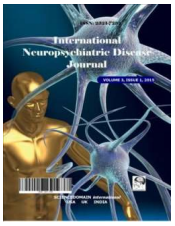

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Psychotherapy and Lausanne Trilogue Play: A Case Report

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Authors' contributions

This work was carried out in collaboration among all authors. Authors MG, LS and EF designed the study and wrote the protocol. Authors LS, MS and MJD performed the statistical analysis, managed the literature search and wrote the first draft of the manuscript with assistance from author IT. All authors read and approved the final manuscript.

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Case Study

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ABSTRACT

Aims: This case study aims to explore the use of Lausanne Trilogue Play and its related video-feedback intervention, through the Explanation of a clinical single case. The clinical intervention involves both child psychotherapy and parental support.
Presentation of Case: P. is a young boy, attending year 7 of the mainstream education (second year of Italian middle school). P. has a younger sister and lives with his parents. P. was physically impaired in younger age, secondary to an accident, and was referred to our Service by the school for aggressive behavior and academic underachievement.
Discussion: At the end of the treatment, the family was more able to communicate and the intervention led the family have better interactions. P. was much more able to regulate his emotions and to be closer to his states of mind, indentifying them more properly. The intervention of LTP and Video-Feedback helped the parents to detect changes in P.'s behavior and their attitude towards the boy.

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Conclusion: In conclusion, thanks to this emblematic single case, we highlighted how the LTP procedure can be a valuable tool to identify and monitor the functional and dysfunctional characteristics of the family, in order to provide an early and effective intervention.

Keywords: Adolescence; psychopathology; Lausanne Trilogue Play; psychotherapy.

1. INTRODUCTION

Adolescence brings up profound changes, both at a physical and psychological level, into the relationships with others and with the outside world as far as in regards to a more general sense of identity and adaptability [1,2]. The relational sphere has been the focus of recent clinical and theoretical researches, in the field of developmental psychopathology [3,4], which show the importance of using appropriate tools for the investigation and the support of the parental figures alongside child psychotherapy [5,6]. This would provide an early and successful intervention aimed to prevent any further difficulties to the family and to its child [7].

We aimed to study the use of Lausanne Trilogue Play [8] applied to a family with a history of mental health and neurologic disorders, in parallel with a child psychotherapy and parental support, reinforced by a video-feedback intervention with the parents, aimed to detect any problems and strengths in the dynamics of the family.

2. CLINICAL CASE PRESENTATION

P. is a young boy attending year 7 of the mainstream education (second year of Italian middle school), living with his family. A couple of years before he had an accident that caused him a permanent physical damage that limits his motor skills, preventing him from the use of his dominant hand.

P. (11 y. o.) was referred to the Neuropsychiatric Service for Children and Adolescents, by the school, for behavioral problems. He showed very soon symptoms of aggressive behavior with his family. At school he was going through a period of academic underachievement: difficulties became evident from the moment he refused purpose-built supporting tools available for writing. His problems at school and with his family highlighted the need for an intervention, because the boy was not able to deal with the frustration of his damaged dominant hand.

Dealing with his peers was not easy for him, some classmates teased him, as he was performing aggressive verbal reactions towards them and his teachers. Diagnostic evaluation, obtained by clinical interviews and categorical psychometric instruments, confirmed behavioral difficulties, generalized anxiety and absence of cognitive problems.

His family already had a history of mental disorders and neurological problems, from both P.'s parents' sides. P.'s presented narcissistic fragility might have been exacerbated by his physical impairment, alongside his transition to adolescence. It was likely that his narcissistic fragility might be also related to his family history.

3. METHODS

We used a multidisciplinary assessment, followed by therapeutic taking in charge. At first, the patient and his family were assessed thanks to non-structured clinical interviews and the use of psychometric tools. The multidisciplinary intervention was carried over for two years and comprised: weekly child psychotherapy [4]; fortnightly psychological parental support [9], Semi-structured interview procedure (LTP) [8] and categorical psychometric tools every 6 months for family. In addition we used Video-feedback with parents every six months. LTP was used as a way to detect changes before and after therapy and other simultaneous interventions. The taking in charge of the whole family started in spring 2012 and ended in 2014.

