



Overview of Therapy Services

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Therapy Services at The Marian Centre

The Marian Centre provides a full range of Therapy Programs that are designed to effectively meet the needs of all patients.

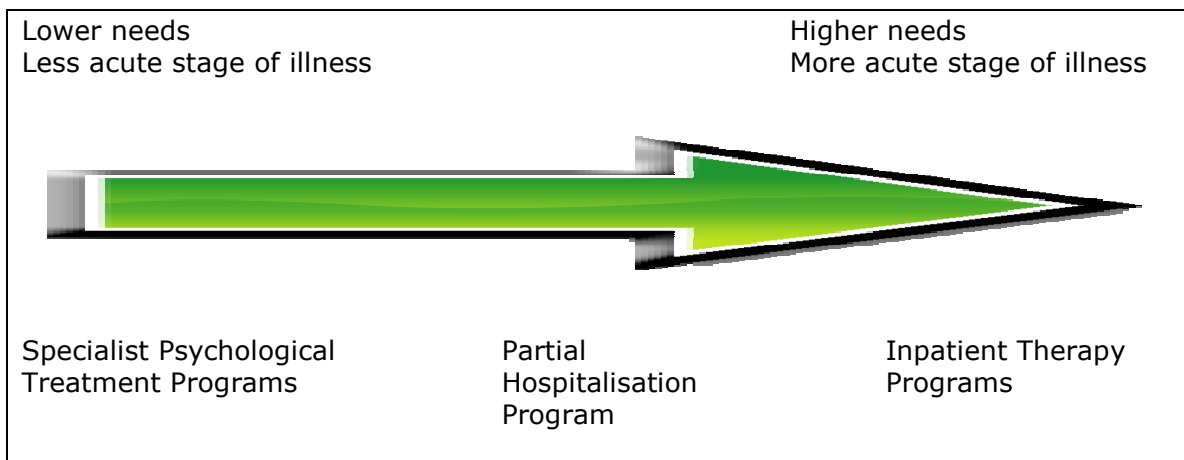
What Therapy Programs are available? "Stepped-Care": Matching need to service

The Marian Centre's Therapy Programs have been designed according to a '**Stepped-Care**' approach to the provision of psychological treatment. This refers to the level of care that is provided to patients as part of their treatment. This "stepped-care" approach aims to provide patients with access to the treatment format most suited to their needs at any particular point in time. This is based on the premise that patients will most likely need different amounts of help, support & intervention at different stages of their illness & recovery.

The stepped care approach will therefore enable patients to access a seamless continuity of care that does not provide too much or too little support given individual needs, acuity and stage of recovery.

The table over the page describes the stepped-care approach & the Therapy Programs that fall under each category.

This table demonstrates that the level of care is matched to particular needs, whether that be inpatient care and therapy (Inpatient Therapy Program), more structured same day care while living at home in the community (Partial Hospitalisation) or more intensive and focused same day psychological treatment (Specialist Psychological Treatment Programs). This is illustrated in the diagram below.



Level of care	Therapy Programs	Target Group	Overall Aims
Inpatient Therapy Program	<ol style="list-style-type: none"> 1. Activities Based Group 2. Enhanced Coping Skills Group 3. Relaxation Group 4. Physical Activities Group 	Patients who are distressed & require hospitalization & have been admitted as an inpatient	<ul style="list-style-type: none"> • Immediate crisis support • Symptom management • Reduction in distress • Preparation for discharge from hospital
Partial Hospitalisation Program	<ol style="list-style-type: none"> 1. Intensive Community Treatment Program 	Patients who are distressed &/or in crisis & who need immediate support, but do not require hospitalization	<ul style="list-style-type: none"> • Immediate or ongoing support • Symptom management • Reduce length of inpatient stay • Avoid (re) admission
Specialist Psychological Treatment Programs	<ol style="list-style-type: none"> 1. Cognitive Behaviour Therapy Program 2. Mindfulness Based Cognitive Therapy Program 3. Adolescent Therapy Program 	Patients who are distressed & who need psychological treatment, but do not require immediate crisis support or hospitalization	<ul style="list-style-type: none"> • Symptom management • More focused therapy • Examine & modify underlying vulnerabilities • Prevention of future possible relapse & recurrence of symptoms

