



Engaging Activity Supporting Existence

EASE

(Engaging Activity Supporting
Existence)

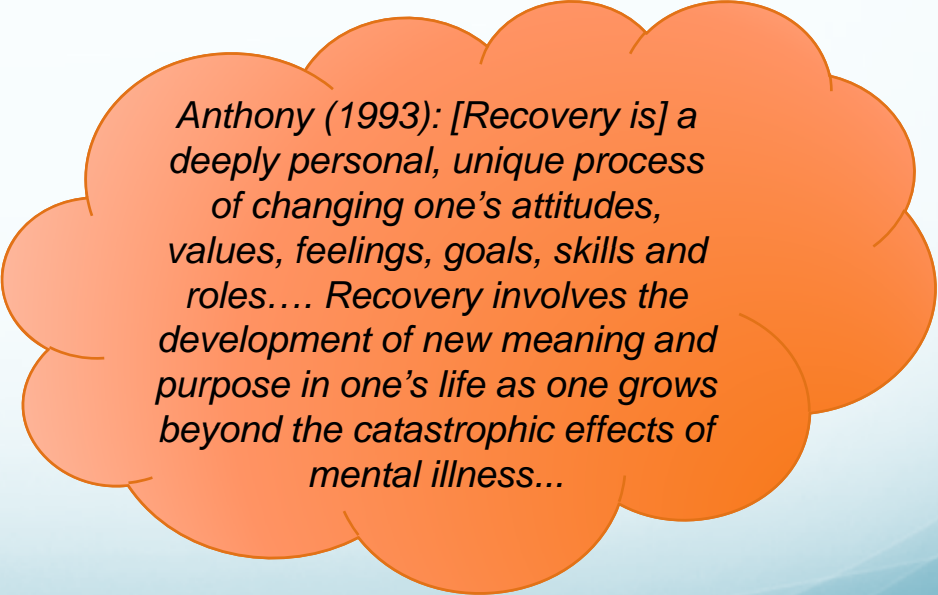
A Recovery Oriented Service

What we will cover

- DoH Principles of a Recovery Oriented Service
- Our aims and principles
- Our service
- How we evaluate recovery
- What our data looks like

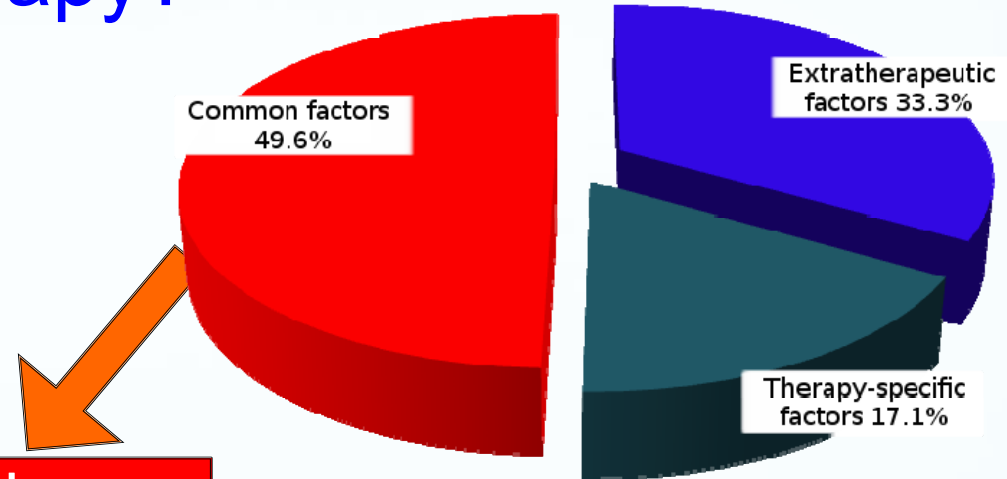
Our aims as a recovery service

- Challenge the medicalization of misery
- Personalised and idiographic approach to therapy
- Work locally with GPs
- Early intervention
- Reduced waiting times

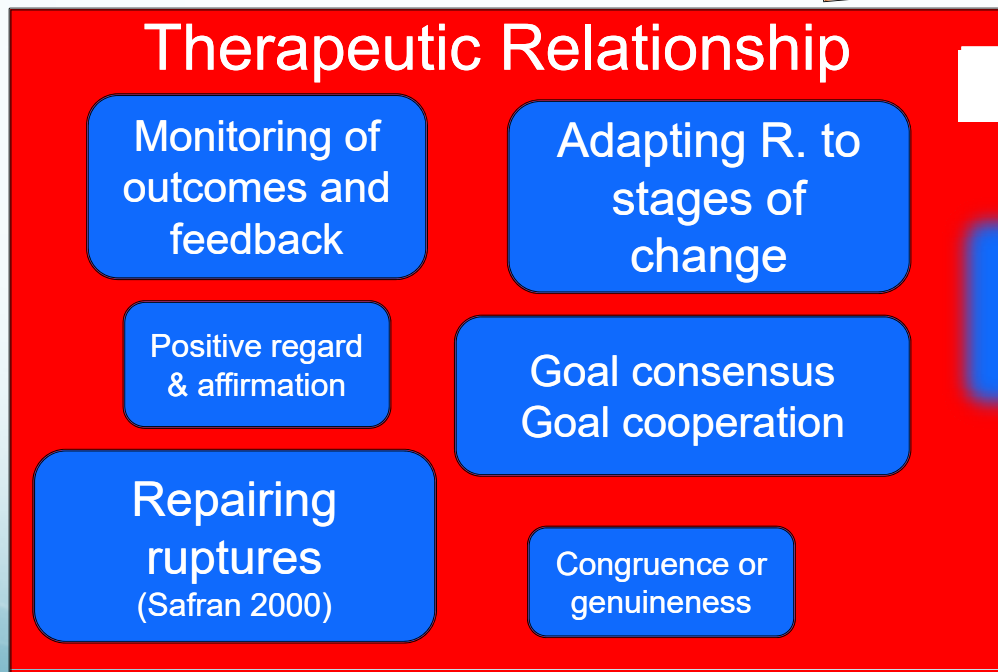


Anthony (1993): [Recovery is] a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles.... Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness...

What matters in therapy?



An attempt to partial out the contribution of factors common across psychotherapies, extratherapeutic events (including clients' contribution) and specific therapies in the treatment of depression. Cuijpers et al. (2012)



Empathy

Extra therapeutic factors
(including client related factors)

(Norcross 2010)