Regarding the very beginning of the treatment, the boy was assessed thanks to clinical interviews that were psychodynamically oriented. The boy was left free to express himself in the sessions, as the intention was not to intrude him or to scare him. P. was asked questions that could refer to his situation of having been referred to the service, without the aim of forcing him to answer, in the light of the construction of a very first therapeutic alliance. Despite this, the therapist was able to ask him other practical information. This boy, actually, was seen in therapy very soon from the moment of the first interviews.

Family was assessed by another professional. Familial anamnesis and personal information

were asked in terms of the parental relationship with the child and of the latter's normal development. Parents were asked about behavioral characteristics of their child and whether they had found any difference in their son's appearance/habits. An important part of the interview was based on the accident happened a few time before the referral and all its related problems.

3.1 Child Psychotherapy

It is a form of individual talking therapy aimed to work on the strengths and the weaknesses (wrong perceptions, conflicts, impairing feelings and emotions, etc) of the patient, working on his mind and on the elaboration- throughout mentalization and representation- of his difficulties. This therapy has lasted for two years.

3.2 First Year

The sessions were scheduled on a weekly basis and lasted 50 minutes each; they had been set up within the premises of the Neuropsychiatric Service for children and young people. The main therapeutic purpose was to improve the child ability to manage and regulate his emotions. At the very beginning of the sessions, it was essential to build up a Therapeutic Alliance [10] between the child psychotherapist and the boy; this allowed the latter to show his weaknesses and fragilities over the time of the sessions, in order to get the therapist to explore them within the work [11,12].

In addition, Play therapy was aimed to the elaboration of the infantile regressions of the boy, so that he could be more capable to sort them out: at first, therapist and child used card games, introduced by P., that led him reveal his exhibitionistic part of the self in front of the therapist, gaining the latter's acceptance. Afterwards it was up to the therapist to introduce a game that P. could join, as a result of the settlement of the therapeutic alliance between the two. The game consisted in the co-construction of puppets and other objects. Throughout the manual work done, the patient was more able to experience in a positive way the use of his deficit hand. Also, it was a powerful mean of communication and emotional exchange, aimed to restore P.'s perception of himself. Thanks to the games shared, P. has learned to relate better with others and this has improved his relations with peers.

3.3 Second Year

The sessions, in the second year, switched to a twice-weekly basis. Psychodynamic techniques were used in order to enhance aspects of continuity and authenticity in the self of the boy. The patient has learned to name the emotions and feelings experienced by connecting feelings with events; empathy, in the context of the therapeutic relationship, has allowed the recovery of the frustration caused by his unmet needs in his development. As a consequence, a new type of therapeutic alliance between the two was experienced [10].

3.4 Parental Support

Fortnightly sessions were arranged as psychological support for the parents. P.'s mother was very scared about the variety of impulsive and disruptive behaviors of her son, turning out to be very distressed without any clues on what to do in order to face these difficulties. P.'s father could not understand the reasons of his son's behavior, struggling to be in touch with his sensitivity. As the parents did not know what to do to manage the situation with their son at school, both of them were acutely distressed and concerned about their child. These aspects, regarding the lack of parental functioning and its related distress, were important for the engagement into consultation.

3.5 Lausanne Trilogue Play (LTP)

This semi-structured interview procedure, the Lausanne Trilogue Play (LTP) [8,13], is an observational method designed to study the quality of family interactions in infancy and adolescence. It consists of four phases of interactions within the family, where the latter is placed in a room behind a one-way mirror. In each session of LTP the family is invited to run a role-play and the setting is set up as a triangle among the family members, where the child is seated between his parents, in order to put in place communications that are equally disposed. One session lasts approximately for 15 minutes and is composed of four phases, specifically designed in terms of endurance and structure: 1) One of the parents starts an interaction (either verbal or non verbal) with the child without the other parent's interruptions; 2) the other parent talks to the child as in the first phase, exchanging his role with his partner; 3) then the family starts to interact and the tree of them communicate all

together; 4) both of the parents talk to each other without interacting with the child. A LTP-session is video-recorded; this allows total observation and analysis of the family communications providing both qualitative and quantitative analysis of the sessions. Literature highlights a pattern of triangle communication exists from the very early stages of infancy, therefore the Lausanne Trilogue Play is able to catch it thanks to the observation of family communications in a controlled setting. The sections observed through the LTP are then analyzed and operators are trained to score them in accordance to the LTP manual, FAAS 6.3 [14].

