

The Acorn Programme Guide



Mental healthcare : for people, not for profit



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1.1 About the Acorn Programme

The Acorn Programme is a Dialectical Behaviour Therapy (DBT) informed Therapeutic Community. The programme uses intensive psychological therapies for women who engage in self-defeating behaviours including self harm and disordered eating to cope with emotions and with relationships. Many have experienced trauma or abuse.

This Acorn Programme Guide is a copy of the information contained within the Personal Information File that a person receives on admission to the programme



1.2 What are Self-defeating Behaviours

Self-defeating behaviours are often self-harming behaviours, which can take a range of forms. We most commonly think of taking repeated overdoses of tablets or of cutting or burning oneself, but people find many ways to harm themselves. Other examples are drug or alcohol abuse, eating disorders or stealing. They are dangerous and humiliating behaviours for those who do them, and frightening or worrying to those who witness them.

Self-defeating behaviours can also be less immediately damaging, but nevertheless lead to distress. This would include things like withdrawing into isolation and avoiding contact with others, or becoming dissociated so as to lose contact with what is going on around you.

A more complicated pattern of self-defeating behaviour would be putting yourself into situations which are frightening or dangerous to you – for example, making contact with someone who might treat you badly, or putting yourself in a risky situation.

It is difficult to break patterns of self-defeating behaviours which have been used for a long time. Usually it is clear that people have learned these behaviours under quite extreme stress, and for good reasons. Sometimes the behaviours seem quite automatic if you are in a situation which triggers them, or if they are triggered by feeling states. The behaviours help in the short term usually by reducing distress or dulling intense feelings. We call them 'self-defeating' because in the longer term they leave you feeling worse about yourself.

These types of behaviour can become so automatic you may not think about why you do them, or imagine you have a choice. Commonly they will make others worry, and lead to repeated admissions to hospital with frustrating attempts at treatment. The difficulty in understanding the behaviours can lead to conflict with people trying to help, and can lead you to feel rejected or beyond help.



1.3 What do we offer?

We offer an approach to treatment built around a co-operative relationship with the person who uses self-defeating behaviours, in a joint attempt to understand the behaviour and to control it. We start from the understanding that you do what you do for reasons, and that if you do things which harm you or lead to isolation and rejection, the reasons must be powerful. Our job is to help find out what triggers the behaviours, and how you might act to cope in a more self-affirming way. This is a difficult and serious task: at times it will really test your determination to change things.

The goal of the programme is to help you find a “Life worth living”. We want you to be able to do things which help you feel fulfilled and happy, and to be in relationships which are good for you. Part of this goal is to enable you to take care of your own safety, and make choices about how you live your life. This is not a suicide prevention programme: there are no locked doors or special observations. If you need or want others to take responsibility to keep you alive, this is not the programme for you.



1.4 The Programme

The Acorn Programme has two central elements –

The Therapeutic Community and Dialectical Behaviour Therapy.



The Therapeutic Community

In 2007 the Acorn Programme was the first Therapeutic Community to be accredited by the Community of Communities.

Although we do a fair amount of individual work with you, therapy takes place in a group programme. You will live with others who have their own difficulties, attending groups and sharing time together. Much learning can come from understanding one another, and supporting each other in the process of change. Therapy comes from whole-hearted participation in the whole programme, so it is not possible only to be involved in part of what happens here.

The unit is set up as a Therapeutic Community. It is part of the treatment to share your daily life with others, and to take responsibility for sharing decisions about how to live together. While the staff set the overall structure of the programme, we expect you to contribute to keeping the treatment safe and therapeutic, both by acting responsibly yourself and by helping others think about the effect of their behaviour on the unit.

We encourage a 'culture of enquiry' in which everyone can question the conduct of any other individual or group of individuals, psychological processes ('I wonder what made you do that'), and managerial issues. Such questioning is an important learning opportunity, for those asking the questions and for those questioned.

Everything that happens in the community is open for discussion. We have a principle: 'if you have a secret, you have a problem'. For many people the letting go of the need to keep parts of their lives hidden is a major part of their therapy.

More general information about Therapeutic Communities can be found on the Association of Therapeutic Communities website www.therapeuticcommunities.org or the Royal College of Psychiatrists website www.rcpsych.ac.uk

Dialectical Behaviour Therapy

The group of people on the programme work in a range of settings, including several expressive therapy groups. Most of the structured work of the group is built around developing strategies and skills to handle the demands of daily life, using a plan of treatment called Dialectical Behaviour Therapy (DBT). This is focussed into two skills training groups each week and an individual DBT session. You will be expected to keep a diary of problems and of your attempts to handle them using the skills you learn. The goal is to reduce your need to use old self-defeating behaviour patterns by learning



more effective strategies to cope with distress, with frightening impulses and with challenges you encounter in the world.

You will be helped to plan how to expose yourself to experiences which make you anxious; so you can become accustomed to coping; to manage your world actively to reduce difficult experiences; and to challenge negative or fearful expectations of yourself and the world.

More general information about DBT can be found on the website www.behavioraltech.com



1.5 How we understand the problem

Self-defeating behaviours are used by people to dull the distress caused by powerful feelings or impulses. We are only beginning to understand why people do the things which bring them onto the programme, although many people who self-harm report past traumatic experiences. We think the 'biosocial theory' underlying DBT makes sense: most people on the programme would see themselves as experiencing very intense mood states, which change quickly and stay intense for long periods of time. It may be that this is simply the way people are made, or that it arises from early experiences, or both, but the consequence is a difficulty in handling feelings. This vulnerability interacts with an 'invalidating environment' - the experience of others not being interested in, or actively denying the importance of, your thoughts, feelings and ideas about the world. In such an environment, where you are dealing with intense and complicated feelings and impulses inside you, and others are not responding in a way which feels appropriate, it makes sense that you might struggle to develop an understanding of yourself and of your feelings, and self-affirming ways to cope. If in addition you have had to suffer specific abuse or neglect, it is even harder to deal with the world. For most of the people on the programme some mixture of difficulties of this sort seems to be in the background.

Past terror and pain can set up patterns of responding to the demands of the present by disconnecting oneself from feelings, memories or thoughts. We call this process dissociation. This is a way to survive which is often learned during a person's development, and may have been extremely important at that time. Dissociation as an adult may be triggered by chance reminders of the past, or increased by self-injury or by other related behaviours. As an adult in a relationship in the present, where you can receive help and care, dissociating is not a helpful reaction either for the individual or for those trying to help.

One of our principal aims is to work with you to help you stay with others in the present, and not to have to use this 'escape' mechanism. We want you to learn how to understand better what you feel, and to have ways to handle feeling states when they occur. You need to be able to separate the past from the present. This means you will have to risk trusting staff and other people on the programme, and to give up some of the transient sense of control which self-defeating behaviours give. You will need to allow others to be open and honest with you, and to discuss with you how adaptively to stay in control so you remain safe. We need you to work with us to create an environment in which everyone is trying to take care of their own safety, and to handle feelings positively.

People who use self-defeating behaviours commonly report a range of related difficulties:

- Sudden and extreme swings in mood and feeling states.
- Impulsiveness - acting without thinking.



- Frequent feelings of emptiness and boredom.
- Difficulty with a sense of self - who you are, what you are like.
- Difficulty with relationships, with a pattern of intense attachments to people which keep breaking down.
- Occasional episodes of loss of contact with reality or other experiences which might be seen as psychotic.
- Lack of confidence and self-esteem which shows through in difficulties managing your day-to-day life.

Psychiatrists and others often give a diagnosis of 'Borderline Personality Disorder' to people who have these experiences. Most people who self-harm are familiar with these problems, which are often associated with a history of trauma. We do use the term Borderline Personality Disorder, because psychiatrists and others recognise the diagnosis, but for people with a history of trauma it is often preferable to use the diagnosis 'Complex Post Traumatic Stress Disorder'.

We keep an open mind about what may have happened in the past to contribute to your present problems. Treatment on the Acorn Programme requires that we can agree what are the problems which need addressing in the 'here and now'. Often this will include experiences from the past powerfully influencing your present reactions: if that is important, it will emerge during the treatment. It is of value to put together your 'life story' in a way which helps you to make sense of your own reactions and behaviours.



1.6 The Group Programme

The programme is a multimodality intensive psychotherapy programme. Because in our experience people have a lot to contribute to each other's recovery the majority of work is in groups. People have an individual therapist who will see them initially for half an hour per week, later increasing to 50 minutes if required. The purpose of the individual therapy is to give people a chance to talk over things that they may need help with thinking about how to bring them to the group. Your individual therapist will collaborate with other members of the team and contribute to reviews, writing reports and liaising with clinicians in your home team. You will also have a weekly individual DBT session with your named or associate Key Worker and further skills coaching if appropriate.

The boundaries of the programme are found within Appendix 1 but in essence the three guiding principles to life on Acorn are:

Turn up, Tune in & Tell the Truth

Community Meetings

Every morning and evening there is a Community Meeting (Start of Day Group and End of Day Group). These groups give both staff and patients the opportunity to say how they are feeling, what support they need and to generally review their day. These groups are the cornerstones of the community. It is important that you share as much as you feel comfortable with about how you are feeling. Confidence in this setting comes with time.

Once a week on a Friday afternoon, we have the End of Week Review. In this setting the people on the programme discuss their goals, how their week has been and plans for the following week. As it is a longer group, it allows both staff and patients to focus more on individual needs and behaviours and to offer support and encouragement.

DBT Skills Training Group.