Therapy Services at The Marian Centre: General Overview

INPATIENT THERAPY PROGRAM

Patients who are admitted as inpatients to The Marian Centre will have access to the following therapy services:

1. Activities based therapy group
2. Enhanced coping skills group
3. Relaxation training group

Activities Based Therapy Group

<i>Rationale:</i>	Based on the therapeutic benefits of providing psychiatric patients currently too unwell to participate in a discussion based, psycho-education group with involvement in constructive & personally meaningful activity.
<i>Aims:</i>	<ul style="list-style-type: none">• To provide patients with structure & routine to their day• To reduce the opportunity for negative rumination• To promote a sense of pleasure & mastery• To improve mood• To improve motivation• Build self-efficacy & self-esteem• To promote social interaction• To facilitate the expression of feelings• To assess mental state
<i>Inclusion criteria:</i>	Patients who are have no current potential for involvement in a discussion based group and/or insight oriented therapy due to: <ul style="list-style-type: none">• Severe acute psychiatric symptoms• Limited attention and concentration• Insufficient motivation• Limited cognitive and intellectual functioning• Poor physical functioning This may include patients with any major psychiatric diagnosis
<i>Exclusion criteria:</i>	Patients who do not meet the above criteria and who otherwise meet criteria for the Enhanced Coping Skills Group
<i>Time:</i>	Daily from 9.00 to 12.15 pm

Enhanced Coping Skills Group

<p><i>Rationale:</i></p>	<p>Based on the clinical benefits of the acquisition of adaptive coping skills to replace the maladaptive and dysfunctional ways of responding to environmental stressors that often predispose, precipitate and perpetuate mental health problems.</p> <p>The Enhanced Coping Skills Therapy Group involves carefully constructed combinations of psycho-educational, cognitive, behavioural and interpersonal strategies in a way that aims to treat the psychiatric illness and its associated difficulties.</p>
<p><i>Aims:</i></p>	<ul style="list-style-type: none"> • To educate patients on the nature and treatment of mental health problems • To teach adaptive and more functional ways of managing symptoms • To reduce distress associated with mental health problems • To deal more effectively with psychosocial problems
<p><i>Inclusion criteria:</i></p>	<p>Patients with a primary diagnosis of:</p> <ul style="list-style-type: none"> • Major Affective Disorders • Major Anxiety Disorders • Adjustment Disorders <p>The following inclusion criteria is designed as a guide to ensuring patients who are likely to benefit from the treatment program are included:</p> <ul style="list-style-type: none"> • Able to tolerate the group process • Display adequate levels of attention and concentration • Unlikely to be disruptive to the group process and hinder the progress of others • Free from the influence of alcohol and/or illicit substances while attending sessions
<p><i>Exclusion criteria:</i></p>	<p>The Enhanced Coping Skills Program is not suitable for patients displaying the following:</p> <ul style="list-style-type: none"> • Current acute mania or psychosis • Organic Brain Disorder • Current abuse of alcohol and/or drugs
<p><i>Time:</i></p>	<p>Daily from 9.00 to 12.15 pm</p>

Relaxation Training Group

<i>Rationale:</i>	Relaxation techniques form a central component in the foundation of the acquisition of adaptive coping skills in the management of mental health problems such as anxiety & depression.
<i>Aims:</i>	To teach patients relaxation techniques for the alleviation of symptoms of anxiety, stress, agitation, irritability & distress, as well as a tool for general emotional regulation in the management of, for instance anger & frustration.
<i>Target group:</i>	All patients
<i>Time:</i>	Daily from 1.30 to 3.00 pm Monday to Friday

PARTIAL HOSPITALISATION PROGRAM

Patients who are not admitted as an inpatient to The Marian Centre can be referred to the Intensive Community Treatment Program.

