Brief guidelines for caregivers supporting persons who are

emotionally fragile

by

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How to respond to people who function like an "emotional mirror:"

Some individuals who display fragile emotional states appear to take their own stability from the stability and certainty of whoever is in their immediate surroundings. They seem to function like an "emotional mirror", reflecting the emotional certainty of their caregiver, in the moment. This places quite a large responsibility on a caregiver to always be confident and certain.

People who "take their identity" from their environment tend to reflect and react to either the positive or negative emotional mood of the caregiver that is in their immediate environment.

In one of his workshops, David Hingsburger commented "Your frustration due to your caring, looks like anger to your client. Be aware."

Any uncertainty in caregivers about what is going to happen if the person begins to become over-aroused tends to be "picked up." This may cause them to feel insecure, uncertain, and may lead to an increase in their level of anxiety and arousal.

Any sense of personal vulnerability in caregivers who "take it personally" when working with difficult persons; or caregivers who are intent on "teaching who is the boss" tends to be "picked up" by the individual who functions like an emotional mirror. Any interactions, which are initiated on this emotional base, can immediately escalate into a power struggle.

How to prepare for transitions and potential crisis situations.

Transitions are often very difficult for persons who are dependent upon explicit prompting.

Always have a plan and a variety of methods for orienting person to their plan for the day.

Know ahead of time, exactly what is going to be happening next, when each specific interaction is over. Prepare yourself to know exactly how you are going to navigate each transition (between people, places, and activity). Verbally explain this. Pre-rehearse ahead of time exactly what transitions will look like. (Use picture lists and printed schedules where relevant. Use remnants from the last time you did the activity as a reminder of the "next" time you do the activity.)

For some people, it is necessary to have a visual and/or printed schedule for each day.

Go over this with the person you are supporting so that he/she is able to understand what is going to be happening, and in what sequence.

Provide (or impose) an externally organized sense of continuity.

The continuity for every interaction in the day is provided by frequently referring back to the original plan for the day. Keep focused, within the pre-defined context, about what will be happening, and when. This pre-scheduling gives the person you are supporting "readying to be ready", and <u>time</u> to process in what sequence activities are going to happen.

Be cautious and individual in your approach to giving "advance warning".

- Some individuals require direct instruction about what is coming up next, then need to be given time to process, think and ready themselves for upcoming events.

- Some benefit more from being able to read about an upcoming event or change than from being told about such activity.

- Some people benefit most from being asked, "what's next?" to orient them to look at a schedule (once it becomes their "own" idea to look). (This is a good method for people who may react against being "directed too directly".)

- Others may over-focus on an idea or activity from their first moment of exposure. They may be unable to think about or to do anything else until the activity is accomplished. NOTE: People with this type of responding to advance notice must not be given any notice till the moment before you are actually ready to do the activity.

Rather than using any one type of "theory" or approach to the person you are supporting, create an "operating manual" for <u>what works best</u> for them. Provide this information to any new people who will be working with them.

How to handle the potential for crisis situations.

Many persons who are emotionally fragile and reactive "fall apart" if external boundaries are not maintained. If caregivers are inconsistent or uncertain this escalates their anxiety and sense of conflict, and can precipitate extreme reactions.

If, as a caregiver, you do find yourself in the middle of a crisis situation, act secure and confident that you know <u>exactly</u> how this will be diverted and calmed. Have a plan, <u>which</u> <u>was made ahead of time</u>, for what to do if things don't go as planned! Be certain of your "fall back" position. Never be caught unaware or unconfident about how potential crisis situations will be managed.

Project your own emotional security onto a person who is emotionally fragile.

Pay continuous, vigilant attention to the individual's momentary state of focus and ability to engage in co-operative behavior. You are the "rock" on which the foundation of your interaction rests. You must be secure, confident, and solidly prepared for what you intend to build on this foundation.

Be prepared for the breakdown in self-control that occurs with "new" caregivers.

(Frequently referred to as "the honeymoon is over" or "testing behavior.")

It is highly unlikely that any new caregiver will be familiar with all of the subtle cues and signals that assist an emotionally fragile and dependent individual to "bridge the gaps" in their comprehension and ability to respond. At best, "new" people come to signal the opportunity for uncertainty, conflict and inconsistency. At worst, "new" people come to signal criticism, failure, inability to provide safety, and/or abandonment.

"Testing" is often "certainty seeking" behavior.

Be prepared for the reality that each <u>new</u> person who works with the supported person may eventually be "tested" by him/her. This may be presented by "pushing your buttons" or the supported person may do some "out of the ordinary" or disruptive actions. "Testing actions" are presented in the manner of "if I do this, what will you do?"

It seems that the function of "testing" behavior is to find out if his/her new caregiver is going to be able to "keep me safe from uncertainty". Without solid <u>core</u>, consistent, external boundaries, the individual may be <u>unable</u> to maintain self-control at moments when he/she becomes confused or stuck in some thought-memory-experience.

The suggestion is to always plan for such certainty-seeking ("testing") behavior with new staff. For the first several times that they are alone together it is a good idea to have more experienced caregivers "shadowing" any new staff and the person being supported.

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