EASE Wellbeing

Our principles

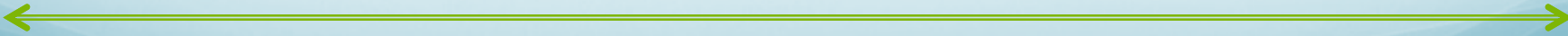
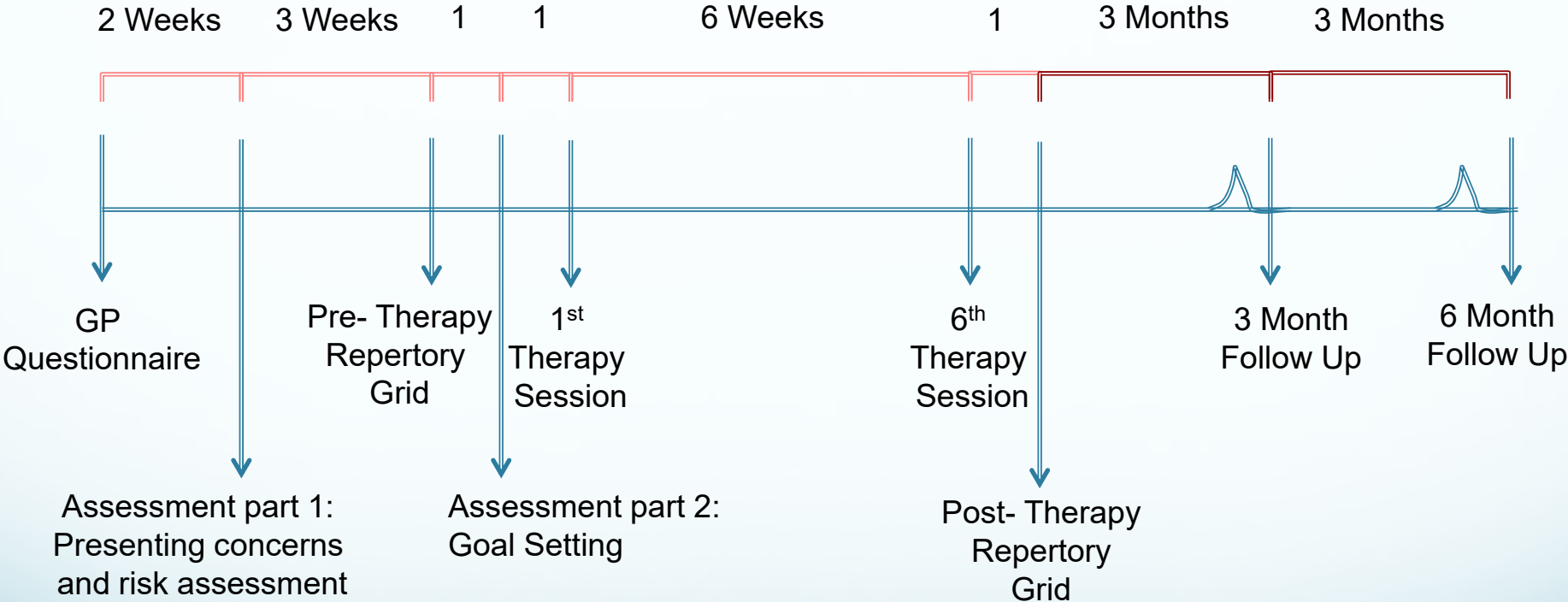
1st therapy session

- De-objectifying psychological distress
- Setting goals for therapy
- Explore and empower the clients existing resources
- Understand clients own perspectives on present issues and solutions
- Support clients own solution-orientated experimentations

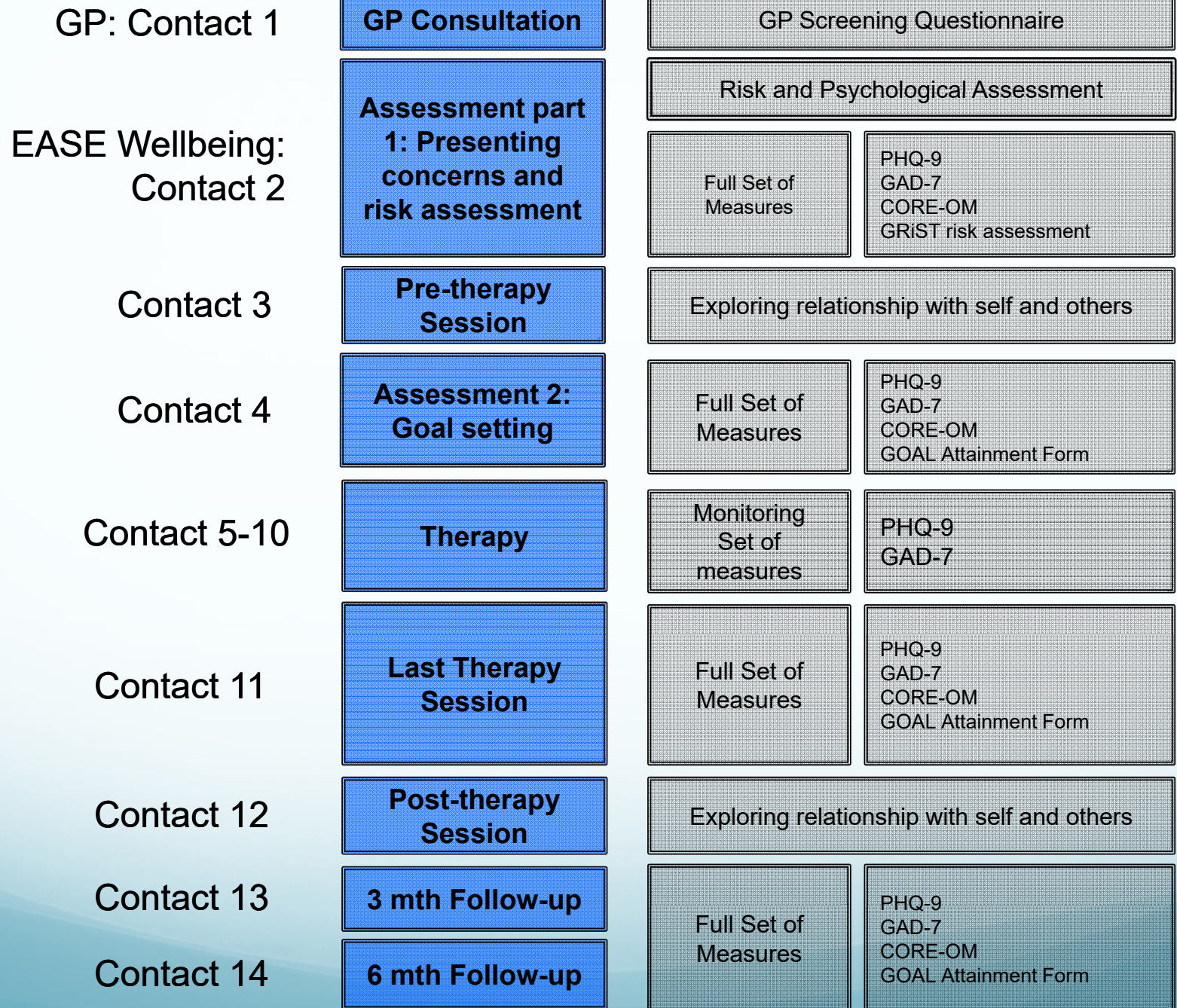
Last therapy session

Our Timeline

 = 1 Week/ Month



9-10 Months of contact with our service overall



GP Screening Questionnaire

GPs fill out the referral form together with their patients. This enables collaboration between both GPs and patients and GPs and mental health clinicians. It further allows patients to think about their presenting issues at first point of contact.

GP Screening Questionnaire



NAME _____ DOB _____ REF Date: _____
 Mob. _____ Tel. _____ Email: _____

Please consider that all the information given below is confidential to the GP and the personnel involved in your care.

1. Please try to think about your daily life and try identify (in a few words) your problems and to rate their level of severity according to the following scale:

1. Normal/mild 2. Moderate 3. Severe 4. Extremely severe

Identified Problems	Severity
1.	
2.	
3.	
4.	

