

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**

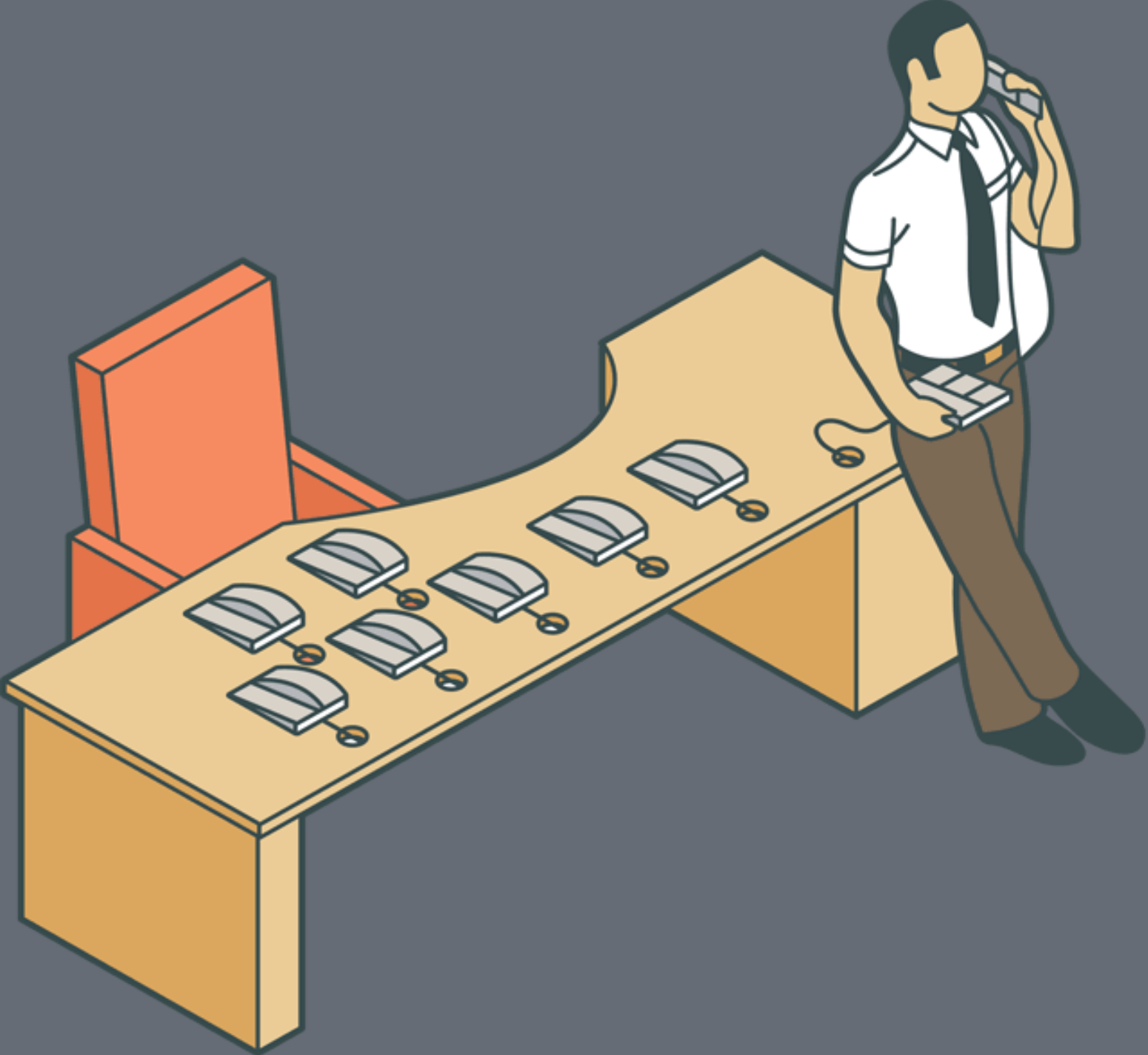
**To learn how to maintain
compassion and effective
relationships**

