Slide Show

NEUROPSYCHOTHERAPY
”The opposite of a correct statement is a false statement. But the opposite of a profound truth may well be another profound truth.”

Niels Bohr

NEUROPSYCHOTHERAPY

© Barry L Karlsson

Licensed clinical psychologist
Board certified in neuropsychology
What is psychotherapy?

Def. “treatment of psychiatric problems with psychological methods”

- What is the mind?
- What are psychological methods?
- How do we understand the body-mind-interaction?

  - Neuropsychotherapy offers a theoretical framework that makes the body-mind-interaction be operationalized in evidence based treatment forms.
Neuroscience

Neuroscience combines:

- Biology (neuroanatomy, physiology, immunology, etc)
- Chemistry
- Medicine (neuropharmacology)
- Neuropsychology (the connections between behaviour and neural functions/structures)
  - connections between sociology and humanities
  - cognition-, emotion-, perception - & learning

- Aim: to understand the nerve system’s organization and structure – and its effect on social interaction
The Neuropsychotherapeutic panorama 1

Neuroscience

Environment  Biology  Chemistry  Medicine  Psychology

The Neuroscience of Psychotherapy

Neuropsychological psychotherapy  Neurocognitive treatment  Therapeutic Assessment  Neuropsychoanalysis
The Neuropsychotherapeutic panorama 2

Neuro-psychotherapy

Traditional psychotherapies
- BT / CBT / DBT
- Gestalt, etc

Cognitive rehabilitation
The Neuropsychotherapeutic panorama 3

Gestalt

NPT

CBT

PDT
Problems with traditional psychotherapeutic programs

- Ignore irregularities of cognitive profiles
- Often disregard the np-components (e.g. neurocognitive deficits)
- Disregard the aptitude components
- Underestimates genetic and epigenetic components
- Overestimates the individual learning process
- Overestimate or underestimate the possibilities to change cognitive impairments
- Overestimate or underestimate the concept of “obstruction to treatment” (personal resistance)
- Overestimate psychosomatic features as if they only were “psychic”
- The level of therapy is to abstract or to concrete
Distribution of cognitive impairments in wealthy and poor children

Emerson (2008) IASSID 13th World Congress, Cape Town
Poor and Wealthy Children in England
Cognitive Development 22 month – 10 yrs

High Cognitive Status

Low Cognitive Status

22 month 10 years

High social status
Low social status

Feinstein (2003)
Psychosis as a crisis reaction

- 60-70% of crisis reaction are explained by trauma and abuse
- Stress and vulnerability models
- Questionning pharmaceutical industries influence on research
Additional environmental factors - two studies


The Tedd Judd Model

- Neuropsychotherapy
- Cognitive Rehabilitation
- Psychotherapy
- Rehabilitation

Critical Issues in Neuropsychology
Neuropsychotherapy and Community Integration
Brain Illness, Emotions, and Behavior
Tedd Judd
Neurorehabilitation

- Medicine
- Physiotherapy
- Occupational therapy
- Speech therapy
- Counseling
- Psychotherapy
Cognitive rehabilitation
Barbara Wilson (2007); Jerry Larsson (2007)

Process where individuals with brain damage work with professionals in order to decrease cognitive impairments as a result of neural damage.

- **Four CR areas:**
  1. Knowledge/awareness
  2. Process training (training of working memory)
  3. Strategy training (internal & extraneous – aids and structure, rules and procedures)
  4. Activity training (occupational therapy)
Executive Function Rehabilitation Schema

1. *Compensate Externally* (schedules, cues, reminders, written procedures, restrictions)
2. *Build Awareness*
3. *Retrain Self-regulation* (problem-solving schemata, social skills, alarms, PDAs)
4. *Generalize* Self-regulation train in other settings (home, school, work, community)
5. *Fade* External Compensations
Neuropsychotherapy

- Similar to “cognitive rehabilitation” but broader.
- Focus to improve cognitive, emotional, psychosocial and behavioural impairment of brain damage:
  - **Definition according to Tedd Judd:**
    - Neuropsychotherapy is the neuropsychological knowledge we use during psychotherapy with patients with brain damage
- **Aim:** to help people with cognitive impairments to achieve the best possible well being, decrease the effect of their problems in daily life and to help them return to their own (most appropriate) environments.
Brain Damage and impairments of cognitive functions – a view

