International Conference Contextual Therapy, April 18-20, 2018, Towards a strong future for Contextual Therapy.

The effectiveness of contextual approach in the Erasmus University Medical Centre – Sophia Children's Hospital in Rotterdam, or how we work on a strong future of the contextual approach.
Abstracts: 3
Daniël H. Stuit & Bob de Raadt (09-08-2017, 12.45 uur)

Abstract 1

Contextual approach in an academic-medical center

As medical social workers we work in a psychosocial team (department Children & Youth Psychiatry & Psychology- sector KJPP) where generalistic multidisciplinary family-oriented work is the starting point. Family-oriented work gets meaning through collaboration with psychologists, pedagogical staff, social workers and mental-spiritual healthcare professionals. During psychosocial counseling and psychological treatment, there is a substantive variety in approach, and there is meaningful cooperation between the specific sections. The mental-spiritual caregiver focuses on existential life issues, pedagogical staff is counseling the healthy side of the child and psychologists, in their treatment, place the both fysical as mentally ill child centrally in relation to the parents. As social workers we use several methods in our approach: the method of parentguiding, narrative counseling and the contextual therapy. Our parentguiding starts from the moment of intake (clinical and poli-clinical). We support parents to think on a meta level and supervise parents in the field of emotional regulation. We try to look at the whole situation with parents. Especially with a view to their buffering mechanisms, to work with them on a reliable basis of trust and security. Using the narrative approach we help parents to tell their story about worries, doubts, serious medical problems, emotions and perspectives. Using the contextual therapy and contextual terms in patients and medical cases we are focused on the situation of loyalty, multiple partiality and restoration of destructive justice during medical treatment in the hospital. We use a genogram to make our investigation and we're searching for hope and new balance in relationships.

The common goal of us as a psychosocial team is to strengthen parents of a sick child in their parent role. Emphasis is placed on psycho-social care, strengthening resources and acknowledging parenthood, by family- and patient centered care (FPCC). Through the multidisciplinary work for children and families, we work together to restore the parental context and the medical recovery of the child.

Literature:
Merwe, D. van de, I. Deblauwe (2012) – Gedrag en reacties van ouders; in: *Consultatieve en liaisonkinder- en jeugdpsychiatrie* – E.A.F. van Weel, M.H.M. van Lier, F. Verheij (red.) – Assen: Van Gorcum; ISBN 978 90 232 5036 4; p. 89-104, hoofdstuk 3.1.

Abstract 2

Author: Daniël H. Stuit
Key-words: Destructive entitlement, multidirectional partiality, exoneration, relational ethics.

As a medical social worker and a contextual family therapist I am working in a multidisciplinary chirurgical team. As a team we focus on the parental coping, stress and quality of life, and start a program of counseling and therapy for the child and parents and their context.
My parenting guiding starts in the first week after the birth of the child. I address parents at meta level and guide them in the field of emotional regulation. Together with parents I explore all their life-issues, such as family relations, social position, major events or work tax. Especially to enhance their buffering mechanisms, I work with them on a reliable basis of trust and security. My common goal is to

strengthen parents of a sick child in their parent role. The emphases are placed on social care, strengthening resources and acknowledging parenthood. Through the multidisciplinary work for the children and their families, I work together with all disciplines to restore the parental context and the medical recovery of the child. My vison is that working towards fair and versatile involvement, I can help parents maintain a resilient network of relational resources.
General characteristics of children with anatomical congenital anomalies: The anomalies are rare, often more than one organ system is affected, one or more surgical interventions are needed, there is a high risk of long-term morbidity. The high-quality care needed by these children and their parents cannot be delivered in a mono-specialist setting.

Casus:
A thirteen-year-old-girl is taken urgently on the intensive care for children, her condition is critical. The mother and father give her all their support. However as divorced couple they can barely tolerate each other. There is a destructive communication. The mother balances on the verge of her being, destructively entitled as she is. She has been abandoned by the child's father, and she has been fighting for ten years to survive, in financial and emotional terms. There is no dialogue with her ex-husband, both parents cannot meet each other in emotional sense. For the father it is the first time in ten years that he frequently can stay by his daughter, and can give all his support to her. He has made the decision that he will sleep by his child so that the mother can use a room in the Ronald McDonald house. And from that moment the mother has the anxious feeling that she lost her child, that the father has taken over the role as the supporting parent.

It helps these parents that I recognize them that although they are not married, they are the parents of their daughter who is loyal to both of them and in need of both their presence. They have to realize that they are parents of their child and both their existence is of crucial importance for the child. The main question in my therapy is how they can work on mutual justice.

For me the *give and take & receive discussion* is important and tot handle it I use the following questions: *What did you give to your child and how can you receive your giving*. At the end parents can take care of each other to give their daughter mutual recognition. Parents find resources; who are their trust resources especially in a period when they feel loneliness, and are not connected with each other. Can you share and distribute attention in your context. And what are their individual possibilities in this high stress context.

Loyalty as given places within their own primary and secondary socialization. Recognizing both parents, allowing them to recognize each other more and more as parents and share good parent experiences. Ultimately let the girl say what she wants and expect and what her desire is for now and in the future.

