

NEWSLETTER

ISNIP

Number 1 - March 1995



International Society
for the
New Identity Process

Daniel H. Casriel, M.D. - Founder

The president ...

Dear friends

After a too long period of written meetings and long distance contact we are coming closer to a period of personal contact which is rather essential for our society !

I enjoy the idea to meet many of you again or for the first time at our TF-conference in April in Bogève and

at the international conference in September in Washington.

May I ask to support the organizing committee by sending your written paper before the conference. Remember that we decided to have only every two years an international conference to give us more time to prepare our presentations.

At the Washington conference there is a general meeting where we have to install a new board of directors and have to change the bylaws following our decisions of Grönenbach.

May I ask the chapters to present their candidates for the board and the candidates for the office they want to fulfill in the board ?

Many greetings and a hug

Johan Maertens
President

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INTERNATIONAL CONFERENCE '95

CALL FOR PRESENTATIONS FOR THE SEPTEMBER 21-24, 1995 CONFERENCE OF THE INTERNATIONAL SOCIETY FOR THE NEW IDENTITY PROCESS (ISNIP) IN RESTON, VA.

Deadline for submission — May 15th!

We are looking for presentations directed to both our membership and those non-society members who will be in attendance. The presentation topics can include : NIP or related clinical techniques and experience, NIP or related theory, integration of the NIP with other models of psychotherapy, case studies, current NIP treatment models, NIP history. Please send the following :

1. Title of the talk
2. An abstract or outline of the content, including length of time. Also include the time allocated to lecture/discussion/experiential material (ex : 75% lecture, 25% experiential)
3. A bio of the presenter, with picture if possible
4. Audio/visual aids needed.

Send to Newsletter Editor, Lynn Grodzki, 910 La Grande Rd. Silver Spring, Md. 20903.

PLANNING BEGINS NOW FOR THE INTERNATIONAL CONFERENCE (ISNIP)

The planning committee will be coordinated by Robin Seiler and Ginny Hurney. Anyone in the Metro area that would like to help, please call them.

THE INTERNATIONAL CONFERENCE BOOK SEPTEMBER 1993, GRÖNENBACH

is available at the international office for 300 BEF.
Feel free to contact Greet Coutuer.

PARENTAL BONDING IN THE TREATMENT OF AUTISTIC BEHAVIOR

Text was taken from an article published in "Ethology and Sociobiology" (No 12,1991), by Michele Zappella, Patrizia Chiarucci, Daniela Pinassi, Paolo Fidanzi, Patrizia Messeri.

Dr Michele Zappella is former at the IFS.

Introduction

Tinbergen and Tinbergen (1972, 1983) have put forward an understanding of autistic behavior radically different from conventional psychiatry and argued for its scientific and therapeutic usefulness. They and others (e.g. Richer and Nicoll 1972 ; Richer 1983) suggested that autistic children's social behavior is typical motivational conflict behavior, well described in ethology but hardly discussed in psychiatry and psychology. Affiliative and attachment behaviors, as well as aggression, play and exploration, are inhibited by fear/avoidance motivation.

The prognosis of autistic children is conventionally seen as very poor, but in recent years there have appeared reports of large samples of autistic children, treated by various methods, which claim complete recovery in 12%-47% of cases (Prekop 1984, 1985 ; Lovaas 1987; Zappella 1987). Others (e.g. Rutter 1988) have doubted the accuracy of the diagnosis of the children who, it is claimed, have improved and eventually become normal. Therefore, independent diagnosis and an accurate evaluation before and after treatment by methods replicable by other workers becomes vitally important.

It has also been suggested that, as several autistic children show some improvement without treatment over several years, the claimed advantages of a therapy may only be the result of a "spontaneous" amelioration. Therefore a treatment needs to produce beneficial effects over a short period of time in order, partially, to meet these criticisms.