- Degenerative diseases
- Epilepsy
- Intellectual disabilities
- Attention deficits
- Tic's
- Autism spectrum conditions, ASC
- Personality disorders
- PTSS
- TBI

- Tumours
- Parkinson’s disease
- Huntington’s disease
- Hydrocephalus
- Poisoning
- Cerebral palsy
- Genetic syndromes
- Impulsive syndromes
  - Violence and aggression
Fragments of knowledge

- Neuropsychology takes steps into different psychotherapeutic programmes
  - *Therapeutically value-neutral*
Genetics and epigenetics
Stem cells

Potential uses of Stem cells

- Stroke
- Traumatic brain injury
- Learning defects
- Alzheimer's disease
- Parkinson's disease
- Baldness
- Blindness
- Deafness
- Amyotrophic lateral sclerosis
- Myocardial infarction
- Muscular dystrophy
- Diabetes
- Multiple sites: Cancers

- Missing teeth
- Wound healing
- Bone marrow transplantation (currently established)
- Spinal cord injury
- Osteoarthritis
- Rheumatoid arthritis
- Crohn's disease
Neurobiology - the chemical system runs parallel to the nervous system
The Nobel Prize in Physiology or Medicine 2000
Arvid Carlsson, Paul Greengard, Eric R. Kandel
Perspectives of InterPersonal NeuroBiology – 1.
The fundamental principles in IPNB

- *The mind* is a process that regulates energy- and the flow of information.

- *The mind* arises as an interaction of the processes in the brain and body as well as interpersonal relationships.

- *The mind* develops as an aspect of the genetic programming and the maturity of the nerve system and to be shaped through continuing experiences.
The Principals of Neural development and growth (IPNB)

- Genes and personal experiences contribute to the formation of the brain and the mind.

- Genes govern different neural networks in the brain body interaction.

- Experience shapes neural networks through synapsis formations, new neural growth (plasticity), chemical formations, etc.

- Mental processes shape neural networks that create cognitive processes which trigger social behaviours/activities.
Perspectives of InterPersonal Neurobiology – 2. Louis Cozolino
Three aspects and approaches of Neuropsychotherapy

I. NPT is integrated in the standardized neuropsychological investigation

II. NPT is integrated as an extension of the ordinary psychotherapeutic work

III. NPT is integrated during training components for individuals with emotional problems and psychiatric diagnoses
NPT-approach I (not-specific)

Not specific psychotherapeutic components.

- Each psychological treatment programme has components of empathy, supporting, understanding, observation of difficulties, integrity, learning and placebo, etc.
NPT-approach II (derivations)

*Derivatives of other psychotherapeutic programmes:*

- The patient's own experienced problems
- Problem-formulation & Goal formulation
- Educational components
- Home health training programs
- The environment of psychotherapy: frames and structure
- Interaction and relationship between client and therapist
- Timing
- Replicatable
NPT-approach III (Specific Methods)
(approx. 15-30 sessions – plus homework and training sessions)

1. Problem Formulation

2. Networks
   a) Family and family map
   b) Employers and school teachers
   c) Friends

3. Contracts

4. Neuropsychotherapeutic Assessment
   a) Test battery
   b) Questionnaires
   c) Anamnesis
   d) Interactive and collaborative identifications of cognitive, social and emotional impairments
   e) Documentation
   f) Diagnosis

5. Specific Interventions
   Cognitive, social and emotional training programs. Specific evaluated psychotherapeutic interventions.

6. Continuous:
   • Problem Formulations
   • Goal Formulations
   • Problem Solving and Strategy Programs
Epstein's Theory on Basic Needs

- Neurobiological research has according to Grawe shown that “basic needs” exist that have neuroanatomic correlates:
  - Needs of alignment, control and contexts
  - Needs of enjoyment
  - Needs of attachment
  - (needs of improved self-esteem)

Inconsistency is a state that an organism strives hard to avoid.
Klaus Grawe's Consistency Theory
Sigmund Freud 1856-1939

- Freud was early trying to bridge the gap between neurology and psychology.
Neuropsychoanalysis

Mark Solms & Oliver Turnbull
Bioenergetics
Bridging the gap between cognitive and somatic models

- Pat Ogden and her co-authors present a body-based approach to the psychological and physiological symptoms of trauma.

