Developing Attachment

A workbook for building up a secure relationship with children or adults with severe intellectual or multiple disabilities

BARTIMEUS SERIES

Bartiméus aims to record and share knowledge and experience gained about possibilities for people with visual disabilities. The Bartiméus series is an example of this.

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Preface

This book is about the elements that are necessary in order to build up an attachment relationship with children or adults with a severe intellectual disability or with multiple disabilities. The importance of building up an attachment relationship is based on the attachment theory. By investing in the relationship, a child gets the opportunity to form an attachment relationship, so that he feels safe and starts to dare to explore.

The book aims to give information to caregivers who provide daily care to these very vulnerable individuals. By means of examples we describe the elements that are important for entering into an attachment relationship. We show how caregivers enter into a relationship with four clients at Bartiméus an organization providing care for persons with a visual and/or visual-and-intellectual disability: children and adults with severe intellectual and visual disabilities. In the text we generally refer to children, but of course the text can also be applied to developing an attachment relationship with adults with severe intellectual or multiple disabilities. Pronouns sometimes only include the male form, but this is only to keep the text as readable as possible. The female form is always assumed.

The sections consist of brief paragraphs with background information and conclude with a text that may stimulate caregivers to think about their own working situation. The idea is to encourage the caregiver to reflect on the process of developing the attachment relationship with the child. The texts are short, so that the book can be picked up or laid aside at any moment. It can be used, for example, during team theme discussions, while teaching new staff or during supervision or intervision. It is also suitable for educational programmes at schools or within professional educational centres.

Reference is made to clients because the book has been written primarily for professional caregivers. Be that as it may, it is also suitable for parents and other professionals responsible for the upbringing and care of people with multiple disabilities.

We use the term ‘caregiver’ to refer to professional caregivers, support figures, day staff or supervisors: group leaders, healthcare specialists, care

providers, social workers. But we also use the term ‘caregiver’ to refer to parents. We refer to the ‘client’ rather than to ‘son/daughter’.

The photos in this book come from the DVD ‘Developing an Attachment Relationship, for caregivers and parents of people with severe intellectual and multiple disabilities, paramedics, educators, remedial teachers and psychologists’. For more information: www.bartimeus.nl/publicaties or Bartiméus Library and Documentation Centre, P.O. Box 3700 BA, Zeist. Tel: (0031)900-77 888 99.

We’d like to thank the parents of Diondra Lopez, Sjoerd Postma, Marjan van Vulpen and Thomas van Zwieten for their permission to include pictures of their children. To the staff of the Day Activity Centre of Bartiméus as well, Roxanne Angenent, Rafaella van der Hoeven, Marlou de Jong and Nelleke de Jong, thank you very much for your participation in this project. Thanks to the advisory group, Truus van Duijvenboden, Marlou de Jong and Jantina de Vries, for its valuable contributions to making the transition from theory to practice. Portia Monnapula-Mazabane contributed by providing valuable comments on the English translation. Thanks also to Mary Lee and Lindi MacWilliam of the Royal Blind School in Scotland, who were an inspiration in terms of the themes: developing a relationship and communicating with people with severe intellectual and/or multiple disabilities.

The beautiful photos in this book were taken by Jan IJzerman, filmmaker. He also contributed with critical feedback during the development of this book, by which it improved, as was also the case with previous productions. I would like to take this opportunity to thank him for all those years of collaboration.

Paula Sterkenburg (healthcare psychologist)

Introduction

It is very difficult to develop an attachment relationship with children and adults with a severe intellectual disability. The reason for this is that it is very hard to determine and interpret the behaviour of people with severe disabilities. Often a reaction to our initiatives comes much later or not at all. This in turn makes it difficult for parents or caregivers to respond appropriately. This workbook offers parents and caregivers some tools for building up a secure relationship. Such a relationship is the foundation for stimulating the development of people with severe disabilities.

Children with a severe intellectual disability are and remain dependent on their caregivers (parents, teachers, day centre staff and others) to provide for them and to protect them from all kinds of 'difficult' situations. By providing for them we mean providing for their nutrition, clothing, medication, day activities, a safe and comfortable environment and sufficient nighttime rest. These are important basic necessities in life. But children need more. Besides practical care, they need emotional care as well. The child also depends on others for its emotional welfare.

By emotional care we mean that there is an important adult whom the child can turn to with its daily (emotional) experiences. That the child is understood and seen by this person and feels safe with this person. The child feels safe when its needs and desires elicit appropriate responses. When it encounters appropriate responses to behaviour, emotions, desires and intentions. An appropriate response increases the child's feeling of safety and trust. The child develops the basic feeling: 'There is always someone who supports and protects me; I don't have to be afraid because everything will be fine.'

We can explain this by means of an example: When a child bumps into something and hurts its knee, the caregiver responds by saying: 'Oh, that hurts, come here, we'll put a band-aid on it.' That means the caregiver responds to the pain experienced by the child. The caregiver responds sensitively to the experience of the child.

Being sensitive begins with noticing the signal of the child, such as, for example, signals of pain, tiredness, enjoyment or satisfaction. The caregiver determines what the child needs and responds to his needs right away. You

respond in a way that fits the signals of the child. The caregiver is free to add something of his or her own. As an example, take a sensitive caregiver and a child building a tower with blocks. The caregiver may respond by saying: 'That's a nice tower you're building, look, you can use this block for your tower as well.' In this situation the caregiver responds sensitively to the behaviour of the child by describing what the child is doing and by then adding something new. In this way the caregiver stimulates the child to push its limits.

Attachment Theory

Developing a Relationship

Trevarthen, a Scottish psychologist, focused mainly on the relationship between mother and child. In his research he used frame-by-frame analyses of photo, film and video recordings of spontaneous interactions between parents (primarily mothers) and babies. He investigated the interaction in experimental settings. His research (1979) and the research by Stern (1985) and Papousek & Papousek (1990) showed that a baby doesn't only respond to the mother, but that a baby also communicates with its mother. A baby uses sounds, hand movements and facial expressions to communicate with the parent. It is important that the mother sees and recognizes her baby's signals and responds to them. So the baby responds to the parent's initiatives, but also takes initiatives itself. It also became clear that initiatives are taken in turns. This reciprocity cannot only be observed in communication, but also in emotions. Mother and baby reciprocally sense each other's mood. By sensing how the baby feels, the mother can attune to the baby's feeling and subsequently take the lead in turning that feeling around. For example: by attuning her voice, she can console and comfort the baby and subsequently offer her baby something new so that the baby starts smiling.

The mother senses the mood of the baby by noticing the non-verbal signals and assigning an appropriate meaning to them. For example: A baby cries and the mother responds by turning to her baby, articulating that she hears that the baby is crying, that she sees that her baby is sad. Then she picks up the child and starts consoling, feeding or changing it. When a mother responds in this manner, she is sensitive to the signals of the child. By interpreting her child's behaviour correctly and responding quickly, she is being responsive. To the extent that parents respond sensitively and responsively to the signals of their child, a bond of trust will develop between the parents and the child. This bond of trust then becomes a secure attachment relationship.

