THE END OF CARING:
Understanding the Dynamic of Failure in Rehab

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Objectives
To conceptualize brain injury as an event which impacts the person as well as others around them
To develop understanding of dynamics associated with loss of control leading to blame and anger
To explore dynamics associated with failure that are experienced by all individuals in the process
To understand that strong emotion is shared by all involved in the process, including helping professionals.
To learn how to maintain compassion and effective relationships
Meet Joe
Joe awakens to a different world
It’s strange...
Joe doesn’t understand what happened to him
and, the people in Joe’s world don’t understand him
It was all perfectly normal until the accident
WHO IS TO BLAME?
The Patient?
The Caregiver ?
The Treatment Team?
The Entire Organization?
The Insurance Company?
The Case Manager?
You?
Who is responsible for the outcomes of rehab?
2 kinds of outcomes
2 kinds of outcomes
2 kinds of outcomes
The Client’s Bias
Who would want to deal with loss?
Hate may justify the fear of failure and the changes caused by disability.
The role of denial
The role of anger
Who wants to feel like they are alone?
The loss of personal power changes outcomes.
Who would want to deal with losing who they are?
Isn’t it the person’s goal to “get better?”
Who is resistant?
Certainly not US!
Can we understand ANGER?
Powerlessness ≠ Failure
Hate
Hate

a mixture of aversion and malice, feelings of dislike, aim of injuring or destroying another individual
How does Hate get into rehab?
Anger → Hate
Everybody hates everybody.
Does hate justify failure?
Do we all “buy into” that rationalization?
Does hate resolve anxiety about our patients?
Does hate resolve their anxiety about us?
“If only they wanted to get better”
Is it the person’s fault?
WHO IS TO BLAME?
Maybe it’s the family.
Is caregiver burnout the end of compassion and caring?
Fatigue builds
Compassion drains
Numbness increases
Rationalization of failure
Disability can render the family powerless
It’s easy to blame the person with the injury.
Why do we resist change?
We all struggle with loss of authority and personal power.
WHO IS TO BLAME?
Maybe it’s the staff
What are the goals of the staff?
Why can’t they help Joe?
What happens when we don’t like the person we are treating?
Are we supposed to like every person we serve?
Is it their fault that we don’t like them?
They don’t seem to like us, either.
Can the staff experience what the individual and their family feel? Difficult individuals and family members make professionals feel bad.
Can the staff experience what the individual and their family feel? Maybe, we don’t want to help.
Can they learn how we feel?
Can we still practice compassion?
The power of COMPASSION
Does rehab include compassion?
What happens when compassion wanes?
The power of HATE
Hate develops from a deprivation of hope
Hate justifies our inability to achieve change
Is hate the by-product of a vicious cycle?
Can hate involve all of us?
Maybe we need to look at what we’re here to do?
What are staff really here to do?
“...it’s the person’s goal to behave like us...”

Andy Flax, MSW
“Projective Identification”

Occurs when we gain power from the person telling us they want to be like us.
“we do not see things as they are, we see things as we are”

Anais Nin
The role & responsibilities of being a helper?
What happens when staff can’t help?
Are there people who can’t be helped?
Or are there people we don’t like to help?
What are we supposed to do when these individuals make us feel angry?
What causes help to get withdrawn?
Can we help staff who are not helping?
What if we divided individuals we treat into two piles?
Good Joe vs. Bad Joe
Good Joe

• Agrees with treatment

vs.

Bad Joe

• Disagrees with treatment
Good Joe vs. Bad Joe

- Agrees with treatment
- Follows the plan

- Disagrees with treatment
- Diverts from the plan
Good Joe vs. Bad Joe

**Good Joe**
- Agrees with treatment
- Follows the plan
- Share our direction

**Bad Joe**
- Disagrees with treatment
- Diverts from the plan
- Doesn’t share direction
Good Joe  vs.  Bad Joe

- Agrees with treatment
- Follows the plan
- Share our direction
- Common life values

- Disagrees with treatment
- Diverts from the plan
- Doesn’t share direction
- Different life values
Good Joe  vs.  Bad Joe

- Agrees with treatment
- Follows the plan
- Share our direction
- Common life values
- Positive Identification

- Disagrees with treatment
- Diverts from the plan
- Doesn’t share direction
- Different life values
- Doesn’t identify with us
The good individual emerges from the role as victim to the role of action and power.
What happens to the individual who doesn’t emerge?
It’s easier to help cooperative people!
Are some therapists narcissistic?
Are we bad therapists when we fail?
Or are we bad people?
Is the feeling of failure intolerable?
Do we prescribe disengagement?

