PD in Developmental Disability: Key Issues for Staff

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Thinking

Feeling

Temperament

Character

Doing

Intelligence

Personality and Personality Disorder

Trauma

THE FIVE FACTOR MODEL OF PERSONALITY

PERSONALITY DISORDERS

- Mild LD
- 21 years as the cut off age (DC-LD)

Paranoid, Schizoid, Schizotypal	Paranoid, Schizoid
Antisocial, Borderline, Histrionic, Narcissistic	Dissocial, Emotionally unstable, Histrionic
Avoidant, Dependent Obsessive compulsive	Anxious, Dependent Anankastic

Prevalence figures:
Community LD teams: around 7%
Forensic services: around 50%

WHAT WILL I COVER IN THIS TALK

1. ‘TOXIC’ TRANSFERENCE, COUNTER TRANSFERENCE & THE INTER PERSONAL DANCE

2. WAYS OF DEALING WITH IT

a. STAFF SELECTION

b. STAFF TRAINING & SUPERVISION

c. MANAGEMENT APPROACHES

The most contact, least training paradox!

Damaging formative experiences, compulsion to re-enact

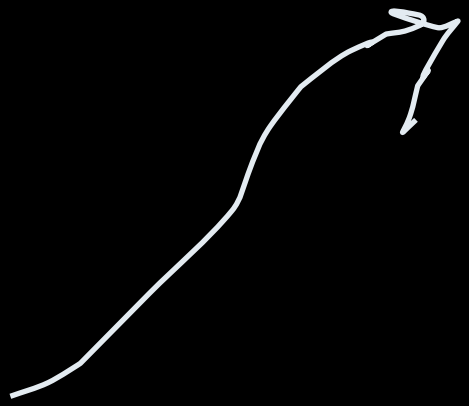
Lack of trust of others & misinterpreting motives

Ambivalence/ rejection of treatment

Crisis mode presentations and Impulsivity

‘Pseudo attachments’ and ‘controlling strategies’

“A vulnerability masked by the threat they pose….”



‘Traumatised victims who have become fearsome perpetrators”

Staff become target of intolerable feelings (guilt, anxiety, depression, jealousy, hostility, neediness)

Male staff: vulnerable to reacting punitively

Female staff: confronted with explicit/ subtle sexual harassment and an invitation to 'charm away hostility'.

Transference: The feelings of patients towards carers/ clinicians *(with origins in early experience)*

Counter transference: The feelings stirred up in a clinician and the clinician's projection on to the patient.

Descriptions from General Practice in the 1970s: "Physician's dread"

The clinger	*aversion*
The demander	*the desire to counter attack*
The help rejecter	*depression*
The self destructive denier	*rejection and malice*

‘TOXIC’ TRANSFERENCE PATTERNS

- Comparing staff members
- Adopt staff language, style
- Provide minimal information to see how they cope
- Single staff out for special attention
- Complaints
- Exploit inter professional rivalries
- Question others about the actions taken by the therapist previously
- Flirt/ reject
- Refuse to follow directions

The ‘inter-personal dance’ between patients with PD & staff: 4 patterns

1. The ‘pull to punish’

- Physical security alone not enough
- Emotional vulnerability needs to be addressed

2. Acting out, Displacement & Splitting

Non-conscious behavioural acting out of intolerable feelings. Serves 2 functions: expressive and defensive

Displacement of emotions about patients to more concrete external frustrations

Splitting: good and bad objects set in opposition, provoke team members to ally with one another in defence or opposition to a patient.

3. Damaging repetitions

- Projective identification
- The challenge of exploring which feelings belong to who

4. Boundary violations

- Therapeutic alliance: ‘aching awareness’ of past loss and trauma
- Attachment related distress should be anticipated

- Intense relationship and attraction
- Healthy: working through it
- Unhealthy: eroticism of transference/ countertransference becomes secret and is acted on

Boundary crossings

Boundary violations

Test: Can the event in question be discussed in therapy or supervision?

Dictum: Explore before action.

POTENTIAL RED FLAG PATTERNS

DETACHMENT FROM PROFESSIONAL ROLES (SECRETS)

PERSONALISING THE THERAPEUTIC RELATIONSHIP

FLIRTATION AS A RESPONSE TO HOSTILITY

COMPLYING WITH PATIENT REQUESTS FOR PHYSICAL/ SEXUAL CONTACT

BELITTLING OTHER PROFESSIONALS

TEAM DISAGREEMENTS REHEARSED WITH PATIENTS

COLLUSION WITH BOUNDARY VIOLATIONS

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STAFF SELECTION

Containment

Psychic survival: ability to think your own thoughts while Remaining functional and effective

Ability to resolve conflict assertively

Past unethical relationships and current vulnerabilities?

STAFF SELECTION

Explore motivation and interests

Experience, attitudes and attributions

Burnout scores (link to high EE)

Voyeuristic motivations?

TRAINING

Foundation training on PD, and interface with developmental disabilities

Relational security

Violence, risk, health and safety

Interactions and boundaries

Therapy skills

Importance of timing !

SUPERVISION

2 PRIMARY ASPECTS

Maintain appropriate boundaries for professionals and services

Attend to the needs of the staff member

A formative, restorative and normative function

SUPERVISION

Group approaches

Reflective Practice

Master classes

Peer supervision

‘Compassionate neutrality’

‘Balancing realism with optimistic hope of change and growth’

MANAGEMENT APPROACHES

SELECT MOTIVATED STAFF

PROVIDE TRAINING

FOCUS ON DUTY OF CARE

ATTEND TO CHANGES IN MORALE/ ATTITUDES

PROMOTE REFLECTIVE ENQUIRY

BALANCE TRUST & CONTROL

SWIFT, CALM RESPONSE TO RULE BREAKING

OPPORTUNITIES TO ‘LET OFF STEAM’

COMMUNICATE LEARNING POINTS FROM SETBACKS DIRECTLY TO STAFF

WHAT WE COVERED

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