Meet Joe



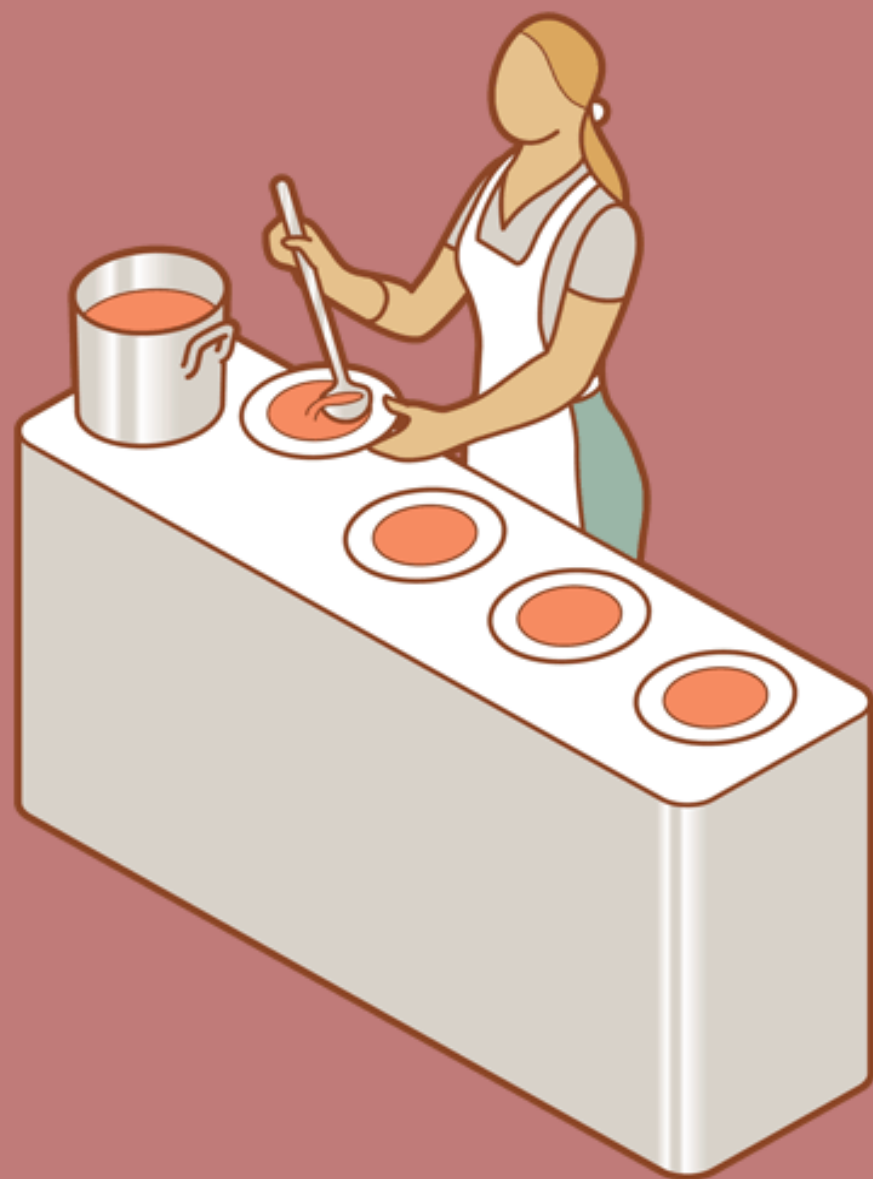














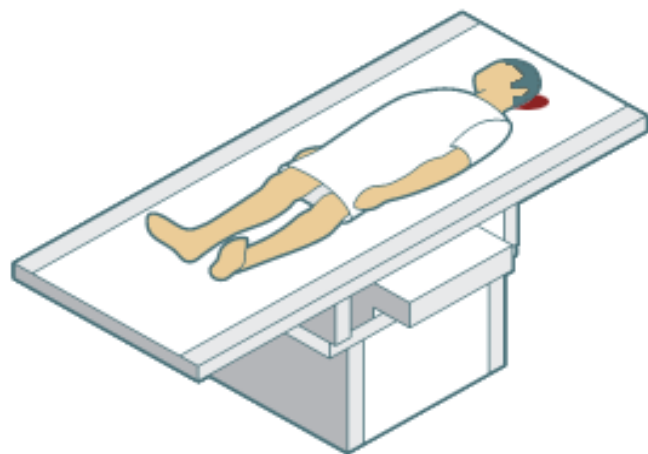






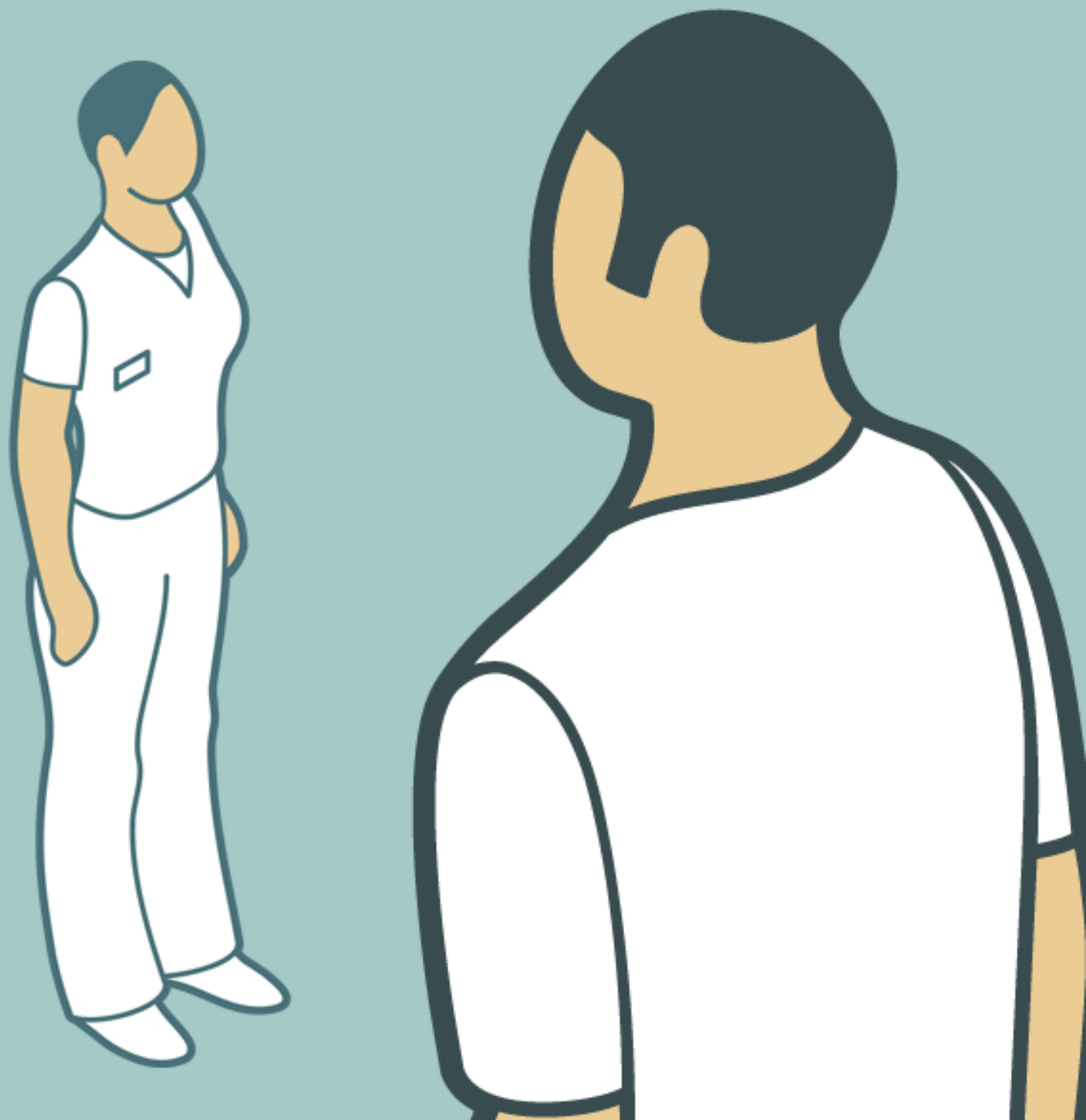
**Joe awakens to a
different world**

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?

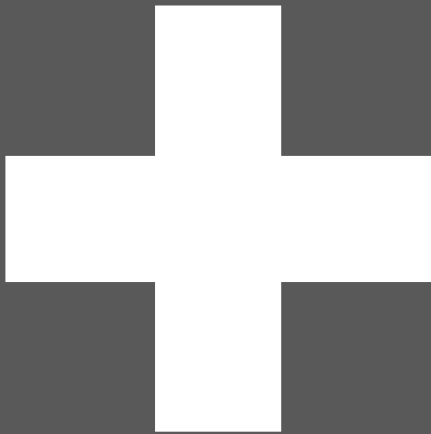


You?

