EMOTIONAL DEVELOPMENT AS A KEY FACTOR IN MENTAL HEALTH OF PEOPLE WITH INTELLECTUAL DISABILITY

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"Challenging behaviour is not a problem owned by an individual"

(R. College Psych. report 2007)

ED ϵ MH ϵ QoL

Growing interest in emotional development (ED)

- Discrepancy between cognitive and socio-emotional development

- Over-estimation and over-demanding as a factor for challenging behaviour and mental health problems

- Meeting basic emotional needs = first treatment

- Need to appraise ED: clinically + evidence based

Challenging behavior/MHproblems = iceberg

- Outside   vs.   Inside
- Capacities/skills   vs.   Emotions
- Skills/volition (want)   vs.   To cope with
- Cognitive   vs.   Social-emotional
- Demands/expectations   vs.   Support needs

The inner ⟷ The outer
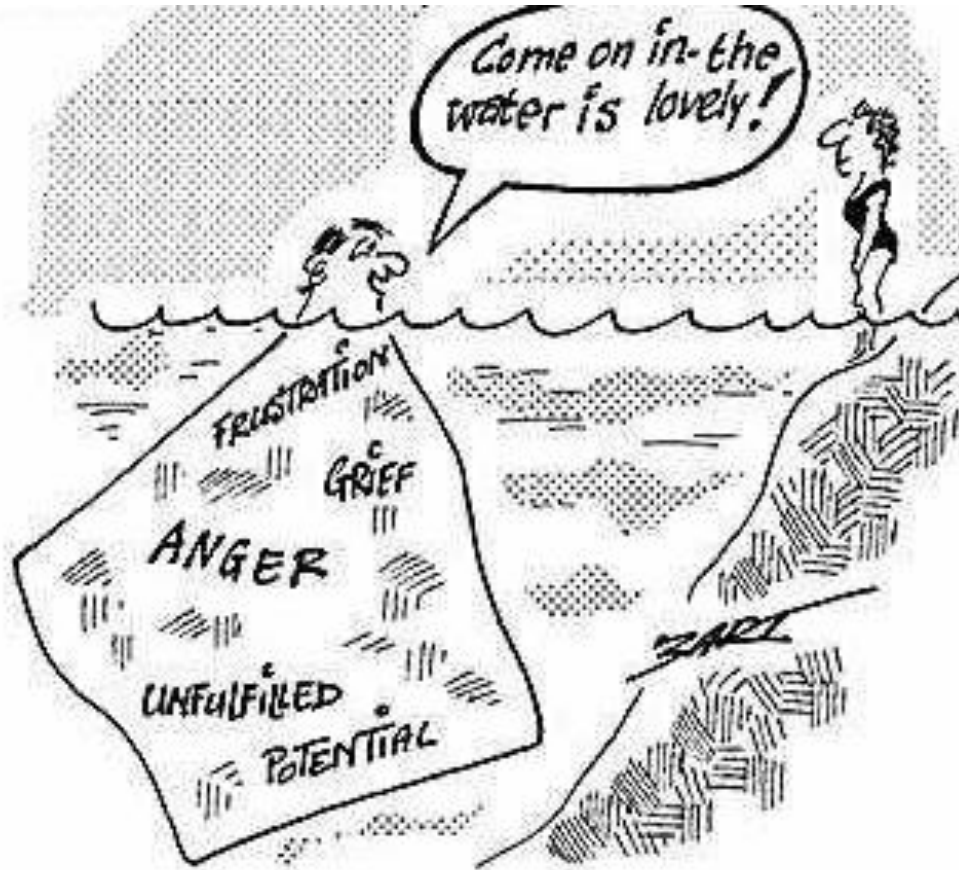
"Commonplaces" (that have some truth in them) with regard to challenging behavior in persons with ID

- "they want attention"

- "he/she is doing it deliberately"

- "he/she is testing me"

- "he/she needs more structure"

- "he/she would better fit in psychiatry; you have to cope with it more therapeutically"

- "he/she does not fit here"

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

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

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

Continuum

Normal/
adaptive
behavior

Abnormal/
maladaptive
behavior

Psychiatric
disorder

Normal/adaptive behavior

- Adaptive!! But can be quite difficult

- = Adequate for psychosocial developmental level (personality and emotional development) of the person and for the circumstances

