Our book Triple-C: A different approach to care and treatment of people with intellectual disabilities first appeared in 2011. It sets out the vision and theory behind the Triple-C treatment model, illustrated with stories of people with intellectual disabilities as well as their parents, coaches, managers and psychologists. In short, the book describes how we deal with people who are ‘different’ in a manner that is as normal as possible.

In 2012 the book won the Best Practice Product Award of the Dutch Association of Health Care Providers for People with Disabilities. Since then, the model has been taken up not only in the care of people with intellectual disabilities but also in the field of psychiatry.

Yet our work is far from finished. On the basis of our experiences with the Triple-C system programmes we have enhanced and extended our vision of Triple-C. This has resulted in the development of the Triple-C Treatment House and helped us to zero in on the basic foundation of Triple-C: meeting human needs.

Thus arose the idea for a revised, improved and extended edition of our book. This new edition sets out with examples from practice and questions for self-reflection. What is Triple-C exactly? How can Triple-C serve clients and professionals in a meaningful way?

It is not the aim of this book to provide readymade, one-size-fits-all answers. Instead, we challenge you to come up with your own answers and thereby develop the tools to successfully implement Triple-C together with your clients and colleagues.

A key focus of this book is the Triple-C Treatment House, which we use in our own training courses. The Treatment House brings together the basic foundation of meeting human needs and the further building blocks of Triple-C. It will help you to put the treatment into practice as well as to consciously reflect on that treatment.

We illustrate the Triple-C Treatment House with examples from practice, quotes, anecdotes, images and self-reflection questions that encourage you to think and engage in dialogue. We invite you to embrace that dialogue – with yourself, with your colleagues and with us.

Hans van Wouwe en Dick van de Weerd
It is not uncommon for coaches, therapists and managers involved in the care of people with intellectual disabilities and in psychiatry to find themselves facing a dead end. Sometimes we simply no longer know how best to coach or treat the client. If the traditional methods are having no effect on the challenging behaviour, we may feel we have no choice but to medicate or relocate the client, or resort to measures that inhibit the client’s freedom and independence – and all this with no prospect of a better treatment method on the horizon. Clients then find themselves labelled with terms such as treatment-resistant or even untreatable.

It was Andreas who opened our eyes back in 1990. With his severe form of autism combined with a tendency towards self-harm and aggression, he drove us to despair. He was no longer welcome at the activities centre and was pumped full of medication. He could walk, and yet we strapped him into a wheelchair. We had no sense of perspective; saw no way around his problems. And while we did not know what to do, one thing was clear: what we were doing wasn’t right. There had to be another way.

Fortunately, there is another way. Because what is it that people with intellectual disabilities and challenging behaviour really want? What do they need? What do they ask of their environment? Just like the rest of us, they need physical and emotional security, social interaction and a sense of self-worth. They want to do normal things and be able to feel proud of them. They not only want to have a say in their self-management and living conditions, but also to be able to use their own initiative and have their own experiences. They don’t want to be a client, but a person. They just want to experience a normal life. All this is possible – within...
a treatment system that allows for it, and in an organisation with a strong care vision that supervisors and therapists subscribe to unconditionally, even if the client's behaviour is complex or even threatening.

We began developing our treatment model at ASVZ in the 1990s. Since the turn of the century, Triple-C has been gaining ground both within and beyond the care for people with disabilities. At present hundreds of clients in the Netherlands are treated in line with the Triple-C methodology. This is not to say it always runs smoothly, but we make a point of learning from our experiences. Every day, clients and care organisations achieve remarkable results which demonstrate that with Triple-C, we’re on the right track.

In this book you can read all about the ideas behind Triple-C and what it takes to put the model into practice. Chapters 3 to 6 describe the building blocks of the Triple-C Treatment House. Chapter 7 focuses on cultural factors and the preconditions that must be met in order to implement Triple-C. Chapter 8 turns to the core competencies needed to work with Triple-C, and the training, coaching and supervising of coaches. At the end of each chapter, self-reflection questions help you translate the theory into your own everyday practice. Finally, in the appendices you can find the Triple-C guides, which help you to view clients and your organisation differently.
The building blocks of the Triple-C Treatment House
The Triple-C model combines a vision and a methodology for the coaching and treatment of people with intellectual disabilities combined with challenging behaviour or psychological problems. The three Cs stand for Client, Coach and Competencies.

The basic philosophy behind Triple-C is that clients should be able, as far as possible, to experience a normal life. The coaches support this effort by helping clients to build up their competencies on the basis of an unconditionally supportive relationship.

Human behaviour is largely determined by the circumstances in which we live. Therefore, we address a range of environmental variables in order to meet our clients’ human needs and enhance their quality of life.

**The basic foundation of human needs**

The underlying premise of Triple-C is that clients with intellectual disabilities or mental illnesses are people, and thus have human needs just like the rest of us. Coaching and treatment in the Triple-C model are fully geared towards meeting these human needs. We do not punish, restrain or isolate clients. Instead we work...
towards developing an equal, unconditionally supportive relationship, in which we serve as examples of desirable behaviour. Through their coaches, clients can see and experience ‘normal’ life. Coaches do not watch over clients’ shoulders as they brush their teeth or eat a sandwich; instead they demonstrate such actions. This gives clients a point of reference as well as an example for them to emulate.

Three pillars, three objectives
The key pillars of Triple-C are entering into an unconditionally supportive relationship, providing clients with meaningful daily activities, and shifting the focus away from challenging behaviour. Supported by their coach, clients participate in a full and meaningful daily programme that gives them the opportunity to experience success, and thus has a therapeutic effect: their confidence grows, stress levels drop and challenging behaviour fades into the background.

Everyone who works with people with challenging behaviour encounters it at some point or another. That situation where you think, this is not good enough. This is not living. Enough is enough. Can you recall such a moment? A moment that made you think, we’re just not doing this right? What was it that made you think this way?

'We’d reached a dead end. It was as though we had blinkers on. We had to figure out how to see things through a different lens. When I started working here, I only ever heard horror stories about how dangerous this or that client was. Then you’re no longer seeing a person, but a monster.'

Klazien van der Meulen, coach, Talant
Building relationships: unconditional support
The coach builds up a relationship with the client by being sensitive and responsive to the client’s needs, providing unconditional support and giving the client someone to lean on at all times. The developing trust between them serves as a buffer against stress for the client.

Developing competencies: meaningful daily activities
Clients experience ‘normal’ life by participating in a full daily programme of meaningful activities in four competence domains: Personal Hygiene, Living Environment, Work or Training, and Leisure Time. Within these four domains clients are given challenges, tasks and responsibilities that enable them to build up their competencies. In doing so they are supported by their coach, who maintains the relationship irrespective of the client’s behaviour and ensures that the client completes the activity successfully. This helps clients to develop a sense of competence and greater confidence in themselves as well as others.

A different perspective on challenging behaviour
We see challenging behaviour as the tip of the iceberg: a consequence of unfulfilled human needs. This is why we consider it undesirable to try to root out such behaviour by means of protocols, medication, physical restraint or isolation. Such a focus on challenging behaviour leads clients and coaches to develop ineffective patterns of action and reaction (see p. 59) and only serves to further exclude clients from ‘normal’ life.
Our primary focus, therefore, is not on controlling or managing challenging behaviour. We concentrate instead on meeting clients’ underlying, unfulfilled human needs, which helps to reduce their stress levels as well as their challenging behaviour. This makes life around them ‘normal’ again – and their own lives too (as normal as possible, in any case).

‘At Talant, we’ve made normal “special”. You need a great deal of skill to treat people who are different normally. A person may be autistic but that doesn’t mean they’re a different creature altogether. People tend to blame all sorts of things on the disorder. Those are just myths – but they’re certainly persistent, and it will take a long time to eradicate them from this world.’
Johan Plantinga, manager, Talant
Humane care for a normal life

Triple-C gives clients a dignified life by facilitating relationships and competencies that enable them to meet their human needs. It helps clients feel safer and improves their social interactions. This in turn creates a feeling of self-worth and of being of value to others and society. In short, they become human beings again, rather than merely clients with challenging behaviour (Dijkxhoorn, Buysse & Van Berckelaer-Onnes, 2000; Van Berckelaer-Onnes, Dijkxhoorn, Jacobs & Van der Ploeg, 1996).

‘The trick is to keep it simple. Plan for clients to do normal things: celebrate their birthday, hold down a paper route. These things may seem ordinary, but if you live in an institution they’re by no means self-evident.’

Margreet van Barneveld-Veninga, psychologist and supervisor, ASVZ

‘We often get compliments from parents. Recently we had some parents come in to change the resuscitation protocol for their son. They want him to be resuscitated, should it come to that. The father cried. “I haven’t seen my son happy in years”, he said. “But today I did.” Being able to mean that for a client and his family – it’s priceless.’

Klazien van der Meulen, coach, Talant
What we do to help clients experience ‘normal’ life:

- take their human needs as our starting point;

- provide unconditional support (building relationships);

- facilitate a meaningful daily programme (developing competencies);

- address the root causes of challenging behaviour.
‘The trick is to keep it simple’
Thinking differently, seeing differently, acting differently
Most traditional treatment models have a *pathological* basis (Goldiamond, 1974); that is, they are aimed at controlling and treating problems, disorders and abnormal behaviour. Clients with a habit of breaking crockery are given plastic tableware to use instead (control). There are anti-psychotics for clients with psychosis (medical-psychiatric treatment), EMDR therapy for post-traumatic stress disorder (psychological treatment), and electrical aversion therapy for clients who engage in serious self-harm (behavioural treatment or symptom management). In an effort to minimise risks, institutions and therapists take measures that restrict clients’ independence. Clients are placed in low-stimulus environments, isolated or given behavioural medication that deadens their senses. Their freedoms are taken away, and they are expected to ‘earn’ them back.

Even from a pathological point of view, questions can be raised about the benefits of punishing and isolating clients. What disease or disorder are you aiming to treat with these tactics? Punishing or isolating people is not treating them, but controlling them.

Thinking differently

Triple-C takes a *constructional* approach, where clients are seen first and foremost as human beings. It takes as its starting point the basic needs that we all share, and focuses on the interaction between the client and his or her environment. Building on Ter Horst (1978), the aim of the Triple-C model is to facilitate normal life by meeting normal human needs.

In this chapter we describe the differences between the traditional treatment ‘house’ and the Triple-C Treatment House. Triple-C can only succeed in organisations in which coaches and management think differently, see things differently, and act differently.
'In our training, we’re taught to help people by pinpointing their problem and then trying to solve it. But this means you’re constantly focusing on clients’ failings, pointing out what it is that they can’t do. The biggest challenge is learning to think differently. Before you know it you’re falling back on old patterns, focusing on prevention. Entire team meetings end up being spent on stopping that one client from banging his head against the wall, when actually you should be talking about how you can help him to have a meaningful day. This is only possible if you keep one another focused on Triple-C. It’s a team effort, between you, your clients and your colleagues.'
Karlijn Groenland, psychologist, De Zijlen

Seeing differently
The Triple-C Treatment House is not about controlling and treating challenging behaviour. We see such behaviour as merely the tip of the iceberg: the consequence of unfulfilled human needs. The full iceberg consists of the sum of the client’s underlying problems and obstacles as well as the environmental obstacles. And you can only begin to chip away at that iceberg in a warm psychological climate, so to speak; a climate that seeks to meet the normal human needs of the client, and that provides them with tasks, responsibilities and opportunities backed by an unconditionally supportive relationship. This gives rise to a nurturing environment that boosts clients’ self-confidence and competencies.
Viewing challenging behaviour through a different lens is the key to unlocking a treatment approach based on unconditionally supportive relationships and meaningful activities. This leads to a shift in the entire treatment paradigm:

- Rules ➔ Relationships
- Control ➔ Competencies
- Contact ➔ Cooperation
- Must ➔ Want
- Earn trust ➔ Give trust
- Knowledge transfer ➔ Knowledge creation
- Self-confidence ➔ Team confidence
- Individual self-reliance ➔ Mutual self-reliance
- Development ➔ Support

‘One of the men in our home wore anti-rip clothing for 16 years. During meal times he had to sit in a modified chair that he couldn’t get out of on his own. All for his own safety – at least, that’s what we thought. If you’re looking for a solution to challenging behaviour, those are the sorts of measures that seem necessary. But we don’t do that anymore. We now focus on the client’s human needs. What does he need from us? Everything we do is geared towards answering this question and providing him with unconditional support, which in turn boosts his self-confidence. He now wears normal clothes, which, initially, was quite a big thing. It’s only when you learn to look at things differently that you see how stuck you are in a certain pattern, when actually the solution can be very simple. As a coach, it gives me a lot of satisfaction to see what other improvements we can make – because we’re nowhere near done yet.’

