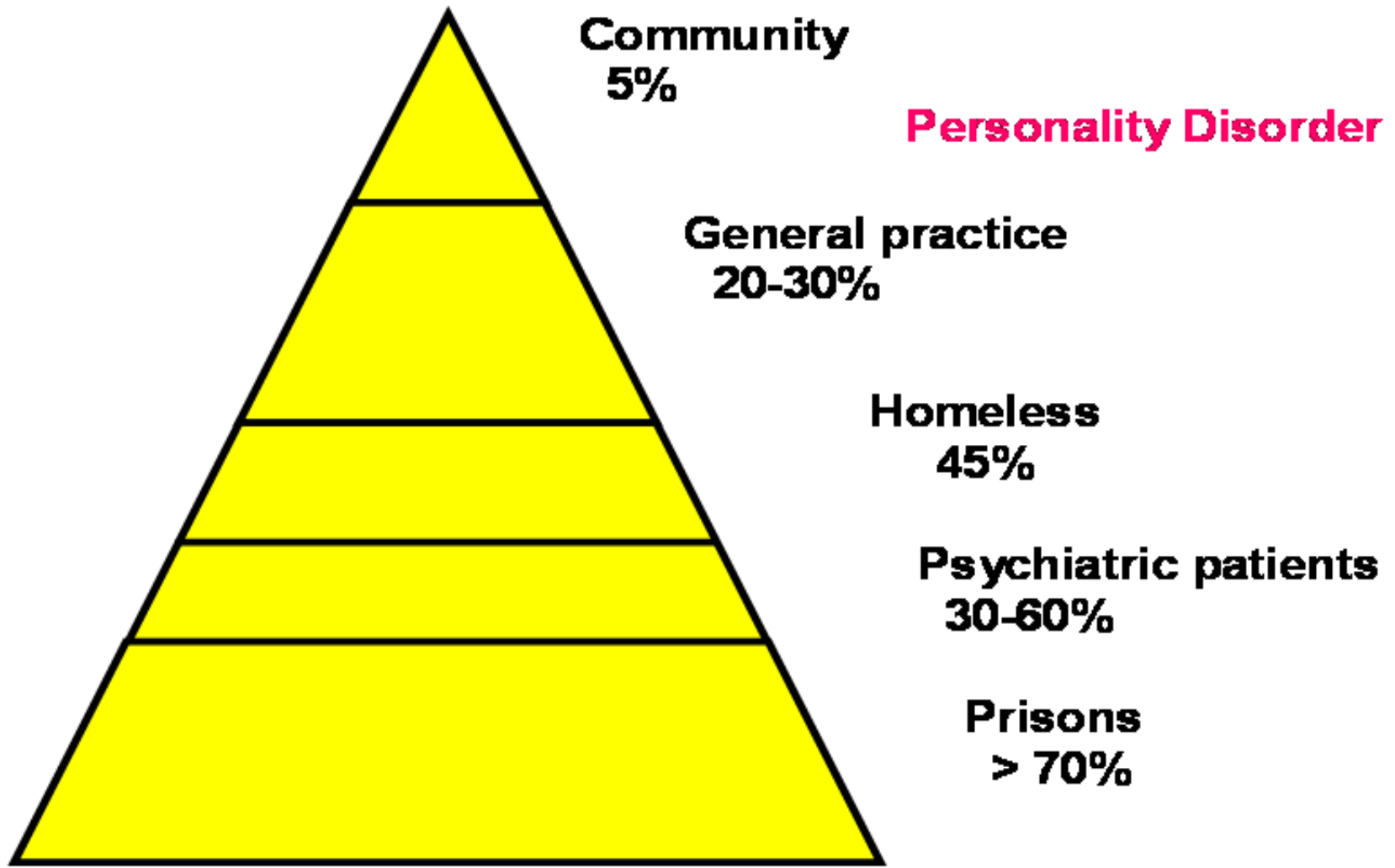


Experience of working with PD: the delights and dramas

Gill Attwood – Team Leader Oxfordshire Complex Needs Service (OCNS) and Thames Valley Initiative (TVI)

Epidemiology of personality disorder



What is Personality?

