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A visual impairment is not
just about seeing and
watching.

Heidi Deknudt (B)

Presentation of Belgium



Presentation of speaker

Heidi Deknudt is psychologist and psychotherapist.

Works for Sint-Rafaël, Ghent: Retraining Center for blind and visually impaired adults.

Works for Solidarity Insight in Flanders as psychotherapist.

Education:

psychologist

Clientcentered and psychoanalytic psychotherapist.

Grief therapist. psychotraumatologist.

Presentation of 'Solidarity in Sight'.

- Organisation for adults (18 and over) with visual impairment.
- Variety of support
 - Psychosocial support
 - Specific devices for visual impairment (daily life, low vision, high technology)
 - Training and revalidation
 - Case-management
- Education and sensibilisation
- Multi disciplinary teams and partnerships



Workshop:

A visual impairment is not just about seeing and watching.

Get a view of the different aspects and dimensions of the emotional process.

Stepped care

- A research: Vrije Universiteit Amsterdam, mevr. Van Nispen.
- 'stepped care for visual impaired older (55+) patients with anxiety or depression'
- Based on research with other target groups
- Phased assistance: start with the mildest form of assistance, gradually more input as the request for help asks more
- Here: starting point of Flemish translation, own experience.

- ◉ Phase 0: Watchfull waiting
- ◉ Phase 1: Adressing the own resilience
- ◉ Phase 2: Interventions of the caregiver
- ◉ Phase 3: Refferal to psychotherapy or doctor.

Phase 0: watchfull waiting

- ◉ Listen to the story, give the chance to tell.
- ◉ Often: spontaneous adaptation (cfr. Trauma, bereavement,...)
- ◉ Adaptation: assimilation + accomodation
- ◉ Factors: social network, coping mechanisms, resilience,...
- ◉ Importance of psycho-education of grief, cfr bereavement: the emotional process of losing sight/eyes

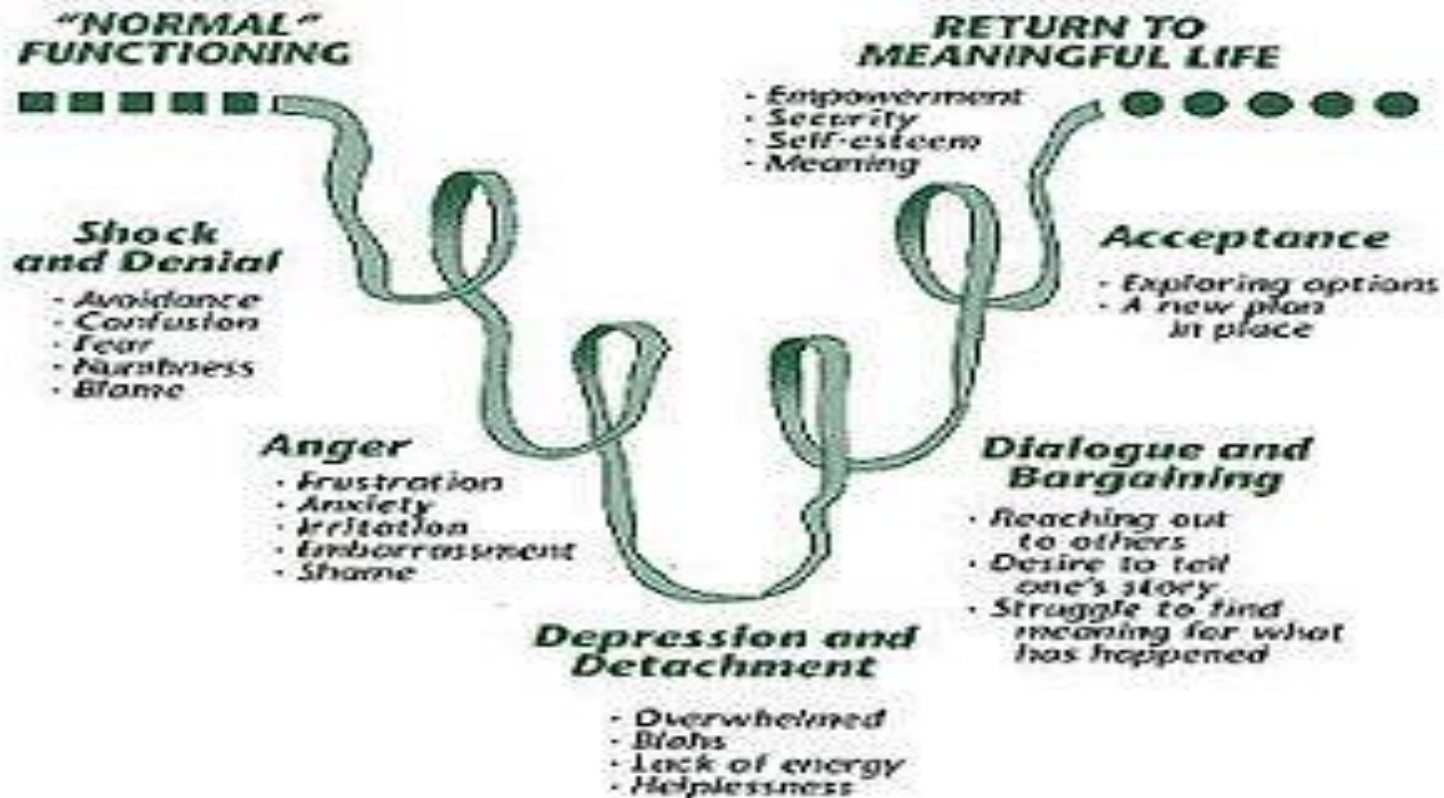
Process of grief...