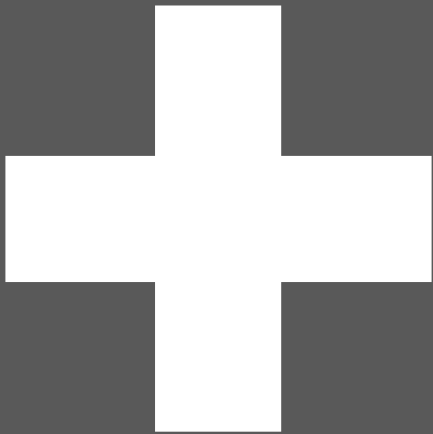
**Who is responsible
for the outcomes
of rehab?**

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

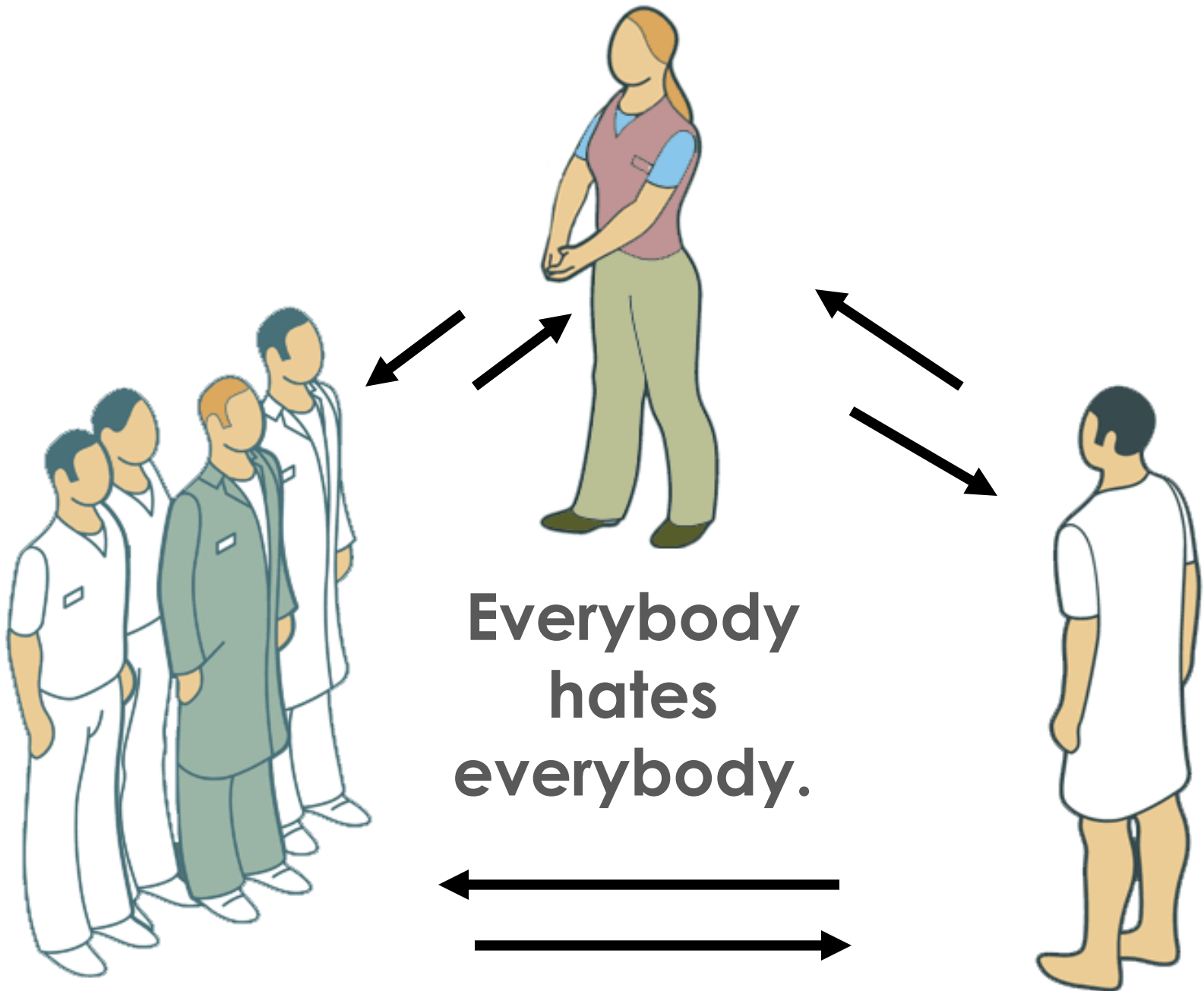
a mixture of **aversion** and **malice**, feelings of **dislike**, aim of **injuring** or **destroying** another individual

