

The Italian Health Ministry Project *The Lausanne Trilogie Play as A Psychodiagnostic And Therapeutic Tool in a Public Neuropsychiatry Unit*. Preliminary Findings.

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Abstract. The article presents a research design aiming to apply the LTP procedure in a clinical setting for diagnostic- therapeutic taking in charge purposes. The research is a longitudinal study lasting 36 months funded by the Italian Ministry of Health. The sample was recruited at a Neuropsychiatry Unit for Children and Adolescents, in Padua (Veneto) and consists of patients aged between 3 and 18 years and their parents, referred for psychodiagnostic assessment due to emotional and/or behavioral problems. The sample is divided into two groups: in one of them the child is administered individual treatment, while in the other the child's treatment is associated with intervention to support parenting.

LTP and other tests were administered every 6 – 12 months.

Preliminary data confirm the value of the LTP as part of the diagnostic and therapeutic armamentarium in developmental psychopathology.

Keywords: psychopathology, family interaction, Lausanne Trilogie Play, psychodiagnostic assessment, therapy outcome.

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Introduction

In developmental psychopathology, it is very important to optimize the use of resources dedicated to diagnostics and therapies, focusing the operators' energies on identifying the most effective treatments in the light of recent research on the efficacy of psychotherapy (Dazzi, Lingiardi, & Colli, 2006). It is essential to identify a family's dysfunctional and functional characteristics in order to offer them early interventions. Family characteristics strongly predict mental health in childhood, making it increasingly necessary to use appropriate tools for investigating and supporting the role of parental figures in parallel with psychotherapy for a child (Gatta et al., 2015; Hedenbro & Rydelius, 2013; Simonelli et al., 2014; Trautmann-Villalba, Gschwendt, Schmidt, & Laucht, 2006; WHO, 2012).

This research project is consistent with recent models for interpreting children's development in the setting of their families as a whole (Simonelli et al., 2007; Constantine, 1993).

The family is a structured system that can be defined on the basis of different functions, such as conjugal relations (the relationship between the partners as a couple), parenthood (each parent's relationship with the child), and parenting (the relationship between the partners as parents). Within this approach, the most noteworthy changes have been prompted by the work of Fivaz-Depeursinge and Corboz Warnery (1999). Their systemic-evolutionary model contributes to create new opportunities for studying mother-father-child interactions, referring to a triadic system that evolves from the earliest stages of life. In fact, some researchers in developmental psychology have further studied the triadic relationship as the basis for the emergence of referential communication and secondary intersubjectivity (Stern, 1987).

In order to study this system, the authors structured a new procedure called LTP. Within this setting, the Lausanne Trilogue Play (LTP) is a semi-structured interview procedure developed by the Centre for Studies and Research on Family Group in Lausanne in the 1980s. This tool uses video recordings of a family involved in an activity. It is very useful for assessing family systems (Carneiro, Corboz-Warnery, & Fivaz-Depeursinge, 2006; Fivaz-Depeursinge & Corboz-Warnery 1999; Favez et al., 2006) and it can help develop the alliance with the clinician and thus enable the family's functional or dysfunctional characteristics to be identified. Moreover, analyzing the triadic (mother-father-child) interactions can reveal protective factors and risks of psychopathological outcomes (Gatta et al., 2014; Hemphill & Littlefield, 2006).

LTP can be predictive of cases of psychological disorder and offers clues as to what model of intervention to apply. Using video feedback (a shared and guided viewing of the movie together with the parents) gives parents an opportunity to improve their strategic skills and increase their parenting resources. So far, the LTP has been mainly used in research and less as a clinical application in a structured, continuous usage (Gatta, Sisti, Sudati, Miscioscia, & Simonelli, 2016; Mazzoni, Castellina, & Veronesi, 2012; Tissot et al., 2013; Simonelli, De Palo, & Bighin, 2014; Petech, Simonelli, & Altoè, 2009; Favez et al., 2012).

The procedure has several main goals: 1) it focuses on the child and his/her level interaction, with father or mother, nevertheless on coparenting; 2) it gives clinicians a few minutes of triadic observation, enabling them to share important information with the parents. When transferred in a clinical setting, the LTP could predict cases of psychological disorder and offer clues as to what model of intervention to apply. Using video feedback (a shared and guided viewing of the movie together with the parents) could give parents an opportunity to improve their strategic skills and increase their parenting resources too (Downing, 2015; Lawrence, Davies & Ramchandani, 2013; Poslawsky et al., 2015; Stein et al., 2006; Yagmur, Mesman, Malda, & Bakermans-Kranenburg, 2014).