This paper reports on the behavioral changes obtained in ten autistic children during their treatment with an ethologically oriented family therapy focused on improving parental bonding. The treatment lasted one to two years. Data were first collected at the beginning of treatment in some cases and in others, a few months into treatment. Follow up data were collected 12 months later.

The behavioral analysis of these children at the beginning and at the end of this period was also made using ethological methods.

Subjects

Children were enrolled for treatment if they met the clinical diagnosis of infantile autism according to the criteria described in the Diagnostic Manual of Mental Disorders (DSM III, American Psychiatric Association, 1980) and if neurological examination, EEG, CAT, and routine laboratory evaluations, conducted prior to the onset of treatment revealed no abnormalities.

Treatment

Families came for sessions once a month to our Department, often traveling from a considerable distance away. Every therapeutic session was conducted by two therapists and lasted two hours. A few sessions did not take place for various reasons (illness, holidays, etc.). The median value of total sessions per family was 8.

The autistic child, his parents and possibly his brothers or sisters met the two therapists monthly. Members of the wider family were seen occasionally but only if their presence was particularly relevant to some aspect of treatment.

From the point of view of the present ethological approach people's behavior is analyzed in

terms of systems of movements, i.e., units which serve a particular major function whereby a person achieves a certain, definite end. These may concern, for example, the motor sequence through which a child will touch, manipulate, explore an object, or many other human activities. Complex activities which lead a person to approach or avoid his conspecifics, involving his whole behavior, are also classified under this heading. They are called "major functional systems" (Tinbergen and Tinbergen 1983) and are supposed to have two categories of causes, internal conditions, which determine the degree of readiness with which a subject will respond to outside stimuli (i.e., motivations), and external events. These systems have an effect and a personal history. In this way people's behavior becomes significant both in the detail and as a whole in terms of being a "function of something". At the same time the causal setting can be analyzed in definite and precise ways. In the context of this type of behavioral analysis, conflict behaviors, resulting from the simultaneous presence of two or more different, in fact opposite and incompatible, types of motivations, leading, for example, to approach and withdrawal, are called motivational conflicts.

If one considers autistic children with the above quoted criteria, one is impressed by the prevalence of defensive reactions (which are often in fact defensive-attack reactions) leading to their particularly strong avoidance of conversation, verbal and nonverbal, and contributing to poor acquisition of language and other cognitive and social skills. They show in fact extensive

inadequacies in those major functional systems which are essential for social interaction: affiliation, friendliness, exploration, and socially acceptable other-directed attacks. They also show evidence of motivational conflicts and the range of their emotional expressions is markedly limited. Otherwise the autistic child appears to be often endowed with strategic abilities in interacting with other members of his family, which is to a large extent controlled and "bossed" by the child's behavior. Cooperation and directed communication between parents and their child are extremely poor and his often results in a conflict which is related to the prevalent child's attitudes, e.g., overly bossing the family or behaving as frail and incapable, etc. (Zappella, in press).

The major aims of the therapy are

- 1) to obtain rich, extensive, emotionally directed communication, so that shared meanings could be negotiated (Richer 1980);
- 2) to increase cooperative interactions between the child and his parents;
- 3) to reduce motivational conflict behaviors and increase affiliation, attachment behavior, exploration and play;
- 4) to give parents a factual control of their child. Parents have to be the main agents of these changes in the child's behavior.

A high degree of intrusion was a prerequisite in order to elicit various types of sociable behaviors and subsequently to obtain more elaborated cooperation and communication. This was done in two basic ways

- 1) through a close body contact

between the child and an adult (therapist or parent) and

- 2) by intruding in one of the child's own activities.