Were you able to identify the nature of your concerns?
 YES ----- NO

2. How do these concerns affect you in your daily life?

3. Do you think that therapy could help you to understand your difficulties?

DEFINITELY ----- DEFINITELY NOT

4. Are you willing and able to commit to weekly sessions of therapy?

DEFINITELY ----- DEFINITELY NOT

5. Do you appreciate that therapy will be hard work psychologically and emotionally?

DEFINITELY ----- DEFINITELY NOT

6. Will you be able to also work on the process of change between therapy sessions?

DEFINITELY ----- DEFINITELY NOT

7. Can you think of being responsible for trying to change in a self-motivated and independent manner?

DEFINITELY ----- DEFINITELY NOT

CLIENT	I understand that in order for my EASE therapist to contact me and set an appointment with me I consent to share the information in this form with the EASE Wellbeing staff		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Date and Signature			
GP ONLY	I _____ have acknowledged the difficulties expressed above and I am referring this client to EASE Wellbeing for a psychological assessment and for a therapy intervention as deemed appropriate.			
	Date and Signature			

Risk assessment: GRiST and artoo.pw



The screenshot shows the GRiST web application interface. At the top, there is a header with the GRiST logo and the text "Insist on GRiST" and "Galatean Risk, health, and Social care assessment Tool". Below the header is a navigation bar with links for "Send Us Your Feedback/Suggestions", "Handbook", "Cribsheet", "Help", and "Log Out". The main content area has a heading "Conduct a GRiST assessment or view a report" and a "KEY:" section with buttons for "Fix errors", "Repeat", "Resume", and "Delete". Below this is a section for "Choose the settings most appropriate for your assessment" with dropdown menus for "Version" (Standard (original)), "Assessment population" (Working Age Adult), and "Assessment mode" (Full). There is also an "Assessment Information" section with a note about the selected "Test Patient" and a GRiST Person Ref. Code (PRC): CZXEQ-UBB-WC9.

Galatean Risk health and Social care assessment tool. C, Buckingham & A, Adams (2011)



The screenshot shows the EASE login page. It features the EASE logo at the top, followed by a "Username" field, a "Password" field, and a "Log in" button. Below the login fields is a link for "I forgot my password". At the bottom left, there is a "Secure Site" badge with the date "Sep-29-2016".

EASE funded the development of Artoo, a digital platform for the management of patient information and collection and analysis of outcome data, promoting a paperless and scalable system that utilizes cutting edge encryption and secure information transfer.

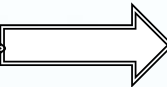
Selection criteria

PHQ-9 GAD-7 CORE-OM
GrIST – Risk assessment
Psy assessment protocol

Risk Assessment

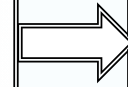


Psychological Assessment

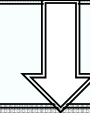


Exclusion criteria:

- Alcohol or substance abuse
- Intellectual Disability
- NICE guideline Step 4+ criteria for Anxiety/depression
- Marked functionality impairment and high level of associated risk



Not suitable for service.



Inclusion criteria:

- NICE guideline Step 2 and step 3 criteria for depression and anxiety
- Working age adults (18-65)



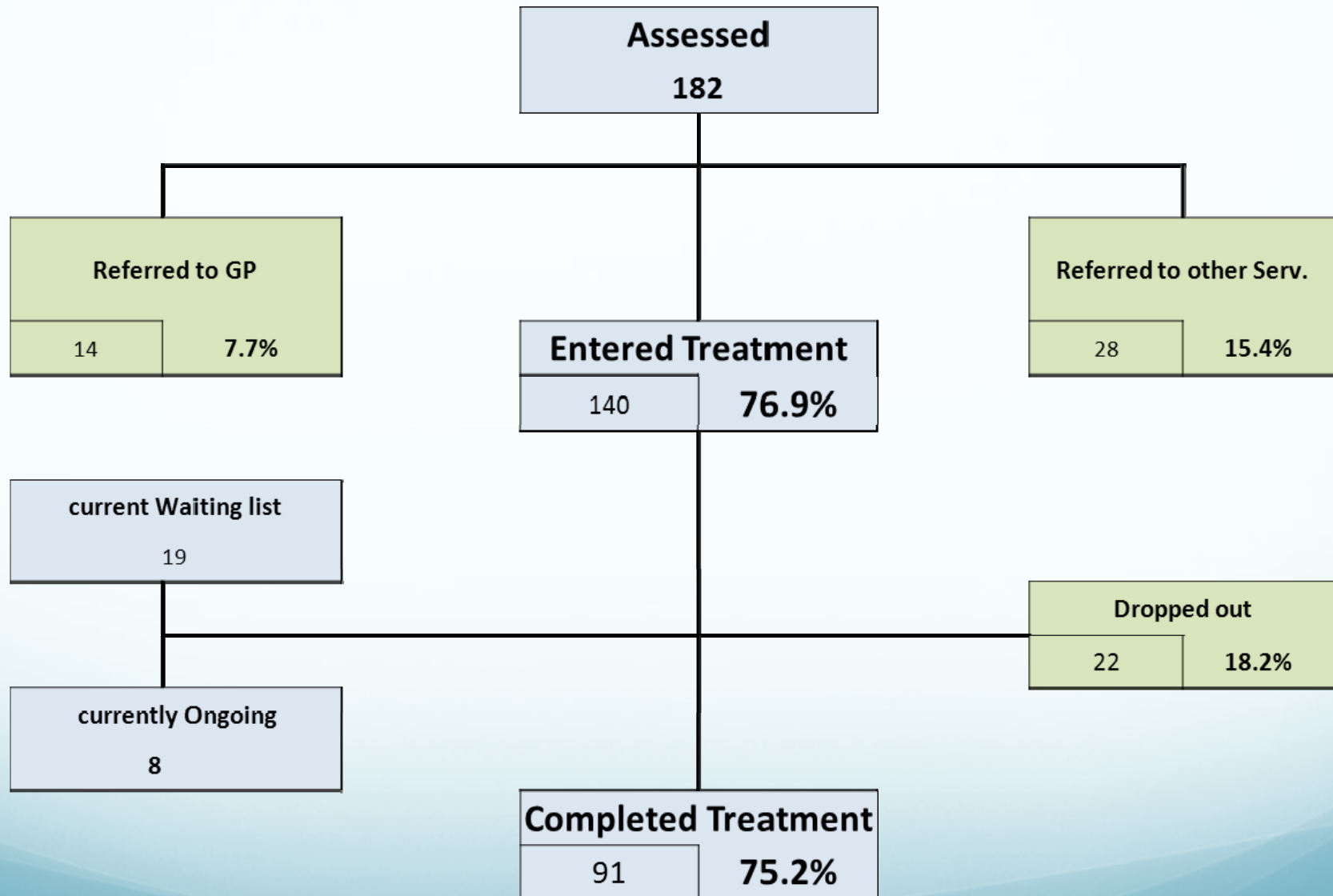
Suitable for service and offered appointment

