

Managing Difficult Emotional Reactions in the Workplace

A practical guide for the workforce of the Department of State Hospitals

Caring for individuals with serious mental illness (SMI) in a Department of State Hospital (DSH) setting is meaningful, rewarding work, but it can also be emotionally demanding. Many patients have experienced chronic mental illness, significant substance use, and personality disorders, alongside significant trauma, repeated hospitalizations, cognitive impairments, and involvement with the criminal legal system.

In caring for these patients, strong emotional responses can come up even for experienced clinician. Feeling frustrated, protective, discouraged, angry, anxious, hopeless, or emotionally drained does not mean you are doing something wrong. In fact, recognizing these reactions is an important part of providing effective, compassionate, and professional care. The aim is not to eliminate those feelings, but to notice them, understand what may be contributing to them, and choose a response that is grounded, professional, and useful.

Understanding Emotional Reactions

Transference

Transference describes moments when a patient responds to a clinician through the lens of earlier relationships or experiences.

For example, a patient may experience the clinician as:

- A parent
- An authority figure
- Someone who abandoned them
- A rescuer
- Someone they distrust
- A friend or romantic partner

These reactions are often shaped by previous relationships rather than the current interaction.

Example: A patient who experienced abuse from a parent may perceive a clinician who is setting a limit as threatening or dangerous. The patient may become verbally or physically aggressive, even though the clinician has not threatened them. Their reaction may be influenced by earlier experiences with authority, danger, or abuse.

Countertransference

Countertransference refers to the thoughts and emotional reactions a clinician notices in him/herself while working with patients.

These reactions are normal and happen to everyone.

You might notice yourself feeling:

- Protective
- Frustrated
- Angry
- Hopeless
- Afraid
- A desire to “fix” someone
- Avoidant
- Overly invested in one patient’s success
- Relieved when certain patients are discharged
- Dreading interactions with particular patients

Clinical reminder: Experiencing countertransference is information, not failure. Awareness of countertransference can help a clinician identify patterns and make more deliberate choices in care.

Pause and Reflect

When you notice a strong emotional reaction, ask yourself:

What am I feeling right now?

- Is this reaction stronger than the situation alone would explain?
- Am I responding to this patient differently than other patients?
- What might this patient be communicating through their behavior?
- What would my most effective professional self do next?

Managing Challenging Behaviors

Patients may communicate distress through behaviors that are difficult for clinicians to navigate.

Examples include:

- Splitting clinicians (i.e., creating conflict between clinicians)
- Frequent requests or demands
- Testing limits
- Verbal aggression
- Threats of self-harm
- Malingering or exaggerating symptoms
- Boundary testing
- Refusing treatment

These behaviors often serve a purpose for the patient, such as reducing anxiety, gaining a sense of control, avoiding perceived danger, or getting needs met.

Try shifting the question

Instead of, “Why are they manipulating me?”

Consider, “What need or concern might this behavior be communicating?”

Understanding the purpose behind behavior does not mean accepting inappropriate behavior. Clinicians can respond with empathy while maintaining clear, consistent boundaries.

Example in practice

A patient tells one clinician they are “the only one who understands me,” while describing another clinician as uncaring or incompetent.

This may be an example of splitting, an interpersonal strategy that can create conflict among the workforce.

Helpful responses

- Discuss the pattern with the treatment team and agree on a consistent approach to requests, limits, and expectations so the patient receives the same message from staff
- Avoid taking comments personally
- Maintain professional boundaries

Boundaries Support Recovery

Clear boundaries help create safety, predictability, and trust for both patients and clinicians.

Boundaries are:

- Respectful
- Consistent
- Predictable
- Therapeutic

They are not punishment or rejection.

Boundary Crossings and Boundary Violations

Not every boundary crossing is a boundary violation. A boundary crossing occurs when an interaction moves outside usual professional practice or expectations. Some boundary crossings may be appropriate and may support the therapeutic relationship. A boundary violation occurs when an interaction becomes harmful, has significant potential to cause harm, is exploitative, or primarily serves the needs of the staff member rather than the patient.

When considering a potential boundary crossing, ask:

- Is this in the patient's best interest?
- Could this cause harm or create confusion?
- Whose needs are being met?
- How might the patient understand this interaction?
- Would I feel comfortable discussing this with my supervisor or treatment team?

Examples of professional boundaries include:

- Keeping personal information and self-disclosure limited and clinically appropriate
- Not giving patients personal phone numbers, social media information, or other ways to contact you outside of established channels
- Maintaining appropriate physical and emotional boundaries
- Not making special exceptions to rules or expectations because you feel guilty, pressured, fearful, or particularly connected to a patient
- Staying within your professional role rather than becoming a patient's friend, rescuer, or primary source of emotional support
- Responding consistently to repeated requests rather than changing a limit to end an uncomfortable interaction
- Bringing boundary concerns to the treatment team or supervision rather than managing them alone

Boundary-supporting language

"I can't change that decision, but I can help you understand it."

"I hear that you are frustrated. Let's talk about what we can do next."

"I want to help, and I also need us to speak respectfully to one another."

"I'm not able to do that, but here is what I can do."

Maintaining boundaries may also mean avoiding:

- Making promises you cannot keep
- Sharing excessive personal information
- Bending rules to avoid conflict
- Making exceptions for certain patients
- Taking on responsibilities that appropriately belong to the patient or another member of the treatment team

Vicarious Trauma and Compassion Fatigue

Ongoing exposure to trauma, violence, emotional distress, and crisis can affect clinicians over time.

Common signs include:

- Feeling emotionally numb
- Irritability
- Difficulty sleeping
- Cynicism
- Reduced empathy
- Feeling detached from patients
- Taking work home (emotionally)
- Increased stress or exhaustion

These reactions are recognized as occupational risks in behavioral health. They are not personal shortcomings.

Protective strategies include:

- Using supervision
- Talking with trusted colleagues
- Taking breaks when possible
- Maintaining healthy routines outside of work
- Using employee support resources when needed

When Should I Seek Consultation?

Consider speaking with your supervisor if you notice:

- You are thinking about a patient long after work
- You consistently avoid interacting with a particular patient
- You feel unusually protective or invested
- You notice increasing anger or frustration
- You want to “rescue” or “punish” a patient
- Your reactions begin affecting patient care or relationships with coworkers
- You are unsure whether an interaction, exception, or relationship with a patient is becoming too personal or moving outside your professional role

Consultation is a professional tool. When in doubt, talking with a supervisor, colleague, or treatment team can help staff consider the patient’s best interest, maintain professional boundaries, and make thoughtful decisions. Consultation also helps protect patient care, team functioning, and staff well-being.

Supervisor Reflection Questions

Reflective supervision helps clinicians process difficult experiences while maintaining effective patient care.

Helpful questions include:

- What emotions came up for you during that interaction?
- What do you think the patient was communicating?
- What felt most challenging?
- Did you notice any urges to rescue, avoid, or become punitive?
- How did you maintain your boundaries?
- Whose needs or interests were driving your response in that interaction?
- What strengths did you demonstrate?
- What support would be helpful to move forward?

Key Takeaways

- Strong emotional reactions are normal while working in forensic settings
- Awareness of your own reactions improves patient care
- Boundaries protect both clinicians and patients
- Challenging behaviors often serve a purpose or communicate a need
- Supervision and teamwork support sound clinical judgment and clinician well-being
- Clinician well-being is part of effective, sustainable care

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