

Attachment: Treatment and Counselling

Chair: dr. Paula S. Sterkenburg, Assistant Professor Clinical Child and Family Studies, VU University Amsterdam, the Netherlands



Dr. Paula Sterkenburg is a licensed psychologist/therapist with Bartiméus' Psychotherapy department in Doorn and Assistant Professor at the Department of Clinical Child and Family Studies of the Faculty of Behavioural and Movement Sciences and the EMGO+ Institute for health and care research of the Vrije Universiteit Amsterdam. The theme of her doctoral research was 'Integrative Therapy for Attachment and Behaviour'. In 2007 she was the recipient of the Award of the Dutch Association of Healthcare Providers for People with Disabilities (VGN Gehandicaptenzorgprijs) for the way in which she has succeeded in building a bridge between research and practice. In 2012 the University of Groningen granted her the Han Nakken Award for most remarkable practical accomplishment with the workbook titled 'Developing Attachment'. In 2013 she received a subsidy from NutsOhra Fund and Vilans Centre for her winning proposal for the "HiSense App" for parents and caregivers of persons with profound intellectual and multiple disabilities' and in 2015 she was in the top 3 for the VU EMGO+ Societal Impact Award. In 2015 she collaborated in a team from Stichting Nieuwzorg, Vrije Universiteit Amsterdam and Bartiméus, that development of an APP to facilitate the communication between clients and professionals called WhatsApp. The project won the expert jury award given by ONVZ Care-provider. In 2016 the serious game 'Stop bullying now!' was on the shortlist for the 2016 Award of the Dutch Association of Healthcare Providers for People with Disabilities (VGN Gehandicaptenzorgprijs).

Symposium abstract - Attachment: Treatment and Counselling

Goals of the symposium presented by dr P.S. Sterkenburg, Assistant Professor Clinical Child and Family Studies, Vrije Universiteit Amsterdam

In the past 20 years the team at the Psychotherapy Department of Bartiméus focused on research in the field of social relations and attachment. The aim is to develop new assessment tools, guidelines, prevention programs and interventions contributing to promote mental health of persons with a visual and/or intellectual disability. In this symposium we will first focus on the protocol for the assessment of persons with disturbances in attachment, based on scientific research. Second, we will focus on the 'Integrative Therapy for

Attachment and Behaviour' for children with a visual-and-intellectual disability. A course was developed for psychologists for the use of the treatment protocol. In the past years the treatment is given to many persons with a visual and/or severe intellectual disability, with severe challenging behaviour, and with a reactive attachment disorder. The experiences of the therapists will be reported. Third, a best practice is developed for the use of 'Mentalization' in daily practice. The special needs of persons with a visual or visual-and-intellectual disability will be highlighted.

Assessment of Disturbed Attachment

H. Giltaij, Clinical Psychotherapist and Head of the Department of Psychotherapy Bartiméus / PhD-student Vrije Universiteit Asmterdam, The Netherlands

Introduction For the diagnosis and treatment of Reactive Attachment Disorder (RAD) and the Disinhibited Social Engagement Disorder (DSED) there is the internationally accepted Practice Parameter. The diagnostic process is based on the guidelines and recommendations as set out in the 'American Academy of Child and Adolescent Psychiatry' (AACAP) Practice Parameter for the diagnosis and treatment of children and adolescents with RAD and DSED. Furthermore, the 'Best Practice for Identifying Disrupted Attachment Behaviour' was developed at Bartiméus and used as a base for the 'Problematic Attachment Guidelines' (Richtlijn Problematische Gehechtheid) as reported by Youth Care and Protection (Jeugdhulp en Jeugdbescherming) of the Dutch Youth Institute (Nederlands Jeugd Instituut).

Background/aim: An important aim of testing the guidelines is to examine whether the presently used guidelines and best practice should be adjusted.

Content: Scientific testing of the guideline resulted in a "stepped-care model" in order to diagnose the RAD and DSED disorders. This "stepped-care model" for adequate assessment of RAD and DSED in children with and without a visual impairment will be discussed. Information will be given on important aspects of differential diagnoses, the Disturbances of Attachment Interview, and the "List Behavioral Signs of Disturbed Attachment in Young Children" (BSDA) will be presented.

Implications: Based on these results it should be possible for an experienced clinician to determine the diagnosis RAD and DSED.

Treatment of Disturbed Attachment

Dr. P.S. Sterkenburg, Assistant Professor Clinical Child and Family Studies, Vrije Universiteit Amsterdam

Introduction: In 2008 the study on 'Integrative Therapy for Attachment and Behaviour' (ITAB) for children with a visual-and-intellectual disability was completed. The ITAB intervention proved to be an effective intervention and it was registered in the Database for Effective Interventions at the Dutch Youth Institute (Nederlandse Jeugd Instituut). A course was developed for psychologists focusing on the use of the treatment protocol. In the past years many ITAB treatments are given to persons with a visual and/or severe intellectual disability and disturbed attachment.

Background/aim: The aim of this presentation is to report on the experiences of the therapists and the important elements that should be attended to in treatment. Furthermore, to report on adaptations made for the treatment of persons with a visual and/or moderate intellectual disability.

Content: After reporting on the intervention protocol and research results experiences of therapists will be presented. Then, elements, which are important in the treatment, will be presented. Finally adaptations for the ITAB for persons with a visual and moderate intellectual disability will be reported.

Implications: ITAB contributes to extensive improvement in mental health for persons with a visual and/or severe intellectual disability. Therapists report that in general the protocol is experienced as a very natural way of developing a relationship with the client. It is experienced as an important intervention for the treatment of challenging behaviour of persons with a visual and/or severe intellectual disability, challenging behaviour and disturbed attachment.

Mentalization Based Support (MBS)

F. Dekker- van der Sande, Clinical Psychologist, Department of Psychotherapy Bartiméus, The Netherlands

Introduction Challenging behaviour and attachment disorders increase the risk for dysfunctional mentalization. Mental disorders and challenging behaviour are frequently mentioned e.g. 40 % and 30-50% among persons with intellectual disability (ID). In a group of persons with ID, behavioural problems and a visual impairment, 60% also showed problematic attachment (Stolk et al., 2010). We developed a practical guideline for parents and professionals in the field of care for children and adults with a visual and/or intellectual disability. The Mentalization Based Support (MBS) is built upon the Mentalization Based Therapy (MBT) developed by Bateman & Fonagy (2012).

Background/aim: Clients were referred for psychotherapy due to a dysfunctioning of mentalization. The goals of our project are: 1) to develop a practical guideline for Mentalization Based Support for parents and professionals; 2) to translate and adapt this promising method to the field of clients with a visual and/or intellectual disability, problematic attachment and challenging behaviour; 3) to develop and stimulate the caregiver's capability for mentalization with clients with a visual and/or intellectual disability in order to improve the client's resilience and quality of life. The guideline is based upon frequent workshops for teams of professionals.

Content: A short theoretical introduction in Mentalization and the basic attitude of MBS will be presented. We will focus on the special needs of persons with a visual impairment concerning mentalization and important aspects in the stimulation of their mentalization development. The practical toolbox of interventions that promote mentalization will be presented.

Implications: The guidelines prove to be helpful for parents, teachers and caregivers and help them to better understand the inner world of their child/client. Furthermore, MBS stimulates the mentalizing capacities for the clients with a visual and/of intellectual disability.