



Therapeutic Interventions

Your Guide to Cheswold Park Hospital

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Introducton

Here at Cheswold Park we have a range of services that can be tailored to our patient's needs. Our goal is to assist in a structured recovery, at a pace that is sensitive to individual requirements. We want our patients to be able to move on to a least restrictive setting as soon as is possible and providing high quality, evidence based therapeutic interventions is central to this.

Accordingly, we have employed a wide range of professionals to meet both each patients' needs in a holistic manner, these include:

- Doctors (Psychiatrists and a General Practitioner)
- Nurses (from each branch of nursing)
- Psychologists
- Occupational Therapists
- Speech & Language Therapist
- Physiotherapist
- Nutritionist
- Social Workers
- Teacher
- Gym Instructors

We believe that this investment in experts demonstrates our commitment to valuing mental health equally with physical health.



Who Do We Provide Services For?

At Cheswold Park Hospital we provide services for patients who need to receive healthcare in conditions of medium or low security due to the risks they present.

Prior to admission patients receive a comprehensive assessment and are admitted to an admission ward most suitable to them. The patients we serve may have a number of 'labels' that have been used to describe their needs and some patients may have one, or more, of the 3 broad conditions identified which are:

Mental illness

Mental illness refers to a wide range of mental health conditions that affect mood, thinking and behaviour. These include depression, anxiety disorders, schizophrenia, bipolar, eating disorders and addictive behaviours.

Personality disorder

This can best be described as problems with the way we think, feel and behave. Difficulties may include the way the person forms relationships, gets on with other people, controls their feelings and manages their behaviour.

Having a personality disorder can make life more difficult and can make it more likely that the person will have other mental health problems, or drug and alcohol problems.

Learning (intellectual) disability

Learning disabilities (sometimes referred to as intellectual disability) can range widely and some people may live a fully independent life whereas other people may need 24 hour support. It is commonly understood that a diagnosis of learning disability comprises of impaired intelligence with impaired social functioning that started before adulthood.

People with learning disability at Cheswold Park Hospital usually have another diagnosis such as personality disorder and/or a mental illness.

Therapeutic Interventions

Because we have an extensive team of professionals, we can offer a wide range of therapies to meet individual need and diagnosis. We use a range of recognised risk assessment and management and outcomes measurement tools in our therapeutic interventions.

To ensure we deliver a person-centred care plan for each person the Multi-Disciplinary Team (MDT) for each patient will select from our range of therapy and treatment options based on evidence and, importantly, taking account of the patients own experience and preferences.

Medical and Nursing

All patients at Cheswold Park are allocated a Psychiatrist and a named nurse who work together with other members of the MDT.

They undertake a number of activities using the 'biopsychosocial' model of understanding that takes in the patients' past experiences, family, culture, environment and occupation as well as medical conditions. These include assessment of the patients' state of mind, the risk they present to themselves and others, delivering psychological and behavioural interventions and using medication as indicated.



Nursing and support staff will also undertake observations, monitoring their physical and mental wellbeing and engaging and supporting patients with all aspects of daily living.

Support staff also have an active role in facilitating patients with leave opportunities to enable their rehabilitation and recovery.

Therapeutic Interventions

Psychology

The psychology team at Cheswold Park supports patients by providing treatment relating to their offences which may include sexual offending, violence and aggression and use of illicit drug or alcohol use. They may decide this treatment is best delivered to patients either individually or in group sessions. They will adapt treatment programmes to meet specific needs, e.g. patients with additional learning disabilities. Working with other professions they develop Positive Behavioural Support (PBS) plans for each patient.

Common psychological therapies delivered at Cheswold Park include:

Cognitive Behavioural Therapy (CBT)

CBT is a talking therapy that helps patients by changing the way they think and behave. Rather than looking at past causes, it focuses on current problems and practical solutions to help patients feel better now. It's commonly used to treat anxiety and depression but can be useful for other mental and physical health problems.

