# HOW DOES THE SED-R² CONTRIBUTE TO **COACH** CAREGIVERS TO TAKE THE PERSPECTIVE OF THE CLIENT?

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# Introduction

## How different are they/we?

Do we behave so otherwise ‘under pressure’?

# Terms and labels: what's in a name … it's all in the mind

- Behavioral problems ?
- Difficult to understand behavior?
- 'Challenging behavior' ?

- Or is it behavior that is normal for specific emotional development?
- (Ab)normal behavior? behavior can be very difficult and troublesome, but normal according to emotional development.

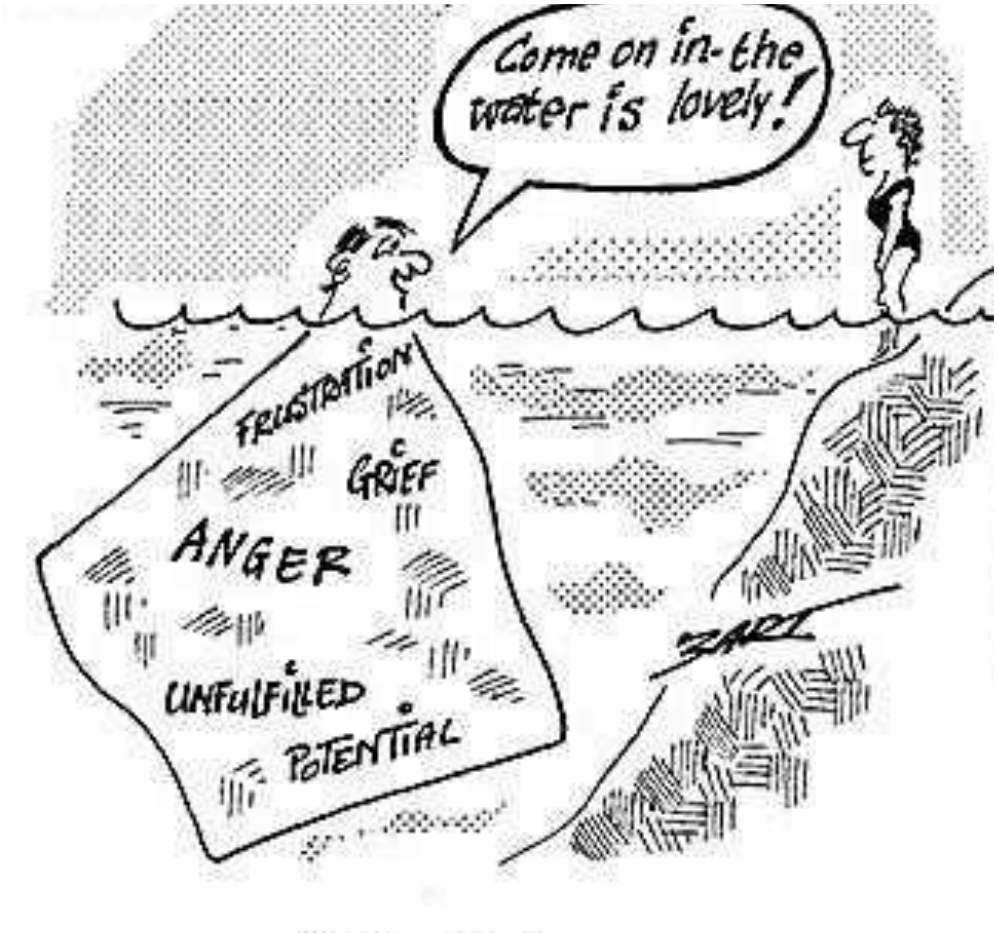
# The purpose of SED-R$^2$

- Description of level of emotional functioning
- Description of normal behavior
- Description of needs
- …