Discharged to GP

Referred to specialist service

Signposted to available services in the community

Preliminary results from our current pilot



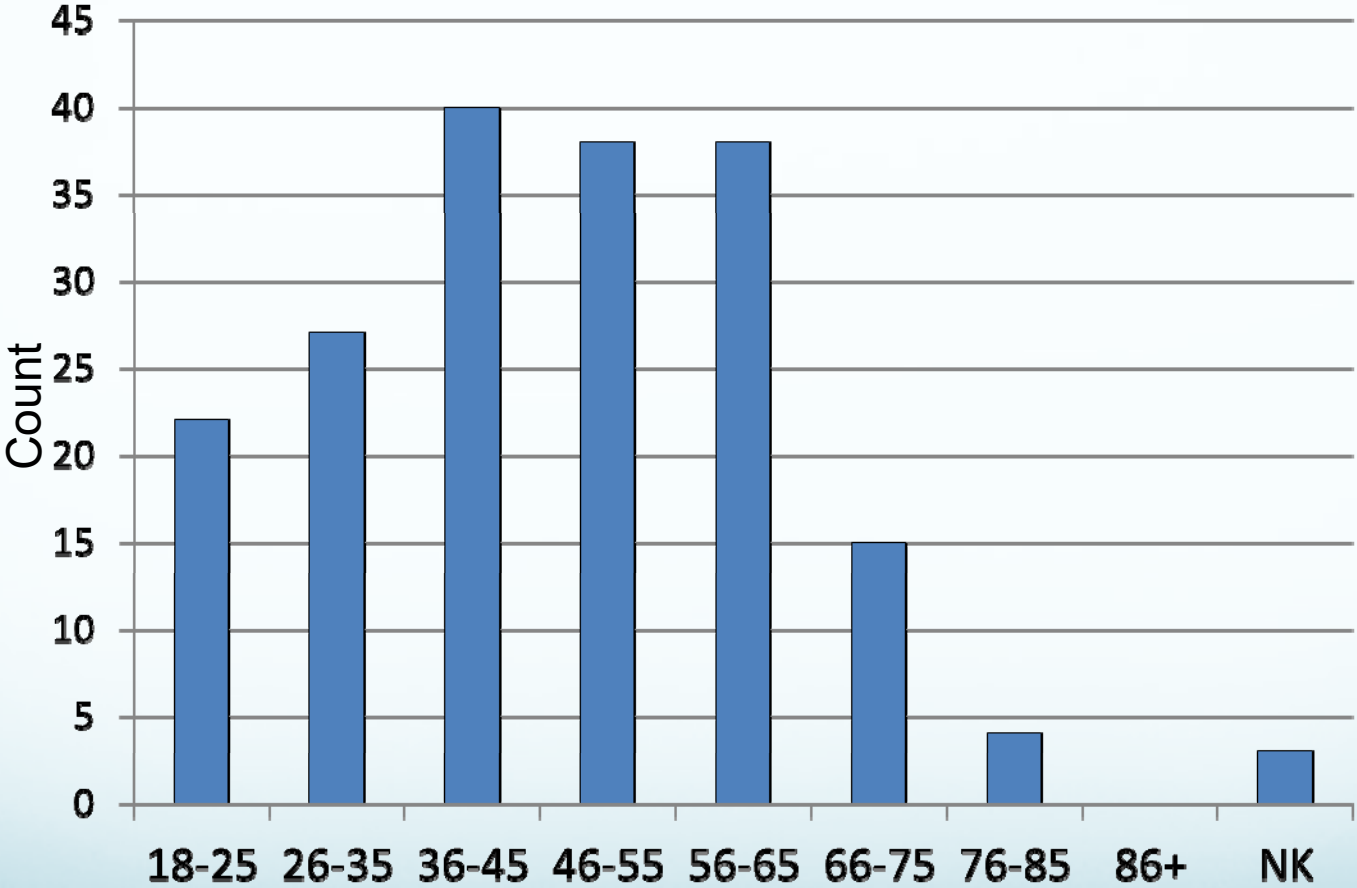
Demographics

Pilot Summary statistics

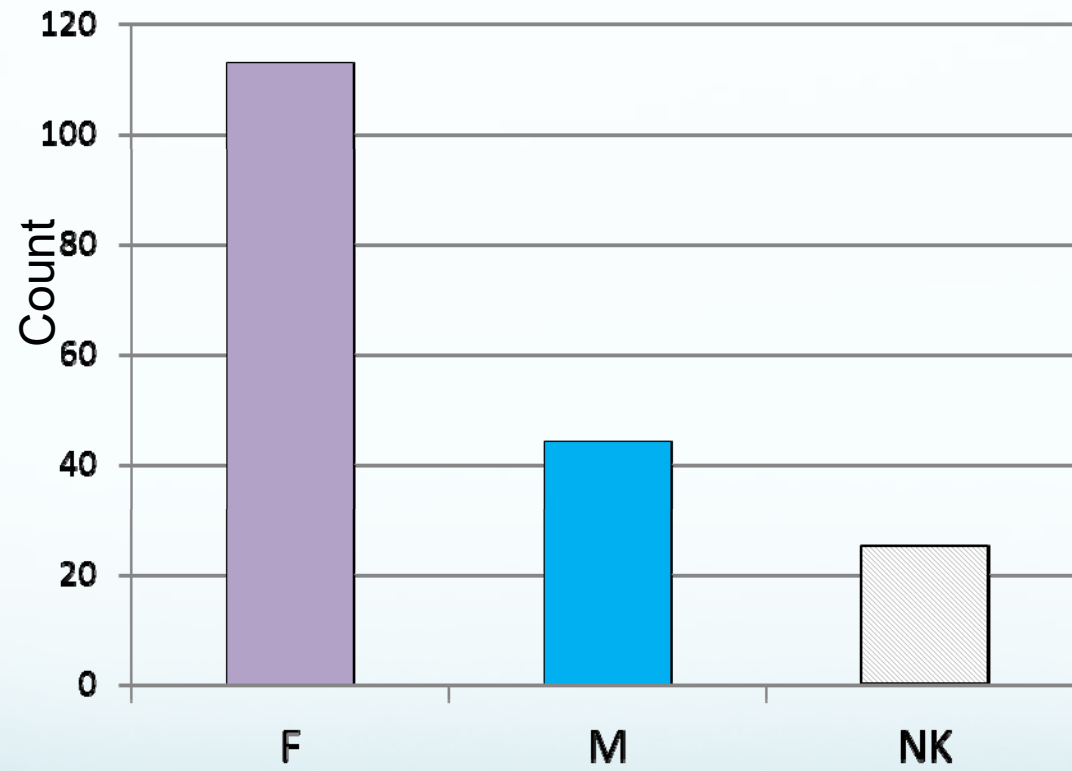
	Surgery 1	Surgery 2	Total
Assessed	146	35	182
<i>Waiting-list</i>	17	1	19
<i>Ref-on to other s.</i>	24	4	28
<i>discharged to GP</i>	10	4	14
<i>Ongoing</i>	5	3	8
<i>Dropout</i>	18	4	22
<i>Completed</i>	72	19	91
Befriending	1	0	1
Re-referred	0	1	1
TOT seen at assessment	147	36	184

* Descriptive statistics based on all patients referred into the service

AGE



Gender



Evaluating recovery

QUANTITATIVE DATA

- Depression and Anxiety
- Psychological distress
- Idiographic measure of relationships
- Therapy alliance