These groups are held twice weekly. DBT focuses on the teaching of new skills, the radical acceptance of your situation balanced with the need for change. The skills training focuses on four modules, which aim to provide the tools to enable change, and to manage your thoughts and emotions in new, more positive ways.

The four modules are:

- Core Mindfulness
- Interpersonal Effectiveness
- Emotion Regulation
- Distress Tolerance



You will be set out-of-session work after every Skills Training Group. You can ask for skills coaching from staff or more experienced community members to help you apply the DBT skills.

Group Analytic Psychotherapy (twice weekly)

There are two psychotherapy groups. These groups allow the exploration of difficult issues in a safe, supported, consistent environment. You will only attend this group once you have completed the assessment phase of your admission – usually the first two weeks - and therefore are committed to the programme. Often people have questions about how the psychotherapy groups are different to the other groups in the programme. Some of these questions are answered in Appendix 2.

Life Skills Group

The Life Skills Group focuses on planning, developing, practicing and maintaining the functional skills required to build a life worth living. The topics covered are decided by the community and focus on every day occupations and activities. Commonly covered topics include: meal planning & portioning, shopping & budgeting, developing leisure interests, structuring time and having a balance of occupations and participating in productive occupations (such as voluntary work and educational activities).

Art and Drama Therapy Groups

External therapists facilitate these groups. A member of the staff team always acts as co-facilitator. These groups allow other forms of expressing thoughts, feelings and emotions.

Meal Times & Post Meal Support

Meals are treated as groups on Acorn, please attend on time to support each other and attend meal support afterwards. You can see the Dietitian individually to discuss a meal plan. After lunch and tea on the unit, patients attend meal support until 1.15 pm at lunchtime and 6.15 pm at teatime. There are two forms of meal support and patients are required to attend one according to which best suits their needs. Meal support held in the lounge is a more formal, structured atmosphere to allow those who need support with their eating an opportunity to speak about issues they may have found difficult or need support with. Meal support in the dining room takes a more informal approach and is intended to normalise the experience of eating and socialising with others. During the protected mealtime it is expected that patients will remain either in the lounge or dining room and will not return to their rooms or leave the unit.

Business Meeting

The Business Meeting takes place on Mondays and is divided into two parts. From 2.30-3.00 pm the patients and staff meet separately. This gives the patients an opportunity to decide on who will be responsible for which jobs during the week, order any required medication and give notification of any leave or groups to be missed; it gives the staff team an opportunity to discuss issues that may not be of relevance to the wider community. From 3.00-3.30 pm the community meets as a whole to discuss any issues that require the attention of the whole community; anyone may add a topic to the agenda that they feel needs discussing. The topics vary widely and may include social trips, programme boundaries or every day practical issues.

Assessment Group

The Assessment Group takes place after lunch on a Friday. It involves the whole community and although a member of staff will also be present it is led by the community. This is an opportunity for potential patients visiting for their assessment to meet the community, have the experience of taking part in a group and to explain why they are hoping to join the programme. It is also an opportunity for current community members to get to know a little about the assessment visitor, explain to them how the community works and to reflect on any work they might feel the assessment visitor needs to do before joining the community.

9.30 pm Check in

Doors are not locked during the day, but at night they are locked at 9.00 pm (during the summer, earlier in the winter) for security reasons, just like in a domestic setting. Patients can still ask to be let in or out. At 9.30 pm patients and staff who are on the unit will check in with each other briefly by going to the lounge so that everyone can make contact. This is to ensure that staff are aware of patients' whereabouts once the doors have been locked for the night. If patients are not seen at this time, staff will check on their whereabouts, usually by going to their room.

The Staff Group

This group is an essential part of the therapeutic community practice. We have an external facilitator and it provides us with the opportunity to share thoughts and feelings related to working in the programme. It is also an opportunity to discuss issues that are particular to the staff team. You will be aware that this group is taking place: like other groups, it is not to be interrupted unless there is an emergency on the unit. All staff present on the unit are expected to attend.



DBT Consultation Group

DBT practitioners work in teams rather than independently because working with individuals like yourselves who experience suicidal impulses and engage in regular acts of self-harm and other self-defeating behaviours can be stressful. DBT practitioners therefore have a weekly meeting called “the consultation group” to discuss with each other issues that come up in treatment. These meetings are used as a way for DBT practitioners to express their feelings and concerns about their practice, or ask for advice and different ideas that may help them to provide effective therapy. The group therefore provides an opportunity for individual therapist to see how other therapists in their group integrate DBT into their clinical practice and share the opportunity to learn from each other.

The Group Programme timetable

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8.15 Breakfast	8.15 Breakfast	8.15 Breakfast	8.15 Breakfast	8.15 Breakfast
8.15 – 9.00 Individual Sessions	8.15 – 9.00 Individual Sessions	8.15 – 9.00 Individual Sessions	8.15 – 9.00 Individual Sessions	8.15 – 9.00 Individual Sessions
9.00 – 10.00 Start of Day Group Large Therapy Suite	9.00 – 10.00 Start of Day Group Large Therapy Suite	9.00 – 10.00 Start of Day Group Large Therapy Suite	9.00 – 10.00 Chain Analysis Group Large Therapy Suite	9.00 – 10.00 Start of Day Group Large Therapy Suite
10.30 – 11.15 Life skills group Large Therapy Suite	10.10 – 11.00 Individual Session		10.10am – 11.00am Individual Session	
11.30 – 13.15 Life skills Cooking group OT Kitchen	11.15 – 12.15 Psychotherapy Group	10.30am – 12.00pm DBT Large Therapy Suite	11.15am – 12.15pm Psychotherapy Group	10.30am – 12.00pm DBT Large Therapy Suite
12.30 – 13.15 Lunch & Post Meal Support Protected Mealtime	12.30 – 13.15 Lunch & Post Meal Support Protected Mealtime	12.30 – 13.15 Lunch & Post Meal Support Protected Mealtime	12.30 – 13.15 Lunch & Post Meal Support Protected Mealtime	12.30 – 13.15 Lunch & Post Meal Support Protected Mealtime
12.45 Staff Handover	13.15 Staff Handover	13.15 Staff Handover	13.15 Staff Handover	13.15 Staff Handover
13.15 – 14.15 Staff Group (Large Therapy Room)	14.00 Individual CPA Reviews	14.00 – 15.30 Art Therapy in Studio	14.00 – 15.30 DBT Consultation For Staff (Small Therapy Room)	12.30 – 14.00 Assessment Visitor Lounge
14.30 – 15.00 Staff Business Meeting	13.30p – 14.30 Swimming			14.00 – 14.50 Individual Sessions
14.30 – 15.00 Client Business Meeting	13.45 – 14.45 Case Management – Office			15.00 – 17.00 End of Week Review Large Therapy Suite
15.00 – 15.30 Community Business Meeting (Lounge)	14.45 – 15.35 Individual Sessions			
16.00 – 17.00 End of Day Group Large Therapy Suite	16.00 – 17.00 Drama Hall	16.00 – 17.00 End of Day Group Large Therapy Suite	16.00 – 17.00 End of Day Group Large Therapy Suite	
17.30 - 1815 TEA & Post Meal Support Protected Mealtime	17.30 - 1815 TEA & Post Meal Support Protected Mealtime	17.30 - 1815 TEA & Post Meal Support Protected Mealtime	17.30 - 1815 TEA & Post Meal Support Protected Mealtime	17.30 - 1815 TEA & Post Meal Support Protected Mealtime
18.15 – 19.45 Social time and possible Individual Sessions	18.30 – 19.30 End of Day Group Cedar Room	18.15 – 19.45 Social time and possible Individual Sessions	18.15 – 19.45 Social time and possible Individual Sessions	18.15 – 19.30 Social time and possible Individual Sessions
19.45 – 20.00 Evening 'Check In'		19.45 – 20.00 Evening 'Check In'	19.45– 20.00 Evening 'Check In'	19. 30 – 20.00 Evening 'Check In'

1.7 The Multidisciplinary Team

Everyone in the community has a role to play.

Clinical Service Manager (RMN)

The Clinical Service Manager (CSM) has Head of Departmental responsibility for the Specialist Adult Service which is the title given jointly to the Naomi, Acorn and Hannah Mills units. Responsibilities include managing the budget and being line manager for many of the senior staff. The CSM also has wider organisational responsibilities for quality improvement. The present role is largely managerial, but with a clinical background. The CSM retains a strong interest in the welfare of the two communities, attending both community and staff meetings.

Consultant Psychiatrist

The Consultant Psychiatrist for the Acorn Programme is also a Group Analyst. You may have met him when you came for your assessment. You should also meet him briefly when you first arrive so he can check out your medication and make sure he has a note of any immediate problems or risks.

The Psychiatrist has a range of roles in the programme. He tries to attend the Start of the Week Group on Monday, and the Review of the Week Group on Friday, so he can keep up with what is going on. The Psychiatrist also facilitates one of the Therapy Groups, so you may be in that group with him.

The Psychiatrist oversees your psychiatric medication, and liaises with the GP about your physical health. You may need to meet with him occasionally to discuss this – the best thing is to catch him and make an appointment.

The Psychiatrist has other responsibilities in The Retreat, as well as additional roles outside the organisation, which take him away occasionally. Nevertheless, you will see him about quite a lot as he takes an interest in the health of the programme itself, and of the staff team, as well as the needs of you and the other people in the programme.

Consultant Clinical Psychologist

The Consultant Clinical Psychologist provides individual therapy for 50% of the Acorn patient group. He also facilitates the Acorn Graduate Group for people who have completed the programme. A further responsibility and contribution is the co-ordination of research and evaluation within Acorn.