Annet van den Bos, personal coach, De Zijlen
Acting differently: Triple-C is all or nothing

Working with Triple-C calls for a shared vision, common values and an open culture. It can only succeed in organisations where everyone, from the management right down to the coaches, stands behind its vision and working methods. This gives rise to consensus, and clients and coaches benefit from both the direction and the space they need to build up relationships and develop their competencies.

This is not to suggest that everyone has to agree at all times. What is important is that all members of the organisation enter into a dialogue based on their shared vision and values. In this way, an organisation emerges whose members think differently about what clients need, view challenging behaviour through a different lens, and can translate all this into doing things differently.

‘We ran into problems immediately after introducing Triple-C, because it turned out that what we were doing in the activities centres was in direct contrast to what was going on in the clients’ homes. There were strict limitations on what they were allowed to do at home, whereas at work they could do anything they wanted. Our coaches were left feeling as though they had to spend all day just getting clients back on track. It was only when the coaches in the homes were also introduced to Triple-C that things improved. Dialogue between the coaches at home and at work is essential: they need to work together to really understand the clients, their routines and their needs.’

Ab Alberts, psychologist, Talant

Coaches who don’t think or see things differently don’t dare to do things differently. The same goes for team leaders, managers, psychologists and doctors. As a result, both clients and their care providers get bogged down in organisational structures and certain patterns of behaviour, and ultimately the system becomes deadlocked. There’s no such thing as a ‘little bit’ of Triple-C: it’s an all-or-nothing deal.
Porcelain tableware?

The aim of Triple-C is to help clients develop normal lives – right down to eating from proper plates with real cutlery. Of course, this is not to say that care institutions should replace all their plastic tableware with porcelain from one day to the next. Before things can be done differently, it is vital to first learn to think differently and to see things in a new perspective. This starts with exploring the rationale behind clients eating from plastic plates. Nice things tend to get broken – but why? What is it that prompts clients to throw their plates and cups around? Only by turning the spotlight on that question can we gain insight into their perspective and, ultimately, their needs. Once coaches understand this, they can work to build up the client's self-confidence and competencies, and at the same time reduce their challenging behaviour. Then, and only then, is it time to get the porcelain out.

‘I’ve never doubted the principles of Triple-C, but I’ve seen it applied too quickly in practice. You can’t just break old habits from one day to the next. People who try that have got things the wrong way round: you’re trying to act differently before you’ve learned to think differently and see things differently. You’ve got to change your thought patterns and perceptions first.’

Titia van der Kooij, orthopedagoog bij Talant

In the next chapter, we turn to the basic foundation of the Triple-C Treatment House: meeting the client's human needs.
**Traditional versus Triple-C treatment**

The figure below depicts the traditional treatment house, focused on the absence of challenging behaviour, and the Triple-C Treatment House, which revolves around helping clients to experience normal life. Which of the elements in the illustration are present or absent in your own practice?

The coaching/treatment focuses on the client's challenging behaviour. This approach entails:

- conditional support
- compliance with contracts, rules and protocols
- a critical, normative attitude to clients and relatives
- an us/them culture
- reduction, prevention and punishment of challenging behaviour
- focus on the safety of the coach
- adherence to a diagnosis-prescription model
- emphasis on the failings of the client.

The coaching/treatment revolves around the client's human needs. This approach involves:

- unconditional support
- a dignified environment in which clients can experience normal life
- an exploratory attitude on the part of clients, relatives and the multidisciplinary coaching team: a willingness to try different things to figure out what works
- collaborative, meaningful activities
- fostering of humane and desirable behaviour
- focus on the safety of the client
- mutual familiarity, understanding, appreciation and complementarity
- emphasis on the successes of the client.
Self-reflection questions

1. Are you focused on the problem or the person? Read the statements below and try to identify the respective treatment approach in which they are anchored.
   - When clients have breakfast, the coaches do not eat with them.
   - Clients and coaches wear uniforms; the coaches can be recognised by the colour of their jackets.
   - There are separate toilets for clients and coaches.
   - The key aim of the treatment plan is for the client to recognise the coach’s authority.
   - The coach thinks: which client can help me with the cooking?
   - The coach thinks: what support can I offer the client when cooking?
   - The client’s behaviour grows increasingly aggressive and the doctor is eventually asked to prescribe medication.

2. What are the written and unwritten care rules in the home you work in?

3. What conditions are clients required to meet before you are prepared to work with them?

4. What are the positive and negative consequences that follow from the clients’ behaviour?

5. How does the thinking behind the rules, agreements and protocols in your work compare with that of (i) the traditional treatment house and (ii) the Triple-C Treatment House? Which approach do they belong to, and why?
‘Triple-C is reflected in everything we do. You can see it everywhere, from our relationships with clients and with one another right down to the design of the living environment.’
The basic foundation: meeting human needs
The basic idea behind Triple-C is that clients with intellectual disabilities or psychiatric disorders are people with normal human needs, just like the rest of us. We do not become human beings of our own accord; instead we need to be nurtured and guided by others in a humane and dignified environment. This applies all the more to people with intellectual disabilities and challenging behaviour. We set the example for them of normal human behaviour.

Human behaviour is determined to a large degree by the circumstances in which we live. A normal, humane environment encourages people to behave in a normal, human way. Conversely, if we place people in a degrading situation – in isolation, for instance – we cannot expect them to show normal human behaviour.

People make people

The educationalist Langeveld (1979) saw the individual as an animal educandum: a being that has to be nurtured and educated. To qualify for the label ‘human’, a process of humanisation is necessary. We only start walking, talking and behaving like humans when these things are demonstrated to us by others. Kok (2004) asserts, likewise, that ‘if an animal that is dependent on education fails to receive that education, it reverts from animal to beast.’

In short, humans do not become human of their own accord; instead we need to be nurtured and guided by others. Particularly when it comes to clients with seriously challenging behaviour, it is of the utmost importance that we support them in a humane and dignified manner, including – or rather, especially – when they behave aggressively. Then more than ever is it our responsibility to show them what human behaviour entails.

‘Triple-C is about people. You have to dare to be human and to make yourself vulnerable, because in that vulnerability lies the power of the treatment model. If you can hold on to your own humanity, you will be able to see the person behind the challenging behaviour. This is also how you can avoid getting sucked in by the myths. I still recall a boy we had here whose nickname was “the monster of Brabant”. And when I see that boy now, I think, you’re the icing on our cake.’

Elvis Agard, team leader, ASVZ
Maslow and Barrett

Maslow (1943) identified the following hierarchy of fundamental human needs:
- biological and physiological needs
- the need for safety and security
- the need for love and belonging
- the need for self-esteem
- the need for self-actualisation.

According to Maslow, if these fundamental needs are not satisfied, the individual will not have access to the full range of human opportunity; nor indeed, to the full measure of humanity itself. Building on this work, Barrett (2000) identified seven basic human needs:
1. survival
2. relationships
3. self-esteem
4. transformation
5. internal cohesion
6. making a difference
7. service.

Barrett categorised these needs into four domains: physical, emotional, mental and spiritual.

The Triple-C treatment model takes all four categories into account. Clients' physical needs are met by ensuring that their living environments are safe, familiar and designed to foster physical health. Their emotional needs are fulfilled through the development of respectful relationships: we show clients that we value them and treat them with dignity. We meet clients’ mental needs by providing training and fostering intellectual achievement, but also simply by supporting them in making their own choices and giving them the opportunity to have a say in their daily lives. Finally, clients’ spiritual needs are fulfilled by way of activities that are meaningful, both for themselves and for others.

We can speak of a ‘dignified existence’ for clients only if we meet their needs for safety, recognition and appreciation, agency and meaning.
Needs versus desires

Being sensitive to clients' basic human needs is different to merely meeting their desires. A client may say he wants to stay in bed, watch television all day or not see his family. But are these superficial desires really in line with his deep-seated, fundamental needs?

In everything you do, you need to be conscious of the client's human needs and constantly work to meet those needs. You can't just focus on an activity without considering your relationship with the client and his or her need for security and predictability. Likewise, you can't focus exclusively on the relationship without giving it some form of direction and meaning by way of activities.

It is important to look beyond the desires that clients express. Staying in bed or playing computer games all day may seem appealing, but it leaves a person feeling empty and useless. On the basis of dialogue and unconditional support, it's up to you to give substance to the Triple-C daily programme. This enables the client to experience 'normal' life and to develop the competencies required to lead that life.

Game over?

Charles often complains that he doesn't want to go to work. He would rather stay in bed the whole day playing computer games. At a care team meeting it is decided that Charles only has to work three days a week and can stay home the other two days to play games. After a few weeks, Charles isn't satisfied with that either: he wants to play games five days a week. During a training session the team analyses the needs wheel. They discover that Charles doesn't feel safe or valued at his work. He also doesn't feel like he has anything to offer his co-workers. After discussing it with his supervisor, Charles is assigned tasks that better cater to his needs. Charles is now happy to go to work every day.

In the next chapter, we address the first pillar of the Triple-C Treatment House: the development of an unconditionally supportive relationship.
Self-reflection questions

1

What do you see as the four key principles in coaching your clients? What needs do you pay most attention to?

2

Below you will find a number of questions to help you reflect on each element in the 'needs wheel'.

Keep one of your clients in mind as you answer the questions.

**Physical needs**
- Does the client have a stable living environment?
- Does the client have his/her own safe place at home or work?
- How familiar and predictable is the client's everyday life?
- How structured is the client's daily schedule? Are there gaps in the programme that might lead to insecurity?
- What support does the client receive in order to help him/her feel safe?
- What aspects of life make the client feel unsafe or threatened?
Emotional needs
- How do you respond from a position of sensitivity and closeness to the client's needs? Are there rules, agreements or protocols in place that either facilitate or hinder your response?
- How do you demonstrate that you value and respect the client?
- Is there someone who truly loves this client?
- How do you celebrate the client's achievements?
- How many times per day does the client receive a compliment?
- How can the client be facilitated in developing a sense of belonging?

Mental needs
- How much of a say does the client have in his/her everyday life?
- What choices is the client permitted to make him/herself? Which choices are out of the client's hands?
- Does the client have particular fears or concerns that interfere with his/her everyday life?
- What support does the client receive to help reduce those fears?

Spiritual needs
- In what ways does the client have room to shape his/her own life?
- Which meaningful activities does the client engage in each day?
- Is there a good match between these activities and the client's interests?
- To what extent does the client find these activities to be meaningful?
- How do you support the client such that he/she is able to stand out from others?
- How do you support the client such that he/she can be of value to others?
‘Triple-C is about people. You have to dare to be human and to make yourself vulnerable, because in that vulnerability lies the power of the treatment model.’
Building relationships: providing unconditional support
No matter what, clients in the Triple-C Treatment House can always rely on their coach and on the structure provided by a meaningful daily programme. This chapter focuses on the first pillar of Triple-C: the unconditional support clients receive from their coach.

Dialogue: understand, connect and complement
One of the key psychological instruments in the Triple-C approach is the dialogue between coach and client. This interaction gives rise to a genuine connection, reciprocity, rapport, mutual understanding and trust.

The dialogue can take many forms. In some situations coaches may need to offer closeness and solidarity; at other times they may need to give the client space. In any event, they must be sensitive and responsive if they are to understand the client, connect with his or her needs and engage in a meaningful dialogue.

Building relationships

Phase 1: Getting acquainted and developing an attachment relationship
The first phase is about making contact with clients, gauging their developmental level and identifying their needs. Coaches need to be sensitive and responsive; they build up contact depending on what clients can handle, what they are willing to accept and what they find enjoyable.

Conducting a dialogue involves communicating in such a way that you understand the other and, conversely, you yourself are understood. A dialogue is reciprocal: both participants need to attune themselves to and make accommodations for the other.

Phase 2: Creating a safe environment
We define environment as the sum of the unconditionally supportive relationship and predictable, meaningful activities. Coaches give clients confidence. By ensuring that they (and the daily programme they provide) can be relied upon, including in times of stress, coaches come to be seen as a trusted other, a safe haven. For clients, the attachment relationship forms a buffer against stress and the dialogue gives them a degree of control over their own environment. They feel safe and understood. The constant presence of the coach and a sense of continuity are crucial in this phase.

Stress reduction
With the coach nurturing the relationship (phase 1) and creating a safe environment (phase 2), clients
begin to feel more at ease and more confident. As a result, their stress levels decrease. Depending on the situation, coaches vary the amount of space they give clients. In less familiar (and therefore more stressful) situations, they provide more support by staying close and being ever ready to jump in and share the reins. In more familiar, predictable situations, they allow clients more room to take the initiative themselves – yet even then they are always on hand to lend assistance.