**How does
Hate get into
rehab?**

Anger



Hate



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**

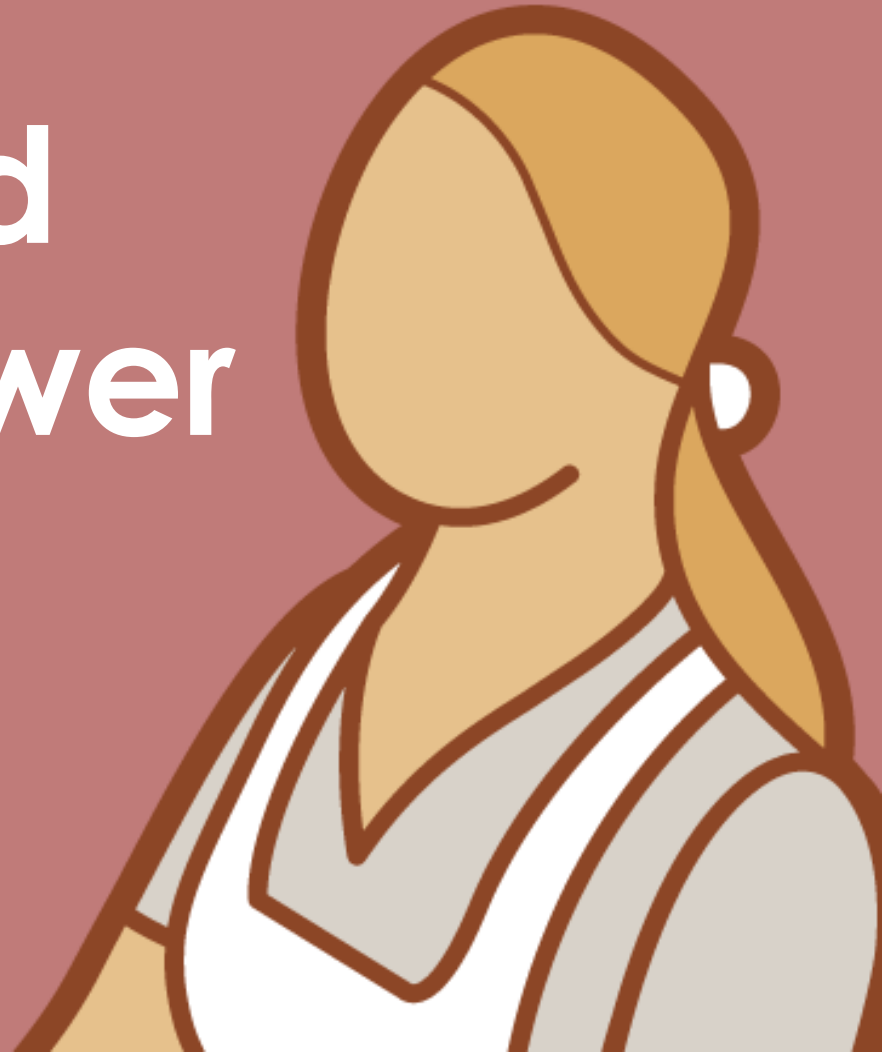
It's easy to
blame the
person with the
injury



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.





Difficult
individuals
and family
members
make
professionals
feel bad



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

vs.

Bad Joe

- **Agrees with treatment**



- **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

- Agrees with treatment
- Follows the plan
- Share our direction



- 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?



