How do nurses experience working with adolescents with a diagnosis of 'Personality Disorder' or 'emerging Personality Disorder'?

Short title: Nursing adolescents with 'personality disorder'

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Abstract

Nurses experience adults with a diagnosis of 'personality disorder' ('PD') as challenging but nothing is known of their experiences working with young people with a diagnosis of 'PD' or 'emerging PD'. This study aimed to explore the experiences of nurses with this group. Six nurses were interviewed individually and the transcripts analysed employing Interpretative Phenomenological Analysis. Two themes were identified: emotional impact and conflict and need for support. Participants described powerful emotional responses and heavy time demands as particular challenges. They also reflected on tensions that arose in the wider team and service context. The importance of reflective space, training and the need for specialist approaches, such as therapeutic input, was emphasized by all participants. The study's findings suggest that while there are some similarities to adult services there are also issues specific to nursing adolescents with 'PD', which merit further attention, including the implications of the lack of diagnostic clarity for treatment approaches and the difficult interpersonal dynamics of the condition. Recommendations for practice include additional training in relation to the theoretical understanding of diagnosis itself and in working therapeutically with young people with the diagnosis employing approaches that have been found to be useful in adult services.

Key words

Adolescents, experiences, nurses, personality disorder, qualitative

Accessible summary

What is known on the subject

- Nurses are less sympathetic to patients with a diagnosis of 'Personality Disorder' ('PD') and there is disagreement about whether the diagnosis can be applied to children and young people.

What this paper adds to existing knowledge

- We examined the experiences of nurses working with adolescents with a diagnosis of 'PD'. Six nurses were interviewed and we analysed the data using an approach that focussed on experiences. We found two themes. One concerned the emotional impact of working with these young people and the other the ways in which this affected the dynamics of the clinical team. Many of the experiences and wishes of the participants, such as anger, feeling unskilled and wanting training, are similar to those of nurses working with adults with 'PD'. Others appear to be more pronounced in this setting, particularly lack of certainty surrounding diagnosis, the dilemmas this raises in providing a service and the difficult interpersonal dynamics in the nurse-patient relationship.

What are the implications for practice

- Nurses working with these young people need space in supervision to discuss the challenges they face. This has been found to alter staff attitudes in adult services.
- Nurses would benefit from training in relation to this diagnosis, particularly with an emphasis on the role of early trauma, and in approaches to working therapeutically with this population, such as cognitive analytic therapy.

Introduction

'Personality Disorder' ('PD') is a controversial diagnosis, and many authors have challenged the concept itself (e.g. Moncrieff, 2008, Bourne, 2011, Cromby et al., 2013). Their criticisms include concerns about the typology of personality disorders and the reliability of diagnosis. Particular controversy surrounds the question as to whether 'PD' can be diagnosed in adolescence. There are debates concerning the degree to which personality is established by this developmental stage (Pine, 1985, McCrae et al., 2002) and there are also issues raised in relation to normative adolescent developmental states that may be difficult to distinguish from some symptoms of 'PD' (Becker et al.,1999). While some authors believe it appropriate to employ the diagnosis with children and adolescents (e.g. Sharp and Tackett, 2014) others have identified a historical reluctance to diagnose 'personality disorders' in children (Cichetti, 2014). This uncertainty is reflected in the use of the term 'emerging personality disorder' by some authors (e.g. Vizard et al., 2006).

In spite of the debates and uncertainties surrounding the diagnosis of 'PD' the behaviours commonly associated with this label have been identified as posing particular challenges for professionals (e.g. Linehan, 1993), often resulting in negative perceptions of individuals with this diagnosis. Although the DSM-5 (APA, 2013) identifies ten types of 'personality disorder' much of the literature in this area has focused on 'Borderline Personality Disorder' ('BPD'). Deans and Meocevic (2006) found that the majority of nurses they surveyed (N=65) perceived service users diagnosed with 'Borderline Personality Disorder' ('BPD') as manipulative and reported feeling angry with them. Additionally, over one third either 'strongly disagreed' or 'disagreed' that they knew how to care for people diagnosed with 'BPD'. Feelings of frustration and pessimism reported by nursing staff with these service users may be linked to this sense that service users with 'PD' are ‘untreatable’.