- In adverse situations (frustration, fear, pain), the person reacts with behavior that corresponds with his/her emotional developmental level (The person can control arousal and affect within a relatively short period of time)

Abnormal/maladaptive behavior

- Usually situation-specific, unadapted, intensive, frequent, long-term, and it threatens the person's Quality of Life
- Behavior features do usually not correspond with the cognitive level of the person (but with the emotional level)
- In adverse situations (frustration, fear, pain), the person displays an exaggerated reaction (intensity, duration) that is typical for the level of emotional development.
- ➔Disrupted interaction with environment and lower levels of Quality of Life

Psychiatric disorder

- Situation-independent state with disorders (symptoms) of cognitive, emotional en physiological functions with a relatively long duration.

- The interaction between the person and his environment is seriously disturbed
- The person displays <u>a change</u> in his activities and behavior (odd, maladapted behavior).
- This state is not linked with certain daily situations in the enviroment and usually lasts (constantly) for some weeks to years or it returns periodically.

0- 6 m.	6 - 18 m.	18 m. - 3 j.	3 - 7 j.	7 - 12 j.
Profound ID	Profound ID	Severe ID	SevereID ModerateID	ModerateIDMild ID
ADAPTATION	SOCIALIZATION	FIRST INDIVIDUATION	FIRST IDENTIFICATION	REALITY-AWARENESS
homeostasis ⇕ disregulation	Trust ⇕ suspect	Autonomy ⇕ Dependency	Initiative ⇕ Inhibition	Self-confidence ⇕ Inferiority
TO WE-	DENTITY	BE I-	TO D E N T	DO I T Y
Physiological adjustment Integration of sensory input Arousal-regulation Integration of time and space	Increased social awareness Attachment; basal safety – Symbiosis Anxiety when separated from save person Transitional object	Separation Interest in peers Start of SELF (self-centeredness;"no") Self-differentiation	More initiative and choices Friends Arise of ethics Identification with important others EGO-development	Personal role and place in the environment Introspection/reflection
Psychotic condition Autism Self-injury behavior	Attachment problems Borderline Developmental depression	Negative-destr beh Very passive/ dependent narcistic/ anti-social Developmental depression	Neurotic disorders anxiety- & panic disorder, compulsive disorder Depression	Neurotic disorders: anxiety- or panic-disorder, phobia Depression
Proximity Low stimulus - environment Structure Rest	Near from a distance Boundaries Basal safety	Supporting from a distance Discrete guiding Rules and consequences Shared responsability	Inviting and stimulating Trustfull relationship with caregiver Take responsability based on succes	As well group as individual Re-interpret events that were experienced negative

# Five-stage model for emotional development *(quoted from Došen, 2007, p. 69)*

| Stage 1 0-6 mo Adaptation	Stage 2 6-18 mo First Socialization	Stage 3 18 mo-3y Individuation	Stage 4 3-7y Identification	Stage 5 7-12y Reality awareness
"regulation of physiological needs, integration of sensory input, structuring of space, time and persons, and social Interaction"	"bodily contact, attachment person, social stimulation and handling of material objects"	"certain distance in contact, confirmation of autonomy, and reward of social behaviour"	"identification with important others, social acceptance and support, and social competence"	"cognitive competence, physical competence, friendship, creativity, productivity and 'golden rules' of social behaviour"

