

**SEGAR HOUSE - RAUAROHA**  
**Specialist Psychotherapy**

***Guide for Referrers***  
***Intensive Day Programme***



**Motto**

**SHARED CARE**

126 Khyber Pass Road, Grafton

P.O. Box 8101, Symonds St., Auckland.

Telephone (09) 377 2602 or 307 8003

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## **PROVIDER**

The intensive day-programme is a sub-regional service for Auckland and Waitemata DHBs. It commenced as a residential programme in 2000 & changed to an intensive day-programme in 2007. Auckland District Health Board is the provider.

## **LOCATION**

The intensive day-programme is held at Segar House-Rauaroa: **Level 3, 126 Khyber Pass Road, Grafton, Auckland** and runs alongside Segar House's outpatient group programme.

## **CLIENT GROUP**

The programme is designed for people who have personality disorders and/or complex and severe psychological problems. This means an axis II or axis I diagnosis or a combination of these. Common diagnoses are complex PTSD, borderline personality disorder, and treatment-resistant depression. The programme is most suited for people with high levels of distress, poor affect regulation and self-capacities, and interpersonal difficulties, making them vulnerable to decompensation and acting out. They often have dysfunctional self-soothing or self-stabilising strategies. Frequently, they will have experienced neglect, abandonment, deprivation, or trauma in childhood. In later life many clients have a pattern of dysfunctional attachments, or other damaging or limiting environmental or biological features. They will often be frequent service users and are likely to have previously failed to respond to treatment in the community or general inpatient settings.

They must be 20 years or older, have a degree of motivation to change and some capacity for self-observation and self-reflection, even though these maybe severely limited. They also need some capacity to form attachments, although again this may be limited. Effective treatment is likely to require a level of containment and psychological holding which is unavailable in regular outpatient treatment.

## **EXCLUSION CRITERIA**

Please read this section carefully as it will save you a lot of time in preparing a referral that we cannot accept. If you have queries having read this section, please phone the team leader to discuss your client.

**Exclusion criteria** include the following:

- Clients who are or maybe a danger to others (e.g. threatening behaviour, assault etc.).
- A primary diagnosis of substance abuse.
- Severe psychotic symptoms.
- Severe head injury or a learning disability.
- Under 20 years, or over 65 years, except where their needs are deemed appropriate.

N.B. Suicide risk **is not** an exclusion providing the client is willing to address this as a treatment issue.

Clients must agree to not attend the day-treatment setting whilst under the influence of alcohol or illegal drugs.

## **TREATMENT APPROACH**

The philosophical underpinning of the programme is Dialectical Behaviour Therapy (DBT). DBT is a cognitive-behavioural treatment combined with elements of eastern meditative practice that emphasises the balance between acceptance and change.

**The therapeutic programme includes:**

- DBT skills groups
- Process oriented therapy groups
- Individual psychotherapy
- Art therapy

- Specialist groups e.g. mentalisation group, mindfulness group, functional analysis group
- Life skills development
- Ongoing monitoring of symptoms and medication & regular review of progress at specified intervals

The service forms an integrated psychotherapeutic approach, with a focus on teaching life skills and increasing the internal safety of the clients. We focus on Linehan's (1993) stage 1 targets, i.e. suicidal behaviours, therapy-interfering behaviours, quality of life behaviours, and deficits in behavioural skills. Our work is also guided by trauma theory.

