

Partnerships within Organisations

Australasian Therapeutic
Communities Association
Conference

Karen Blacklock
October 2015

Team Dynamics in Psychotherapeutic Milieux

A literature review
2014

Karen Blacklock
MHSc Psychotherapy

karen@higherground.org.nz

Introduction

Treatment settings

- TCs, residential treatment, inpatient units, forensic settings

Client groups

- range of services, personality types, degree of psychological difficulty
- addiction, eating disorder, adolescent, forensic, services.

Three strands of literature

- Team countertransference to clients
- Our own stuff
- Organisational/social political influences – the wider context

Central Concepts

- Transference
- Countertransference
- Splitting
- Projective identification

Team countertransference to Clients

- Splitting
- Projective identification

“When one adds to the multitude of emotional reactions to any client the multitude of staff reactions to other staff members, one has an exceedingly complex web in which treatment takes place”

Eisenberg (1997)

Team Countertransference to Clients

- Tom Main 1950s
- Two examples
 - sedation of clients
 - 'nursing failures'

Power of the TC setting

- 24 hour care;
- a number of clients living together;
- a high degree of psychopathology;
- new mental structures evolving quickly
- TC therapists often receive less training and less recognition than individual therapists
- clients' greater dependence on the TC therapist
- action instead of thought
- packed timetable
- 'last minutisms' – reactive, crisis led mentality



Team Countertransference to Specific Client Groups

- clients with borderline personality organisation
- adolescent Clients
- clients with substance dependencies

Intense Team Dynamics

- highly charged atmosphere in teams
- defensive behaviours
- services on the brink of destruction

The Team Unconscious

- clinicians' personal history
- unconscious motivation for the profession.
- the team members' and team's contribution to the relationship dynamics in the TC.

The Team Unconscious

- disavowal of aggressive impulses and fear of conflict
- collective anxieties and defences
- competition, rivalry and envy
- transferences to colleagues
- problems of multi-disciplinary teams

The Interrelationship of Clinicians' and Clients' Intrapsychic Material

- the dynamic of helplessness
- staff and clients unconsciously conform to the only two roles on offer
- staff unconsciously require clients both to stay unwell and to recover

The Struggle to Face Difficulties in the Team

- importance of the team's ability to think critically about its own functioning
- benefits to staff and clients
- maintaining open communication difficult
- fear of supervision, evasion, resistance, and cover-up is a key problem
- sense of support within the team was named as extremely important
- emotional safety



Unconscious Processes in Organisations

- Organisational defences
- Hierarchy, power and status
- Scapegoating

Socio-political influences on TC

- Growth in right wing conservatism, neoliberal economic paradigm a negative influence on TCs
- Biological fundamentalism displaced psychodynamic training and treatment
- Managed care – restrictions on services
- Increased stress results in inability for organisations to provide containment for teams
- Impacts on teams ability to provide containment for clients.
- Cultural context – a gap in the literature



Effects of Conflictual Organisational Dynamics

- defensive Practice
- burnout
- effects on clients

The inevitability of enactments

Enactments of splitting and projective identification in the therapeutic TC can be seen as “a set of cycles, moving from action, to reflection and understanding, and then back to actions – a form of psychodynamically informed action learning” (p. 12). This repetitive cycle of enactment and making sense may gradually help clients towards integration and the ability for self-reflection.

Griffiths and Hinshelwood (1997).



Overall Findings:

The team unconscious is multilayered

- Clinicians' personal history and motivation
- Interaction of clinicians' and clients' intrapsychic worlds
- Splitting, projective identification and countertransferential enactments
- Specific client groups
- Structure and culture of the organisation
- Social-cultural context
- Political context