Sappok et al., 2013, p. 3
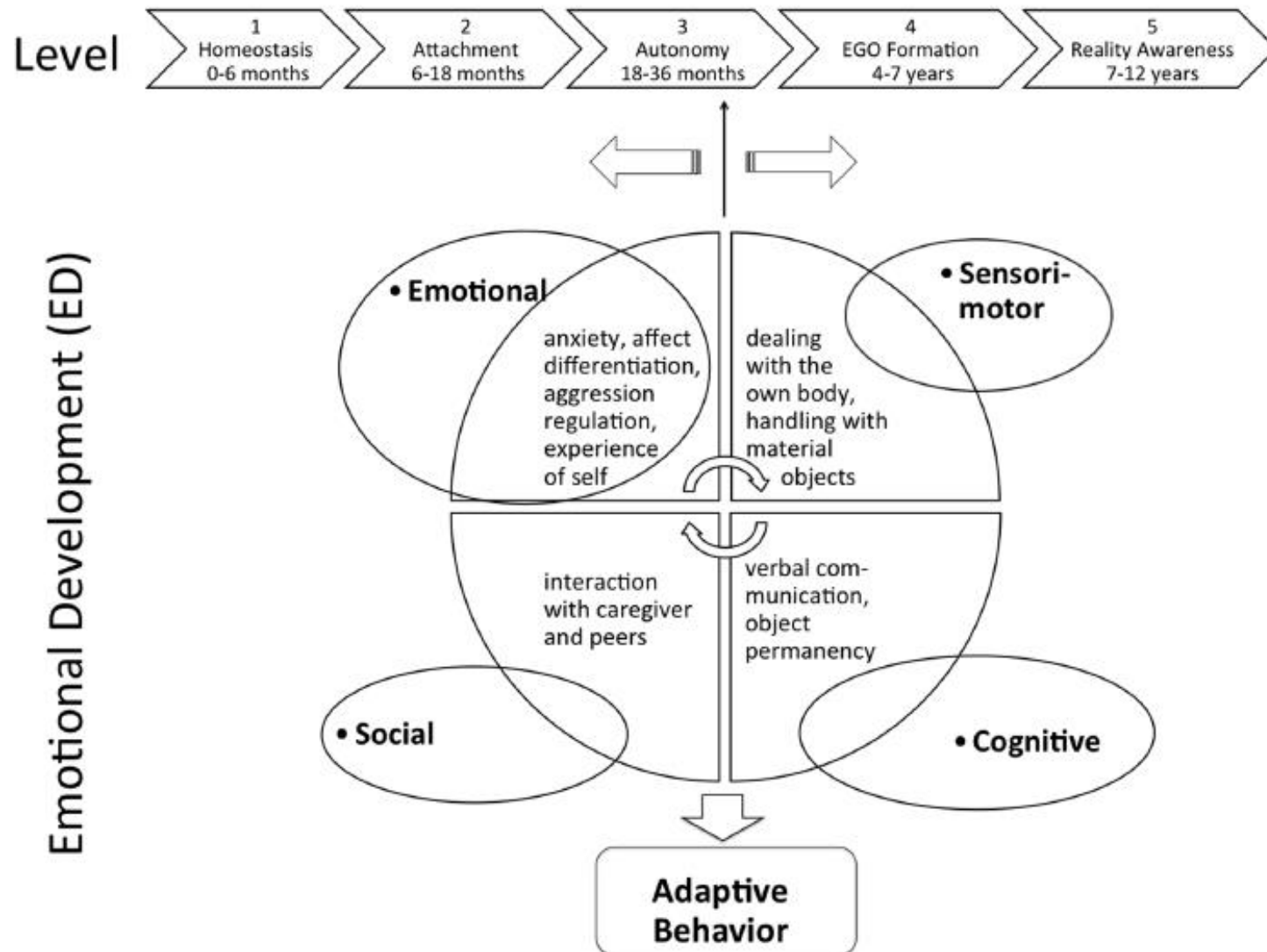
HOMEOSTASIS ⬄ DISREGULATION
Stage1: Adaptation (0-6m)
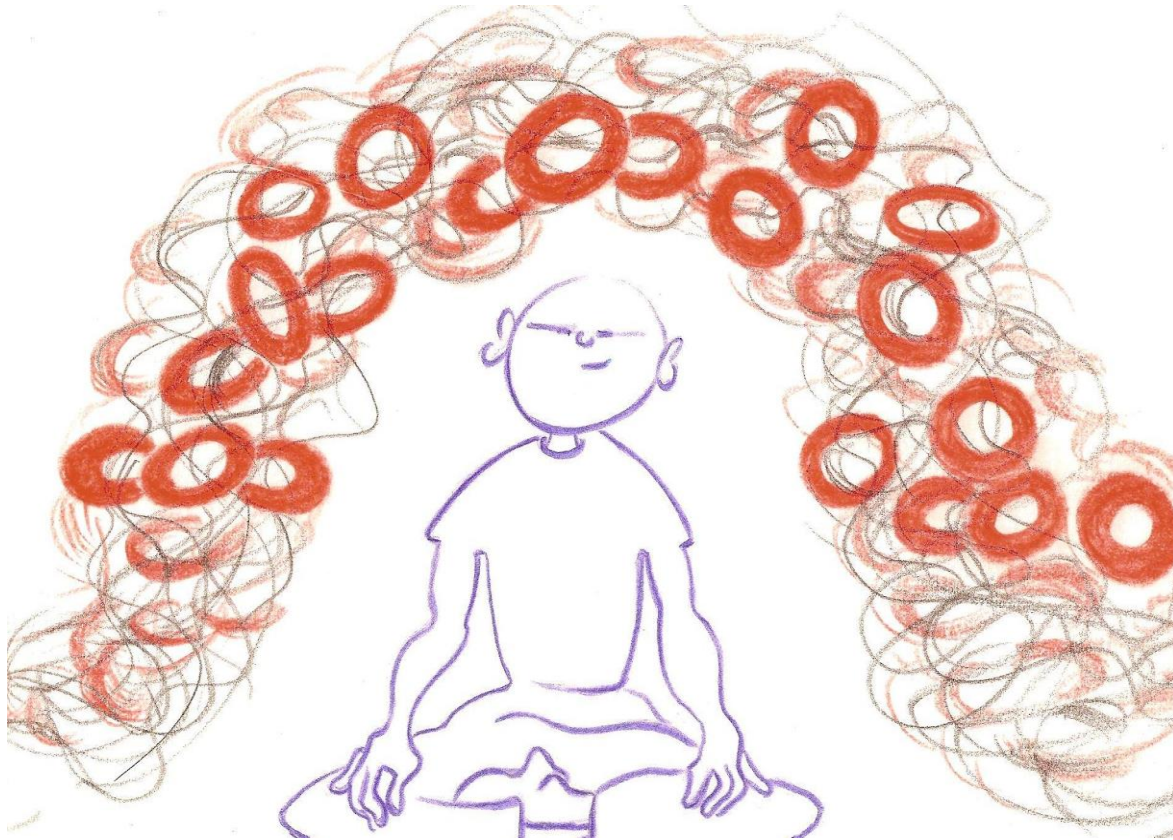
Stage 1: support should start by…