- ▶ The visible aspect of one's character as it impresses others
- ▶ The person as an embodiment of a collection of qualities:
- ▶ The sum total of physical, mental, emotional, and social characteristics of an individual.
- ▶ The organised pattern of behavioral characteristics of the individual.
- ▶ The quality of being a person; existence as a self-conscious human being; personal identity.
- ▶ the essential character of a person

What is personality disorder?.....

- ▶ An enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture.
- ▶ An inflexible and pervasive maladaptive pattern of perceiving and responding to internal and external stressors and to others, leading to clinically significant distress or impairment in social, occupational, and/or other important areas.
- ▶ The patterns are stable and of long duration, with the onset at least traceable to adolescence or early adulthood.

.....But what does it really mean?

- ▶ Marginalisation
- ▶ Distress
- ▶ Blame
- ▶ Guilt
- ▶ Angry
- ▶ Self loathing
- ▶ Unlovable
- ▶ Frightening
- ▶ pain
- ▶ Rejection
- ▶ Put in a box
- ▶ Stigma
- ▶ Excluded
- ▶ Vulnerable
- ▶ Survivor of crap
- ▶ Misunderstood
- ▶ Isolation
- ▶ No voice

The Heart Sink Patient

- ▶ Attention seeking
- ▶ Drain on resources
- ▶ Won't help themselves
- ▶ Cause burnout
- ▶ Annoying
- ▶ Create chaos
- ▶ Professional helplessness
- ▶ Not our problem
- ▶ Unappreciative
- ▶ Untreatable

