

BALANCE & IMPULSE



QUALITY CHARTER

2018

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I. General information

It is a gift to be born with a health mind and a great gift to grow up safely. If life hits you hard and your health suffers, it is an art to find recovery.

It is Balans & Impuls's aim to serve and support that recovery in a meaningful way.

Purpose of this charter

This charter is intended to provide information to clients and insurers about the quality and approach of Balans & Impuls as required by the guidelines of the GGZ (General and Specialist Mental Health Services)

It helps clients to decide whether the treatment offered fits their specific needs. It also provides insight into the framework of professional arrangements within the institutions, practices and/or the professional network in which the provider operates. The Quality Charter enables clients, health insurers, institutions and authorities to assess the quality of the care provided.

1. Data of the provider

Name:	Balans & Impuls/Balans & Impuls Intensief
Address:	Juliana van Stolberglaan 47, Den Haag
Telephone:	070-3922261
E-mail:	secretariaat@balans-en-impuls.nl
Website:	www.balans-en-impuls.nl
KvK number:	27163974/53016270
AGB codes:	94-056427/22-220450

2. Data of contact person

Name:	Mrs. drs. A. H. M. Bakker
E-mail:	secretariaat@balans-en-impuls.nl
Telephone:	070-3922261

3. Locations

Balans & Impuls has multiple locations in the Netherlands

See: <http://www.balans-en-impuls.nl/Locaties>

4. Description of services and professional network

Since 1997 Balans & Impuls has been providing support for psychological problems such as depression, anxiety, PTSS (post-traumatic stress disorder), and personality disorders. We also provide support in case of psychological problems as a result of serious medical complaints, e.g., acquired brain injury (ABI). We attempt to remedy complaints and/or find ways to manage limitations. Additionally we pay close attention to restoring life tasks on a personal, private and professional level, thus making recovery more sustainable.

We also provide services not usually covered by private insurers, such as emotional exhaustion, burnout, somatic symptom disorders, grieving and mourning, the psychological impact of aging and problems at work.

5. Type of services

We offer outpatient care in general and specialist mental health care.

6. Treatment environment in general mental health care

Treatment can be under supervision of: mental health care psychologist, clinical neuropsychologist.

7. Treatment environment in mental health care

Treatment can be under supervision of: mental health care psychologist, clinical neuropsychologist. In case of complex medical problems a psychiatrist will also be involved.

8. Our partners

We work with the following organizations:

Medisch Centrum Haaglanden, afdeling medische psychologie

HMC Westeinde

Lijnbaan 32

2512 VA Den Haag

<https://www.mchaaglanden.nl>

Mental health Care Center The Hague

Beeklaan 339

2512 AJ Den Haag

<https://psychoinforma.nl/mental-health-center>

International Mental Health

Nassaulaan 5

2514 JS Den Haag

<http://www.internationalmentalhealth.nl>

IKA Nederland

Paasheuvelweg 15

1105 BE Amsterdam

<http://www.ika-ned.nl>

International Stress Management Association

Aston House

Cornwall Avenue, London, N3 1LF

<http://isma.org.uk/international-stress-management-association>

World Veteran Federation

6 Rue du Docteur Finlay

Paris 75015

France

<http://www.wvf-fmac.org>

NAH-Zorg

Den heuvel 62

6881 VE Velp

info@hersenletsel.nl

Winnock Nederland

De Dreef 2

3706 BR Zeist

nederland@winnock.nl

Parnassiagroep

Monsterseweg 93

2553 RJ Den Haag

<https://www.parnassiagroep.nl>

Stichting Lijn 1

Uhlenbeckstraat 1

2273 CE Voorburg

info@lijn1haaglanden.nl

Rijndam Revalidatie

Revalidatiecentrum

Westersingel 300

3015 LJ Rotterdam

<https://www.rijndam.nl>

II. Organization

9. Standards of care and professional guidelines

Qualifications and competencies of care providers

Health care professional and supporting staff of Balans & Impuls is obliged to participate in a selection procedure to assess their competencies. A Certificate of Conduct is obligatory. All references are checked.

We work with registered psychologists (NIP - Professional Association of Psychologists), mental health care psychologists, psychiatrists, clinical neuropsychologists and troubleshooters (HBO SPH/MWD - social work). Case histories may be discussed with external organizations if necessary.

Standards of care and guidelines for treatment

We work in accordance with the guidelines of the General and Specialist Mental Health Services (GGZ). For specific problems more specialist guidelines are followed. Balans & Impuls is engaged in ongoing scientific research in cooperation with Leiden University and the Open University.

We work with registered psychologists (NIP - Professional Association of Psychologists), mental health care psychologists, psychiatrists, clinical neuropsychologists and troubleshooters (HBO spw/mwd - social work). Case histories may be discussed with external organizations if necessary.

Clients will be informed about multi-disciplinary cooperation for which their agreement is required.

Balans & Impuls is certified ISO/HKZ (professional quality certifications).