Intensive Community Treatment Program

<i>Rationale:</i>	For many patients, leaving the security of inpatient medical services and testing their level of independence can be intimidating. Partial Hospitalisation Programs help patients make the transition from an inpatient psychiatric hospital to their homes and community more quickly, while still taking advantage of the gains they have made during hospital care. Such programs can also prevent inpatient admission by providing a high level of care and structure during the day.
<i>Aims:</i>	<ul style="list-style-type: none">• To minimize the length of inpatient stay• To assist patients in the transition from inpatient to outpatient status & assume normal social roles & responsibilities• To reduce the likelihood of (re) admission for those who are identified as vulnerable or at risk• To assist patients in the development and reinforcement of coping skills in order to reduce the impact of mental illness on their level of functioning• To prevent admission for those patients in distress & requiring immediate therapeutic intervention
<i>Inclusion criteria:</i>	<ul style="list-style-type: none">• Inpatients recently discharged from the Centre transitioning home• Outpatients requiring immediate psychotherapeutic support & intervention.
<i>Time:</i>	Daily from 9.00 to 12.15 pm

SPECIALIST PSYCHOLOGICAL TREATMENT PROGRAMS

Patients who are not admitted to The Marian Centre as inpatients can be referred for the following Specialist Psychological Treatment Programs:

1. Cognitive Behaviour Therapy Program
2. Mindfulness Based Cognitive Therapy Program
3. Adolescent Therapy Program

Cognitive Behaviour Therapy Program

<p><i>Rationale:</i></p>	<p>Cognitive Behaviour Therapy (CBT) is a well researched & evidenced based approach to the provision of psychological treatment. It has been found to be effective in treating a range of psychiatric & psychological disorders. Best practice guidelines recommend the use of CBT for the treatment of depression & anxiety. CBT is based on formulating the patient's problems in a cognitive framework, highlighting the role that irrational & negatively biased & distorted thought processes & beliefs both cause & maintain emotional & behavioural disturbance. It is therefore most useful in treating those patients who are experiencing active or acute psychiatric symptoms & further develops their repertoire of adaptive coping skills.</p>
<p><i>Aims:</i></p>	<ul style="list-style-type: none"> • Provide the patient with relevant information and education that is specific to his/her mental health condition • Establish realistic expectations for treatment • Promote motivation to participate in and comply with the treatment program • Teach the patient cognitive behavioural therapy techniques and their application to the management of their disorders. This specifically relates to the use of: <ul style="list-style-type: none"> ○ Cognitive restructuring to target and change negatively biased thoughts & beliefs ○ Behaviour therapy such as activity scheduling, graded task assignment, behavioural experiments & exposure therapy • Promote the management of anxiety & depression • Build self-esteem • Develop a relapse prevention plan to assist the patient to deal effectively with possible future problems and obstacles once the treatment program has been completed.
<p><i>Inclusion criteria:</i></p>	<p>All outpatients, acutely unwell but stabilised, able to tolerate a more intensive discussion based therapy group. Especially suitable for patients experiencing acute symptoms of depression &/or anxiety.</p>
<p><i>Exclusion criteria:</i></p>	<p>The CBT Program is not suitable for patients displaying the following:</p> <ul style="list-style-type: none"> • Current mania or psychosis • Organic Brain Disorder • Current abuse of alcohol and/or drugs
<p><i>Time:</i></p>	<p>Tuesday & Thursday from 5.30 to 8.30 pm over 4 weeks plus 1 supporter's session held on the 3rd Saturday of the month from 9.00 to 10.30 am.</p>