Fraser and Gallop (1993) found that nurses were less empathic to people with a diagnosis of 'BPD' than to people with a diagnosis of schizophrenia or an affective disorder. Researchers

who were blind to the diagnosis observed groups of service users with a variety of diagnoses facilitated by a nurse leader. Their analysis of responses from the group facilitators indicated that facilitators were more likely to respond to service users with a diagnosis of 'BPD' in a belittling or contradictory manner.

As a result of viewing behaviour as deliberate and 'bad' rather than part of the condition staff may become less empathetic, withdraw, and become affectively distant from the service user (Gallop et al., 1989). Markham and Trower (2003) found that people with a label of 'BPD' were perceived to be more in control of negative behaviours than people with a label of schizophrenia or depression and that attributions of control were inversely related to staff sympathy.

The uncertainty concerning the diagnosis in adolescents together with the challenges posed by the behaviour associated with the label might be expected to make adolescents with this diagnosis particularly challenging for nurses and other healthcare professionals to work with. There may be an impact on professionals' capacity to provide appropriate treatment and to understand their own experience of the dynamics of the nurse-patient relationship (Miller et al., 2008).

Aims of the study

While it is widely acknowledged that adults with a 'PD' diagnosis are difficult for nurses to work with there are no studies that focus on nurses' experiences of working with adolescents with this diagnosis. This study aims to answer the following question: How do nurses experience the demands of working with this hard-to-define yet potentially challenging group of young people?

Methods

Research participants and procedures

The research was conducted in a child and adolescent mental health service (CAMHS) in-patient unit in the UK. This service provides Multi-Disciplinary Team (MDT) treatments for young people (13-18) with acute and severe forms of mental illness. This service was chosen as it is where one of the authors was working in it at the time of carrying out the study, though not as a Mental Health Nurse (MHN). Eligible staff were MHNs who had a minimum of one year's experience of working at the unit. At the time of the study there were 23 permanent MHNs in the unit. Four female and two male nurses responded to an email sent to all MHNs . Their ages ranged from 24 to 32 years and length of experience ranged from 18 months to 8 years. Individual, semi-structured face-to-face interviews were conducted at the unit. Each nurse was interviewed once and the interviews lasted between 12 and 26 minutes. The relative brevity of the interviews was due to the fact that the interviewees were available for interview only at the end of their shift or while on their break. Interviewees were asked to think of adolescents that they had worked with on the unit who had a diagnosis of 'PD' or 'emerging PD' and questions focused on the challenges of working with these particular individuals. We did not ask them to distinguish between categories of 'PD'. The interviews were audio-recorded, were transcribed verbatim and participants were assigned pseudonyms.

Ethical approval was granted by The University of East London Research Ethics Committee and R&D approval was granted by the Trust R&D department. NHS ethical approval was not required for the study as the Governance Arrangements for Research Ethics Committees (RECs) state that REC review is not required for "Research limited to the involvement of NHS or social care staff recruited as research participants by virtue of their professional role" (Health Research Authority, n.d.).

Analysis

Given the exploratory nature of the research question, a qualitative design was employed. Interpretative Phenomenological Analysis (IPA) was chosen as the method of analysis because it enabled a focus on the nature and meaning of experience (Smith, Flowers, and Osborn, 1997). The intention was to gain an understanding of how the participants made sense of their experiences, within the social and cultural context of the unit where they worked and IPA was a good fit because in addition to its focus on experience it is grounded in the hermeneutic interpretative tradition.

Initially each interview was analysed separately, adhering to the idiographic approach within IPA (Smith, Flowers, & Larkin, 2009). Following initial noting and identification of emergent themes, analysis to identify connections and relationships between emerging themes was carried out, with themes clustered to identify related themes. In the identification of superordinate themes, processes such as abstraction, subsumption, polarization, contextualization numeration, and function as recommended by Smith et al (2009) were employed. The analysis of each transcript was carried out separately. In the next stage cross-case analysis was conducted, looking for patterns of themes across cases.

Results

Two superordinate themes were developed in the analysis.

Emotional impact

Nurses reported strongly polarized emotional responses, at times feeling intense dislike and anger and at others feeling very warm and positive towards their young patients.

I sometimes come to work and I don't want to talk to the patient because I just can't stand them. Um, sometimes I wish, I wish I could take the patient out for shopping and do something nice for them because I think they're wonderful but, um, as I said earlier they do tend to bring out the best and the worst in you but it's keeping it in check really (Michael).