=> an image of **the inside** of a client

=> can contribute to (better) take the perspective of the client

# The inner ⟷ The outer



| SED-R² | *Fase 1* 0-6md Adaptation | *Fase 2* 6-18md 1ste Socialization | *Fase 3* 18md-3j 1ste Individuation | *Fase 4* 3-7j Identification | *Fase 5* 7-12j Reality Awareness |
|---|---|---|---|---|---|
| 1. Dealing with own body | | x | | | |
| 2. Dealing with emotionally important others | | x | | | |
| 3. Self-image in interaction with the environment | x | | | | |
| 4. Dealing with a changing environment – Object ermanence | | x | | | |
| 5. Anxieties | x | | | | |
| 6. Dealing with peers | | | x | | |
| 7. Dealing with materials | | | x | | |
| 8. Communication | | | x | | |
| 9. Emotion Differentiation | | x | | | |
| 10. Aggression Regulation | x | | | | |
| 11. Day activity – play development | | | x | | |
| 12. Moral development | | x | | | |
| 13. Emotion Regulation | | x | | | |

# ‘Risks’ in (mis)use of SED-$R^2$

- Generalizations
- Mis-interpretations
- Reduction of reality
- Mis-uses
- ...

# Literally heard…

*"A client in stage 1, you should treat as if it is a baby"*

*"A client in stage 2, can never live indepently"*

*"You can't set expectations to clients in stage 1 or 2"*

*“A client in stage 2, can never live independently”*

# Good practice = dynamic use of SED-$R^2$

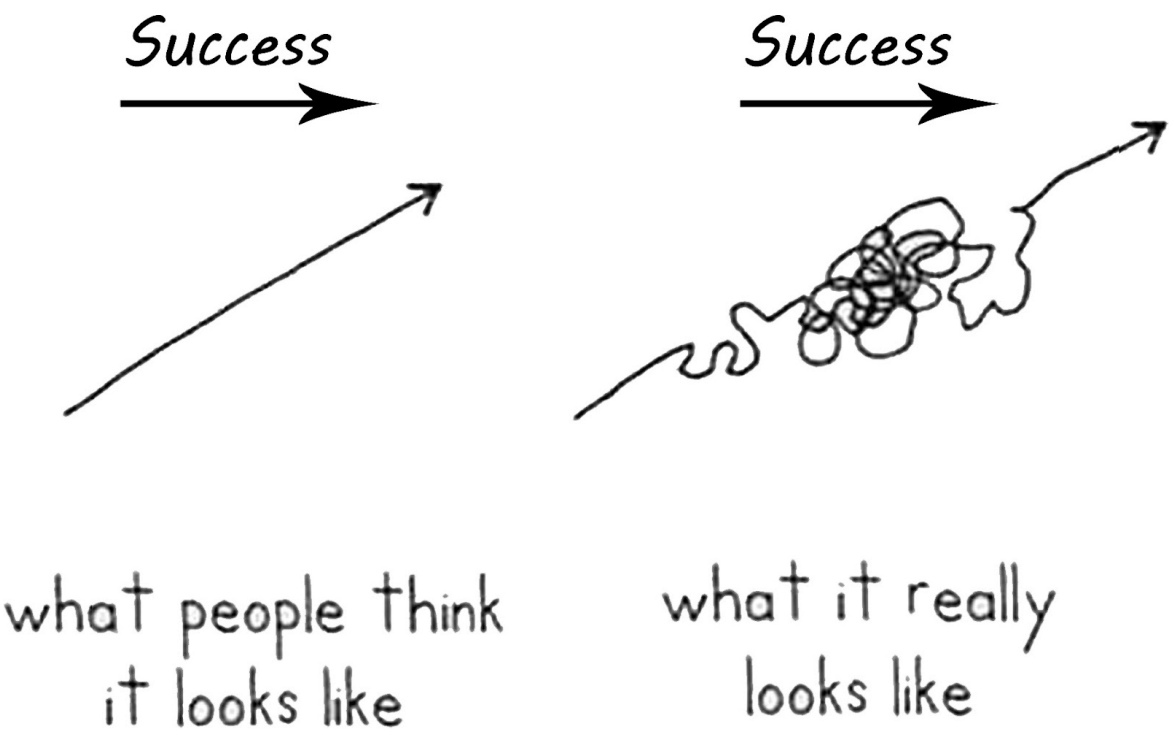
- Not as a diagnostic instrument, but for discussion,
- Emotional development = dynamics, dialectics, ambivalence
- Always and only for the benefit of support strategies
- Process of SED-$R^2$ > outcome of SED-$R^2$
- Continuüm, process instead of categories
- Not only about behavior but (also) about needs and motivations
- Reading/interpretation of the whole profile in stead of only one ‘total’ score