Such a secure attachment relationship between a parent and child has a positive effect on the social-emotional development of the child. A baby has the natural tendency to look for the parent's proximity in moments of fear, tiredness, hunger or pain. The parent offers safety, security and satisfaction and invites the child to start exploring its surroundings. Research has shown

that children of parents, who respond sensitively and responsively have a greater sense of self-worth, are more socially adroit, more assertive, more inquisitive and less fearful than children whose parents don't respond sensitively and responsively to their signals.

It used to be thought that children who didn't build up an attachment relationship in early childhood couldn't develop such relationships in later years either. Recent studies have shown that it is still possible to develop an attachment relationship with adolescents who didn't have a chance to build up an attachment relationship during early childhood (Sterkenburg, Janssen and Schuengel, 2008; Sterkenburg and Schuengel, 2010).

It may be difficult for the parent of a child with multiple disabilities to interpret the signals of the child adequately. For example: A blind child will 'prick up its ears', but won't look at the parent while it's listening to him or her. This is unusual for people who are able to see, as they will focus their attention on the other person by looking at that person. A parent who doesn't understand the behaviour of such a baby might think that the baby isn't interested in him or her. After all, the child doesn't look at them (it only lies still or even turns its eyes away). Problems with the adequate interpretation of behaviour may be a risk factor for attachment disorders. Information and video feedback may be able to prevent the disturbance of the attachment relationship between parents and children with multiple disabilities and forestall attachment disorders.

Literature

Read more? A selected bibliography for background information

Bowlby, J. (1984*). Attachment and Loss: Volume 1: Attachment.* London: Penguin Books.

Došen, A. (2005). Psychische stoornissen, gedragsproblemen en verstandelijke handicap: Een integratieve benadering bij kinderen en volwassenen. Assen: Van Gorcum.

Gringhuis, D., Moonen, J., & Van Woudenberg, P. (1999). Kinderen die slecht zien: ontwikkeling, opvoeding, onderwijs en hulpverlening. Houten: Bohn Stafleu van Loghum.

Gunther, F. (2004). *Diagnostiek en behandeling van mensen met een visuele en verstandelijke beperking*. Doorn: Bartiméus.

Lee, M. & MacWilliam, L. (2009). Learning together: een creatieve benadering van leren voor kinderen met meervoudige beperkingen en een visuele beperking. Doorn: Bartiméus.

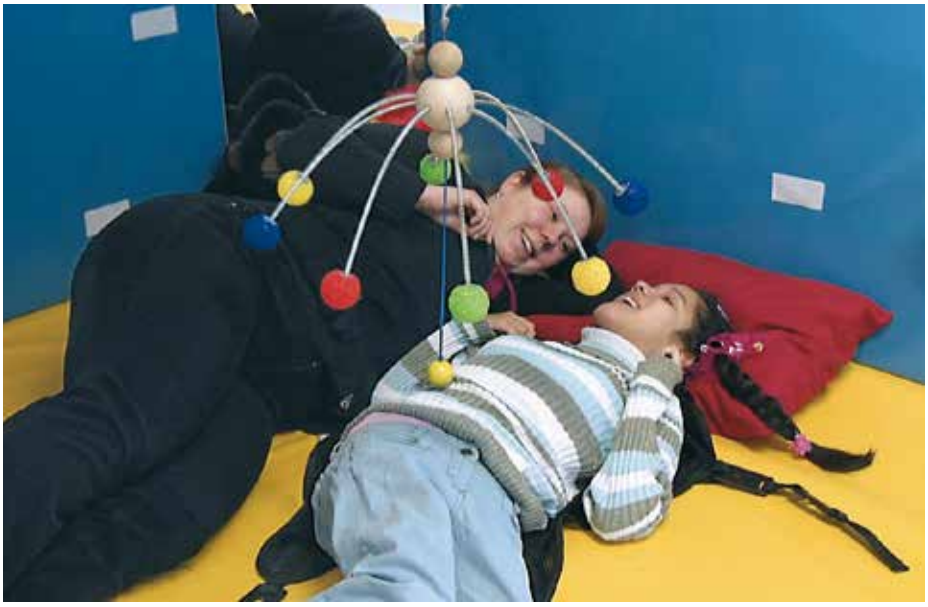
Sterkenburg, P.S., Janssen, C.G.C. & Schuengel, C. (2008). The effect of an attachment-based behaviour therapy for children with visual and severe intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities, 12,* 126-135.

Sterkenburg, P.S. & Schuengel, C. (2010). Integratieve therapie voor gehechtheid en gedrag. Psychotherapie voor kinderen met een visuele en ernstig verstandelijke beperking. *Kinder en jeugd psychotherapie*, 37(1/2), 24-38.

Let's Introduce

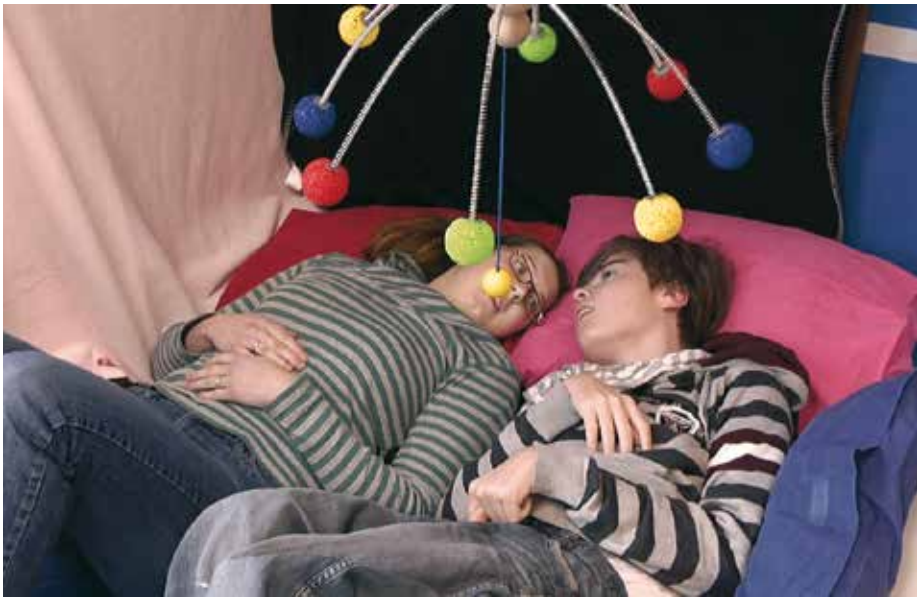
This book is illustrated with photos of Diondra, Sjoerd, Marjan and Thomas. That is why we would like to introduce them to you:

Diondra



Diondra is 12 years old. She is visually impaired and has a severe intellectual disability. She also has concomitant physical disabilities and is fully dependent on her parents and caregivers. She can't feed herself and she also can't talk. By making sounds she is able to express a few desires. She enjoys listening to music. Her caregiver Marlou has known Diondra since her first day at the Day Activity Centre of Bartiméus.