Dialectical Behaviour Therapy (DBT)

DBT is a talking therapy like CBT but as well as helping patients to change unhelpful behaviours it also focuses on acceptance and places importance on the relationship between therapist and patient.

Eye Movement Desensitisation and Reprocessing (EMDR)

EMDR is particularly used in the treatment of post traumatic stress disorder (PTSD). It is thought to imitate the psychological state entered in rapid eye movement (REM) sleep as studies show that during this stage, we can make new associations between things very rapidly. EMDR is designed to tap into this stage and help the brain to process unresolved memories and make them less distressing.



The British Psychological Society



Therapeutic Interventions

Occupational Therapy

Occupational therapy provides support to patients when their mental or physical health prevents them doing the activities that matter to them. These may be activities that they need to be able to do as part of their recovery and rehabilitation. Working with patients to identify goals to maintain, regain or improve independence and reduce risk they will employ different techniques, make environmental changes and/or use new equipment.

Examples of the interventions offered by occupational therapy at Cheswold Park Hospital include:

- Evaluating and adapting the environment on the ward or other hospital areas
- Providing educational programmes, treatment groups or classes
- Assessing and providing training in the activities of daily living
- Developing the skills for independent living
- Providing evaluation and treatment for sensory processing deficits



The occupational therapy team deliver a range of activities and opportunities for patients at Cheswold Park that includes:

- Cooking
- Horticulture
- Art and Crafts
- Music
- Gym sessions
- Educational and vocational training

In addition to hospital based individual and group activities there are work based opportunities in the community within local charities e.g. pet rescue centre and access to college. We also offer a range of job placements in the hospital that include:

- Chesbucks - a café on site that provides an opportunity for patients to learn work based skills in a catering service
- Chesco - a shop on site that provides patients with experience to learn skills in a retail outlet

Therapeutic Interventions

Speech and Language Therapy

Patients within Cheswold Park may present with needs that are related to communication and understanding that may or may not be associated with a learning disability. Speech therapy will help patients across the hospital with problems relating to communication and swallowing (dysphagia). They develop materials that enable patients to support them to understand and participate in their care treatment and to make choices. This includes 'easy read' materials, social stories and use of assistive technology where appropriate.



Therapeutic Interventions

Physical Health

We have a physical health service at Cheswold Park that includes relevant professionals such as GP, Nutritionist, RGNs, and who work closely with each MDT to ensure each patient is cared for holistically. The team provide a range of services such as health checks, vaccinations and clinics for conditions such as diabetes, epilepsy and obesity and health promotion activities such as smoking cessation.

Patients can also access the full range of community services such as opticians, dentistry, podiatry, chiropody etc. as required.

Social Workers

The social work team provides support to the patients, families and friends during their stay in hospital and participate in assessment and therapeutic interventions.

They have a key role to liaise with other agencies and commissioners in the community as part of the rehabilitation and discharge process. They are the lead profession within the hospital in safeguarding patients and work closely with independent advocacy.



Physiotherapy

It is well understood that physical activity has a positive associated with improved mental wellbeing. Many of our patients have difficulties achieving enough exercise and some have additional physical illness and conditions that can impact on their ability to move around and participate in healthy activities such as walking, swimming, running etc.

Physiotherapists have expertise in all elements of wellbeing including; exercise, healthy eating, weight management, stop smoking and management of anxiety and depression. They also help to address the management of chronic pain; effects of eating disorders, cognitive impairment, mobility problems and postural management for people with mental health problems.

Psychological Assessments

At Cheswold Park we undertake a range of psychological assessments that are tailored to meet individual need and include:

Diagnostic Interview for Adult ADHD (DIVA 2.0)

The DIVA 2.0 is based on the criteria for ADHD in DSM-IV. It asks about the presence of ADHD symptoms in adulthood as well as childhood, chronicity of these symptoms, and significant clinical or psychosocial impairments.