An example of the first situation is the following: the adult takes the child on his lap and begins to talk to him with a warm, lively and expressive face. He tried to get an eye-to-eye interaction by praising his eyes as very attractive and, at times, by getting near to his eyes and then suddenly with drawing, usually causing the child to look. At this point the child, faced with this intrusion, may become more avoiding and may show rage; in this case the adult will give a positive connotation by saying, for example, how this shows how the child is full of strength or that he enjoys listening to his superb, loud voice. In some cases the child accepts this type of intrusive interaction more extensively and gets involved in it, giving appropriate affiliative or even aggressive responses or engaging in simple interactions such as sticking out the tongue at each other, pinching the nose, or hitting the adult's hand at his request. Inappropriate behavior, such as repeated echolalias or attempts at stereotypical activities of his hands, may be ignored or reinterpreted by the adult who repeats the echolalias with unexpected low or high tone of his voice or takes the child's hand and physically prompts it to caress the therapist's face. During this interaction the adult often tickles and touches the child's body in a jolly and attention getting away, and gives again positive connotations to the child's reactions. Exploration, affiliation, and other-directed aggression are elicited. If the child starts raging he is consoled by the adult in a face-to-face position and

subsequently can be cuddled until completely relaxed. This usually fosters attachment behavior in the child, who often spontaneously kisses and embraces the adult.

There are other ways of getting close to the child, which are used in the therapy : he can lie on a divan with his legs across the adult's thighs and his head supported by the adult's knees. This depends on the child's size and his degree of avoidance. Positions of this kind are often used when it is felt as appropriate to have a direct confrontation between parents and the child on items concerning the core of the conflict which is daily going on between them.

The child can also be intruded upon through some of his prevalent activities and, since autistic children often like to run around, the adult takes the child by the hand and runs with him quickly. The child follows and may show signs of pleasure ; he may object to someone else being in control of him, but likes the activity nevertheless.

Then suddenly the adult takes the child on his lap near a table and physically prompts him in an activity such as, for example, building a tower of cubes which he has so far refused to do. At that moment the child is still positively motivated and for a few seconds he will follow the adult's prompt. Then he may start to resist and the adult can run around with him again or suddenly change again and have him on his lap as in the first method.

The details of this therapeutic approach, which includes guidelines for encouraging

communicative speech as well as a number of strategies for improving family communication, have been more extensively reported elsewhere (Zappella 1983, 1984, 1987). These strategies, which foster the child's cooperation and direct communication with his parents during the session conducted by the therapist, become a prescription which parents will carry out for about one hour every day. Treatment also includes advice concerning various aspects of family life and communications, as in any family therapy ; it aims essentially in favoring family structure, since this, in its turn, supports the parent's power. Written advice is often given to the school to foster the first steps of socialization with other children and to help integration in school activities. All children are mainstreamed, since in Italy special schools were closed several years ago.

Discussion

A noteworthy outcome of the present study is the great variability of results. While some children in the limited period of one year of treatment reverted to normal behavior, others showed no improvement, and a large group acquired new important abilities but remained developmentally retarded and retained significant autistic traits.

In evaluating therapies such as this, several uncertainties exist : the therapists may vary in effectiveness ; the parents will certainly vary in how much they can put the therapy into effect ; cerebral dysfunction may have gone undetected in some cases (e.g. case 8), although even here improvements can, not sur-

prisingly, be achieved via psychotherapeutic treatments ; the child's developmental level at the onset, as has long been shown, affects outcome. Both recovered children in this study had better language than most of the rest of the group.

These data can be compared with a larger series of 50 autistic children aged 3 to 16 years (mean age 6 years, 6 months), who were treated with the same method by one of us (Zappella 1987) : 12% reverted to normal behavior, 18% lost every aspect of autistic behavior but still had learning difficulties, 44% showed various degrees of improvement, and 26% did not show any significant advantage from therapy. This series included a number of children with abnormal EEG and/or CAT scans. Those children who reverted to normal conditions had normal laboratory examinations and were mostly in the 3-4 years age range when they started their treatment.

