

'ALL BY MYSELF'

Daan's story

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ALL BY MYSELF

Daan is a charming, smooth-tongued boy of 16, who is easy to talk to. But he is also a boy who smokes a lot of hash, skips school, hangs out in the streets, and commits misdemeanours. He has trouble keeping his word and keeping appointments, which regularly leads to a lot of – at times, violent – conflicts with everyone around him. When talking with his carers, he seems to understand the severity of his situation and he promises to improve his behaviour. Sadly, often the very next day he is reported missing. Daan has run off again.

Daan's biological parents have intellectual disabilities and are unable to raise him properly. So, when he was eight months old, he was taken into care and placed with foster parents. He grew to love them very much.

While growing up in his beloved foster family, Daan, who is of average intelligence, nevertheless has issues. Quite early on he is diagnosed with ADHD, and at school, youth care is called in to help him.

Transitioning to the trade school proved to be difficult. After a year and a half, he is expelled because he cannot meet the behavioural requirements: he cuts classes, won't listen, and is insubordinate.

Two years ago, Daan was also diagnosed with oppositional defiance disorder, ODD. Because he makes many promises, but never keeps them, his carers believe his main problem is a lack of motivation. They fear a disrupted personality development.

His foster parents feel powerless and are unable to help and support Daan, so Daan's guardian has him admitted to the closed ward of a youth care facility. This is extremely traumatic for Daan.

Daan is provided with walk-in care at the Jellinek Clinic for his hash addition. But he is also in danger of running out of options there: staff are unable to formulate a suitable treatment plan.

IDIOPHIC THEORY

Daan is a foster child because his biological parents could not provide a safe and secure home for him. He wants to adopt his foster parents' last name so that he can become a true member of their family. Because he feels that he isn't. Not yet.

On the closed ward at the youth care facility where he has now lived for quite some time, Daan has many altercations and conflicts.

During these conflicts, Daan immediately feels that the carers aren't listening to him. And that is why the conflicts arise in the first place, according to Daan. He says his share of blame in the altercations is minimal. But that feeling - that people aren't listening to him - is very important. It touches on the deeper fear that Daan cannot face: the fear of not belonging, of being rejected, and this results in feelings of low self-worth and poor self-esteem. In order to repress the pain of rejection, he blames others. It's never his fault.

Daan has been diagnosed with and ODD. For Daan, this means he has information processing issues, low frustration tolerance, poor short-term memory, and limited self-motivation skills. He is also unable to foresee the consequences of his actions, and from early childhood onwards has exhibited restless - and at times - thrill-seeking behaviour. As a child, he would often walk in the rain gutter of on the roof of his home, just for kicks.

The ADHD and ODD problems mean Daan is impulsive. He gets caught up in situations he cannot fully comprehend and is unable to predict the probable consequences for himself or others. And due to his information processing issues, he is also easily overwhelmed.

When Daan acts impulsively and is overwhelmed by information, it is difficult for him to follow the rules. Attempting to hold his own, Daan has created his own egocentric worldview, in which the cardinal principle is that he must be allowed to do whatever he likes. If something feels good, then he believes it is permitted. This attitude doesn't really fit in with society, and is therefore inappropriate according to those around him. His teachers, his family, and his carers all reject this attitude, and therefore him, and so he doesn't belong, yet again.

Because Daan desperately wants to belong, he focusses on his fellow residents. But these young people are not always the best role models for him, however.

The other residents display the same kind of behaviour Daan does. Acting tougher than they are, shouting down their inner fears. Associating with them isn't teaching Daan anything new.

His fear of not fitting in, not belonging or being rejected leads to a great deal of anxiety for Daan. On good days, Daan can see how he deals with this when interacting with his carers. They've told him he's built a wall around himself. Sometimes it's very high, other times it's low enough that they can interact with him. Daan has accepted this metaphor as accurate.

By hiding behind a wall, Daan is trying to avoid any kind of interaction that would make him feel anxious. He is mentally running away, and this is one of the two ways he deals with anxiety. Both responses are heavily influenced by the poor examples set by his fellow residents. Physically running away is his primary response and includes smoking hash, cutting school, and ducking out of appointments. But running away isn't always an option, because he isn't always given the chance. He literally cannot leave, he is locked up. When that happens, he goes into fight mode and becomes verbally aggressive or even physically aggressive.

People around Daan don't know how to handle either of his responses. Their powerlessness is rooted in several emotions: anger that Daan will not listen, disappointment that he can't seem to stay on track, irritation that he promises so much and delivers so little, breaking every promise he makes, and frustration that despite all of the energy and resources being devoted to him, there is very little result. Nothing is working, all is seemingly in vain.

Daan's carers deal with their feelings of powerlessness by trying to discipline him even further. Disciplining Daan means even more rules and his freedom is even more restricted. Daan then feels that he isn't being listened to, which only amplifies his fear of rejection.

