

Resilient Work with Adolescents who challenge the Psychiatric System

High Dependency Unit
The Priory
Ticehurst House



Who are we and what do we do?

- ▶ Opened 2008
- ▶ Challenges for Tier 4
- ▶ 12 – 18 year olds
- ▶ Demand
- ▶ Staff
- ▶ Early Challenges
- ▶ Programme Development
- ▶ Publicly funded

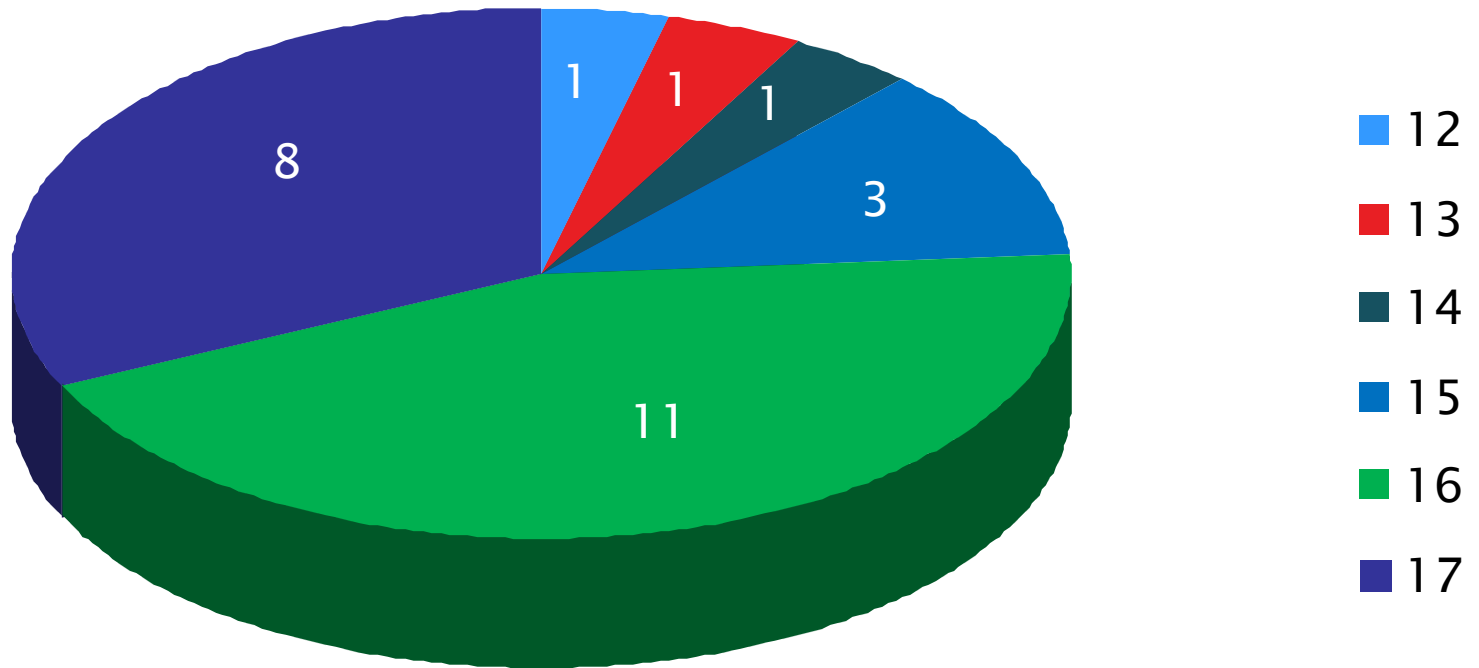


Demographics



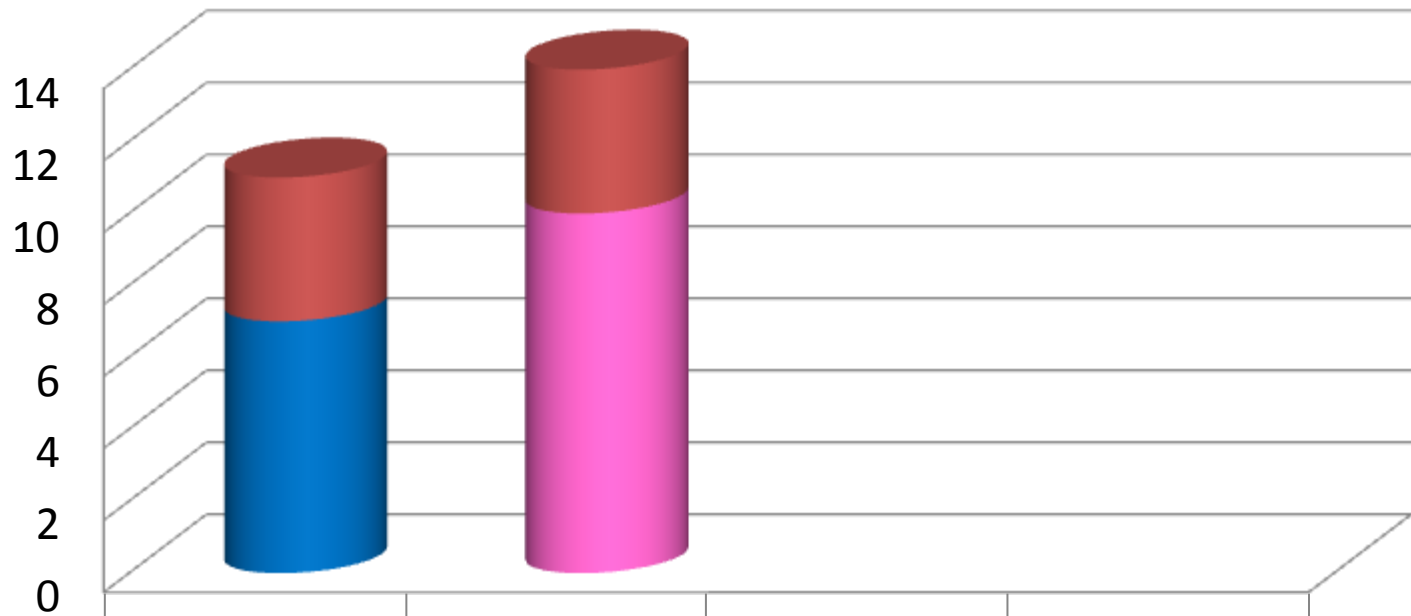
Demographics

Ages (Average Age: 15.4)