The International Personality Disorder Examination (IPDE):

The IPDE is a semi-structured clinical interview developed to assess the personality disorders described in the Diagnostic and Statistical Manual of Mental Disorder 5th Edition (DSM-5, section II) and the International Classification of Diseases 10th Edition (ICD-10).

The Psychopathy Checklist (PCL-R):

The PCL-R is an assessment tool most commonly used to assess the presence of psychopathic traits in individuals. It is a 20-item inventory of personality traits and recorded behaviours, which is completed in a semi structured interview format, along with a review of 'collateral information' such as official records. The current version of the checklist has two factors (sets of

related scores); Factor One - interpersonal and affective traits, Factor two - antisocial behaviour traits.

The Autism Diagnostic Observation Schedule (ADOS-2):

The ADOS is a semi-structured assessment of communication, social interaction, and play, for individuals suspected of having autism or other pervasive developmental disorders.

The Autism Diagnostic Interview-Revised (ADI-R):

The ADI-R is a diagnostic instrument for assessing autism in children and adults. The assessment focuses on behaviour in three main areas: qualities of reciprocal social interaction, communication and language, and restricted, repetitive, stereotyped interests and behaviours.





Risk Matrix 2000:

The RM2000 is a statistically-derived risk classification tool. It is intended for males aged 18 and above who have been convicted of a sex offence. It uses simple factual information about offenders' past history to divide them into categories that differ substantially in their rates of re-conviction for sexual or other violent offences.

The Spousal Assault Risk Assessment Guide (SARA):

The SARA is an assessment which helps professionals predict the likelihood of domestic violence, by screening for risk factors in individuals who are suspected of, or who are being treated for spousal abuse.

State-Trait Anger Expression Inventory 2 (STAXI-2):

The STAXI-2 is used to measure the experience, expression and control of anger.

Stalking Assessment And Management (SAM):

The SAM is a comprehensive structured professional judgment (SPJ) tool used for assessing and managing risk for stalking. The SAM incorporates the latest advances in the SPJ approach to risk assessment, including methods for violence risk

formulation and scenario planning.

Risk For Sexual Violence Protocol:

This is a Structured Professional Judgment tool, with guidelines for assessment and management of risk for sexual violence. It involves both case formulation and scenario planning methods, where the risk factors are scored for present in the past, present in the future and their relevance.

Wechsler Adult Intelligence Scale-version 4 (WAIS-IV):

The WAIS-IV is an IQ test which measures cognitive ability using a core battery of 10 unique subtests that focus on four specific domains of intelligence: verbal comprehension, perceptual reasoning, working memory, and processing speed.

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The Mini-Mental State Examination:

The MMSE is a 30-point questionnaire used to measure cognitive impairment. It is also used to estimate the severity and progression of cognitive impairment and to follow the cognitive changes over time.

The Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations who Offend (ARMIDILO):

This is an instrument designed specifically for use with individuals with a borderline or mild intellectual impairment, with or without learning disabilities, who have offended.

Promoting Risk Interventions by situational management assessment:

The PRISM aims to reduce institutional violence by understanding the impact of situational risk factors. It considers all elements of the institutional structure and functioning, from security and control, through staff training, morale and experience to organisational features including management style, policies and therapies.

Behaviour rating inventory for executive functioning (BRIEF-A):

The BRIEF-A is an assessment tool that assesses views of an adult's executive

functions or self-regulation. Two formats are used - a self-report and an informant report, which allow for an exploration into the individuals own insight of their executive functioning abilities.

The Historical Clinical, Risk Management-20 (HCR-20):

This is a Structured Professional Judgment (SPJ) tool for violence risk assessment. It is applicable to adults aged 18 and above who may pose a risk for future violence. This assessment contains guidelines for the evaluation of the presence of 20 key violence risk factors, and the relevance of these factors.