- Backed by research in attachment, dissociation, and neuroscience, this mode of psychotherapy integrates cognitive and somatic interventions to form a practical and effective treatment modality.
Gestalt psychology & Gestalt therapy

- THE WHOLE IS MORE THAN THE PARTS
- MIND AND BODY
- ALSO INFLUENCES FROM THE BODY ORIENTATED PSYCHOTHERAPY AND PSYCHODRAMA
- INTERPERSONAL PERSPECTIVE
- INTRAPERSONAL PERSPECTIVE
- FOREGROUND – BACKGROUND
- PRESENCE (“HERE-AND-NOW”)
- EXISTENTIALISM (“I-AND-THOU”)
- DIALOGUE (INTERNAL AND EXTRANEOUS)
Radical behaviourism

B.F. Skinner (1904-1990)

- 'One doesn’t need to understand the biology or “internal” mental conditions in order to change a behaviour.'
CBT-approaches with neuroscientific influences

- Seligman: “learned helplessness”
- Beck: “automatic thoughts”
- Clark: approach for anxiety reduction
- Linehan: “Biosocial approach to borderline personality disorder”
- Wykes: “Neuro-cognitive rehabilitation” NKR
- Ramsey/Ekman: CBT and Aspergers syndrome
- Nadeau: “Neuro-cognitive approaches within ADHD”
Different therapeutic programs that take influences from neuroscience

- EMDR  Eye Movement Desensitisation and Reprocessing
- E.T.T.  Emotional Transformation Therapy
- NLP  Neuro Linguistic Programming
- Hypnosis
- Meditation
- Healing
- RGRM  The Ronnie Gardiner Rhythm and Music Method
Collaborative Assessment

*Collaborative Assessment*

- Psychological Assessment
  - Therapeutic assessment
  - Traditional information-gathering assessment
- Non-Collaborative
- Collaborative Assessment
- Neuropsychotherapeutic Assessment
  - Therapeutic Assessment
    - semistructured (Finn)
  - loosely structured (Handler)

*Modelled by:*
Stephen Finn, Ted Gorske, Steven Smith
Therapeutic Assessment

- Stephen E Finn
  "In Our Clients Shoes – Theory And Techniques of Therapeutic Assessment" (2007)

- Leonard Handler
  "The Wechsler tests as personality instruments" (1996)
Tad Gorske & Steve Smith

Collaborative Therapeutic Neuropsychological Assessment” (2009)
The Psychotherapeutic components within neuropsychological testing

- **Self-verification**
  - Acknowledgement: To become seen, listen to and understood

- **Awareness**
  - Critical environmental assessments can be falsified
  - (“You are stupid”; “You understand nothing”)

- **Good reality adaptation**
  - Overestimate versus underestimate one’s capacity

- **To develop new attitudes** (to counteract low “self-esteem”)

- **To adjust an incorrect attributed self image**
  - ”Laziness” is perhaps an impairment (e.g. executive difficulties).
  - ”Confused” or “muddle-headed”, is perhaps a poor working-memory.
  - ”Memory deficits” are perhaps stress - or attention difficulties
A. The aim with neuropsychological assessment

1. Establish current behaviour, emotional and cognitive ability
2. Identify and clarify subtle neuropsychological dysfunctions and function impairments:
   a) Which impairments are possible to have an influence on?
   b) Which impairments are with a high probability constant and not possible to change?
3. Identify atypical cerebral organization
4. Suggest or integrate NPT-treatment procedures.
5. Facilitate for health care programs and other rehabilitating interventions
6. With a complex compound problem profile the therapist needs to specify treatment focus.
7. Clarify what is “normal” and minimize the risk of underestimating or overestimating the patient's functional impairments (“Clinical hermeneutic error”)
8. Examine treatment effectiveness
B. General assessment model