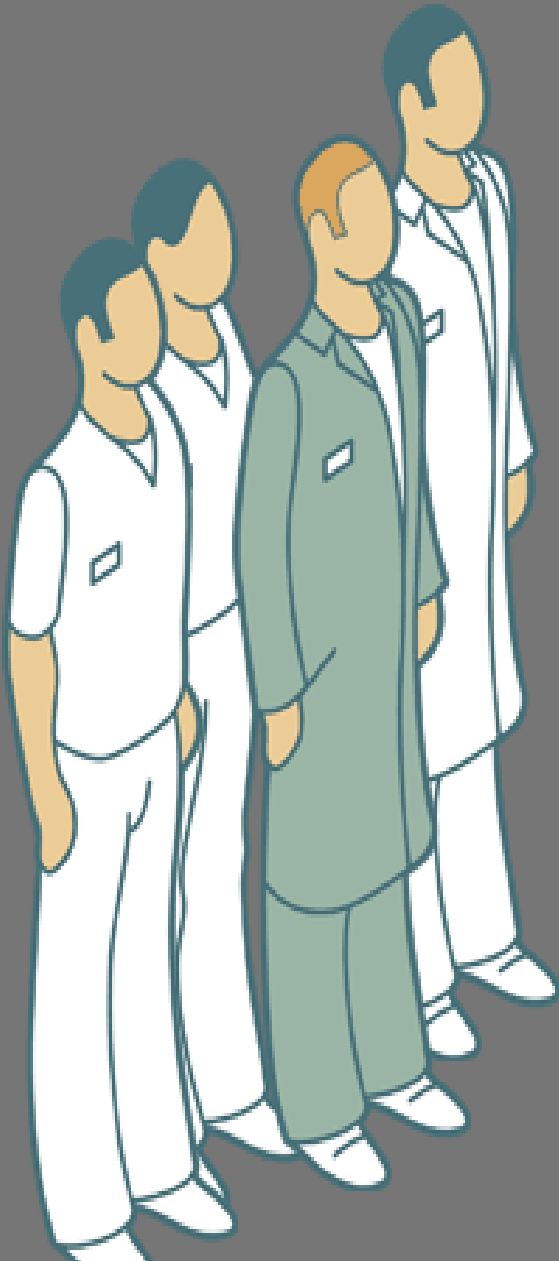
Or are we bad
people?



Is the feeling of
failure
intolerable?

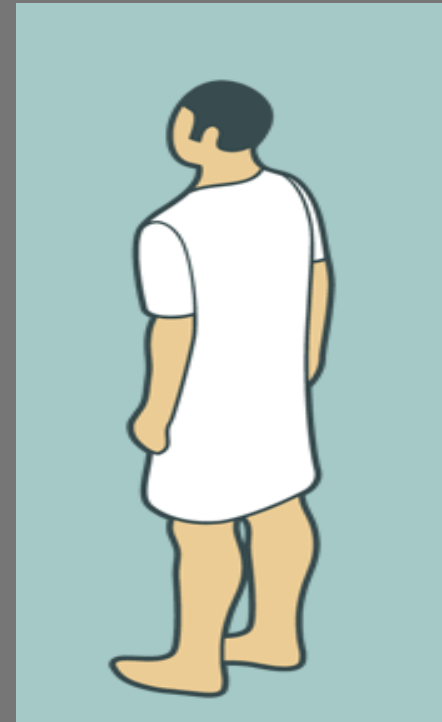


Do we prescribe disengagement?



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?



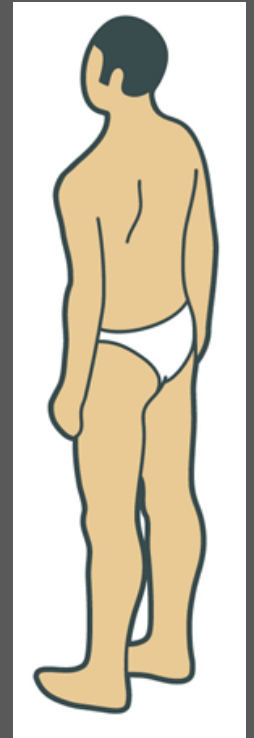
What would be left?



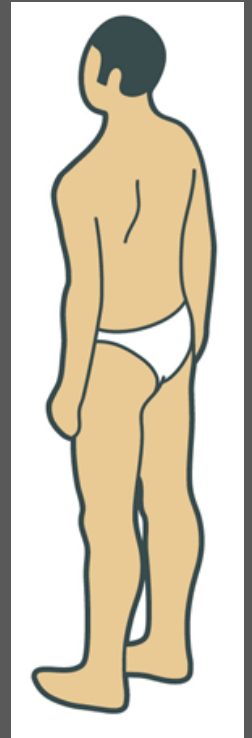
What is left for the person after brain injury?



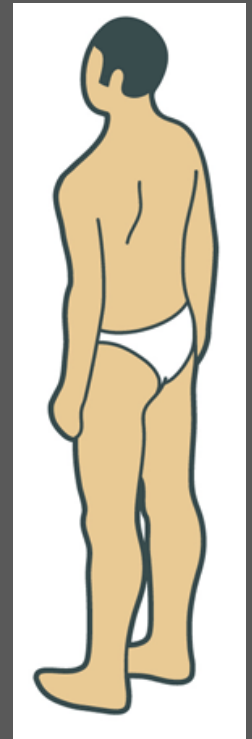
Disinhibition



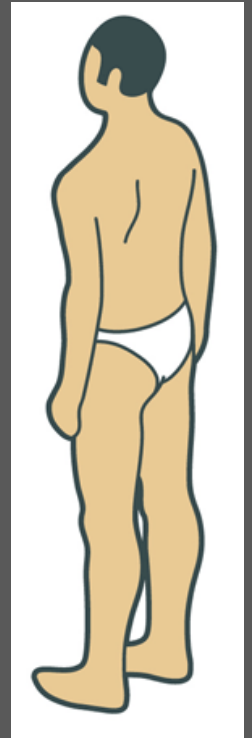
“Why can’t they control themselves?”