The present research aims to combine the interactive-relational perspective of developmental psychopathology (Sameroff & Emde, 1991) with the observational paradigms that see family interactions as the main object of interest in assessments and interventions in developmental age, from early infancy to adolescence (Fivaz-Depeursinge & Corboz-Warnery, 1999). We present this research project as a good example of applied clinical research.

Milestones

In deploying the diagnostic and therapeutic methods used in developmental psychopathology, it is essential to optimize resources, channeling operators' energies into identifying effective treatments consistent with recent research on the effectiveness of psychotherapy (Dazzi, Lingiardi, & Colli, 2006). It is fundamental to identify a family's dysfunctional and functional characteristics to offer early appropriate interventions.

The Lausanne Trilogue Play can be very useful in the assessment of individual and family systems, helping to detect functional or dysfunctional characteristics of individuals and their families.

Aims

The research project, funded by the Italian Ministry of Health, aimed to:

1. To use the LTP, and the systemic-evolutionary theory behind it, as a diagnostic tool and help identify a targeted, effective therapy tailored to each family. The LTP sheds light on the quality of the triadic interactions, and on the resources and limits of the members of families with children who have neuropsychiatric disorders.

2. To support and validate the use of the LTP as a clinical and therapeutic tool capable of recognizing and improving family's strategic interactions and parenting skills.

3. To gain a better understanding of the value of the LTP in predicting how the quality of triadic interactions relates to patient outcomes. From a practical standpoint, assessing the efficacy of treatments in terms of improved family interactions enables the therapy to be adjusted in the event of persistent dysfunctional interactions; and such adjustments can contain the risk of relapse after completing the treatment, thus preventing the need for further treatments.

Method

Study design

The research involves a longitudinal study lasting 36 months since 2012/2013. The sample was recruited at a Public Neuropsychiatry Unit for Children and Adolescents in Padua Veneto, and consists of patients aged between 3 and 18 years, and their parents, referred for a psycho-diagnostic assessment due to affective-relational or behavioral problems.

The study sample includes at least 100 families, divided into two groups: Group 1 will contain families whose children are assigned to a course of individual psychodynamic psychotherapy for two years (30-50 sessions, conducted weekly or fortnightly); in Group 2 the child's treatment will be associated with intervention to support parenting taking a psycho-educational approach (20-35 sessions, conducted monthly or bimonthly).

The following tests are administered to the parties involved (as appropriate) during the diagnostic workup: the YSR 11-18; the SCL 90 R; the 20 TAS; the CBCL; and the LTP. Each test is repeated every six months, except for the LTP (see below). Groups 1 and 2 are being randomly divided into 2 subgroups (1a, 1b, and 2a, 2b). The LTP is administered every 6 months for 2 years after starting therapy in subgroups 1a and 2a, associated

with video feedback for the family on each occasion, while in subgroups 1b and 2b the LTP is repeated every 12 months for 2 years and participants are given no video feedback.

After 24 months, the resulting data will be reworked to test the short-term efficacy of the therapy (on the child or adolescent and the parents), and of the LTP as a therapeutic and diagnostic tool. The follow-up will then continue up to 36 months, using the YSR 11-18, the SCL 90 R, the 20 TAS, the CBCL and the LTP.

Psychodiagnostic assessment

The neuropsychiatric consultation is scheduled including separate diagnostic interviews with the children or adolescents and their parents, and it is conducted by a developmental neuro-psychiatrist and a trained psychodynamic psychologist. At the Neuropsychiatry Unit where this research is underway, it is standard procedure to ask parents to sign documents giving their consent on matters of privacy, public health and research activities, and the possible use of video or sound recordings as part of diagnostic and/or therapeutic procedures. The psychodiagnostic assessment is based on the following protocol:

- with the child or adolescent: the neuropsychiatrist conducts a first interview to obtain their acceptance, then two clinical interviews and any associated tests, then a final interview to communicate the diagnosis and therapeutic recommendations;
- in parallel with the parents: the psychologist conducts a first interview to obtain their acceptance, two clinical interviews to collect their child's clinical history and complete any tests, and a final interview to communicate the diagnosis and therapeutic recommendations.