- Observations
  - Case history
  - Qualitative & quantitative
  - Structured observation.
  - Testing
  - Questionnaires
  - Interviews and deliberations
  - Earlier case records
  - Testing hypotheses

- Issue
- Method
  - Choice of instruments
  - Observation
  - Interviews
  - History
  - Continuous hypothesis
  - Test-retest

- Results
- Documentation
- Feedback
- Networks
C. Identification of disabilities

- Executive impairments:
  - Impulse problems and/or activity problems
  - Weak strategies & low problem solving capacity, weak planning
- Attention deficit disorders
- Neglect syndromes
- Working memory disorders
- Other memory difficulties
- Perception impairments (e.g. VBI, visual agnosia)

- Lack of knowledge and level of aptitude, level of intellectual disability.
- Impaired ability to integrate and grasp complexities
- Orientation problems
- Changes in personality, Delusions
- Social disturbances (as a result of cognitive impairment)
  - Inability to cooperate (aggressiveness, passiveness)
  - Communication disturbances (individual numbers, abstraction problems)
- Inability to understand och express abstact ideas.
Evaluation of the Neuropsychological methods

- Background and new findings are systematic acquired
- Clear descriptions of methods, issues and aims
- Distinct hypotheses
- Choices of methods can be evaluated
- High degree of reliability
- Clear reports of obtained results are discussed
Psychological testing
- four profiles (examples)
Psychological testing

Psychological testing is one of the most vulnerable situations a person can get into

Respect for integrity
Five examples on complex symptomatology

1. Persistent unemployment as a product of a hierarchical chains of difficulties: impaired working memory with increased probability for impulse problems with additional irritability and lowered cooperation capacity.

2. Severe emotional revenge strategies with passive aggressiveness as an issue with problem solving difficulties and knowledge deficits.

3. Phobias as perception-sensory-interpretation-automatization problems (“more NPT than CBT”).

4. Depression as a reduced capacity to grasp complex stimuli, and problems to deal with flow-rhythm & context problems and activity disorders.

5. Frozen emotional state and social isolation as a reaction to reaching personal capacity.
Personality assessment inventories

- Anamnesis
- NEO-PI
- BDI-II
- BAI
- SCL-90
- SCID & SCID-II
- MMPI-2
- Rorschach
- Kernberg
- KAPP
The Brain’s global lateralization

**Left brain**
- Fact
- Sequencing
- Detail
- Words
- Digital problem solving
- Learnt routines
- Concrete planning

**Right brain**
- Creativity
- Imagination
- Intuition
- Integration
- Analog Problem solving
- Rhythm
- Empathy
- Speech melody
- Social understanding
Perception and visual field

The right visual field is perceived by the left visual cortex.

The left visual cortex is fact and detail orientated.

The right brain builds the whole and is emotive and rhythmical.
Vincent van Gogh (1853-1890)

Also see the Allan Schore lecture

Self Portrait in Mirror 1887
Observation of behaviour

Autonomous reactions
- Perspiration: excitation, arousal, aggression, fear
- Itching
- Shaking shivers: dread/fear
- Yawning: reaching cognitive capacity, excitement reduction
- Pupil changes = emotional changes

Overt emotional reactions
- Crying: sorrow and loss (awareness of function losses) display lack of emotional control.
- Laughter: delight, joy, nervousness and embarrassment
- Aggressiveness and angry sounds:
  - impulse inhibitions problems
- Aversion
- Surprise
- Dread
- Clicking sounds
- Other sounds
Observations of behaviour II

- **Verbal reactions**
  - Silence: anger,
    - Latencies in response, consideration
  - Increased flow of speech: verbal incontinence, dread, anxiety
  - Changed speech quality
  - Sounds

- **Somatic reactions**
  - Body language, pain, tic's, atypical epilepsy, etc.

