

French Psychotherapy Practice Research Network

Why and how a psychotherapy works?

Three complementary levels for analyzing the process of change in 20 intensive case studies of autistic children

I. Single Case Intensive Process-Outcome Observational Method

Merlin is five years old when the evaluation of its psychodynamic psychotherapy begins (2 sessions per week), but this work began two years earlier. He is diagnosed of moderate autism. At the time of the case formulation, it is noted that it does not have the language, that he presents an absence of autonomy, food disorders, behavioral problems (aggressiveness, agitation, stereotypes) and a strong withdrawal in the relation. Merlin suffers moreover from an important somatic disease, which involved many hospitalizations. He lived one complicated period with his birth because his mother had to be brutally hospitalized, whereas he was fifteen days old.

- CARS (Childhood Autism Rating Scale of Barthelemy) at 0, 2, 6, 9 and 12 months**
 - Total score: 52, 29, 22, 8 ; Relational deficiency: 50, 23, 17, 0 ; Modulating insufficiency: 67, 25, 17, 25**
- APEC (Autism Psychodynamic Evaluation of Changes of Haag and al.)**
 - 1. Emotion relationship:** Expression of infantile power (3,3,2,3). Improvement of reciprocity with search for truth inter-personal exchanges (2,2,2,3).
 - 2. Glance:** Seeks glance of the other with joint attention (2,2,3,3). Development of proto declaratory pointing (0, 1,3,3).
 - 3. Image of the body:** Acquisition of cleanliness (0,0,0,3). Seek of “face to face exchange” with a space between the two bodies (2,1,1,3). Confirmation of mirror stage (0,1,2,2).
 - 4. Verbal language:** Existence of a socialized gestural language. Articulation of two words (0,2,3,3). Improvement of pro-sody (0,0,2,3). Capacity of saying NO.
 - 5. Graphism:** Possible graphics on a detachable support. Installation of forms, catch tadpole. Closing of the circle.
 - 6. Exploration:** Interest for double objects, comparison similar/not similar (1,0,2,3). Play of “hide-and-seek“ (2,2,2,3). Appearance of symbolic plays (1,1,2,2).
 - 7. Temporality:** Oscillating time, control of restarting, belief of reversibility. Better tolerance with the separation.
 - 8. Aggressiveness:** Auto and hetero aggressiveness (2,0,0,0). Attempt at aggressive control of others (2,1,0,0).
- CPQ (Child Psychotherapy Process Q-set of Schneider and Jones at 0, 2, 6, 9 and 12 months)**

Which was always salient in psychotherapy (+4, +3, -4,-3)

 - The child: engages himself in the play of "making believe"
 - The therapist: tolerates the affect or the violent impulses of the child, interprets the significance of the play of the child. His emotional conflicts do not interfere in the relation.
 - Interaction: nothing “very” characteristic.

Which was always not extreme (+2, -2)

 - The child: transmits or tests ambivalent or conflictual feelings ; expresses little fear or a phobic behavior ; expresses little anger or aggressive feelings ; is not sad nor depressed.

One year later ...

Merlin acquired cleanliness. The language entered a true phase of acquisition, with problems of grammar. Socialization remains a problem, as well as the difficulty of tolerating the failure.

Merlin always is not aware of the danger.

He has many obsessional defenses. He expresses his emotions and moments of unhappiness. Defenses remain to be softened as well as the development of his imaginary world, the symbolic plays miss fluidity.

Psychotherapy continues...