After LTP session, our evaluation was based on variables (i.e. affect regulation, empathic responsiveness), consistent with the definition of a psychological family profile, usually linked to the "Family Alliance" (cooperative, collusive, tense or disturbed). In general, functional and cooperative family alliance is consistent with enjoyable activities and good family setting, whereas difficulties derive from problems and miscommunication. Over the time of the observation, it is possible to check if the participants are affectionate, wholly involved, organized and focus on the tasks of LTP.

Literature [8] states a good family alliance represents a healthy context in light of the social and affective development of the child, as problems are often due to lack of coordination on decisions between the parents in regards of the child himself. It can be used with different age-ranges, and in addition to its use with adolescents and with children aged 0 to 3 y. o., LTP intervention can be used as a tool to estimate the ability of parents to care of the child in court cases [15]; it is also useful in early stages of pregnancies, as literature highlights that interactive patterns can be evident also from early beginning of life [8,13]. When LTP is used in parallel to a psychotherapeutic treatment, it allows to have a description of family dynamics over time, allowing to observe changes, developments, any critical issues, providing both a guidance to the therapist and an evidence of the effectiveness of psychotherapy.

3.6 Video-feedback

Next to the individual psychotherapy for the adolescent and the parental support, it was used an innovative technique of video-feedback, purpose-built for the observation of the LTP procedure with the parents, leading to the discussion of the most significant micro-analytical aspects of the interactions [6].

Five sessions of family video-feedback were set up with another clinician. In these sessions we expected that many aspects of the dynamics of the family could be explored further with P.'s parents. We believed that this technique (combined with the others described) could gradually clear up about any discrepancies between the parents' image of their child and their perception of their own parental skills [15,16].

4. DISCUSSION

4.1 Child Psychotherapy

During the time of the therapy, it has been possible to observe changes in P.'s behaviour gradually over time. From the first year of psychotherapy, he has proved himself to be able to co-construct and share a space with rules, times and specific places; he has learned how to tolerate and respect it, and has improved his ability to manage the pervasive feeling of frustration [17]. These aspects were consolidated during the second year of treatment. However, he still showed an oppositional-provocative defensive attitude, due to the inability to invest on himself permanently, along with a depressive mood for his difficulty to access and process a range of emotions related to the accident [18]. Despite the obvious physical permanent damage, P. continues to deny the emotional impact of this event. P.'s aggressive reactions with teachers have improved; over time he has also accepted the supporting tools for writing, improving his school performance.

Although he has performed more attuned to his states of mind, he still needs to work on his difficulties with classmates, recommending further therapy.

At the end of the first year an event happened at school "entered" the therapy room. The game was interrupted: patient and therapist started to talk about real life, drawing the attention to a more practical level of discussion. After that, P. and his family lived a particularly stressful time, as reported by LTP sessions. Thanks to LTP we were able to better understand and analyze the difficulties in family interactions. Video-feedback was used secondly to share with parents the lacks in relationships and to improve their sensitivity towards their son.

During the sessions P. has learnt to recognize and express his needs and fears. He has come across with his limitations, and the possibility to recognize his talents; he has also showed perseverance and continuity; moreover, he has experimented a new patient-therapist relationship [10]. This allowed the access and the processing of his emotional reactions related to the accident. There was also an important change in the patient's appearance, due to his higher awareness of his body and its needs and a slight improvement in the relationships with his classmates at school.

4.2 Parental Support

After parental psychological support, we have been able to observe influent changes on the parental ability to reflect upon their inner states of mind, their emotions and frustrations related to their son's behavior. During their sessions they were more able to think about P.'s feelings and emotions, lowering their level of anxiety. They have also improved their sensitivity and parental skills.

4.2.1 Video-feedback effectiveness

In that sessions, the parents have showed cooperation and processing capabilities. According to the literature, improving parents' capacity for self-observation, even without video support, promotes the effectiveness of treatments in terms of improving family interactions [19]. The use of VF has helped parents to observe the changes in boy's behavior during his psychotherapy and it's allowed them to observe, more consciously and less severely, their own characteristics and attitudes [6].