- **Plus all other**
  - Arrival and farewell scenes
  - “presence of awareness”
  - Ability of working alliance
  - Social competence
  - Psychiatric components
Posterior frontal lobe

Left-hemisphere damage
- Difficulty with right-handed motor functions
- Likelihood of ideomotor or constructional apraxia
- Difficulty with drawing and writing
- Difficulty with dressing or carrying out tasks requiring multiple motor behaviors in sequence
- Possible ambidexterity or left-handedness
- Difficulty in performing learned motor programs
- Possible poor articulation

Right-hemisphere damage
- Difficulty with left-handed motor functions
- Poor learning of motor scripts
- Limited motor reaction to environmental stimuli
- Difficulty with bimanual motor activities
- Possible poor prosody
Medial frontal lobe/ Broca's area

Left-hemisphere damage
- Limited verbal fluency
- Low mean length of utterance
- Semantic and phonemic paraphasias
- Halting speech and word-finding problems
- Poor syntax in speech and writing

Right-hemisphere damage
- Fluent expression and high mean length of utterance
- Poor verbal prosody, mechanistic manner of speech
- Semantic paraphasias due to inflexible word choice
- Poor humor and overly concrete oral and written expression
Dorsolateral prefrontal cortex

Left-hemisphere damage
- Poor encoding of new information.
- Preference for flexible schedules and requirements
- Executive dysfunction likely, including problems with planning, organizing, sequencing, implementing, and monitoring behavior
- Poor routinization of learned behavior
- Poor concordant/convergent thought

Right-hemisphere damage
- Poor retrieval of existing information
- Preference for routines and detailed requirements
- Executive dysfunction more likely, including problems with strategizing, evaluating, shifting, and changing behavior
- Poor novel problem solving
- Limited discordant/divergent thought
- ADHD, inattentive type (?)
Orbital prefrontal cortex

Left-hemisphere damage
- Pseudodepression: Avoidance and inhibition (?)
- Negative affect (?)
- Excessive emotional regulation (?)

Right-hemisphere damage
- Pseudopsychopathy: Approach and impulsivity (?)
- Indifferent affect (?)
- Lack of emotional regulation (?)
Occipital lobe

Left-hemisphere damage
- Slow reading and substitution of letters
- Poor spelling
- Limited picture details

Right-hemisphere damage
- Difficulty with visual imagery
- Poor drawing/coloring
- Misreading of facial expressions
Dorsal stream

**Left-hemisphere damage**
- Difficulty with left-right orientation
- Reverses letters/numbers
- Directional confusion in drawings and writing
- Poor sound-symbol association
- Limited association between quantity and number symbols
- Poor local processing

**Right-hemisphere damage**
- Poor spatial skills in letters, words, and drawings
- Difficulty with math column alignments and attention to operands
- Difficulty with bumping into objects
- Poor awareness of self and the environment: Inattention
- Poor global processing
Ventral stream

**Left-hemisphere damage**
- Difficulty with recognizing and naming known objects
- Poor recognition of familiar faces
- Difficulty with sight word learning and efficient reading (no automaticity)
- Poor fine processing

**Right-hemisphere damage**
- Difficulty with learning new objects and faces
- Poor perception of facial affect
- Difficulty with sight word learning-
tendency to decode everything
- Poor coarse processing
Lateral/medial temporal lobe

**Left-hemisphere damage**
- Difficulty with long-term memory for objects, words, and general knowledge
- Poor memory for known or famous faces
- Possible dislike of social studies and preference for science
- Preference for abstract and flexible tasks that require creativity
- Desire to explore complexities of the world, but difficulties in making decisions

**Right-hemisphere damage**
- Difficulty understanding multiple perspectives and meanings of objects, words, and general knowledge
- Difficulty with recognizing facial affect
- Preference for routinized and specific tasks
- Possible preference for reading, social studies, and language arts (especially in early grades)
- Preference to avoid complexities of world for safe, predictable, and conventional behaviors
Superior temporal lobe

Left-hemisphere damage
- Poor phonemic awareness and auditory processing
- Possible "mishearing" of comments or directions
- Frequent requests for repetition or clarification
- Possible repetition of words that sound similar

Right-hemisphere damage
- Poor prosody awareness and limited understanding of rate and pitch of language
- Possible "mishearing" of emotional valence of words (e.g., hearing anger when speaker excited)
- Possible difficulty modulating own prosody
Anterior parietal lobe