Clinical Nurse Specialist

The Clinical Nurse Specialist manages the waiting list in collaboration with colleagues, and does a lot of pre-admission telephone contact, so you may well have got to know her voice before being admitted to the programme. She works closely with the nursing



staff and multidisciplinary team to promote a safe ethical culture which can play an important role in your journey to recovery. The Clinical Nurse Specialist will be involved in your treatment either as a group or an individual therapist. She is currently in the fifth year of an advanced professional training course to become a group analyst.

Clinical Team Leader (RMN)

The CTL has a variety of roles within the programme with a primary responsibility to manage the staff team and to work collaboratively with all of the community to provide a safe and therapeutic community. The Clinical Team Leader relies on staff and patients to work together within the structures of the programme to provide a high quality integrated service. The CTL has responsibilities within the wider organisation and is accountable for the service delivered on Acorn. It is also the role of the CTL to ensure that expected quality and standards are being adhered to, such as requirements that Commissioners may have of the programme in order that people are able to be funded for it. It may be that the CTL asks you as part of the community to be involved in the interviewing of any prospective staff, or delivering teaching to health professionals at one of Acorn's Open Days, as well as being involved in the annual audit process to maintain Acorn's standards as an accredited therapeutic community.

Deputy Clinical Team Leader

The Deputy Clinical Team Leader helps the team leader deliver a quality Therapeutic Community Service, monitoring training and audit of standards, as well as being responsible for day to day delivery of the programme with adequate staffing and skills mix.

Key Worker

When you join the Acorn Community you will be allocated a Key Worker. Your Key Worker will work with you, to make assessments and plan your care and will help you identify how to put into practice the DBT skills that you will be learning on the programme to change your old behaviours and achieve that 'life worth living'. Your Key Worker will usually meet with you on a weekly basis to undertake individual DBT interventions based on your DBT diary. Another important aspect of the key working relationship is to coordinate your care while on the Acorn Programme, discuss the work you are doing as well as any other concerns you may have. In addition they will help you monitor and evaluate the benefits and side effects of any medication you may be taking. The Key Worker will work with you to help you reduce your medications to a minimum and ultimately enable you to administer these for yourself as you move towards discharge and life after the Acorn Programme. In between regular appointments you can ask any staff on the unit, to give what we call 'skills coaching' to deal with any urgent worries or concerns that you might have.

Support Worker

A Support Worker is a crucial and essential part of the Acorn staff team. The role is to support other healthcare professionals, and play a valuable part in delivering patient care and encouraging comment on the quality of the service provided and patient involvement in all aspects of their care.

Occupational Therapist

The Occupational Therapist (OT) works as an integrated member of the staff team within the therapeutic community. This means that she participates fully in the group programme and sees some patients individually as their Named or Associate Key Worker. The OT may meet with you to talk about how your difficulties impact on day-to-day life and will work closely with you to enable you to develop and use opportunities to learn, adapt and maintain functional skills of every day living. This includes thinking about how you structure your time, take care of yourself, rest and relaxation, what leisure interests you enjoy and productive occupations such as voluntary work or educational courses. Ultimately the OT's main aim is to help you to have and be able to use the skills to get your life worth living.

Assistant Psychologist

The Assistant Psychologist's role is to work with you and as part of the team under the supervision of the Consultant Clinical Psychologist on a variety of projects that should improve your treatment and care. One of the key roles is to assess an individual's progress through outcome assessment. There are two Assistant Psychologists working on the Acorn Programme and you will tend to find one of them in your reviews talking about the results of these assessments. They are a good way for you and anyone involved in your care to monitor your progress and reflect on your time on the Acorn Programme.

Additionally, the Assistant Psychologist is involved in conducting a variety of projects for the unit that look at overall approach. The Assistant Psychologist also works as a Support Worker.

Dietitian

It is the job of the Dietitian to interpret and communicate the science of nutrition to enable you to make the necessary changes to your dietary intake to restore and maintain a healthy body weight. The Dietitian will work together with you towards achieving a balanced diet that meets your individual nutritional requirements, in order to prevent any nutrition-related problems and achieve a weight that is normal for you.

Physiotherapist

The role of the Physiotherapist on Acorn is to work with people, in a group or individually, to address any specific physical problems they may have, such as back

pain. The Physiotherapist can also help people to explore issues related to awareness of their physical self, such as compulsive exercise and dissociation. She might work with a person throughout their stay if they have a clear physical need, and might not work with another person at all – it all depends on individual need and priorities. Swimming and gym groups are also available through Physiotherapy. Access to these, or to individual work, is through a Physiotherapy Referral – please ask your Key Worker if you feel you would like one to be made. The Physiotherapist welcomes "drop ins" if you just wish to discuss something prior to a referral being made, or discuss anything else relating to your physical health and wellbeing.

Physiotherapy Technical Instructor

The Physiotherapy Technical Instructor works under the supervision of the Physiotherapist to help you with your physical health needs. This may happen in groups or on a one-to-one basis. The Physiotherapy Technical Instructor is always happy to help.

GP and Nurse Practitioner

Twice a week we have a visit by a GP and a Nurse Practitioner who deal with any physical related issues. Please let a member of staff know if you would like to see the doctor and they will make an appointment for you.

Team Administrator

The Team Administrator is usually based in the Staff Office and is responsible for the team's administration duties. This includes organising your review dates and inviting people along who are involved in your care. Please let the Team Administrator know if there are people you want to invite that the staff might not have thought of.

Social Worker

The Social Worker works as part of the MDT, contributing to your Recovery and Well-being Plan. The Social Worker will assist you with any issues around childcare, family support, housing and financial needs, access to benefits, support on discharge, or your rights under various legislation, for example the Mental Health Act. You can ask the unit staff to make a referral and the Social Worker will then contact you to arrange a meeting.

Drama Therapist

Drama and movement therapy involves the structured development of movement, mime, improvisation, drama narrative, script work and role play, in order to bring insight, learning and change. The Drama Therapist facilitates the weekly Drama Therapy Group focused on these core principles.



Art Therapist

Art Therapy involves drawing, painting or sculpting in the presence of a therapist. You may be able to express or communicate feelings or thoughts that are difficult to put into words. You do not have to be good at art and there is no right or wrong way to make art in therapy. On Acorn a weekly art therapy group is provided and facilitated by the Art Therapist. The aim of the group is to use art materials to express issues and feelings and to arrive at some understanding together.

Community Roles

During the course of your admission, all community members are expected to participate in a rota of jobs. These are varied and include chairing community meetings, cooking for the community at the weekend, completing the community accounts, cleaning the kitchen, buddying new patients or assessment visitors. These jobs may build on skills and strengths you already have or give you the chance to develop new ones.

“doing a role has helped me feel included in the community”

“I think every job can help someone in some way or another”

“cooking for others helped me get back practical skills of self-catering when I hadn’t done any cooking for two years”

“doing the accounts helped me with budgeting awareness and gave me confidence for the future.”



1.8 How we deal with risk

Please read in conjunction with the Severe Risk Management Protocol and flow chart (refer Appendix 1).

This is not a suicide prevention programme; it is a programme designed to improve the quality of your life. This means that you will be in control of your life and be able to make decisions affecting your safety. Members of the Acorn community are informal patients and you are not locked in, however there is a check in at 9.30 pm after the doors are locked.

People who are on the programme have all put themselves repeatedly at risk by one sort of behaviour or another. While we will do all we can to support individuals and the whole group to maintain safety, the object of the programme is to help people learn to deal with their own impulses to self-harm: you will not do so if that responsibility is taken away by staff. We accept that this means we allow people to be at some risk of serious self-harm, and we need you to respond very seriously to any situation where you or others might be at risk.

You must never agree to keep secret your own or another person's self-harming behaviour, or plans or impulses to engage in any self-defeating behaviours. You must tell the whole group if you are aware of a risk of any sort to a patient or a member of staff, or anyone else. Keeping this type of thinking or behaviour secret is dangerous and destructive to your own ability to work in the programme.

Any episodes of self-defeating behaviour on your part, or impulses to act in these ways, will be the first priority for attention in your individual DBT sessions. You will be expected to co-operate in doing what we call a 'behaviour chain analysis', in which you look at what led up to the episode, and ways to handle things differently next time. This process and your progress need to be discussed openly in the community meetings.

Serious incidents which are causing general distress or which may threaten the Group's ability to work together can be discussed in a Crisis Community Meeting – a meeting of all the community including the staff on duty to discuss what is happening and how it can best be handled. Such a meeting can be called at any time if three or more community members agree it is necessary, or if the staff on duty agree as a group it is necessary. If you want to call such a meeting you will need to discuss it with other group members and get the agreement of at least two others. You would then approach the staff together to call the meeting. In a Crisis Community Meeting everyone will have the chance to speak from their own perspective. The meeting may need to decide how best to act together to handle whatever is going on. The person at the centre of a crisis will be asked to be open and honest with everyone about what is happening to her, and to accept help if it is offered.

If your behaviour is putting you or others at serious risk, the group and staff team will have to decide with you if it is possible for you to continue on the programme, and help you in doing so, or support you while alternative plans are made if you cannot. As this

is a group programme it would all need to be known to the group if we are to ensure a safe and helpful working environment for everyone. This would be usually discussed within an Emergency Community Meeting which is similar to a Crisis Meeting with everyone having the chance to speak it is used as a space for discussing someone's future use of the programme and whether a period of time out or stabilisation maybe useful alternatives to discharge.

