



Hope House

Dialectical Behavioural Therapy (DBT) Treatment and Rehabilitation Pathway for Women

Overview

Hope House is a specialist Dialectical Behavioural Therapy (DBT) service for women, offering a fixed twelve-month therapy programme with strict adherence to the full DBT programme. The service meets the needs of women who have a history of serious self-harm as part of their primary diagnosis of Emotionally Unstable Personality Disorder (EUPD). The model has a robust evidence base and has demonstrated success in decreasing risk behaviours, improving relationships and enhancing independent living skills.



Service Aims

The overall aim at Hope House is to support people to improve their self-worth and build a better quality of life for themselves. Hope House aims to deliver world class DBT interventions within a fixed period of time, after which people can achieve stability and enhance their quality of life.

The philosophy of care at Hope House is based on the recognition that an individual has strengths as well as needs. 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

Hope House has complete fidelity to the evidence-based DBT model as described by Marsha Linehan, PhD, ABPP, Professor of Psychology and adjunct Professor of Psychiatry and Behavioural Sciences at the University of Washington, Seattle. Professor Linehan leads a research consortium that develops and evaluates treatments for multi-diagnostic, severely disordered, and suicidal populations.

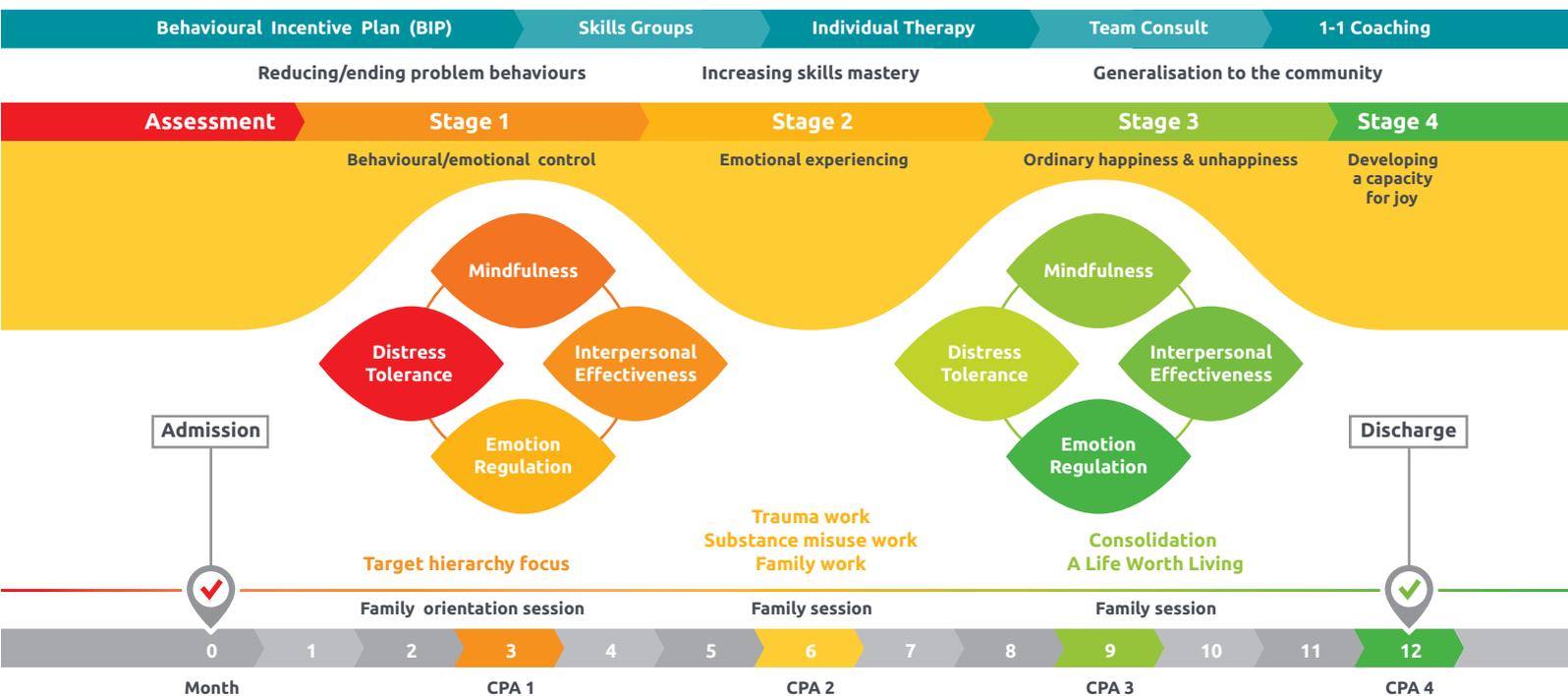
The full DBT programme is supported by a Behavioural Incentive Programme (BIP) that is unique to each patient. Each individual sets their own incentives, providing motivation and structure and reinforces skilful behaviour.

