



Hoop In Hopeloze Gevallen ? Yes we can

Sarah Van Grieken, Kinder- en jeugdpsychiater, OPZ Geel



•Doelstelling:

Zorgvoorbeeld voor jongeren met ernstige gedrags- en emotionele stoornissen

•Referenties:

–Boeken en wetenschappelijke artikels, congressen wereldwijd over gedwongen hulpverlening, herstelgerichte zorg, transitiezorg, veerkracht, rehabilitatie, outreach, casemanagement, sociaalemotionele ontwikkeling, ..



Team:

Outreach OPZ Geel Child and Adolescent Psychiatry:

- Project from government (start 2003)
- Task: mental health care for arrested youngsters in juvenile justice (welfare)
- Team composition:
 - 1 FE child and adolescent psychiatrist
 - 1 ½ FE psychologist
 - 2 FE psychiatric nurses
 - ½ FE creative therapist/ educator
 - 30% FE psychomotoric therapist



Doelgroep:

“Hopeloze gevallen”

*“ as a child I was abused by my mom and grandfather, I ran away, I was placed in multiple institutions, my mother was in psychiatric hospital and in gail, I got addicted to drugs and did several crimes, they said I have ADHD... “
Joey, 17 years*



Doelgroep:

“Hopeloze gevallen”

- **Patienten:**
- **Hoofddiagnoses:** Gedragstoornis (ODD, CD)

PTSS

Onveilige hechting/hechtingsstoornis

- Geen(goede) ervaring met hulp
- Schok in het onbekende: van onveilig, open, vijandige omgeving naar een veilige, gestructureerde, begrenzendende en kansengevende omgeving



Doelgroep:

“Hopeloze gevallen”

- Hulpverleners :
- Begrip voor hopeloze patient (“ Als je dat hebt meegemaakt”, “ voor wie of voor wat zou hij.. “)
- Angst (“zal toch weer mislukken,.. “ “hij kan het niet”..)



Description of an existing model based on

- evidence based knowledge
- completed with
- consensus based (professional experience)

International scientific publications limited but new results suggest and prove same conclusions !



We felt the need to complete
the common used and evidence based care with
“out of the box” thinking and doing
focused on **individual functional recovery** of the patient in
society and **wellbeing**