Example

*Peter, who has a habit of hitting himself, always clears the table together with his coach. The coach directs the activity as naturally as possible by taking the initiative and inviting Peter to join him. Together they take*

Sensitivity is about mastering the art of attentive presence. This means not merely being there for the client, but being there in the right way. What do you focus on in the client’s presence? Every moment is an opportunity to build trust, to achieve growth and development, and to give shape to the treatment. The key is to pay attention to what the client needs; to understand and connect with what is on his or her mind at any given moment. The client may say, ‘Set the table? Forget it! Do it yourself!, when what she really means is, ‘I don’t know how to do that on my own, I need help.’

Responsiveness is about reacting appropriately to the signals given off by the client. This works best if you cooperate on the task at hand. Some clients have limited cooking skills, for instance, but even if you largely do the cooking yourself, you can still enlist their help in peeling the potatoes. Or you peel the potatoes yourself, but on the table of the wheelchair to engage the client; or you let the client feel the difference in texture between a peeled and an unpeeled potato. Need to open the curtains? Have the client feel the fabric, or feel the breeze outside. The simplest things can have a therapeutic effect. As the coach, it’s up to you to recognise and make use of those opportunities. Everything you do can be meaningful, provided that in some small way it derives from and serves to meet the client’s needs.
everything from the table to the kitchen. Over time it becomes a familiar, predictable routine that Peter manages to participate in without engaging in self-harm. As Peter’s self-confidence grows, the coach begins to take a back seat. One day Peter starts bringing the things into the kitchen of his own accord, where the coach puts them in the dishwasher.

Phase 3: Relational autonomy
For many clients full autonomy is neither possible nor, given their developmental level, desirable. Therefore, we use the term relational autonomy. This refers to the maximum independence of the client within the coach–client relationship.

Following the first two phases, which serve to reduce clients’ stress levels and bolster their self-confidence, clients gradually enjoy more and more opportunities to show initiative and experience a sense of independence. This is not to suggest that the coach is no longer in the picture. Especially in times of stress, the client still receives the full support of the coach, who also serves as the client’s substitute conscience.

Unconditional coaching
Coaches, psychologists and supervisors work together to develop unconditionally supportive relationships with clients. This unconditionality manifests itself in practice through the absence of punishments and ‘if–then’ statements.

Give direction and set an example
It's impossible to build up a relationship with someone if you don't do things together. Activities give direction to the relationship, without which you run the risk of an unhealthy symbiosis. Equally, you can't nurture a relationship by being active without involving the other in the activity. This does not mean making clients do everything themselves. Just watching over someone’s shoulder as they brush their teeth or eat a sandwich is not coaching; it's guarding. By brushing your teeth and eating together, you can set an example for the client of desirable human behaviour.

"For someone who works in healthcare, I'm actually not all that caring. I'm not interested in taking care of people the whole day – I want to make sure they can do as much as possible themselves. I don't mean just leaving them to it, but rather working together. For me, Triple-C means having a respectful view of clients and their needs. With the right combination of trust, perseverance and sensitivity you can help clients to take steps they never thought possible.'

Brian Kluytmans, sector manager, ASVZ
Six relational building blocks

When it comes to developing an unconditional relationship with clients, six elements are essential:

1. **Provide unconditional support**
   Give clients the feeling that you are there for them, no matter what. Irrespective of their behaviour, you support them in their everyday tasks and duties, always ready to lend a helping hand so that they can experience success.

2. **Focus on what clients can handle**
   Make contact with clients and maintain it, no matter what. This is your path towards becoming the ‘trusted other’, enabling you to understand what the client can handle and adjust your approach to suit.

3. **Focus on what clients can do**
   Your relationship with the client needs direction, which you can find in the activities and tasks of the daily programme. Involve clients as much as possible and encourage them to use their practical skills. In this way you give them the opportunity to grow.

4. **Don’t fight resistance**
   Resistance is a natural side effect of the interaction between coach and client. You can seek out how best to minimise the client’s resistance level by varying your approach in terms of the direction and space you provide.

5. **Cooperate to experience success**
   Together with clients and their relatives, figure out a good way of working together. Rather than taking tasks over from clients, assist them instead. Full commitment is required of both you and the relatives to ensure that clients never have to deal with things alone or get mired in a sense of failure. The idea is to empower clients to experience success by breaking the big picture down into smaller steps; for instance, ‘If you get the broom, I’ll put the chairs on the table.’ In this way you can avoid falling into the role of supervisor and developing an unequal relationship.

6. **Focus on the here and now**
   Triple-C is a positive, supportive approach that prioritises the here and now; the reality we face today. What went well or poorly yesterday is irrelevant. In your everyday coaching, myths and tall tales only serve as a hindrance. Have faith that you can influence your environment and circumstances and turn obstacles into opportunities.
Self-reflection questions

1

Read the elements in the wheel of relationship and competence development above and then answer the questions below, keeping one of your clients in mind as you do so.

- How do you manage to be sensitive to the client’s needs?

- How do you manage to remain sensitive in stressful situations?

- When do you struggle to serve as the client’s trusted other?

2

Self-reflection questions

- What daily activities do you do on your own? How could you involve the client in these activities?

- What daily activities does the client do alone? How could you support the client in these activities?
‘We do things together around here. If the coach washes the dishes, the client does the drying up, or vice versa. What we don’t do is just stand by and watch with our hands on our hips.’
Developing competencies: making every day meaningful
The second pillar of Triple-C is the development of competencies. We give clients security and stability by way of a full, familiar and predictable daily programme, revolving around the competence domains Personal Hygiene, Living Environment, Work/Training and Leisure Time. All activities in the daily programme are in line with the principle of meeting clients’ human needs. Together they give rise to a worthy and meaningful day-to-day life.

**Familiarity and predictability**
For our clients, feeling secure is extremely important – but unfortunately not always guaranteed. A familiar and predictable daily programme enables them to experience normal life, minus the stress and tension. Clients perform all sorts of everyday tasks as part of their daily programme, such as personal grooming, preparing meals, going to work and playing sports.

The familiarity and predictability of the activities gives rise to space for individual initiative, self-control and self-management. Helping to reduce clients’ stress levels ultimately leads to personal growth. Clients’ competencies increase, enabling them to exert influence over their own lives and take on a measure of responsibility.

A different triangle

The *Triple-C Treatment House* is characterised by the Activity–Buddy–Client (ABC) triangle. The traditional treatment house, by contrast, often involves a different triangle: that of Aggressor–Boss–Conflict (ABC). Vulnerable clients are seen as dangerous aggressors. The focus lies not on the relationship and the activity, but rather on the potential conflict, which in effect turns the coach into little more than a guard.
Activities provide direction
The psychological coaching and treatment of Triple-C is rooted in the triangle of Activity, Coach and Client (ACC). The ACC triangle symbolises the relationship between client and coach, which is given shape and direction through the meaningful activities they carry out together. Each element of the triangle is equally important and interrelated. The relationship is not the only thing that matters: it also needs direction, which is provided by the activities.

Four competence domains
Triple-C revolves around four competence domains: Personal Hygiene, Living Environment, Work/Training and Leisure Time. Together with the ACC triangle, these domains form the Triple-C Support Pyramid. Each side of the pyramid represents a competence domain with three corners: Client, Coach and Competencies.

The Triple-C Support Pyramid provides tools for everyday practice. However, it should not be seen as a straitjacket; it merely provides a framework, the application of which only comes about in the interaction and dialogue between client and coach.

The Triple-C daily programme: full ...
A daily programme is an essential component of humane care. By means of the Triple-C daily programme, clients and coaches work together to develop the client’s competencies in the domains Personal Hygiene, Living Environment, Work/Training and Leisure Time. The better and fuller the daily programme, the more clients get to experience a normal life.

Gaps in the programme and transitions between activities can often leave clients feeling confused and insecure. The daily programme should therefore be entirely full. This makes it familiar and predictable and
enhances clients' sense of self-control and self-management. And this, in turn, ultimately contributes to clients' personal growth, making them increasingly able to take responsibility for various aspects of their own lives.

The Triple-C daily programme is full, but not set in stone. It provides a rough guide for a daily and weekly schedule, with special emphasis on building relationships and developing competencies by sharing in everyday life and doing activities together. Within this broad structure clients and coaches can vary and experiment, providing they do so in consultation with the therapist and other coaches.

… and dignified
The Triple-C daily programme addresses clients' physical, emotional, mental and spiritual needs.

Activities meet clients’:
- physical needs, if the pattern is familiar and predictable
- emotional needs, if the activities provide recognition and appreciation
- mental needs, if clients can make their own decisions and are not left feeling afraid or anxious
- spiritual needs, if the activities are meaningful and allow clients to stand out and/or make a difference for others.

The better the match between the activities and the clients' various needs, the more meaningful they will be and the more conducive to human dignity. If clients do the same jigsaw puzzle every day, this may contribute to meeting their physical need for familiarity and predictability, but it does little for their emotional, mental and spiritual needs. Therefore, this cannot be considered a dignified daily programme.

For clients, the announcement ‘on Tuesday we're going to the vegetable garden' is just as clear as 'on Tuesday we're going to the vegetable garden to pick beans'. But if the picking beans part doesn’t go ahead for some reason, this can cause stress for some clients. So coaching is about seeking the balance between a strict schedule and loose structure; between giving clients space and avoiding things they find distressing.
How do you ensure that the daily activities are meaningful and meet the client’s human needs? A few examples are set out below.

**Competence domain: Personal Hygiene**

*Activity: brushing teeth*

Brushing teeth is consistent with the client’s physical needs if the pattern is familiar and predictable. This means the activity holds no surprises for clients, which implies that you as coach must perform the activity in the same way your colleagues do. Brushing teeth can also help to meet clients’ emotional needs if they receive recognition and appreciation for their efforts. Further, if they are capable of brushing their own teeth it also contributes to meeting their mental needs.

**Competence domain: Work/Training**

*Activity: serving coffee*

If the same client does the coffee round every day, the familiarity and predictability of this routine is in line with their physical needs. If the client is also thanked for doing so, this provides for recognition and appreciation and thus helps to meet their emotional needs. Giving clients a say in their work duties and the opportunity to make their own choices contributes to meeting their mental needs. Finally, by serving others with coffee the client is able to be of value to other people, which helps to fulfil their spiritual needs.

An extract from a Triple-C daily programme can be found on page 47.

**A Triple-C Daily programme:**

- meets the client’s physical, emotional, mental and spiritual needs
- sets out the competence domains, activities and routines of the client and the accompanying coaching style(s)
- consists of meaningful activities
- provides clarity through familiar tasks
- fosters cooperation
- enables the client to take responsibility for tasks
- gives clients influence over their own lives
- involves a variety of activities in the areas of Personal Hygiene, Living Environment, Work/Training and Leisure Time
- provides alternation between effort and relaxation.
Together all the way
Every activity calls for intense cooperation between client and coach. Sometimes the client performs the activity virtually independently, while the coach remains in the background to provide a sense of support. In other cases the coach largely carries out the activity, but still ensures the client is involved in some way.

The coach constantly attunes his or her approach to what the client is capable of and able to handle, thereby ensuring the activity is always successful. This helps give clients a sense of achievement, which has an important therapeutic effect.

Coaching styles: giving direction, inviting and providing space
The daily programme sets out not only the activities and the competence domains of the client, but also the activities and desired coaching style. By describing the coaching style, it helps the coaches and other stakeholders to successfully build relationships with clients and assist in their competency development. The Triple-C approach involves three coaching styles: giving direction, inviting and providing space. The coaches vary their coaching in these styles to meet clients’ needs.

We do things together around here. If the coach washes the dishes, the client does the drying up, or vice versa. What we don’t do is just stand back and watch. As a coach, you have to see, feel and sense everything. What does the client have in his hands? Is it clear what the task is? Is the water too hot? On your first day at work here, you have to bring your toothbrush. Why? Because when the client brushes his teeth, you do too.'

Jeanette van Hoven, team leader, ASVZ

Give direction and space, not confusion
Within Triple-C, there is always room for coaches to change things as they see fit. At times they may choose to increase the level of predictability in the relationship, the activities or the environment. On other occasions they may feel that more variation is needed.