Skills coaching

You may find you require a little help with applying the skills you are learning into other areas of the therapeutic community. To help you achieve this we can offer you skills coaching. Skills coaching is a time limited intervention, usually 15 minutes, and offers you the opportunity to access support from a staff member to help you identify what you need to do and how you are going to use a new skill within the wider therapy context. As time is limited it is helpful to approach the staff member with an idea of what it is that you need help with and what you want to achieve from the meeting. You may for example require help with asserting yourself and therefore the skill to focus on in the meeting would relate to your understanding and application of interpersonal effectiveness. The staff member will listen and guide you towards how to apply the skill in the most effective manner and encourage you to use the skill as originally planned.

We offer this level of support because we understand that everyone experiences anticipated and unanticipated events on a daily basis. In response to these events it is natural to have feelings and impulses. We don't always know how to approach these situations using skills and as such there lies the danger of self-defeating behaviours being used instead. Helping you to build on skilful behaviour in those moments can enable you to get through those moments safely while also keeping your long term goals in sight. Practicing skills in various contexts therefore helps you to strengthen the knowledge that you can react differently which in turn builds on your self efficacy, independence and achievements of your individual goals.

It is also important to be aware that if you have used a self-defeating behaviour it is unlikely that you will be offered any skills coaching for a period of 24 hrs. The understanding behind this relates to the idea that you have already chosen to solve your problems in a familiar unhelpful way and as such deciding that you do not wish to engage in applying any skills that we could offer you. Having time to think this through enables you to re commit to choosing a different path to solving you problems and reduces the likelihood of staff contributing towards maintaining a behaviour which in your wise mind you would rather give up.

Conflict and Conflict resolution

Conflict and disagreement are inevitable parts of human relationships: we expect to encounter and work with them as part of the therapy on the programme. You may at some time find yourself in disagreement about important matters with another person on the programme, or with a member of the staff team. Whatever it is about, your first

step should be to take the matter to the community in a group meeting. Learning to handle and resolve disagreement without ending up in a battle or causing you to harm yourself is an important and difficult part of our work together. To do this you will need to be open about what is happening.

It is possible you may feel that what has happened is more than a disagreement, and that someone has behaved as they should not. This should still be brought openly to the group. If there is a question of unprofessionalism by staff, or of criminal behaviour, the appropriate professional or legal steps will be taken. If you have a formal complaint to make you will be encouraged to use The Retreat Complaints Procedure.

Specific protocols

Some types of behaviour are a particular cause for concern, and we have standard ways to respond to them:

Protocol for incidents of physical self-harm

We realise that individuals cannot guarantee to act in a safe way all the time; learning to do so is a goal of the programme.

If you experience urges to harm yourself, or to act in any way which may damage you, you should do the following:

- Remain on the unit. Do not isolate yourself.
- Try to find words to express what you are feeling.
- Bring the problem to the group to seek help. Find ways to ask for help from staff or others in the group.
- Try to use your DBT skills. This is particularly important as there will be times when you are on your own. A DBT assumption is 'people may not have caused their problems, but must solve them anyway'.

The Stabilisation Protocol

(following serious self-defeating behaviour)

We encourage a non-punitive approach to self-harm, but need also to be careful not to reinforce such behaviour by providing any reinforcing consequences, such as increased staff or group time. Our response also needs to take into account the damage and distress dangerous behaviour can cause to the programme and relationships within it. When someone has self harmed, it is important to allow the opportunity for detailed exploration and learning from the incident. This means that the individual needs not to be further de-stabilised or distressed by work which may be going on in the therapy, both individual and in groups. It is crucial nevertheless that they remain a part of the community group during this process.

Following an incident, the shift coordinator must decide if the situation warrants the protocol being implemented. This will commonly involve a Crisis Community Meeting being called. If it does need to be implemented the following steps should be carried out:

- Any immediate risk to safety is dealt with, including the need for medical attention (see self-harm requiring medical attention). You may be asked to clean and dress any wound yourself.
- You will be asked to work on a behavioural chain analysis using a worksheet for guidance.
- You will be expected to remain on the unit and not attend any therapy groups, with the exception of community meetings, until you are able to speak to the community about how you intend to reduce the likelihood of the behaviour occurring again and your plans to repair any damage that resulted from the behaviour.
- The stabilisation programme will be for a minimum of 48 hours. The whole community should be present when the chain analysis is presented. If self-harm occurs on a weekend the earliest you can return to the main Acorn programme is Tuesday morning.
- Chain analysis will usually be presented as part of a Community Meeting and should also be discussed in your Review of the Week.
- The Community must acknowledge that this process is stressful and support should be constructive rather than critical. The community, however, retain the right to ask you to do more work on the alternative actions or repair if required before a return to the main therapeutic programme.
- The chain analysis will also be reviewed at your next DBT intervention.
- If someone who is on assessment self-harms, a Crisis Community Meeting will be called. People on assessment would not normally be excluded from groups following self-harm.
- During the stabilisation programme people are encouraged to retain supportive contact with members of the community including staff. They may also wish to request support from others in completing their chain analysis. This will be limited to 15 minutes as it is important you retain ownership of the solution.
- If at any point during the stabilisation period patients or staff believe you to be at significant risk of self-harm a Crisis Community Meeting should be called and a course of action identified.

Self-harm requiring medical attention

When staff become aware that self-harm has taken place they will ask you to be honest with them about the extent of it so appropriate action can be taken. The shift coordinator on duty will decide what action is required.

If self-harm requires medical attention you will usually be asked to attend the local casualty department. Normally you will be expected to attend casualty on your own or supported by another patient. The shift coordinator on duty may make an exception to this if your immediate safety is at risk, or if the self-harm is immediately life threatening.

If you refuse to co-operate with these steps we will have to consider discharging you: failure to take action to keep yourself safe and failure to accept help when it is offered are damaging to the programme and are behaviours which interfere with therapy.

Protocol to handle bingeing, purging or starvation

Starving, purging and bingeing are all self-defeating behaviours: they help you manage feelings or impulses in the short term, but harm you and your relationships in the end. They cause considerable distress and anxiety to others on the programme and may take a variety of behavioural forms. In order to ensure they are taken seriously we expect you to take the following steps:

- You should attend all meals unless prior agreement has been obtained from the group. You must eat an adequate diet. If you have specific problems with planning and eating meals, the dietician will help you write an eating plan, to which you will be expected to keep.
- All patients are initially weighed weekly as food and eating are common areas of difficulty for individuals who use the programme. This may reduce over time if your eating and weight are stable to normalise skills use and to help you move away from dependence on weight and being weighed.
- Try to find words for your difficulties around food and eating.
- If you miss meals or binge, you must expect this to be questioned in the Community Meetings.
- If you use an eating disorder behaviour, including restriction, bingeing or purging, you will have been asked to complete a behaviour chain analysis. If your eating behaviour continues and is putting you at risk or is interfering with your ability to use the therapy, you will be asked to complete a further behaviour chain analysis on what is blocking the implementation of solutions from your earlier chains and discuss the findings within the community.
- If you consistently maintain an inadequate diet we will understand this as behaviour interfering with therapy, which may be a reason to be asked to leave the programme or undertake a period of time out or stabilisation.

Protocol for impulsive departures from the unit

The central therapy programme runs from Monday to Friday, from breakfast to the evening check in. You are expected to attend the whole programme unless you have a specific agreement with the group. Leaving the unit at other times must also be planned and discussed with the community. Impulsive departures make the work of the group feel unsafe. This is how we will respond:

- If you leave the unit in distress staff will not normally follow you, as this tends to encourage leaving the unit as a way to seek help in distress. Staff may make an exception to this if they believe there is an immediate risk to life. At such times “The Retreat Missing Persons Procedure” will be followed and it is likely the Police will become involved.
- If you do leave the unit in distress you should make contact and return to the unit as soon as possible. You must let us know if you make a decision not to return.
- When you return to the unit a member of staff will see you briefly to assess any immediate risk and will ask you to complete a behaviour chain analysis as a way to look at what happened and to find more effective ways to cope in future. All incidents of this type will be treated sympathetically and as a learning opportunity.

Overnight leave should be requested in the Patient Business Meeting and discussed within Community Meetings. You should inform the community as far in advance as possible to avoid impulsive departures and anxiety on the part of others. Please note that we need at least three days warning to be sure of arranging leave medication.

Time Out

Occasionally it occurs that someone in the programme becomes unable to break out of repeated self-harm or other self-defeating behaviour patterns. This may occur because for some reason they cannot use the programme effectively at that time. We believe it is unkind and dangerous to ask someone to continue to try to live and work in an environment which is evidently leading them to act in an increasingly dangerous way.

If this happens to you, one step you may be asked to take is to have time away from the unit and the programme to consider what is happening, and whether between us we can do anything to change things. You may be asked to do some specific work to help you understand what is happening. This period of ‘time out’ is usually one week in length but can vary in exceptional circumstances. The length of ‘time out’ and our expectations required of you during this time will be explained clearly, usually within a Community or Emergency Meeting. You will need to return prepared to speak openly with the group about it. The group and staff will want to help you consider how to come back into the programme safely and effectively ensuring that this programme will be able to work for you.

This is not the same as being discharged. You will be looking specifically at whether you can continue to use the programme and how. Time out is only appropriate where



there are clear risks to yourself or others, or if it is becoming impossible for people to work in the programme because of what is going on.

We will speak to the person who referred you, and anyone else relevant in the professional group who was previously helping you, to explain what is going on. We may want to speak to relevant family members or others to ensure they are clear what is happening, and what they can do to help.