“we are not the experts to know what they need in life “

EMOTIES

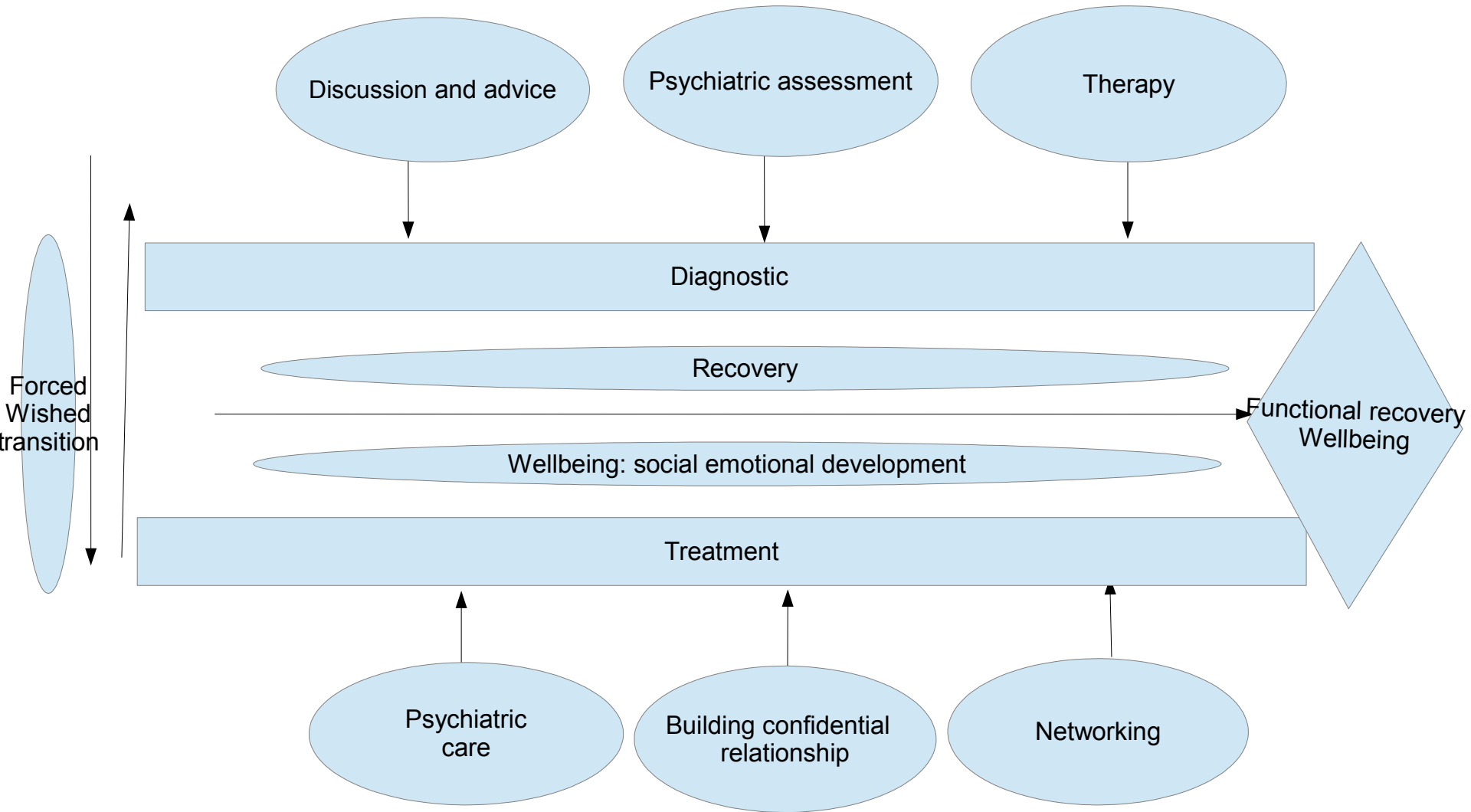
in de zorg voor kinderen en jongeren

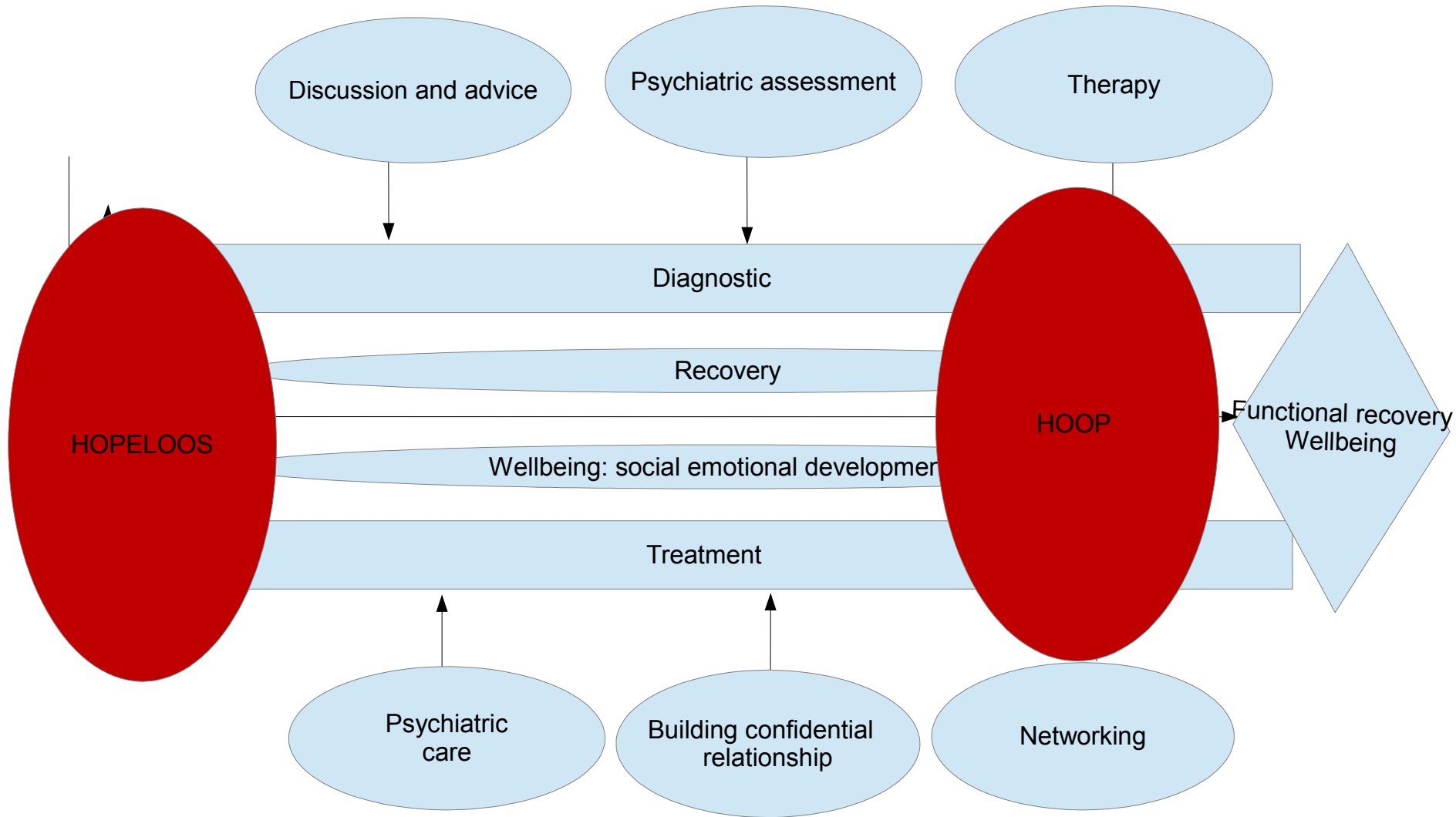
20 en 21 september 2017

Universiteit Gent • Faculteit Psychologie en Pedagogische Wetenschappen



- 1 goal: individual functional recovery and wellbeing
- 2 basic directions of care:
 - Recovery
 - Wellbeing: Social emotional development
- Diagnostic and treatment process at the same time
- 3 contents of care:
 - Psychiatric care
 - Building good relationship
 - Networking
- 3 modules of care:
 - Discussion and advice
 - Psychiatric assessment
 - Treatment







•Recovery directed

-Patient as an adult

-Question: what do you like ?

“ as a child I was abused by my mom and grandfather, I ran away, I was placed in multiple institutions, my mother was in psychiatric hospital and in gail, I got addicted to drugs and did several crimes, they said I have ADHD, ... now I am a stubborn boy and I have still to learn a lot because later I'd like to go in the army and take care of the little baby of my sister. “ Joey, 17

•Wellbeing: social emotional development directed

-Patient as a child

-Question: what does the child need from the caregivers ?

-A. Dösen/ SEO-R

-“most of the youngsters function on a social emotional level of 9m-18m !”

EMOTIES

in de zorg voor kinderen en jongeren

20 en 21 september 2017

Universiteit Gent • Faculteit Psychologie en Pedagogische Wetenschappen



• Discussion and advice with all caregivers

- going along with ...
- sharing knowledge/ experiences/ feelings/...
- frequently/ directly/ outreach
- start networking