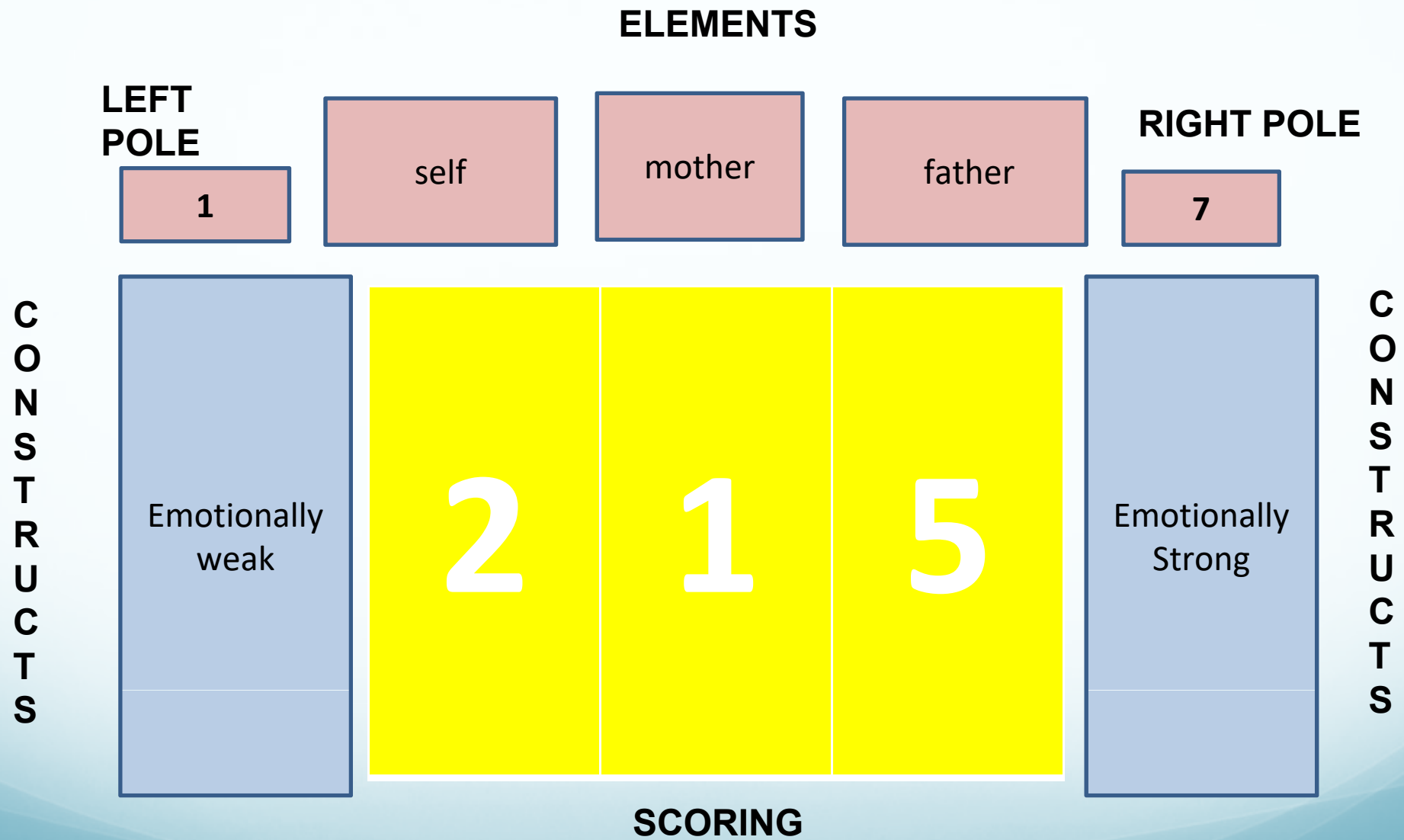
QUALITATIVE DATA

- Therapy Goals
- Clients Feedback
- Therapist Session notes
- Therapist Supervision notes

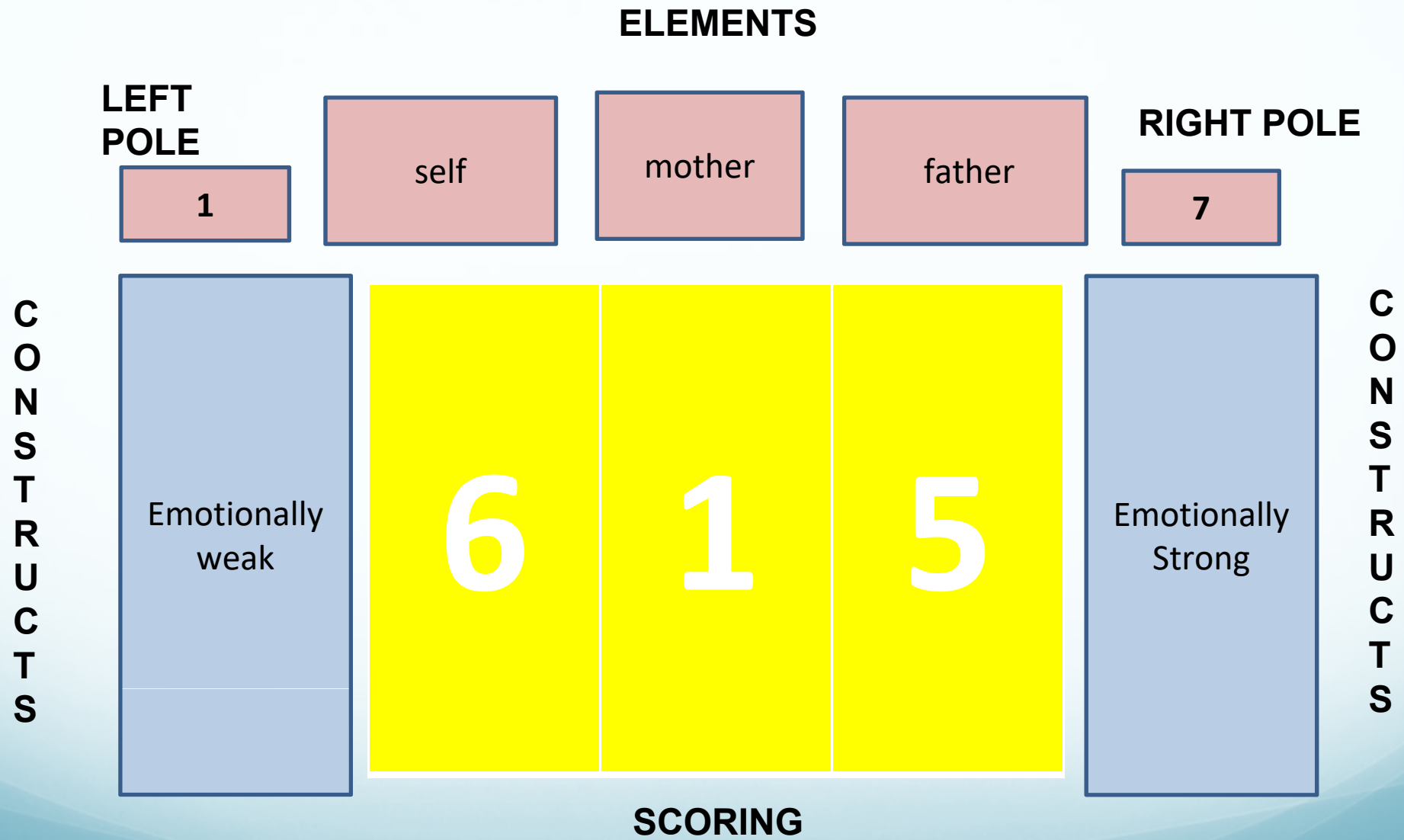
Ideographic measure: Repertory Grid Technique

- Based on Personal Construct Theory
- Nomothetic and ideographic approach to recovery and change
- Allows the client to understand how they interpret and make assumptions about their relationships
- Can inform the client about the types of goals they want to elicit, in their next session
- Can inform us how the clients views of their relationships with them selves (and others) have changed as a result of therapy

Example pre-therapy



Example post-therapy



Repertory grid example

RATINGS:

