Planting seeds:
Growing awareness and developing services for complex dissociative disorders in an NHS mental health Trust.

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Overview

- Background context and local drivers of change
- The journey in SABP from 2016 to now....
- Local CQUIN development work
- Wider service development
- SABP Strategy
- Where are we now?
- Challenges and learning
- The future
- Discussion
Why Should we invest time and money in this?

The costs of DID

- Chronicity and iatrogenic effects
- High comorbidity of diagnoses
- Inappropriate and ineffective treatments
- Misdiagnosis / under diagnosis

DID = “disorder of hiddenness”

- Myths and misconceptions
- Lack of training & knowledge among staff

For a better life
Increasing awareness – selling the benefits

- Earlier identification and correct diagnosis
- Helps staff understanding and engagement
- Reduces risk of inappropriate treatments
- Fosters hope
- Improves outcomes
- Possible reduction in service utilisation and costs
- Encourages trauma-informed culture and better relational ways of working
Surrey and Borders Partnership Trust
2 main local drivers and mechanisms for change

▶ Trauma CQUIN – inspired by local CCG input and recent clinical recognition in the Trust that services for people with dissociative disorders were under-developed

▶ Delegated Commissioning – identified need to reduce cost of expensive external placements and to provide services more locally
CQUIN Project origins:

- Local Collaborative Commissioning Forum
- CQUIN: Commissioning for Quality and Innovation plan
- *IDEA*: screen all new referrals to MH services for unresolved psychological trauma
- Driver: perceived gap between IAPT and CMHRS
- Feedback from services: training needed first
- Developing and delivering training over 2 years
Is Trauma the missing bell?

- Anxiety
- Depression
- Psychosis
- Bipolar
- Personality Disorder
- Unresolved Psychological Trauma?
- IAPT
- Community or Inpatient?
- Community or Psychotherapy?
Trauma CQUIN

- CQUIN – (Commissioning for Quality and Innovation)
- System developed in 2009 to make proportion of healthcare providers income dependent on demonstrating improvements in quality and innovation
- Locally agreed Trauma CQUIN – spread over 2 years (2016-2017 and 2017-2018)
- Key targets agreed to improve services for trauma-related dissociation in SABP
Trauma CQUIN milestones – over 2 years (2016-2018)

- Trauma & Dissociation awareness training across community Working Age Adults services
- Personality Disorder Forum – recording dissociation and reviewing care plans
- Audit of access to interventions across Trust
- Further awareness training (inpatient nurses)
- Trust-wide conference
- Strategy paper for developing care pathways
- Level 2 – two day therapist training
- PTSD recovery college course
Planting seeds
Trauma and Dissociation Awareness training

A half day basic awareness training package was developed for all mental health staff in secondary care adult mental health teams.

Training package included:

- Awareness and recognition of trauma related symptoms
- Awareness and recognition of dissociative symptoms including Dissociative Identity Disorder
- How to engage and work with people presenting with trauma and dissociative symptoms
- Format – presentation style, included case examples and small group exercises
Delivery of Trauma and Dissociation Awareness Training

- 17 training sessions delivered across Surrey (Oct-Dec 16)
- Training rolled out through ‘train-the-trainer’ model – each training delivered by 1 psychologist + 1 psychiatrist.
- CQUIN target – to train minimum of 75% of staff
- Delivered to:
  - 12 Community Mental Health Recovery Services
  - 5 Home Treatment Teams
  - 5 Psychiatric Liaison Teams
  - Also - Psychotherapy services, and Safe Haven staff

Challenges/issues
Awareness Training – staff attendance

336 staff attended the training.

Included all professional disciplines:

- community mental health nurses, social workers, occupational therapists, support workers, clinical/counselling psychologists, psychiatrists, psychotherapists and team managers.

<table>
<thead>
<tr>
<th>Team/Service</th>
<th>Attendance</th>
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<tbody>
<tr>
<td>CMHRSs</td>
<td>81% (range 75% to 92%)</td>
</tr>
<tr>
<td>HTTs</td>
<td>71%</td>
</tr>
<tr>
<td>PL Teams</td>
<td>82%</td>
</tr>
<tr>
<td>Psychotherapies</td>
<td>Psychotherapy 94% Art Therapy 80%</td>
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Outcome and evaluation of awareness training

» Staff awareness questionnaire - to evaluate attendees’ perceived confidence in recognising and working with symptoms of trauma and dissociation. A pre/post outcome evaluation design was used.