You're just kind of going on a roller coaster. So you, you might be feeling angry you might be feeling quite upset, you might be feeling really sorry um and you're kind of brought in, and then you might be feeling quite rubbish say about yourself, that you're not helping this young person as well (Jessica,).

It makes me very aware of how I, how I'm feeling when I work with a young person with a "personality disorder"… from frustration to happiness to annoyance to feeling quite sad for someone (Maggie).

This tension between conflicting emotions could result in frustration and long-lasting negative affect.

They're very difficult from like a nursing perspective... And it can be very frustrating…it just brings it out of you so you can feel really angry, quite a lot of the time (Zara).

Nurses also described how these service users demanded a great deal of their time and attention while working, perhaps contributing to their negative emotional responses to them.

I find that that person that you might be treating that is emerging personality or diagnosed personality disorder, if you're sat in a handover room I do find that you, they become your focus really of that shift and you talk about their presentation, what they've done, and actually that seems to be quite a lot of our supervision (Catherine).

The last patient I am thinking about, who needed to be visited on a daily basis by the nursing staff, was an emerging personality disorder patient who, I think it took three months for her to

detach from the unit but we had to persist, we had to think outside the box because it's unusual for an intensive care unit to go and see a patient on a daily basis. (Michael).

The behaviours presented by these young people were experienced as particularly challenging and for some interviewees it was difficult to respond therapeutically to them.

You kind of want to, to rid yourself of them because they don't, it almost feels like they are not mentally ill. So you almost feel like they are not, they…yeah, because they can't be treated with medication, they can't be detained through the mental health act and it also feels like it's personal (Michael,).

Zara commented on the potential for assumptions about 'PD' to impact on interactions:

... as soon as someone starts talking about personality…it's quite obvious sometimes, then the way that people work with them changes and then you have to almost monitor yourself that you're not changing the way you work, which is quite hard.

Interviewer: Have I understood that that's because of maybe the mention of personality?

Yeah, and it has quite like negative connotations doesn't it? So it can be, it can be quite hard not to go in there with a negative…mind-set. (Zara).

Conflict and need for support

Participants described how the challenges that they experienced at an individual level could also manifest as conflict and splits within the wider team. Such conflicts were seen by some interviewees as supporting the diagnosis.

Quite often you find yourself in conflict with whoever makes the decisions. So to ask a question might be experienced as an accusation or as, so you end up having an argument or a standoff and then the whole point is missed, so, I think reflective questioning, reflective engagement has been something to do. On that note it wouldn't be a personality disorder if we didn't disagree. So the disagreements, the tensions, the drama confirm the diagnosis (Michael)

You can notice if they have been quite splitting of the team um how that can emotionally affect somebody. So someone might adopt a bit of a tough love strategy with that person and feel like actually you shouldn't be giving them any one to one time, and there might be conflicts with other staff members who disagree and feel like this person is crying out for help and is asking for, for people to help them with how they're feeling (Catherine).

Perhaps linked with the experience of conflicts with those who make decisions was the perception of a difference between their experiences as nurses, who spent lengthy periods each day in the company of patients and had to deal with the impact of this, and experiences of other staff, who encountered patients less frequently and for shorter periods.

I do think people that work away from that patient and who don't spend a day on the ward with them struggle to see how difficult it is spending seven and a half hours on your shift or fourteen if it's a long day with that person is, and how emotionally draining that actually is (Maggie).

In some ways it's a good thing that they're a step removed because they can…ideally see things a lot more objectively, they're not getting maybe spit at, beaten by the kids every day so they can see things a bit more sensibly… but on the other hand… they don't see the

patients enough. They don't have a good ear or an eye for what's actually happening on the wards...um and that's the kind of gap in translation between us I think, the…just the medical team and the nurses, that's the main division that still exists…And then the therapists and everyone kind of fall in between there as well (Andy).

Linked to the emotional impact of the work was a desire for support and supervision, with what was available being experienced by at least some participants as inadequate, leading them to feel greater personal responsibility.

I don't think you could ever have enough support, I, I think it's very difficult for units to, to provide that because you know it's so busy (Catherine).

With supervision, there might be something that's paramount at the moment but actually 'cause you're on nights, 'cause you're working the weekends you don't have the chance to bring it somewhere…I think it is very much kind of onus on the person as well (Jessica).

Deficiencies in the support available were potentially exacerbated by a sense of being inadequately prepared for working with patients with this challenging presentation.