The BIP is developed collaboratively by the Hope House team and the patient, it clearly articulates clinical interventions, progress and a discharge plan. Each patient also has a Multi-disciplinary Team (MDT) care plan that address other needs, such as the management of problem behaviours, which works alongside the BIP to provide a complete package of care.

The adherence to the DBT programme, combined with the skilful use of a behavioural incentive scheme allows staff to enhance safety, whilst promoting independence and empowerment.



The Hope House DBT Pathway



The full DBT Programme at Hope House

The full DBT programme includes the following five functions;

- Enhancing Capability skills group** sessions twice a week. Skills taught include Mindfulness, Distress Tolerance, Interpersonal Effectiveness and Emotional Regulation. Hope House also run additional sessions to support the programme including goal setting and reviewing, the Behaviour Chain Analysis (BCA) Group and the DBT Consolidation Group.
- 1:1 Enhancing Motivation** sessions once a week, using diary cards and behavioural chain analysis to identify target behaviours. Sessions begin by looking at life threatening behaviours followed by therapy interfering behaviours and finally, quality of life interfering behaviours
- Ensuring generalisation;** this provides skills coaching during times of crisis. Individuals with Personality Disorder often have difficulty maintaining motivation and transferring skills to a non-therapy environment therefore service users have access to specific coaching to increase generalisation of skills, decrease maladaptive crisis behaviours and decrease the sense of distance from the therapist. The coaching provide service users with the opportunity to plan and rehearse skills in the moment. Discussions must be therapy enhancing and are used specifically for coaching rather than support.
- Structuring the Environment** through specialist and specific training for staff and families. All professionally qualified staff are trained DBT Therapists and all ward staff undertake DBT awareness training to ensure they are fully aware of the 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 and carers in supporting their loved ones in the application of DBT away from the service.
- Enhancing the Therapist's capabilities and motivation.** Each multidisciplinary team member attends 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 formulation meetings, reflective practice and there is additional support meeting for newly qualified DBT Therapists.



"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, it's everything"

Service User at Hope House



Fixed Length of Stay

The full DBT programme takes twelve months to complete. The strict timescale provides those we support with a clear goal of recovery from the very beginning and staff with a clear targets from the point of admission to Hope House. Patients commit to the programme of learning, begin to recover and progressively plan their next move into a community placement or independent living on completion of the programme.

Outcome Measures

Hope House 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.
- Behavioural Incentive Programme (BIP)

Additional therapeutic input and second stage therapy

Hope House can provide additional psychological interventions for women who have experienced past trauma which is individually tailored to the patient and works alongside the DBT programme.

The Substance Misuse Programme is offered part way through the DBT programme. This ensures those who require this programme, have managed to stabilise behaviours and are ready to experience challenging emotions more safely.

In order to structure a patient's environment in a way that supports their DBT application, family DBT awareness work is available.

The team extend training to the families, offering them the opportunity to support their relative by developing their understanding of DBT skills and coaching.

Treatment delivered by experts

All staff at Hope House are trained to a high standard to enable them to deliver high quality DBT interventions. All professionally qualified members of the MDT are trained DBT Therapists having undergone Foundation or Intensive training with Behavioural Tech LLC/ British Isles DBT Training.

Staff on the team who do not have a professional qualification receive in-house training in relation to working with people with a diagnosis of Personality Disorder and also receive awareness training in relation to DBT principles and practice.

Hope House employs dedicated Therapy Care Assistants (TCA) who are responsible for co-facilitating additional DBT groups that consolidate learning. All TCAs complete DBT awareness training and are on hand as part of the generalisation process to coach patients in crisis.