» Course evaluation of the content and delivery of the training course – using SABP training evaluation form.
Evaluation of Staff Awareness

![Graph showing evaluation results for staff awareness. The x-axis represents different areas: Understanding trauma, understanding dissociation, recognizing trauma, recognizing dissociation, skills with trauma, and skills with dissociation. The y-axis represents confidence levels ranging from 0 to 5. The graph compares confidence levels before and after training, indicated by blue and orange lines respectively. The confidence levels for all areas show a slight increase after the training.](image)
Change to staff confidence levels pre/post training

- **Knowledge/Understanding**: 17% pre, 24% post
- **Trauma**: 4% pre, 26% post
- **Dissociation**: 3% pre, 17% post
- **Recognising Trauma**: 4% pre, 53% post
- **Recognising Dissociation**: 28% pre, 43% post
- **Trauma skills**: 1% pre, 49% post
- **Dissociation skills**: 2% pre, 24% post

Colors in the bars indicate:
- Blue: Improved 1 step
- Orange: Improved 2 steps
- Gray: Improved 3 steps

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Further awareness training (CQUIN Year 2)

- The Trauma and Dissociation Awareness Training delivered to 15 Band 6 inpatient nurses.
- Extended to 1 day and co-facilitated with a health professional with lived experience of DID.
- Pre-post measures - noticeable increases in staff confidence levels in understanding, recognizing and working with symptoms of trauma and dissociation.
- Qualitative feedback – staff found most useful the case studies, listening to a person with lived experience, opportunity for group discussions and learning practical ways of supporting people.
- Suggestions for improvement – more interaction and videos.
Conclusions of awareness training

The Trauma and Dissociation Awareness training was well received by teams.

Pre/post awareness questionnaire data demonstrated noticeable improvement in staff's perceived confidence in understanding, recognizing and working with presentations of trauma and dissociative symptoms.

Following training, there was anecdotally an increase in case discussions in teams and more requests for consultation/supervision. There was also an increase in referrals for trauma-related problems to psychology.

Recommendations – to roll out awareness training to other services and divisions, to involve person with lived experience in further training, to develop more in-depth training package in assessment and treatment for psychologists/psychiatrists.
Personality Disorder Forum

- PD forum (4 localities) to systematically consider presence of dissociative symptoms in all presentations involving complex trauma.
- Introduced log recording all cases where dissociative symptoms present and making recommendations where appropriate.
- Audit of data - 78 cases from Sept 16 – March 17
  - 22% - dissociative symptoms, 18% - not known
  - 57% with histories of complex trauma
- Stimulated more trauma-informed thinking in PD service, more thoughtful debate around formulation and treatment pathways
- Subsequent increase in requests for consultation around dissociation
Trust-wide conference
CQUIN Yr 2
Trust-wide conference

Aims:

» To share and cascade awareness training to other divisions/services where there are likely to be high prevalence rates of trauma-related dissociation

» To promote discussions about trauma-informed care across the Trust

» To provide an opportunity for learning and networking from each other
CQUIN Year 2
Trust-wide Conference on Trauma-related Dissociation

- A one day Trust-wide Conference (Nov 2017)
- 49 staff attended from different divisions and services
- Co-delivered with WAA/CAMHS psychologists and person with lived experience of Dissociative Identity Disorder

Agenda included:

- Focus on developing trauma informed care across services
- Incorporated the half day awareness training
- Presentation on childhood development perspective
- Presentation from a person with lived experience

Opportunity for sharing knowledge and networking about trauma and dissociation across services
Conference Evaluation

- Staff reported an increase in levels of confidence and awareness of working with dissociation, and rated the conference as excellent or very good in all areas.

- Qualitative feedback - staff found the presentation from a person with lived experience particularly valuable, as well as the childhood development perspective.

