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Specialising in Personality Disorder and Complex Trauma

Systemic Challenges with Complex Cases

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Eastern Health

What do we mean by complexity?

- Personality disorder is more severe and/or with co-occurring personality traits
- Additional psycho-social issues
- Co-occurring mental health conditions
- Significant physical health issues
- Increased risk profile, including risk to others
- Challenging interpersonal aspects
- Iatrogenic &/or systemic complications which may reinforce symptoms and decrease capacity

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Working with complexity

- Every interaction can be therapeutic
- Flexibility – meet the person where they are at
- Needs to be an individualized approach – no one size fits all
- Walk alongside the person – foster collaboration and agency
- Formulation-driven that is reviewed as treatment progresses (usually every 3 months or with significant changes)
- Common factors approach but also consider specific treatment modalities that ‘fits’ with the person
- Hold realistic expectations of progress while working towards recovery
- Utilize person’s family/carer/network

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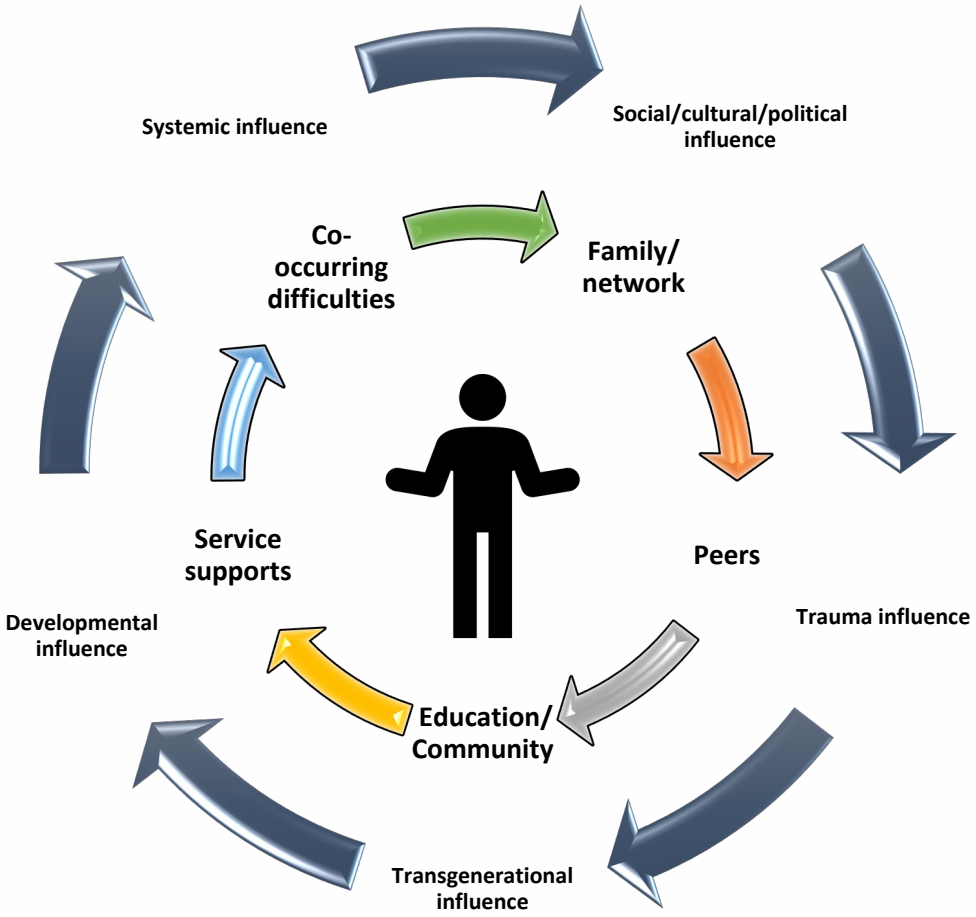
What do we mean by 'systems'?

- A system is a set of interconnecting parts that work together to create a unified whole or a set of principles to which something is done*
- Care systems should be circular & interactive, dynamic & relational
- Aim is to facilitate change in the relational patterns within the system
- Create shared meaning and shared responsibility for recovery
- All within wider social and cultural system considerations
- Interactions between the client & system, the system with each other, and the interaction with the identified concern

*Oxford dictionary

Relational Interactional System



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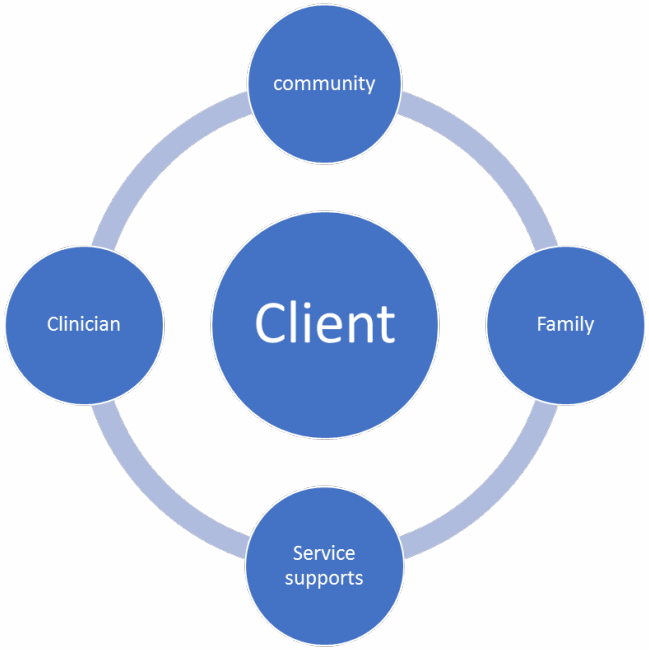
Systemic challenges

- Iatrogenic (harm from treatment) and/or system complications
- People with BPD often require increased system resources (emergency services, hospital etc)
- Behaviours often perceived as “attention seeking” and “manipulative”
- Reinforcement of symptoms
- Use of behavioural responses over psychological/humanistic approaches
- Reactive rather than active
- Lack of consideration of cultural, social, and environmental
- Clinician burnout and lack of support
- Large care teams with different, and often competing, foci of intervention and ‘splitting’

Integration of the System

- Coordination of the system
  - Regular case meetings
  - Family involvement
  - Clarified in the treatment plan
- Organizational Support
  - Management
  - Governing agencies
  - Office of the Chief Psychiatrist
- Supervision, training and support
  - Reflective practice/supervision
  - Adequate training
  - Consultation



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Things to consider

- As a keyworker in the system:
  - Where are the ‘problems' in the system?
  - Who may need to talk to whom and about what?
  - Which parts of this system can I change, even if only slightly?
  - How can I enable dialogue between key people in the system?

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Summary

- Every interaction can be therapeutic
- Individualized approach – no one size fits all
- Flexibility – meet the person where they are at
- Foster collaboration and agency
- Formulation-driven treatment
- Care systems are circular and connected – dynamic and relational
- Facilitate change in relational patterns
- Systems split systems
- Identify the elements that you can change, even if small