The Historical, Clinical, Risk Management-20 (HCR-20) is an assessment tool that helps mental health professionals estimate a person's probability of violence, determine best treatment and management strategies for potentially violent individuals. It allows the evaluators construct meaningful formulations of violence risk, future risk scenarios, appropriate risk management plans, and informative communication of risk.

Psychological Interventions

At Cheswold Park we have an ongoing programme of interventions designed to address needs identified through assessment of the individual and include:

Controlling Anger and Learning to Manage it (CALM)

Is a programme which can help increase the person's understanding of anger and other problematic emotions and increase their ability to control anger. The programme aims to improve the person's emotional management and develop skills to enable them to react to anger without the use of aggression

Thinking Skills:

This is a medium intensity programme with a CBT foundation. It develops skills in cognitive reasoning, interpersonal problem solving, critical reasoning, social perspective taking, self management, impulsivity and egocentricity.

Living with others

The aim of the programme is to provide patients with a basic understanding of working with each other and developing tolerance of others' behaviour. The course is aimed to be run on the ward in an informal way and includes the following session topics; listening, conversations, personal appearance, how we come across to others and communal living.

STARCH (Substance programme)

Is based on a CBT approach. The programme is suitable for patients who have a history of problematic substance use related to offending and/or symptoms of mental disorder

Acceptance and Commitment Therapy (ACT)

ACT is a modern behavioural approach that incorporates acceptance and mindfulness to help people to disentangle from difficult thoughts and feelings in order to facilitate the engagement in behavioural patterns that are guided by personal values.

Cognitive Behaviour Therapy (CBT) for psychosis

CBT for Psychosis is an evidence based treatment used to treat psychotic experiences such as hallucinations and delusions. The treatment is based upon the stress vulnerability model highlighting the interaction between biological vulnerability, stress and protective factors and their link to the development of psychiatric disorders.



DBT-Substance Use

DBT-SU combines elements of the standard DBT programme with specific Distress tolerance skills for managing crisis related to addiction. It requires the individual to commit to abstinence, completing and reviewing the abstinence plan on a regular basis while also planning for harm reduction should a lapse occur.

DBT-PTSD

Is modular treatment which includes DBT principles, trauma focused cognitive and exposure based therapy and compassion focused therapy values. It is focused upon reducing distress associated with previous traumatic experiences

Schema Group Therapy

Is an integrative therapy, combining aspects of cognitive, behavioural, psychodynamic, attachment and Gestalt models.

Fire setting Therapy Programme for Mentally Disordered Offenders (FIP-MO)

The FIP-MO is a low-medium intensity treatment programme for inpatients whom may have intentionally set a fire or whom may pose a risk of intentional fire setting.

The main aim of the programme is to increase the individuals understanding of the factors associated with their fire setting, and enable them to develop appropriate strategies for managing their fire setting risk.

Life Minus Violence Enhanced (LMV-E)

The LMV-E programme is a cognitive behavioural package focused on reducing the risk of aggression in individuals who have a history of habitual aggression or violence. The course is broken down into 7 modules which are delivered over approximately 12 to 18 months.

Healthy Interactions, Behaviour and Sexuality (HIBS):

Is a bespoke self change programme specifically designed for Cheswold Park Hospital by leading experts in the field of working with men who have committed sexual offences or sexually harmful behaviour. This form of therapy is delivered over the duration of 12 to 24 months.

Person Centred-Care

It is worth reinforcing that at Cheswold Park, person centred care is paramount. We tailor all that we deliver to build on the patients' strengths and talents. We do this by employing a range of person centred approaches and tools and by meaningful partnership with the patient and their family and friends.



"(A) person-centred health care system (is) one that supports us to make informed decisions, helps us to successfully manage our own health and care, and delivers care with respect for our individual abilities, preferences, lifestyles and goals."

This quote is taken from the Health Policy Partnership report published in 2015 (Harding et al, 2015), part of an international project devised to build an overarching picture of the state of play in person-centred care.



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