Don’t force it
The daily activities and programme are an important part of Triple-C, but certainly not the only part. On occasion we see coaches keep pushing an activity long after it has become clear that they won’t succeed. They figure the activity, whether the client likes it or not, is the only way to keep the client’s challenging behaviour under control.
When this happens, the coach has lost sight of the need to prioritise dialogue, closeness and sensitivity in the relationship, and instead is focused only on control and power. ‘Acting differently’ has taken over, while ‘thinking differently’ and ‘seeing differently’ have fallen off the radar. The coach is merely trying to control the client's challenging behaviour, in this case not through punishment or isolation but by using the activity as a means of restricting the client's freedom.

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Example of a daily programme: John Gould

**Background information**

John Gould is 21 years old and has a moderate to mild intellectual disability. In terms of socioemotional functioning, he has a developmental age of 24 to 36 months. His skills are somewhat more advanced. He lives in a home with six other clients, where his routine and the level of support he receives are geared to his developmental level in order to nurture his relationship with coaches and gradually enhance his personal competencies. He participates in both a group programme and a supplementary individual programme. The individual programme is closely attuned to his own desires, needs, abilities and limitations.

On the next page you can read an extract from the beginning of John’s daily programme. Keep in mind that the client’s routine and the order of activities are more important than the time allocated to them.

---

This is not to suggest that anything goes. Especially when it comes to getting up, showering, eating breakfast and going to bed, clients need to have a fixed routine, supported by coaches. Too often the routine is not clear enough, or clients are distressed because every coach does things slightly differently. With the client’s leisure time, however, the routine can be somewhat less strict; a slightly looser programme makes it easier for coaches to respond to changes.

Even before or during breakfast, all sorts of things can cause confusion for clients. One coach will let them have three slices of bread, the other two. One wants them to start with something savoury, then sweet, whereas the other doesn’t care. ‘Coffee? Tea? No, milk – it’s good for you.’ All this seems harmless and not overly relevant for the treatment. But it is precisely in these everyday patterns that you can ensure that clients’ lives are as normal as possible. Think about your own morning routine: chances are that you do nine out of ten things in the same order and in the same way. In coaching, too, we need to realise that every detail can be important.
<table>
<thead>
<tr>
<th>Competence domain</th>
<th>Activities and routine: client</th>
<th>Activities: coach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target time</strong></td>
<td><strong>Giving direction – Inviting – Providing space</strong></td>
<td></td>
</tr>
<tr>
<td><strong>7.15 uur</strong></td>
<td><strong>Inviting</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Personal Hygiene</strong></td>
<td>• Knock on door</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Open door</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Turn light on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Say ‘good morning’</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Giving direction – Inviting</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Place correct amount of shampoo in measuring cup</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Place measuring cup on basin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Listen from hallway for sound of shower</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• After approximately 10 minutes, knock on door and say ‘time to dry off’</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Providing space</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Familiar routine; no direct supervision needed</td>
<td></td>
</tr>
<tr>
<td><strong>8.00 uur</strong></td>
<td><strong>Get dressed</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Personal Hygiene</strong></td>
<td>• Return to bedroom</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Put deodorant on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Put clothes on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Comb hair</td>
<td></td>
</tr>
<tr>
<td><strong>8.30 uur</strong></td>
<td><strong>Clean up</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Housework</strong></td>
<td>In cooperation with other residents:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clear table</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Wipe table down with wet cloth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Wash up</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Take rubbish out</td>
<td></td>
</tr>
<tr>
<td><strong>Personal Hygiene</strong></td>
<td><strong>Brush teeth</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• In bathroom</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Brush for two minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rinse mouth out with one glass of water</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Wipe mouth</td>
<td></td>
</tr>
<tr>
<td><strong>9.00 uur</strong></td>
<td><strong>Go to work</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Work</strong></td>
<td>• Place lunchbox and two drinks in bag</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Put on work shoes and jacket</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fetch bike from shed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cycle to work with coach</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Giving direction – Inviting</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ask John to put on work shoes and jacket</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Put own jacket on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fetch coach’s bike</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cycle with John to work</td>
<td></td>
</tr>
</tbody>
</table>
# Background information

Triple-C treatment plans set out goals for building relationships and developing competencies. The report describes these objectives and the coaching styles needed to reach them. The focus of the report is not on the client's challenging behaviour, which we see as merely the tip of the iceberg. Instead, it serves to record the challenging behaviour displayed, without focusing all too heavily on it. This helps us to gain deeper insight into whether the client's developing relationships and competencies are paired with a reduction in challenging behaviour.

## Report according to the principles of Triple-C

<table>
<thead>
<tr>
<th>Name of client: ________________________</th>
<th>Date: _______ - _______ 2015</th>
<th>day / evening</th>
<th>Mon / Tue / Wed / Thu / Fri / Sat / Sun</th>
<th>Coaches: ________________________ and ________________________</th>
</tr>
</thead>
</table>

- **Personal Hygiene**
- **Living Environment**
- **Work/Training**
- **Leisure Time**

### How did you work with the client to achieve the relevant objective?

---

### What hindered the client?

- **Identify the coaching style**
  - Giving direction
  - Inviting
  - Providing space

- **hinderances in the client**
- **hinderances in the environment**

### Which activities did the client perform?

---

### Which coaching style did you use to support the client?

---

### Why did you choose this coaching style?

- **Identify the coaching style**
  - Giving direction
  - Inviting
  - Providing space

### How did the client respond to the coaching, fellow clients and others?

---

### Any other comments about this?

---

### What did the client achieve?

---

### What moments of stress did the client face?

---

### Which coaching style enabled you to reduce the client's stress levels?

---

### How did you manage to remain the trusted other in the relationship?

---

### Did you deviate from the daily programme at all? If so, why?

---

### Which risky behaviour was displayed?

- * see template

### What do you think triggered this behaviour?

- **issues relating to the client**
- **issues in the environment**

### Physical health

---

### Further details

---

### Therapist

---

### Which aspects are important for the care team meeting?

---
Template  Hindrances and risky behaviour

<table>
<thead>
<tr>
<th>Hindrances and risky behaviour</th>
<th>Description of behaviour</th>
<th>Competence domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-verbal aggression towards others</td>
<td><strong>Physical aggression towards:</strong> ○ fellow clients ... x ○ coaches ... x ○ others ... x ○ hitting ... x ○ kicking ... x ○ pushing ... x ○ fighting ... x ○ head-butting ... x ○ biting ... x ○ pulling hair ... x ○ scratching ... x ○ spitting ... x ○ throwing objects at people ... x ○ poking people in the eye ... x ○ stabbing people with sharp objects ... x ○ inappropriate sexual conduct ... x ○ assault ... x ○ rape ... x</td>
<td>Personal Hygiene, Living Environment, Work/Training, Leisure Time</td>
</tr>
<tr>
<td>Verbal aggression towards others</td>
<td><strong>Verbal aggression towards:</strong> ○ fellow clients ... x ○ coaches ... x ○ others ... x ○ threatening ... x ○ screaming ... x ○ swearing ... x ○ cursing ... x ○ making sexually inappropriate comments ... x</td>
<td></td>
</tr>
<tr>
<td>Aggression towards objects/property</td>
<td>○ smashing objects ... x ○ breaking objects ... x ○ tearing objects apart ... x</td>
<td></td>
</tr>
<tr>
<td>Self-harm</td>
<td>○ hitting objects ... x ○ banging body parts against objects ... x ○ rubbing body parts against objects ... x ○ pulling hair ... x ○ scratching ... x ○ hitting ... x ○ biting ... x ○ pinching ... x ○ peeling off skin ... x ○ picking at wounds ... x ○ picking at nails ... x ○ pulling out teeth ... x ○ poking eyes ... x ○ picking nose</td>
<td></td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>○ fidgeting ○ inability to sit still ○ restlessness ○ tics</td>
<td></td>
</tr>
<tr>
<td>Eating problems</td>
<td>○ eating too little ○ overeating ○ abnormal eating patterns ○ regurgitating ○ vomiting ○ refusing to eat ○ <strong>Pica:</strong> eating inedible things ○ drinking undrinkable things</td>
<td></td>
</tr>
<tr>
<td>Sleep problems</td>
<td>○ insomnia ○ inability to sleep through the night ○ sleeping too much ○ sleeping too little ○ disrupted circadian rhythm</td>
<td></td>
</tr>
<tr>
<td>Socially disruptive behaviour</td>
<td>○ screaming ... x ○ yelling ... x ○ running away ... x ○ stealing ... x ○ lying ... x ○ swearing ... x ○ undressing in public ... x ○ showing affection towards strangers ... x ○ hiding objects ... x ○ masturbating in public ... x ○ smearing faeces ... x ○ sexual intimidation ... x ○ sexual intimidation ... x ○ assault ... x ○ rape ... x</td>
<td></td>
</tr>
<tr>
<td>Obsessive behaviour</td>
<td>○ <strong>Fixations on:</strong> ○ objects ... x ○ people ... x ○ situations ... x ○ position/hierarchy of things ... x ○ voices ... x ○ sounds ... x ○ symbols/numbers ... x</td>
<td></td>
</tr>
<tr>
<td>Recurrent, idiosyncratic behaviour</td>
<td>○ rocking ○ unusual hand or arm gestures ○ flapping arms ○ tapping objects</td>
<td></td>
</tr>
<tr>
<td>Problems with physical self-control</td>
<td>○ uncleanliness ... x ○ drooling ... x ○ tongue hanging out of mouth ... x ○ holding breath ... x ○ hyperventilating ... x</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>○ <strong>Fear of particular:</strong> ○ objects ... x ○ situations ... x ○ people ... x</td>
<td></td>
</tr>
<tr>
<td>Social withdrawal</td>
<td>○ avoiding social interactions with others ... x ○ isolating oneself ... x ○ being socially withdrawn ... x</td>
<td></td>
</tr>
<tr>
<td>Refusal to perform tasks</td>
<td>○ refusing to perform tasks ... x ○ throwing oneself to the ground ... x ○ running away ... x ○ refusing to get up/move ... x</td>
<td></td>
</tr>
<tr>
<td>Concentration issues</td>
<td>○ inability to focus on a task ... x ○ easily distracted ... x</td>
<td></td>
</tr>
<tr>
<td>Mood swings</td>
<td>○ sudden, extreme mood swings ... x</td>
<td></td>
</tr>
</tbody>
</table>
Self-reflection questions

From competence domains to a full, dignified daily programme

In drawing up a daily programme, the art is to link the client's human needs with the competence domains. To what extent do the activities in each competence domain result in a dignified daily programme? Are the activities familiar and predictable? Do clients receive recognition and appreciation? Do they have influence over their own lives? Can they be of value to other people?

To the right are a number of self-reflection questions that will help you to link the respective competence domains with the client's human needs.

- How predictable and clear are the activities surrounding personal hygiene, getting up, going to bed, getting dressed, eating and drinking?
- Does the client encounter obstacles in maintaining personal hygiene?
- What choices can the client make for him/herself?
- How does the client manage his/her physical health (eating habits, weight, snacking, smoking, alcohol, drugs, exercise, etc.)?
- Does the client engage in risky behaviour? What interventions could reduce these risks?
- What type of support (Giving direction – Inviting – Providing space) does the client need with respect to self-management?
- Is this also what the client asks for?
Living Environment
- Why does the client live in this home?
- To what extent do the living arrangements invite the client to engage in human behaviour, social interaction and interaction with his/her environment?
- Do the client and his/her relatives find the home suitable?
- To what extent does the home provide a stable environment that the client can rely on?
- What are the client's duties and responsibilities in taking care of his/her own living environment? Consider activities like furnishing/decorating, making the bed, washing up, setting the table, cleaning, buying groceries, etc.
- Does the client encounter obstacles in taking care of his/her living environment?
- What choices is the client able to make for him/herself in this competence domain?
- To what extent does the client's road and traffic awareness allow him/her to independently function in this competence domain?
- To what extent is the client permitted to function independently in this competence domain?
- What type of support (Giving direction – Inviting – Providing space) does the client need with respect to his/her living environment?
- Is this also what the client asks for?

Work/Training
- Why does the client work at this workplace?
- Do the client and his/her relatives consider it suitable?
- Does the client participate in full-time work/training?
- What meaningful activities does the client perform/what training is he/she following?
- Are the activities a good match in terms of what motivates the client?
- What skills does the client have?
- Does the client encounter obstacles when it comes to work/training?
- What are the client's tasks and responsibilities in this competence domain?
- What choices is the client able to make for him/herself in this competence domain?
- What are the client's aspirations in this competence domain?
- To what extent is he/she able to fulfil these aspirations?
- To what extent is the client capable of functioning independently in this competence domain?
- To what extent is the client permitted to function independently in this competence domain?
- What type of support (Giving direction – Inviting – Providing space) does the client need with respect to work/training?
- Is this also what the client asks for?