Sjoerd



Sjoerd is 15 years old. He is visually impaired and has a severe intellectual disability, and he is epileptic. It is very hard to dosage his medication. As a result, Sjoerd has epileptic seizures at random and unpredictable moments. Rafaella is his caregiver at the Day Activity Centre of Bartiméus. She has known him for 6 years now.

Marjan

Marjan is 23 years old. She is visually very impaired and has a severe intellectual disability. She can't walk and doesn't use spoken language. She is fully dependent on her caregivers. She spends every day at the Day Activity Centre of Bartiméus, where Nelleke is one of her caregivers.

Thomas

Thomas is 14 years old. He is visually impaired and has a severe intellectual disability. Although he can't talk, he does seem to understand certain words, such as 'eat' and 'drink'. He can't walk. His caregiver at the Day Activity Centre of Bartiméus is Roxanne.

Developing an Attachment Relationship

The following sections provide a step-by-step account of the building up of an attachment relationship. Before providing some background information, we first ask a few general questions. By means of an example we describe a practical situation. With the questions at the end of each section we hope to stimulate you to take what you have learned from the text to your own daily practice and possibly talk about it with others.

Naturally it takes quite some time to build up an attachment relationship with your client. We believe this text can help you do so successfully.

Taking Time to Enter into the Attachment Relationship

What Do You Think?
Can you build up a relationship with someone without paying attention to the other person? Giving someone your attention requires time. Can you build up a relationship without taking time out for the other person? Do you make time available to enter into a relationship with your clients?

Background
By undertaking activities together you can build up a relationship with somebody. You can also send a text message or email. You give the other person a call or post a letter or card. So you take time for the other person. To build up a relationship with a child with disabilities you also need time. The child needs time to get to know you as a caregiver. You can't send text messages or emails. In order to create a bond, your presence is essential. A child with disabilities can't just go and look for you when you step out. By leaving the child on its own there is no possibility for you to see the signals of the child. Without contact it is not possible to develop a bond between the child and you as a caregiver.

In brief: Take your time for developing an attachment relationship. Plan individual contact moments.

Example: Sjoerd

On the photo you see Sjoerd and Rafaella in the MSE (Multi-Sensory Environment) room. Here they are totally undisturbed and Rafaella is able to respond to the behaviour she notices in Sjoerd. She's made a planning and filled out the schedule. That way she can be sure that Sjoerd can make use of this special corner of the MSE room. It is also in the planning for the group at the Day Activity Centre. This way she can be sure that she has time to work on building up a relationship.

What Do You Do?

Do you take your time for developing a bond between you and your client? Which moments do you use for this? At your place of work, do you have a planning that includes individual contact moments? If you don't have time, do you discuss this within the team?

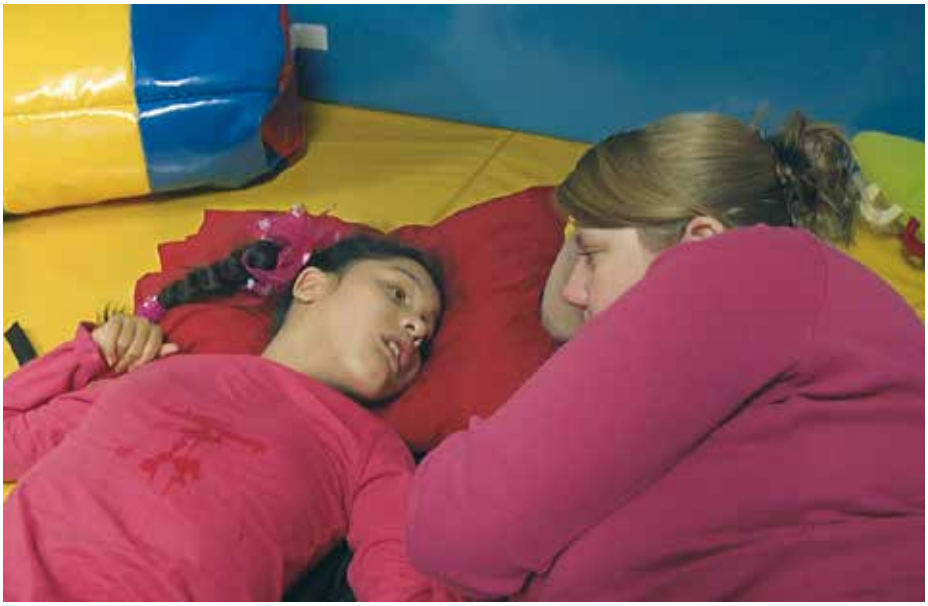
Taking the Other Into Account

What Do You Think?
Within your relationship with your partner, do you take him or her into account? If your boyfriend comes home tired after a day of work, do you immediately ask him if he will paint the house? If your girlfriend comes home after an intensive workout, do you expect her to start cleaning the windows right away? Do you only respond going by your own desires or do you also have an eye for the way the other person feels?

Background
It is obvious that you can only build up a relationship with somebody by undertaking activities together – see the section 'Taking Time to Enter Into the Attachment Relationship'. You work on a relationship by making time available for the other. Without contact with the child, you can't work on building up a bond of trust. But what if the child falls asleep at the moment that you have scheduled to spend time with the child? In such cases it's important to ask yourself: 'Why is he falling asleep?' When the child is very tired, you can give him a moment of rest. What do you do if the child falls asleep every time you have planned a moment of individual contact? You may consider whether the child is more alert at another time of day. Make a schedule of such alert moments. Then plan the individual contact moments at times when the child is alert. In case you need a flexible schedule, take this into consideration.

In brief: Take the child into account by looking for the right moments for building up a relationship of trust.

Example: Diondra



As you can see in the photo, Diondra almost falls asleep when Marlou lays her down on the mattress in the MSE room. Marlou has placed a pillow under her head. Diondra's eyes are almost closed. Since this sometimes happens, Marlou gives her a moment to herself.

If it happens every time and Marlou doesn't look for a suitable moment for contact, no bond can develop between Diondra and Marlou. Diondra may then become a child that is withdrawn into herself. In some children this can lead to a feeling of loneliness. Such loneliness and a lack of stimuli can even cause children to display self-injurious behaviour.

Marlou will therefore make time available at some other moment for building up the relationship, when Diondra isn't tired. She will very consciously plan moments for contact with Diondra.

What Do You Do?
Do your clients ever fall asleep during the day? Do you know what moments these are? Do you take this into account when you make a planning? Do you plan individual contact moments?

