

Professional Groups Table Top Discussions

1. Medication & Treatment

Where we have no consensus (yet)

- What defines treatment resistance? – currently medication focused.
- How do we approach it in EI?
- Do we sometimes substitute a change of approach for a change of medication?
- Are we balanced enough in discussions about stopping medication?
- Do we need support?

What we agree on

- Medication is (just) part of the package
- Tailoring care & treatment to the individual and experiences. E.g. Trauma
- Having a peer group that can support and challenge
- Focus on supporting informed choice and getting better at this (process)
- Improving information about options & outcomes (content)
- We need better evidence about different presentations – e.g. voices, delusional disorder
- More research is needed.

2. Role of the Care Coordinator

- A 'pulse'?
- Assessment skills:
 - o Warm/friendly
 - o Knowledgeable
 - o Adaptive
 - o Creative
 - o Innovative
- Person-centred ⇔ Needs based
- Flexible in approach
- Engagement / balancing boundaries
- Assertive / persistent
- Emotionally resilient
- Accountability
- Core skills/ training (?) – experiential value
- Team players / partnership working
- Advocate
- Not the leftovers!
- Is it de-skilling to sub-divide EIP into sub-specialisms
- PSI

3. Developing the Therapy Workforce

- Recording family interventions:
 - o Documentation
 - o Provision
 - o Identifying and badging FT
- NICE – discussion on meeting targets vs protecting good therapy practice and tailoring to the person.
 - o NICE concordant therapies vs using prescriptive use of guidelines
 - o Recording: notes, audit, headings in care plans to show what has been offered, menu to hand out to clients
- Support the development of therapy work at organisational level
 - o Staff and supervisors in place first
 - o How to use workload
 - o Shift focus around evidence based therapies
 - o Need senior clinician support
 - o ACTION: Therapists and supervisors group together to support each other
- ARMS – how to meet the demand
 - o Difficult to meet capacity without more CBT therapists
 - o Could some of this work be delivered by other practitioners? But this could then cause issues with meeting the accreditation criteria.
 - o IDEA FOR NEXT MEETING: Services report back for next session on what they do/what is planned for ARMS population.

4. Service Development and Challenges (Identifying Resources for Over 35s)

- Parity for all ages
- Stepped approach when there is not enough money/resource
 - o RTT, then NICE concordant treatment for EI, then ARMS
- CAARMS assessment – meeting the threshold for EI service – lower the threshold? But would increase caseload numbers
- Over 35s having to adapt to working with older age group (even within same pathway of care)
- Accreditation – what are the repercussions for not providing full service?
- Mindful of any unintended consequences (i.e. “pre” waiting lists or rejecting referrals)
- Workforce issues