Leisure Time
- What are the client's hobbies/interests?
- What does the client do in his/her free time during the week and on weekends?
- Does the client have an active or passive disposition?
- Does the client encounter obstacles when it comes to filling his/her free time?
- What are the client's tasks and responsibilities in this competence domain?
- What does the client think of group activities?
- Which activities are not advisable, and why?
- What choices is the client able to make for him/herself in this competence domain?
- To what extent is the client capable of functioning independently in this competence domain?
- To what extent is the client permitted to function independently in this competence domain?
- What type of support (Giving direction – Inviting – Providing space) does the client need with respect to his/her leisure time?
- Is this also what the client asks for?
'What we ask of coaches is in fact a very unnatural reaction. In uncomfortable or threatening situations we actually have to go to the client, even if our gut is telling us to keep our distance.'
Seeing challenging behaviour in a new light: from monster to man
Traditional treatment models tend to focus on controlling and managing challenging behaviour. This only magnifies the issues involved in treating people with intellectual disabilities: clients are inevitably viewed as ‘problem cases’ and ever more stringent measures come to be seen as the only possible solution.

In the Triple-C Treatment House, we focus not on the challenging behaviour itself, but on the support required to meet clients’ underlying, unfulfilled needs. The highly sensitive attitude adopted by our coaches helps to reduce clients’ stress levels and chip away at the deeper issues that lie at the root of their challenging behaviour. As a result, this behaviour gradually fades into the background. To achieve this, coaches must never lose sight of their clients as people, irrespective of their behaviour.

Trying to address challenging behaviour without seeking out its root causes amounts to little more than symptom management. There will always be other challenging behaviour that replaces the behaviour you are trying to deter. You can restrain a client to prevent him from hitting himself, but he'll simply resort to biting his lips. It won't solve the underlying problem.

Challenging behaviour? Back to the order of the day
The Triple-C Treatment House focuses not on controlling or managing challenging behaviour, but on helping clients to experience a normal life, however difficult this may be. We develop an unconditionally supportive relationship with clients and provide them with opportunities and challenges, tasks and responsibilities, and room for personal initiative. When challenging behaviour arises, we simply limit it as quickly as possible so that we can return our attention to the order of the day. Both the coach–client relationship and the daily

‘The biggest eye-opener for me was that as a coach you’re given an entirely new role. We were used to analysing and addressing the challenging behaviour. All our meetings revolved around that as well. Triple-C forces us to look further; not to zero in on the challenging behaviour itself, but instead to try to figure out where it’s coming from, to try to really understand the client. We now pay a lot more attention to the question of who someone is, rather than what’s wrong with them.’ Johan Plantinga, manager, Talant
programme provide structure for clients and coaches. Clients work on their personal competencies, experience the taste of success, and develop a sense of achievement and self-confidence. This helps to reduce their stress levels, which in turn results in a decrease in challenging behaviour.

In fact, the Triple-C model requires coaches to behave counterintuitively: in difficult, stressful or threatening situations, with their every instinct urging them to flee, they must continue to stand by the client and provide unconditional support.

**Fight, flight, freeze**
When faced with a client who is cursing at you, or trying to hit, kick or even bite you, your body has a very physical reaction: your heart beats faster and harder, you begin to sweat, your vision narrows, red patches appear on your neck and so on.

At the same time, you respond on an emotional level, by feeling scared and threatened, and on a cognitive level, by rationally assessing the danger. Is the client really going to hit me? Is he liable to attack me or my colleagues? Finally, at the level of your conscience (morals, norms and values), you weigh up what sort of response is appropriate. You might feel justified in knocking out a random attacker on the street, but when it comes to a client – even one with a tendency to lash out – you’re still going to have to be his coach afterwards.

So there is a lot going on in your body and your mind in a very brief period of time. And, as shown in the integrated response model by the psychiatrist and sexologist Frits Bruinsma, all this leads to a visible response: fight, flight or freeze.

>*What we ask of coaches is in fact a very unnatural reaction. In uncomfortable or threatening situations we actually have to go to the client, even if our gut is telling us to keep our distance. When clients are struggling, we have to use our common sense. Trust in the relationship and in the daily programme.*' Marjolein Ditmer, team leader, ASVZ
Unnatural response …
When it comes to supporting clients, this natural, biologically programmed response is inevitably less than ideal. If you give in to the ‘fight’ instinct and come out swinging, things will only escalate and ultimately result in a lose–lose situation. If you flee – or freeze, for that matter – you essentially leave the client to his fate, and he will pose a threat to himself and others. So Triple-C places high demands on coaches. You have to respond in a way that goes against your very nature. Controlling your physical arousal and emotional anxiety is virtually impossible. Yet you need to use your cognition to assess the situation, and rely on your conscience, norms and values to ensure that you will be able to continue coaching and supporting the client.

… to connect with the client
Responding in such a counterintuitive way is no easy task. Fortunately, it can be learned. Try viewing the fight, flight or freeze model from the perspective of the client. When he feels threatened his body responds with arousal, which manifests itself in a display of aggression. On an emotional level he feels fearful or angry, but the intellectual disability prevents him from making a rational assessment of risk and putting it into perspective. And because his conscience is underdeveloped, the behaviour that follows from this physical and emotional arousal is uninhibited. Therefore, appealing to the client’s cognition (‘Go to your room and think about what you’ve done’) will be of little use. Appealing to his conscience (‘You know you’re not allowed to hurt people!’) will likewise fall flat.

The point here is that focusing only on the outward behaviour means you are merely fighting symptoms. Triple-C forces you to think about the client’s underlying, unfulfilled needs. A sensitive coach recognises a display of aggression as a sign that the client is feeling anxious and threatened; the art lies in being able to gear your response to the client’s need to feel physically and emotionally safe.

‘It’s not as though Triple-C makes incidents and problems just suddenly go away. The main difference is that they’re a lot less stressful, both for the clients and for us. This is because we’re much more solution focused. Breaking longstanding patterns of behaviour is difficult for clients, but also for everyone around them; coaches, relatives, therapists, the location head and so on. You can no longer hide behind your colleagues or use restraints. When tensions arise, you have to fight the urge to fight, flight or freeze. You also have to keep on being sensitive, which is only possible if you dare to be vulnerable.’

Karlijn Groenland, psychologist, De Zijlen
Punishment and isolation: out of the question

Punishment and isolation have no place in the Triple-C model. They merely emphasise the client’s challenging behaviour and disrupt the daily programme. Moreover, punishing, restraining or isolating clients conflicts with the overarching aim of meeting their needs for physical and emotional safety and appreciation.

If a client displays challenging behaviour, the first priority is to ensure the safety of everybody present and to then return to the order of the day as quickly as possible. This is not to suggest that Triple-C is in any way ‘soft’ or somehow free of obligation. Rather, the entire daily programme is focused on meaningful activities that foster desirable behaviour. Whenever the client shows undesirable behaviour – for example, not taking part in the activity with the coach – we correct the behaviour immediately without waiting for it to escalate. In fact, we ask a lot of our clients. We expect them to get up on time, go to work, do the housework and use their free time in a meaningful way.

Getting rid of rules

It’s not uncommon to see the Triple-C model being interpreted as merely the abolition of rules. Inevitably, coaches then find themselves dealing with problems and incidents day in and day out.

Rules come from somewhere. Before getting rid of them entirely, it’s important to think about why they were made in the first place. What benefits do they bring, and can the same effect be achieved in some other way? If so, the old rules and agreements can safely be abandoned – but only when the entire team has settled on the new approach and been trained in implementing it.
Breaking down ineffective patterns of action and reaction
People tend to seek out predictability and the benefits it provides. Just like everyone else, clients want to know where they stand. Our task is to ensure predictability – in the positive sense of the word. After all, constantly isolating clients when they display challenging behaviour is predictable too. By doing so, however, you may in fact be unintentionally reinforcing that behaviour.

Anything goes?
Triple-C is certainly not a method in which anything goes. There are limits – but the point is that we set those limits ahead of time, by means of a meaningful daily programme that we carry out together with clients. This is much more effective than issuing warnings after the fact, giving out yellow cards, isolating or punishing clients, or trying to implement restorative justice. Clients are usually well aware of what we don’t want them to do, so we focus instead on making clear what we do expect of them.

‘When you’re new to Triple-C it can seem laissez-faire; freedom and happiness and no more rules! This is because of the change in mind set. Instead of thinking about the impossible, you’re now focused on the possible. But you need to appreciate that what is possible can only arise through routine, regularity and predictability.’

Robert Jan Luinstra, manager, Talant

The next chapter sets out the preconditions for implementing Triple-C in the care institution, and the factors that help to make it a success.
Self-reflection questions

As you answer the questions, keep one of your clients in mind who recently displayed challenging behaviour.

1. What is the challenging behaviour in question?

1a. What do the following stakeholders see as the cause of the challenging behaviour?

- The client him/herself
- Relatives
- Therapist(s)
- Supervisor(s)
- Coaches
2 What triggers this challenging behaviour?
   2a What issues in the culture, structure/organisation and vision/principles of the system seem to draw out this behaviour in the client?
   2b What consequences does this behaviour have for the functioning of the system and the coaches? What failure or inability to provide adequate support is at issue here?
   2c What issues in the competencies of the staff and the functioning of the system seem to draw out this behaviour in the client?
   2d What issues on the client's part give rise to this challenging behaviour?

3 How do you and your team respond to the client's challenging behaviour?
   3a What is the thought process behind this response, and what is the intended effect in both the short and the long term?
   3b Is the response geared towards maintaining the relationship by way of meaningful activities, or is it intended merely to control or manage the challenging behaviour?

4 What clarity and closeness do you offer in response to the client's challenging behaviour?
   4a What clarity and closeness did the client receive before displaying the challenging behaviour?
   4b Which of the client's human needs are met (intentionally or otherwise) in response to the behaviour?
   4c What patterns of action and reaction serve to reinforce the behaviour?
‘I’m not interested in taking care of people all day – I want to make sure they can do as much as possible themselves.’
Cultivating reliability and trust
Models are always simplified representations of reality. This is no less true for Triple-C. It works perfectly on paper, but in reality, life is full of unexpected and unpredictable situations. And it is precisely these situations that clients often struggle with. It is up to supervisors, therapists and coaches to make life manageable for clients by giving them direction, but also space; by encouraging, supporting, helping and standing by them; and by taking them into their protection. In this way clients can, from a place of trust, gradually develop a degree of relational autonomy and learn to cope with what we call ‘normal’. All this may sound nice; the focus in this chapter is on ensuring that it actually comes to fruition.

The aim of Triple-C is to facilitate clients in experiencing normal life, including the unexpected and unpredictable. Rather than shutting clients off from the outside world, we place them squarely in the midst of society. We provide activities that are geared towards clients’ developmental levels, and seek to help them grow and develop.

As a result, the treatment and coaching is dynamic in nature. To outsiders, there appear to be few fixed patterns in the form of rules and protocols, either in the treatment or in the organisation, which can make it seem as though we just do ‘whatever’. Nothing could be further from the truth.

Shared values
Although there is no strict recipe or formula for applying Triple-C in practice, a number of cultural factors and preconditions will increase your chances of success. Triple-C requires an organisational culture in which all players, from the board of directors to the coaches on the ground, think, see and act in accordance with the same, shared values. This means understanding the principle of human needs, working to develop an unconditionally supportive relationship and a meaningful daily programme, and focusing on normal life rather than on challenging behaviour. These values serve as the backbone of the treatment and the organisational structure, and play a central role in all our consultations. They also help to keep staff on track even – or especially – when things are going less well, such as when the client behaves in a deviant, disruptive or aggressive manner.
‘People sometimes think we’re doing some kind of trick. But that’s not true. Everybody here works on the basis of the same shared values. We have the same vision; we speak the same language. That calls for constant consultation and coordination between therapists, managers and coaches.’
Jeanette van Hoven, team leader, ASVZ

**Show, don’t tell**
Approximately 70% of change processes in organisations either fail prematurely or do not lead to the intended outcome (Boonstra, 2000; Homan, 2005). This can be attributed to the fact that many changes are implemented at the wrong level. They are aimed at introducing new rules or putting new insights into practice, without questioning the underlying principles or identity of the organisation (Wierdsma & Swieringa, 2002, p. 171; Boonstra, 2000). In order to change organisational behaviour, according to Wierdsma, Swieringa and Boonstra, it must be approached as a collective learning process, one that takes place in and through interaction with and between different people. Only when a change in the behaviour of one individual influences that of others can we speak of a change in organisational behaviour. This mutual influence is therefore a precondition for change (Wierdsma & Swieringa, 2002).
Don't make Triple-C a ‘thing’

Tools such as this book, the book Triple-C: A different approach to care and treatment of people with intellectual disabilities, the film Triple-C in practice, the needs wheel, the attachment wheel, the daily programme template and the Triple-C index can inadvertently foster a distorted change process. The danger is that Triple-C is turned into a ‘thing’ – a big deal. This happens when the tools are blindly implemented without regard to the organisation’s traditions and the essence of Triple-C. Unless you learn to think and see things differently, simply acting differently will not be sustainable. There’s no such thing as a little bit of Triple-C.