# ‘What does Anton, the ‘master’ say’?

- Mostly characteristics of 2 or more stages
- ‘Emotional development not higher than’
- Support clients based on their needs, not on the stage
- Emotional growth is always possible

- Embedding in broad assessment, not only ED

# From assessment to support: as a PROCESS



# “Give us concrete answers, more ane more concrete,…”

Concrete and ready-made answers (= *prescriptions*)?

doesn’t work!

- It’s always something else for thìs client
- There are no prescriptions, tricks, …

# “Just say us what to do”

= “I don’t see it anymore”

- Exclusively talking about problems
- Narrow view
- “Stage 2: how do you do this?”
- And what about the other clients?

- It makes caregivers dependent (and powerless)

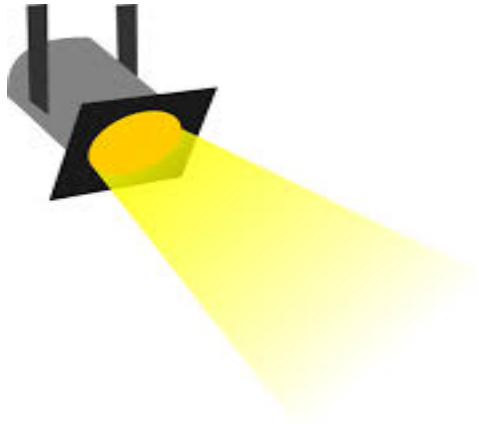
# From assessment to support: what could it be?

**Coaching =**

- Searching for (dynamic) type of support needs
  - Current and periodical alternate
  - Situational alternate
- Focus on the caregiver
- The“right” questions

# Focus on the caregiver

- What does this client do with **me**?
- Focus on what goes well
- Focus on client and environment
- **My** programme with you (and not only ‘your programme’)
- What does I / the team / the individual caregiver **need** to carry on with supporting?



# Ready-made answers?? ➔ “Right” questions

- A recipe ????
- In stead of give instructions, ask questions
- What are good questions?
  - Discussion
  - Mentaliseren
  - Transfer to other clients, other situations, …

→ invite people to read behavior, to reflect, …(coaching on the job)

# Coaching: a matter of asking the right questions?

- Which emotions provokes X in you as a caregiver and in your team?
- Give a score from 1 to 10 for the current situation of X?
- What are the 5 most fantastic characteristics of X?
- When does it go better/well with X?
  - What is X doing to regulate himself, to NOT show challenging behavior? What are his self-regulating capacities?
  - What in your attitude as a caregiver, contributes to this good moment?
  - With whom of the staff the client matches best? Describe characteristics and qualities of this staff member?

# Coaching: a matter of asking the right questions?

- Describe an ideal situation for X, this means: as if problems would not exist? Which are resources we have?

- Which profession would the client practice, when he would not have ID?

# Brochure: questions to reflect upon

- Each stage, a theme:
  - Proximity and distance
  - Relationships
  - Structure and boundaries
  - Activities
  - Communication

# Case Ahmed

- Ahmed is a 17-year old boy, with severe intellectual disability and ASD. He lives in a home.
- Network: parents, brother and sister; he goes home for short periods
- Problem behavior: restlessness, psychomotoric irritability, wetting trousers, dysthymia, eating and drinking without control, yelling, crying, pulling one's hair, constantly taking out his clothes,…

- Diagnosis: severe ID, ASD
- Assessment:
  - SED-$R^2$: stage 1

# Ahmed: support should start by…

- We see:
  - Easily corrupted, also physically …
  - Very sensory; high-strung
  - Floating on internal tension barometer