All children of the group showed avoidance dominated motivational conflict behavior, as described by Tinbergen and Tinbergen (1972) and Richer (1980) and close scrutiny of their behavior pointed to the severe delay in the development in behaviors associated with affiliation, attachment, exploration, play, and, in most of them, of other-directed aggression. Apart from this, however, the autistic children often appeared to be skillfully reacting to other members of the family, albeit in an avoidance dominated way. The family's functioning often seemed to revolve around the autistic child.

Other methods claiming suc-

cessful results in the treatment of autistic children are based on holding, such as those described by Zaslow (1970 ; 1981), Allan (1984), Welch (1983) and Prekop (1984 ; 1985). Again it was the youngest autistic children who were tested with complete success. Prekop has published a series of 103 autistic or Asperger's syndrome subjects and found 13 normal outcomes, while 19 were greatly improved. Lovaas (1987), using an intensive program of behavior modification techniques conducted at home by parents and therapists, found 47% normal outcomes in a group of 19 autistic children who started their treatment before 4 years age. These children, like those of the present series, had normal laboratory evaluations. Young age when therapy starts is therefore an important factor.

A further feature of the present results concerns the rapid pace of improvement in those children

who did improve. This is even more evident during treatment itself, when in some phases, usually at the beginning, when new intrusive and arousing approaches are introduced, the child is seen to achieve changes in a few months, which usually require much longer periods in normal development. This rapid change can also be seen after peak moments of emotional interaction between parents. Considerable improvements in family communication often occurs. It is as if the fostering of the child's emotionality rapidly reveals abilities which were already partly developed.

This method shares features with other relatively successful methods of treating autistic children, viz : holding therapy (Welch 1983: Richer and Zappella 1989) and intensive behavior modification (Lovaas 1987).

The holding techniques in their

various forms heighten the motivational conflict of the autistic child, bringing him into a rage, which, if properly dealt with by the adult, causes attachment of the child towards the adult. The child, possibly as a consequence of this new, favorable emotional state, becomes subsequently more ready to cooperate. Compared to the holding techniques the present method has the advantage of being much less stressful for everyone involved in treatment, especially the child. While intensely intrusive, like the Lovaas techniques, the present techniques have the advantage of taking much less time from therapists and parents. It also addresses motivations and relationships rather than discrete behavioral patterns and it is likely to be more efficient. Since it aims is to induce changes in behavior through possibly joyful and attractive interaction, its core may lay in bringing life in its brightest sense into family situations from which it has often faded away.

TEACHING FELLOW CONFERENCE
28-29-30 APRIL 1995

Location : International Casriel Institute, Bogève, France

The *prices for board and lodgings :*

1.015 FF single room
855 FF double room

In detail :

April	breakfast	lunch	diner	night single	night double
28	no	95 FF	95 FF	240 FF	160 FF
29	30 FF	95 FF	95 FF	240 FF	160 FF
30	30 FF	95 FF	no	/	/
in total	60 FF	285 FF	190 FF	480 FF	320 FF

For *extra nights* we refer to the above mentioned prices.

All *reservations* are to be made through the international office. Please pay with an Eurocheque to avoid extra bank costs.

Boardmeeting 9

december 1994

Present : Martien Kooyman, Jeff Gordon, Fiede Ingwersen, Carlo Kreiner, Inger Johansson, Nimet Salem, Thomas Renz, George Rynik, Ron Kissick, Terry Cole and Johan Maertens

1. **Report boardmeeting 8** : seen and approved
2. **Status of assistant therapist and institute therapist**

- 2.1 **Criteria**
 1. *Assitant therapist*
 2. *Institute therapist*
- 2.2 **Procedure**
 1. *Assitant therapist*
 2. *Institute therapist*

> discussion on TF-conference (and if necessary in Washington)

3. **European Association for Psychotherapy (EAP)**

On the 2nd December 1994 Johan Maertens attended to a meeting of the European Association for Psychotherapy (EAP). This organization was founded in 1990 by Austria, Switzerland and Germany and was joined in 1992 by France and England. At the moment they have 19 members.

