A Second Listening:
Exploring Spectrum secondary consultation to services working with borderline personality disorder.

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PROJECT AIR CONFERENCE NSW
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• 5 Spectrum consultants
• 21 mental health services
• population: 5.6 million
• area: 227,600 sq. km

Consultant from Spectrum

treating team

client
Spectrum secondary consultation project

Research Aim:
‘to better describe the nature of Spectrum secondary consultation’

Research Method:
• qualitative research: individual logs recorded after secondary consultations over one month, individual interviews and a focus group.
What is the nature of Spectrum secondary consultation?

2. What do consultants find when in this role?
3. Consultant process and capacity to think.
4. What supports a Spectrum consultant to stay with task/process?

- A facilitating role
- A second listening
- A difficult task to know if, or when and how strongly to weigh in with our position.
1. Spectrum secondary consultation: the nature of the role.... A second listening

“consultants’ knowing is suspended so consultees can speak of their knowledge. It’s secondary,”... “a second listening” as opposed to “primary consultation where I would hear directly from the patient”.

- A facilitating role
- A second listening
- A difficult task to know if, or when and how strongly to weigh in with our position.
2. What do consultants find when in this facilitating role?

“What I’m asking them to do is sit in a room together and to begin to speak about their own experience.”
2. What do consultants find when in this facilitating role?

For consultants
“not knowing what will be thrown at them”
Or
how “to gauge how their work (as a consultant) is perceived”.
As
“what comes at us is so unprocessed often, that it leaves us unable to think clearly.”
2. What do consultants find when in this facilitating role?

For consultees
Fear and anxiety are said to play a major role in determining treatment decisions and approaches.
2. What do consultants find when in this facilitating role?

“There was a process whereby they were very resistant to take any risks or to think about the client in a particular way or change their practice or think about the formulation, or anything. They were quite defended and anxious.....But they were also able to recognise that maybe something else could happen or that maybe it was worth trying something else.”
2. What do consultants find when in this facilitating role?......fear

For treating team members

- Fear of others judgement
- Fear of loss of own professional role competence
- Fear of consequences
3. Consultant process and capacity to think: things that get in the way.

When a consultants thinking is affected, process can be lost.
3. Consultant process and capacity to think

3.1 A difficult task to know if or when and how strongly, to weigh in with our position.

“...how assertive I am with my views, that’s my dilemma. But I’ve learnt from experience that if I am pushy or forceful, it can create resistance.”
“But there is a process, you can’t just go in and dictate this is how you do it. You have got to help people find a way that makes sense to them, that they can see might be therapeutic....Resisting that desire which is quite strong in me to provide some kind of answer or solution. Sometimes that is what’s required, but generally speaking it’s about assisting the clinician to think.”
3. Consultant process and capacity to think

3.1 A difficult task to know how, or when and how strongly to weigh in with our position.

3.2 Doing it for them.

3.3 Being too prescriptive, caught up in own ego or anxiety.
3. Consultant process and capacity to think

3.4 Consultant frustration, irritation and anger.

“There was this massive anxiety, and this demand for me to fix something for them, but they can’t think….I have to be careful not to be too critical of them, or angry with them in response to this demand.”
3. Consultant process and capacity to think

3.4 Consultant frustration, irritation and anger.

“...I was shocked...It was a very challenging moment because what I wanted to say was; do you think that was treatment?”
3. Consultant process and capacity to think

3.5 Consultant alignment

3.6 If organizational context is not thought about

“they are talking risk and they don’t have the support of the powers that be....it’s not always fair to ask clinicians to take up a different approach.”
3. Consultant process and capacity to think

3.7 Consultant as outsider with different language and culture
4. What supports a Spectrum consultant to stay with task/process?

“The consultant has to keep responsibility for what comes their way, to try to meet it, not deflect or ward it off.”
4. What supports consultant to stay with task/process?

1. Role clarity
2. Having a theory
3. Capacity to think, reflect on process
In conclusion......

The nature of Spectrum secondary consultation...