has enabled us to set up and deliver an excellent DBT programme. Our positive reputation for our delivery of DBT is reflected in a number of patient referrals who have been specifically referred to our service to engage in our DBT programme.

**Fig 1: Photographs showing one of our DBT graduates planting a tree within the hospital**



**Fig 2: Our graduate planting the tree with some of our DBT trained staff.**



## Challenges:

Over the years we have faced a number of challenges, which we have overcome in the following ways:

- Due to staff working hours, we were unable to provide a 24 hour telephone consultation service. Instead, patients have the opportunity to receive telephone consultation from DBT trained staff between the hours of 9 – 5 Monday to Friday. It is hoped that in the future, sufficient nursing staff will be trained in DBT skills to provide assistance outside of these hours.
- At present we do not have a specific DBT ward and patients who currently attend the intervention are from a mix of both Low and Medium secure wards. Logistically this has caused some difficulties. DBT awareness training has helped inform ward based staff of the importance of attending DBT. This has helped staff to ensure patients are signed out on leave and escorts arranged (where necessary) so they can attend the skills group sessions.
- Historically, our DBT consult did not function healthily. The structure of the consultation meetings have now changed to promote greater collaboration between the team and remove any hierarchies. With focus on support and problem solving.

Fig 3: A poem which a patient who is currently on full DBT has written about her experiences:

“DBT is a good skill  
To help people out when they’re ill  
It makes them stable more and more  
It mends their heart that is sore  
I think DBT is so great  
Tell your mum, tell a mate  
One day you will be out on a date  
You can do what you want coz you’ll be better  
Don’t forget to send me a letter  
We learn new skills each week  
Which gives us the skills that we seek  
But all in all, all is well  
You’ll all get out in time, I can tell”