


The most difficult cases: Tools to help when the client hooks you

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This Guy



What is the most important thing about this case?

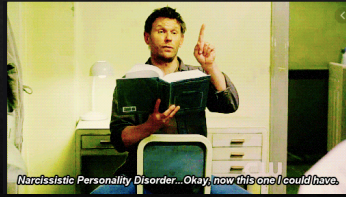
◆ www.menti.com
◆ Code 47 56 23

The most difficult cases

- Assessment
- Treatment Planning
- Contingency Planning
- Treatment Monitoring
- Christian integration

Assessment

- ◆ Personality Traits
- ◆ Personality Disorders
- ◆ Situation-specific behaviors (not disorder)

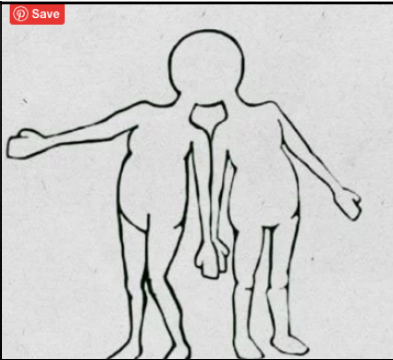


Menti: What diagnosis is most difficult to handle in your setting?

- ◆ Narcissistic Personality Disorder
- ◆ Borderline Personality Disorder
- ◆ Antisocial Personality Disorder
- ◆ Avoidant Personality Disorder

A Borderline Personality Disorder Case

menti: What is most important about this case? 3 words max



Staying Grounded

- ◆ They tend to “hook us”
- ◆ How do clients tend to “hook” you?
 - ◆ Go above and beyond any normal clinical work
 - ◆ They get the staff doing unusual things
 - ◆ Feel like you are super-therapist
 - ◆ Feel like you are the worst helper ever
 - ◆ Make you concerned about negative evaluation from supervisors
 - ◆ Warning sign: Focus on yourself, instead of the client

Conceptualizing the Difficult Case

- ◆ Compassionately
- ◆ Patiently
- ◆ With Christian character (but not wimpy doormats)
- ◆ People are difficult for a reason- our role is to help with discovering what that is
- ◆ They typically have no sense of their effects on others
- ◆ The Borderline cheery girl. Why was she borderline?

Diagnosis and Ethics

- ◊ Evaluate your own training- how extensive is your supervised training in diagnosis of severe disorders?
- ◊ Ethical practice. Consult on situations and cases outside of your training
- ◊ If you use screening measures- never diagnose based just on a screening. Convergence of evidence
- ◊ Complex interview process. For PD, often hold off on diagnosis for several weeks to ensure there is a full pattern of behaviors and symptoms, not just a situation.

Difficult Cases and Couples/Families




Screening for Difficult Cases

- ◊ Socially isolated, or all shallow relationships
- ◊ History of unstable relationships
- ◊ Rigid and unteachable cognitions (not due to low intelligence)
- ◊ My own feelings towards the person
- ◊ May have secondary diagnosis- dual diagnosis common
- ◊ All of these things- severity? Full blown disorder? Traits? Situational?


Treatment Planning with Difficult Cases

- ◊ Stabilization and Safety
- ◊ Collaborative Goal Setting (What needs to change? What can you control & change?)
- ◊ Intensive treatment is the norm:
 - ◊ Dialectical Behavior Therapy, Cognitive Behavioral Therapy, Multisystemic Family Therapy,
- ◊ Interdisciplinary care w/ wrap-around treatment plans: social work, education, clergy-care, psychologist or counselor, psychiatrist
- ◊ Medication management, especially for severe symptoms


Realistic Goal Setting




STABILIZATION



PREVENT VIOLENCE



PREVENT HOSPITALIZATION



STAY ENGAGED WITH HEALTHY ENVIRONMENTS

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What Causes Personality Disorders?



Treatment Monitoring
A means of managing difficult cases

Why do treatment monitoring?

-  Extensive research demonstrates improved efficacy outcomes
-  Reflecting with the client on their goals and treatment opens a conversation
-  It empowers and encourages clients to take ownership of their treatment
-  It gives immediate feedback to caregivers on needs

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Why do you think people don't use treatment monitoring?

It is a different way of thinking about your work

-  Many therapists balk.
-  Best practice- treatment as usual for all cases
-  Build into an online check in process- remove barriers

Various types of treatment monitoring

- ◆ PCOMS- Partners for Change Outcome Management System (Duncan, 2012).
 - ◆ 4 items every session. How they are doing individually, interpersonally, socially, overall
 - ◆ Session Rating Scale at end of session. How was it in terms of goals, approach, overall
 - ◆ Online system that tracks and calculates progress
- ◆ Symptom-specific tracking
 - ◆ Using a brief screening to track weekly (or every other) symptoms of concern
 - ◆ <https://www.integration.samhsa.gov/clinical-practice/screening-tools>

Important factors with difficult cases and tracking systems

- ◆ Not surprising that difficult cases won't have a straight mountain climb trajectory
- ◆ Be curious about lack of progress with the client collaboratively
- ◆ Discover what client feedback is really saying
- ◆ Tracking is not an evaluation of you, no really, I mean it
- ◆ Compare self-evaluation scores with therapist, or important others.
- ◆ Could be useful in interdisciplinary communication

Use client feedback in treatment

- ◆ A client who keeps scores rather low, despite obvious symptom improvement. Might be communicating dependency and fears about moving on without you.
- ◆ A client who climbs in scores quickly and always rates sessions high, may fear therapist negative evaluation- which may be rooted in childhood contempt from caregivers
- ◆ Extreme low scores at intake may be a cry for help presentation

Use client feedback in treatment

- ◆ High ratings or lack of change may indicate a client who doesn't perceive personal needs accurately, is attending at the behest of someone else, lacks insight
- ◆ Family members differential perception may indicate power struggles, family systems roles, intent to separate, or hidden agendas

Questions?



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