The final interview is held with patients and their parents together, and led by both the operators. It is used to explain the diagnosis and suggest treatment(s). This is also when the research project is explained and the young patients and their parents or guardians sign to give their informed consent to take part.

Measures

Child Behavior Checklist (CBCL) and Youth Self Report (YSR) (Achenbach & Rescorla, 2001). These two questionnaires are the most commonly used scales for rating juvenile behavior, adopted internationally in the clinical setting and in research. They are in the form of a questionnaire completed by parents (the CBCL) and adolescents (the YSR), and they have

been translated and validated for use with Italians too (Frigerio et al., 2006; Ivanova et al., 2007). The questionnaires yield two profiles: one for competences (activities, social functioning, school performance) and one for behavioral and emotional problems, which can be assessed as “normal”, “borderline” or “clinical” on eight specific syndrome scales relating to various psychopathological pictures: anxiety/depression, withdrawal, somatization, social problems, thought-related problems, attention problems, aggressive and rule-breaking behavior. The problems are grouped into: ‘internalizing problems’ (anxiety, depression and withdrawal, somatization); ‘externalizing problems’ (aggressive and rule-breaking behavior); and ‘other problems’ (social problems, thought-related problems, attention problems).

Symptom Check List revised (SCL-90 R, Derogatis, 1994) – this is a 90-item self-report questionnaire for assessing psychopathological traits. This instrument sheds light on a broad range of psychological issues and psychopathological symptoms. The instrument is also useful for measuring patients’ progress or treatment outcomes. The SCL-90-R is used by clinical psychologists, psychiatrists, and professionals in mental health, medical, and educational settings as well as for research purposes. The various items assess 9 symptom dimensions: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism.

The Lausanne Trilogue Play (LTP, Fivaz-Depeursinge & Corboz-Warnery, 1999) is an innovative method specifically designed to enable the monitoring and assessment of triadic family interactions. The method has been used so far mainly in non-clinical populations, with young children. The LTP procedure aims to monitor the dynamics of a family in an interactive fun and stress-free condition.

The LTP is administered by a trained professional and the family is asked to organize a game in a sequence of four stages: in Part I, one parent interacts with the child while the other looks on (2 + 1); in Part II, the parent previously acting as a third party observer plays with the child while the other parent looks on (2 + 1); in Part III, all three participants interact with each other (3); and in Part IV, the parents interact with each other while the child looks on (2 + 1).

The switches from one stage to another are transitions that demand a good coordination between the partners in managing the negotiations and sharing in the family game. The encoding scheme used in the LTP procedure, run by two independent judges, comprises 15 scales, each defining an observational variable that is graded on a Likert scale of 10 to define and assess behavior such as: body language, direction of gaze, coparenting coordination, role organization, parental scaffolding, the child's

involvement, sensitivity and affect regulation, shared and co-built activities, and family warmth. The scores obtained on each of the scales are added together and lead to a total score that assesses the quality of the family's interactive skills.

The family process, be it functional or otherwise, and family alliances are assessed by observing aspects such as participation, organization, focal attention, and affective contact (Fivaz-Depeursinge, Corboz-Warnery, Carneiro, & Wasem, 2002). These skills appear to predict the subsequent quality of family interactions and therefore provide some useful indications not only for research purposes but also for clinical diagnostics and prevention strategies (Carneiro et al., 2006).

Collaborations

The project relies on a collaborative effort involving different institutions: the University of Padua (Woman and Child Health Department, School of Medicine, Departments of Developmental Psychology and Socialization, and Of General Psychology) and the Azienda ULSS 6 of Padua Veneto.

Originality of the proposed project

In the setting of the psychopathology of childhood and adolescence, the project is characterized by the following innovative elements:

- a) to date, no specific research based on the LTP has ever been planned and conducted at a Neuropsychiatry department, and mother-father-child interactions have not been properly investigated in clinical departments. Hence the novelty of this effort to improve our understanding of the interactive-relational competences in families with a child who has affective-relational or behavioral problems;
- b) the project is designed to include facets of both research and intervention: each data acquisition phase is also intended as an opportunity to support parents while offering them a context in which to think about their own feelings, difficulties and strengths in relation to the family's functioning and their child's development. In Italy, at least, such intervention research models are not common and have yet to be tested;
- c) the outcome of this research will be used to plan tailored intervention models: starting from the data collected, the resulting interventions should focus on families' and patients' real needs and shed light on the best ways for professionals to support their patients' developmental pathways;

d) the researchers involved in the project are skilled in both research methods and clinical practice. This is particularly important because the project has been designed as an intervention research and involves collecting and analyzing empirical data as well as providing support for the families involved.