Left-hemisphere damage
- Difficulty in grasping objects with right hand
- Writing that is too soft or too dark
- Complaints that hand hurts when writing
- Poor hand coordination in sports

Right-hemisphere damage
- Difficulty in grasping objects with left hand
- Poor bilateral motor coordination
- Difficulty in catching a ball with a baseball mitt
Brain Structures Involved in Dealing with Fear and Stress
Emotion and cognition

Situation / stimuli

Arousal. Emotional responses

Cognition

Behaviour

Changing
Emotional reactions and somatic markers

- To understand the somatic reaction

René Descartes  Damasio
Case studies

Five examples:
- ADHD
- Aspergers syndrome
- Intellectual disabilities
- Two cases with conversion disorder
- Cerebral palsy
ADHD

ADHD is characterized by reduced size of specific neuroanatomic areas (corpus callosum, frontal lobes, basal ganglions and cerebellum), that can be related to attention, alignment and working memory.

**Subcortical functions** – disturbances in basal ganglion and cerebellum – day and night rhythm; general activity disturbances; coordination, etc.

**Posterior parts** – reduced flow in those parts of the cortex that is of crucial importance for attention, capacity to detect stimulus and to locate them, right brain hemisphere dysfunction?

**Anterior parts** – diffuse right brain frontal lobe dysfunction?; – uses the frontal lobes in an other ways (left instead of right); – lower volume in the white mass of right frontal lobe; – working memory dysfunction.
Psychological testing

Graph showing various psychological tests including Vocabulary, Similarities, Arithmetic, Digit span, Information, Comprehension, Letter-number Sequencing, Picture Completion, Digit Symbol-Coding, Block Design, Matrix Reasoning, Picture Arrangement, Symbol Search, and Object Assembly. The graph highlights ADHD scores with distinct lines for different tests.
Improving Attention and Managing Attentional Problems
Steven Safren
Professor in Psychology vid Department of Psychiatry, Harvard Medical School, Boston

Mastering Your Adult ADHD
A Cognitive-Behavioral Treatment Program

Steven A. Safren
Carol A. Perlman
Susan Sprich
Michael W. Otto
Kathleen Nadeau
ADHD - personal values

- Poor feeling of what is right or wrong
- Acknowledgements are important
- Few own strong values
- External locus of control - depending on environment or excessively independent
- Low ability in internalising - difficulties in internalising experiences
- Sometimes a decreased ability to generalize
- Low self-esteem
Professional assistance

- Psychotherapist
- Coach
  - Contact between the session
  - Coordination between e.g. home and clinic
- Professional Organizer
- Adult ADHD Support Groups
Neurocognitive psychotherapy

A. Structured learning process
   - Psycho pedagogical methods

B. Cognitive rehabilitation
A. Structured learning process

- Example
  - “Problem solving”
    - What is the problem?
    - How can it be solved? – alternatives?
    - Advantages and disadvantages?
    - Choose “the best” the solution!
    - Plan how the solution will be implemented
    - Evaluate!

- Goal formulation – management of objectives
  Secondary objectives → Long-term objectives → illusions
B. Cognitive rehabilitation

- B1. Improve the level of cognitive function
- B2. Develop compensating strategies
- B3. Restructure the environment (substitution strategies)
B1. Improve the cognitive function level

- Medication
- Health factors and life habits
- Memory training, strategy training, impulse inhibition
B2. Develop compensating strategies

- Compensating strategies for remaining difficulties
- Cognitive aids
B3. Restructure the environment

- Physical environment
  - An “easy” home (easy to clean and wash)

- Social environment
  - Educate the carers

- Work environment
  - Organize the environment
  - Support from managers
High level of structure of the therapy sessions

- Notes
- Record the meeting
- Homework
- Contact even between sessions
- Focus on objectives and problem solving (note side tracks)
- Always summarize the session
Autism Spectrum Conditions, ASC

Pervasive Developmental Disorders

- Autistic Disorder
- Asperger’s Disorder
- Disintegrative Disorder
- Atypical Autism

The Lorna Wing triad of impairments

- Social interaction
- Communication
- Resistance to change and repetitive activities

The Social Brain

Superior Temporal Sulcus (red)
- divides the superior temporal gyrus (peach) from middle temporal gyrus (blue)

Inferior Temporal Sulcus (blue)
- not usually very continuous
  divides middle temporal gyrus from inferior temporal gyrus (green)

Superior temporal sulcus
The STS-region is a part of a neural network that connect and interpret social behaviour
Social cognition I.