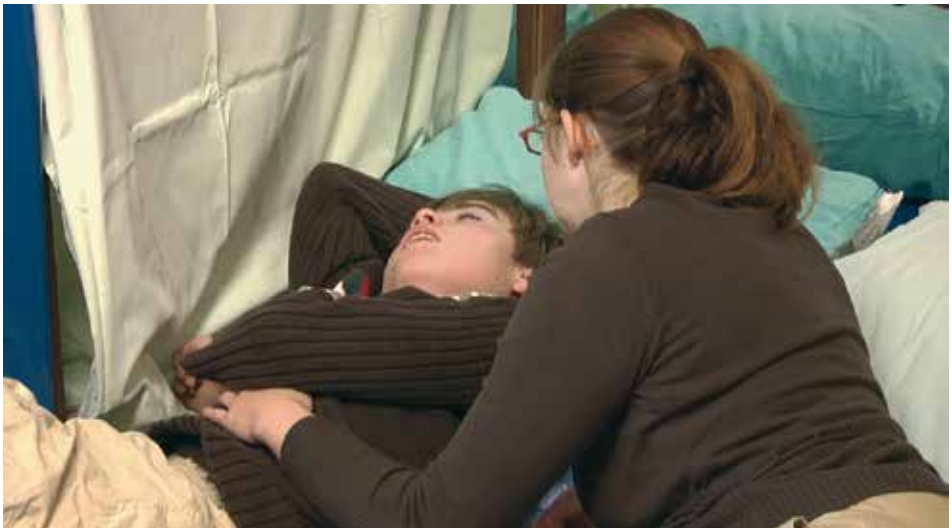
Medical Problems and Developing a Secure Relationship

What Do You Think?
Do you supervise a child with epilepsy? Can the epilepsy be controlled with medication? What do you do when you notice that the child is about to have a seizure?

Background
It feels good when somebody else is caring when you're ill. 'Oh, don't bother, I'll do that, you just lie down.' A remark like that by a friend is very comforting. That's also how it should be with children. Caregivers can often tell that a child is about to have a seizure, for instance. Caregivers should recognize the signs of physical discomfort, pain and epilepsy. That way they can adjust the programme to what is possible and feasible for the child at that moment. It is a good idea to discuss with each other, within the team, how to respond to signs of physical discomfort. The safety of the client is always taken care of. Sometimes medication may be administered. Within a secure relationship with the child, the caregiver will name the child's physical discomfort. The caregiver will comfort and console the child.

In brief: Take medical complaints into consideration and name physical discomfort and pain.

Example: Sjoerd



Sjoerd has frequent epileptic seizures. Rafaella has made time available for contact with Sjoerd. To work on building up a secure relationship. While observing Sjoerd, Rafaella thinks that Sjoerd is about to have a seizure. It is clear that he doesn't feel well. He suffers from physical discomfort. His face is turned away and his body is tense. Because Rafaella knows him well, she looks to see if she recognizes signals of his upcoming seizure. She names what she sees and puts him at ease. She realizes that the medical problems come first now. She tries to create as much physical comfort as possible. This is also important for building up the relationship.

What Do You Do?
Do you know the medical problems of your client? Do you know what the signs of pain and discomfort are? What are the agreements within your team? How do you respond to an epileptic seizure?

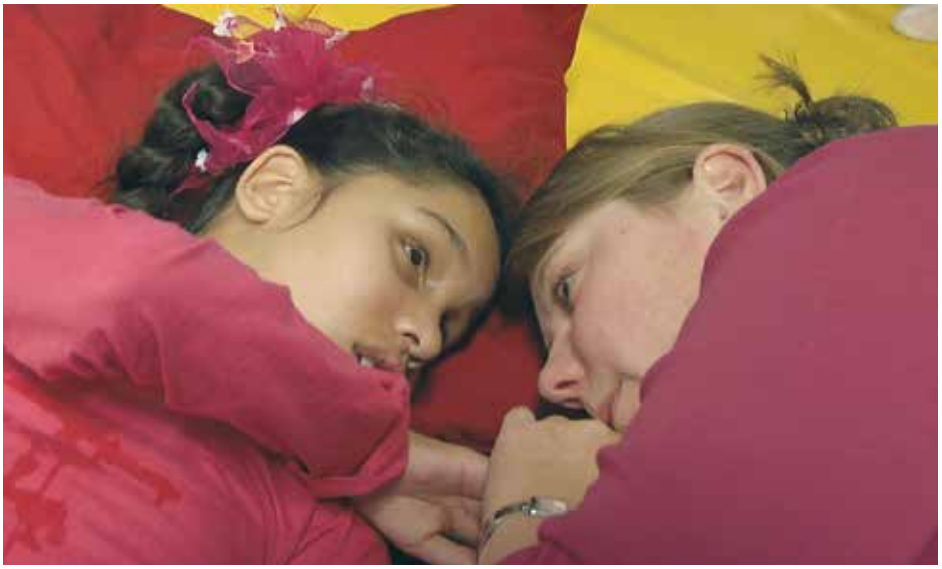
Focusing Your Attention on the Client

What Do You Think?
Why is it important to focus your attention on the child? Where are your thoughts when you are working with your client? Are you thinking about your school assignment, about the test you still have to study for, about a colleague who made an unpleasant comment, about your relationship with your partner? Do you ever talk on the phone while you are pushing a client in a wheelchair?

Background
There are so many things we think about. Everybody has his own concerns. During a conversation, your partner may sometimes ask you: 'What are you thinking about?' At such moments you give the impression that you haven't heard what the other person was saying. The same holds true when working with people with disabilities. If you're always thinking about your own concerns, your attention won't be with your work. Your attention won't be with building up a relationship with the client. You are really occupied with yourself. The client senses this. Developing a relationship requires all of your attention, attention focused on the client. Private concerns and having too much on your mind can stand in the way of noticing the signals of the client. The client senses when no attention is given to him and will discontinue contact. The to-and-fro responses stop. If this goes on for a long time, the client will eventually stop taking initiatives, because he notices that it doesn't meet with any response. This way the client will become withdrawn into itself.

In brief: You can only build up a relationship with your client if during contact moments you focus your attention on your client.

For example: Diondra



Marlou lies down next to Diondra on the mattress and looks at her. In the photo it can be seen how Marlou focuses her attention on Diondra. Her eyes are focused on Diondra so she can register all her initiatives. If Marlou starts thinking about her own problems, she can't focus her attention on Diondra. And if her attention isn't focused on Diondra, Diondra will feel this and there will be no room for building up a relationship.

What Do You Do?
Is your attention focused on your client during contact moments? Are you occupied with your own problems? Are you able to put your own worries aside when you are working with your client?

Observing

What Do You Think?
What is observing? Are you able to observe? What more do you want to learn in this regard? How do you know whether you're a good observer? How do you know that you're good at observing the behaviour of persons with disabilities?

Background
Essential to observation is the registration of facts. You notice what behaviour the client is displaying without assigning a meaning to it. When the client laughs, for example, your observation would be 'he's laughing', and not 'he's happy'. You observe by carefully watching the client. At every breath you can see the chest of the client move. You listen to the client's breathing, its sounds or words. Is the tone high or low? Is the sound or word hard or soft? How does the touch feel? Is it light or is it a strong push? You focus your attention on the client and you are quiet and alert. By consciously looking, listening and feeling you gradually learn to observe better and better. With clients with disabilities it's also a matter of seeing or hearing very small signals, such as the moving of a finger, a sigh, or whether the rhythm of the child's breathing is quick or slow.