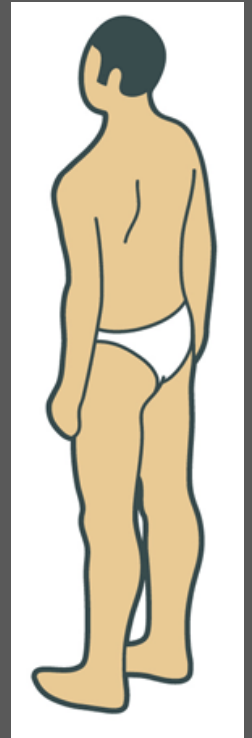
**“I’ll let them learn by
letting them get hurt.”**



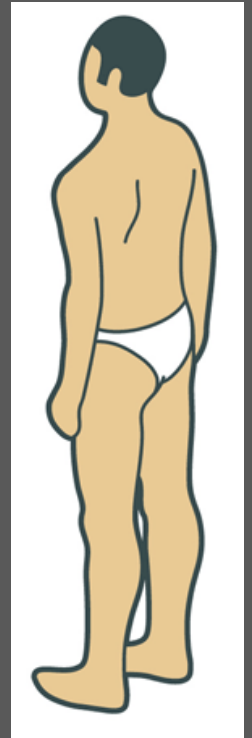
**“They are doing this to
get me.”**



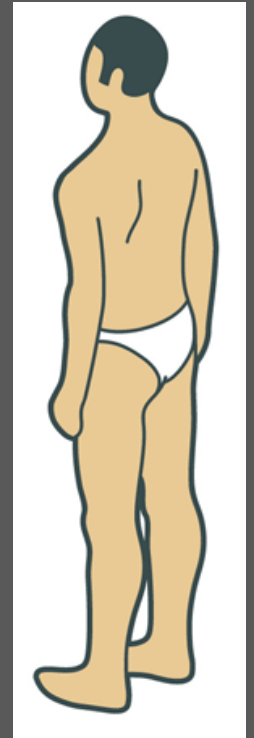
“It’s their fault if they act that way.”



**“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?

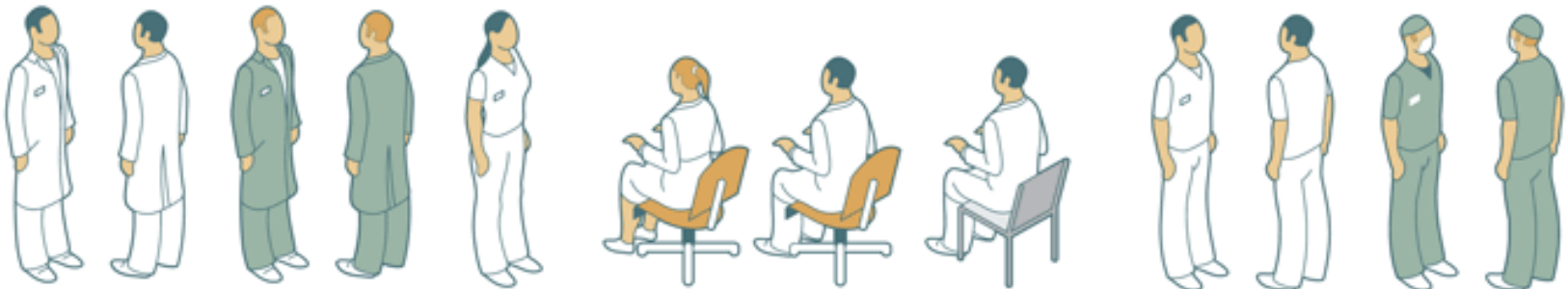


Somebody must
be responsible

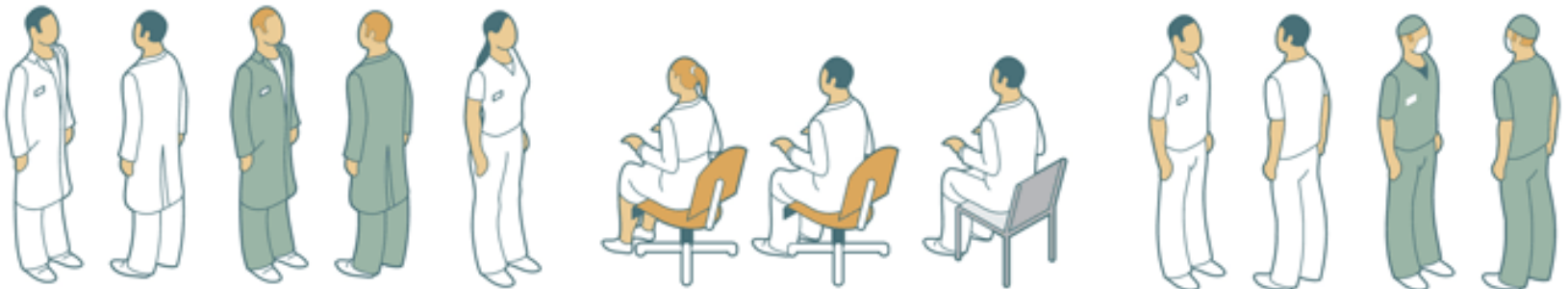


WHO IS
TO BLAME?

The Organization?