- Affects you in your being:
 - Control
 - Self-esteem
 - Sense of fairness
 - now-in-relation-to-later

Process of grief...


- Affects you in the different dimensions of life:
 - Body
 - Emotions/feelings
 - Behavior
 - Context/relations
 - Giving of meaning/belief/spirituality

Psycho-education 1: 5 stages of grief, E. Kubbler-Ross



Four tasks of Mourning – William Worden

- 1, Accept the Reality of the Loss
- 2, Work through the Pain of Grief
- 3, Adjust to a new Environment after the Loss
- 4, Reinvest Energy into Self and Life after the Loss.

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- This model gives perspective for the patient.
 - But...
 - ... acceptance is very difficult
 - Especially with progressive eye disease!

Dual Process model of Stroebe and Schut

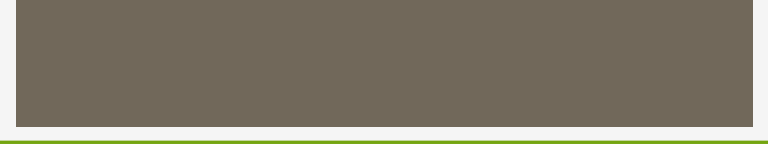


Phase 1: addressing own resilience

! Listen to the unique story!!

Minimal help from the care-giver is needed.

- Learning adaptive of new skills: hope, perspective
- Importance of maintaining of/building up social network
- Relaxation- and breathing techniques

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- Getting aware of negative thoughts, letting them exist, giving attention to them, but also learn to stop them, being able to reflect upon these thoughts.
 - Daring to dream attention to positive things

Phase 2: Specific interventions of the care-giver

- If it demands more energy, support from care-giver. When process blocks.
- There are different points of view possible, dependent on where the process blocks.
- Important: listen to the story and the particularities!

1, Psycho-education

- Stages of Kubler-Ross / tasks of Worden: when one gets blocked in one specific stage, task.
- Dual processmodel of Stroebe and Schut
- → risk: loss orientated: chronic grief
- → risk: restoration orientated: denied of delayed grief