In brief: Observing a client with a severe visual and intellectual disability is a matter of seeing, hearing and feeling very small signals.

Example: Diondra

In the photo it can be seen how Marlou focuses her attention on Diondra. By carefully looking out for small behaviours, Marlou will come to see more and more. She will also pay attention to special sounds Diondra makes. Marlou will look out for a sigh or a whistling noise, movement of her hand or leg, turning her head or moving a finger. It may be that Marlou sometimes thinks Diondra isn't doing anything and isn't making any sound. She can then check if there is a change in the rhythm of her breath.

What Do You Do?
Are you able to keep observing, even though you feel nothing is happening at the moment? Do you notice small signals? Do you notice signals such as the moving of a finger, the corner of a mouth, an eyebrow? Does your colleague also notice these small signals? Do you ever talk about this within your team?

Mirroring Behaviour

What Do You Think?
What is mirroring behaviour? Why do we mirror the behaviour of the other person? When do we mirror the other's behaviour? How often do you mirror the behaviour of children with disabilities?

Background
By mirroring behaviour we mean copying the behaviours of the client. You can also copy specific sounds the other person makes. Think of the way a mother mirrors or copies the behaviour or sounds of a baby. When the baby says 'hu', the mother does too. The mother will say 'hu hu hu'. She actually overdoes it, to let the baby know that she has heard it and to encourage the baby to repeat the sound. The child will experience the sounds made by the mother as rewards and will repeat the sound. The baby learns that the mother responds to what it does. In other words, the mother responds to her baby's initiatives.

In brief: Mirroring is important for encouraging the client to repeat behaviour or even to display new behaviour. By mirroring we stimulate the client to take more initiatives.

Example: Diondra

In the photo it can be seen that Marlou is mimicking Diondra. She sees (observes) that Diondra is lying with her arms above her head and does the same thing. Just like the mother of a baby, Marlou will also imitate the sounds Diondra makes, only a little louder and a bit more often than Diondra makes them. It may be that Diondra doesn't immediately respond to this. Marlou may think: 'Oh, Diondra lives in her own world; she doesn't notice my presence anyway.' But if Marlou stops mirroring because she thinks that mimicking Diondra doesn't have any effect, Diondra will never get the chance to learn to respond. Marlou will have to keep mirroring in order to stimulate Diondra to respond. Keeping this up may be difficult and challenging. Children with disabilities need a lot of time and repetition. So Marlou will need to have patience and continue mirroring.

What Do You Do?

Start by observing and mimicking (mirroring) your client for 15 minutes. What do you notice about the client? What do you notice about yourself? Are you able to keep mirroring even if you don't immediately get a response? Do you think you will be able to complete such mirroring sessions regularly during the next few weeks?

Letting the Client Know You're Mirroring his Behaviour

What Do You Think?
How can you mirror the movements of a client with multiple disabilities? What happens to the client when you start mirroring his behaviour?

Background
Mirroring is not just a matter of copying the behaviour alongside the client, but also of letting the client know that you're copying his behaviour. A child with impaired vision may not be able to see that you're also raising your hand when he does so, for example. A child whose hearing is impaired may not hear that a caregiver is mimicking his sounds. So it's a matter of looking for contact and within that contact letting the client feel, see or hear that you're mirroring its initiatives. By letting him know that you're copying his behaviour, the client becomes aware of your presence. An awareness of the other person develops. The client notices that you're present, that you notice his behaviour. In turn he will have attention for you; he will gradually start to pay attention to the other person. He will start to pay attention to the way the other person responds.

In brief: Let the client know that you're mirroring its behaviour by making physical contact.

For example: Sjoerd

In the photo can be seen how Rafaella and Sjoerd touch hands. Sjoerd seems to focus his attention on his hand and on that of Rafaella. Since Rafaella is offering her hand, Sjoerd has the chance to feel her hand. Rafaella offers Sjoerd the possibility of contact. Sjoerd touches Rafaella and thus becomes aware of her presence. Rafaella mirrors Sjoerd's movements. When Sjoerd taps against her hand, she mimics this behaviour by tapping back with just a bit more force, as described in the section 'Mirroring Behaviour'. This is the beginning of the development of a bond between Sjoerd and Rafaella.

What Do You?

Do you make contact with your client while mirroring? Do you take enough time so that the client can discover your presence? Do you respond to his touch by mirroring behaviours and sounds in such a way that the client notices it?

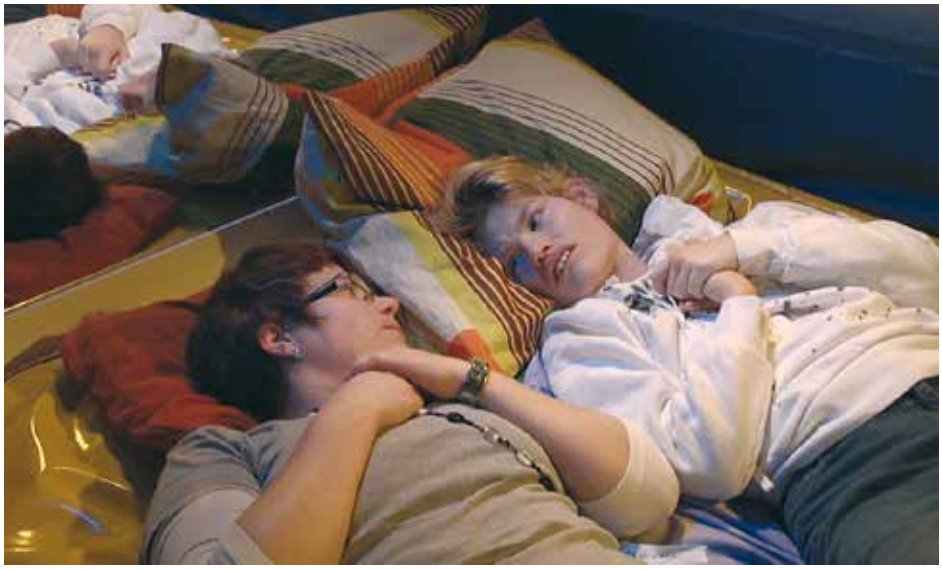
Mirroring Behaviour When the Client Has Very Limited Possibilities

What Do You Think?
As a professional caregiver, are you able to mirror behaviour when the client has severe physical limitations?

Background
Have you ever noticed two people at a sidewalk café sitting in the same way, for example with their legs crossed and holding a cup with one hand? It will seem that those two people are enjoying a very harmonious time. They are talking to each other and focus their attention on each other. Have you ever noticed it yourself during a pleasant conversation? Mirroring encourages the client to take the initiative. Mirroring also stimulates focusing attention on the other person. For children with very limited possibilities, mirroring stimulates the development of a bond with the child. When the child has severe physical disabilities, you will have to make adjustments. Arrange an environment that allows the child to notice that his behaviour is being mirrored. For example, think of a waterbed for building up a relationship or working on it while swimming.