II. Individual-Case Comparison Method

Variation score	66	31	8
Moderators	Merlin	Child 2	Child 3
Age	5 years	6 years	4 years
Gender	M	M	M
Psychotropic drugs	not	not	not
Somatic disorders	Yes (current)	No	Yes (2,9)
Psychotherapy Approach	Psychodynamic	Psychodynamic	Exchange and development therapy
Sessions	2 x week - 45mn	1 x week - 45mn	2 x week - 15-25mn
Working with family	Yes	Yes	Social parents follow-up
Former diagnosis	Moderate autism	Severe autism	Severe delay associated with autistic disorder
ICD 10	F 84-0	F 84-0 F 84-0	F 84-0 :F71:281-0; 263-5
Former treatments	Psychotherapy by same therapist	Day hospital	Kinesitherapy, then psychomotricity
Other treatment	Speech therapy 2 / week: 30mn	speech T, psychomotricity, water basin	psychomotricity
Schooling	Yes, partial with AVS	Yes, 1/2 J /W with AVS	Yes, 2 ½ D/Week
Social, familial, former treatment contexts	Psychotherapy for 2 years. Collaboration with other therapists. Good collaboration with parents.	Initial daily hospitalization with his brother also autistic, then separated from him. Severe family pathologies.	Familial violence and divorce. Older sister's support. Good integration in halt nursery. Hospitalized for worsened mononucleosis with dyspnea.

Merlin

- With CARS**, a regularly downward curve (60 -> 9 (max 100)).
- With APEC**, reduction of pathology (22 -> 6) and gain of development (37 to 62 (max 100)).
- With CPQ**, a strong **alliance** (22) implying the child, the therapist and their interaction.
- Other mediators:** high score of technic actions (affect expression (23.6), interpretation (25)), average score for communication and language, negative score for advices and behavior.
- About moderators ?**
 - Very early diagnosis and treatment, very good collaboration with partners and family.

Child 2

- With CARS**, a score reduction of 15 points (56-41).
- With APEC**, elevation of the development score (17-32).
- With CPQ**, a strong **alliance** (31) with a significant commitment of the child (20), a very strong commitment and adjustment of the therapist (49 and 65), a positive interaction (12,5).
- Other mediators:** rather important scores of technic actions language communication (27,4) and emotional expression (14,3) factors ; medium score for interpretation-significance (9,4 and negative score for advices and behavior (-15,8).
- About moderators ?**
 - Early diagnosis.
 - Maternal depression. Difficult birth context.

Child 3

- With CARS**, a weak variation (43-33).
- With APEC**, lower pathology (23 -> 16) and significant drop of development (16 -> 3) (to be re-examined).
- With CPQ**, a weak **alliance** (10), with a negative commitment of the child, a strong commitment and adjustment of the therapist (21 and 27), a negative interaction.
- Other mediators:** Very weak emotional expression (1.4), very weak communication language score (- 34), weak interpretation-significance (6) and significant for advices and behavior (27.5).
- About moderators ?**
 - Important somatic problem with hospitalization.
 - Very important problems of family violence and parental divorce.

III. Class-Case-Comparison Method

Analysis steps

- Definition of a general score** of evolution for each case (reduction of pathology + developemental gain).
- Extraction of classes** in change trajectories.
- Correlations of trajectories with mediators and moderators** of

Mediators

- alliance with 6 under-factors: Child's involvement, transfer, participation to activities, Therapist' involvement, adjustment, C-T interaction
- emotion and affective capacity,
- communication and language,
- Interpretation and significance,
- advices and behavior.

Moderators

- delay of diagnosis and treatment beginning,
- comorbidities,
- difficult developmental context,
- traumatic events,
- quality of familial and psychosocial support.

First observations from 20 cases

- Do the changes exist and of which nature are they?**
 - On average, they exist and are important. They relate to the behaviors (average improvement of) and the development (improvement of)
 - Are the changes of the same importance for all the children?**
 - No, the evolutions are variable. According to our total score, they vary from 74 to -5 points. Four classes of variations were thus isolated: strong, average +, average - and weak.
 - Which are the factors that can explain these differences?**

The approach (psychoanalytical or cognitivo-behavioral)?

 - Not as a single factor. This distinction is distributed since the most important evolutions until the least important.

The initial gravity of the case?

Perhaps for a share, but in a paradoxical way. In our population, more serious is the case, more the scores varied at one year.

The therapeutic alliance?

Yes to some extent, 3 of the 4 children who had the best evolution locate in the first third of the highest alliances. The highest under-factors are transfer, therapist' involvement and adjustment.

The technical factors “pivot factors”?

That which seems to play the most important part is second (ECA).

The moderators?

The quality of the family support seems to have played a significant role.



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