### **JOINING THE PROGRAMME**

1. Referrer phones and discusses the referral prior to completing the referral form. This can shorten the amount of time you spend filling in the form.
2. The client is contacted for an assessment for intensive psychotherapy. This can take up to three 2 hour sessions.
3. For clients referred from within the mental health service it is expected that a **Core Adult Assessment (CAA)** will have been completed prior to referral to Segar.
4. You and the client will be notified of the outcome of the assessment.
5. If we consider that the programme would be beneficial to the client they will be offered a period of outpatient **contracting**. This involves orienting the client to the programme and having them achieve a number of mandatory pre-entry tasks, e.g. to be engaged in an extra curricular activity, to complete a detailed analysis of their suicide/self harm pattern. The time this takes is dependent on the client's needs and motivation & can take anywhere from 4 weeks to several months.
6. We require your agreement to a number of protocols: e.g. accept transfer of care on completion, or at early discharge, provide crisis care/respice (if required) whilst the client is in the programme, etc.
7. At the end of the contracting phase, the team and the client make a decision regarding their suitability for the programme and the programme's suitability for their needs.
8. If the client completes the outpatient contracting phase successfully they will be accepted for the day programme.
9. If the decision is not to continue the client will be referred back to the service of origin. You will be informed of the decision as soon as possible.
10. After completion of the programme (or early discharge) the client will be referred back to the originating service.

### **PROGRAMME LENGTH**

Clients contract for 6-month renewable blocks up to a maximum stay of 18-months.

A step down discharge process includes liaison with the initial referrer & may include a number of outpatient sessions to help the client transition back to the referring service.

### **REFERRAL SOURCES**

- Community Mental Health Centres (CMHC's)
- Specialist mental health services

### **MAKING REFERRALS**

- We prefer that initially you phone and discuss potential referrals. This is to ensure that you are clear about the referral process before committing yourself to paper. The referral is quite detailed and we want it to be a positive experience for you and your client.
- **For clients who already have a case in Hcc:**
  1. Complete a **Psychotherapy Referral** in Hcc (*Administrative\Documents\New Document\ADHB\Mental Health\Psychotherapy referral*)
  2. Advise the Segar triage therapist that this referral has been completed in Hcc by:

- Sending an email to the triage therapist [segarhouse@adhb.govt.nz](mailto:segarhouse@adhb.govt.nz) advising that a referral has been completed in Hcc, with an NHI to identify the client, and/or
- Completing a **Task** in Hcc for **Stephanie Forde** requesting that the referral be actioned.
- DO NOT email the Hcc document to Segar House
- For all other clients written referrals are required. **YOU MUST USE the Segar House-Rauaroaha referral form** and complete all fields on the front page (this is a requirement of our electronic database). Legible writing is appreciated. Please also enclose a copy of your service's assessment of the client's difficulties & a crisis management plan where relevant.
- Screening: All referrals are screened for compliance with entry criteria and the referrer advised.

## **CONTACT DETAILS**

Location: Level 3, 126 Khyber Pass Rd, Grafton, Auckland  
 Postal Address: P.O. Box 8101 Symonds Street, Auckland  
 Telephone: (09) 377 2602 or 307 8003  
 Fax: (09) 375 9878

## **SOME QUESTIONS & ANSWERS**

*Q: If my client has an existing 1:1 psychotherapy relationship, can this continue whilst they are taking part in the programme?*

A: No. They will be receiving individual therapy from a Segar House therapist during their stay in the programme. However, we encourage you to maintain regular informal contact with your client as we envisage her/him returning to you once their time with us is completed.

*Q: What happens after discharge?*

A: It is expected that the referrer will resume individual therapy and/or their key worker role with the client (as per treatment agreement). This usually means the client has a number of sessions with their former individual therapist. We endeavour to work with the referrer and the client to make post Segar House therapy arrangements well before discharge. On occasions the client may transfer to a Segar House outpatient group programme.

*Q: What are my responsibilities as a referrer?*

A: As this is a joint process between you and us it is helpful if you provide accurate information on the referral form, that you provide the information we need during the contracting phase, that you support the crisis management plan devised in conjunction with the client and that you agree to transfer of care back to your service at completion of the programme, at early discharge, or during any necessary stand-downs.

## **SHARED CARE**

We are a very small specialist service; we must use our resources wisely & efficiently. We can only operate effectively if we share the care of our clients with the referrer  
 (& crisis/respice/inpatient teams, where necessary)

*Segar House-Rauaroaha is a component of the Mental Health Services of the **Auckland District Health Board**. It provides programmes to **ADHB** & **WDHB** service users in the Central, North, & West districts of Auckland*

## Intake Pathway for Intensive Day-Programme