Daan's foster parents deal with their feelings of powerlessness in a very different way. They give up. They no longer enforce any rules for his behaviour. This results in even more inappropriate behaviour from Daan.

In this visual you can see that both the left side (more discipline) and the right side (insufficient boundaries) ultimately lead to the same result: Daan doesn't fit in or belong. And this only increases Daan's fears.

INTERVENTIES

INTERVENTION 1: UNCONDITIONAL SUPPORT

For Daan it is imperative that he fit in, that he belongs. Therefore the first intervention is that he be given unconditional support: people will always be there for him and always listen to him. Sometimes, it will be as simple as being physically present and sometimes it will mean having a conversation with Daan in which each person will have their say. Trust is essential for this kind of cooperation.

In addition to feeling understood, trusting others is a key ingredient of unconditional support for Daan.

Because of these conversations, the powerlessness felt by the people around Daan steadily diminishes, everyone is listening to one other again, and everyone is trusting one another.

INTERVENTION 2: STRUCTURED CONVERSATIONS

Because Daan is impulsive and easily overwhelmed by information, the second intervention is to initiate a series of structured conversations. These conversations focus on Daan's future, discussing the need to have an education in order to find work, and so be able to live independently. During these conversations, a number of scenarios are discussed – for example, what could happen if Daan were to steal something, and what impact that could then have on his future. Another topic of those conversations is what alternatives there are for his current behaviour, such that he could experience fewer consequences from his surroundings: for example, by returning stolen goods.

While conducting these conversations, it is important to tailor them to suit Daan's own life lessons and experiences. The point is to help him figure out what his ideas would actually entail by listening to him, allowing him to think through what his ideas mean to him, and by translating his ideas into something that is practical and feasible. He must be allowed to make mistakes in the process.

The structured conversations will also focus on his experiences. Daan talks about how his carer Roy "plays" him, so that he can better understand his own emotions. In addition, Roy keeps asking questions to help Daan see things from different perspectives.

In this way, Daan is met at his own level and experience, but he is also challenged to attempt alternative behaviour. Based on this, agreement can be reached about expectations that Daan can actually meet.

INTERVENTION 3: RECOGNISING AND DEALING WITH ANXIETY

Daan has more fears than he is willing to acknowledge. The third intervention is therefore intended to help Daan deal with anxiety and tension. It begins with recognising when his anxiety is beginning to build. For example, Daan starts wiggling about or his face gets red. These examples are thoroughly discussed with Daan.

Daan has learned that - when his tension and anxiety levels are rising and he recognises this - he must create a moment of rest so that those around him can reach him. He has also agreed to not build his wall up any higher.

RESULTATEN

RESULTS

The interventions have helped Daan to feel seen and heard again. He is very relieved and wants to do his very best. He feels like he belongs again. He also feels less in danger of being overwhelmed by information and he feels less anxiety.

The positive contact between Daan and his foster parents and his carers has been restored. Originally, the interventions were intended as interim measures to help him improve his situation, but now it appears that they will be continued for the foreseeable future until he is able to function more independently. Daan and his foster parents are willing to invest more energy into their relationship again, with the support and guidance of clinical carers.

However, some of Daan's behaviour is still regularly seen as concerning. Daan still smokes hash on a daily basis, and he still has trouble not acting on impulsive thoughts such as stealing a scooter. Daan really struggles with his impulsivity and he is afraid he'll cross the line again in future.

He is no longer aggressive and there have been no further major conflicts with anyone around him.

Actually realising that he has a future, having ideas about what his future could hold and discussing these ideas with his carers while making practical plans to implement them has given Daan more direction in life. He regularly changes his mind; some days he wants to be a cook, and other days he wants to be a plasterer. But the main thing is, he has now earned his diploma and is working as an intern in an organisation where his talents can fully develop.

LESSONS LEARNED FOR CARERS

What first seemed to be a motivational issue is actually something very different. In Daan's case, a deeper need was being masked by his behaviour: the need to feel like he fits in and belongs. By shifting the focus from his supposed lack of motivation to unconditional support, that deeper need could be addressed.

The role of key people in this process cannot be underestimated. This is one of the most important lessons learned. At different times, a few carers gave Daan the feeling that they were listening to him and that he could trust them.

Simply classifying behaviour can prejudice one's ideas regarding the nature and character of an individual. If the focus had remained on Daan's ADHD and ODD and the fear of him developing a personality disorder, then his underlying need would never have come into view. Certainly not as quickly as it did. A person is always greater than his diagnosis.

These situations evoke a lot of emotions. Emotions can determine one's behaviour. It is crucial that carers as well as clients learn to recognise the signs that emotions are arising.



CONCLUSION

This was Daan's case: 'All By Myself'. We hope you found it interesting and that it can provide inspiration in caring for your own clients. Reactions and questions are welcome, please submit them online on our website. Thank you for listening.

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