Susan's Story, 2017
Kirkpatrick and Kinslow
Does that separate us as helpers from the person?
It’s hard to admit to not caring.
“The world is seen only in projection.”

Harry Stack Sullivan, MD
“Good therapy is taking with one hand and giving with the other”

Elvin Semrad, MD
Is there only one right therapy?
Do we think our technology is fail-proof?
Is there a perfect client waiting for us somewhere?
Drugs don’t fail...
People fail
The ambition of the therapist is stalled by the disability of the person.
Can we take the person out of a person-centered plan?
What would be left?
What is left for the person after brain injury?
Disinhibition
“Why can’t they control themselves?”
“I’ll let them learn by letting them get hurt.”
“They are doing this to get me.”
“It’s their fault if they act that way.”
“It never happens on your shift.”
Really?
We tend to take responsibility for failure
We tend to blame ourselves.
Eventually we blame the person
How firm is your belief that you are doing the right thing?
Somebody must be responsible
WHO IS TO BLAME?
The Organization?
Institutionalization is a disease
Menninger’s views

Institutionalization takes five years
Menninger’s views

Institutionalization affects clients and staff
Menninger’s views

We cling to routine and rituals to maintain stability
Menninger’s views

We all struggle to control our lives
Is the goal of rehab to make people who are like us?
Why can’t they be who they were?
What is our role?
In our perception, the organization responds to the individual.
Rehab means managing a huge responsibility
Do boundaries play a role in failure?
or, does the lack of boundaries cause failure?
Do we find a way to make individuals “not fit” our program?
Should we discharge the individual we can’t handle?
There should be a place for a person like this.
Am I needing validation from a leader to know if I did a good job or a bad job?
Maybe the client should commend me for doing a great job?
WHO IS TO BLAME?
All of us?
We all hate ANXIETY
We all hate DEPENDENCY
We all hate FAILURE
And we \textit{really hate} UNCERTAINTY
Is it even possible to explain failure?
Rehab professionals are “explainaholics”

John Banja, PhD
2013
Strategies to stop conflict
Level 1

Evade
Distract
Refocus
Distort
Reinterpret
Level 2

Lecture
Sermonize
Argue
Threaten
Level 3

Experience hatred
Feel hurt
Express rage
not very good strategies
Injury produces real losses
Failure is also a loss
Failure is also a loss for the person and for the staff.
In failure, do we lose contact with the outside world?
Our World: Us vs. Not Us
What happens to the person who is “not us?”
Are they separated and culled out?
Are they separated? and treated differently?
Is the selection process covert?
Is the selection process overt?

Do we even know?
Do we separate the person from the problem?
Or, do we regard the person as the problem?
IS THIS YOUR APPROACH TO REHAB?

- Steaks and roasts suitable for broiling, panbroiling and roasting
  Also represents the most desirable cuts and accounts for about 50% of the retail value of carcass.
- Thrifty cuts requiring longer cooking methods

A 1200 pound steer yields 500 pounds of retail cuts from a 750 pound carcass:
- 22% are steaks
- 22% are roasts
- 26% is ground beef and stew meat
- 30% is made up of fat, bone & shrinkage
Are we all potential victims of failure?
What can you do?
RECOGNIZE personal values and their effect on therapeutic work
“Crisis opens up a can of worms that people have suppressed, repressed, and denied.”

Larry Gould, MD
RECOGNIZE personal emotions and their effect on the therapeutic relationship
PERSONALIZE the rehab experience
RESILIENCY

can we assist each person in finding the internal resources they need to deal with the issues of brain injury disability?
PERSONALIZE the rehab experience help the person get in touch with their strengths
PERSONALIZE
the rehab experience
help the person face
and make decisions
PREVENT

a depersonalizing experience in rehab
PREVENT
a depersonalizing experience in rehab
deficits are not volitional behavior
PREVENT
a depersonalizing experience in rehab
understand deficits in context of injury
hospitals don’t help people
people do.
Questions or Comments?
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Thank you!

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