In brief: Be creative in looking for an environment in which the client can feel your mirroring behaviour. Remember that you really want to make your presence known. Children should notice your presence by feeling you, not just by hearing or seeing you.

Example: Marjan



As can be seen in the photo, Marjan and Nelleke are lying on a waterbed. Marjan is physically very limited in her possibilities. For example, she can't turn on her side on her own. Marjan is able to move her hips, causing the waterbed to move. Nelleke can repeat this effect by mimicking the movement. When mirroring the movement, she will make a somewhat larger motion, to let Marjan feel that her initiative is being responded to (think of the earlier explanation of mirroring, a slightly more marked movement or response to the initiative of the client).

What Do You Do?
What environment is best for your client for developing a relationship? How can you let your client feel that you´re mirroring his behaviour? What movement is your client able to make and how can you let your client know that you´re mirroring his behaviour?

Feeling What the Other Feels

What Do You Think?
Are you able to put yourself into the perspective of the other person? Is there a point to putting yourself in the place of children with severe disabilities? Are you able to name the emotion you observe in a client with a severe intellectual disability? Can you put yourself in the place of children with severe disabilities?

Background
When you watch a movie, do you sometimes need a tissue because you 'feel' the emotion of the character in the movie? You empathize so much that it happens automatically. When you start mirroring the behaviour, sounds and expression of a child, you put yourself in the shoes of the other person, as it were. By mimicking the child as carefully as possible, you'll start feeling and thinking what the child feels and thinks. This will allow you to name the child's emotions. That way you can not only mirror behaviour, but also feelings. You mirror the feeling by naming it using a suitable tone of voice. It is possible to mirror feelings, because you intuit what the other person might be feeling.

In brief: Mirror the client's behaviour as carefully as possible and reflect what emotion this calls forth in you. Then name this emotion using a suitable tone of voice.

Example: Diondra

By mirroring Diondra, Marlou notices that Diondra doesn't make a relaxed and happy impression. Marlou notices that Diondra's arms are tense and kind of cramped up. Her face, eyes and mouth are also tense. By mirroring this, Marlou notices that it evokes a feeling of displeasure in herself. Marlou is able to name this feeling by saying in a caring tone: 'Oh, Diondra, you don't feel very well.'

What Do You Do?
When you mimic your client's behaviour, what feeling does this position or this behaviour call forth? Do you name the feelings of the clients with whom you work?

Naming Emotions

What Do You Think?
Do you ever name the emotions you observe in your client? What do you think of the statement: 'The client doesn't understand my words, why should I name his emotions?'

Background
Have you ever named the emotions you observe in your colleagues? You are happy today? You look concerned? You look sad? What happens to your tone of voice when you name these emotions? By observing the emotion in the other person and naming it, you'll notice that you adjust your own facial expression and voice to what you see. It really works as follows: You mirror the facial expression of the other and notice there's an emotion that corresponds to it. This is the emotion you name. By recognizing the feeling that belongs to the mirrored behaviour or the facial expression, you can describe or name the feeling. By describing or naming the feeling in a way that fits the emotion, the other person can get the feeling that the experience is being shared. When you work with people with disabilities, they may possibly not understand the words, but the corresponding tone of voice can be very recognizable and comforting for the client. By using a suitable tone of voice, there can develop mutual understanding between you and the client. The client feels understood and will therefore over time turn more to the person who responds appropriately to his emotions.

In brief: Articulating emotions in a suitable tone of voice is important. It contributes to the development of a secure relationship between you and the client.

Example: Diondra

While mirroring Diondra's behaviour and facial expressions, Marlou notices that Diondra may not feel very well. She articulates: 'You're frowning, you don't feel well.' She starts to name what Diondra may possibly feel. By mirroring her, Marlou gets to understand her better and is better able to articulate how Diondra feels. It is clear that as a result, Diondra gradually focuses on Marlou more and more.

What Do You Do?
Are you able to mimic your client's behaviour and facial expressions? Can you name the feeling this evokes in you?

Developing Awareness of Action-Reaction

What Do You Think?
When does a baby learn that its actions are followed by a reaction? How does a baby learn this? What does a parent have to do to start an action-reaction game? What can you learn from this about building up a secure relationship with your client?

Background
Have you ever noticed the following: When you start naming the emotions of your colleague more often, your colleague will do the same with you? The same happens with children. Children become aware of the mirroring of the parent and start to focus more on the parent. It also holds true for people with multiple disabilities. For example, when the client makes a specific sound, he will wait to hear whether a mirror reaction follows. When the client gets a reaction, he will enjoy that and a kind of game develops. The client may make the same sound twice in a row, for example, and listen if the same sound gets mirrored. The client learns: When I do something, there follows a reaction to my behaviour. This is the basis for a relationship. It's a matter of taking initiative and gives the client a feeling of security. That way a relationship develops in which the client feels safe and starts to take initiatives.

In brief: An awareness of action-and-reaction is the basis for a relationship. By repeating mirroring behaviour, the client learns that a reaction will follow on the taken initiatives. By responding predictably, a secure relationship develops.

Example: Diondra

Diondra and Marlou's hands touch (see photo). Diondra will notice that when she moves her hands, Marlou will mirror this behaviour. The expectation is that Diondra will wait a few moments for Marlou to respond. Waiting for a reaction can become a fun and exciting game. Diondra might as it were think: 'Will Marlou respond when I move my hand?' If Marlou responds like Diondra expects, the game becomes predictable. This will come to feel so familiar and safe to Diondra that she will take new initiatives.

What Do You do?
Do you yourself notice that a kind of game develops between you and your client? Do you notice that your client deliberately makes a certain motion and actually waits for your reaction?

Developing Self-Awareness

What Do You Think?
Who are you? What is self-awareness? How does the development of self-awareness begin? Why is self-awareness important?

Background
By means of your behaviour and sounds, by mirroring the behaviour and sounds of the client, he learns that actions are followed by reactions. The client learns that his own behaviour can elicit a reaction. Gradually this leads to the realization that the client can make things happen. This realization is what we call 'self-awareness'. Subsequently, when toys are offered, the client may for example discover that by pulling a string, music will start to play. The client discovers: 'I' can pull the string and music will play.

In brief: By mirroring the client's behaviour, sound and feelings you stimulate the development of self-awareness of the client. This reinforces the focus on the environment.

Example: Sjoerd

Sjoerd reaches for the balls (see photo). He learns that he's the one who can make the balls move. By mirroring his behaviour, Rafaella invites him to reach for the balls and make them move. This makes Sjoerd focus more on his surroundings. It stimulates him to be focused on his surroundings. This is the beginning of self-awareness.

What Do You Do?
Which of the clients you work with have self-awareness? What else can you do during contact moments besides mirroring behaviour, sound and feelings to stimulate self-awareness in your clients?

Developing Object Permanence

What Do You Think?
What is object permanence? When does a baby acquire object permanence? How can you stimulate object permanence?