When you return to the programme there will be an Emergency Meeting with the whole community where you will present your chain analysis, commitment statement and any other work you have been asked to complete. This will allow you and the community to discuss whether you are in a position to rejoin the community and continue the work safely or whether this maybe the wrong time for you to be on the programme and discharge maybe more appropriate.

1.9 Your Agreement with us

- You will try to be honest with yourself and others about your feelings, and will try to find words to express them.
- You will work towards reducing suicidal and other self-defeating behaviours as a goal of therapy. You will work with the group to find other, self-affirming ways to cope. If you feel like harming yourself or doing any other self-defeating behaviour, you will let others know and accept any help that is offered.
- You will work on an honest diary of your impulses to self-defeating behaviours and other problem behaviours. You will discuss this with staff.
- You will attend all scheduled therapy sessions, both individually and in groups. You will work on problems that arise which interfere with the progress of therapy. You will stay in therapy until an agreed leaving date.
- You will recognise that the staff team and other patients need to learn how to understand you and how best to respond. They will sometimes get this wrong and you may think they are over-cautious or under-responsive at times. You must be prepared to accept this and to talk about it, and to avoid withdrawing into dissociation or self-defeating behaviours.

1.10 Our Agreement with you

- We will respond to you in an honest and open manner, and involve you as much as we can in planning and making decisions about your care.
- We will arrange times to meet individually to discuss your DBT diary, working with you to identify your feelings and understand your reactions to situations.
- We will remember that letting people get close enough to help also lets them close enough to be abusive, and can lead you to panic and wish to escape. We will honestly work with you to try to create a safe and useful environment, where your feelings can be validated and understood.
- We will recognise that new, self-affirming behaviours are difficult to learn. We will try to ensure that self-defeating behaviours do not draw all the attention of the staff and group away from people acting in a more effective way.
- We will work with you to allow the greatest degree of freedom to come and go that the demands of the programme and your own ability to cope will allow. We will be clear about why we think any restrictions are necessary.

1.11 The main goals of treatment

- To reduce, and preferably stop, self-defeating behaviours. To decrease therapy-interfering behaviours and behaviours which damage your relationships.
- To increase skills needed to live outside the programme - crisis survival skills, problem-solving skills and the skills learned in the DBT skills group.
- To help you acquire a more thoughtful and flexible way of handling yourself and your life.
- To gain a better understanding of yourself and how interpersonal relationships are managed and maintained.
- To find a “Life worth living”



1.12 Joining the Programme

The decision about a person joining the programme is made jointly by the staff team and the people currently on the programme. Anyone who is a member of the Community is expected to take an active part in the assessment of others referred to join the programme.

In appendices 4 & 5 you will find copies of the letters which will have been sent out to the potential community member and to her referrers, describing the process. The person coming for assessment is seen individually by a senior member of staff, and by the Community in a group situation. A decision is made by the Community as soon as possible about whether the individual appears to be suited to the programme, and anything the Community might want her to do in preparation for joining. She will then be informed in a letter, copied to her referrers.

It is preferable that the potential member has written to say if she would like to join the programme before our letter goes out, but in any case a person will not join the programme unless she has made it clear that this is what she wants to do.

During the two week assessment period at the beginning of your admission you will be expected to go out in the company of others. This is so that you can become orientated to the local area and also to begin to build relationships with other community members. At first it might be scary taking responsibility for your own safety and sometimes people do not always recognise behaviours they use as being self-defeating. Going out in company can help you to get to know and adapt to our ways of working while we are getting to know you.

The first two weeks of the programme are thought of as an extended further assessment time. In the 'End of Week Review Group' during her second week, the Community will discuss with the new member her commitment to the programme, and will agree with her whether or not she should remain.

The decision about a person being accepted onto the programme is made by consensus of the whole community, staff and patients alike. There is no system of voting, so it is important for everyone involved to join actively in considering whether a person is rightly placed in the Community.

If it is agreed an individual should not join the programme, she will be told why in a letter. We will also make suggestions to the referring team about what alternative plan of treatment might be followed.

1.13 When will treatment end?

You will leave the programme when you agree with the staff team and the Community that you are ready to move on, or at the end of your planned time to stay on the unit. This will normally involve a discussion with the people who referred you for treatment. The 'typical' length of stay is 8 months, with an absolute maximum of 12 months.

At the time you leave you will be invited to attend the monthly "Graduate Group" for up to a year. The Graduate Group is usually held on the afternoon of the 2nd Wednesday of every month and aims to provide additional contact and support for those who have successfully completed the programme. Other therapy after leaving will be planned at your review meetings during your stay on the programme.

Before you leave you will meet with staff and agree a Relapse Prevention Plan which can be shared with other professionals, with family and with friends, who might offer support in the future.



1.14 General information matters

Please note that the information below does not illustrate the full Retreat policies – you may see these by request through a staff member.

Medication

We do not insist people on this programme use no medication, but our goal is to minimise its use. We believe many people use medication to ‘screen out’ feelings and impulses, and that it is important for you to know you can handle things without having to be sedated. The skills training is designed to help you with this.

Some people may nevertheless find medication helpful, especially to stabilise mood, or be on medication for physical problems. We prefer people to look after their own medication, and to self-medicate. As soon as this can be done safely we will go through the self-medication protocol with you, and arrange for medication to be dispensed for you to look after. Secure arrangements for storing it are available in your room; you should always keep medication locked up safely.

Violence and respect for others

We cannot tolerate violence of any sort on the unit. Violence to others will lead to discharge at the earliest possible moment. Physical or verbal threats to patients, staff or others will be treated very seriously, and will normally lead to your being asked to take time out from the programme; your return will depend upon your finding ways to stop the threats.

In extreme circumstances where violence is threatened or occurs, or the threat to self-harm is severe, you could be restrained. Police may be called to help deal with a dangerous situation once such an episode is over, you would be placed on the stabilisation protocol. Plans for time out or for discharge may be made. An urgent review will be arranged in the weeks following the incident.

Self-harm is violence to yourself, and you will be expected to strive to avoid it. We want you also to remember that seeing others harm themselves is distressing and to avoid any self-harm in a public place. We take lack of progress in these areas to mean either the programme doesn’t suit you, or you are not ready at this time to use the programme. It may lead to early discharge. It is important for you not to be battling on and making no progress, and, for the group as a whole, that everyone on the programme is giving her best to the work.

We want the unit to be as pleasant and safe a place as it can be. You will need to help us to achieve this by working to control your self-defeating impulses, and by considering the needs of others in the unit as well as your own. Our experience is that the programme is most helpful when everyone in the Community is open and honest,

and can trust one another to work together to stay safe. Your first priority in the therapy is safety for yourself and others.

You will be aware how much pain and distress there is to feel from your past experiences. Please try to remember that the other people on the programme and the staff have not caused this, and although they may at times appear to have difficulty understanding or responding, try to treat them with respect. Verbal attacks on others make the work of the unit hard to maintain.

Staff will work together to help you develop effective strategies to help yourself. They will need time to meet together for support and to think about what is going on: they will not always be available at short notice. It is important for yourself and for others on the programme that you strive to build up confidence that you can handle stress or upset at least for short periods of time with the help of the rest of the patient group.

Intimate and sexual relationships

While friendships are encouraged, and the support of people you may become friendly with on the Acorn Programme can be enormously beneficial, experience has shown us that relationships of an intimate nature between women on the programme can cause problems. It is quite usual for people in psychotherapy to be advised against entering into any group therapy with a sexual partner (see DBT Skills Training Manual (Linehan, 1993) Rule no.9). The best rule of thumb to remember in this context is if you think there are things about a relationship with another person on the programme you don't feel you can bring to a group, then you have a problem, and so does the group.

Damage to property

If you cause damage to The Retreat's property or that of a fellow person on the programme, you will be asked to pay for its replacement or repair.

Self-catering

On Saturday and Sunday the Community cooks its meals together as a group. A budget is provided for this. This is not only an opportunity to develop practical skills you will need on discharge, but also an opportunity to use the interpersonal skills you are learning. It is part of the group programme, and everyone is expected to take part. You will be expected to adhere to health and hygiene regulations: staff will support you in this.

Formal Family Support Service

The Retreat recognises the importance of helping carers, family and friends at a time of distress following the admission of someone they care for. The service is open to all patients and family members on Acorn unit and is assessed as needed and discussed within the multidisciplinary team. The aim is to assist families to address issues in a supportive and neutral environment. It also aims to support families around issues of

communication and to help families understand patterns within the family system and where needed promote change.

Transport

As a general rule you are responsible for any costs arising from travel to and from home, hospital appointments etc. If staff need urgently to transport you to casualty, and the use of an ambulance is not appropriate, you will be billed for the cost of a taxi for this purpose.

If you have a low income and require support with travel costs it may be possible to apply for funding. Notice is required for this.

Gifts

Professional bodies prohibit staff from accepting gifts or gratuities. They can of course accept small tokens of appreciation such as cards.

Research

The Acorn Programme is unusual and innovative. We are committed to a programme of research and audit to establish in what way and for what type of problems it is most useful. You will be asked during your stay to fill out questionnaires. These will be made anonymous, and the data used to help us obtain this information. While not filling out questionnaires will not affect your treatment, we would like you to help us with this to ensure the programme continues to operate, and to improve.

We may also ask you to take part in other research projects while you are on the programme. We hope you will be able to help us with this important part of our work.

