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WIDENING GERHARD´S CIRCLE OF SECURITY

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THE PROBLEM

At the time of this situation, Gerhard is 22 years old. He lives in an intensive care unit. The group he is in consists of eight clients.

Gerhard works a few days a week in the home's garden. He dreams of becoming a gardener, just like his father. Sadly, Gerhard's grandmother recently died, *and* a few carers he had a bond with recently left the care facility. With that, the ground just seemed to vanish from beneath his feet. Gerhard becomes more and more anxious; he quits his gardening job and withdraws to his room.

When his carers try to help him leave his room for meals, or coffee, or work, Gerhard gets angry and sad. He becomes aggressive towards his carers. As a result, Gerhard spends more and more time alone in his room. While there, he often gets stuck doing whatever activity he is doing, leading to even more frustration. Gerhard told me that at the time, he felt like he was trapped in his own little circle. He wanted to get out… but he didn't know how.

IDIOGRAPHIC THEORY

Gerhard has a mild intellectual disability and functions at the level of a 10-year-old. He has strong verbal skills, and can talk at length about a wide range of topics with confidence. Gerhard is convinced that he's a guy who can do anything. He believes that he will be fully capable of living on his own in the near future, and that he no longer needs his medications. He regularly argues about this with staff.

Gerhard's emotional development lags far behind his cognitive development. Emotionally, he is functioning at the level of a toddler.

This disparity, or disharmonic development, has resulted in problems.

His higher cognitive development means that he can do many things, and that he wants many things. He wants to be seen and heard, and to exert influence on his surroundings. But because of his delayed emotional development, he cannot actually handle any of this and needs reassurance and security.

He neither sees nor recognises his own vulnerability, and overestimates his capabilities.

Gerhard grows up in an unstable family with domestic violence. He is bullied extensively at school and on the bus to school. He feels anxious and threatened in several institutions where he resides. Throughout all of these negative life experiences, his grandmother is his rock. When she dies, and at the same time, trusted carers leave the care facility, the ground beneath his feet vanishes.

His unstable home life – paired with his intellectual disability – results in Gerhard developing an insecure attachment. He is unable to maintain a sense of safety and security by himself, he needs help with this. At heart, Gerhard is anxious; he has difficulties trusting those around him. Gerhard has ADHD and displays many characteristics of autism spectrum disorder. Gerhard processes information from his outer and inner worlds in a fragmented way, which means he has difficulty understanding the world around him. Gerhard is unable to structure his days and his activities, and he is extremely sensitive to stimuli and social stimuli are nearly indecipherable for him. These problems with processing information serve to amplify Gerhard's basic anxiety.

We have observed that on a daily basis, Gerhard’s anxiety drives him to constantly scan the world around him for danger. He has a high basic stress level and is hypervigilant. Gerhard sees and senses danger everywhere, even when it is obvious to the people around him that his fears are not justified.

Gerhard’s negative life experiences combined with his heightened stress level mean that he often has trouble sleeping and suffers from nightmares. In turn, this means that he is tired during the day and thus even more sensitive and irritable.

Gerhard sees danger everywhere. Attempting to escape, Gerhard flees to his room, which he calls his circle of security. This brings an immediate sense of relief and calm to Gerhard: he doesn’t have to face the scary outside world.

Gerhard’s carers feel a great deal of sympathy for him. They are very aware it is important that Gerhard continues to participate in the home’s routines, and they always encourage Gerhard to leave his room. However, they do not yet realise the role that basic anxiety plays in Gerhard’s life, and they regularly ask too much of him. Gerhard really is too afraid to do certain things, but is unable to communicate this and so, his anxiety and stress levels rise. Since retreating to his room is no longer an option, he reacts by calling people names, cursing, spitting, and throwing things. Carers believe that Gerhard is rebelling and playing power games with them. They lecture him about his behaviour and send him to his room to cool off. This gives Gerhard a temporary sense of calm and relief. But in the long run, Gerhard gets stuck again and loses track, which makes him feel frustrated, angry, and sad. He tries to fix his computer, for example, but simply cannot manage it.