		Therapist - 5	6	Person I dislike								
		Partner - 4	7	Future self								
		Father - 3	8	Person I like								
		Mother - 2	9	Other significant r								
		Self - 1	10	How I would like								
short temper (1)	5	5	2	6	7	4	6	6	7	6	(1)	less temper
Self-demanding (2)	5	4	3	2	5	5	5	3	4	5	(2)	Takes it easy
not objective (3)	3	2	4	4	7	2	6	5	5	6	(3)	is objective
insecure (4)	2	3	5	5	6	2	6	5	4	6	(4)	confident
Teasing (5)	3	3	5	5	6	3	7	5	5	3	(5)	Touchy
strong leader (6)	5	4	5	5	5	5	1	7	4	1	(6)	Submissive
introverted (7)	5	5	4	4	4	5	5	4	3	5	(7)	Extroverted
Aggressive (8)	6	6	5	5	4	4	6	5	3	6	(8)	Calm
Fearful (9)	4	4	5	6	7	5	7	6	5	7	(9)	Enterprising

Outcome and monitoring instruments: Ideographic and Nomothetic

CORE-OM (Evans et al. 2000)

GOAL attainment form

PHQ-9 (Kroenke, Spitzer, & Williams, 2001)

GAD-7 (Spitzer, Kroenke, Williams, & Löwe, 2006)

Repertory Grid Technique (Fransella & Bannister 2004)

Preliminary results from our current pilot

COMPLETERS

Clinical at baseline

Overall

CORE OM (baseline greater than 10)

CORE OM

	<i>PRE</i>	<i>POST</i>	<i>3m</i>	<i>6m</i>
AVG	17.62	12.03	11.61	10.28
N	76	67	28	20

	<i>PRE</i>	<i>POST</i>	<i>3m</i>	<i>6m</i>
AVG	16.22	11.31	10.65	9.71
N	89	78	33	22

PHQ9 (baseline greater than 10)

PHQ9

	<i>PRE</i>	<i>POST</i>	<i>3m</i>	<i>6m</i>
AVG	16.35	9.45	10.28	9.00
N	51	49	18	11

	<i>PRE</i>	<i>POST</i>	<i>3m</i>	<i>6m</i>
AVG	12.26	7.17	7.12	6.19
N	89	84	32	19

GAD7 (baseline greater than 8)

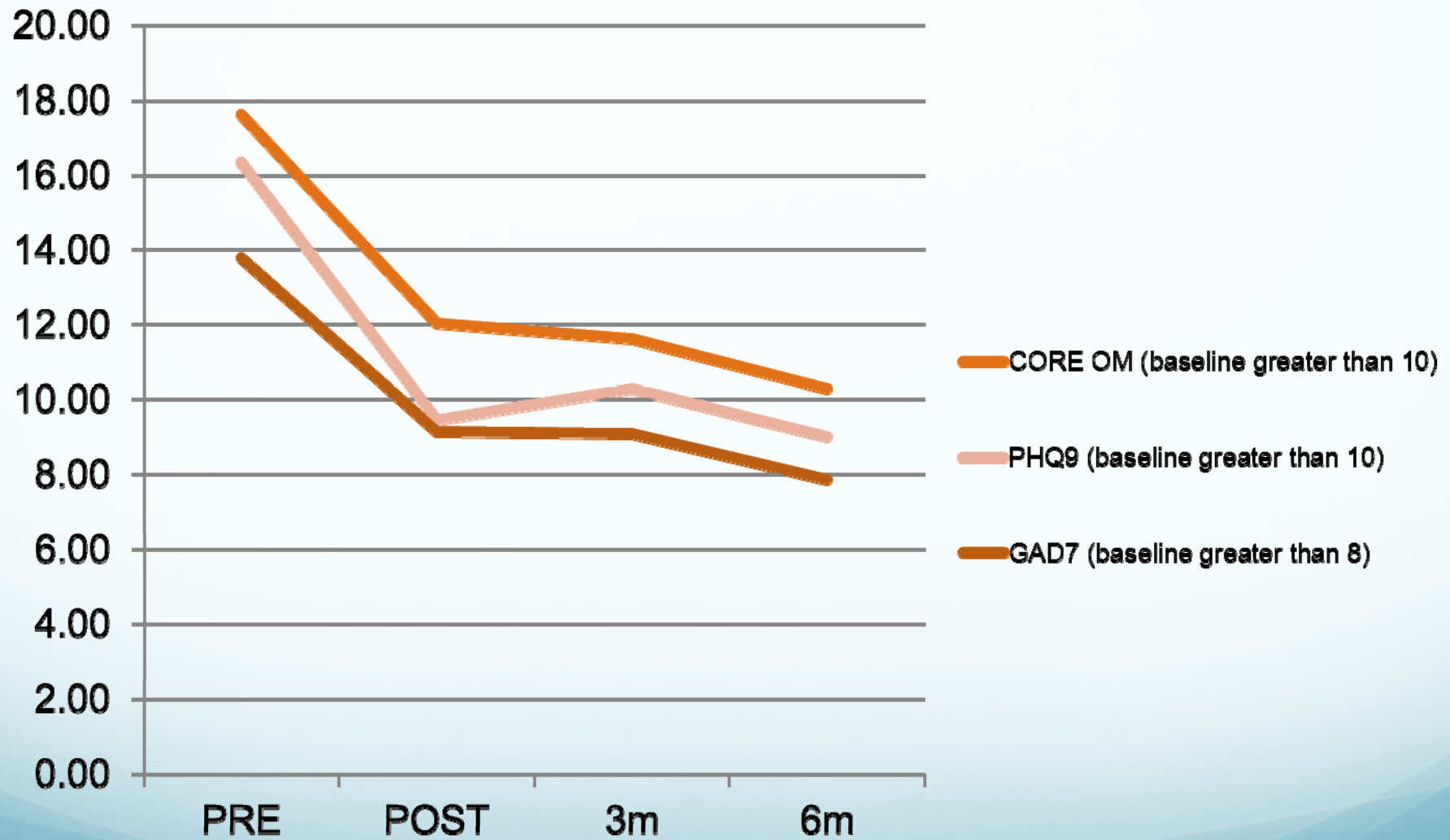
GAD7

	<i>PRE</i>	<i>POST</i>	<i>3m</i>	<i>6m</i>
AVG	13.79	9.14	9.10	7.88
N	62	61	20	16

	<i>PRE</i>	<i>POST</i>	<i>3m</i>	<i>6m</i>
AVG	11.26	6.61	6.94	6.57
N	86	83	33	20