4.3 Lausanne Trilogue Play (LTP)

The graphs illustrated below show the score of each observable variable of LTP in every stage (I to IV) of the Lausanne Trilogue Play. Each histogram (Figs. 1 - 5) shows one single part of the Lausanne Trilogue Play (LTP). Different colors indicate different times of intervention for each variable in the LTP, carried over for 58 sessions; the evaluations were made at the beginning of the intervention (T0), after 6 months (T6), after 12 months (T12), after 18 (T18) and 24 months (T24) from the start of the individual and family work. At first, the use of LTP showed there was no significant change in many variables at T12; at T18 there was a slight fall in the quality of the dynamic interactivity of the family, perhaps due to family problems at that time. Nevertheless, at T24 there were significant improvements in many variables of the family functioning over the four phases of each session of the Lausanne Trilogue Play, such as: inclusion (involvement of the parents in each part, undertaking their roles and understanding the task structure); roles (as the willingness to interact, to exchange glances and to include partners); co-construction (construction and collective participation in the activities); support and cooperation (between parents); child competencies; emotional validation (validation of the child's affective states and authenticity of the affects expressed). These results are represented in the graphs below (Figs. 1 - 5), where, in PART I.

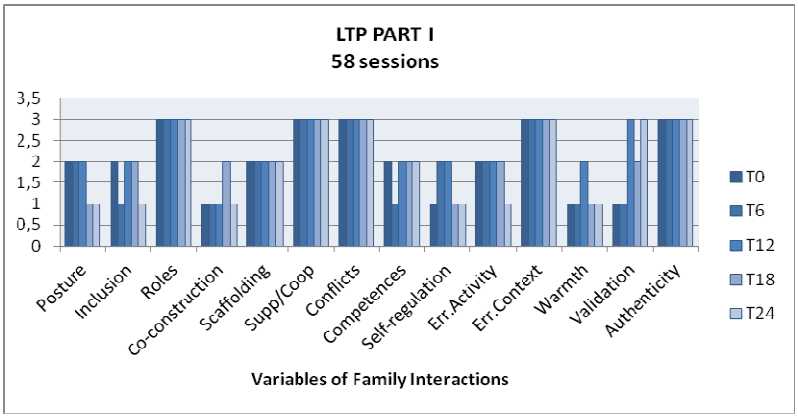

Fig. 1. This graph shows the levels of family variables measured thanks to LTP procedure over a period of 58 sessions in different moments in time. This graph illustrates only the first part of the procedure, where one of the parents communicates with the child with no interruptions from the partner. There is no significant change in the variables, except for "Validation", from the beginning of the intervention up to the end (T24) in the first phase of LTP

(Fig. 1) and PART II (Fig. 2) there is no remarkable change in the LTP- variables of good family interactions, measured by LTP over time; whilst, PART III (Fig. 3) and PART IV (Fig. 4) represent, respectively, an increase in Posture, Inclusion, Roles, Support and Cooperation and Competences, and an increase in Posture, Inclusion, Co-Construction, Competences, Self-Regulation, Errors Activity and Warmth Fig. 5. Illustrates improvements in the family interactions, mainly in part III and part IV, at T24 (after two years from the beginning of the therapy), whilst it shows a slight decrease at T18, in line with the stressful moment the family was going through at that time.

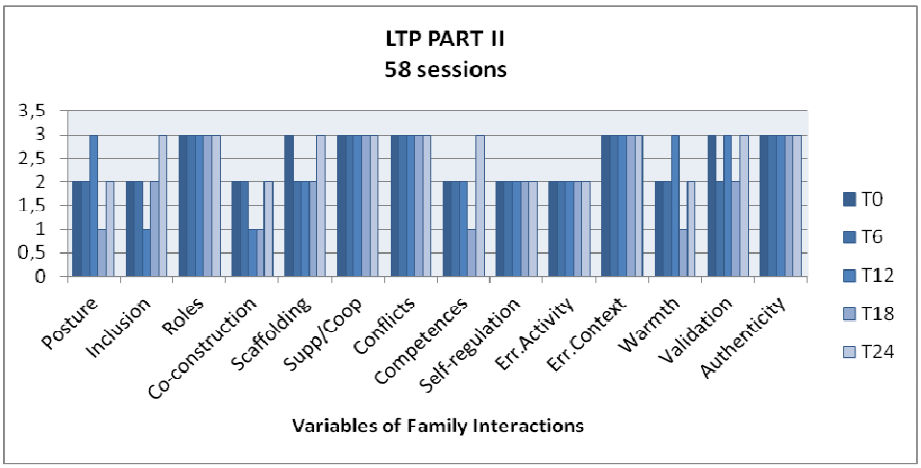

Fig. 2. In this graph are shown levels of family variables measured thanks to LTP procedure over a period of 58 sessions in different moments in time. This graph illustrates the second part of the procedure, where the two parents swap their roles and the other one is now able to talk and interact with the child. There is no main significant change in the variables from the beginning of the intervention up to the end (T24) in this second part of LTP, nevertheless some high scores are visible at T24 in terms of "Inclusion" and "Competences"