Ultimately, Gerhard spends more and more time in his room. He has hardly any contact with fellow residents and becomes isolated. The threshold to leaving his room gets higher and higher.

He says that he is stuck in his circle and doesn't know how to get out.

INTERVENTIONS

Gerhard needs security, close companionship, and structure for his daily routine. Because of Gerhard's increasing stress and anxiety levels, this is difficult to realise. The stress is also partly due to physical causes. Therefore, the interventions are divided into two major steps. To begin with, the biological means of stress reduction will be addressed. Then, a more psychological or cognitive approach will be taken.

INTERVENTION 1: MEDICATION

Gerhard's stress and agitation are partly due to ADHD. That is why he has been taking methylphenidate for some time, so that he can think more clearly. It is clear that Gerhard is benefitting from the medication although he himself remains unconvinced. He does take his medication but argues about it with staff. I will return to this later

INTERVENTION 2: EMDR

The fact that Gerhard is having problems sleeping and is suffering from nightmares is foremost in our minds, so we decide to implement EMDR. EMDR reduces the emotional charge of negative events. The EMDR focusses on his memories of being bullied, the violence in his family home and his grandmother's death.

INTERVENTION 3: CREATING A SECURE ENVIRONMENT

As Gerhard becomes calmer, the emotional space is created to accommodate interventions that are more psychological in nature. We base

our intervention on the belief that at that time, Gerhard had been given insufficient clarity and close companionship by his carers. This kept his anxiety in place and in fact contributed to its increase. We want to create an environment that is as secure as possible for Gerhard. It is crucial that Gerhard learns to trust his carers long-term. His carers in turn must understand he really needs companionship and closeness. This realisation is not a given, due to the nature of the challenging behaviour Gerhard is showing. Because of his verbal and physical aggression, people are inclined to avoid him, while Gerhard actually needs them to be close to him to provide comfort and reassurance. We create a daily routine with Gerhard which schedules time with carers for all of his activities.

INTERVENTION 4: PSYCHOEDUCATION

Gerhard often objects to taking his medication. He is convinced that he has a very mild case of ADHD, which he has now grown out of. To give Gerhard more insight into his ADHD, we decide to allow him to experience the difference between functioning both on and off his medication. First, we film Gerhard taking a few attention span tests while medicated. A week later, we tell Gerhard to not take his morning dose. He is brimming with energy, does 30 rounds of the grounds on his bicycle, is literally unable to slow down and crashes into several people. He then takes the same attention span tests while being filmed. It is obvious that his results are considerably worse, he is also very agitated during the tests, and he is clearly less able to concentrate. By viewing the footage, Gerhard is given psychoeducation on his ADHD and how much his medication helps him.

In addition to psychoeducation about medication and ADHD, we also provide psychoeducation about anxiety.

We think it important that Gerhard get a better understanding of his anxiety and stress. Gerhard and I begin speaking about his anxiety and how it affects him. Gerhard makes a lot of associations and is a true visual

thinker. I start by using his own metaphor of the circle. When Gerhard exits his circle, his heart starts to race, and he starts shaking and sweating. I explain to Gerhard that his mind is paying attention to a great many things at once and sees danger everywhere, even when there is no danger at all. We are trying to give Gerhard some ground to stand on with this explanation. Once he can recognise when his anxiety is triggered, this might give him the space to be able to counteract it.

We both come up with a plan to distract his mind from being anxious, so he can then simply join the group to drink coffee, for example.

INTERVENTION 5: MANAGING STRESS

Control and influence are important to Gerhard. I include Gerhard as much as possible when devising interventions intended to affect his anxiety. During every session, Gerhard sits next to me at my computer and we go through each step, typing up what he will be doing and what his carers will be doing.

To teach him how to relax by distracting his mind, the two of us come up with the foot exercise. When Gerhard drinks coffee with the group, he does a calming exercise by tensing and then relaxing his foot. His mind doesn't have the time to see any danger and Gerhard can drink his coffee in peace.