Conclusion: My contextual approach and multidisciplinary family oriented work gives this family a new relational start and opens a healing dialogue and frees the thirteen-year-old-child of her split loyalty. Contextual therapy has helped them to make the child’s split loyalty visible. In therapy they find words to express what it means for them to stay at the intensive care in a stressful situation for a longer period. And that improved the girls healing process !

Daniel H. Stuit followed his education as a social worker at the Rotterdam University of Applied Sciences. He has a continuing education at the Amsterdam Institute of Agogic Studies with specialization in behavior and socialization. In 2010, he obtained his master social work at the Amsterdam University of Applied Sciences. For his master's thesis, he studied the secondary disease burden of parents while taking their child in a department for intensive care. At the School for Contextual Approach in Utrecht, he was trained as a contextual counselor, registered by the professional association VCW. At the Nagy Academy in Utrecht, he was trained as a contextual family therapist, a degree he completed in 2017.
Since 1999 he has been employed at the Erasmus University Medical Center, initially in adult medicine, and since 2005 he is employed at EMC - Sophia Children's Hospital for the surgical long-term follow-up, accompanying parents of children with a hereditary congenital

disorder. Before his work in EMC, he worked in the field of extramural counseling and, as a project leader conducted a practical research into the care needs of six ethnic groups in four old urban renewal areas of Rotterdam.

Literatuur: Stuit, D. H., B. de Raadt (2013) – Het verhaal achter het verhaal; intense verhalen van ouders tijdens de opname van hun kind; in: *Maatwerk, Vakblad voor maatschappelijk werk* – 2013/5:2-4,1, okt.; ISSN 1567-6587.

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Abstract 3

Title: Effective contextual scan (contextual processing)

Author: Bob de Raadt; versie 24-07-2017

Case study: Leaving home – caring motherhood/obstetric care – empowering loyalty.

Keywords: loyalty, destructive righteousness, relational ethics, dialogic caregiving, selfvalidation

I'm a social worker and contextual counselor who is working in an academic hospital. My main group of patients consists of women with complicated pregnancies and additional severe psychosocial problems. Just to illustrate this I report on a recent case. I got a request from the doctor to speak with a 26 years old non-Western pregnant lady who is homeless, without work, income and family-support. She had a whole lot of problems. The medical staff is very preoccupied about the childraising competencies and psychosocial context of this mother to be. The urgent question was: 'How can she ever raise a child with her personality and in these bad financial and supportive circumstances?' She is cooperative to give her child up for foster care, although she remains doubts feeling resistence at the same time.

When I enter her room at the department of obstetrics and introduce myself as social worker and ask her "How is it for you to stay here, in this room, far from home, with all your worries in your mind, thinking about the next conversation with the Child Protection agency? How is this all for you? " She tells me about her context, about the reasons why she left her work and her last home. Telling this story, she tells me too about her commitment to take care for her baby, that she has searched for an address, close to Rotterdam and visiting a mother & child-care home, for support and advise. When I ask her "do you really want to give away your child?" after a moment of silence and thinking her answer is "No!"

Later on she tells me the reasons why she had left her country of origin; painful relationships, l destructive family life and poverty. Hoping for a better future in the Netherlands, she decided to leave. Not finishing her study she started working in the sex business.

Her partner was in criminal business and was recently hold in detention, far abroad and difficult to connect to. She had no support from him. In despair she made up her mind: I want a better place for my son and myself, so that I can take care of him and we can have a better future. She tells me about the reason why she will give him a name that refers to a boy in her childhood she felt safe with and who acted respectful towards her. As she speaks about her baby her voice sounds kind and speaks with a smile on her face. I'm reflecting about that kindness and that smile and tell her about my observation. She then becomes also aware of her smile and about her thoughts. This intervention empowers her and enhances her developing motherhood.

She found a mother & child supportive care house in the region of Rotterdam and that organization welcomed her. That support was necessary for a new perspective. I first saw a pregnant woman, with a lot of destructive influences from her past. However, now I also saw a woman with constructive powers to restore and rebuild her life, to restore broken relationships. She shows caring motherhood and affection to her child. A positive attitude and loyalty beyond the negative life-events. I saw her effort and her growing insight through her upcoming motherhood. Later on she gave birth to a healthy boy. She stayed in the mother & child-house and she developed positive skills for her motherhood. And the baby stayed with her! It's a strong process of selfvalidation, give and take, loyalty, meaning and caregiving.

Conclusion: Questioning this pregnant woman about her inner motives and her efforts make way to new loyalty, new relational ethics and a healing dialogue. The first consultation was effective through a contextual approach and a new validation.

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References:

- Raadt, Bob de & Daniël Stuit (2014) – Intensieve zorg. Ouderschap in de context van het Sophia Kinderziekenhuis, in: *Vakblad voor Contextuele Hulpverlening;* jaargang 19, nr. 1, maart, pag. 5-9,1-3. ISSN: 2210-4607.
- www.bobderaadt.nl

- Bron: Raadt, B. de, D. H. Stuit (2017) - *Effective contextual scan (contextual processing)*; abstract for the **International Conference Contextual Therapy, April 18-20, 2018, CHE - Towards a strong future for Contextual Therapy.** The effectiveness of contextual approach in the Erasmus University Medical Centre (submitted; 3 abstracts).