EXPERIENCE OF SETTING UP A NEW DBT SERVICE

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DECLARATIONS OF INTERESTS

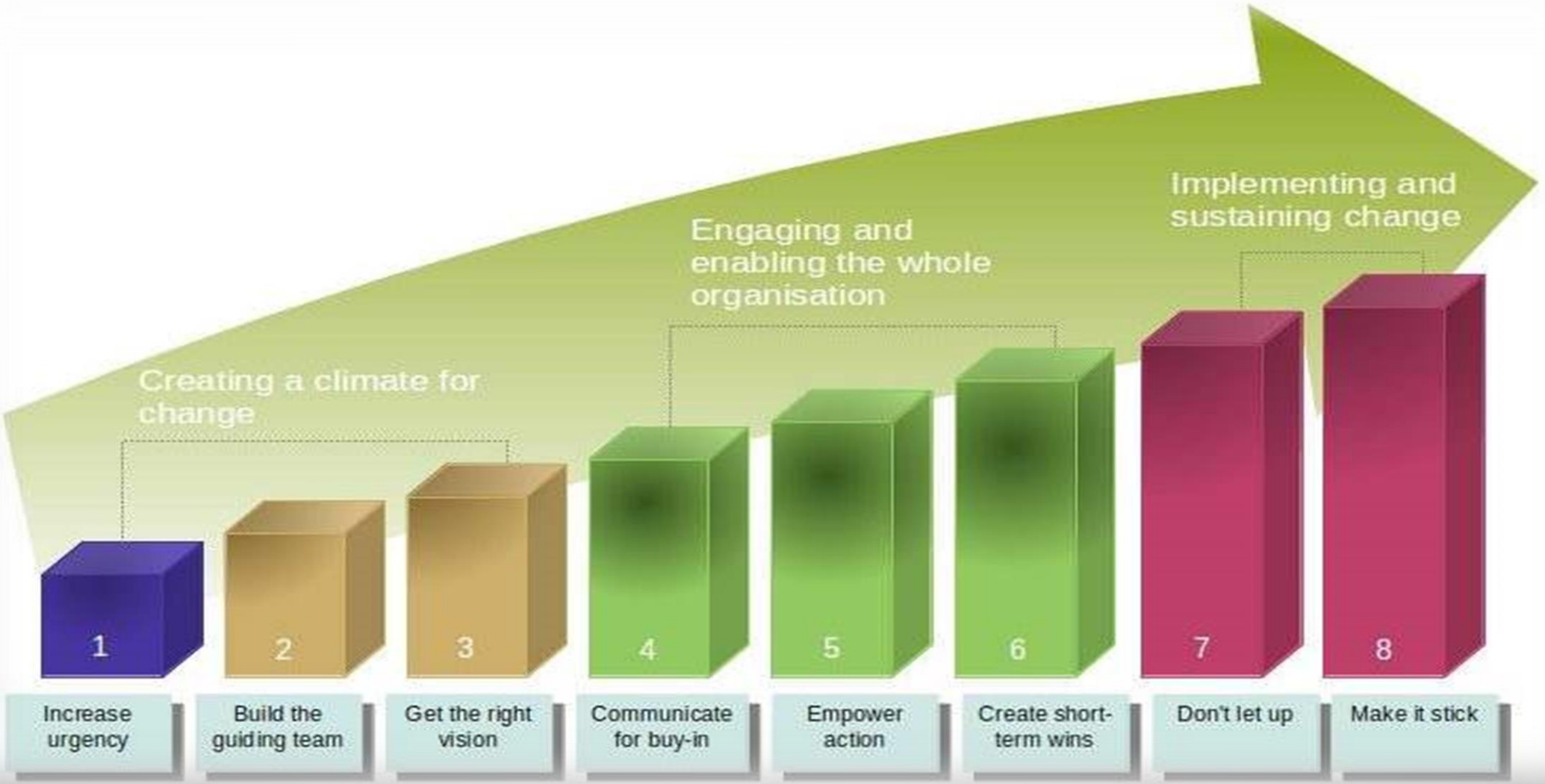
- None

Learning outcomes for today

- Kotter's 8 step change model in context of setting up a new DBT service within KMHS
- Experience so far
- Patient testimonials