Promoting expertise

Psychologists/carers working for Balans & Impuls receive external and internal training as follows.

- Structural diagnostics (Prof. Dr. E. H. M. Eurelings-Bontekoe and pr. Dr. W. Snellen)
- ‘Five discussions model’ (A. Huiberts, Solutions Institute)
- Psychodrama
- EMDR
- Cognitive behavioral therapy
- Internal course on personality, context, life tasks
- Internal course supporting rescue workers
- Ongoing professional development according to a competency-based personal development plan
- Professional behavior according to ISO/HKZ
- Balans & Impuls is a certified health care educational organization
- Balans & Impuls is a certified educational organization for students of psychology
- Balans & Impuls is certified for internships HBO spw/mwd (administrative/social work)
- Balans & Impuls is certified for internships MBO administration (ECABO)

Group consultations of 1.5 hours are held by all teams on a weekly basis. Topical group consultations/expertise training courses are held monthly. Staff members are supervised by a senior mental health care psychologist, a clinical neuropsychologist and a psychiatrist.

Selection

Balans & Impuls chooses to hire staff on a permanent basis. This allows us to develop and improve the quality of our services and approach on an ongoing basis. Care workers, interns

and supporting staff must take part in a selection procedure to establish their competencies. A Certificate of Conduct is obligatory. All references are checked.

10. Cooperation within the organization

Our philosophy and approach finds its practical translation in the structure as explained below, as well as in our multidisciplinary courses. This concerns cooperation of registered psychologists (NIP - Professional Association of Psychologists), mental health care psychologists, psychiatrists, clinical neuropsychologists and troubleshooters (HBO spw/mwd - social work). Every course has an identical underlying structure but differs in its intensity and the frequency in which professionals are involved and sessions are planned, depending on the diagnosis and the type of course. The number of sessions may vary, depending on the seriousness of the problems, between 5 and 20.

Psychological support follows these steps: intake/diagnostics, followed by a plan of treatment. Sessions are usually set up as follows: stabilization, increasing self-care and self-management, processing and maintaining what has been learned by means of follow-up sessions. The treatment plan is set up in close cooperation with the client. If necessary, support may be recruited from the private or professional environment.

Balans & Impuls maintains ongoing contact with primary and secondary care services as well as other services. Our point of departure is a shared framework of values and ideas, and we work in close cooperation, adjusting our support and care as the needs of our clients require, and in accordance with the latest scientific insights. This model involves both the client and his or her environment in the process of recovery.

Multidisciplinary consultations, exchange of information

The outcome of the psychological support as provided is safeguarded (for the client as well as the provider) in the following way:

- Before treatment starts, an intake interview will be held and diagnosis made. This will be in accordance with the problems present and the client's specific wishes and requirements. Treatment will be evaluated on an ongoing basis.
- Results are discussed and safeguarded in the support team. If no progress is made, this must be announced.
- The client is encouraged to give feedback by means of a questionnaire. This will serve to evaluate the course of treatment. Additionally a ROM-measurement will take place.

Group consultations of 1.5 hours are held by all teams on a weekly basis. Topical group consultations/expertise training courses are held monthly. Staff members are supervised by a senior mental health care psychologist, a clinical neuropsychologist and a psychiatrist. Participants are: registered psychologists (NIP - Professional Association of Psychologists), mental health care psychologists, clinical neuropsychologists and

troubleshooters (HBO SPH/MWD - social work); if required, a psychiatrist may be present.

Procedure for upscaling/downscaling treatment

It is important that treatment is in line with the client's needs and problems.

If insufficient progress has been made in 3 to 5 sessions, as set out beforehand, the psychologist will hold a group consultation with all people involved. Treatment must be intensified if a dangerous situation is present (suicide, loss of habitation or income, acute sources of serious stress, aggression). Depending on the nature of the complaints, this may happen as follows:

- More intense sessions, more emphasis on specific goals
- Engagement of a troubleshooter in the home situation
- Engaging a psychiatrist
- More in-depth diagnostic analysis by a psychiatrist/clinical neuropsychologist
- Day treatment
- Admission for psychiatric treatment

Treatment may be scaled down when one of the objectives has been fulfilled, or if problems are stabilizing and recovery is noticeable.

Decisions about readjustment of treatment take place in multidisciplinary consultations directed by a mental health care psychologist.

Procedure in case of conflict (escalation procedure)

If an occasion arises in which there is a substantial difference of opinion between care providers, this must be discussed within the multidisciplinary team. Points of view will be evaluated in accordance with the client's needs and the results of treatment. The opinion of the majority of those involved in the team will be decisive.

If conflicting opinions among the care providers are thought to endanger the structure of treatment and clarity for the client, further treatment will be suggested to take place elsewhere.

11. Client and file data procedures

Client data are treated in conformity with the professional code (NIP) and privacy guidelines. Clients will be informed that information must be shared anonymously with SBBG (Stichting Benchmark) and BHOM (ROM). Insurers may be provided with information concerning financial aspects.