= Type of support needs:
**homeostasis ⇔ disregulation**

- Most important job of the caregiver
  = to **regulate**

# Ahmed: process *from assessment to support*

- Team:
  - Agree with assessment, knowledge of SED
  - Uncertainty, doubt, …
  - Fear
  - “Please take over”
  - (Unspoken) disagreement between mother and caregivers
- Discussion with caregivers, with family: *‘right’, solution focused questions*

# Ahmed: process *from assessment to support*

## Theme: proximity and distance

- Question: “In which way is the client looking for proximity? How do you react to this, which format is effective? What works and what doesn’t?”
- => Analyse this question with caregivers: perspective of the client AND perspective of caregiver

# Ahmed: process *from assessment to support*

**Basic emotional needs on theme: proximity and distance:**

- To BE together
  - Together (safe) is better than alone (unsafe)
  - "Just to be" is important

    → *How can we do this with Ahmed? What works?*

- Use WE-dentity in every way (WE = safe)

  → *How can caregivers give security, become certain, feel safe? (feeling: "can we do this? Is he a client for here?")*

  → *What do they need?*

# Ahmed: process *from assessment to support*

**Basic emotional needs on theme proximity and distance:**

- Be emotional available:

  - Quick response to signals, disregulation
  - Being sensitive for emotions and needs, and give a fine-tuned response

→ Coaching the staff: questions, observations, reflection…

# Case Anne

Anne is a 32-year old lady. She has a traumatic history (emotional neglect, sexual abuse, suïcide of brother in jail). Lots of psychiatric admissions.

Challenging behavior and psychiatric symptoms: agression, automutilation (burn herself), withdrawal, splitting and projective identification, dissociation, affectlability, existential anxiety, suicidal episodes, paranoïa, low treatment-compliance….

Lives alone in a flat with support of assisted living but most of the time in flat of mother.

Network: caregivers 1/week, also 1/week for mother, GP, guardian, outreach

- **Diagnosis**: borderline ID, borderline PD, PTSD
- **Assessment**:
  - SED-R[2]: stage 2-3

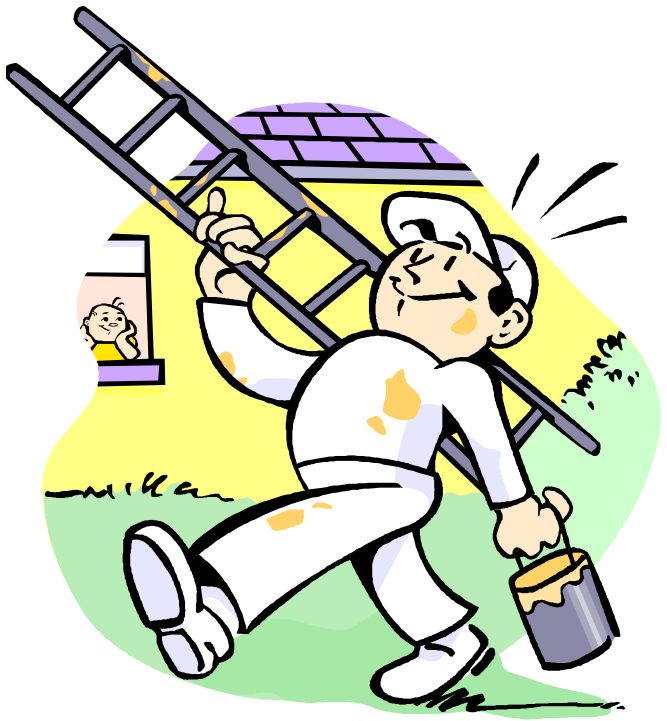
# Stage 2: support should start by…

- Type of support needs: Trust ⇔ Suspect:
  - Constantly wanting and having to follow the attendant: ‘sticking’, ‘attention-seeking’
  - Afraid to be alone, to be rejected: unsafety
  - Emotional refill
  - Can this world be trusted?
  - Attract – push off
- Most important job of the caregiver:
  - “To **circle**”

# Stage 3: support should start by…

- Type of support needs: autonomy ⇔ dependence:

- Most important job of the caregiver:
  - To **play** (the game)



# Anne: communication

- Indirect communication by mobile phone and social media: ‘holding a line’
- Never a typical ‘one-to-one’ caregiving talk
- No strict expectations
- Emotional neutral:
  - No rejection
  - Not judging
  - No ‘you’ but ‘I’ or ‘we’
  - Distract her
  - Chit-chat; ‘peace-talks’
- Issues: money, administration, medical problems...

