Clinical Supervision of Difficult Cases: Personality Disorders and Countertransference

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Framework for the day
- Using an understanding of personality disorders and countertransference to help conceptualize and resolve dilemmas in supervision
- Combination of client with personality disorder (with or without DSM diagnosis) and unacknowledged or unmanaged countertransference in intern lead to many dilemmas/ difficulties/ conflicts in supervision
- Confidentiality and focus on supervisory dilemma rather than intern
- Not covering issues of general competence or performance of interns

Common supervisory dilemmas and conflicts
- Safety issues (intern competence/ scope of practice, intern over- or under-responsive)
  - Suicidality, self-neglect/ disability, child abuse, DV, danger to others
- Lack of clinical progress
  - Questions of collusion with denial, creating “bubble” of transference, reinforcing defenses rather than encouraging growth
- Blind spots (following content, ignoring strong affective states or transference, under-diagnosis)
- Intern not following supervisory feedback or instruction

Conceptualization of sources of supervisory dilemmas
- Client diagnosis
  - Complex, co-occurring mental health, substance use, psychosocial stressors
  - McWilliams’ model of personality structure
    - PDM overview of personality organization—difficulty with borderline and lower/ psychotic levels
    - Enactment of dysfunctional relational patterns
- Intern countertransference
  - Pulls to rescue with inadequate limits & boundaries
  - Triggers of past trauma or family dynamics
  - Overwhelming emotion accompanied by reduced capacity for conceptualizing
  - Emphasis on activation/ problem-solving/ multiple interventions
- Relational dynamics: intern/supervisor
  - Parallel process—enactment of relational pattern from therapeutic dyad in supervisory dyad
  - Issues related to authority and evaluation

Application of conceptualization
• Supervisory strategies for addressing clinical dilemmas
  o Client diagnosis (McWilliams, PDM, Linehan)
    ▪ Work collaboratively on accurate diagnosis and case conceptualization
    ▪ Support intern in viewing client accurately and empathically in light of diagnosis, provide context for appropriate expectations for progress
    ▪ Provide education about skill and technique
  o Intern countertransference (Hayes et al, Linehan)
    ▪ Facilitate countertransference management (self-insight, self-integration, anxiety management, empathy, conceptualizing ability) which leads to better therapy outcomes
  o Relational dynamics: intern/supervisor (Frawley-O’Dea & Sarnat, Tracey et al)
    ▪ Model appropriate therapeutic stance in supervision to facilitate reverse parallel process (better outcomes when therapist behavior is more similar to supervisor’s after initial parallel process)

References:


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