Background
Object permanence is the realization that objects will keep existing even if you no longer see them. If you more or less know where the object is, you can go in search of it. It is an important part of a child's normal development. Think of picking up scattered toys, peekaboo games, hiding objects, etc. Also when the child has a severe intellectual disability, over time he can develop object permanence this way. If the child also has a severe visual disability, something extra is needed. After all, in that case the child can't see where the object has gone, or go in search of it. Take into consideration that it will take much longer before the child has completely developed this awareness. Use toys that make sounds and look for them together.

In brief: Playing together is essential for developing object permanence. By playing together enjoyably, the client is invited to play with toys/objects. By playing together with toys, the child develops the realization that objects remain in existence, even when the child doesn't hear or see them.

Example: Diondra

In the photo can be seen how Diondra reaches for the toys. Marlou will encourage and support her initiatives. The relationship with Marlou feels so safe to Diondra that she will indeed reach for the objects and push against them. Marlou gives her compliments and encourages her to go in search of the objects.

What Do You Do?
Which of the clients you work with already have object permanence and which don't have object permanence yet? What do you do to develop object permanence?

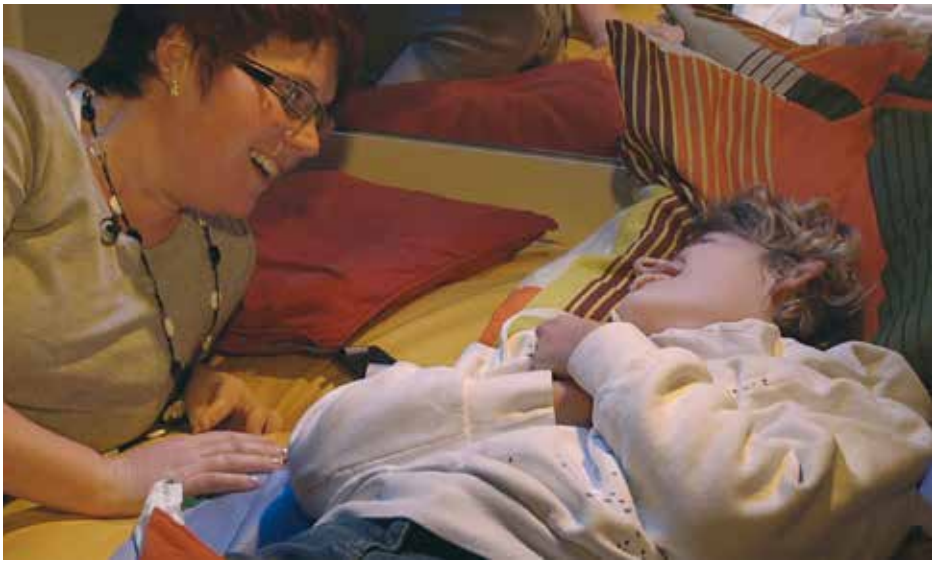
Having Fun Together, Enjoying

What Do You Think?
How can you have fun together a client who has a severe intellectual disability? Why is enjoyment important? As a professional caregiver, are you able to contribute to the enjoyment of the client?

Background
Stress within a relationship inhibits growth and development. For example: Because you had an argument with your boyfriend, you're so tense that you can't concentrate. The opposite holds true as well: Having fun together gives the client a chance to develop. By laughing and enjoying together while developing the relationship, the client can focus more on you. That positive energy gives the client the feeling: 'It's good to be together' and 'I feel safe and wanted when I'm with you'. These positive feelings provide a foundation from which the client can develop further. You can experience joy by mirroring the client's laughter or by responding in a way the client thinks is funny. For example, you can repeat the sound or word of the client by using a high tone of voice.

In brief: By focusing on having fun together as caregiver, the client will come to focus on you more and you will see relaxation in the client. You will find that the client will take even more initiative and also respond to your behaviour.

Example: Marjan



In the photo it can be seen how Marjan is focused on Nelleke. She smiles at Nelleke and Nelleke smiles at Marjan. This shared enjoyment is probably due to the mirroring of Marjan's behaviour and sounds. Nelleke once mentioned that this is very catching for her: 'When Marjan starts to enjoy herself and laugh, you really get carried along.' Nelleke also added: 'Striking is that when I make certain sounds, Marjan will respond and enjoy it. We'll make it into a game where we take turns, even when it comes to laughing.'

What Do You Do?
Do you laugh together with your client? Do you have fun together? Is there anything you can do to share enjoyment together more often?

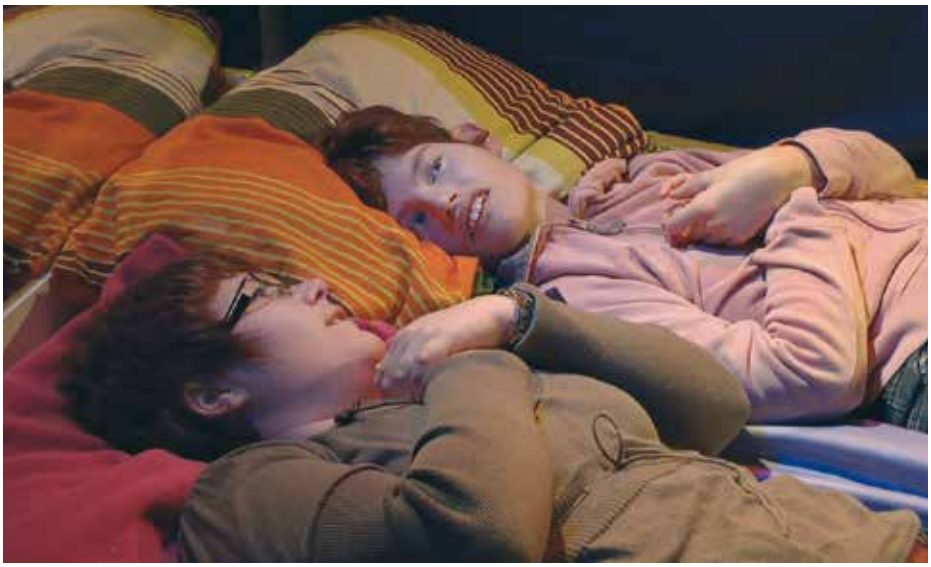
Feeling Comfortable

What Do You Think?
Have you ever experienced something similar? 'I was in the company of people who were unfamiliar to me. I noticed that they already knew one another well. I joined them, but didn't feel at ease. I noticed this about myself. I was able to put myself at ease and just listen quietly to the conversation. I knew I didn't feel comfortable, because I didn't know these people yet. Later they began to involve me in the conversation as well. I noticed that I started feeling more and more comfortable.'

Background
You can only enter into a secure relationship with clients with disabilities when you feel comfortable with them. It is important to feel comfortable, because if you don't experience it that way, the absence of enjoyment can stand in the way of the relationship with the client. When you make time available for building up the relationship, check with yourself whether you do indeed feel comfortable. If not, try to find out what it is that makes you feel uncomfortable.