KOTTER'S MODEL OF CHANGE: OVERVIEW

- John Kotter is an Emeritus Professor of Leadership at Harvard Business School and New York Times bestselling author
- Kotter first presented this concept in his book "Leading Change" in 1996
- Backed by observations of research in many big companies and corporations
- Kotter hypothesised that companies generally had a 30% success rate with any change process and he believed that this success rate can be enhanced using his model
- Most employees resist change even though they are integral to successful change in a company
- Some experts say that Kotter's model is an extension of Lewin's change model (unfreeze – change – freeze)


Creating a climate for change
Engaging and enabling the whole organisation
Implementing and sustaining change
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Increase urgency
Build the guiding team
Get the right vision
Communicate for buy-in
Empower action
Create short-term wins
Don't let up
Make it stick

STEP 1: CREATE URGENCY

- Kotter felt that this was the most important step. Significant time and energy needs to go into this if change has to succeed
- He felt that when you have 75% or more of the stakeholders engaged, successful change can happen
- Start honest discussions with relevant stakeholders about intended change
- Identify opportunities and potential threats
- Request support from all the stakeholders and answer their queries

WHAT WE DID

- Commenced the current post as consultant psychiatrist in September 2013
- Had obtained DBT training in 2012 as SpR with Dr Pat Gibbons in Co. Kildare
- Recognised a good few service users within KMHS, both inpatient and outpatient who were presenting with cognitive and behavioural dysregulation of EUPD
- As my own CMHT and service in general was not trained in the concepts of EUPD and DBT, I started educating them by organising presentations on the topic
- Presentations for own CMHT, local GPs, inpatient staff, including NCHDs and other consultants
- Regular discussions with own CMHT and inpatient staff about EUPD and DBT
- Diagnosis review for clients already in service who met the criteria for EUPD

STEP 2: BUILD A GUIDING TEAM

- Identify change leaders within your organisation. Enrol support from key stakeholders without whose support the change process may be blocked
- Ensure a good mix of expertise, job status and political clout amongst the guiding team
- Work intensely on the guiding team’s dynamics and look for strong emotional commitment form each member
- Continuously check for weak areas within this team and work on same

WHAT WE DID

- Guiding team of myself, ECD, ADON, Clinical Psychologist and a CMHN
- Discussions with 2 staff in the service who were already trained in DBT
- Created a business case backed by International and Irish research on effectiveness of DBT which was presented to MHMT
- Close work with ADON on the CMHT to help clear path for training for nurses
- Identified a group of Nurses who were interested in training in DBT
- Training for Clinical Psychologist in DBT as well
- Kept the interest and engagement for CMHT up by regular discussions at team meetings

STEP 3: GET THE RIGHT VISION

- When you first start with an idea for change, build that into a clear vision for the organisation to understand
- Determine the values guiding your change process
- Develop a short summary for your vision that captures what you “see” as the change
- Create a strategy to execute this vision

WHAT WE DID

- With the help of guiding team, we created a vision for KMHS where service users with EUPD would benefit from an evidenced based treatment locally
- The MHMT was provided with the vision whereby the service burden secondary to the needs of this group of service users could be reduced
- Literature evidence (local and international) in relation to fiscal factors like admission rates, length of stay, A&E attendance for service users with EUPD who respond to DBT was presented to MHMT
- Literature evidence in relation to recovery for service users with EUPD was also presented

STEP 4: COMMUNICATE FOR BUY-IN

- Communicating the vision for any change is vital. Most organisations have other competing demands for resources so it's important to communicate your vision regularly
- Call for special meetings to explain your vision but also talk about it with relevant stakeholders at every opportunity
- Address stakeholders' anxieties and concerns honestly
- "Walk the talk" and lead by example

