



OT PATHWAYS: MINDFULNESS IN ADULT ACUTE MENTAL HEALTH FOR CLIENTS WITH EMOTIONALLY UNSTABLE PERSONALITY DISORDER

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AIMS OF PRESENTATION

- To explain why mindfulness was included in the treatment pathway for people with emotionally unstable personality disorder
- To gain an understanding of mindfulness techniques and application of the mindfulness principles within a mental health setting
- Introduce the treatment principles of VdT MoCA with mindfulness exercises
- To have the opportunity to experience mindfulness exercises



INTRODUCTION

Male and female
working age patients
aged 18-65 years old

Adult acute inpatient
setting

Variety of diagnoses;
schizophrenia, bi-polar
disorder, depression,
anxiety and personality
disorders

Fast paced setting

Treatment is required
to be accessible and
effective



BACKGROUND TO MINDFULNESS

- We are not Mindfulness teachers
- Use the principles to teach a practical coping strategy
- Shorter, less formal activities emphasise use in daily life (Baer 2006)



WHY WAS MINDFULNESS INTRODUCED?

- ▶ Gap in provision – ruminating thoughts versus relaxation
- ▶ Evidence base for working with people with emotionally unstable personality disorders
- ▶ Link with DBT programme being offered by personality disorder team



IMPLEMENTING MINDFULNESS

- Vona Du Toit Model of Creative Ability (VdT MoCA) used to underpin the treatment pathway and provision.
- Work with psychologists to develop a group programme
- Educate patients through theory and presenting techniques 1:1 initially, inviting them to a group session if appropriate.
- Moderate the presentation of mindfulness depending on an individuals level of creative ability.
- Can be used as coping strategy to manage anger, anxiety, and intrusive thoughts (negative/psychotic)



THE VDT MoCA LEVELS OF CREATIVE ABILITY

	Motivation	Action
9	Competitive contribution	Society-centred
8	Contribution	Situation-centred
7	Competitive	Product-centred
6	Active participation	Original
5	Imitative Participation	Imitative
4	Passive Participation	Experimental
3	Self-presentation	Explorative
2	Self-differentiation	Incidental constructive Destructive
1	Tone	Pre-destructive



VdT MoCA TREATMENT PRINCIPLES; PASSIVE PARTICIPATION

- ▶ Highest level of functioning we see in our patients whilst they are inpatients
- ▶ Improve knowledge and skill for independent living
- ▶ Encourage independent practise as recovery tool/coping strategy
- ▶ Have consolidated task concept so apply to own life
- ▶ Concentration duration extended
- ▶ Individual treatment initially but can be invited to group if appropriate.



VdT MoCA TREATMENT PRINCIPLES; SELF PRESENTATION

- Encourage exploration using sensory principles to lower arousal levels
- Short 1:1 sessions 20 minutes approx in duration to minimise external stimuli.
- Concrete / practical activity – to build task concept
- Ward based activities



WHY MINDFULNESS MOVEMENT

- Practical and concrete –
so it works for both Self Presentation and Passive Participation levels of creative ability.
- Lowers level of arousal
- Can be graded up for higher function to experiment with other mindfulness exercises
- Can be integrated into their own routines
- Widely used by different professionals



EXTENDING MINDFULNESS USE

“Gave me a break from anxiety and worries. It’s the only time I got some peace from the pressure of my thoughts”

“The exercises and principles were so simple I could do it myself when I needed to. It’s the simplicity of the moves that really helps”

“It’s the only thing that has really worked for me, actually gives me peace and quiet from the worries”

“I feel I’ve learnt a tool for life”



HOW ARE WE GOING TO DO MINDFULNESS?

- Guided physical exercise
- Observe and accept physical sensations
- Notice that your attention has wandered
- Name the thoughts
- Letting thoughts go – clouds etc..
- Gently guide attention to what you're observing
- Practice to experience sensations



QUESTIONS?



REFERENCES

- R. Baer (2006), Mindfulness-Based Treatment Approaches Clinicians Guide to Evidence Base and Application, Burlington USA. Elsevier
- De Witt, P. 2005 Creative Ability: model for psychosocial occupational therapy in Crouch, R. Alers, V. (Eds) Occupational Therapy in Psychiatry, London, Whurr Publishers Ltd.
- Williams, M. & Penman, D. (2011) Mindfulness: A practical guide to peace in a frantic world, London, Pitakus.