Institutionalization is a disease



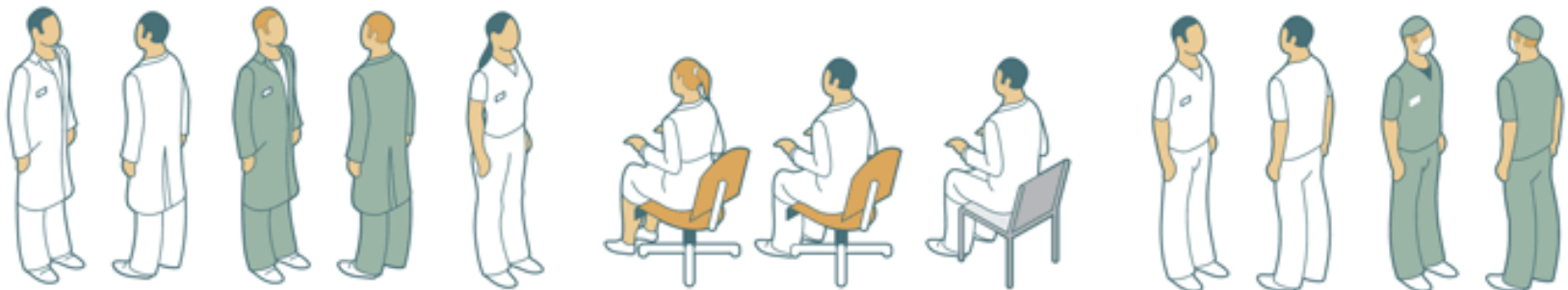
Menninger's views

Institutionalization takes five years



Menninger's views

Institutionalization affects clients and staff



We cling to routine and rituals to maintain stability



Menninger's views

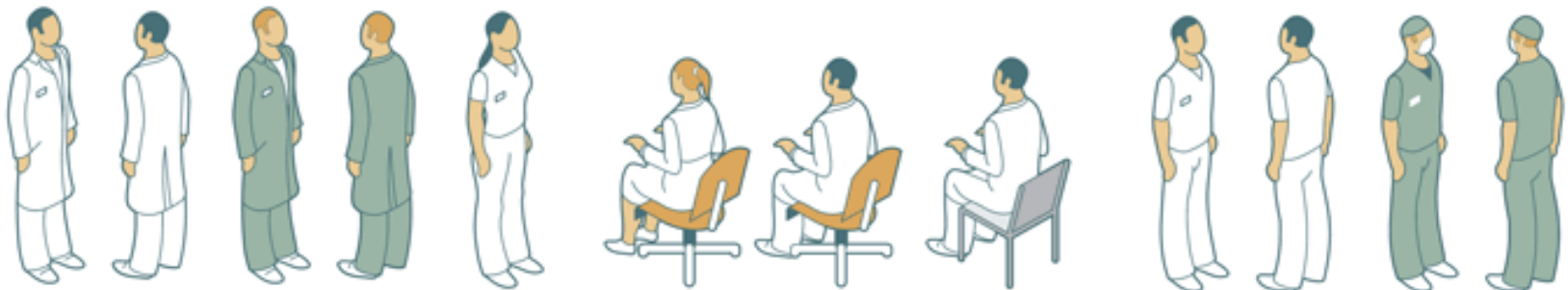
We all struggle to control our lives



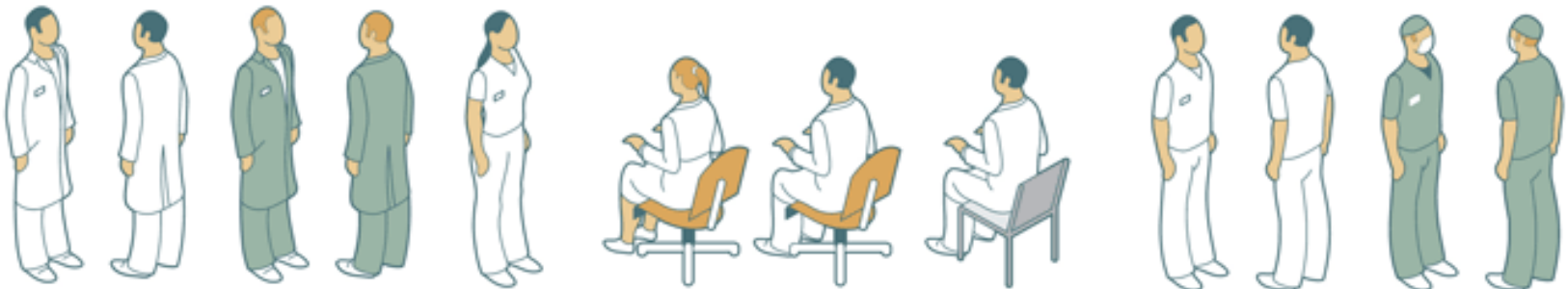
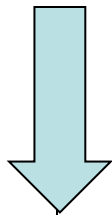
Is the goal of rehab to make people who are like us?



Why can't they be who they were?



