

CFT as a Team Approach on a Specialist In-patient Unit



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Abstract

Hannah Mills supports men and women with complex mental health difficulties. Individuals struggle with a range of difficulties including self-harm, dissociation, suicide attempts, drug and alcohol use, relationship problems, eating related difficulties and psychosis. One of the main therapeutic approaches used on the unit is CFT. Qualitative questionnaires were used to gain an insight into the team's views and experiences of the CFT model and the questionnaires were analysed for themes.

A shared framework - '[CFT is] a really helpful way of helping the whole community to think'.

Participants commented on finding the CFT model accessible and easy to understand. The psycho-educational aspects of the model were very popular and participants described finding the evolutionary focus useful as it provided a framework to understand behaviour. Participants reflected on how the CFT model and enabled them to develop a shared language with patients and a framework to think together.

An increased understanding of patients - 'It's [as if] a big part of the jigsaw has now been filled in'.

Participants commented on how the CFT model had helped them understand patients to a greater degree and had helped them to make sense of patients' reactions and behaviours.

An increased compassion for patients - 'It helps the staff be less judgemental'.

The increased understanding that participants described was directly linked to participant's observations that their compassion and empathy for clients had increased as a result of using the CFT model to think about patients. Participants described using the model to place patient's reactions into the context of their past experiences and consider how their threat system may have been shaped.

Making changes to practice - 'It helps me to step back'.

Participants commented on how the CFT model had led to changes in the way they interacted with patients. Participants described that the increased levels of empathy and compassion generated by understanding the patient better had led them to take a more considered approach when interacting with patients. Furthermore, participants commented on how they had drawn on the psych-educational elements of the model to support patients to think when they were in distress.

Increased self-awareness and self-compassion - 'I have applied it to myself a lot'.

Interestingly participants commented on how the CFT model had helped them to think about themselves differently. Several participants commented on having applied the three system model to themselves and how they had begun to realise when they were in threat or drive mode. Participants commented on how the increased self-awareness and helped them to step back and slow down which had created a positive effect when at work.

Findings

Discussion

CFT proved to be a popular model with the staff team who found it to be accessible and easy to understand. Participants reflected on CFT impacting on the way in which they think about the patients they support which lead to increased levels of compassion and empathy and changes in the way they interact with clients. The team also reflected on times in which they have applied the CFT model to themselves and described changes they have noticed as a result.