


**VAN DER HOEVEN  
KLINIEK  
TBS**


## Do women evoke stronger feelings in staff members?

An exploration of differences in feelings towards complex female and male forensic psychiatric patients

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## Presentation outline

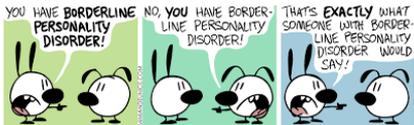
- I. Introduction**
  - Countertransference feelings
  - Female versus male forensic psychiatric patients
- II. Research results *Feeling Word Checklist***



## I. Introduction

Working in forensic mental health is not easy

- Complex psychopathology
- Serious offending history



Dietz, 1996; Kurtz & Jeffcote, 2011

## Countertransference feelings

- All “natural reactions” that a therapist has to his or her patient
- May inform diagnostic and therapeutic intervention
- However, may also:
  - Impact negatively on relationship with patient and hinder effective treatment
  - Cause splitting / disagreement in teams

**Most knowledge based on narratives and theory, not much on empirical research**

Gabbard, 2001; Rössberg & Friis, 2003; Sattar et al., 2002, 2004; Sophia, 2000

## Countertransference feelings

### Some empirical findings

- Colli et al., 2014: Cluster B patients evoke more negative and mixed feelings in their therapists
  - Antisocial / paranoid PD: feeling of being criticized / mistreated
  - Borderline PD: inadequacy, overwhelmed, overinvolved
- Rössberg & Friis, 2003: Aggressive and suicidal behavior (especially by female patients) was significantly related to negative feelings in staff
- Armelius & Holmqvist, 2003: Strong relation between (negative) feelings of staff and their own self-image

## Countertransference feelings

### Some empirical findings in forensic psychiatry

Dernevik et al., 2001:

- Nurses' feelings significantly related to risk assessment
  - Close / accepting → higher HCR-20 scores
  - Helpful / autonomy → lower HCR-20 scores

de Vogel & de Ruiter, 2004:

- Feelings of mental health professionals significantly related to risk assessments
  - Controlled, manipulated, rejected → higher HCR-20
  - Helpful, happy, relaxed → lower HCR-20
  - Feelings of being Controlled predicted high HCR-20 scores

## Challenges in treatment female patients

Working with female offenders or forensic psychiatric patients is suggested to be more difficult than working with males because it is more **time-consuming** and **emotionally draining** as women are seen as more manipulative and demanding

Lewis, 2006



## Gender issues in forensic psychiatry

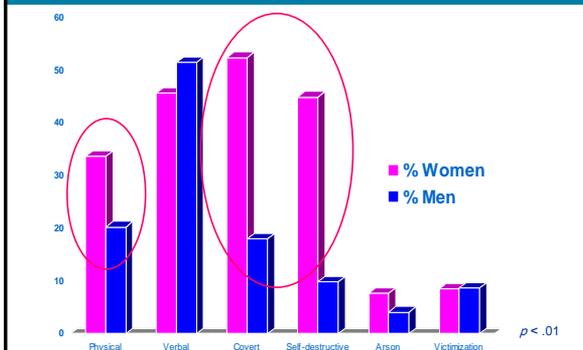
### Results Dutch multicenter study 275 ♀ vs 275 ♂

- Seriously traumatized
- High prevalence BPD
- Comorbidity
- Incidents of physical violence, manipulative behavior and serious self-harming behavior

de Vogel et al., 2016



## Incidents during treatment 170 women versus 170 men



## II. Pilot study

Do women evoke different feelings in staff?



de Vogel & Louppen, 2016

## Setting Van der Hoeven Kliniek

- Mandatory long-term forensic treatment
- CBT, Eclectic
- Gender-mixed: Females 20%
- Gender-informed practice
  - Development FAM (additional tool HCR-20<sup>v3</sup>)
  - Multicentre study gender differences forensic psychiatry
  - Working group: develop and formulate gender-responsive policies



## Procedure

- Two month period
- Staff with direct patient contact
  - 13 team intervision meetings
  - Email / mail other staff
- *Feeling Word Checklist* coded for most complex male and female patient
- Most complex = most demanding, challenging patient to work with
- Open questions