The hateful patient

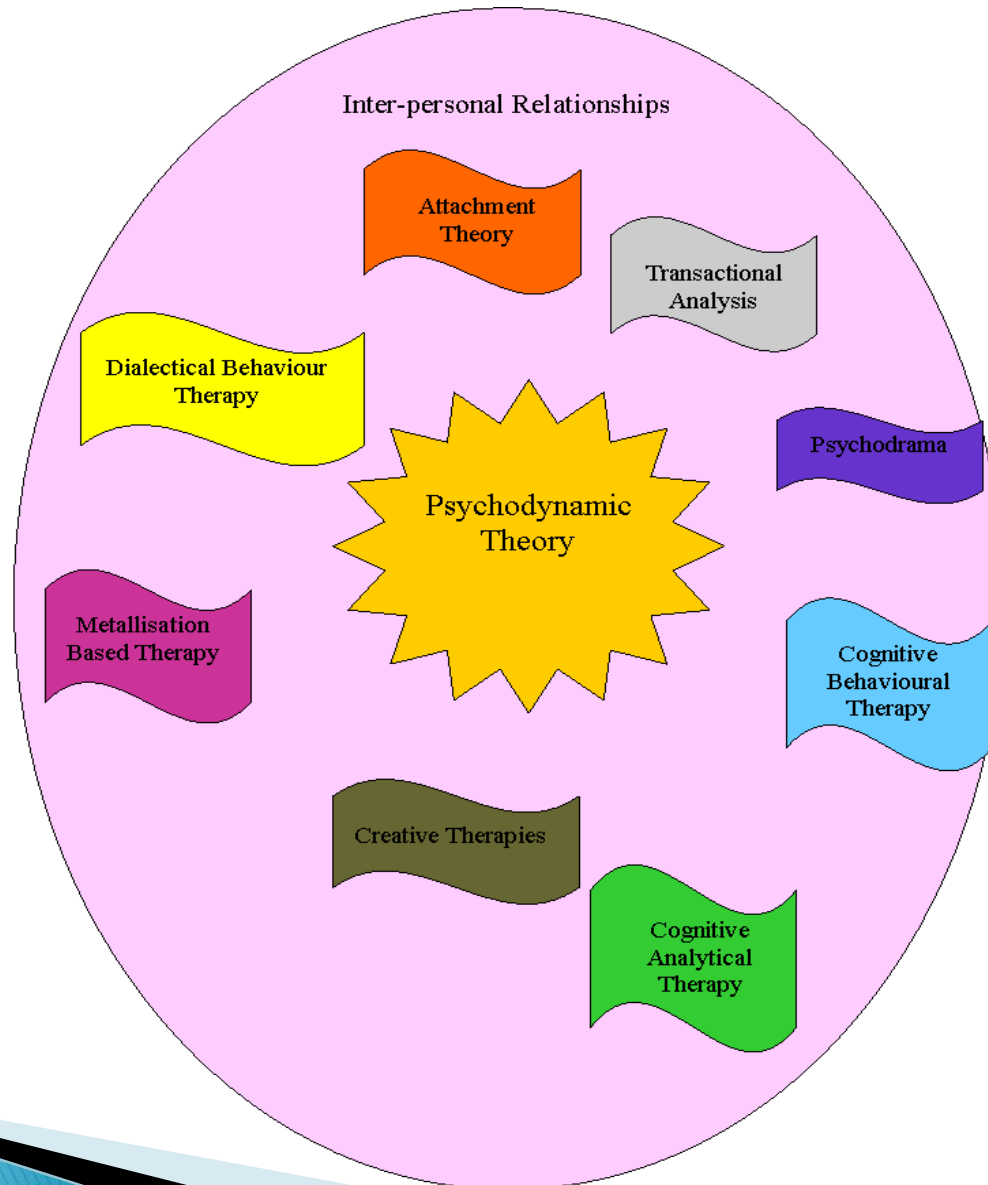
James Groves

- ▶ *Dependent clingers*
- ▶ *Entitled demanders*
- ▶ *Manipulative help-rejecters*
- ▶ *Self-destructive deniers*

What's the Point?

- ▶ They are human and like all of us have both positive and negative traits
- ▶ They have the same range of emotions as everyone else
- ▶ They can struggle to express themselves in a coherent way
- ▶ Most have had a lifetime of rejection
- ▶ Most have had significant attachment issues
- ▶ We all have parts of our personalities that are unhelpful or irritating to others

So what is the theory?



Some of the concepts: Defences

- ▶ Are unconscious processes
- ▶ We all use them to protect ourselves
- ▶ They become pathological when used persistently and leads to maladaptive behaviour and poor interpersonal relationships
- ▶ They are developed in childhood, if development is arrested they don't have the opportunity to mature

Transference

- ▶ Is the transferring of feelings which belong to a relationship from the past into a present relationship. This process is unconscious. The attributions are inappropriate to the present relationship.

Counter-transference

- ▶ is the feeling or feelings elicited in the therapist by the patient's behaviour and communications.

Recruitment for retention

- ▶ Good skill mix
- ▶ Different personalities
- ▶ Able to work as part of a team
- ▶ Motivated
- ▶ Empathetic
- ▶ Sense of humour
- ▶ Good inter-personal skill
- ▶ Driven to develop

Recruitment

Joint process with members

- ▶ Has to follow Trust procedure
- ▶ Short listed by 3 managers
- ▶ All applicants visit a clinical area (feedback)
- ▶ All attend afternoon team meeting (Feedback)
 - Business meeting
 - Team fun
- ▶ Individual interview with 3 staff and 2 members
- ▶ Staff maintain final decision making

Team structure

- ▶ Management Team
 - Programme Director
 - Team Leader
 - Deputy Team Leader
- ▶ Admin Team
 - Office Manager
 - Receptionist/admin assistant
- ▶ Clinical Team
 - Specialist Team Therapist
 - Senior Team Therapist
 - Team Psychiatrist
 - 3 full-time team therapists
 - 3 part-time team therapists = 1.2wte
 - 1 full-time assistant team therapist
 - 1 part-time assistant team therapist = .4wte

Some innovations

- ▶ Older adults group
- ▶ Friends and Family
- ▶ Assessment groups
- ▶ Group for young parents whose children are at risk
- ▶ Black, minority and Ethnic group
- ▶ Self-harm workshop
- ▶ Development of systems
- ▶ Local audits leading to alterations in therapy structure
- ▶ Engagement groups
- ▶ Consultation groups

Qualifications

- ▶ Team Therapists and above all have a core mental health qualification
- ▶ Most clinical staff now have a psychotherapy qualification or are in training

Further training

Mandatory

Introduction to group analysis

Introduction to psychodrama

People, personality and pathology (PPP)

The use of SCID II in groups

Vocational

Psychodrama

Group analysis

Cognitive analytical therapy (CAT)