*Which reactions and interactions, starting from your side have a positive effect on this client? How do you see this?*

# Anne: structure and borders

- Borders
  - = to offer safety
  - Based on connection and trustworthiness
  - Transparant and consequent, with repetitions
  - Clearly indicate the borders of yourself and the environment
  - Actively deal with: take over, get out of the situation
  - Start over again

Why does this client need borders? How do you set borders with this client?

**Coaching/empowering staff**

(in persons with intellectual disabilities and mental health problems)

**in their emotional availability, stress-regulation and mentalisation**

(Ph D study)

# Emotional availability

- Sensitivity
- Structuring
- Non - intensiveness (Giving space)
- Non-hostility (Mildness)

(Biringen, 2009)

# Mentalisation

= thinking about feeling, feeling about thinking

= look at yourself from outside, looking at the other from inside

= capacity to give sentence to your own experiences, behavior, feelings and desires and these of others

(Dekker-van der Sande & Sterkenburg, 2015)
(De Belie & Van Hove, 2013)

# Stress- and emotion regulation

- Recognises signals of stress in client and in his own
- Remarks and regulates own stress

# Protocol and sample

- 1 residential living unit of 7 residents; team of 6 caregivers and 1 pedagogue – 1 manager; as ‘laboratory’
- 1 year; 2-weekly session

- Teamtrajectory (training; intervision; supervision)
  - Assessing SED of all residents
  - Case-meetings based upon solution-focused coaching
  - Permanent evaluation and adjustment

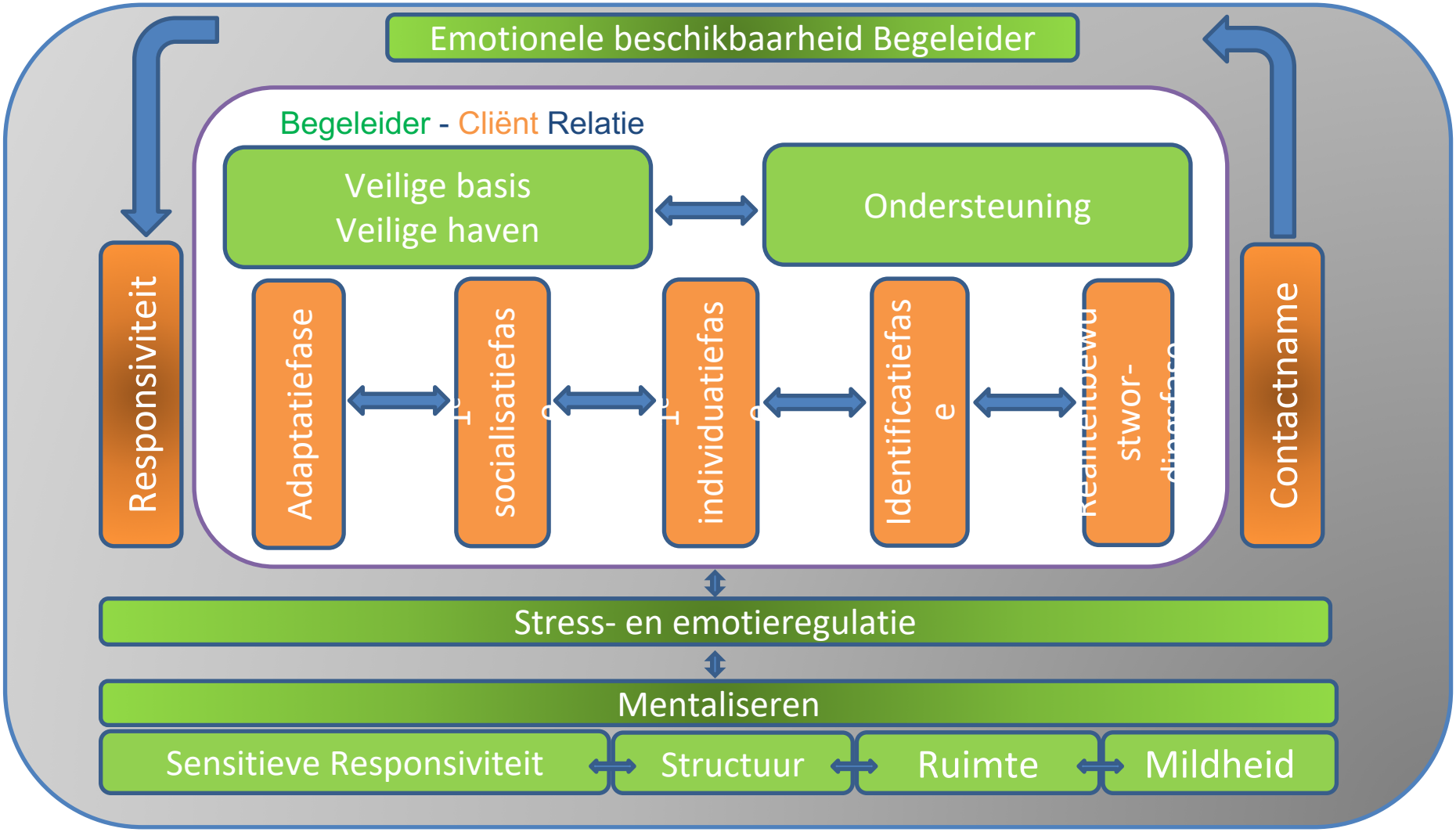
- Individual trajectory:
  - ‘personal coaching’ about 2 goals en always about resident-aspects
  - permanent reflection-tasks