The Hope House team has a wealth of clinical experience in the field of Personality Disorder. The Medical Director is Treasurer and one of the Directors of the British and Irish Group for Studies in Personality Disorder, which is the biggest group of professionals and patients working and researching the field of Personality Disorder in the UK.



"It's made it easier for me to function in the 'normal' world"

Service User at Hope House



"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"

Service User at Hope House



The Environment

All the bedrooms are en-suite and patients are invited to personalise them to their own taste, so they feel safe and comfortable.

There are several communal areas where people can socialise with one another. These areas include a lounge, dining area, quiet room and kitchenette. In addition, there is a safe garden area for the exclusive use of Hope House patients and staff. There is also access to a wide range of shared activity and leisure rooms in the wider hospital including a music room, horticulture room, OT kitchen, gym, library, computer room, woodwork room, and pottery room.

There is a dedicated therapy room which has been designed for the DBT programme.

Hope House is located very close to Milton Keynes city centre which offers a wide range of facilities and also provides genuine opportunities for patients to practice newly acquired DBT skills in real-world settings.

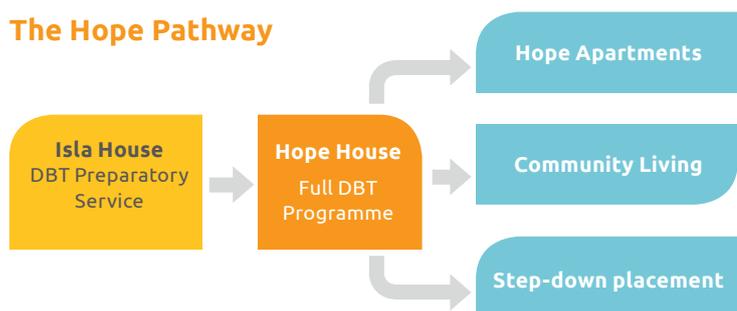
A Complete Care Pathway

Isla House offers a service for women with a diagnosis of EUPD who would benefit from the intensive DBT programme but are currently ambivalent about committing to a twelve month programme. Isla House, situated next door to Hope House, offers a place for therapeutic preparatory work. This allows patients to immerse themselves in DBT culture, develop DBT skills, work on motivation and commitment and begin to build therapeutic relationships with the Multi-disciplinary Team (MDT). The MDT team works across both Hope and Isla Houses providing continuity for patients should they engage in the intensive 12 month DBT programme.

Hope House provides a service for women with a diagnosis of EUPD who are committed to completing the intensive 12 month DBT programme.

Hope Apartments are for women who are progressing well in the intensive 12 month DBT programme and who are preparing for discharge. The apartments enable patients to practice their skills in real life situations before returning to the community or a step-down placement.

The Hope Pathway





"I think I've developed a lot more interpersonal effectiveness skills and distress tolerance. Before, I'd get upset and my head would say 'substances' and I'd get all these urges. Now I've learnt to surf the urges, distract myself, self soothe and STOP, which is stop, take a step back, observe and proceed mindfully. That really helps me to physically stop before I do anything. So, yeah, it's changed my life." Service User at Hope House

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 focussed 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 co-ordinator. These regular meetings ensure that everyone involved is up to date with progress and aware of the planned discharge date.

Two-stage Assessment Process

The Hope House team conduct an intensive, two-part assessment process to ensure the patient is appropriate for the service and ready to engage. The first stage of the assessment process involves an assessment of need and seeks out commitment to the DBT programme from the patient.

The second stage of the assessment process involves the patient visiting Hope House to get to know the team and other patients and ends with a signed contract between the team and the patient.

Admission Criteria

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

- **Adult women 18+**
- **Diagnosis of Emotionally Unstable Personality Disorder or Borderline Personality Disorder.**
- **Intellectually able to engage with the treatment programme.**
- **Hard to place patient with self-harming and suicidal behaviour.**
- **Women who may or may not be detained under the Mental Health Act.**
- **Displaying difficulties with emotion regulation, distress tolerance and interpersonal difficulties, including self-harm, suicidal acts and substance abuse.**
- **Those requiring at least one year's treatment in the DBT programme and a reasonable expectation that the patient will commit, according to DBT principles, for that minimum period.**

Get in touch

How to make a referral/enquiry

24hr Referral Line on **0800 218 2398**

Email us at: referrals@elysiumhealthcare.co.uk



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