

# Challenges in Integrated Care: Recognizing and Resolving Staff Splits

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# What is “Splitting”?

- ❑ Defense mechanism: way to cope when in psychological danger
- ❑ Dividing self or others into ‘all good’ or ‘all bad’
- ❑ An unconscious process

# When do people split?

- Part of normal development
- When feeling psychologically unsafe or under attack
- When current situation carries elements of past abuse
  - Authoritarian staff
  - Lack of clear roles/boundary crossings
  - Unpredictable environment

# Why do people split?

- ❑ Unconscious effort to find who or what is safe
- ❑ Gives sense of safety and control
- ❑ It's calming (temporarily)

# Why do we care?

- ❑ Impacts patient care
  - Staff take on qualities of “good” and “bad”
  - Treatment team takes polarized views
  - Overly indulgent vs. overly punitive approaches
- ❑ Impacts team cohesion
  - “Good” providers vs. “bad” providers
  - Avoidance behavior

## Vignette 1 – Nicole

Nicole is working with a medical provider and a therapist on the same integrated health team. During a session with the therapist, she shares that she thinks her PCP does not care about her or her health needs because at the last meeting with her PCP, she was “denied a medication for anxiety that has worked for me in the past.” She then says that the PCP “does not care about me like you do. You listen to me and understand me, you’re the best therapist I have ever had.” The therapist offers to talk to the PCP for the patient.

# Typical “Split” Process

- ❑ An pleasant or unpleasant feeling is triggered
- ❑ An expectation is met or unmet
- ❑ Splitting thought process is used place data into binary categories
- ❑ Categorical attributes are ascribed to the triggering agent (typically external agent)
- ❑ Patient/Staff or Staff/Staff

# Splitting Activity

- ❑ Really imagining you are in this provider's shoes, what do you notice feeling about yourself?
- ❑ What do you notice feeling about the patient?
- ❑ What do you notice feeling about the other provider?
- ❑ Is there anything that you wish the other provider had done differently?

# Splitting Activity

- ❑ Having read the other side, what do you notice feeling?
- ❑ What do you notice feeling about the other provider?
- ❑ What do you imagine may have been happening for the patient?
- ❑ What could each provider have done differently?
- ❑ How would you move forward from here?

# Common Pitfalls

## Missing the split

- ❑ Not recognizing when getting idealized
  - Idealization may match provider's ideal picture of self
  - Taking criticism of another provider at face value
  - Joining patient in devaluing other providers (especially common if simmering conflict)
- ❑ Dismissing perspective of 'bad' provider or excluding from treatment decisions
- ❑ Avoidance behavior

# Splitting repair

- ❑ Talk with each other
  - Swallow pride
  - Go in with openness to multiple possibilities re “what happened”
  - Keep perspective re “mistakes”
  
- ❑ Encourage patient to have direct communication with “bad” provider
  
- ❑ Joint meetings
  - Ask patient perception of “what is going on?”
  - Providers more likely to take balanced views
  - Helps patient find safety

# How can the Treatment Team Recognize Staff Splitting?

- ❑ Drastically different presentations of same patient

*"Are we talking about the same patient?"*

- ❑ Extreme, polarized views regarding treatment approach
- ❑ Smugness, desperation
- ❑ Personal attacks

# How can the Treatment Team Recognize Staff Splitting?

## Staff take on stereotypical roles:

- The warden
- The saint
- The enabler
- The protector

# How can the Treatment Team Recognize Staff Splitting?

## Differing approaches go to extremes

- “Meeting the patient where they’re at” vs. setting limits digresses into:
  - Babying vs. Tough love
  - Indulging vs. Withholding

# Splitting Prevention on a Treatment Team

- ❑ Splitting is best addressed if recognized by 'good side'
- ❑ If someone on team calls splitting, consider it
  - Do you notice trademark features?
  - Does it match something about patients internal world? (if not, consider other source of split)
- ❑ Recognizing splitting is beginning, not end, of conversation

# Splitting-Tips:

## Remember Splitting is:

- ❑ Black and white thinking
- ❑ An unconscious process – person is not being “manipulative”
- ❑ A defense mechanism to maintain safety and control

# Splitting-Tips:

## Remember to:

- ❑ Avoid being “hooked” or joining in B/W beliefs
- ❑ Maintain Empathy, compassion and nonjudgment
- ❑ Collaborate with the person to help integrate other perspectives
- ❑ Work with other team members to develop a unified, predictable and communicative approach to avoid amplifying split and helping person find safety through clarity

# Splitting-Tips:

## Team Tasks and Maintenance:

- ❑ Have team trainings in “splitting” dynamic
- ❑ Develop language on team to help anticipate, recognize and discuss “splitting”.
- ❑ Have team training in conflict resolution and/or Nonviolent Communication (NVC) to build team trust and communication

# References

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