# Preliminary results

- Team is very enthousiastic.
- Feels more valued and supported than with traditional education and training
- Greatest benefit: latent expertise and competences are explicated and appreciated
- Lower perceived stress in staff (and clients ?)
- Less restricting and punishing interventions to clients
- Take better the perspective of clients
- Read clients (behavior) better
- Can better attune to emotional needs of clients

# Preliminary results …

- More sensitive
- More structuring but on human and helping way
- More mild
- Giving more space


Emotionele beschikbaarheid Begeleider
Begeleider - Cliënt Relatie
Veilige basis
Veilige haven
Ondersteuning
Responsiviteit
Adaptatiefase
socialisatiefas
individuatiefas
Identificatiefas
e
Contactname
Stress- en emotieregulatie
Mentaliseren
Sensitieve Responsiviteit
Structuur
Ruimte
Mildheid

# Innerlijke Dialoog

IK

Spontaan mentaliseren
Impliciete kennis

Bewust mentaliseren
Expliciete kennis

| Buik | Hoofd |
| --- | --- |
| Emotionele arousal | Onderzoeker |
| Ervaringskennis over zichzelf | Kennis over zichelf |
| Ervaringskennis over de cliënt en context | Kennis over de cliënt en context |

# Aanraders

Morisse, F., & Došen, A. (red.). (2016). *SEO-R². Schaal voor Emotionele Ontwikkeling – Revised².* Antwerpen-Apeldoorn: Garant nv.

Brochure *'Reflectievragen voor de vertaalslag van inschatting emotionele ontwikkeling naar ondersteuning'* (De Neve, L. (Red.), 2015) kan gratis worden gedownload. (http://www.kennisplein.be/Pages/Van-inschatten-van-emotionele-ontwikkeling-naar-ondersteuning---Reflectievragen-.aspx

Claes, L., Declercq, K., De Neve, L., Jonckheere, B., Marrecau, J., Morisse, F., Ronsse, E., Vangansbeke, T. (2012). *Emotionele ontwikkeling bij mensen met een verstandelijke beperking.* Antwerpen-Apeldoorn: Garant nv.

De Belie, E., & Van Hove, G. (red.). (2013). *Wederzijdse emotionele beschikbaarheid. Mensen met een verstandelijke beperking, hun context en begeleiders samen op weg.* Antwerpen: Garant.

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