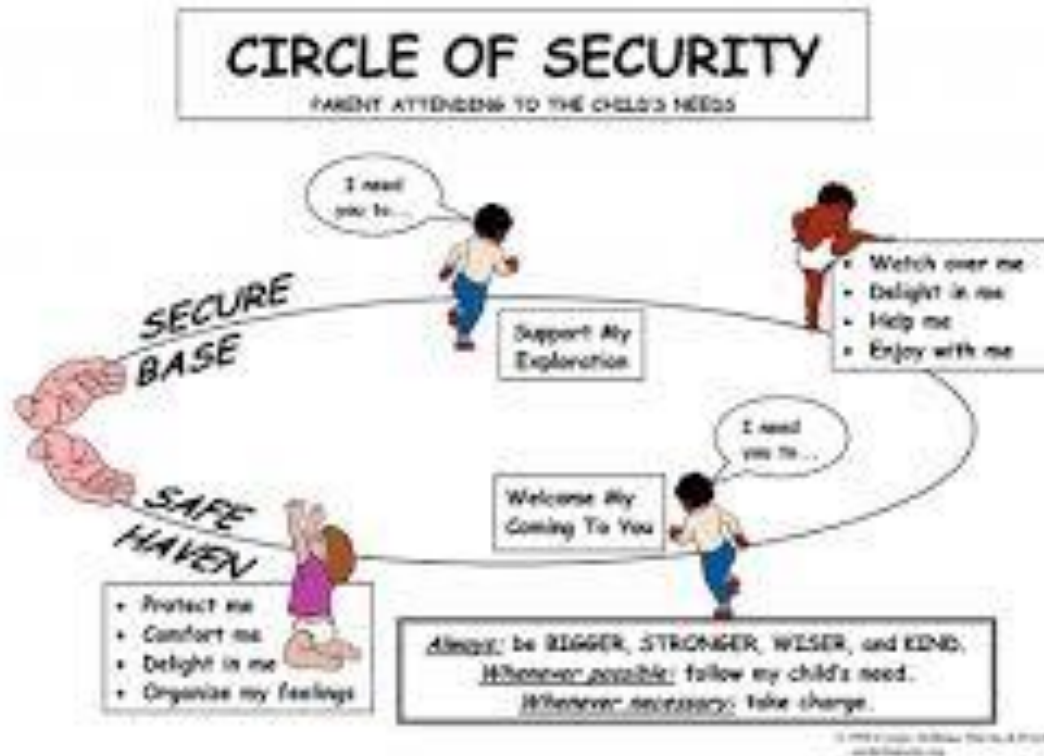
2, Influence of attachment

- Style of attachment has a lot of influence in how someone reacts to help/dependency. It can be enriching to talk about this together with the client, but if there is little flexibility, psychotherapy can be helpful.
- Attachment dates from the first experiences of the child with the support and encouragement he gets from parents/important others.

- There are different styles:
 - Secure attachment
 - Insecure attachment.

Secure attachment

→ feels more comfortable to ask for help. There is trust and reciprocity.



Insecure attachment

1, Anxious-preoccupied

'I want to be completely emotionally intimate with others, but I often experience that others are reluctant to get as close as I would like.'

Insecure attachment

2, Dismissive-avoidant

'I am comfortable without close emotional relationships.' 'It is very important to me to feel independant and self-sufficient.' and 'I prefer not to depend on others or have others depend on me.'

Insecure attachment

3, Fearful-avoidant: trauma as child.

'I am somewhat uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I sometimes worry that I will be hurt if I allow myself to become too close to others.'

3, Social network

- Is very important: can be very supportive
- Incomprehension of good intentions can sometimes cause secondary suffering
- Sometimes a conversation with social helper/occupational therapist is helpful to find each other.
- Contact with peers in the same situation can be very supportive, but not for everyone.

4, Identity

- ◉ Who am I? Who can I become? How can I be of worth for other people?
- ◉ This can also imply personal growth! Choosing other priorities, valuing other things,...

Phase 3: referral to psychotherapist and/or doctor

- ◉ When?
- ◉ Denied grief (when mostly restoration-oriented without oscillation): difficult!
- ◉ Chronic grief (when mostly loss-oriented without oscillation).
- ◉ Depression
- ◉ Anxiety of panic attacks who cause a lot of suffering
- ◉ Post traumatic stress disorder



Thank you ...

... for the attention!

Questions? Suggestions? Comments?

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Or


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