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

    - Easily corrupted, also physically …
    - Very sensory; highly-sensitive
    - Floating on internal tension barometer

- Most important job of the caregiver

    - To regulate

adaptatie
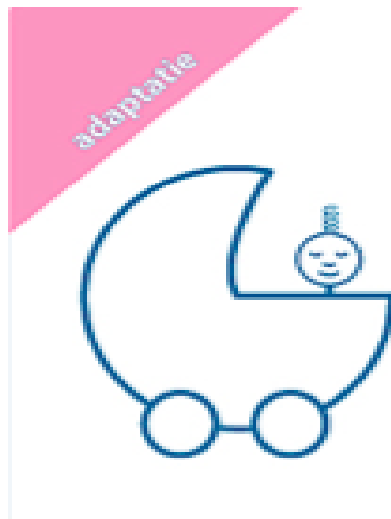
Basic emotional needs

- Physiological homeostasis:
  - Balance
  - Regulation of sleep – awake-rythm, eating, digestion, bodily temperature, …
- Sensory integration:
  - Diverse stimuli (tasting, tactile sense, hearing, visus, ….)
- Attachment stimulation by affective synchrony:
  - Attachment behavior
  - Emotional responsiveness
- Organisation of experiences and activities
  - Rythm, regularity, predictability, structure

Stage 2: TRUST ⇔ SUSPECT (6-18 m.)