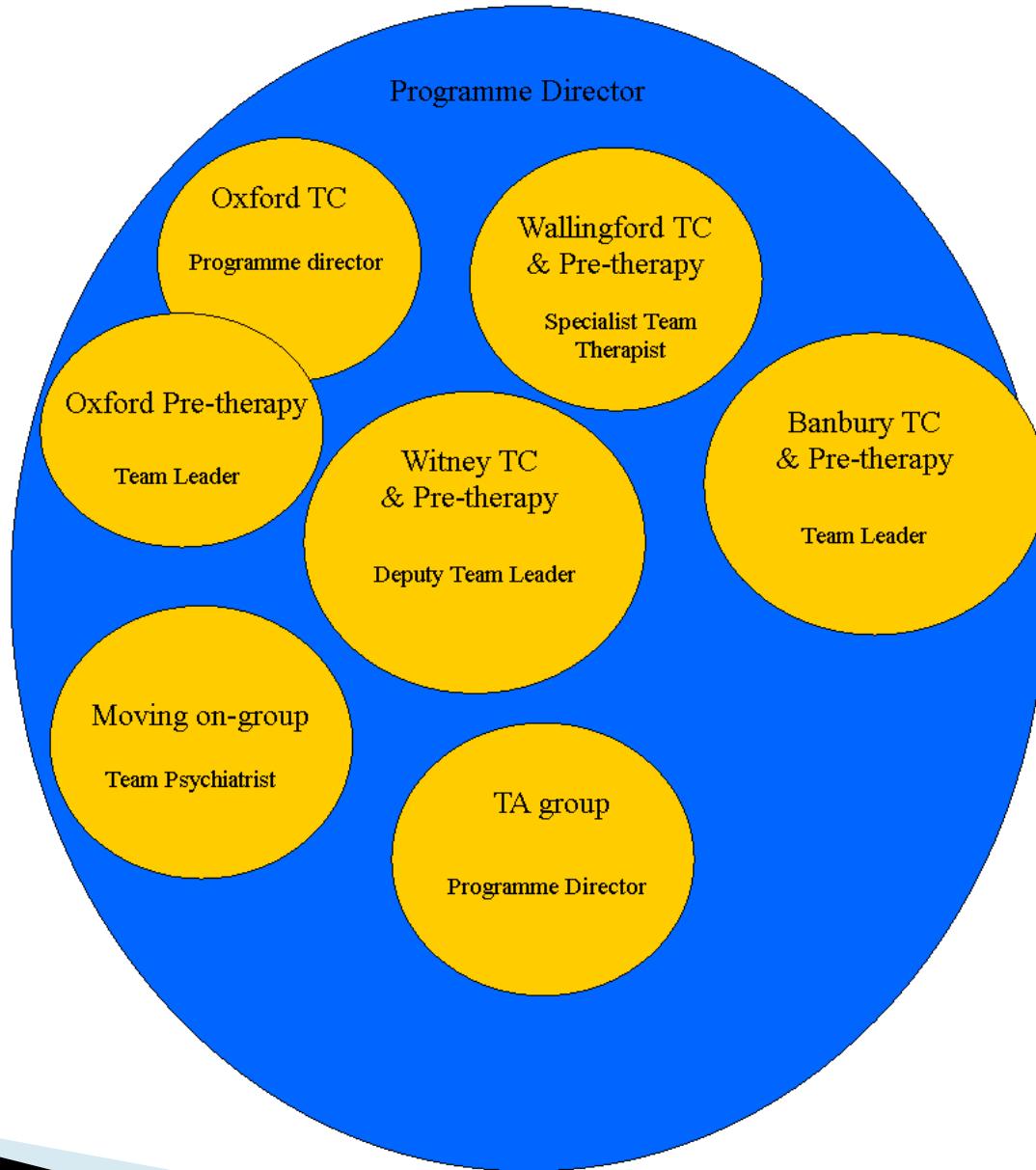
Transactional analysis (TA)

Supervision structure

Clinical

- ▶ Group supervision - all clinical groups supervised separately
 - Therapy weekly
 - Pre-therapy monthly
 - Moving on fortnightly
- ▶ Management
 - Monthly