Demographics

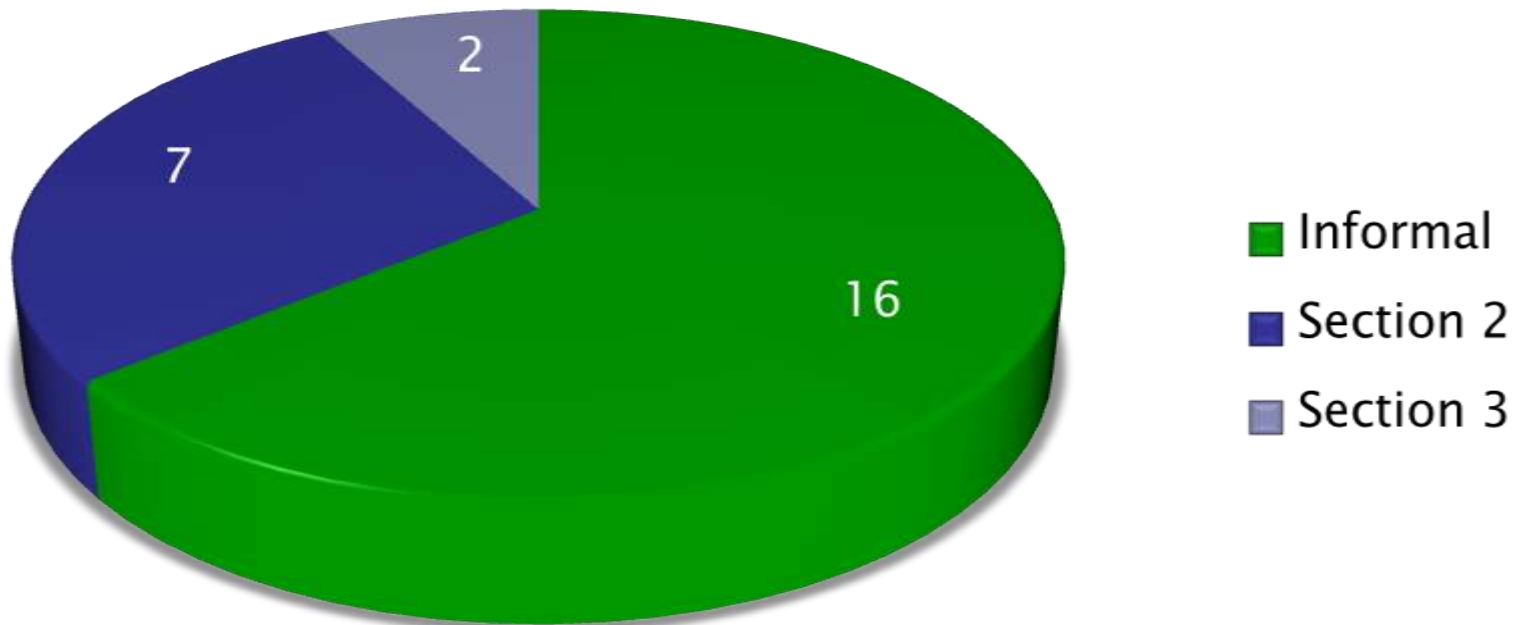
Gender



	Male	Female		
ASD	4	4		
Non ASD	7	10		

Demographics

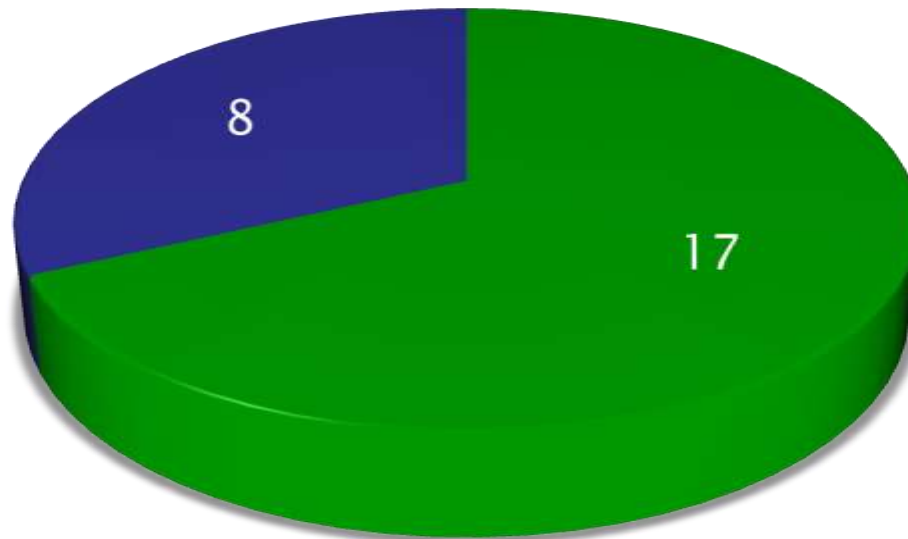
MHA Status



Demographics

Unit Differentiation

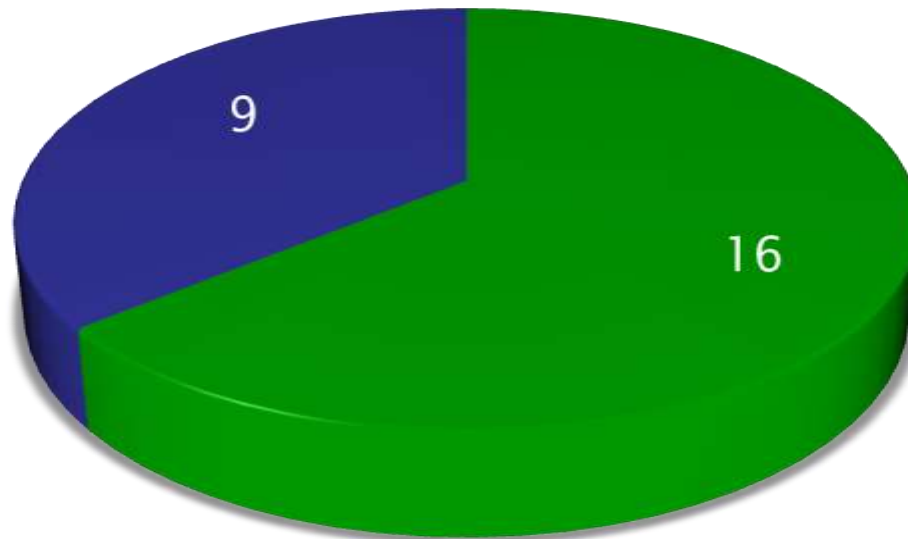
■ HDU 1 ■ HDU 2 (ASD)



Demographics

Educational Status

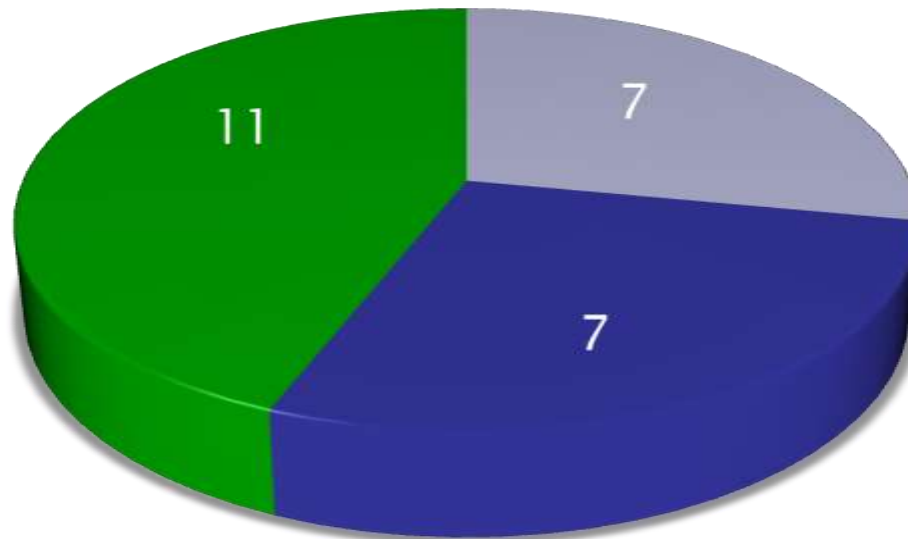
■ Mainstream ■ Special Ed



Demographics

Welfare Status

■ LAC ■ Social Service ■ No SS involvement



Case Presentation



Case S

- ▶ 14 YEAR OLD GIRL AT ADMISSION (NOW 16 YEARS)
- ▶
- ▶ DOA 07.09.10 to present (19 months)
- ▶ Admitted from home
- ▶ Long history of self-harming behaviours from age 6 years
- ▶ Admitted after drinking bleach; told to by 'Sam'
- ▶ Forensic assessment already requested prior to admission
- ▶ Living with mum, ½ brother and mum's new partner
- ▶ History of sexual abuse aged 3 years and then chronic history of domestic violence from mum's partners; 46 changes of address
- ▶ Previous inpatient for 1 week in Lincolnshire: no mental illness
- ▶ Poor school attendance, missing school, wanting to be at home to make sure mum is safe
- ▶ More recently attending secondary school, has a group of friends, using cannabis occasionally and academically bright
- ▶ Admitted for further assessment and treatment

Case S

- ▶ Assessment Diagnosed PTSD, Depressive Disorder and ?ADHD
- ▶
- ▶ Management Issues
- ▶ Treated depressive disorder with antidepressant
- ▶ Trialled treatment for ADHD