Preliminary results from our current pilot

Completers that were clinical at baseline



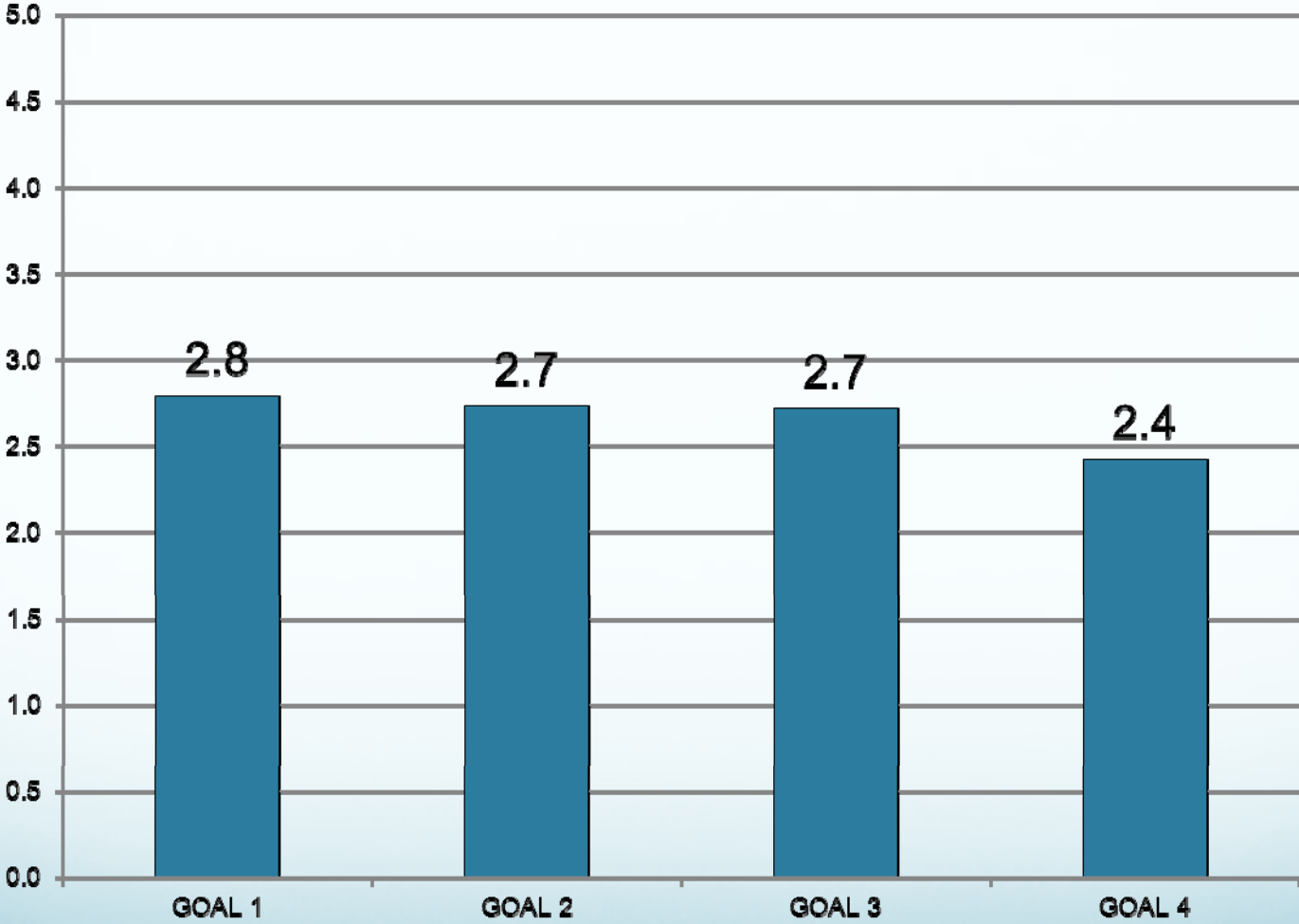
Preliminary results from our current pilot

Completers overall



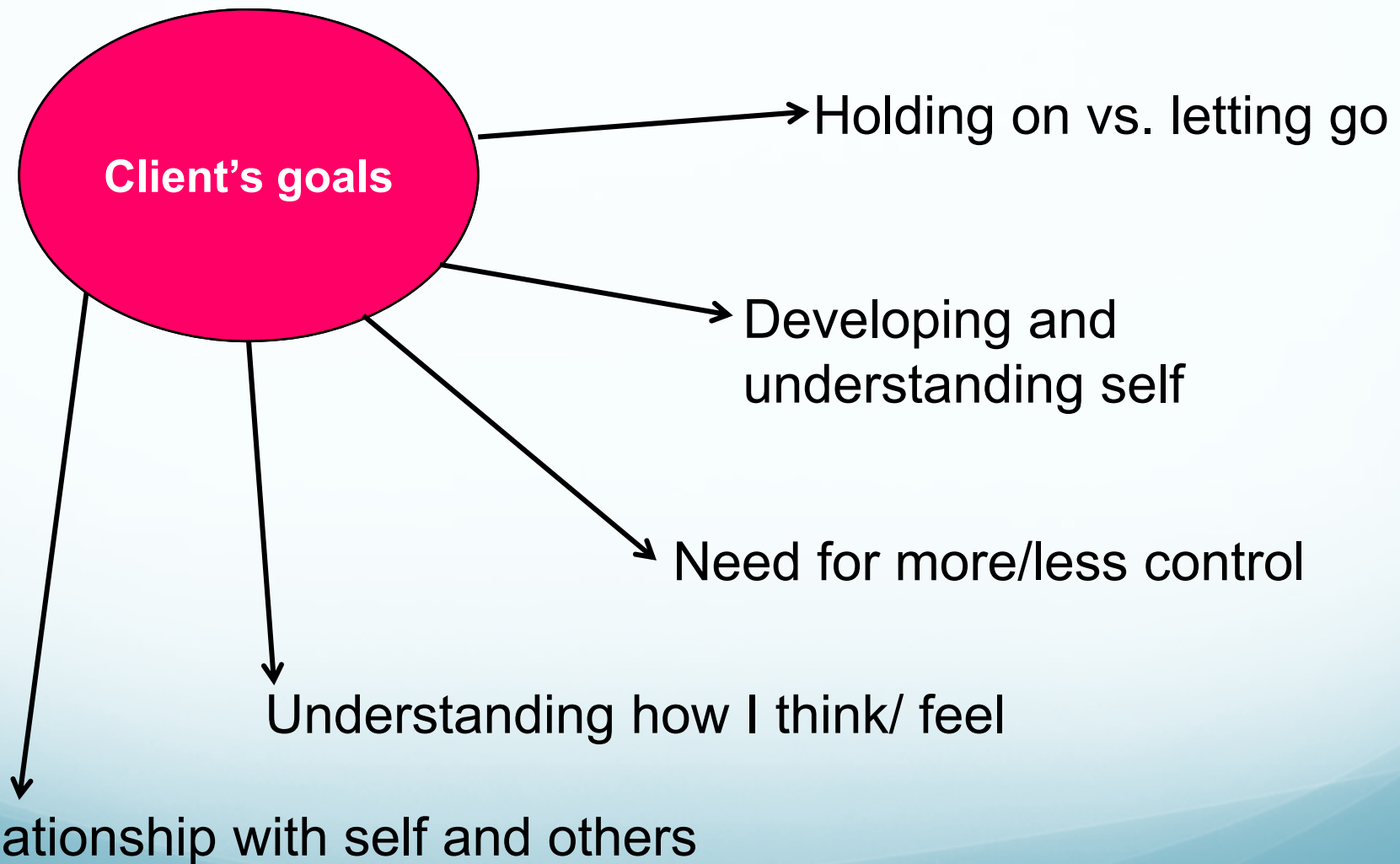
Client's estimate of their goal achievement