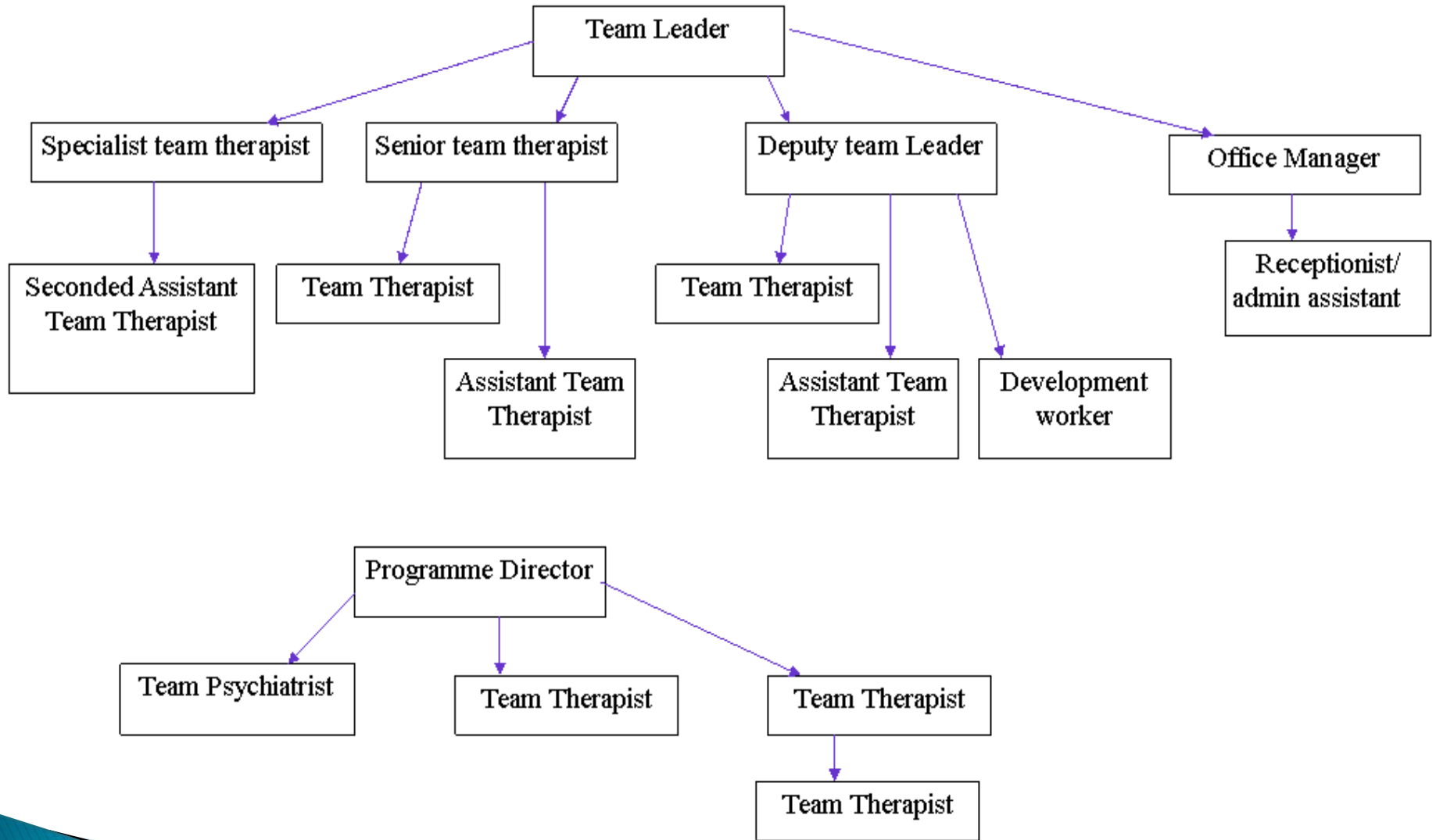
Clinical Supervision Structure



Psychodynamic thinking in supervision

- ▶ Transference
- ▶ Counter-transference
- ▶ Projections
- ▶ Splitting
- ▶ Parallel processes

Management Supervision Structure



Other support structures/supervision

- ▶ Monthly Large group supervision
- ▶ Monthly Assessment supervision
- ▶ Weekly team meeting
- ▶ 4 open groups a year
- ▶ Buddy system
- ▶ Peer support

Support to other services

- ▶ STARS visits
- ▶ Consultation meetings
- ▶ CMHT and GP visits and training
- ▶ Training programmes
 - PPP
 - KUF
 - Managing challenging behaviour

Questions