- ▶ Dialectical Behaviour Therapy individually and in group
- ▶ Boundaries around acceptable/ unacceptable behaviours
- ▶ Accepting personal responsibility for consequences
- ▶ ABSCONDED FOR ONE WEEK
- ▶ Detained under MHA
- ▶ Liaison with family and trying to sustain engagement
- ▶ Ongoing therapy to reduce self-harming behaviours
- ▶ Ongoing support in recognising relationship limits and appropriate boundaries
- ▶ Engaging all agencies in further management plans
- ▶ Engaging in education
- ▶ Trying to promote skills and instil a sense of hope
- ▶ Finding a suitable, long-term residential placement
- ▶ Trying to keep safe until an community placement can be found
- ▶ **Further diagnosed Borderline Personality Disorder**

Case S

▶ Achievements

- ▶ Responded to traffic light system and 3 day reward scheme
- ▶ Has begun to accept some personal responsibility for behaviours
- ▶ Has gained skills in coping and managing difficult emotions
- ▶ Has engaged more positively in education and seems to believe she has skills/ talents
- ▶ Funding now agreed for specialist residential placement.

▶

▶ Ongoing Challenges at Transfer

- ▶ To keep her safe
- ▶ Boundaries around acceptable/ unacceptable behaviours
- ▶ Ongoing contact and relationship issues with family
- ▶ Need to further engage in individual therapy, initially DBT but moving towards trauma–therapy and, in the longer term, more dynamic therapy to help her reflect on her life experiences.