The association helps founding the national organization for countries that don't have one. The main principles of the EAP are written in the declaration of Strasbourg.

The EAP defends psychotherapy as a profession that cannot be claimed by psychology and medicine as in Italy for instance. They aim at a full training program (+/- 7 years), next to the faculties of psychology and medicine with of course the necessary links.

- 3.1 **Do the European chapters agree to give Johan Maertens a mandate for the EAP ?**
- 3.2 **Are the European chapters ready to share the costs for attending those meetings ?**
Frequency and places are not yet know. The first meeting will be in June 1995 in Zürich.

> decision will be taken at the TF-conference in Bogève (and if necessary in Washington).

4. **World Council Psychotherapy**

- 4.1 **Who is candidate to give a lecture on bonding psychotherapy at the first congress of the World Council for Psychotherapy (WCP) from 1-5 July 1995 in Vienna ?**

Johan Maertens was asked to do the co-ordination for ISNIP and EAP

- 4.2 **June 1995 in Zürich the World Council for Psychotherapy (WSP) will be founded. Johan Maertens will try to be accepted as a member representing ISNIP if the board agrees.**

4.2.1 *to give Johan Maertens an official mandate*

4.2.2 *agree to pay the extra travelling costs for attending these meetings*

> decision will be taken at the TF-conference

5. **Finance - balance sheet USA**

No remarks on the copy of financial summary 1993 and 1994 of the American ISNIP account. We have asked Rachel Light (treasurer USA) to clearly separate the ASNIP and ISNIP account per 01/01/95. If necessary the ISNIP money can be transfered from the USA account to the European account.

6. **International Casriel Institute**

When there are less than 10 participants, the costs aren't covered and we lose money. The board decided to continue the international training.

From the American Chapter

Several weeks ago a client reminded me of an important lesson. The client has been dealing with a history of severe abuse, and if anyone has reason to regard the world with fear and rage, it is she. With enormous courage she has dealt with the memories, the emotions, and the behavior change. Then, in group she announced the obvious, but often forgotten lesson : "I have realized that what I am doing here is not about my history and what was done to me; it is about me and my response to it." In broad perspective, I believe that ASNIP has come to a similar place in our professional development to recognize that our history of being seen as marginal in the development of psychotherapy need not dictate our future. While we can no more separate our history from our future than a river can be separated from the streams that feed it, we can indeed take charge of our future course.

In the United States there are important signs of initiative for growth and professional recognition. At our American Conference held in September 1994, the quality of presentation was excellent, and I was proud to have some of my non-NIP colleagues meet ASNIP members. Everyone I spoke with at the Conference said they were proud of the quality of that event.

Now we are preparing to host the International Conference in the Washington D.C. area in September 1995. We want to invite the fullest participation possible and the best schedule of presentations. So, we invite all the European Teaching Fellows, and qualified Fellows and Members-in-Training to submit abstracts for presentations at the conference. And invite your non-NIP colleagues to attend too !

In other news, we have added four new Fellows to the ranks of NIP therapists. Virginia Hurney, Paul Komatinsky, Lynn Grodzki and Terry Cole have completed all requirements, and were approved by the ASNIP Board of Fellowship. Standards Committee and Credentials Committee have completed work on revised Fellow and Teaching Fellow Exam, and we now have a fresh newsletter format and a public relations brochure to hand to clients and interested professionals.

There is a great deal of good energy moving in ASNIP right now, and I want to express my appreciation to all who are making that so.

Hugs and best wishes,

Ron Kissick, President of ASNIP

Training Information

International Casriel Institute

Subject : 5th workshop with Peter Geerlings (NL) & Inger Johansson (S)
"Nip with borderline patients"

Date : 24 - 28 April 1995

Cost Price : 1 workshop all in : 20.000 BEF to be paid to the Belgium ISNIP bank account : 475-2090891-72 (Kredietbank, B-8310 Brugge)