Defining an
Quantifying the
Social Phenotype in
Autism

Am Journal of
Psychiatry

Red: persons with autism
Yellow: control group
Social kognition II.

Red: persons with autism
Yellow: control group


"Infants predict other people action goals”

Nature Neuroscience

A mirror neuron is a neuron which fires both when an we acts and when we observes the same action performed by another person.


In EEG examinations in persons with autism it appears that their mirror neuron activity was atypically activated.

**Awareness** is a product of a momentary comprehension by ourselves in the mirror actions of other people when they give micro or macro responses to our own actions – Awareness is a social brain/body activity.
Social cognition IV – *Biofeedback*

Paul Ekman *Facial Expressions of Emotion* (1979)

- Anger
- Fear
- Disgust
- Surprise
- Happiness
- Sadness
Structured NPT-psychotherapy "S"

- Networking & long term holding
- Respects of autonomy
- Identify function impairments and irregular profile
- Deliberations on specific tasks
  - Training in concrete situations
  - Gives information
- Explicit guidance in social situations
- Problem solving
- Control of impulses
- Control of aggressiveness
- Control of revenge impulse
- Activity disorders
- Social isolation difficulties
- The meaning of everyday life - existentialism
NP-aspects in psychotherapy with persons with intellectual disabilities

- The persons have relatively low ability to:
  - communicate
  - socially interact

- Low capacity to express will:
  - Ambivalence versus rigidity, emotional stress, disturbances, verbal & performance dysfunction's.

- Risk for institutionalization

- Linguistic barriers
  - IQ35 and low verbal and emotional aptitude
  - Decreased ability to express and understand their own feelings.
Different symptoms in the cases of psychiatric illness

- **Difficulties to communicate about own problems**
  - Loss of good friend, presence of mean neighbours
  - Involuntary changes (new procedures).

- **Somatic symptoms and reactions**
  - Stomach, headache

- **Psychiatric symptoms and reactions**
  - Depression, manias, OCD, anxiety & panic disturbances, psychosis.

- **Behavioural disturbances**
  - Always an attempt to communicate a problem
    - *Positive symptoms* (screams, aggressiveness)
    - *Negative symptoms* (passivity, apathy)
Psychotherapy and developmental disability I

- **Always eliminate:**
  - Health factors related to disturbances: medical investigation is mandatory
  - Social disturbances – identify social resources (parents, personnel)
  - Identify autistic components
  - Genetic components

- **Identify the level of psychological function**
  - Cognitive function?
  - Therapeutic Assessment: Reverse test scale: finish with questions that succeed.
  - Identify [unexpected] resources
  - Understand the function of the persons behaviour
  - Identify triggering factors
  - Understand maintaining consequences

- **Supervision**
Psychotherapy and developmental disability II

- Different conversational therapy

- Communication through momentary acknowledgment: to be heard, seen and understood.
- Stimulate the attempt to participate and to be independent.
- Here and now – with boundaries and spaces
- Avoids symbols, metaphors and abstractions, and avoid “neurotic jokes”
- Rhythm and time (a session can be only 5 minutes if needed).
- Touch and contact and tactile massage
- Proximal zone: “begin from the end” from where the client can almost perform a correct response
- Work in small steps: to always succeed!
From chaos to cosmos
- or the art to see the invisible

- Structured observation methodology
  - Identify the function impairment
  - Define delimited observer behaviours
    - Eg epilepsy, seizures, screams, sleeping disorders, tantrums…
  - Baseline (before prevention actions)
  - Frequency, duration, intensity
  - Calculate (summary, means, etc)

- Different observation schedules, e.g. A-B-A
Row data base - 7 weeks observation
"Tantrums" – the beginning of an understandable visualisation

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</table>
Simple graphical processing
Statistical processing
(Only means)
THE END
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