•Diagnostic assesment

- *Goal: what is the intensity of care needed and wanted ?*

“by knowing what I can’t, I see the possibilities of what I can”

- pretherapeutic/ proces (7 sessions, 2 months)/ during treatment

- one person/ multidisciplinar – team discussion

- no diagnose need

- instruments: SEO-R (Social-emotional development scale), IZIKA (SIS Supports Intensity Scale. Thompson ea); standard psychiatric diagnostic instruments and risk scales,..



•Multidisciplinar therapy:

-Psychiatric care:

evidence based/biopsychosocial, health care for patient and system (verbal and nonverbal therapy, medication,..)

-Building a confidential relationship:

HOOP vertrekt vanuit het TEAM !

- Verwachting op basis van SEO !
- Focus: relation
- It needs time, immense effort and awareness “it can put you in extremely stressful interactions”: need of teamsupport, attitude of acceptance and guarding his own limits, out of the box methods: fishing, chickens, ..

-Networking : as many as possible involved caregivers, scouting, coaches,..



•Results:

- Evaluation of patients, families and caregivers: positive on functional recovery (school, work) and wellbeing
- No less amount of patients reached, every one can be included

•Challenges for the future:

- Standard evaluation short/longterm effects
- Research & publications
- Organisational and financial settings

ELFDE VLAAMS CONGRES KINDER- EN JEUGDPSYCHIATRIE EN -PSYCHOTHERAPIE

EMOTIES

in de zorg voor kinderen en jongeren

20 en 21 september 2017

Universiteit Gent • Faculteit Psychologie en Pedagogische Wetenschappen



Yes we can

dank je wel

Sarah.vangrieken@opzgeel.be