Safety, confidentiality and our legal duties

While the community must be able to discuss anything which happens in the unit, it is important to remember that the work of the group is confidential. We want people to feel safe to talk about experiences which they have kept secret elsewhere. Do not pass on anything you learn to others outside the programme. This includes on social networking sites such as Facebook. While you may be friends with present or past community members, confidentiality is crucial in allowing everyone to safely do this difficult work. The staff team will not discuss you or your treatment outside the staff team unless you say we can.

There are a small number of situations where we have a duty to inform others. We cannot condone law breaking, and cannot allow things to happen on the unit which are illegal. We also have certain specific legal obligations which we cannot avoid. We have a duty to keep your referring team, and in some instances your funders, informed of your placement on the programme. Mostly this will be done during your reviews when your home team will be invited to attend and in which you will be fully involved.

However there may be occasions when we need to speak to them other than at that time, usually this would only happen if you were at increased risk to yourself or when there is a possibility that you may no longer choose or be able to be on the programme. We will involve you in any of this contact as much as possible.

Driving

While you are an inpatient on Acorn you should not drive. This includes when you are on leave. If we have any indication that someone is driving under the influence of drugs or alcohol we will inform the police.

Someone who suffers any sort of psychological disturbance should inform the DVLA, who will decide if you are fit to drive. There are guidelines issued by the DVLA which give an idea of the likely decision, but they do treat individual cases with sympathy. We are obliged to inform them if we have doubts about a person's fitness to drive. We will discuss with you situations where we think this may be relevant, and try to involve you in decisions about how to proceed.

Drugs and alcohol

Do not bring illicit drugs or alcohol into the unit. Doing so may lead to early discharge. If we have reason to believe someone is in possession of, or is supplying others with, an illegal drug, we will inform the police.

Because of the disinhibiting effect of drugs and alcohol, being intoxicated on the unit can lead to consequences dangerous to you, to others, and to the whole programme. We take it very seriously, and want people to work hard to avoid it.

If there is good reason to believe you are under the influence of drugs or alcohol you may be requested to do a breathalyser or drug detection test.

Intoxication with drugs or alcohol makes it harder for you to regulate feelings and increases vulnerability to self-harm and to aggressive behaviour. It also makes it impossible to properly use the therapeutic interventions or medication that might be used in a crisis. If you are in the unit intoxicated you will be suspended from the therapy programme, and will be asked to stay away from the Group. To reduce the risk of self-harm you may be asked to use a spare room so you don't have access to your belongings.

Staff will assess the level of risk of self-harm or aggressive behaviour. Our job is to do all we can to ensure the safety of you and of others. This is one situation where we might resort to continuously observing you. This is a severe crisis for the programme, and not something we do lightly. Our aim is to safely contain things until the individual is sober enough to collaborate with staff and the group.

Child protection

We are obliged to inform the Social Services Department if we have reason to believe children may be at risk of abuse by an identified person. If you think you know of children who are at risk, you are probably also aware of why this should be stopped. We will discuss with you any situation where we think this may be relevant, and will not tell anyone without you being told first.

We will not tell anyone outside the unit about anything you tell us without your knowledge. We will not tell members of your family, the police or other agencies anything you don't want them to know except in the situations above where we have a legal duty to do so. We would normally work with you even in those situations to get your agreement as to how and when information is given out.

APPENDIX 1

Acorn Programme Boundaries

While the three guiding principles to life on Acorn are “Turn up, Tune in & Tell the Truth”, there are other general boundaries and boundaries specifically related to groups. These are regularly reviewed in business meetings and when the handbook is reviewed.

General Boundaries

1. Meals are groups. Meal support takes place in the lounge or patients may remain in the dining room. One staff member will be in each area. Meal times end at 1.15 pm and 6.15 pm.
2. If you need to miss a group (or part of) it should be discussed in Monday's Patient Business Meeting.
3. Any pictures or video recording require the consent of all people in the room for both the taking of images and their distribution.
4. An Emergency Meeting can be called by any two patients or a staff member at any time of the day or night.
5. Prepare to be challenged about the function of any behaviour.
6. No skills coaching within 24 hours of any self-defeating behaviour.
7. Respect staff's 15 minutes evaluation time after every group.
8. If you have a secret, you have a problem.
9. Chain analyses should be presented at the Thursday Chain Analysis Group at the very first opportunity after the self-defeating behaviour. Some chain analyses can be taken to individual interventions, but the community can still ask for them to be taken to the group.
10. If the community feels you need to complete a chain analysis you should do this as soon as possible.
11. Do not talk about people outside of groups, what is said in groups, should stay in groups.
12. Respect what others say, everyone is entitled to their opinion.
13. Be mindful of your language.
14. You may book up to one DBT intervention per week. The Acorn weeks runs from Sunday to Saturday.
15. If you are leaving the unit at any time, sign out on the whiteboard outside the lounge with the time you're leaving, where you're going, and when you expect to return. Rub off all information when you return.
16. If you want to bring visitors onto the unit, permission from the whole community must be sought with as much notice as possible. Visitors must be accompanied at all times. Visitors are not allowed in bedrooms.



17. We are not mind readers. Try your best to explain what is going on for you.
18. All leave should be planned with as much notice as possible. You should also think about the impact of missing any groups and how it will affect yourself and the rest of the community.
19. It is expected that you stick to your meal plan, difficulties with this can be discussed in group and you will be challenged about it.

Group Boundaries

1. DO be on time to all groups (this includes staff).
2. DO NOT bring mobile phones into groups. If you are expecting an urgent call, explain to the community at the beginning of the group and leave the room to take it.
3. DO try to go to the toilet before group, if you absolutely have to leave, tell the person beside you where you are going.
4. DO try to stay in group and use skills to tolerate your distress. If you leave a group, try to come back, do not follow a person who leaves a group. People may check on the person after group finishes if they are concerned.
5. DO be prepared to complete a chain analysis if you are late, leave group early/during or miss a group without discussing it with the community first.
6. DO use people's names and eye contact when talking.
7. DO allow a person to finish speaking before giving feedback.
8. DO be respectful, speak one at a time and allow the person to finish speaking.
9. The timekeeper will remind the community of the time every 10 minutes (every 15 minutes in ROTW). However, personal timekeeping is each person's responsibility too!
10. The chair will note down any patients who have missed groups (including meals), been late, left during, or early and their reasons on a register.
11. DO make sure all contact with other patients (especially those on leave) should be fed back into the next group. This includes social networking ie Facebook, email, text, and phone calls.
12. If an issue requires more time than an individuals slot in group, or there is considerable risk a Crisis Meeting must be called.
13. Skills coaching should not be sought as a way out of talking in group.

These boundaries were last updated and agreed by the community in June 2010.



APPENDIX 2

Group Psychotherapy: Some questions Answered

Dear Community Member

Following successful completion of your initial two week assessment period, you will be invited to join one or other of the two psychotherapy groups which take place concurrently on Tuesday and Thursday mornings. This appendix aims to answer some of your questions, and you can keep it as a reference guide. However, please feel free to ask questions about the groups (although not about the content of what has been discussed in the group; see the confidentiality notes). Chris, Helen and Vicky will be pleased to answer questions about the group, especially if you ask them in the psychotherapy group, where the other group members will also be able to contribute.

Q. Why is a new person not able to join in the psychotherapy group as soon as they join the programme?

A. The initial two week assessment period is a time of tremendous change and adjustment. Some people who join the programme find that after all a Therapeutic Community is not for them, or for some other reason they are not able to commit to therapy in the way that they had hoped. Joining the psychotherapy group, usually in your third week on the programme means you will have got to know the staff and patients, decided on your initial treatment goals, and been accepted onto and committed to the psychotherapy treatment programme here, in the review of the week group at the completion of your initial assessment period. By waiting until this point the therapy groups are protected from the disruption on accommodating people who drop out of treatment early, and the new member has a chance to feel prepared.

Q. Why are there two group analytic psychotherapy groups when in all the other group therapy (art, drama and DBT) the whole community is together?

A. There is no set agenda for discussion in group analytic psychotherapy. This means the members can talk about any material that comes to mind, including relationships in the group and how they might reflect relationships elsewhere in life, including the past or other personal events, feelings, dreams and fantasies. The whole community, with day patients, could be as large as 13-15 people. Most community members would feel inhibited about talking about personal issues in a group as large as that. Eight is the maximum number of people who would normally be in your analytic psychotherapy group.

Q. How does confidentiality work in the groups?

A. Another advantage of having two psychotherapy groups is that it reflects life in the world outside where, in different circumstances, we all have to learn to contain some information and experiences, and know where we can and where we should not share our personal thoughts and feelings. So the psychotherapy groups provide a place to practice containing your own issues and feelings and respecting the confidentiality of



others within the treatment programme. As you know, you should never discuss who you are in treatment with, or their issues with others outside of the programme. In the psychotherapy groups, while you are free to raise your own issues in other groups, you should not talk about other people's material outside of the therapy group. You should know that the staff will talk about the content of the therapy groups, however, the staff are also bound by confidentiality and clear Retreat and professional codes of conduct concerning the sharing of information outside of your immediate treatment team.

Q. Are there special group rules I should be aware of?

A. Although there are no special rules that differ from those you would expect in other sessions, (for example, you should not be violent or threatening), we request that you abstain from certain behaviour. Please don't bring items such as food, drink or cushions and blankets into the psychotherapy groups. These types of items often serve a further purpose beyond their obvious one. If you feel in need of comfort, for example a hot drink, during group psychotherapy, we ask you to talk about it as your need may well be associated with a deeper issue than "just" feeling thirsty. You will get the best from your own therapy and be less disruptive to other people's if you arrive and leave on time. We are very clear about the boundaries in group analytic psychotherapy as they contribute very importantly to the safe therapy environment. You can expect the group therapists to ask questions, encourage the group to think analytically about any boundary transgressions that do occur: "being late is always very significant" (to quote the founder of group analysis).