Clients may refuse their permission by filling out the applicable form. In situations in which professional confidentiality does not apply, such as those concerning domestic violence or child abuse, the guidelines as set by the professional association must be followed.

Balans & Impuls uses the digital patients' registry (EPD).

12. Complaints procedure

Regulations have been set up concerning the complaints procedure and privacy guidelines. These are available in our waiting rooms and on request. There is an internal and an external complaints commission.

III. Treatment procedure

13. Waiting time for intake and treatment

Information about waiting times for intake and treatment can be found on our website. Waiting time is usually no longer than 10 days. Information is provided according to the rules of general or specialist mental health care GGZ.

14. Application

Clients can apply by mail or telephone. Referral from a GP or specialist is required if medical support and treatment is involved. Immediately after application (same day or day after) the client will receive an invitation for an intake interview. Confirmation of this interview will be sent. This includes general information about the treatment. Treatment will start 10 days later.

15. Diagnosis

If after the intake interview the client agrees to proceed with treatment, the diagnostic procedure is initiated. This consists of a diagnostic interview and test concerning mental and physical complaints as well as a personality assessment. An advisory consultation will take place after 10 days to discuss the diagnosis and a proposed course of treatment. The client will be informed about his or her right to access, review, correct and disallow access to any information. Agreement must be given in writing. The process will be supervised and discussed by a mental health care psychologist and clinical neuropsychologist. If the client agrees, treatment will proceed.

16. Treatment

Beginning treatment

Treatment can be initiated after agreement has been reached concerning the outcome of the diagnostic interview and proposed course of treatment. If the client decides not to proceed we will suggest alternatives. It is usual to begin treatment with sessions on a weekly basis. As soon as signs of recovery are established and the need to apply what has been learned increases, sessions will be held every two weeks.

Safeguarding and finishing treatment

Progress of treatment will be monitored by means of the evaluation of the goals set out beforehand. Special attention will be paid to the decrease in psychological complaints and improvements in the functioning in daily life tasks (personal, private, professional) as well as quality of life. People who play a significant role in the client's life will be closely involved. A written interim evaluation report will be presented to the client and the referrer. Results of the treatment and points of concern will be reported in a final letter to the referrer. Results will also be measured in a BHOM assessment (ROM) before and after treatment. In addition, Balans & Impuls will conduct scientific research into the effectiveness of treatment. Clients are requested to participate and are free to consent or decline.

Client involvement

Treatment will proceed in close cooperation with the client as well as people from the client's private and professional environment. Mutual consultations will take place on a regular basis concerning the desired course of treatment and desired outcome. If, after 3-5 sessions, results are not satisfactory, the client and multidisciplinary team will discuss potential improvements in the course of treatment. Special attention will be paid to sources of potential stress and/or energy that may have a positive or negative influence on the treatment process.

Involvement of treatment providers

The psychologist in charge of treatment is the point of contact for the client and is responsible for diagnosis and treatment. If a psychologist in training is involved, the supervising psychologist is ultimately responsible. If specialist mental health care is provided, the psychiatrist or neuropsychologist in charge is ultimately responsible.

Multidisciplinary team

Progress of treatment will be discussed within the multidisciplinary team involved (mental health care psychologist, psychologist NIP, troubleshooter (HBO SPH/MWD - social work), clinical neuropsychologist, psychiatrist). Treatment providers are obliged to report failure of progress in the recovery process within their team. They will discuss which treatment is most effective and corresponds best to the client's problems and the desired outcome. If during the course of treatment readjustment is required, this will be brought into line with the client's specific situation.

17. Completion and aftercare

Completion in finalizing treatment

Treatment is considered to be completed as soon as the goals as set out in the proposed course of treatment have been met. In order to safeguard and consolidate recovery, a number of follow-up sessions will take place after completion of treatment. If these low-frequency sessions have been successfully completed, treatment is finalized. This implies that complaints have decreased, and improvement is visible in life quality and performance in life tasks. DSM IV/DSM V criteria are no longer met.

A BHOM (ROM) assessment will be conducted in the final session. A final report will be made for the referrer. If the client agrees, this will be sent to the referrer.

Ending treatment for other reasons

Balans & Impuls is committed to an active approach of clients who regularly fail to attend sessions. We try to motivate the client and remove potential obstacles to treatment. However, treatment will be brought to an end if the client does not show any inclination to continue. This will be communicated to the client in writing. If no response is forthcoming within two weeks, treatment will be finalized. The referrer will be informed.

Treatment may also be finalized if, after the intake interview/diagnosis, the client cannot agree with the diagnosis or proposed course of treatment. We will suggest alternatives and inform the referrer.

Finalization procedure

A final report will be made up explaining in detail the process and outcome of the treatment. Suggestions will be made to consolidate recovery. If the client agrees, this report will also be sent to the referrer. The file will then be closed.

IV Signature

I hereby declare that this Charter has been truthfully made out and will be strictly adhered to.

Den Haag, 13 December 2016

Mw. Drs. A. H. M. Bakker
Managing director.