Mindfulness Based Cognitive Therapy

<p><i>Rationale:</i></p>	<p>Mindfulness Based Cognitive Therapy (MBCT) is a meditation-based psychological intervention designed to help reduce the risk of relapse in psychological disorders. It is clear that psychiatric and physical conditions can be chronic and relapsing problems. The risk of relapse and recurrence in those who have been depressed before is very high, and the amount of triggering required for each subsequent episode becomes lower each time depression recurs. This illustrates the need for prophylactic treatments to keep people well once recovered from a major depressive episode</p>
<p><i>Aims:</i></p>	<ul style="list-style-type: none"> • To help patients to become more aware of bodily sensations, feelings, and thoughts from moment to moment (so that difficulties are noticed and acted upon). • To help patients to improve concentration • To help patients relax more efficiently • To assist patients in viewing him or herself and their world more objectively • To teach skills to prevent depression/anxiety from returning • To teach skills that promote acceptance of unwanted thoughts and feelings • To teach skills that help patients choose the most skilful response to unpleasant thoughts, feelings, or situations.
<p><i>Target group:</i></p>	<p>The MBCT program is most suited to meet the needs of patients with chronic conditions such as:</p> <ul style="list-style-type: none"> • Mild, moderate, or atypical depression • Anxiety disorders • Anger management difficulties • Depression or anxiety co morbid with a chronic physical health problem • Any patient who requires assistance dealing with a chronic illness (e.g., cancer, diabetes, fibromyalgia)
<p><i>Exclusion criteria:</i></p>	<p>The MBCT Program is not suitable for patients displaying the following:</p> <ul style="list-style-type: none"> • Current mania or psychosis • Organic Brain Disorder • Current abuse of alcohol and/or drugs • Acute or high level distress (including suicidality) • Post Traumatic Stress Disorder • Current abuse of drugs and/or alcohol
<p><i>Time:</i></p>	<p>8 x 3 hour sessions over 8 weeks</p>

Deciding between CBT & MBCT?

The following can be used to determine which group (CBT or MBCT) is most appropriate for your patients:

Patients unsuitable for either group:

- Those with brain injury/cognitive impairment
- Current substance dependence
- Current psychosis
- Unable to tolerate group process
- Unable to display adequate levels of attention and concentration
- Likely to be disruptive to the group process and hinder the progress of others

CBT may be preferable for those patients:

- currently experiencing an acute episode of depression or anxiety
- who need to discuss their difficulties and learn **active strategies** for problem solving and improving mood

MBCT may be preferable for those:

- experiencing chronic depression or anxiety
- currently functioning quite well but have had repeated depressive/anxious episodes in the past
- require skills to better **tolerate and cope with** their depressed or anxious mood
- not experiencing trauma reactions

Decision Points

- Is the patient currently experiencing an acute depression or anxiety episode?
Yes → CBT
- Is the patient experiencing chronic depression or anxiety?
Yes → MBCT
- Is the patient currently functioning quite well but has had repeated depressive/anxious episodes in the past?
Yes → MBCT
- Does the patient need to discuss their difficulties and learn **active strategies** for problem solving and improving mood?
Yes → CBT
- Does the patient require skills to better **tolerate and cope with** their depressed or anxious mood?
Yes → MBCT
- Has/is the patient experiencing trauma symptoms?
Yes → CBT

Adolescent Therapy Program

<p><i>Rationale:</i></p>	<p>Research has demonstrated that mental health problems such as depression and anxiety are common in childhood and adolescence warranting appropriate medical and psychological intervention. Cognitive behavioural therapy shown been shown to be more efficacious than alternative psychological interventions for the acute treatment of adolescents with a range on mental health problems such as depression & anxiety.</p>
<p><i>Aims:</i></p>	<ul style="list-style-type: none"> • To provide evidence based treatment for adolescent mental health problems with a particular focus on depression and anxiety • To promote the maintenance of normal social roles and everyday functioning whilst receiving treatment, thereby avoiding inpatient admission via the provision of outpatient services • Provide the patient with information and education about his/her psychiatric illness • Establish realistic expectations for treatment • Promote motivation to participate in and comply with the treatment program • Teach the patient cognitive behavioural therapy techniques and their application to the management of their disorders. This specifically relates to: <ul style="list-style-type: none"> ○ Cognitive restructuring to target and change irrational and unhelpful thoughts and beliefs/assumptions ○ Behaviour therapy to target avoidance and other behaviours that perpetuate psychiatric symptoms • Teach the patient other adaptive coping skills to help resolve psychiatric symptoms and develop a repertoire of functional coping tools for ongoing use • Involve parents and provide them with appropriate education and support • Develop a relapse prevention plan to assist the patient to deal effectively with possible future problems and obstacles once the treatment program has been completed
<p><i>Target group:</i></p>	<p>The Adolescent Program is designed to meet the needs of younger aged patients with an appropriate psychiatric diagnosis. This may include but is not restricted to:</p> <ul style="list-style-type: none"> • Major Depression • Adjustment Disorder • Dysthymia • Generalised Anxiety Disorder • Panic Disorder with Agoraphobia • Social Phobia <p>The following inclusion criteria is designed as a guide to ensuring patients who are likely to benefit from the treatment program are included:</p>