I think it would be nice to have, say, more training. And stuff like this with regards to personality disorder, um, or emerging personality disorder with young people. I think just, just from within say the nursing team, nursing training, um, there isn't any much focus at all on, say, personality disorder as, like, a diagnosis. You know you have your ten lectures on, say, schizophrenia, say ten lectures on depression, um, but not much focus is around personality disorder (Jessica).

I think the sadness about the whole thing is, in my view they need people who have got considerable experience but as you know this unit works, as in any unit in the NHS, it's those with the least experience that are at the forefront with these patients, um way of relating to people (Michael).

For some participants this sense of being inadequately prepared for work with this group lead to uncertainty about their role as a professional.

Because I wanted to be a nurse with her and I also found it difficult because she didn't really need nursing, she needed therapy, so that was when I found it quite difficult to work with her because I didn't really know what my role was in that (Catherine).

Some of the uncertainties about 'personality disorder' that are debated in the literature, such as terminology and the ability to distinguish it from developmental processes, were mirrored in the reflections of participants.

I just think that personality, 'emerging personality disorder' units, 'emerging personality disorder' patients, is something that it's, in as much as eating disorders it's a specialist service for, for young people. You could argue that 'emerging personality disorder' is, is, a specialty for adolescents. However, the difficulty with all of that is when patients are in adolescence they are inevitably, in their development, are expected to have those contrasting ways of thinking so what is 'personality disorder', 'emerging personality disorder' in an adolescent and how it's a fine line between that and a developmental stage. So, well that's my, yeah, that's it! (Michael).

Discussion

The participants experienced working with this client group as very emotionally demanding, particularly in relation to the tension between feeling warm and positive about them at some times while at others feeling angry and resentful. Partly in consequence of this they also spent a great deal of time thinking about these young people and felt that they were a significantly more demanding group than others that they worked with. In an adolescent, setting it may be particularly challenging to maintain the boundary of the nurse-patient relationship. Bland and Rossen (2005) posited that in working with service users with 'BPD' 'a re-enactment of strong emotional conflicts within the parental relationship is transferred to the relationship with nursing staff', though our participants attributed at least some of their difficulties to deficiencies in training and ongoing support and supervision, emphasising the importance of supervision when working with this client group. This is consistent with recommendations in the literature that regular supervision can help shift the view of the service user as being deliberately bad, manipulative, and attention-seeking to a perception of the service user as 'one who is struggling with adaptively expressing intense, negative emotions' (Bland et al., 2004; Gallop, 2002), as well as providing support to avoid potential 'burnout' (Linehan, 1993b).

Interviewees also experienced these patients as having a disruptive influence on team dynamics and the relationships between different professional groups. Bland and Rossen (2005) highlighted the 'conflicts, splitting of staff, and the polarization of the treatment team', as impacting on patient care and leading to the potential for 'abrupt or premature discharge for the service user' if they were not resolved. Many of our participants commented on differences between their role and other roles within the MDT, particularly the difference between spending a structured, time-limited therapy session with a service user and spending a whole eight, or fourteen-hour shift with them. Some felt that other staff members did not have an understanding of the difficulties and of how emotionally draining working with these service users could be and felt that a nurse could gain a better understanding of the

service user, due to seeing them for longer periods of time, and in less structured settings. O'Brien (1998) noted that the length of time spent with the service user and a failure to recognize the reality of nursing the service user have the potential to leave nurses feeling 'victimized, helpless, angry, misunderstood, and ineffective in their interventions with the patient'.

Some of the participants' comments concerning negative assumptions made about the behaviour and interactions of these young people are consistent with Fraser and Gallop's (1993) finding that nurses respond to service users with 'BPD' in a less empathic manner than to service users with other diagnoses.

It is interesting to note the uncertainty and tentativeness in the language that several participants employed in speaking about the diagnosis. They spoke of 'personality disorder' and of 'emerging personality disorder', at times within the same sentence. This uncertainty was reflected in their views about the need for a specialist service, with some participants advocating a specialist 'PD' service for adolescents but simultaneously raising doubts about its feasibility, given diagnostic issues concerning 'PD' for this age group.

In spite of this uncertainty the participants felt that these young people should have access to therapy, but it were uncertain whether they felt skilled or trained to deliver it. This gave rise to uncertainty over what exactly the nursing role could be with this group of service users.