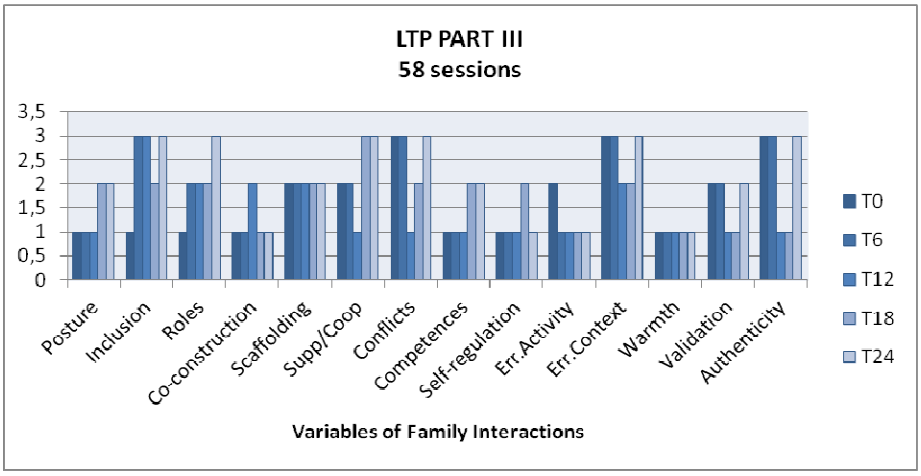

Fig. 3. This graph shows different levels of family variables measured thanks to LTP procedure over a period of 58 sessions in different moments in time. This graph refers to the third phase of the procedure, where the two parents interact together with their son. It is possible to observe significant changes over time in some interactive variables of the family (i.e. Posture, Inclusion, Roles, Support and Cooperation and Competences). There are sensitive changes from T0 to T24 in this third phase of LTP

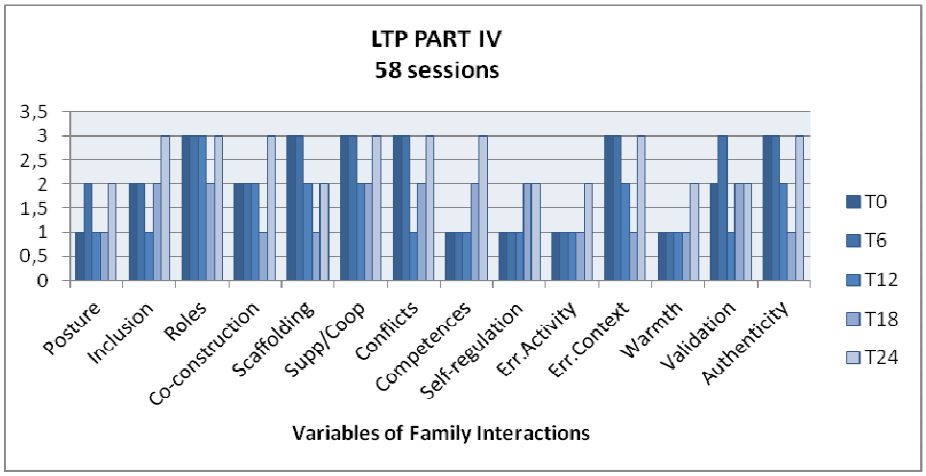

Fig. 4. This graph illustrates different levels of family variables over a period of 58 sessions in different moments in time. This graph refers to the fourth phase of the procedure, where the two parents interact together without their son. High scores are remarkable in some of the aforementioned variables (i.e. Posture, Inclusion, Co-construction, Competences, Self-Regulation, Error of Activities and Warmth). There are sensitive changes from T0 to T24 in this fourth phase of LTP