Q. How will the group help in my recovery?

A. At first you may feel anxious talking about yourself, or you may feel it is difficult to negotiate sharing therapy with others. You can learn a lot from listening to other people. You are also supporting them by listening. You may soon find you can relate in some way to aspects of what another person is saying. This can help you to begin talking about your own issues. You will feel more part of the group as you involve yourself in the conversation, talk about your experience, how you are feeling and what you think is going on in the group.

Q. What about the staff?

A. Chris Holman is a Consultant Psychiatrist and Group Analyst.

Helen Crooke is a Senior Staff Nurse with a lot of experience and a special interest in group psychotherapy.

Vicky Gavin is an experienced nurse in her fifth year of training as a group analyst. Vicky expects to be joined by a co-facilitator later in the year.

The staff members, therapist, called "conductors" in group analysis, attend supervision in line with guidelines for safe professional practice to provide you with the highest possible standard of therapeutic practice.

Q. Where do I go for my group therapy?

A. Chris and Helen's group takes place in the "Cedar Room" on the residential unit. Vicky's group takes place in the large group room in the "therapy suite".



Q. How are people allocated to the two different groups?

A. People who see Vicky for individual psychotherapy will be allocated to Chris' group. People who see Mark for individual psychotherapy will normally be allocated to Vicky's group. This is to enable boundaries between the individual and group work to be maintained, and give people experience of working with different therapists, men and women.

Q. What about if I know I am going to miss a group or am coming towards leaving?

A. Please give your apologies for any groups you may miss with as much notice as possible in the group. If you are coming up to leaving you will be invited to explore this in the group, as leaving a therapy group is a very important time for both the person leaving and the group, and needs plenty of thinking about and discussion.



APPENDIX 3

Severe Risk Management Protocol

The Acorn Programme was developed to help people who harm themselves or who use other self-defeating behaviours. It is a therapeutic community that incorporates Dialectical Behaviour Therapy into a programme that is rigorously evaluated and whose interventions are research based.

The programme is designed to improve the quality of life of those who self-harm and reduce their dependence on statutory mental health services. People on the programme have all put themselves repeatedly at risk by one sort of behaviour or another. The object of the programme is to help people learn to deal with their impulses to self-harm. They will not do this if responsibility is taken away by staff. In fact such an approach can reinforce the use of self-harm and increase patient's risk in the medium to long term.

The programme is not a suicide prevention programme and does not use observations or the Mental Health Act to keep people safe: it relies on patient commitment to keep themselves safe.

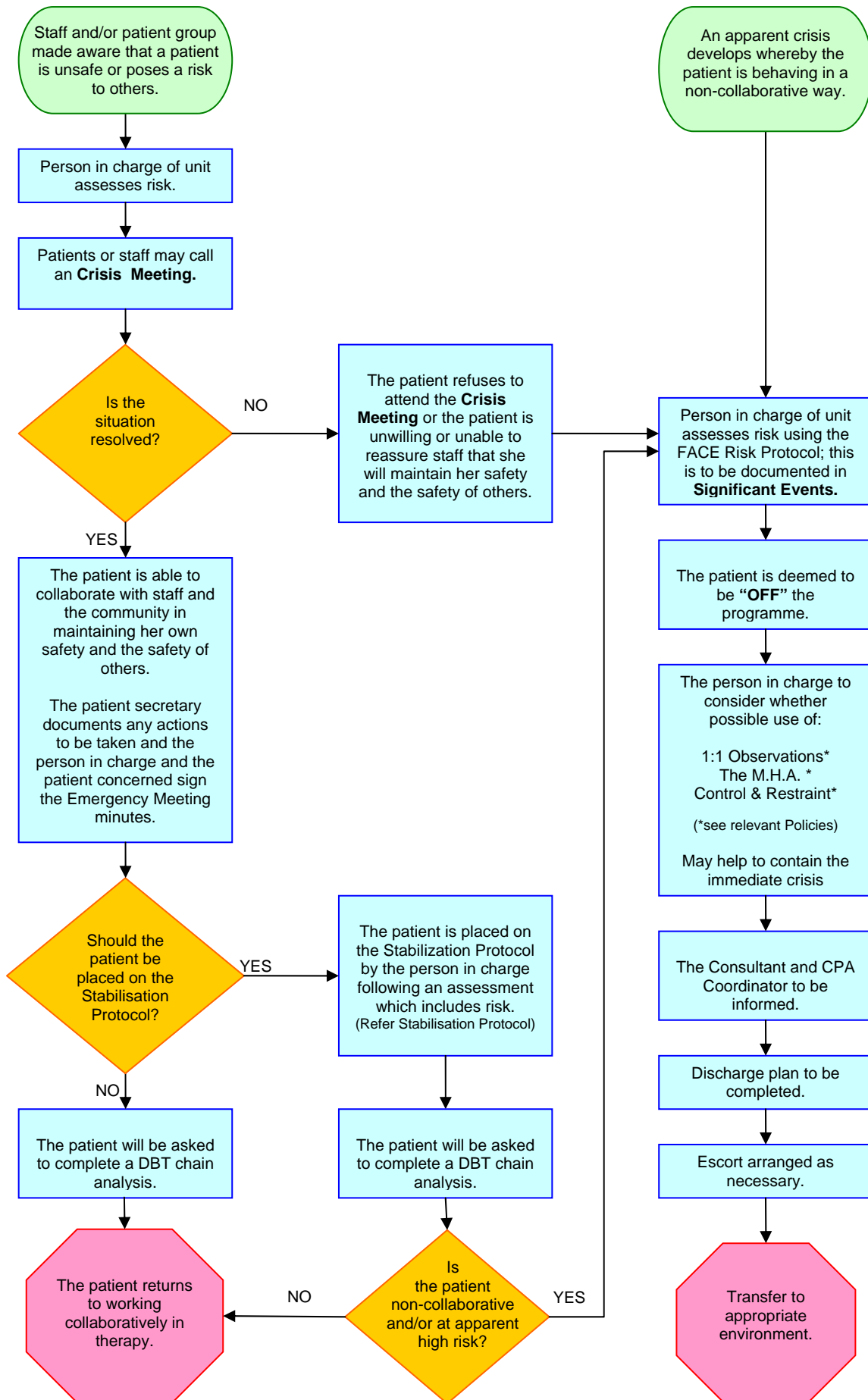
In the event that a patient is unable to reassure staff and the community that she is willing to and capable of taking responsibility for her own safety, or the patient is threatening harm to others, or acting in such a way that serious harm may be caused to property, then the patient will be "off" the therapeutic programme. At this point the person in charge may need to take immediate action to ensure the patient can be kept safe until such time as they can be transferred off the programme. From this point the patient will be managed in accordance with The Retreat Risk Management Policies.

Action might include using one to one observations or the Mental Health Act.

When the decision has been taken to remove a patient from the programme their CPA Coordinator must be informed and the patient transferred to a safer environment at the earliest opportunity. If the patient is assessed not to be suffering a mental illness then they will be discharged directly into the community as soon as a discharge plan can be written.



Severe Risk Management Flowchart



APPENDIX 4

Assessment visit letter - Patient

Dr has asked us to arrange for you to attend for an assessment for the Acorn programme. This has been arranged for Friday at 11.00 am.

Your assessment visit is intended to give us a chance to understand your difficulties and whether the Acorn programme is likely to be helpful to you. It is also intended for you to have an opportunity to find out about the programme and to decide if you would like to join. We have found that, for the programme to be helpful, people have to choose to be here. We do recognise that the timing of this period of intensive therapy is an important consideration.

We will be asking the person referring you for as much background information as possible, including any psychiatric or social care reports, and risk assessments. They should be checking with you that you give your consent to this information being sent.

The decision about whether you join the programme is made jointly by the staff and the patients in the programme. This is done in discussion by the Community after your visit, and your own letter of response to the assessment day will help us with our decision.

There will be one or two people come for assessment on any one day. This is the timetable:

- 11.00 Meet with Dr Mark McFetridge (Consultant Clinical Psychologist), Dr Chris Holman (Consultant Psychiatrist) or Vicky Gavin (Clinical Nurse Specialist) for an individual meeting. The assessing clinician may be joined by another member of staff or trainee. If you would like to bring someone else to be in this meeting please say so.
- 12.15 Meet members of the Community on the Acorn Programme. Look around the unit.
- 12.30 Lunch with members of the Community
- 13.00 Assessment Group with members of the Community
- 14.00 End.

There will be time for further informal discussion if you want.

The current group will allocate a “buddy” to help you through the day. You will meet with her when you go round to the Acorn community area.

During the Assessment Group you will be asked to share significant problems which you hope to work on in therapy. We have a culture whereby confidentiality is respected in our Therapeutic Community, but it is important that you understand that the effectiveness of the programme depends on openness and honesty in groups and that the Assessment Group is intended to model this.

The Acorn Programme is a training placement for people of a variety of clinical disciplines. Trainees may be present in the assessment group.