	<ul style="list-style-type: none"> • Able to tolerate the group process • Display adequate levels of attention and concentration • Unlikely to be disruptive to the group process and hinder the progress of others • Free from the influence of alcohol and/or illicit substances while attending sessions
<i>Exclusion criteria:</i>	<p>The adolescent program is not suitable for patients displaying the following where this would be the primary focus of treatment:</p> <ul style="list-style-type: none"> • Current mania or psychosis • Organic brain disorder • Current abuse of alcohol and/or drugs • Conduct disorder • Oppositional defiant disorder
<i>Time:</i>	Tuesdays & Thursdays from 4.30 to 7.30pm over 4 weeks plus 2 supporter's/parent sessions.

Exercise & Lifestyle Management Group

<p><i>Rationale:</i></p>	<p>The physical health of people with mental illness has been found to be significantly poorer than that of the general population. The incorporation of physical health care within mental healthcare is therefore essential for the attainment of optimal overall health care for mental health patients.</p> <p>Exercise has been found to be an effective adjunctive treatment for mental health problems, especially depression & anxiety. The National Institute of Clinical Excellence (NICE) concluded that for patients with depression, structured and supervised exercise can be an effective intervention that has a clinically significant impact on depressive symptoms.</p>
<p><i>Aims:</i></p>	<ul style="list-style-type: none"> • Provide patients with an opportunity to participate in structured, supervised, suitable and safe exercise • Encourage patients to both view and become involved in exercise and physical activity as a part of a comprehensive treatment program for their psychiatric illness • To assist patients to develop their own exercise and physical activity program to be followed at home & in the community • Provide patients with information on healthy lifestyle & illness prevention practices • To provide structure to inpatient stay & daily routine • To stress the importance of being an active participant in the treatment process • To engender a sense of power and control over treatment
<p><i>Inclusion criteria:</i></p>	<ul style="list-style-type: none"> • Patients who are in a stable mental state as assessed by Psychiatrist • Patients who display an adequate level of physical ability as assessed by GP • Patients who do not have any physical injuries that may be aggravated by the physical activity or exercise being conducted as assessed by GP • Patients who are able to understand and follow simple instructions
<p><i>Exclusion criteria:</i></p>	<ul style="list-style-type: none"> • Patient is suicidal • Patient at risk of impulsive or self-harming behaviour • Patient is homicidal • Patient is experiencing acute or severe psychiatric symptoms • Patient is experiencing an eating disorder where participation in an exercise program may provide them with an opportunity for compensatory behaviour
<p><i>Time:</i></p>	<p>Weeknights from 5.30 to 7.00 pm.</p>

Evidence-based treatment

All therapy programs offered at The Marian Centre are based on well researched & proven models of psychological therapy. These include:

- Psycho-education
- Cognitive Behaviour Therapy
- Mindfulness Based Cognitive Therapy
- Interpersonal Therapy
- Exercise Therapy

Best Practice Guidelines published by Australian Psychological Society, the Royal Australian & New Zealand College of Psychiatrists, & National Institute of Clinical Excellence advocate the use of the above therapy models in the treatment of psychiatric illness.

The Marian Centre is committed to providing treatments that are found to produce the best & most durable outcomes for the individual, & are therefore the most cost-effective treatments for the health care system.

Why use group therapy?

- i. Comparison of individual with group psychological therapy reveals the latter to be more cost effective when practiced with specific psychiatric conditions such as depression and anxiety. Group therapy is also considered to require less therapist time than individual therapy. This obviously translates to reductions in the overall cost of treatment.
- ii. Group therapy provides individuals with multiple perspectives and inputs which promotes faster and more effective learning, and hence provides a cost-effective service whereby patients get better in the minimum time possible, allowing them to return to their everyday functioning.
- iii. Participants tend to help each other by providing mutual support and understanding, which promotes a sense of care, trust, concern and respect for patients and their right to effective treatment.
- iv. Group therapy promotes normalization and validation of psychiatric disorders, thereby reducing stigma and feelings of guilt, shame, weakness and/or embarrassment that is often associated with psychiatric illness.
- v. Group therapy promotes the development of appropriate social skills and communication patterns, which can be central to presenting complaints.
- vi. Group therapy encourages active participation in and a sense of responsibility for treatment and the process of recovery.