In brief: Check whether you feel comfortable with your client. If not, check why this is not the case. What steps do you want to take to start feeling comfortable?

Example: Marjan



Marjan is lying on the waterbed. Her caregiver Nelleke lies down next to her in order to mirror her behaviour (as described in the section 'Mirroring Behaviour When the Client Has Very Limited Possibilities'). She assumes the same position and feels comfortable doing so. She is focused on Marjan and appears to feel completely comfortable.

What Do You do?
How do you feel when you take time to build up a relationship with your client? Do you feel comfortable? And if you don't, why is that? What can you do about this?

Alternating Moments of Fun with Moments of Rest

What Do You Think?
How long do you need to keep stimulating a client? Do you have to worry if the client temporarily stops responding?

Background
After a moment of shared enjoyment it is very fitting to have a moment of rest. Moments of rest always provide the possibility to set experiences in order. It's not without reason that we sometimes sit down on the couch or take time to drink a cup of coffee. Moments of rest provide a chance to 'recharge'. That also holds true for clients. Moments of rest after enjoyment or after contact moments give the client the opportunity to order what has happened. At such moments the caregiver quietly waits, giving the client time to calm down.

In brief: Always make sure that you alternate moments of intensive contact with moments of rest. Keep careful track of how much the client can handle.

Example: Marjan

Here you see how quietly Marjan and Nelleke are lying next to each other. Marjan is still focused on Nelleke, but there's a moment of 'rest'. Nelleke won't take any initiative for now, in order to give Marjan the time to calm down. During such a moment of rest Nelleke may articulate that they have had fun together, that they have laughed together and are now lying quietly. By softly naming what has happened, Nelleke can help Marjan to order what they have just done together.

What Do You Do?
Do you alternate between intensive contact and rest during contact moments? How do you help clients to order events and experiences?

Talking a Lot While Caregiving

What Do You Think?
'The client doesn't understand me, so I don't need to talk either.' Do you agree with this statement?

Background
Children with multiple disabilities depend very much on their caregiver for entering into a secure relationship. Since the client doesn't talk back much and doesn't show many clear reactions, as a caregiver you tend to start talking and articulating less. But by talking and articulating a lot, the client can learn to recognize your voice, link specific sounds to specific situations and later possibly link words to specific events. Talking stimulates the client to focus on you as caregiver. That's why it is and remains important to name what you see and do. To name all the small steps during your caregiving.

In brief: The client can develop further if you keep talking during moments of caregiving. Talking and articulating our actions provides predictability and clarity, which may subsequently lead to a feeling of safety.

Example: Diondra

To get Diondra out of her wheelchair and onto the mattress, Marlou uses a lift (see photo). Marlou will articulate all the small steps: that she's taking the lift, that she's going to transfer Diondra onto the mattress, that the lift is going to move, that the lift is going up, that the lift is coming down again, etc. The repetition of the words lift, up, down, etc., can possibly prepare Diondra for what's about to happen. This can make her world more predictable and clear. And even if Diondra doesn't understand all of the words Marlou uses, by hearing her voice she feels secure.

What Do You Do?
Do you articulate what you do and what's going to happen during caregiving moments with your client? Does your colleague do so too?

Developing Taking Turns

What Do You Think?
Is taking turns important when communicating with another person? Is taking turns possible with clients with a severe intellectual disability?

Background
When taking turns, the client and caregiver respond to each other 'in turns'. Because the client is focusing more on the caregiver, the client will also respond to the initiatives of the caregiver, and the caregiver will respond in turn. That way a series of responses develops. The turn is given and the turn is taken. Such a 'chain' of action-reaction is the next step for being able to communicate with the other and the deepening of the relationship. You can compare it to an extended conversation about a single topic. Such a chain of reactions is also possible with children with a severe intellectual disability. Striking is that the client and caregiver experience more enjoyment when there is a taking turns within the contact. Keep into consideration that the client needs more time to respond. Adjust your pace and wait a while for the response before taking an initiative again yourself.

In brief: Clients with a severe intellectual disability can also immensely enjoy contact moments that include the taking of turns.

Example: Marjan

Although Marjan, aside from her severe intellectual disability, is also physically disabled, she has learned that when she moves her hips while she lies on the waterbed, her caregiver Nelleke will also start moving. The result is that Marjan will then move her hips again. Through a 'chain' of reactions, Marjan becomes enthusiastic and starts to enjoy herself. She will also start feeling the pillow with her hand and scratch it, as can be seen in the photo. Nelleke responds to her initiative by doing the same. Nelleke tries to stimulate the chain of reactions.

What Do You Do?
Do you notice a 'chain' of reactions in the contact with your client? Do you notice that your client gets increasingly enthusiastic and enjoys the contact more and more? Does a game of mutual reactions develop?

Repeating

What Do You Think?
How long should you continue to mirror behaviour? How long should you continue to offer contact moments to children with multiple disabilities?

Background
With children with multiple disabilities, repetition is necessary for building up a relationship. By repeating activities, play moments, movements, etc., the contact becomes predictable. Such predictability will make the client feel safe, so that there will be room for further development. This process may take years, during which mirroring and action-reaction games remain important elements in the contact with the client. That's why it is important to make these contact moments part of the daily programme, so that repetition is guaranteed.

In brief: Children with multiple disabilities learn through repetition. Repetition can be guaranteed by making contact moments part of the client's daily programme. So just like eating and drinking, listening to music and reading, contact moments are an important element in the daily programme of people with multiple disabilities.

Example: Thomas

Thomas and Roxanne are in the play corner of the Day Activity Centre (see photo). Roxanne has placed her hand under that of Thomas so that he can grab her hand when he wants to. By offering her hand in this way, Thomas learns that he can grab her hand. Because these contact moments are part of his daily activity programme, the moments for building up the relationship are guaranteed. By repeating the contact moments, Thomas is able to learn that Roxanne sees his initiatives and responds to them.

What Do You Do?
Look at the programme for your client. Are there sufficient possibilities for contact moments? Do you repeat the game and the movements during contact moments?

Now let's get started!

In the preceding text, various aspects have been described that are important for the development of a relationship of trust with clients with severe intellectual and/or multiple disabilities. We first gave a brief overview of the development of such a relationship. Background information has been given, and an explanation by means of practical illustrations. By means of the questions about the application in one's own daily practice, we have tried to encourage the reader to think for him- or herself about the development of an attachment relationship with the client and then to act accordingly.

I sincerely hope that the texts will contribute to more knowledge and insight into building up a secure relationship with clients with severe intellectual or multiple disabilities. If you want more information, you could also read the book 'Learning Together' and/or watch the DVDs 'Developing an Attachment Relationship' and 'Attachment'. Orders can be placed at www.bartimeus.nl/publicaties or Bartiméus Library and Documentation Centre, P.O. Box 1003, 3700 BA, Zeist. Tel: (0031) 900-77 888 99.

Questions, comments or suggestions are always welcome, of course.

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