### Participants

N = 146 staff members

- **Sex:** 64% female, 36% male
- **Level of experience:**
  - 13% less than 1 year
  - 34% between 1 – 5 years
  - 53% over 5 years
- **Function:**
  - 56% sociotherapists
  - 11% coordinators
  - 3% treatment supervisors
  - 3% psychotherapists
  - 27% other

### Feeling Word Checklist - 30

- Coding 30 feelings: 0 (not at all) – 3 (very much)
- Four dimensions:
  - Helpful – Unhelpful
  - Accepting – Rejecting
  - Close – Distant
  - Autonomy – Controlled

Whyte et al., 1982; adapted by Holmqvist & Armelius, 1994

### Feeling Word Checklist - 30

RISK ASSESSMENT BY CLINICIANS AND RESEARCHERS 151

Table 2 Feeling Word Checklist

When I think about ... I feel:

1. Helpful	16. Surprised
2. Happy	17. Tired
3. Angry	18. Threatened
4. Enthusiastic	19. Receptive
5. Anxious	20. Objective
6. Strong	21. Overwhelmed
7. Manipulated	22. Bored
8. Relaxed	23. Motherly
9. Cautious	24. Confused
10. Disappointed	25. Embarrassed
11. Indifferent	26. Interested
12. Affectionate	27. Aloof
13. Suspicious	28. Sad
14. Sympathetic	29. Inadequate
15. Disliked	30. Frustrated

Note. From Whyte et al. (1982). Subscale items: Helpful: 1, 2, 8; Unhelpful: 3, 10, 15, 18, 24; Close: 12, 16, 21, 23; Distant: 9, 11, 27; Accepting: 4, 14, 19, 26; Rejecting: 13, 17, 22, 30; Autonomy: 6, 20; Controlled: 5, 7, 25, 28, 29.

### Results

- More **positive** feelings towards female patients: Helpful, Accepting, Relaxed, Strong, Receptive
- More **negative** feelings towards male patients: Anxious, Overwhelmed, Threatened



	Female patient	Male patient	Cohen's d
Relaxed	1.51	1.20	.42
Strong	1.51	1.29	.29
Receptive	1.04	0.79	.38
Affectionate	1.28	1.01	.40
Anxious	0.20	0.46	.53
Threatened	0.23	0.54	.51

N = 146 staff members, all p < .01

### Possible explanations for more positive feelings towards women

**Women compared to men:**

- More complex history of trauma
- Different psychopathology (BPD, depression, PTSD)
- More internalizing behavior
- Different type of offending (e.g., more towards children, less sexual offenses)

### Differences: Gender staff

- **Male staff:**
  - More cautious with female patients
  - More angry with male patients
- **Female staff:**
  - Stronger and more in control with female patients
  - More anxious with male patients

### Differences: level of experience staff

- **Less experienced staff (< 5y):**
  - More pronounced differences
  - More positive feelings towards female patients and more negative feelings towards male patients
- **Experienced staff (> 5y):**
  - Less differences
  - More receptive towards female patients

### Do women evoke different feelings in staff?



#### Open questions:

- Manipulation; different type
  - Male patients: openly manipulative to maintain status, control, autonomy
  - Female patients: secretly manipulative, cry for help
- Female patients were seen as more open about their problems, but also as more 'nagging' and moving responsibility to staff

### Limitations



- Generalizability
- Patient characteristics unknown
- FWC-30: simplified way of measuring feelings
- Most complex patient: could be the same patient for many staff members; the results may be based on a small group

### Implications



- Future research needed:
  - Impact on treatment?
  - Characteristics of staff: age, self-image, demographics (e.g., parenthood)
  - Characteristics of patients: type of offense, psychopathology, suicidality
- Increase awareness of possible effects of feelings to patients on treatment
- Invest in training, intervision, coaching and support staff, especially inexperienced staff
- FWC could be used in intervision meetings

### More information



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[www.violencebywomen.com](http://www.violencebywomen.com)

## Some final remarks

- **Gender-responsive treatment** (e.g., more attention to trauma, parenting skills, financial management)
- **Awareness of the risk of revictimization in mixed treatment settings**
- **Frequently conduct risk assessments**
- **Clear policies needed** (e.g., intimate relationships, birth control, visit children)
- **Collaboration general psychiatry**