Many of the experiences of nurses in this study are similar to those of nurses working with adults with 'PD'. Deans and Meocevic, (2006) reported that almost a third of their interviewees reported that patients with 'BPD' made them angry and a similar proportion indicated that they did not know how to care for people with the diagnosis. O'Connell and

Dowling (2013) interviewed community psychiatric nurses who described a lack of formal clinical supervision and expressed a desire for more training on 'BPD'. However, there were certain themes which appear to be more pronounced in an adolescent setting, particularly the lack of certainty surrounding diagnosis of 'PD' in adolescence and the dilemmas this raises in terms of providing a specialist service for adolescents with 'PD' and the difficult interpersonal dynamics arising from the differences in the nurse-patient relationship with adolescent service users.

Limitations and evaluation

The sample size in this study was somewhat smaller than is typical in qualitative research, although within the range recommended by Smith, Flowers and Larkin (2009). However, the interviews were also somewhat brief, due to the constraints on staff availability. Taken together these suggest both that some caution is required in drawing broad conclusions from the study and that it would be valuable to extend it to other locations with more participants and interviews of longer duration. The fact that one of the authors was a staff member of the service (though not a MHN) may have influenced the participants' willingness to speak openly about some issues, though some at least were forthright in their views.

Smith (2011) identified certain criteria that IPA studies should meet in order to be acceptable. These included that the analysis should subscribe to the theoretical principles of IPA, that it be phenomenological, hermeneutic and idiographic, sufficiently transparent so reader can see what was done and present an analysis that is coherent, plausible and interesting. We have attempted to achieve these by focusing on individual experiences, offering interpretations grounded in these and linking them into a coherent analysis that connects our findings to those of other researchers. It is important to note that IPA is not a "pure" phenomenological approach but draws on other research and epistemological traditions, including hermeneutics. The focus and content of an IPA study is, therefore,

somewhat different from approaches, such as that of Giorgi (1997) for example, that draw more explicitly on the ideas of Husserl.

Conclusions and recommendations for practice

To the best of our knowledge this is the first study to have examined the experiences of nurses working with young people with a diagnosis of 'PD'/'emerging PD'. There were similarities to the experiences of nurses working with adults with this diagnosis, such as feelings of anger (Deans and Meocevic, 2006), indicating some continuity in the challenges posed to staff. There were, moreover, additional issues connected with the diagnostic uncertainties in this patient population. These involved questions about the need for specialist services and a consciousness of their own limitations in being able to work therapeutically and in understanding the diagnosis. Our participants experienced substantial personal and professional challenges in working with this group of young people. The work exacted an emotional toll and involved conflict and splits in the team, which exacerbated the impact on them. The importance of supervision, reflective space and the need for further training were highlighted by participants. It would, therefore, be useful to develop training for supervisors of nursing staff in services such as this, focusing on identifying and meeting support needs of staff and to evaluate this in a follow-up study. Research with nurses working with adults with a 'PD' diagnosis has emphasised the value of supervision (e.g. Bland et al, 2004) both in terms of providing support and in altering attitudes towards these service users and it is likely that such supportive supervision would be equally important in work with adolescents. Bowers (2000) found that nurses in specialist adult 'PD' units had a more positive attitude to 'PD' patients than nurses in non-specialist units and recommended specialist induction training for nurses at these specialist units as well as incorporating a similar structured package of training into basic psychiatric nurse education. They also recommended that this training should emphasise theories of 'PDs' that focus on the role of early emotional and physical trauma in their development. The latter recommendation would

seem particularly relevant when thinking about development of personality difficulties emerging during adolescence. It is likely that training in therapeutic interactions and knowledge of the therapeutic models used in adult 'PD' services, such as Cognitive Analytic Therapy (CAT), Dialectical Behaviour Therapy (DBT) or Mindfulness Based Therapy (MBT) would be helpful in light of comments by participants concerning their belief that these young people need therapy but expressing uncertainty about what their role as nurses could or should be.

Recommendations for future research

The findings are based on a relatively small sample drawn from a single CAMHS in-patient unit in London and it would be useful to replicate the study in other settings. Our findings indicate the importance of language in framing both the diagnosis and the problems presented by this patient group, suggesting that a discourse analytic approach would be valuable in future work in this area. This is particularly important given the evidence from previous studies that the label of 'personality disorder' can have negative influences on staff perceptions. It would be useful to establish the actual level of teaching on 'personality disorders' in nursing school curricula and to determine the views of both nursing educators and the managers of services for young people with a diagnosis of 'personality disorder' in relation to this.

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