Why refer to The Marian Centre?

The following highlight some of the important benefits for your patients in receiving therapy at The Marian Centre:

- i. Evidenced based psychological treatment that represents the most clinically efficacious and cost-effective approach to psychological therapy for psychiatric illness
- ii. Timely intervention-no unnecessary time delays or waiting periods before accessing needed treatment. Therefore patients get better in the minimum time possible allowing them to return to their everyday roles and responsibilities with the minimum disruption to their lives
- iii. Psychological treatment that meets immediate needs for support, safety, empathy, respite, structure
- iv. Acquisition of information and enhanced skills and coping tools to resolve and better deal with psychiatric symptoms and other psycho-social stressors
- v. Ease in the transition from inpatient status and returning home upon discharge from the hospital
- vi. The development of an enhanced coping template or repertoire of skills, enabling the patient to apply these to future problems and obstacles, thereby reducing the risk of relapse and (if applicable) re-hospitalisation

In addition to the benefits for your patients, we believe our Therapy Services will provide you with the following advantages:

- i. An immediate therapy service available for your patients
- ii. Access to regular feedback on your patient's progress
- iii. Opportunity to obtain information of your patient's level of functioning in a group context
- iv. Ongoing assessment & clarification of diagnoses where necessary
- v. Opportunity to provide ongoing and immediate instructions on patient care

Therapy Services at The Marian Centre: Timetable Inpatient Therapy Program

Group	Day	Time	Length of Program
Activities Based Therapy Group	Daily	0900 to 1030 1045 to 1215	Open-ended
Enhanced Coping Skills Group	Daily	0900 to 1030 1045 to 1215	Open-ended
Relaxation	Daily	1330 to 1500	Open-ended

Partial Hospitalisation Program

Group	Day	Time	Length of Program
Intensive Community Treatment Program	Daily	0900 to 1030 1045 to 1215	Max. 5 day attendances
Relaxation	Daily	1330 to 1500	Max. 5 day attendances

Specialist Psychological Treatment Programs

Group	Day	Time	Length of Program
Cognitive Behaviour Therapy Program (CBT)	Tuesday & Thursday 3 rd Saturday of the month	1730 to 2030 0900 to 1030	4 weeks 8 group sessions 1 supporter's session Pre-assessment (1 hr)
Mindfulness Based Cognitive Therapy Program (MBCT)	Tuesday	1730 to 2030	8 weeks 8 group sessions Pre-assessment (1 hr)
Adolescent Therapy Program	Tuesday & Thursday	1630 to 1930	4 weeks 8 group sessions Pre-assessment (1 hr)

How to refer

Inpatient Therapy Program

Including the following groups:

- Activities Based Group
- Enhanced Coping Skills Group
- Relaxation Group

You can refer your patients to the Inpatient Therapy Program upon their admission to The Marian Centre. This can be done by ticking the appropriate box on the Admission Form. Staff can assist you in determining which groups are most appropriate for your patients.

Partial Hospitalisation Program & Specialist Psychological Treatment Programs

Including the following groups:

- Intensive Community Treatment Program
- Cognitive Behaviour Therapy Program
- Mindfulness Based Cognitive Therapy Program
- Adolescent Therapy Program

You can refer any of your patients to the Partial Hospitalisation or Specialist Psychological Treatment Programs by completing the Therapy Referral Form & forwarding to reception at The Marian Centre.

The Therapy Referral Form must include the following information:

- Patient name & details
- Diagnosis
- Signature of the referring doctor

The Therapy Referral Form is included in this information pack. Additional copies can be downloaded from our website at www.themariancentre.com.au or obtained by phoning reception on (08) 9380 4999.

For further information on therapy services at The Marian Centre please contact Peter Gasper (Director of Therapy Programs).