NOBLE TRUTHS

<i>ACCEPTING</i>	<i>CONSERVING</i>		<i>COMMITMENT</i>	<i>ENLISTING</i>	
<i>COMPARTMENTS:</i>	<i>BASICS</i>	<i>BELONGING</i>	<i>LEARNING</i>	<i>COPING</i>	<i>CORE SELF</i>
INTERVENTIONS	Good enough housing	Tap into good influences	Make school life work as well as possible	Understanding boundaries and keeping within them	Instil a sense of hope
	Enough money to live	Find somewhere for the child to belong	Engage mentors for children	Being brave	Teach the child to understand other people's feelings
	Being safe	Responsibilities and obligations	Map out career/life plan	Solving problems	Help the child to know her/himself
	Access and transport	Help child make friends and mix with other children	Help the child to organise her/himself	Putting on rose-tinted glasses	Help the child take responsibility for her/himself
	Healthy diet	Focus on good times and places	Highlight achievements	Fostering their interests	Foster their talents
	Exercise and fresh air	Make sense of where a child has come from	Develop life skills	Calming down – self-soothing	There are tried and tested treatments for specific problems, use them
	Play and leisure opportunities	Get together people the child can count on		Tomorrow is another day	
	Being free from prejudice and discrimination	Predict a good experience of someone/something new		Lean on others when necessary	
		Help child understand his/her place in the world			
		Belonging is not just about people			

Case of Z

- ▶ 16 AND THEN 17 YEAR OLD GIRL
- ▶ DOA 22.01.09 to 28.09.09 (8 months)
- ▶ And 05.02.10 to 24.01.11 (12 months)
- ▶ Transferred from NHS inpatient Unit
- ▶ Two year history of self-harming behaviours
- ▶ Previous trial of ant-depressant medications
- ▶ Severe self-harming behaviours
- ▶ Increasingly withdrawn, not eating, not talking
- ▶ Severe agitation at times
- ▶ Very angry and negative towards parents
- ▶ Background diagnosis of ASD
- ▶ Initially discharged to ASD-specific school, but unable to cope with residential aspect and deteriorated severely when medications changed.

Case Z

- ▶ **Assessment**

- ▶ Confirmed ASD
- ▶ Diagnosed severe depression and severe anxiety symptoms

- ▶ **Management Issues**

- ▶ Safety
- ▶ Engagement in life
- ▶ Communicating, eating and drinking
- ▶ Mixing with peers
- ▶ Multi-agency liaison, in particular a Statement of SEN
- ▶ Liaison with family and managing their fears
- ▶ Gently challenging negative views of family
- ▶ Encourage back into life, to be brave
- ▶ Fostering interests and talents (Music)
- ▶ Skills to self-soothe and take each day afresh
- ▶ Instilling a sense of hope (especially on second admission); challenging negative expectations
- ▶ Treatment of depression

Case Z

▶ Achievements

- ▶ Treated severe depression and agitation/anxiety
- ▶ Recognised sensory processing difficulties as large component in presentation
- ▶ Re-engaged in life, mixing with peers and looking ahead
- ▶ Re-engaged with family
- ▶ Fostered ambition (Music College)
- ▶ Improved self-soothing
- ▶ Gained SEN statement and future placement agreement
- ▶ Transferred to specialist ASD unit for young adults near to home

▶ Ongoing Challenges at Transfer

- ▶ To sustain the gains made
- ▶ To continue to build confidence and self-esteem

'Becoming an Orange Slug– Tales of a mental hospital' by Z.

- ▶ *'You may be wondering how I ended up so lost in the system, I'm not going to go into details but just say that I have done some stupid stuff in my time that just started spiralling out of control and getting me in deeper and deeper. It's hard to know how far you've been drawn in till you break the surface and are getting out.'*

'Becoming an Orange Slug– Tales of a mental hospital' by Z.

- ▶ *'You might think that you, and everyone around you know how to shout. If you think that, I'm afraid you could not really be more wrong. I had never in my life prior to being in one of these places heard anyone shout quite like an angry, teenage, mental patient does.'*

'Becoming an Orange Slug– Tales of a mental hospital' by Z.

- ▶ *'I would though, genuinely like to be a cactus. Stabbing people with all the spikes protecting me so no-one can really break their surface which appears to be quite fascinating when inside they're even less exciting than any other plant. No better at all, just a bit different and obviously quite scared about its difference, hence the spikes.'*

‘Becoming an Orange Slug– Tales of a mental hospital’ by Z.

- ▶ *‘I am selectively mute and have been for 10 months so you may wonder how I shout. It generally involves lots of capital letters, swearing and speed being put in my writing, punctuated by a bit of wall punching or kicking.’*

‘Becoming an Orange Slug– Tales of a mental hospital’ by Z.