Every week, Gerard figures out how to make the exercise more challenging. He started by doing it for only 10 minutes during the group coffee break. The goal is to increase the amount of time Gerhard can spend with the group.

RESULTS

The strategy of beginning by addressing the biological side of stress reduction, and then giving Gerhard insight into the origins of stress and teaching him to manage it himself, works.

In short, the treatment process has resulted in a huge improvement in Gerhard's quality of life.

Gerhard's sleeping issues and nightmares are a thing of the past, and he is much less agitated and irritable during the day.

Gerhard is now able to trust his carers a great deal more. The interactions with his carers have improved. He is far less aggressive and can perform more of his daily routine with his carers. As Gerhard's behaviour becomes calmer, there is more and more room to continue working on reducing his anxiety.

Gerhard is very capable of explaining to others how his anxiety operates and what he himself can do about it. He comes up with many metaphors to help make it understandable for himself and for others.

Gerhard now feels more in control of his stress and anxiety because he can successfully distract his own mind with the foot exercise. He's done this on many different occasions for long periods of time, and experienced that it works, and it allows him to do things he couldn't do earlier.

Gerhard can now take part in group activities. After a few months, Gerhard joined in the group coffee breaks three times a day for 20 minutes at a time and has even joined in group meals. With some ups and downs, he's back at work in the garden and says he wants to become a DJ for the groups' radio station. To his own amazement, Gerhard is experiencing that the exercises work.

You can see how Gerhard describes this in his own words in the following film clip, in which Gerhard explains the foot exercise and its origin to team members.

Gerhard's circle is growing wider, challenging behaviour is now only a factor when there are great stressors, which is understandable. But even then, the challenging behaviour is less intense and shorter-lived than it used

to be. Great stressors for Gerhard are unfamiliar carers, his father's illness, and sudden changes in routine.

Taking medication is no longer a topic for debate.

Most important of all: Gerhard himself tells us he feels much better.

LESSONS LEARNED

It is crucial to have a good insight into any disharmonic development to correctly interpret the meaning of challenging behaviour. Gerhard's carers once thought he used his challenging behaviour to avoid responsibility, people believed it had more to do with unwillingness instead of inability. Since it is now clear that Gerhard functions at the emotional level of a toddler, everyone is aware that although Gerhard may be intellectually or physically able to do many things, he is often emotionally incapable of doing them. He needs his carers to reassure him and to make him feel secure.

The odds of success are greatly increased if a client participates in discussing and developing his/her own treatment. It took great patience and creativity on the part of carers and specialists to meet Gerhard at his own level and to relate to his ideas. But this ultimately resulted in a beautifully custom-made approach.

Moreover, listening, connecting, and creativity will get you far.

We also learned not to give up when we encounter setbacks. They are a part of the process and can actually provide new information. The tricky thing about this case is the fact that Gerhard's functioning continues to fluctuate. With intensive coaching, he is able to take on many chores and activities. However, in more stressful times, he less able to cope. This can seem like a regression or a setback. It is crucial that in these times in

particular, people remain aware of Gerhard's vulnerability, and do not fall back into the old negative cycles.

Give yourself, your team, and your client the time to go through a process thoroughly. Quality matters more than time constraints. It is not possible to resolve every issue; be proud and happy with every small step taken.

With all the will in the world, we cannot resolve all of Gerhard's issues. He remains a vulnerable young man who is dependent on the care and support of those around him to cope with living. During treatment, his is given tools and experiences which will help him manage his own anxiety.

The team needs the same amount of coaching as the client. In practice, the team needs regular and frequent sessions to keep everyone on the same page. Gerhard's vulnerability needs to remain at the forefront of everyone's mind in order to prevent overburdening him. Asking too much of him is an easy thing to do, because of the easy way Gerhard expresses himself verbally; this will not change and must always be remembered.

CONCLUSION

This is my contribution to Case by Case. It was my pleasure to work with Gerhard and his carers. We were all amazed that quite simple interventions can have such great and positive effects. Gerhard and I hope that other people will be inspired by his learning process.

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