**What
is
our
role?**



**In our
perception, the
organization
responds to the
individual**



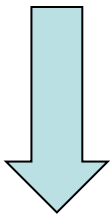
**Rehab means
managing
a huge
responsibility**



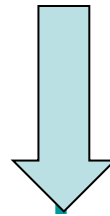
**Do boundaries
play a role in
failure?**

**or, does the lack of
boundaries cause
failure?**

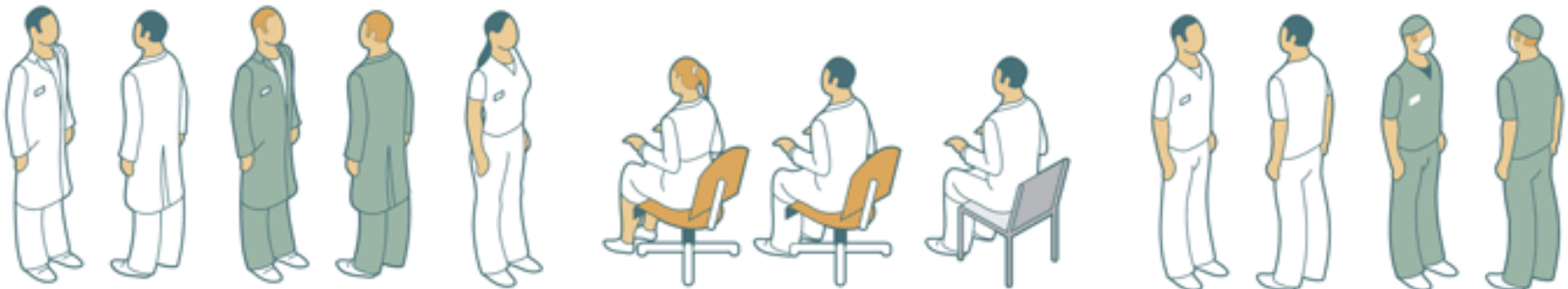
Do we find a way to make individuals “not fit” our program?



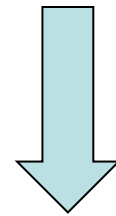
**Should we
discharge
the individual
we can't
handle?**



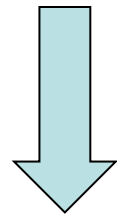
**There should be
a place for a
person like this.**



**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 *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 over?

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 90% of the retail value of a carcass

- Thrifty cuts requiring longer cooking methods

OTHER CUTS

GROUND BEEF	CUBED STEAK	BEEF FOR STEW	CUBES FOR KARBOS
Beef, Pasty, Pastured, Roast (Staked)	Pasty, Roast	Beef, Cook in Liquid	Beef, Roast

CHUCK

CHUCK EYE ROAST Beef, Roast	BONELESS TOP BLADE STEAK Beef, Pasty	ARM POT ROAST Beef
BONELESS CHUCK POT ROAST Beef	CROSS RIB POT ROAST Beef	MOCK TENDER Beef
BLADE ROAST Beef	UNDER BLADE POT ROAST Beef, Roast	7-BONE POT ROAST Beef
SHORT RIBS Beef, Cook in Liquid	FLANKEN-STYLE RIBS Beef, Cook in Liquid	

BRISKET & FORE SHANK

SHANK CROSS CUT Beef, Cook in Liquid	BRISKET, WHOLE Beef, Cook in Liquid
CORNER BRISKET, POINT HALF Beef, Cook in Liquid	BRISKET, FLAT HALF Beef

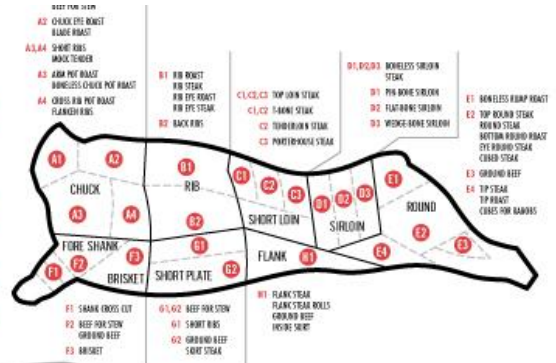
SHORT PLATE & FLANK

FLANK STEAK Beef, Roast, Pasty	FLANK STEAK ROLLS Beef, Roast, Pastured, Pasty	SHORT STEAK (FAITIA MEAT) Beef, Roast, Pastured, Pasty

RIB ROAST, LARGE END Beef	RIB ROAST, SMALL END Beef
RIB STEAK, SMALL END Beef, Pastured, Pasty	RIB EYE ROAST Beef
RIB EYE STEAK Beef, Pastured, Pasty	BACK RIBS Beef, Cook in Liquid, Roast

BONELESS TOP LOIN STEAK Beef, Pastured, Pasty	T-BONE STEAK Beef, Pastured, Pasty
TENDERLOIN ROAST (FILET MIGNON) Beef, Roast	TENDERLOIN STEAK (FILET MIGNON) Beef, Pastured, Pasty

SIRLOIN STEAK, FLAT BONE Beef, Pastured, Pasty	SIRLOIN STEAK, ROUND BONE Beef, Pastured, Pasty
TOP SIRLOIN STEAK Beef, Pastured, Pasty	



ROUND

ROUND STEAK Beef, Pasty	TOP ROUND ROAST Beef
TOP ROUND STEAK Beef, Pastured, Pasty	BONELESS RUMP ROAST Beef, Roast
BOTTOM ROUND ROAST Beef, Roast	TIP ROAST, CAP OFF Beef, Roast
EYE ROUND ROAST Beef, Roast	TIP STEAK Beef, Pastured, Pasty

VARIETY MEATS

TONGUE Beef	LIVER Beef, Pastured
KIDNEY Beef	HEART Beef, Roast, Cook

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



American Angus Association

3201 Frederick Ave., St. Joseph, MO 64506
816-383-5100 • www.angus.org

Meat on our menu is from National Cattlemen's Beef Association

**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

RESILICIENCY

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?**

THE END OF CARING:

Understanding the Dynamic of Failure in Rehab

Thank you!

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