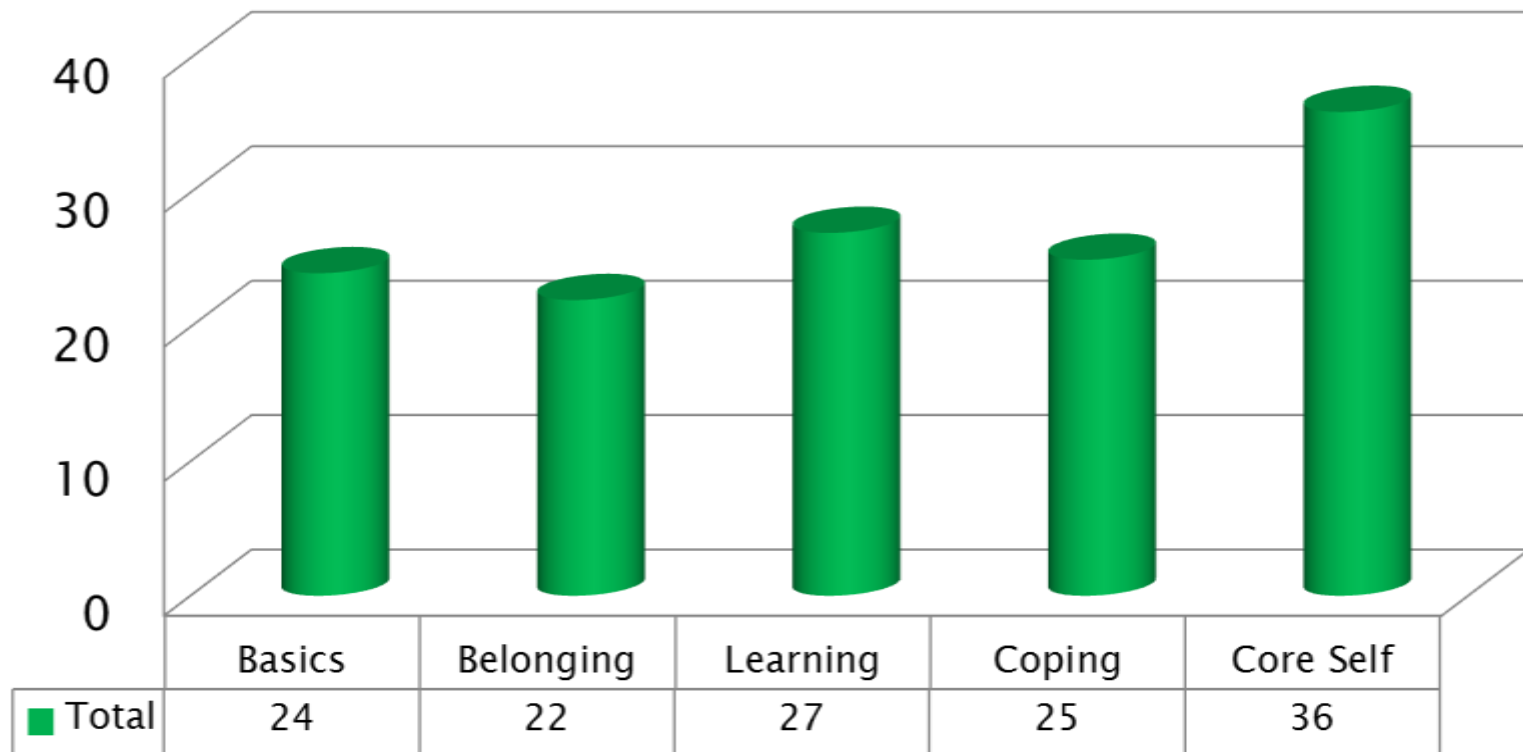
- ▶ *‘You might never realise that the reason you’re angry isn’t really down to anything other than the light being on too brightly or someone accidentally brushing against you in the street but actually, the reason your whole mood has changed is due to a sensory issue that you didn’t even know you had.’*