•

•

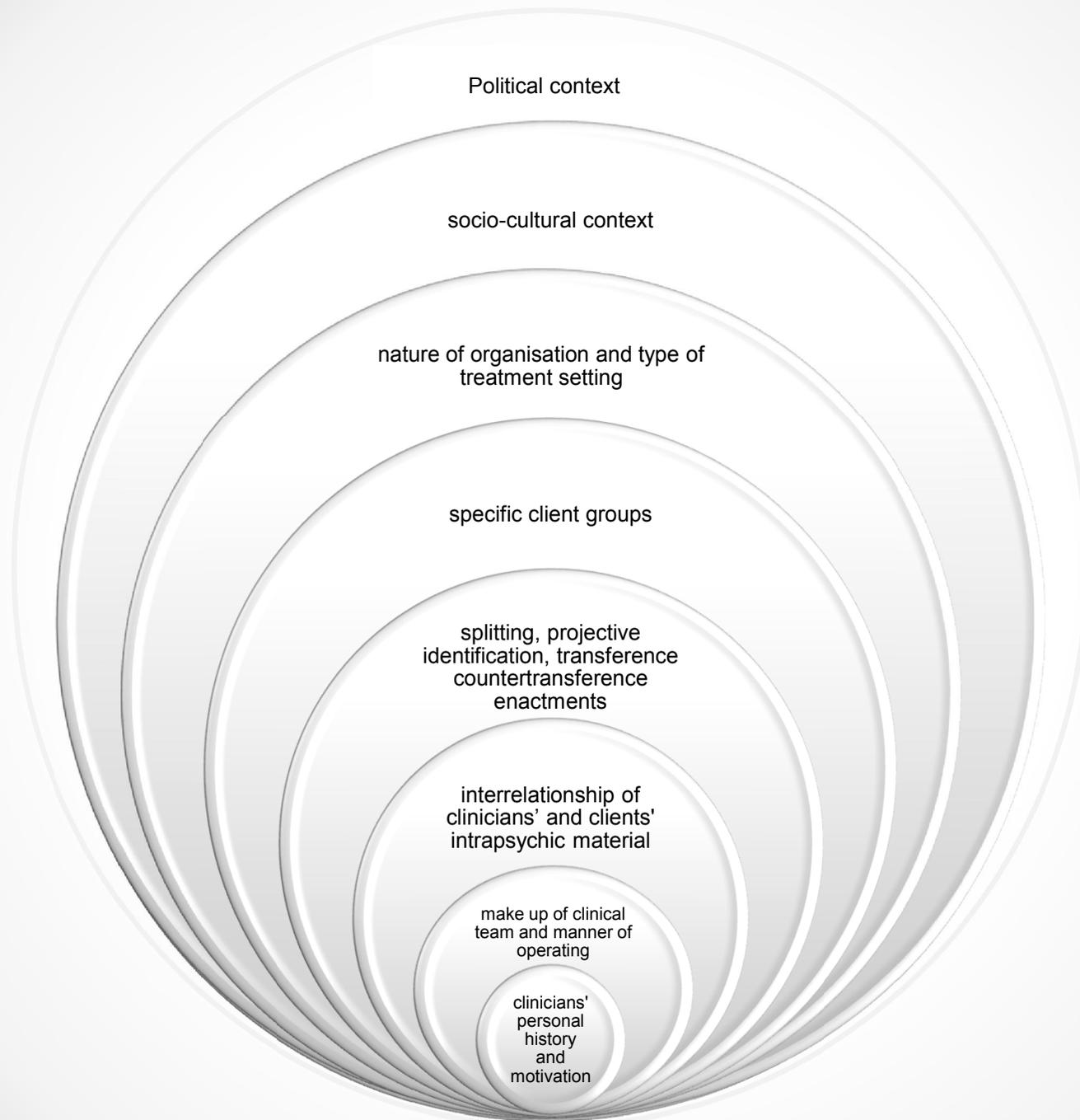


Figure 1. Layers of influence upon team dynamics within psychotherapeutic TCx

Recommendations

- Creating a culture of enquiry – reflective spaces
 - The reflective Space - making sense and avoiding clinical chaos
 - The responsibility of institutions to provide a reflective space
- Personal Therapy
- Training for TC staff
 - Training on TC principles
 - Training on unconscious processes

Conclusion

- Unconscious dynamics are ubiquitous in TCs
- They are complex and multi-layered
- Unresolved conflict has a destructive impact on clients and clinicians
- Acting out unconsciously is inevitable; making sense of this is reparative
- Space is required to think about what happens in our teams
- Recommendations
 - Training on TCs and team dynamics
 - Personal reflection/therapy
 - Reflective space/supervision

