

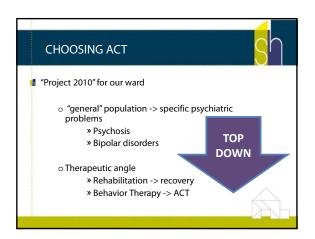


CHOOSING ACT

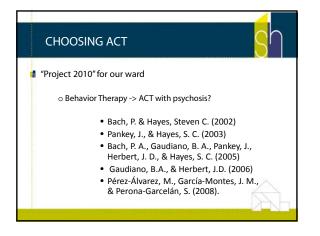
• Reorganisation of the psychiatric hospital

CHOOSING ACT

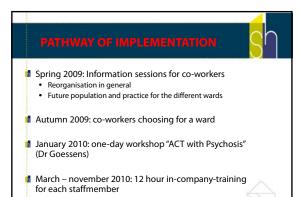
- Hospital as island -> hospital as part of pathway for people with severe mental illness
- $_{\odot}$ Wards for a general population -> specific problems
- $_{\odot}$ New multidisciplinary teams











PATHWAY OF IMPLEMENTATION

- September 2010 Sharing ACT with general practitioners
- 2011 working-visit Asster St Truiden (MTD ACT based team)
- January 2012: one day workshop with focus on defusion – multidisciplinary work (Marco Kleen)
- June 2012: Afternoon symposium about Recovery ACT (Eric Morris)

PATHWAY OF IMPLEMENTATION

- October 2012 Leonardo Life Long Learning Project (EU)
 10 people of 2 MDT's
 - 2 weeks internship at SLaM, London (UK)
- 2012-2013: multidisciplinary working visits from other centres giving symposia
- October 2013: one day workshop with focus on double diagnosis (Ellen Excelmans)

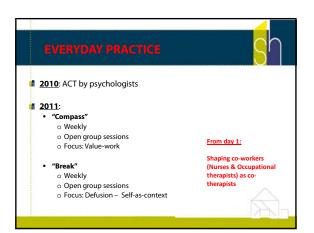
PATHWAY OF IMPLEMENTATION

a April 2010: start multidisciplinary intervision groups

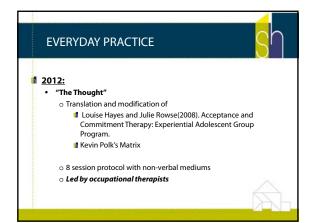
- One hour monthly
- "Binding"
- 2010: talking about ACT-topics
- 2011: Q&A theory and practice
- 2012: introduction case-conceptualisation • One personal case per year required

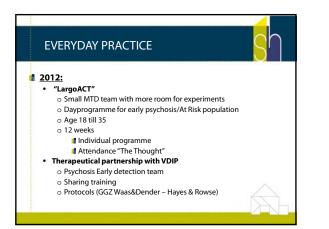


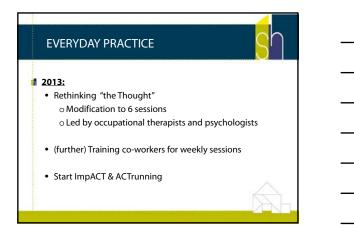


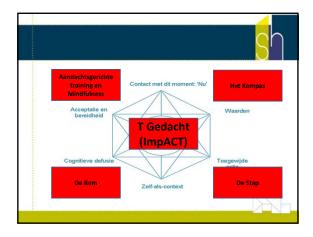












New perspectives in treatment

The implementation of ACT at a multidisciplinary team level

Tinne Deboel Psychologist - Behavioural therapist PZ Asster, St-Truiden (Belgium)



Why choose ACT?

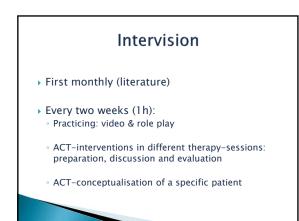
Bottom up process

- $\,{}_{\circ}\,$ In house seminar by Francis De Groot in 2007
- Positive results with specific patients who seemed to be "stuck"

The implementation

Literature

- ACT: an experiential approach to behavior change (S. Hayes; K. Strosahl & K. Wilson)
- The happiness Trap (R. Harris)
- Get Out of Your Mind and Into Your Life: The New Acceptance and Commitment Therapy (S. Hayes)
- In company training
 - 2008
- 2011







Barriers we've encountered

- Need of engagement of everyone in the MDT
- Support from the management necessary
- Rolling with resistance
- Insecurity about "therapeutic skills"
- Impact on everyone (professional and personal)

Effects on the broader network

- → Different visions on symptoms and treatment
 → Different messages to patients
- Need to increase the familiarity with ACT within the network
 - Symposium about working with ACT
 - Visits from partners to our day treatment centre
 - Article in hospital magazine
 - Dialogue with network partners on case level

2013: a year of many changes

- Restructuring into 2 separate day treatment centres
- Implemente ACT into the 2 day treatment centres

Challenges:

- A lot of changes on different levels
- New team members (50%)
 Top down implementation of ACT
- Integrate ACT in the new day treatment setting

The practice (until 2012)

- Weekly ACT-session (psychologist and nurse as co-therapist)
- Specific ACT-based sessions by the occupational therapist
- ACT-based sessions by movement therapist
- ACT-consistent approach in everyday contact

ACT-conceptualisation

- Observations from the perspective of every MDT-member
- Integration of the MD observations
- Results in ACT-focus points
- Integrated in electronic patient case file

The practice (2014)

 Day treatment center for depression, anxiety & personality disorders:

Weekly ACT-session

- ACT-consistent approach in group therapy
- Specific ACT-based sessions by the movement therapist
- Mindfulness training (optional)
- Reading in team: "Time to ACT!" (Jansen, G. & Batink, T., 2014)

The practice (2014)

- Day treatment center for psychosis:
- $\,{}_{\circ}\,$ ACT-interventions in group therapy
- ACT-excercises integrated by the occupational therapist
- ACT-interventions by the nurses
- Reading in team: "Het leven is geen feest" (Rokx, A., 2011)