Please note the following:

- We do not allow accompanying people to join the assessment in the unit area. This is to respect the privacy of the current patient group. Anyone who comes with you is welcome to see what the unit is like, and to meet with a staff member if they would like. It would be helpful to know in advance who will be with you so that we can meet them and give them some understanding about the programme.
- The Assessment Group at 13.00 is a group like any other in the programme. It will feel quite unfamiliar if you are not used to group therapy. We will ask you to speak openly and honestly about yourself and what you need from treatment. We will raise with you any concerns we might have about how you will cope with the programme. You will need to understand that in a group programme we do not want people keeping things secret which may affect your treatment or others in the programme.
- Everything that is said will be confidential to the programme – people in the group will not discuss it outside the programme. We ask you to treat the group with equal respect and to avoid talking outside the programme about any personal matters others may reveal. You will obviously need to discuss your impressions and responses to the assessment visit with people; it is only things about individuals we ask you to avoid discussing.
- To help you get a feeling of the way the Community works, you will be eating lunch with the group. We will order a vegetarian sandwich for you but if you have any special dietary requirements please let us know in advance.

You can telephone us to check out any of the details of the day. Please telephone 01904 412551, ext 2305.

Following the assessment visit you will need to think carefully about whether you wish to join the Community. We realise this is difficult, but we will need your decision in writing within a week of the visit. We will then write to you and your referrer with a summary of what we understood from the assessment and say if we would like to offer you a place on the programme. We will also make any other recommendations that occur to us and set out any things you will need to do to prepare yourself for the programme. If we do not think it is appropriate for you to join the programme we will explain why and try to make alternative suggestions for a way forward

If you join the programme, the first two weeks are a period of further assessment. This will give you a chance to talk about any remaining doubts you have about whether it is right for you. You will be asked to make a firm commitment to stay and work in the programme at the end of that time.

Your PCT will need to agree to fund the treatment – ask your current team about this. Once funding has been agreed, we will contact you by telephone to help you prepare for admission.

We enclose some questionnaires we would like you to fill out. They are standard questionnaires used to measure psychological difficulties. We will ask you to fill them



out again during your stay. We use them at review meetings to help us think about how you are doing and we also use them to help your referring team and the funders have an understanding of your progress. In addition, we have a continuous service evaluation process on to check out how effective the programme is, and for whom it is best suited. We would like your agreement to add the information from your questionnaires to this evaluation; you will be asked about this when you arrive. It would be very helpful if you would fill out the questionnaires and bring them with you to the assessment.

After the assessment, the timing of your joining the programme depends upon a place becoming available and also on funding being confirmed. We will do our best to tell you when you are likely to join the programme, but we hope you understand this can be difficult to predict. Once we have confirmation of funding a member of the Acorn staff group will make telephone contact to discuss admission dates and how you will need to prepare for joining the Acorn programme.

We all look forward to meeting you soon.

Yours sincerely



APPENDIX 5

Assessment visit letter - Referrer

Dear

Thank you for referring _____ to the Acorn Programme. She has been sent an appointment to attend for the assessment day on Friday _____ at 11.00 am.

In order for us to make a full assessment, if you have not done so already, please ensure we receive a comprehensive history including the following:

- Family background, schooling and educational attainment
- Known history of trauma, significant losses and separations
- Psychiatric history including use of the Mental Health Act
- Forensic history including any convictions
- Physical health history
- Identification of any known risks
- Please tell us about the persons sex, age, ethnicity, religion, marital status, housing circumstances, final educational level, employment and whether they are registered disabled?

Please also include any available Social Care Reports, Psychiatric Reports and structured Risk Assessments. Please indicate if you are aware of any missing information which might be of interest.

Please ensure you have appropriate consent to send this information and documents, or let us know if your patient declines consent.

The timetable of the assessment day is:

- 11.00 Meet with Dr Mark McFetridge (Consultant Clinical Psychologist), Dr Chris Holman (Consultant Psychiatrist) or Vicky Gavin (Clinical Nurse Specialist) for an individual meeting. The assessing clinician may be joined by another member of staff or trainee. If you would like to bring someone else to be in this meeting please say so.
- 12.15 Meet patients on the Acorn Programme. Look around the unit.
- 12.30 Lunch with patients.
- 13.00 Assessment Group with the patients and staff.
- 14.00 End.

There will be time for further informal discussion.

During the assessment group with patients and staff, your patient will be asked to share significant problems which she hopes to work on in therapy.

We have a culture whereby confidentiality is respected in our Therapeutic Community, but it is important that the prospective patient understands that the effectiveness of the



programme depends upon a culture of openness and honesty in groups, and that the assessment group is intended to model this.

The Acorn Programme is a training placement for people of a variety of clinical disciplines. Trainees may be present in the assessment group.

I enclose the Acorn Guide and some information about the outcomes of the Programme.

You are no doubt aware that we are an independent provider and that funding must be agreed for treatment on the programme. I enclose a list of current charges. If you have not already initiated discussion with the PCT about this, please do ensure they are aware of the referral and are prepared to fund the treatment.

Following the assessment day we will ask _____ to write within a week saying if she would like to join the programme. We will then write to her and copy our letter to you. We will summarise our understanding of the situation, say whether we would like to offer _____ a place and make any other recommendations we think are appropriate. We appreciate that writing to the patient may seem unusual but we do this to ensure that from the start the patient is at the centre of the decision making process. We will endeavour to ensure the letter will also meet your needs as the referrer: please let us know if this is not the case.

If _____ is accepted on the programme we will try to give her an idea about the date of admission. However, this may be difficult to accurately estimate as it depends on others leaving and upon funding being agreed. Once funding is confirmed, we will make telephone contact with _____ to help her prepare for the admission. A member of staff will identify themselves as the link person in the programme. They will need to know who the Care Coordinator in your Team is, to coordinate the patient's preparation for admission, and to be involved in CPA arrangements during her stay. In addition, we will want a shared plan of how to manage possible difficulties which emerge during her stay in the programme.

If you have any questions during the assessment process please do not hesitate to contact me.

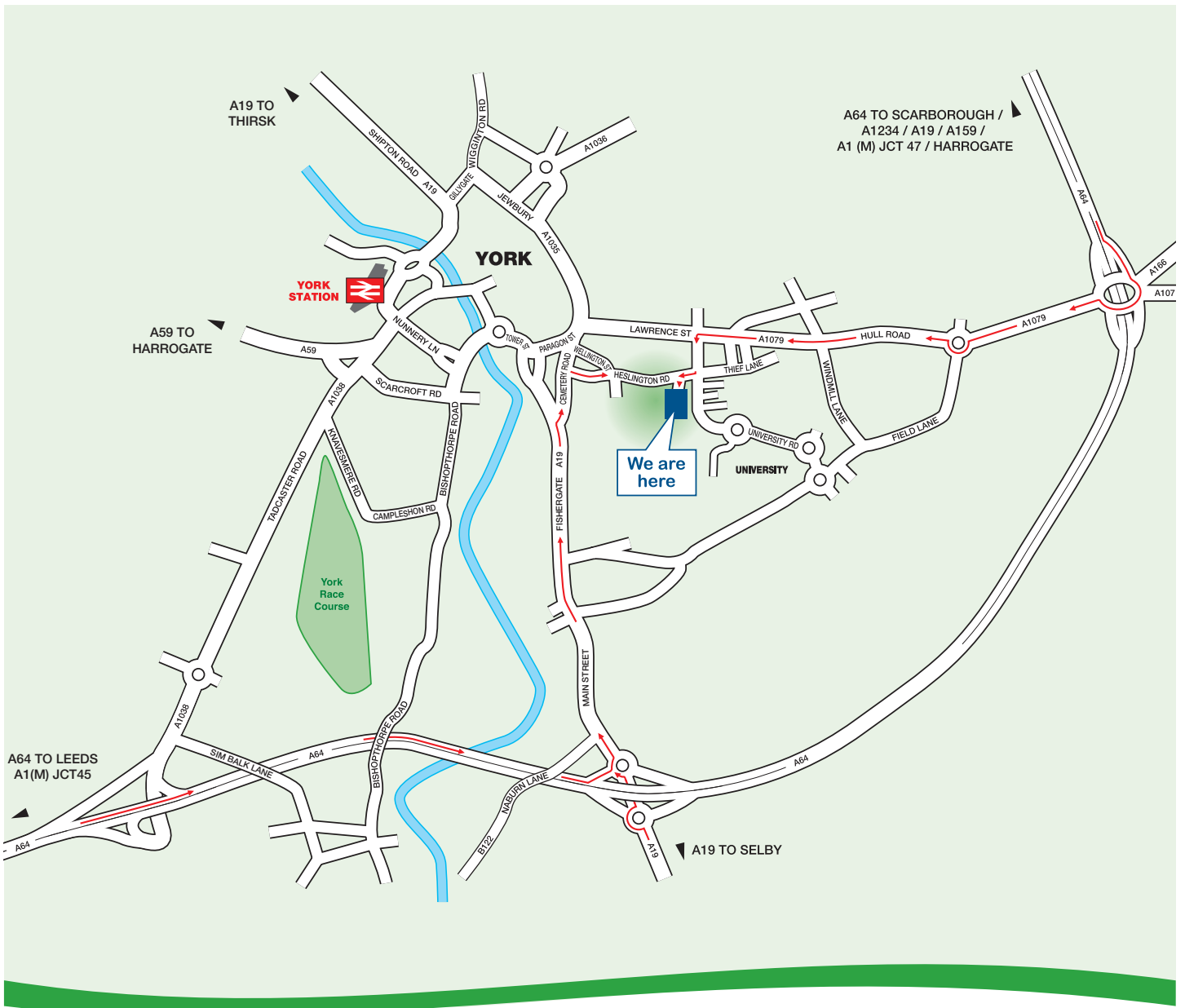
Yours sincerely

Copy to: GP



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