Preliminary data

155 children and adolescents were assessed at the baseline (T0), 83 of them males and 72 females, with a mean age of 14 years. Of these 155 cases, 78 were taken into care at our Neuropsychiatry unit, excluding 11 dropouts (six at T0, one after 6 months, and four after 12 months; 3 dropouts belonged to group 1b, 4 to group 1a, 3 to group 2b, and 1 to group 2a). Eighty-nine of the parents had an average-to-low cultural level (school attendance up to grades 5 or 8), while for 209 it was average-to-high (up to grade 13 or university). The parents were divorced/separated in 24 cases.

Here the first round of analyses is presented only, the global and final results can be found on the Italian Ministry of Health site. We firstly aimed to study whether there are any differences in the capacity to manage the various family configurations between clinical/borderline subjects and nonclinical subjects. To assess this aspect, we studied the differences between the clinical/borderline group and the nonclinical group (based on the CBCL and YSR scores) in the trends of the LTP. We used a generalized linear model to assess any differences in the trends of the scores obtained in the various parts of the LTP (the independent variable) by the two groups (clinical/borderline versus nonclinical; first factor) for each subscale of the YSR and CBCL (second factor).

Briefly, the first analyses on the relationship between the psychopathological issues and the family dynamics in the sample of clinical subjects suggested that clinical/borderline YSR and CBCL scores corresponded to families with very high levels of conflict between the parents in Part IV of the LTP, and of interference in Parts I and II. These findings confirm the hypothesis that coparenting difficulties (when mother and father have trouble interacting and cooperating) correlate with their child's structuring and symptoms. Particularly it emerged the link existing between dysfunctional family dynamics and children's psychopathological issues referred to externalizing, somatic and social symptoms. This result is not confirmed in case of internalizing problems (anxiety, depression, somatization), where we did not find that more severe psychological disorders coincide with more dysfunctional family dynamics. In these latter cases, other variables such as the transgenerational aspects of the anxiety-

depression domain and the possibility of a greater degree of sensitivity and empathy in families with a child who has internalizing problems, play an important role and should be considered in order to understand the data.

Thus, based on our results, we can say that a link exists between psychological disorders in developmental age and family dynamics, but this relationship does not appear to be linear. These aspects will be further analyzed and clarified at the follow-up phase, when studying how the children's psychological disorders develop in relation to the evolution of their family dynamics.

Identified strengths and weaknesses

One of the major difficulties encountered concerns our participants' capacity of staying in the project. In fact, only at the beginning we already had a dropout rate of 12%. When we analyzed the participants' reasons for dropping out of the study, they mainly concerned: the refusal of the video recording; the refusal to continue the psychotherapy; the transfer to a residential community; or the transfer of the family abroad.

The other crucial aspect identified concerned the difficulty to stop providing care for the family as a whole when the established period of intervention came to an end due to the severity of some patients' psychological disorders. This aspect was discussed and we have decided to limit the number of new recruits to continue working with some of those already taken into care. At the end of the study, this continuation of the care process will give us an opportunity to study a subgroup of cases specifically in response to a longer-term therapy, enabling us to analyze the process as well as the efficacy of the therapeutic intervention.

Conclusions

Despite these critical issues, the interest of the project from the scientific standpoint is clear. It benefits from the cooperation of several institutions at Padua University (the Department of Woman and Child Health, the School of Medicine, the Departments of Developmental Psychology and Socialization and of General Psychology) and it focuses on the Lausanne Trilogue Play (a semi-structured tool for observing family system interactions with the aid of video recordings) that has so far been used very little in the clinical setting, and not always with the necessarily strict and precise methods, such as those adopted in the present study.

The value of the project from the clinical and care-providing standpoint is also visible in regard to several aspects:

- the assessment phase involves examining the whole family system, identifying its functional and dysfunctional aspects, and the traits of each of its members, efficiently and effectively;
- the treatment phase involves structured and intensive measures that public services are increasingly less able to offer;
- the follow-up phase enables clinicians to monitor how the disorders evolve, keeping patients connected to the service; in this sense, it also serves as a tertiary prevention measure.

On the whole, the relevance of our project to the public health system consists both in optimizing the use of resources and in testing the efficacy of the interventions on family dynamics.

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Notes

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