Resilience Properties on HDU



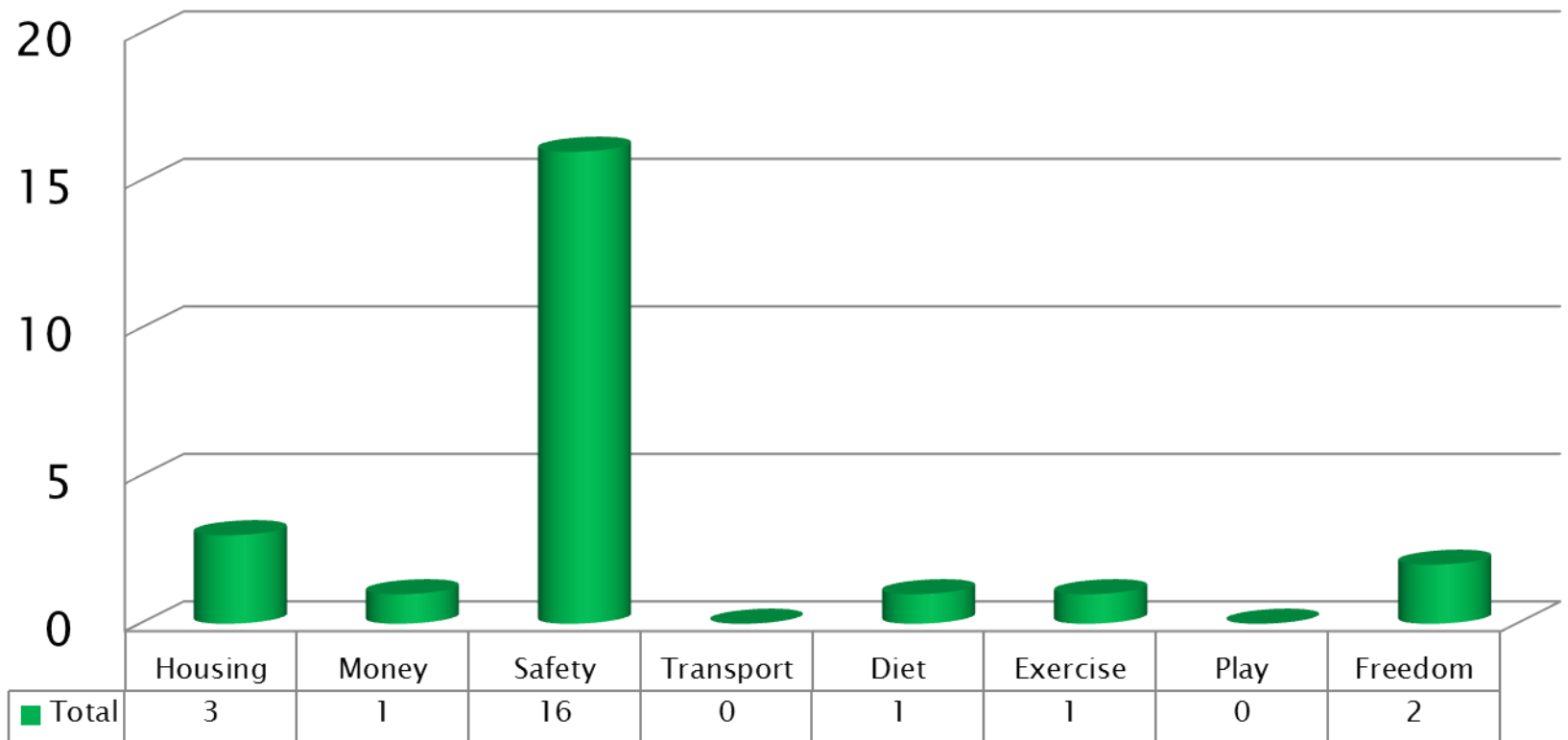
Compartments

Total



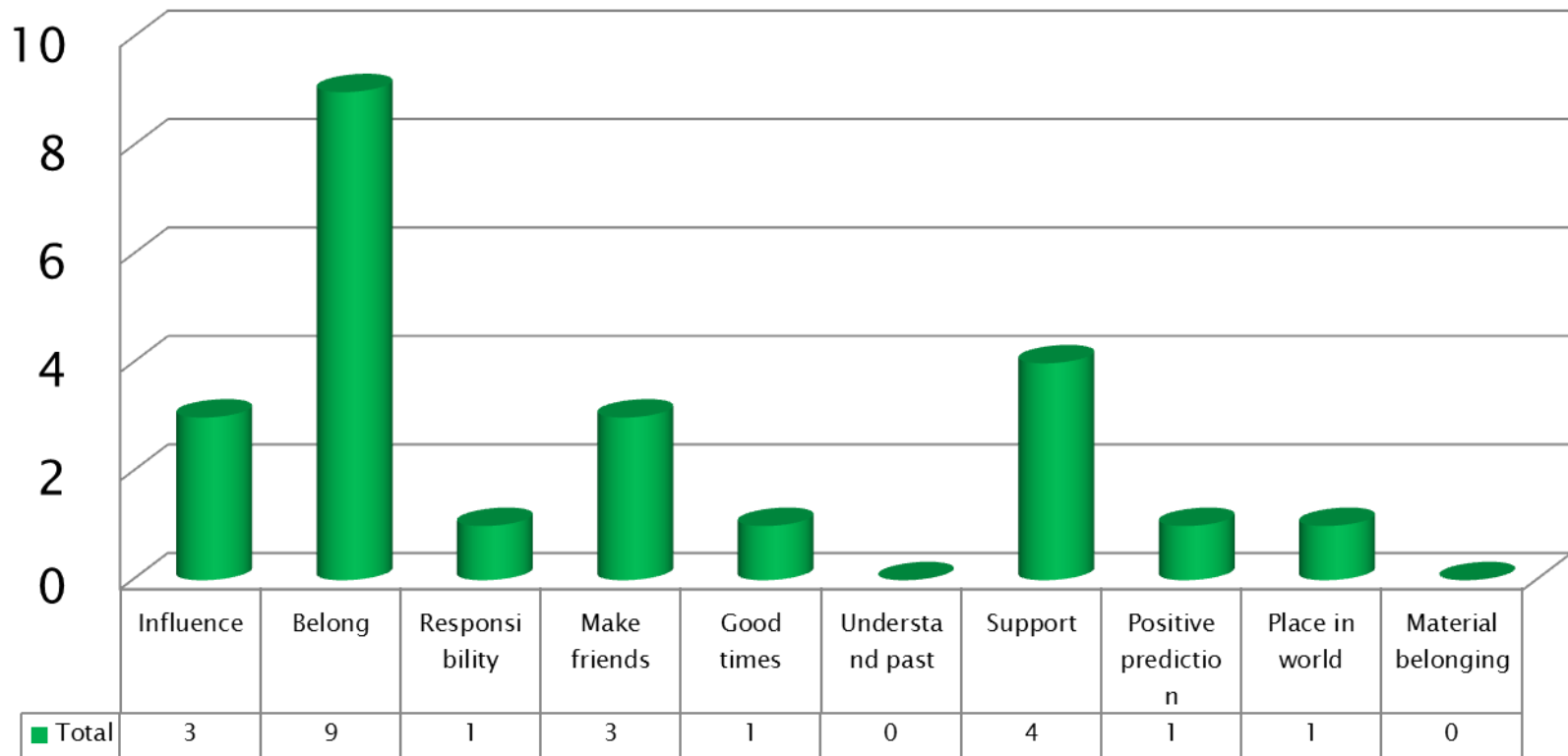
Basics

Total



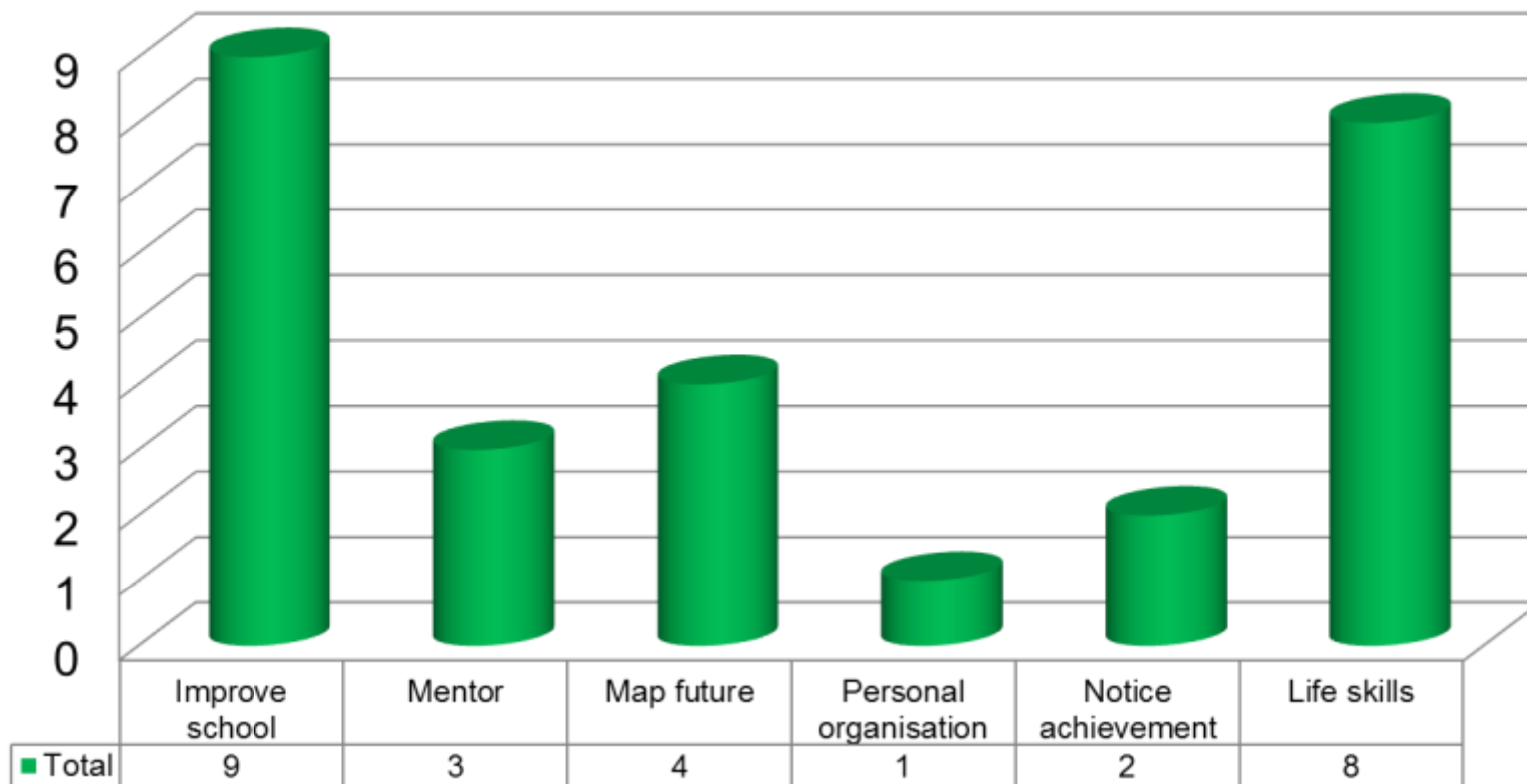
Belonging

Total



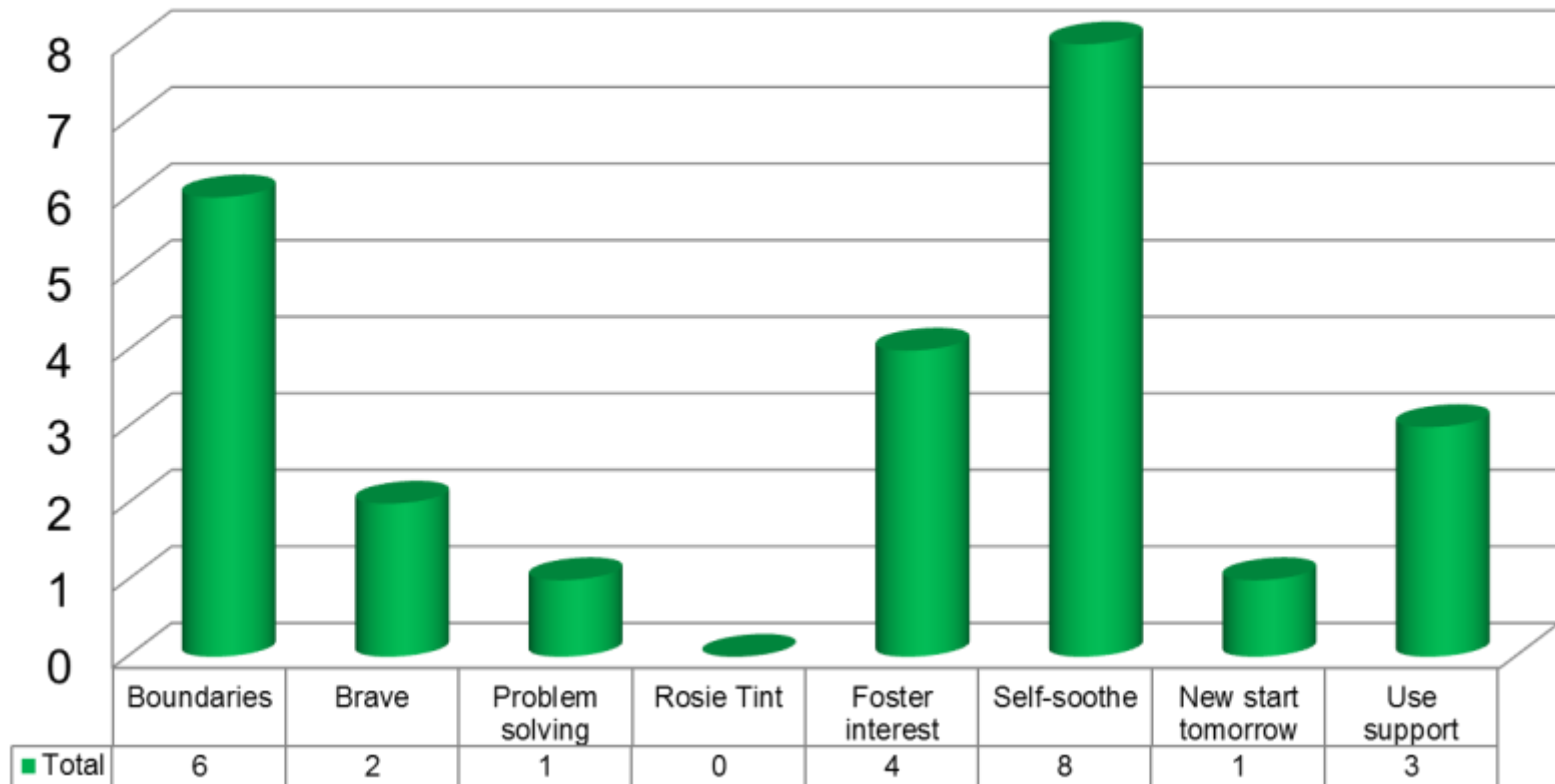
Learning

Total



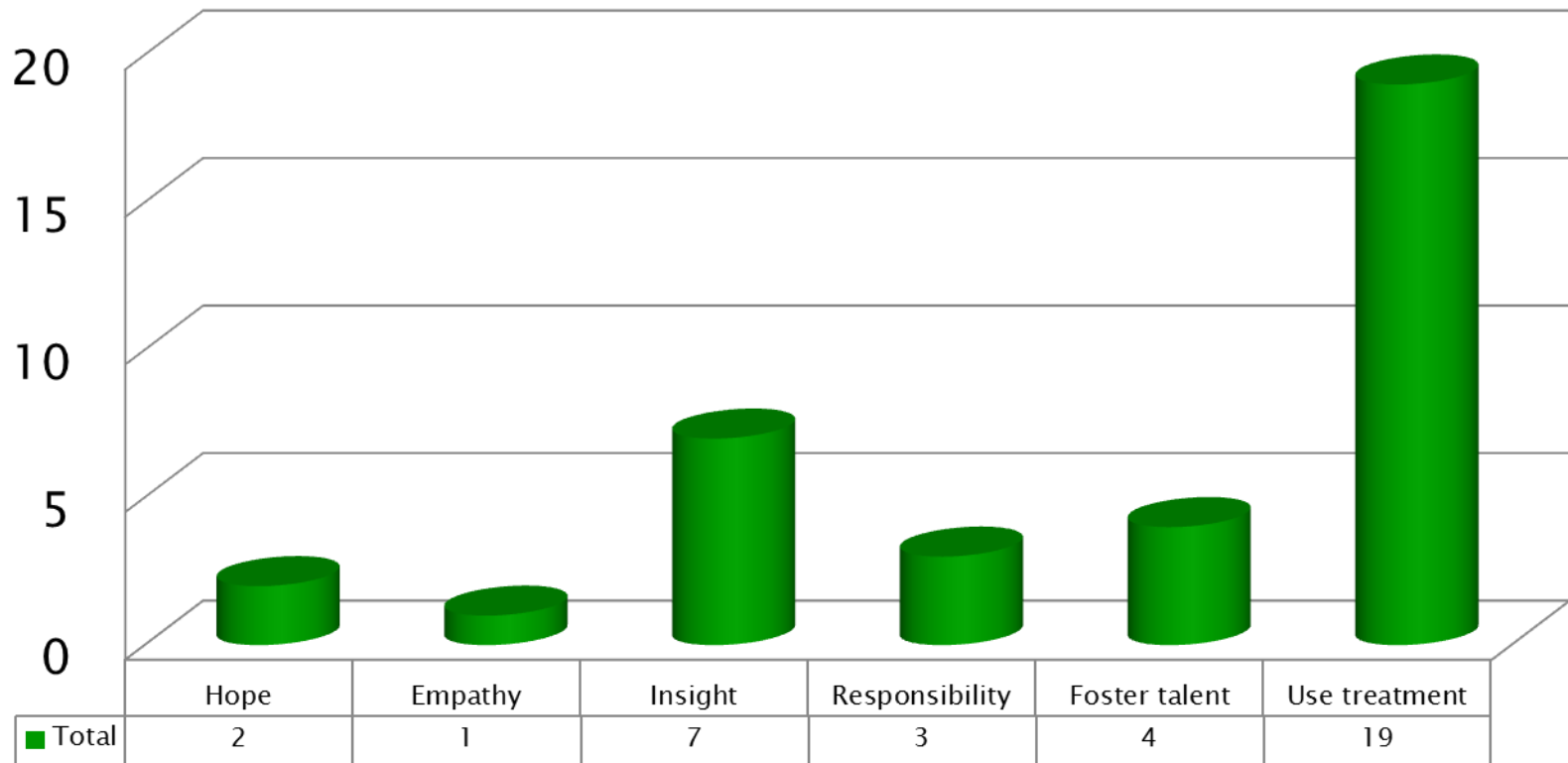
Coping

Total




Core Self

Total



Points of Note

- ▶ **Diagnostic fluidity**
 - ▶ **Clarifying ASD and Learning Difficulties**
 - ▶ **Specialist ASD program**
 - ▶ **Specific therapies– DBT, CBT and Solution–
focussed therapy**
 - ▶ **Medications**
- 

Conclusions and Issues for the future

- ▶ There are some specific issues for our unit
 - ▶ Resilient Therapy and ways of working provide a helpful way of conceptualising what helps these young people inclusive of specific therapies
 - ▶ It highlights what staff in an HDU can do:
“We did not realise we were doing so many things
already – just by intuition”
 - ▶ Some interventions help a lot
 - ▶ It helps us to be holistic
and
 - ▶ There are some specific issues – ASD – but how does this fit with RT?
 - ▶ Why are there interventions that we do not use?
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