Which type of learning?

Triple-loop learning

To implement the Activity–Buddy–Client triangle, it is not sufficient to focus solely on what is known as first-loop learning. This type of learning is about doing what must be done; that is, it revolves around rules and procedures. Making changes only at this level – say, abolishing the old rules and introducing a daily programme – is not enough. It may affect the way coaches go about their business, but it does not challenge the underlying insights, theories, rationale and tradition of the treatment.

Mintzberg (1979) posited that knowledge workers are not led by rules, procedures, protocols and information systems; instead, professionals function optimally when they can identify with the higher objectives and the values of the organisation. According to this line of thought, coaches will only be able to implement Triple-C if they understand the ideas behind the model. Having insight into why a daily programme helps to fulfil their clients’ human needs enables coaches to demonstrate sensitivity and closeness, to understand their clients and to provide them with meaningful activities.

Therefore, coaches need to engage in second-loop learning: learning what to do. Here the focus is not on the rules, but on gaining insight into the ideas that underlie them. It involves ‘why’ questions; questions about how the rules came about; questions at the level of collective knowledge and understanding. The important task of passing this type of learning on to the coaches falls to the supervisor and the therapist. ‘They are responsible for identifying the overlap between the values of the organisation and the personal values of the staff,’ says Weggeman (2008). ‘Where that overlap exists, professionals have an affective bond with the objectives of the organisation. Their engagement and enthusiasm increase, as does their propensity to commit to the organisation long term.’
Triple-C can only succeed if the key players in the treatment system – supervisors and therapists – serve as an example of the new approach. They themselves must be prepared to embody the new tradition of closeness, sensitivity and meaning-making in their dealings with the coaches. By doing so they show their willingness to invest in a high-quality ‘relational practice’, and demonstrate what they expect of coaches in their collaboration with clients and colleagues.

Supervisors and therapists thus epitomise second-loop learning within the system. At a later phase they are responsible, too, for third-loop learning: learning how to learn. This refers to the development of higher order principles for the organisation and its individual staff members, such as the principle of providing both direction and space. It involves entering into a dialogue with the entire treatment system – supervisors, therapists and coaches – on the question ‘why are we here for clients?’ Through this dialogue, new insights emerge that underpin the transformation of the treatment system from a traditional treatment house into a Triple-C Treatment House. It is on the basis of these discussions and the newly developed principles that, ultimately, behavioural change comes about (Wierdsma & Swieringa, 2002).

Teamwork: interdisciplinary co-creation
Developing a Triple-C Treatment House requires teamwork at all levels of the organisation. Supervisors, therapists and team leaders are all jointly responsible for what coaches are able to achieve on the work floor.

The starting point is the concrete translation of the Triple-C values into how clients are perceived. This results in a shared view and a treatment that everyone works together to achieve. In this inspiring environment, staff members from all disciplines – coaches, supervisors, psychologists and doctors – work together, engage in dialogue with one another, and seize every opportunity to improve their clients’ quality of life.

‘In the absence of shared values, miscommunications will inevitably arise. You’re looking at the same thing, but you both see something different. If a manager only shows up when there’s been an incident, then you too will come to focus only on the challenging behaviour.

It’s not about pulling each other down, but complementing one another. Falling, but picking yourself up again. And when you fall, you hope that somebody will give you a hand, rather than saying, “Yeah, that’s what you get!”’ Renny Brouwer, head, Talant
Teamwork at all levels

To promote collaboration in the Triple-C Treatment House, it is important that therapists, supervisors and coaches:

- provide mutual physical and emotional security
- are visible and available both to clients and to one another
- are reliable
- trust one another
- say ‘yes’ to each other and to clients more often
- celebrate their successes
- ask others for ideas and suggestions, and actually use them
- discuss mutual expectations
- allow room for experimentation
- share knowledge and experiences.

‘The bottom line is that the more collective the ambition, the stronger the shared values and the higher the energy level in an organisation, the smaller the chance of amateurism, the lower the risk that things will be dismissed lightly, and the less pressing the need for planning and control systems.’ Weggeman (2008)

However, clients with challenging behaviour give rise to so many different dynamics that fixed rules, protocols and procedures often turn out to be inadequate in practice. To deal with the challenging behaviour, coaches start to make exceptions to the rules. But this has the opposite of the intended effect: the rules themselves, rather than the clients’ human needs, become the starting point for the treatment. When supervisors, therapists, coaches and clients lose their way, the risk increases of getting stuck in ineffective management patterns. They become less reliable, they lose sight of the human dimension and stress levels rise across the board. To restore order new rules are made, which in turn lead to new exceptions, and so the vicious circle continues.

A culture of willingness, not obligation

Experience has shown that Triple-C thrives in a culture of willingness, both among clients and staff. In organisational cultures not based on shared values, willingness tends to be overshadowed by obligation and an excess of rules and procedures.

It is only possible to think differently, see things differently and act differently in a supportive organisational culture characterised by acceptance and appreciation (Senge, 1990). If these are lacking, insecurity arises, and when people are insecure they naturally fall back on their old routines (Shaw et al., 1981).
Ineffective management patterns

- Lack of connection and direction
- Reinforcement of powerlessness
- Insecurity, unsafe situations, errors
- Protocols, regulations

Well organised

Triple-C is not about control; not when it comes to clients, nor when it comes to staff. So are there no rules at all? Naturally, there are – but the most important of these are the basic foundation, the pillars, the goals and the perspective of the Triple-C Treatment House. Should some form of control be needed after all, sufficient options exist within the culture of cooperation and consultation, relationship building and competency development.

Giving direction and providing space

Neither coaches nor clients are helped by strict rules and protocols. Coaches working with Triple-C need to be given the space to embrace their work with passion, compassion, enjoyment and confidence. This helps them to cope with the dynamism and complexity of their task. It requires coaches with specific competencies and, at the same time, supervisors who can find the right balance between providing support and giving space.

Are you guilty of making pointless rules?

Rules on the work floor tend to shoot up like mushrooms. They also have the side effect of generating new rules: rules are constantly being added, and yet none are ever crossed off. Please leave this room neat and tidy. Don’t buy more groceries than necessary. If you can read this, the fire extinguisher is not in its proper place.

Have you seen these types of notes around your workplace? This calls for action! Gather up all the rules and notes with your colleagues. Then stand on a chair and read them aloud. There’s only one rule in play here: the rules that are laughed at must be done away with at once! The result will be staggering.

The Triple-C Treatment House is about constantly seeking the right balance between closeness and distance, between familiar structures and new challenges. Supervisors do the same in leading their staff: they serve as a reliable coach, provide a framework for the relationship, and give their co-workers space to shape that framework.
The triangle of Manager–Therapist–Supervisor makes clear what they expect to happen within the Activity–Buddy–Client triangle; that is, successful collaboration in the process of building relationships and developing competencies.

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In this organisational structure, consultation and dialogue occurs among the client, parents, therapists, and coaches. Staff can make their own decisions based on cooperation with their co-workers, shared values, a joint vision and a clear perspective of clients.

**Coordination between triangles**

The needs of the client guide not only the Triple-C coaching and treatment, but also the surrounding organisation. This calls for ‘bottom-up treatment’ and ‘top-down organisation’.

Managers, therapists and supervisors share joint responsibility for what coaches can achieve on the work floor. The Manager–Therapist–Supervisor triangle plays a crucial role in embodying Triple-C and, together, they give direction to the psychological treatment provided within the ACC triangle.

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*Based on the treatment vision, the Manager–Therapist–Supervisor triangle provides direction for the treatment climate, and, in turn, assesses that climate with respect to the treatment vision. The treatment climate revolves around dignity in the home environment and the treatment, and takes shape within the Therapist–Supervisor–Team triangle. The supervisor draws up the treatment plan in consultation with the therapist, the coaches and the client. The treatment is given concrete form within the Activity–Buddy–Client triangle.*
The Triple-C thermometer: assessing the treatment climate

Which statements best reflect your work situation?

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
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<tbody>
<tr>
<td>1</td>
<td>The Activity–Buddy–Client triangle aims to realise the basic foundation of the Triple-C Treatment House: meeting human needs. Consensus and cooperation arises from the needs of both clients and staff.</td>
</tr>
<tr>
<td></td>
<td>The Activity–Buddy–Client triangle engages in regular dialogue on the extent to which the treatment/coaching is in line with the basic foundation of the Triple-C Treatment House.</td>
</tr>
<tr>
<td></td>
<td>The treatment/coaching arising from the Activity–Buddy–Client triangle is based on that of the traditional treatment house, and focuses on disorders, disabilities and challenging behaviour.</td>
</tr>
</tbody>
</table>

| 2 | The Manager–Therapist–Supervisor triangle is in agreement on how to exemplify Triple-C for their coaches. Its members have good relationships with one another and are able to facilitate dialogue in a sensitive and responsive way, both with each other and with the rest of their team. |
|   | The Manager–Therapist–Supervisor triangle engages in regular dialogue on how best to exemplify Triple-C. |
|   | The Manager–Therapist–Supervisor triangle does not agree on how best to exemplify Triple-C. |

The manager: unconditionally responsible

The manager ensures that the basic foundations of Triple-C are reflected in all aspects of the coaching and treatment. To this end, the manager is primarily concerned with meeting the preconditions needed to successfully implement Triple-C, such as securing funding and referrals, constructing and furnishing homes with a good atmosphere for clients, and ensuring that Triple-C is adhered to in management meetings, interdisciplinary care team meetings and treatment consultations.

The manager also plays a key role in recruiting and inducting new staff, facilitating their professional development through participation in training, courses and coaching, and conducting their performance reviews.

The therapist

Therapists are not merely consultants in the Triple-C Treatment House, brought in to assist in times of stress. Rather, they form a constant presence there. Based on their own observations they share their knowledge and expertise with the coaching team, thereby contributing to the team’s growth and development. They collaborate with the coaches to translate the basic foundation of the Triple-C Treatment House – meeting human needs – to the level of the client. This gives rise to a shared picture of the clients’ support needs and a treatment plan that works for everyone.
During the care team meeting, the therapists provide coaches with insight into the treatment vision and individual client cases, thus enabling coaches to better meet the support needs of clients. In turn, the coaches report back to the therapist and the supervisor on their day-to-day work with the clients and their progress in terms of building relationships and developing competencies. Therapists also play a signalling role by identifying any obstacles or inadequacies in the provision of support to clients. Additionally, they work with the entire team to map the support needs of coaches and formulate coaching questions.

The Triple-C thermometer: assessing the treatment climate

Which statements best reflect your work situation?

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<tbody>
<tr>
<td>1</td>
<td>Therapists are always involved in providing care for clients. Their recommendations, developed in dialogue with clients and care teams, are binding with respect to the vision, organisation and implementation of treatment and coaching.</td>
</tr>
<tr>
<td></td>
<td>Therapists are available for supervisors and care teams as needed. Their recommendations for treatment and coaching, developed in dialogue with their co-workers, are binding.</td>
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<tr>
<td></td>
<td>Therapists are available for supervisors and care teams as needed. Their recommendations for treatment and coaching are not binding.</td>
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<tr>
<td>2</td>
<td>Therapists form a picture of the client based on the client’s medical history and diagnostics, their own personal acquaintance with and observation of the client, and the experiences of the client’s family and care team.</td>
</tr>
<tr>
<td></td>
<td>Therapists form a picture of the client based on the client’s medical history, their own observation of the client, and the experiences of the care team.</td>
</tr>
<tr>
<td></td>
<td>Therapists form a picture of the client based on the information in the client’s file and the experiences of the care team.</td>
</tr>
<tr>
<td>3</td>
<td>Therapists and care teams agree on the picture of the client and act accordingly.</td>
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<tr>
<td></td>
<td>Therapists and care teams may agree on the picture of the client, but coaches act in accordance with their own insights.</td>
</tr>
<tr>
<td></td>
<td>Therapists and care teams disagree on the picture of the client, and coaches act in accordance with their own insights.</td>
</tr>
<tr>
<td>4</td>
<td>The care team meeting focuses on the client's human needs and the extent to which the treatment meets the client's support needs.</td>
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<td></td>
<td>The care team meeting focuses on the implementation of treatment. If the existing rules or procedures are inadequate, new ones are made.</td>
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<tr>
<td></td>
<td>The care team meeting focuses on the client's challenging behaviour, disorder or disability. The challenging behaviour is seen as an inherent characteristic of the client.</td>
</tr>
<tr>
<td>5</td>
<td>Coaches seek to meet clients' human needs and support them using dedicated resources and strategies.</td>
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<tr>
<td></td>
<td>Coaches guide clients' behaviour based on their own routines, rules and agreements. The coaching is not geared towards clients.</td>
</tr>
<tr>
<td></td>
<td>Coaches focus on responding to clients' behaviour, guided by a desire to control and manage that behaviour.</td>
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**Middle management: the team leader as collaborating overseer**

In organisations that work with Triple-C, team leaders play the role of collaborating overseer. They are the most visible leaders for coaches, working with them and at the same time serving as an ‘important other’.