Post treatment level of Goal Achievement

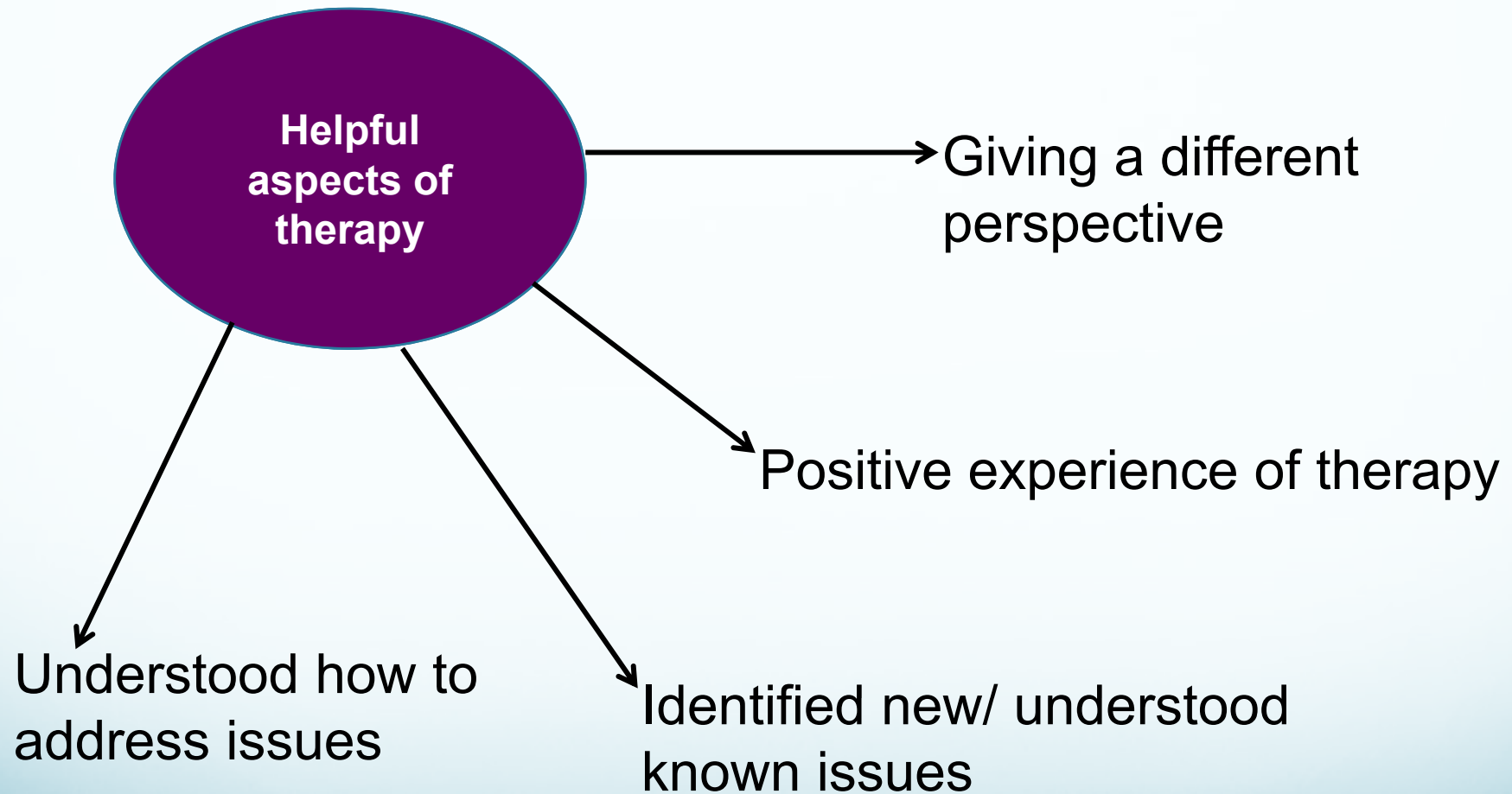


Qualitative data: Thematic analysis

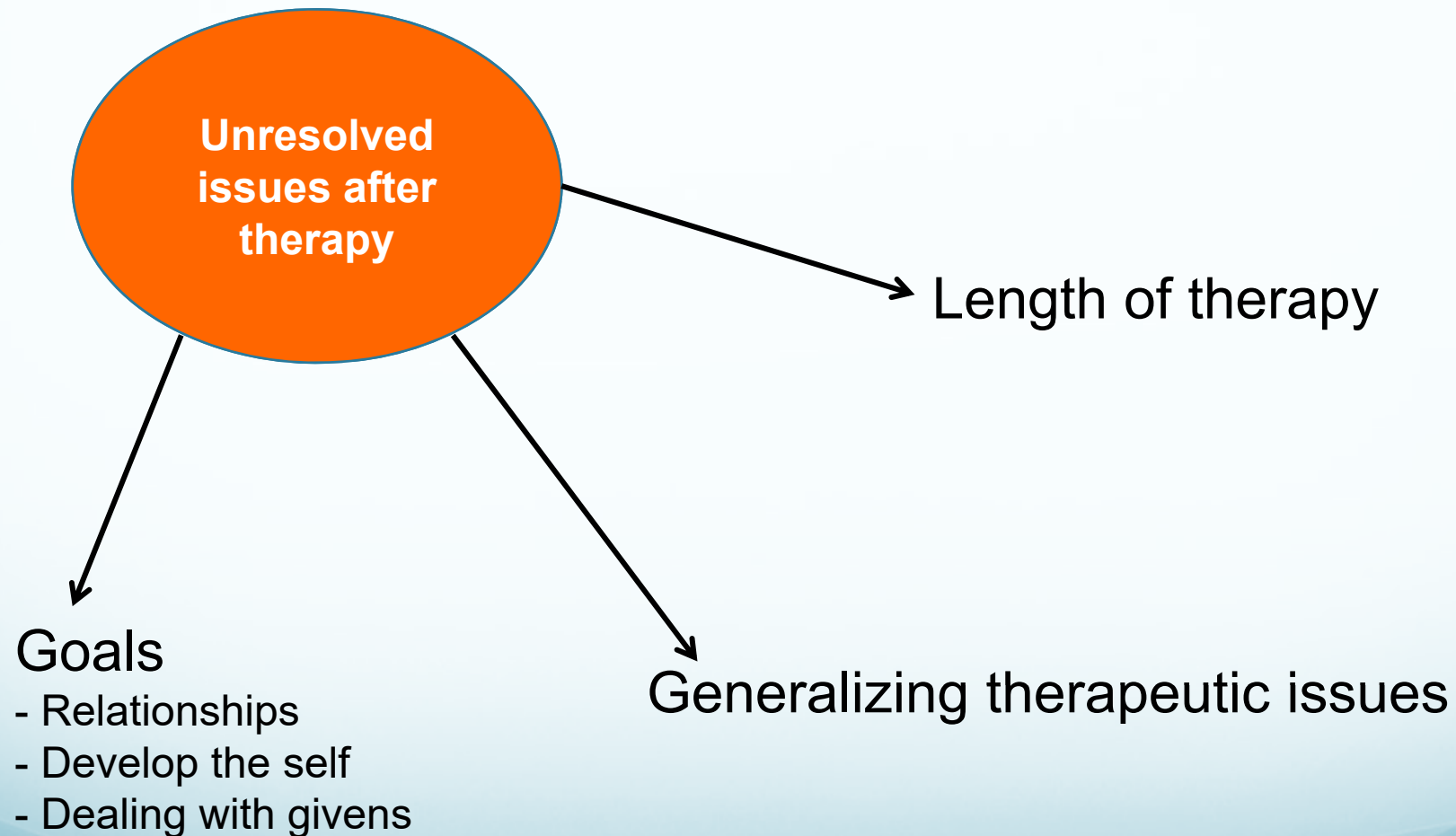
Q: What do you think therapy can help you with? ^{*Braun & Clarke (2006)}



Q: What was helpful about therapy?



Q: Is there any unresolved issue after therapy?



All of our publications, relevant information about our team and service can be viewed on the website or contacted me via email

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Thank You For Listening