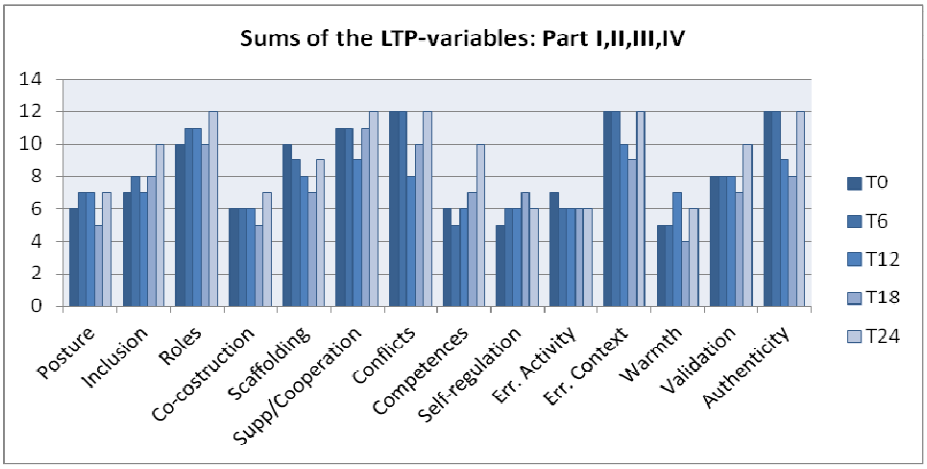

Fig. 5. Comparison among the Sums of the LTP variables, regarding the four phases of LTP, from T0 to T24, over a period of 58 sessions. There are higher rates of almost any of the aforementioned variables at time T24 compared to T0 (i.e. Posture, Inclusion, Roles, Co-construction, Support and Cooperation, Competencies, Warmth and Validation)

5. CONCLUSIONS

In conclusion, through this emblematic single case we aimed to show how the LTP procedure can be a valuable tool to identify and monitor the functional and dysfunctional characteristics of the family, in order to provide early and effective intervention. In this case, P. presented a narcissistically fragile self that was inferred by his low self-esteem. He manifested omnipotent thoughts as a way of defending himself from any frustrations, showing anger against the outside world, as consequence of his deep narcissistic wound.

His disease and the onset of adolescence, linked to this fragile situation, undermined the already fragile family system [11]. The latter was full of tension because of the lack of support from each member or the family. LTP procedure [8] has shown how psychotherapeutic work provided both empathic responses to the patient and a

space for his emotional restraint; furthermore, LTP has been a tool to increase parenting skills (in addition to parental support and video-feedback). This combined intervention has led to an improvement of the interactions inside the familial context. The fall of scores found at T18 shows the family was experiencing a moment of acute distress. From the second year of the therapy, with the change of the setting, instead, we had a clinical improvement in interactions: *The game* gives way to *the word*. P. was able to express his own needs and fears, showed how difficult for him to tolerate frustration, and was performing more able to access his emotional states related to the incident for the first time [12].

At the same time, his parents recognized their difficulty in attuning emotionally with him, and expressed their frustration as parental figures. This moment was experienced as stressful by the whole system.

The LTP procedure has made possible an understanding of the different resources of the family in addition to the specific characteristics of the parent-child interactions. Together with its positive characteristics, problematic patterns became more visible to parents, highlighting different ways of handling family situations. The use of video-recording has shown in a clearer way the family style of communication, usually difficult to describe in the setting of a simple parental consultation.

This kind of treatment, in the light of a specific analysis of family interactions, can be preferably used in order to support parental figures when they are clueless on their parenting function. Although LTP requires a specific setting and a good commitment from the family that is always at risk of dropout, as in usual psychotherapies, LTP can be used with fragile families with difficult backgrounds where it is not always possible to detect interactive problems. Denial or highly-emotional families, families with learning disabilities and multiple problems can benefit from an intervention where they are made aware of their limitations and of their strengths, in order to improve the latter. In conclusion, the LTP procedure has given us the opportunity to use video feedback techniques to strengthen the therapeutic work, promoting the settlement of a more functional environment [1,6,7,16]; furthermore, the patient's improvement in the subsequent six months, as indicated by results at T24, seems to prove that the joint application of these tools was effective in providing an early and successful intervention.

CONSENT

All authors declare that 'written informed consent' was obtained from the patient and his parents for publication of this case report. Authors used a form from their own institution.

ETHICAL APPROVAL

It is not applicable.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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