Team leaders, in conjunction with therapists, are jointly responsible for the psychological treatment climate. In addition to being content experts, they are expected to know what is happening on the work floor. As coaches, their primary focus is on facilitating the development of relationships and competences, both among clients and staff. Team leaders stand shoulder to shoulder with coaches whenever stress or tension arises, and collaborate with coaches to identify the root causes of such situations. Together, team leaders and coaches seek answers and celebrate successes. All this serves to strengthen the bond between the care team and management.

‘*For me, the team leader is crucial in translating the treatment plan to the work floor. That’s something that team leaders who hide behind their desks can’t do.*’

Marloes van Mensvoort, psychologist, ASVZ
Confidence and discipline
Supervisors need to have both confidence and discipline. They need confidence to approach everyday practice with a learning attitude, to identify what they don’t know and to use this as a springboard for learning. At the same time, they need discipline if they are to keep their sights on the human needs of clients and staff, particularly in less clear-cut or even threatening circumstances.

But what they get in return is unique. Through the creation of a safe environment and the development of relationships and competencies, stress dissipates and the bonds and mutual trust between the supervisor and the team increase. This clears the way for the mental space needed to begin thinking differently.

Coaching styles: giving direction, inviting and providing space
Just like the coaching style for clients, the coaching style for staff fluctuates between giving direction, inviting and providing space. Supervisors determine the appropriate balance between styles based on the needs of the clients and the capacities of the care team.

Supervisors aim to facilitate coaches in thinking differently, seeing things differently and acting differently. In fact, they do for coaches what coaches do for clients: they provide support in a sensitive and responsive way and seek to meet coaches’ human needs through meaningful activities.

‘Working with Triple-C also means you sometimes get stressed because you’re trying something new. So it’s really important to be steadfast and to have the support of others. Clients are going to start trying all sorts of things they couldn’t try before, for the simple reason that they didn’t have the chance. And when they do, incidents are bound to happen. That’s when we have to stay the course, because if we want to meet their human needs, we can’t have closed doors. We have to constantly ask ourselves, why is this happening? What is the client trying to tell us? What does he need from us? And how can we help him cope with this situation?’  Renny Brouwer, head, Talant
**The Triple-C thermometer: assessing the treatment climate**

Which statements best reflect your work situation?

<table>
<thead>
<tr>
<th></th>
<th>Supervisors obtain 50% to 80% of their information about the interactions between clients and staff through personal observation.</th>
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<tbody>
<tr>
<td></td>
<td>Supervisors obtain 30% to 50% of their information about the interactions between clients and staff through personal observation.</td>
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<tr>
<td></td>
<td>Supervisors obtain 10% to 30% of their information about the interactions between clients and staff through personal observation.</td>
</tr>
<tr>
<td>1</td>
<td>Supervisors spend 24 to 28 hours per week on the work floor.</td>
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<td></td>
<td>Supervisors spend 20 to 23 hours per week on the work floor.</td>
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<tr>
<td></td>
<td>Supervisors spend fewer than 20 hours per week on the work floor.</td>
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<td>2</td>
<td>Supervisors provide support for between 8 and 15 staff members.</td>
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<td></td>
<td>Supervisors provide support for between 16 and 25 staff members.</td>
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<td></td>
<td>Supervisors provide support for more than 26 staff members.</td>
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<td>3</td>
<td>Small teams</td>
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It is important for coaches to have a bird’s eye view of the entire coaching process. This enables them to meet the client’s human needs, build up a relationship with them and help to develop their competencies. Therefore, Triple-C works best in small, fixed teams of 7 to 10 FTE, serving between 6 and 8 clients. 

Given the emphasis on building relationships, organisations using Triple-C should avoid temporary or zero-hour contracts. In addition, supervisors should ensure that there is a healthy influx of new staff. In an organisation that is already understaffed, any additional leave of absence leads to excessive demands being placed on coaches and insecurity among clients, who find themselves faced with unfamiliar substitute coaches. Experience has shown that having a slight buffer of up to one additional training place per year is cheaper than constantly have to hire external staff from specialised secondment agencies.
# The Triple-C thermometer: assessing the treatment climate

Which statements best reflect your work situation?

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<td>The team has between 5 and 11 coaches.</td>
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<td>The team has between 12 and 14 coaches.</td>
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<td>The team has 15 coaches or more.</td>
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<td>More than 80% of the coaches have permanent contracts.</td>
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<td>60% to 70% of the coaches have permanent contracts.</td>
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<tr>
<td></td>
<td>Fewer than 50% of the coaches have permanent contracts.</td>
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<td>The coaching contracts are for 24 to 36 hours per week.</td>
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<td>The coaching contracts are for 20 to 23 hours per week.</td>
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<td>The coaching contracts are for fewer than 20 hours per week.</td>
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**Triple-C on the drawing board**

A humane environment invites people to display decent human behaviour. The Triple-C treatment model thus places specific demands on the physical environment – the building – in which clients are coached. Therefore, not only architects and contractors are involved in building or renovating homes and complexes, but also supervisors and therapists. The goal is to ensure that the physical environment reflects the principles of the Triple-C Treatment House.

As communal living is, by definition, a social phenomenon, Triple-C requires dedicated areas for joint activities. Clients rarely benefit from having their own kitchen; instead, cooking, eating and washing up is best done in a large, shared kitchen. Furthermore, because isolating clients is inconsistent with the principles of Triple-C, isolation rooms are no longer needed. High surrounding walls become redundant too – people who are receiving the right coaching and have a healthy outlook on life do not, as a rule, run away.
Programme overview

**Triple-C system programme**

Implementing Triple-C is by no means easy. The model requires that all players in the treatment system think, see and act based on the key principle of the Triple-C Treatment House: meeting the client's human needs.

The Triple-C system programme provides all members of the treatment system with the training and coaching they need to implement and execute the principles, objectives and vision of the Triple-C Treatment House. Over the course of five days, coaches, psychologists, supervisors, managers and directors participate in active, creative sessions, working together on cases from their own practice. By reflecting with your co-workers on different situations from different perspectives, you develop new knowledge, insights, concepts and thought patterns.

- Days 1 and 2 focus on the theme ‘seeing differently by thinking differently’. In interactive sessions, you are introduced to various Triple-C models and begin to incorporate the perspective of the client's human needs. Based on your analyses and new insights, you start working on your own Triple-C Treatment House.

- Day 3 revolves around your sensitivity and responsiveness as a coach. You engage with specific dialogues designed to help you anticipate and respond to the human needs of your clients and co-workers. Based on this dialogue, you work on the first two pillars of the Triple-C Treatment House: building relationships and developing competencies.

- Day 4 helps you see clients’ challenging behaviour and your own role in it in a new light. Based on the iceberg metaphor, the attachment wheel and the principles of the Triple-C Treatment House, you learn to view challenging behaviour as an expression of unfulfilled human needs.

- Day 5 turns to the implementation of Triple-C: fostering reliability and trust among clients and co-workers. Focusing on cases in your own professional practice, you translate the theory and models to your own work situation.
Self-reflection questions

Identifying the human needs of employees
As explained in this chapter, the same principles apply to the coaching of staff as those used in the coaching of clients. The supervisor responds to coaches' needs in order to facilitate the development of relationships and competencies, among both coaches and clients. You can use the questions below to explore to what extent the human needs of the employees in your organisation are being met.

**Physical needs**
- What type of structure does the organisation offer its employees?
- Who is the ‘reliable other’ for employees?
- To what extent can employees rely on having a stable work environment?
- To what extent do employees view their work as safe or unsafe?

**Emotional needs**
- How does the supervisor respond from a position of sensitivity and closeness to employees' needs? Are there organisational structures, rules, agreements or protocols in place that hinder this response?
- How does the supervisor show respect for and appreciation of employees?

**Mental needs**
- How much room for experimentation do employees have in their work?
- To what extent are employees able to convert their vision and principles into action?
- To what extent are employees able to put their competencies to best use (i.e. in work that is neither too challenging nor too easy)?

**Spiritual needs**
- What types of support do employees receive that enables them to shape their own professional practice?
- To what extent do they find their work to be meaningful?
‘For me, the team leader is crucial in translating the treatment plan to the work floor. That’s something that team leaders who hide behind their desks can’t do.’
Training and coaching
In this chapter we describe the core competencies needed to put Triple-C into practice. We also address how care organisations can help staff to think differently about their work, see clients and their behaviour in a different light, and translate this into acting differently. In this respect, coaching is never ‘finished’. In every staff handover, consultation, meeting and report, therapists, supervisors and coaches train one another in recognising and responding to the human needs of the client, guided by the principles of the Triple-C Treatment House.

Good coaches are indispensable in providing humane care. Working from the basic foundation of Triple-C – meeting the client's human needs – they develop unconditionally supportive relationships and a meaningful daily programme, thereby contributing to the development of clients' competencies. Given that coaches face verbal or physical aggression on a daily basis, this is easier said than done.

Triple-C requires coaches to be resilient. They need the competencies to be able to deal with clients in a sensitive and responsive way and to respond to their support needs. Irrespective of clients' behaviour, coaches must continue to communicate with them on equal terms and return their attention to the order of the day as soon as possible.

‘Aggression affects you. In this midst of a confrontation, are you able to figure out what a client wants? When the client is throwing things at someone’s head, do you see someone crying out for closeness? And can you provide that closeness, maintain the relationship? That's what it's all about. In order to cope, you have to dare to look at yourself and at the other; to be able to coach one another and help each other improve.’  Klaas Bouman, location manager, De Zijlen
Don’t be blinded by emotion
No matter how sound your knowledge and training, you will inevitably be confronted with shocking experiences that leave their mark on you. Despite these experiences, you must remain ‘intelligent from within’ (Postle, 1993). This will enable you to look past clients’ seriously challenging behaviour and to view their ‘fight’ impulse as a response to a sense of insecurity or uncertainty. Such clients are actually asking for comfort, reassurance, security and certainty. If you give in to the temptation to fight, flight or freeze, you will not be able to provide this. But if you are in control of your own behavioural repertoire, you will be able to put the challenging behaviour in perspective (see differently), retain the mental space to deal with the situation appropriately (think differently), and stay focused on the development of your relationship with the client and his or her competencies (act differently).

Coaching the coaches
The idea behind ‘coaching the coaches’ is the same as that behind the coaching of clients. The supervisor, therapist and colleagues serve as the coach, and the coach becomes the client who is working to develop certain competencies from a place of acceptance and trust. The premise here is that you do, as far as possible, the things that suit you. This makes your behaviour feel natural – both for yourself and clients – and means that in stressful situations you can fall back on your own personal qualities rather than on habits you have picked up along the way.

Making meaning together
The Triple-C coaching and training revolves around the notion that there is no one ‘truth’. Instead, there is a shared reality that arises through exploring each other’s truths. Team members are challenged to question and refine their own patterns of thinking, seeing and acting in accordance with the principles of the Triple-C Treatment House. In interaction and dialogue with their colleagues, they reflect on their behaviour using the Triple-C models (including the guides, wheels and pyramids), thereby learning more about the different facets of Triple-C and more about themselves. In this way, a shared way of thinking, seeing and acting emerges.

Learning on the job
The support for coaches is context dependent, with a strong emphasis on workplace training and coaching. Triple-C is not learned in the classroom, but on the job. There, the information and learning material is ubiquitous and can be ‘experienced’. Supervisors, therapists and coaches set the example, demonstrating that closeness, sensitivity and responsiveness foster relationships and a sense of competence among clients and colleagues. The workplace gives meaning to the newly acquired knowledge, and vice versa.
Developing expertise and behaviours

The coaching of coaches is aimed at gaining profound insight into the question ‘who is the client and what does he/she need in order to live a dignified life?’ Coaching is thus understood as a constant process of raising awareness of coaches’ individual and collective patterns of behaviour. Supervisors and therapists work continually with coaches to learn to think differently, see things differently and, on that basis, do things differently.