Stage 2: support should start by…

- Type of support needs: Trust ⇔ Suspect:
    - Constantly wanting and having to follow the attendant: 'sticking', 'attention-seeking'
    - Affraid 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"

Basic emotional needs

- Bodily contact

- Attachment
  - A warm reliable person to attach to

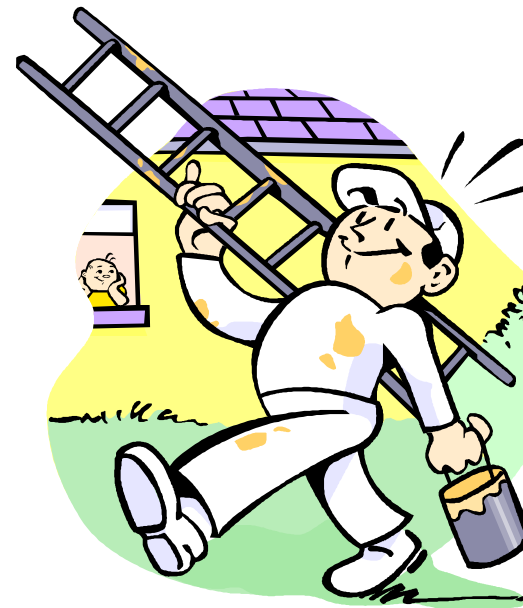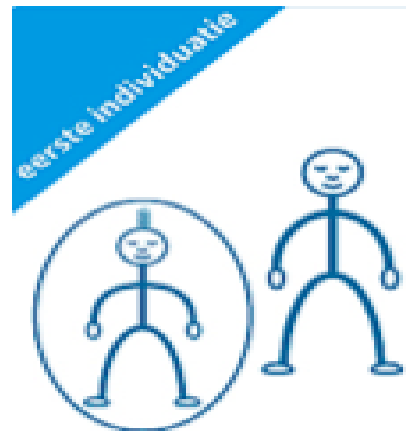- To handle with material

Stage 3: AUTONOMY ⇔ DEPENDENCE (1,5-3y.)

Stage 3: support should start by…

- Type of support needs: autonomy ⇔ dependence:
  - Fighting in order to expand, but in strong need of the other and even afraid to lose; looking for the ideal distance
  - Me – me – me
  - No – no – no
  - Self – self - self
  - Negative attention > no attention

- Most important job of the caregiver:

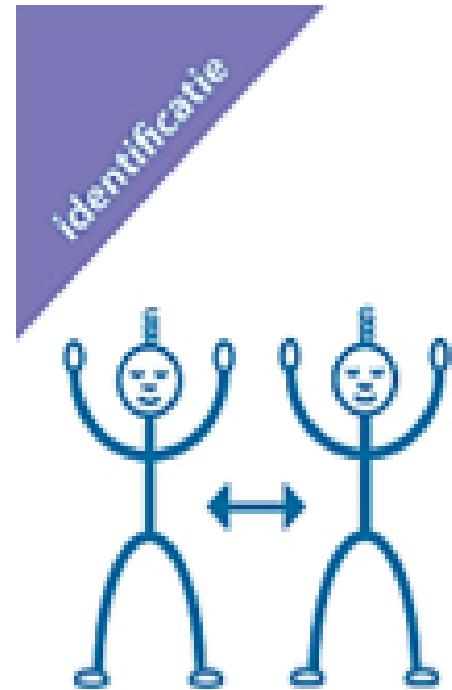 - To play (the game)

Fase 4: identification (3-7 y.)

Fase 4: identification (3-7 y.)
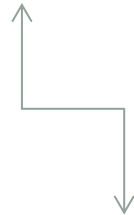
initiative

inhibition

identificatie

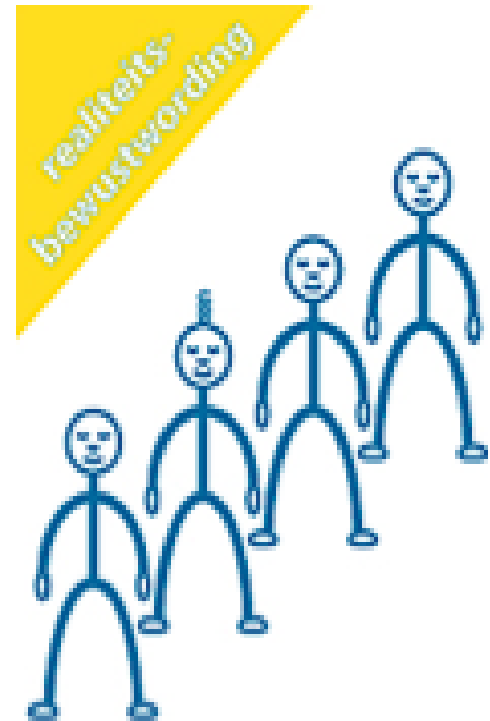# Fase 5: realiteitsbewustwording (7-12 jaar)

