



Pioneer Scheme Half-day Learning programme

Wednesday 6th March 2019

KNOWLEDGE EXCHANGE

Managing difficult consultations

With Dr Elspeth Traynor (Clinical Psychologist, Glasgow Psychological Trauma Service)

1) What were the key learning points from this session?

- Simple trauma is a one off dangerous, upsetting or life threatening event either experienced or observed e.g. car accident, house fire, assault, rape
- Complex trauma is interpersonal, is repeated and chronic and has a significant impact on functioning
- E.g. hostage, combat experience, torture or child abuse – physical, emotional, sexual abuse or physical or emotional neglect
- Trauma in childhood can damage areas of the brain such as prefrontal cortex, hippocampus affecting memory, language, judgement.
- PTSD diagnostic criteria
 - Intrusive remembering
 - Avoidance, numbing
 - Increased arousal
 - And some or all of: irritability, depression and weepiness, loss of interest, sleep disturbance
- Complex PTSD is PTSD symptoms plus problems with affect regulation, pervasive negative view of self, difficulties forming and maintain functional relationships.
- Considerable overlap between complex PTSD symptomatology/functional effects and EUPD.

Discussion of what makes consultations difficult?

- Complexity
- Multiple problems
- Not knowing what is going on
- Unsatisfied patients
- Consultations that provoke anxiety in us
- Confrontational/threatening patients
- Inconsistent or self defeating health seeking behaviours
- Lack of suitable services to offer
- Anchor sees people with complex trauma/PTSD only.
 - Clinical psychology, MHP, OT, Art, Psychotherapy
 - Psychological interventions – group and individual, training and consultancy
 - Written referrals from statutory, third sector, GP
- Referral tips
 - Mention a mental health diagnosis
 - Mention trauma if relevant
 - Phone first if unsure and mention name in referral
 - Don't refer to multiple places at once
 - Active addiction an automatic exclusion
 - Mention a specific intervention if you can
- What is helpful with challenging consultations?
 - Acknowledge difficulty
 - Be open with patients about limitations
 - Give meaningful information/ask for help
 - Consistent relationships are healing
- Applying attachment theory
 - Building a well-functioning relationship is a core aim with patients affected by trauma
 - Be consistent and clear, don't make promises, and establish clear boundaries. Seek supervision and support ?available.
- Containment
 - Respond with calm and empathy, but don't be drawn into clients distress. Hearing and acknowledging client's experience.
 - Radical acceptance – accepting how difficult things are.
- Behavioural Conditioning
 - Challenging, requires consistency and continuity, requires resource
 - Reward and encourage the behaviour you want to increase
 - Remove/reduce reinforcement of undesired behaviour
 - Reinforcement more powerful than punishment
 - Rewards include time, attention, respect, sympathy, empathy, planning, action.

2) What changes to practice might you consider?

- Consider referral to Anchor in cases of **Complex Trauma**
- Be more reflective/understanding of why some patients are difficult to consult with
- Be more open with patients about the challenges/limitations of some of the interventions we offer
- Consider attempting to apply attachment theory and behavioural conditioning to relationships with patients with challenging needs or behaviours

3) Any useful resources to share?

Practical tips for managing consultations and printable worksheets and resources for working with people presenting with medically unexplained symptoms.

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/mus-long-term-conditions-toolkit/mus-long-term-conditions-toolkit-resources.aspx>

TED talks:

Childhood trauma and the ACE studies

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime

Alternative thoughts about addictions

https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong

The original and best book about the impact of trauma:

Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror
Judith Lewis Herman

<https://www.amazon.co.uk/d/cka/Trauma-Recovery-Aftermath-Violence-Domestic-Political-Terror/0465061710>

A series of short videos covering issues relating to sexual abuse

<https://www.youtube.com/channel/UCdk44BCpmDaG6MoytwogFpQ>

Realistic Medicine, the Chief Medical Officer's report. Written about complex medical presentations but can also be read as applying to people with complex mental health issues and dealing with the consequences of adverse childhood experiences and social deprivation

<http://www.gov.scot/Resource/0049/00492520.pdf>

This report from the British Psychological Society recommends a move away from a 'disease model' in understanding mental health presentations and argues against the 'medicalisation of distress'

<http://www.bps.org.uk/system/files/Public%20files/cat-1325.pdf>