The coaching rests on two pillars: development of expertise and development of an appropriate behavioural repertoire.

Co-creation of knowledge

In developing coaches’ expertise, knowledge is essential. This is not just about acquiring or reproducing factual knowledge, but also having the capacity to apply this knowledge in different coaching situations. After all, knowledge only becomes effective when it is integrated into behaviour. This cannot be otherwise, given the way our brains have developed: only if we believe something to be true can we properly absorb it (MacLean, in Jensen, 1996) and integrate it into our way of thinking, seeing and acting.

This book can serve as the starting point for the development of expertise. It is important to note, however, that learning cannot remain at the level of the individual. For the Triple-C Treatment House to work, it is vital to share new knowledge. People need other people: if they are to link their burgeoning theoretical knowledge to their own practical experiences with Triple-C, coaches need to engage in dialogue and discuss insights with their supervisors, therapists and colleagues. In this way, the individual learning process also provides input for the collaborative process as well as the development of relationships with and competencies of colleagues. Knowledge is co-created by building on previously acquired knowledge, insight and experiences (Scarmadalia & Bereiter 1994).
In developing coaches’ behavioural repertoire, the emphasis lies on learning to manage one’s own emotions. This is a crucial element when coaching clients with seriously challenging behaviour. The idea that staff should display certain emotions in their work is known as ‘emotional labour’ (Hochschield, 1979; Martin, 1998; Rafaeli & Sutton, 1989; Mumby & Putnam, 1992). The coaching is designed to help them gain control over, and ultimately effect change, in their feelings, thoughts and behaviour. Coaches must learn to identify and acknowledge their own insecurities so as to learn to ascribe them to their own sense of powerlessness rather than to clients.

By engaging in reflection with supervisors, therapists, colleagues, relatives and others, coaches enhance their awareness of their emotional obstacles. They also come to understand how their emotions influence their coaching style, their collaboration with colleagues and their reliability in the eyes of clients. Colleagues typically serve as ideal discussion partners, since they deal with the same sorts of emotions on a daily basis.

We learn most when we dare to acknowledge our ‘shadow side’ and see this as a necessary component of our personal growth. (Postle, 1993).

To foster the development of professional competencies and relationships, it is necessary to get to know coaches and to explore their needs and abilities. This is why we focus first and foremost on affective learning activities. Rather than overwhelming coaches with information, we work on the basis of self-reflection and experiential knowledge. By means of case studies from their own practice, coaches gain insight into their needs and abilities. They also learn how they can put these to best use in coaching clients and collaborating with colleagues, parents and relatives.
The relationship between human needs and competencies
The aim of developing coaches’ competencies is to enable them to respond more reliably and appropriately to their clients’ human needs. This process is based not only on observing coach–client interaction, but also on investigating the underlying knowledge, insights, feelings and attitudes that may affect the coaches’ competence.

We have identified twelve essential competencies for staff, derived from the basic foundation and the pillars of the Triple-C Treatment House: meeting clients’ physical, emotional, mental and spiritual needs. These competencies serve as the foundation from which coaches can create a safe environment for clients involving an unconditionally supportive relationship and meaningful activities. The wheel on page 88 presents these competencies per type of human needs.

Core competencies
The core competencies of staff who work with Triple-C are sensitivity, responsiveness, a learning orientation, confidence, perseverance and self-reflection. These are indispensable if coaches are to recognise and respond adequately to clients’ human needs. The core competencies are divided in to the competence domains Dialogue and Performance.

core competencies
How Triple-C competent are you?

To what extent do the statements below apply to you?
1: good  My intention to treat clients according to the Triple-C principles is not (yet) evident in practice.
2: better  My intention to treat clients according to the Triple-C principles is usually evident.
3: best  My intention to treat clients according to the Triple-C principles is apparent in all circumstances.

1. Sensitivity (competence domain: Dialogue)

- I pick up on the signals and behaviours of the other, and interpret them as expressions of physical, emotional, mental or spiritual needs. I see the responses of clients and colleagues as following from the manner in which I enter into dialogue with them.

To meet the needs of the other, I do not make hasty judgements, but first listen, observe and ask questions.

Rather than immediately responding to the other’s demand, I seek to understand the underlying need that is driving it.

I draw attention to the feelings and thoughts behind the client's behaviour, try to understand them and discuss their significance with my colleagues.
# 2. Responsiveness (competence domain: Dialogue)

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<tr>
<td>I am emotionally, mentally and physically resilient. This enables me to modify my own behaviour based on feedback from others and, based on a consciously adopted dialogue position, to connect with the needs of clients and colleagues.</td>
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<tr>
<td>I connect with the human needs of clients and colleagues in order to facilitate the development of relationships and competencies. I adopt a dialogue position geared towards supporting this effort.</td>
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<tr>
<td>Even in situations involving challenging behaviour, I am able to connect with the human needs of the other and to consciously adopt a particular dialogue position.</td>
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<td>I can adjust my natural response patterns to ensure that I am able to connect with the needs of the client.</td>
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# 3. Confidence (competence domain: Performance)

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<tr>
<td>I have confidence in myself and in the good intentions of the other. Further, I trust in the treatment vision, my colleagues, and the picture of the client developed in our multidisciplinary team. As a result, I dare to take responsible risks in my coaching practice to ensure that clients can experience ‘normal’ life.</td>
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<td>I have faith in the good intentions of the client. I see his/her challenging behaviour not as malice but as an expression of unfulfilled needs.</td>
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<td>My confidence stems from within; from myself, my expertise and my working relationships with clients and colleagues. As a result I do not feel the need to rely on instrumental safety measures.</td>
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<td>I give the client confidence, and I do so unconditionally: he/she does not need to ‘earn’ it.</td>
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# 4. Learning orientation (competence domain: Dialogue)

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<td>I focus on improving my skills in ‘relational coaching’: giving clients security and stability based on an unconditionally supportive relationship and regular, meaningful activities. I see challenging behaviour as a signal that my coaching is not yet fully meeting the client's needs.</td>
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<td>I take feedback from clients and colleagues seriously, and use it to further develop my own coaching style focused on building up relationships and competencies.</td>
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<td>I apply knowledge, insight and experience from training and coaching to help clients experience normal life.</td>
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<tr>
<td>I can justify my actions and those of others based on the principles of the Triple-C Treatment House: the human needs, pillars, objectives and the perspective.</td>
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5. Perseverance (competence domain: Performance)

- I develop and maintain an unconditionally supportive relationship with clients, even if they display seriously challenging behaviour that demands a great deal of effort and patience.

- Clients can always rely on me. I ensure that the daily programme gives them security and stability and am able to vary my coaching style as appropriate.

- When I feel we are not making progress with a particular client, I turn to the principles of the Triple-C Treatment House to identify which factors are preventing us from meeting the client's human needs.

- I prioritise the client's needs and, where necessary, facilitate dialogue on potentially conflicting interests.

6. Self-reflection (competence domain: Performance)

- I allow myself to be vulnerable and to make use of feedback from clients, colleagues, relatives and others when it comes to building relationships with and developing the competencies of clients.

- When in dialogue with clients and colleagues, I accept critiques of my actions in accordance with the principles of the Triple-C Treatment House.

- I reflect in a collegial manner on the needs, feelings and thoughts that underlie my actions.

- When I feel we are not making progress with a particular client, I examine my own part in the situation rather than blaming the client or the circumstances.
Triple-C resilience programme
The Triple-C resilience programme aims to strengthen the physical, emotional and mental resilience of team members. During the programme they get to know themselves better, leading to a greater sense of self-assurance, safety and resilience. In addition, they learn to control their emotions in stressful coaching situations. This helps them to feel more secure and less dependent on others, irrespective of the circumstances. The programme consists of the Dialogue and Resilience training courses.

Dialogue training
Dialogue is the cement of the Triple-C Treatment House. It is the link between staff and clients, but also between staff and their supervisors as well as therapists.
Shaping and maintaining dialogue is not something that happens automatically. When the dialogue between clients and the care team stagnates, stress levels rise across the board and the situation threatens to spiral out of control. This increases the risk of challenging behaviour, and makes the situation for both clients and staff less safe.
Triple-C does not turn a blind eye to these risks. In the Dialogue training, coaches acquire tools that help them to preserve the unconditionally supportive relationship and to maintain equality in the dialogue even under stressful circumstances. They discover which dialogue positions they unconsciously adopt, potentially causing stress for clients or reinforcing ineffective patterns of action and reaction. Such insights help coaches learn how to gear their dialogue position towards meeting the client's human needs.

The two pillars of Triple-C lead indirectly to a decrease of challenging behaviour and hence also to a reduction in risk. Therefore, successful execution of Triple-C not only improves the relationship between clients and coaches and leads to a more meaningful daily life, but also makes an important contribution to risk management.

Resilience training
The purpose of this training is not to learn how to control clients, but rather to facilitate the coaching of clients, even when they display challenging behaviour. Staff learn how to demonstrate their closeness to the client and how to provide security and stability by focusing on the daily programme and meaningful activities rather than the challenging behaviour.

Further, coaches learn how to reduce clients’ stress levels by channelling their energy, exercising with them and avoiding antagonisation of clients who show resistance. Practical assertiveness skills serve as just another support tool for coaches, not as a coaching style in general.
‘It’s not about pulling each other down, but complementing one another. Falling, but picking yourself up again. And when you fall, you hope that somebody will give you a hand, rather than saying, “Yeah, that’s what you get!”’
“Triple-C is not a treatment methodology for disorders, but a supporting treatment model for people,’ we wrote in 2011 in the epilogue of our previous book Triple-C: A different approach to care and treatment of people with intellectual disabilities. It is this different perspective, this shift in the way we approach clients, that forms the core of Triple-C. The basic foundation of the Triple-C Treatment House is meeting clients’ human needs rather than focusing on their disability, disorder or challenging behaviour.

In contrast to the prevailing approach in most care organisations, this opens the door to an entirely different way of doing things. Working with Triple-C requires us to constantly think differently, see things differently and act differently. This is not to say we never make mistakes or there is no room for improvement. Even we sometimes find ourselves going down the wrong track; like everyone else, we are simply so accustomed to the terminology of disease and recovery. For instance, until very recently we were still writing about ‘restoring’ relationships and daily routines. This formulation bears echoes of the legacy of the pathological model, rooted in the perspective of problems that need fixing. In the latest version of the Triple-C model, we focus even more explicitly on the constructional, pedagogical model and consciously use terms such as ‘building relationships’ and ‘developing competencies’. Even the classic perspective of ‘restoring normal life’ (ter Horst, 1994) has had to make way for what we call ‘experiencing normal life’. Indeed, helping clients to experience normal life is the overarching objective of Triple-C – because without coaching and support, this simply will not happen.

Over the past few years we have worked hard to further develop the model. By continuing to reflect on what drives us, in dialogue with clients, parents, coaches and therapists, we have been able to refine the underlying ideas and, ultimately, to improve the care we provide both at ASVZ and in other care organisations.
Triple-C was initially developed to cater for people with moderate to severe intellectual disabilities and autism. It has since become the primary treatment model for dozens of other people with an autism spectrum disorder and hundreds of intellectually disabled people with various types of issues. Since 2012, Triple-C has also been successfully applied in the long-term clinical treatment of adult psychiatric patients. The psychological principles on which Triple-C is based were originally intended for educating and coaching children and young people without intellectual disabilities; therefore, Triple-C is also suitable for use in child welfare and related areas.

The further development of Triple-C has resulted in a variety of new insights. In addition to this book, several master’s theses have been produced by psychology students at Utrecht University and VU University Amsterdam, PhD research has been carried out at Tilburg University, and the digital Triple-C Index has been developed. For more information, please refer to the website www.asvz.nl/triple-c.

Triple-C will never be finished. This book is not intended to serve as the definitive reference work but rather as a resource to inspire learning and reflection. More important than lecturing on Triple-C is that we embody and exemplify it, both for our clients and for our colleagues. This book provides you with the tools to do so. Along the way you will be confronted with all sorts of challenges and obstacles. Above all, you will come face to face with yourself. We invite you to share your learning experiences in dialogue both with your own colleagues and with us. Over the last 25 years, we have seen that this dialogue brings us closer to achieving our objectives of ‘human dignity’ and ‘humane care’. And that, after all, is where it all started.

*Hans van Wouwe and Dick van de Weerd, 2015*
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