- Outcomes from learning? - plans to disseminate learning through their own services, suggestions it needed longer than a day, hopes for more opportunities for sharing ideas, suggestion of creating a group forum across divisions.
Therapist training

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Two day training package developed:

- Day 1 – Assessment of dissociative disorders and symptoms
- Day 2 – Introduction to phase oriented therapy for complex trauma related dissociative disorders
- Based on training from Suzette Boon, Kathy Steele and Ono van der Hart
Outline of Training Day 1
Assessment of Dissociative disorders and Symptoms

- Overview - Complex trauma and dissociation
- Dissociative Disorders
- Theory of Structural Dissociation
- Insights from someone with lived experience
- How to assess for complex Dissociative Disorders
- Diagnosis and differential diagnosis
Outline of Training Day 2

Phase oriented therapy for complex trauma-related dissociative disorders

- Trauma and attachment
- From assessment to case formulation
- Treatment plan and goals
- Insights from someone with lived experience
- Phase 1 treatment
  - Using the therapy relationship
  - Stabilisation skills and interventions
  - Working with dissociative parts
- Looking ahead – phase 2 and 3 work

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Training Delivery

- CQUIN target – to deliver to minimum of 80% of all qualified WAA psychologists across the Trust
- The 2 day training was delivered March 2018 - 2 sets of dates/venues to make it accessible to all psychologists across Surrey
- Both training courses were delivered by 2 experienced Psychologists and 1 person with lived experience of DID
Training Attendance

- 48 staff attended the 2 days training (20 on first course, and 28 on second course)
- 100% attendance of relevant WAA qualified Psychologists
- Included:
  - 35 Psychologists
  - 6 Psychotherapists
  - 7 Consultant Psychiatrists
Training Evaluation – qualitative feedback

Feedback was overwhelmingly positive

Presence of person with lived experience was reported as most valuable aspect of training

‘rich, humane and invaluable’, ‘really brought the material to life’, ‘inspiring to hear/see the change that can happen despite such trauma and complexity’.

Other aspects found most useful included:

- video clips, clinical case discussions, assessment/differential diagnosis, attachment/therapy relationship, phase 1 therapy work

‘presentation was very clear and engaging’, ‘excellent facilitators’, ‘it was delivered with the right balance’, ‘thank you for a brilliant course!’
Therapist training - learning outcomes

“What will you do differently as result of your learning?”

- Improve awareness, understanding and knowledge
- Reflect more on their clinical caseloads
- Use screening tools, adapt assessments to take trauma and dissociation into account
- Encourage case discussions in teams
- Use of transferable therapeutic skills with dissociative clients
- More consideration of attachment in therapy relationships
- Development of more psycho-education, grounding skills etc. in clinical work

Identification of support and supervision needs following training

Case discussion forum set up for therapists working with dissociative clients
SABP Strategy for trauma-related dissociation
SABP Strategy for trauma-related dissociation - 2017

Trust-wide strategy paper - Nov 2017
Based on recognition of need to develop local services

Aims:
• Improve timely identification and diagnosis of DDs
• Improve outcomes for people
• Increase cost effectiveness of service provision
• Adopt recovery approach and ensure partnership working
SABP Strategy – stepped care model

To strengthen a 2 tiered approach in secondary mental health service

- Complex care panel -> external placement
- Specialist level provision
- Community mental health recovery services

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Elements of Strategy Implementation Plan

» Training and external supervision for specialist staff

» Cascade model in mental health teams through:
  • Consultations for MDT staff
  • In-house training
  • Supervision groups for therapists

» Specialist service pilot - SCID-D assessments and small therapy provision, emphasis on cascading skills

» Service development meetings held 3 monthly with external support
SABP Roadmap
Role of specialist psychologist
(Delegated Commissioning funding – 1 day/week from March 17)

- Development and roll out of strategy
- External specialist supervision + training to support skills development
- Provide consultations for staff around assessment and care planning
- Undertake structured clinical assessments (SCID-D)
- Provide direct therapy for small number of cases
- Establish supervision forums for psychologists/psychotherapists across Trust
- Develop resources
Consultation and specialist assessments