WHAT WE DID

- Asked for permission to attend a MHMT meeting
- Presented the vision for DBT in KMHS
- Answered questions and queries including cost-benefit themes
- Regular talks with ECD and other consultant colleagues in KMHS about benefits of in-house DBT program
- Case presentations at in-house teaching program highlighting EUPD clients who would benefit from DBT

STEP 5: EMPOWER ACTION

- Involves removing barriers or obstacles to the change
- If you've come to this stage, the people who want the change are excited to move on
- Important to recognise stakeholders who may not be convinced yet as they will act as barriers to change
- Work closely on showing these people the vision, maybe even from their perspective
- Also focus on barriers such as organisational culture, funding, technology, etc.

WHAT WE DID

- Fortunate to not experience any major obstacles in the process
- Nursing staff available due to a rehab hostel closing down in catchment area. Nursing management was keen on identifying new roles for these staff anyways
- ECD also supportive as had been keen on having DBT in KMHS for a while
- CMHT and Nursing staff (who trained in DBT) were well supported in the transition at every stage
- DBT training available from Endeavour Programme in Cork, funded by NSPO

STEP 6: CREATE SHORT TERM WINS

- Nothing motivates more than success!
- Highlight early successes and communicate to key stakeholders, mainly ones who were resistant to change
- Create short term wins and celebrate these to further motivate staff. Also keeps cynics away
- Analyse pros and cons of short term wins thoroughly as choosing the wrong target may hurt the initiative
- Reward team members who help achieve targets

WHAT WE DID

- Highlighted successful training completion for nurses in DBT to Management team
- Support and acknowledgment of DBT program and benefits to members of CMHT staff caseloads, who in turn highlighted same to their managers
- Frequent reports to MHMT of staff and patient testimonials about DBT
- Organised a “graduation ceremony” for first cohort of patients to complete DBT program
- Published a review paper on DBT involving testimonials from staff and patients

STEP 7: DON'T LET UP

- Don't celebrate too quickly. Real change runs deep (different from short term wins!)
- After every (short term) win, analyse what went right and what needs improving
- Set goals to continue building on the momentum
- Empower team and staff to continue the change process themselves

WHAT WE DID

- Ongoing discussions within CMHT about DBT program and it's effectiveness
- Ongoing regular presentations to NCHDs in their induction program about EUPD and DBT
- Further expansion of DBT by therapists providing 1:1 DBT guided therapy to selected patients
- DBT therapists set up a Family Connections Group (to support and educate family members of patients with EUPD)

STEP 8: MAKE IT STICK

- Change has to be embedded into organisation culture if it has to succeed!
- Any new initiative must continue for enough time before culture changes and culture will not change unless the new initiate continues consistently
- Highlight results attached to new initiative or behaviours
- Reinforce new culture through coaching and training, tell vivid stories at every opportunity
- Reward people who embrace the new initiative

WHAT WE ARE DOING

- Promote benefits of DBT at every opportunity (including this one!)
- Research involving first 2 cohorts of full DBT program patients which showed positive results. Presented as posters in 2 international conferences and published as a paper. This paper was forwarded to CMHT and MHMT as well
- Regular formal and informal discussions with GPs and other colleagues about benefits of DBT
- Presentation to local community in Kenmare about DBT in the local mental health day
- Ongoing coaching and training of NCHDs who are part of this team with the hope that some of these will go and set up their own DBT programs

EXPERIENCE SO FAR

- Very positive and fulfilling!
- 4th Cohort for full 1 year DBT program ongoing. DBT guided therapy also ongoing.
- Numerous success stories of patients who finished DBT and were discharged from the service
- Staff found this training to be very fulfilling and more staff express interest regularly
- Fewer inpatient admissions, fewer A&E attendances, fewer “fire fighting” type assessments by CMHT (backed by research carried out by Endeavour Programme, Cork)

PATIENT TESTIMONIALS

- Ms. Karin Berry

- Ms. Mary McGillicuddy

QUESTIONS?