Fase 5: reality awareness (7-12 y.)
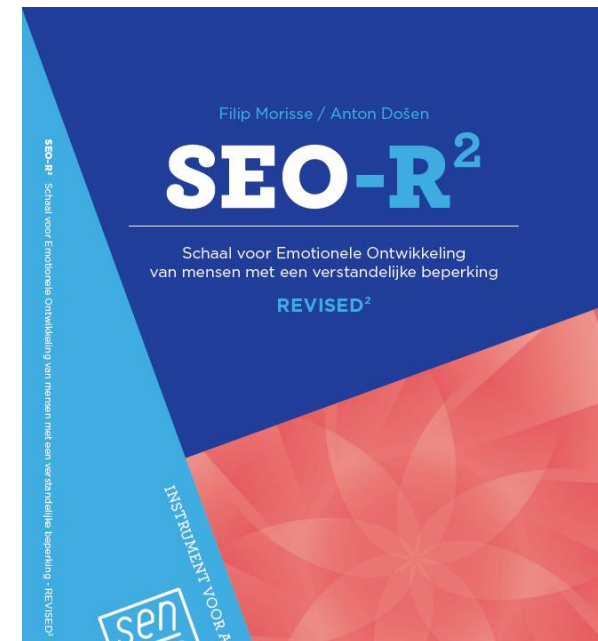
selfconfidence

inferiority

realiteits-bewustwording

SED-R^2

- Aim: assessment
  - different aspects of ED
  - underlying motivations and needs
  - 'inside'; other perspective
  - support: reflection and mentalizing by staff
  - common language

- Structure:
  - 5 stages
  - 13 domains (3 new domains)
  - 556 items

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			

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

Filip Morisse / Tanja Sappok / Leen De Neve / A

SEO-V

Schaal voor Emotionele Ontwikkeling
van mensen met een verstandelijke bepe

VERKORT
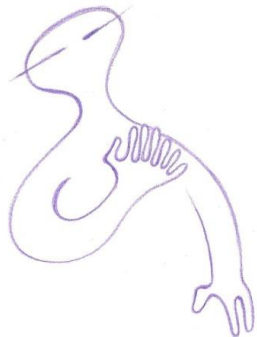
EMOTIONAL DEVELOPMENT: FROM ASSESSMENT TO SUPPORT

"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?
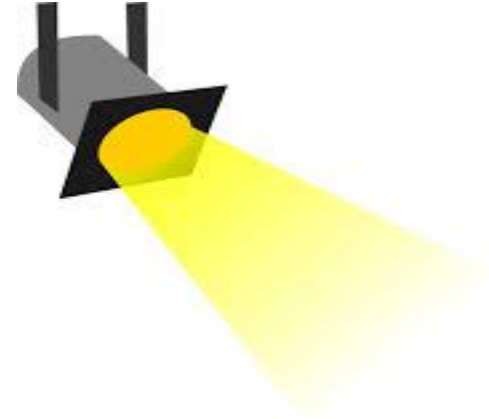
Ready-made answers?? ➜ "Right" questions

- A recipe ????

- In stead of give instructions, ask questions

- What are good questions?
  - Discussion
  - Mentaliseren
  - Transfer to other clients, other situations, …
→ <u>invite</u> 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

STAGE 1: Adaption (0-6 m)				
Homeostasis ⇔ Disregulation				
Sensory integration				
Fysiologic adaptation – (dis)regulation				
Arousal				
Integration of space and time				
Distance and closeness	Structure and boundaries	Activities	Communication	Challenging behaviour
• WE-dentity • Unconditional valuing companionship • Distance and closeness • Emotional availability • Interdependence • Affective synchrony, sensitive responsiveness • Individual treatment: alert for velocity, signals • Regulation towards homeostasis	• Basic trust/by regularity in time, space and persons, predictability • Delimitation: taking over, fysical nearness	• Stimuli reducing • Close observation • Adaption of the environment • Flexible balance between between rest and action • Being together> Doing alone	• Non-verbal signals • Proximity senses • Here and now • Need for closeness	• = total deregulation • Unconditional acceptance • To limit • Safety • Medication??