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Consultation work

- Log of consultations: March 2017- June 2018
- 47 consultations (on 35 cases) to staff from 9 CMHRSs, and 5 other services across Surrey (including: acute services, community forensic services, eating disorder service, DBT service and older adults service).
- Noticed significant increase in requests for consultation following therapist training
Consultation work

Nature of requests: queries re diagnosis, how to screen & assess, treatment planning, managing risk issues, working with other MDT colleagues

Outcomes/recommendations included:

- Further assessment/screening within teams
- Engagement work with MDT
- How to develop formulation, use of psycho-education, stabilisation
- Risk management, mental capacity issues and risk panel referral
- Supervision needed
- Referral for specialist assessment (SCID-D)
- Referral to complex care panel
Specialist assessments – SCID-D

May 2017 – May 2018 - 6 SCID-D assessments:

<table>
<thead>
<tr>
<th>Number</th>
<th>Diagnosis</th>
<th>Treatment plan following assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>DID</td>
<td>2 –CMHRS psychology therapy 1 – Art therapy</td>
</tr>
<tr>
<td>1</td>
<td>DD-OS</td>
<td>CMHRS psychology – 12 months stabilisation model</td>
</tr>
<tr>
<td>1</td>
<td>DD-OS + PD</td>
<td>Art therapy</td>
</tr>
<tr>
<td>1</td>
<td>No DD (imitative DID)</td>
<td>Referral to PD forum, further consultation with care team</td>
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Promoting growth

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The last 6 months and into the future

Dr Rebecca Andrew, Clinical Psychologist
SABP

Mental Health Services

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Great Therapy Foundations Laid

- 24 people with DID/DIDNOS engaged in psychological therapy work
- Monthly supervision group – membership 17
- 3 Psychologists SCID-D trained
- 1 Psychologist 9 day Kathy Steele training
- Ongoing Consultations, 15 across 10 teams
- 7 SCID-Ds
Still learning to fly

Reckless Abandon, photo by Peter Brannon.
It’s a Fan!

It’s a Wall!

It’s a Rope!

It’s a Tree!

It’s a Snake!

It’s a Spear!
This is what I can see from where I am

- Higher organisation
- Movement awareness
- Crisis partnerships
- MDT
- Therapy
- PWL

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Therapy – Uncharted waters

- What assessment to offer
- Treatment recommendations
- Outcome measures
- More supervision
- More training – micro training, updates on risk etc.
- Supervisors need ongoing training
- External specialist supervision vital
One Size Does Not Fit All

(3)
Multi-Disciplinary Team Work

- Awareness Training done
- Consultation work for particular cases
- Guidelines for Care co-ordinators
- Training for Care co-ordinators
- Consulting on risk and capacity
- Good integrated working – language and understanding central

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Emergency services and partnership working

- Work with cases – consultation key
- Training with HTT, Safe Haven
- Well thought through crisis and contingency plans – consistent responses
- Inpatient guidelines developed – need to be constantly brought to life
- Liaising and collaboration
Movement through the system – Awareness and Recognition

- Differential Diagnosis – which care pathway
- PD forums
- Care pathways
- CMHRS assessments
- Passing on learning through teams
- Working across divisions
- Trauma Informed Workstreams
- CAMHS? - Primary care?

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Challenges for primary care

- Large proportion of psychological distress in primary care fits neither IAPT nor CMHRS
- Needs of high intensity users of services not addressed
- Revolving door patients with no referral pathways
- Managing risk; self harm; symptoms without support
- Reducing morale; motivation and sense of hope
- Resources and services squeezed from all sides
Wider Organisation

- Drivers
- Linking awareness between wider system and what’s happening clinically
- Role of senior leadership
Resources

» Specialist therapist model – visible, better outcomes?
» Organisational approach – using expertise to impact wider system in small ways
Influencing the system - holding it all in mind (my team!)
Beyond awareness

- Functioning
- The emotional work
Discussion time

- Can the NHS afford to, or afford NOT to, develop pathways for unresolved trauma?
- Might screening high intensity users be useful?
- Discuss the following:
  - Is current care: unplanned, expensive, unhelpful
  - Can future be: planned, cost-effective, therapeutic
Any questions?