Psychological Therapies

Pre Therapy

Introduction

The intention of this document is to present a brief introduction to **Pre Therapy** which is sometimes referred to as Contact Work.

Pre Therapy is a Person Centred humanistic technique practiced with patients who are difficult to engage i.e. learning disabilities and psychosis.

This document focuses primarily on psychosis where the technique enables practitioners to make contact with patients; this is beneficial for both patients and practitioners, as patients become increasingly able to engage in meaningful conversations and therapists are then able to engage with a therapeutic relationship.

Pre Therapy

Pre Therapy was devised by Professor Garry Prouty.

Garry was brought up on a farm with his younger brother who was autistic and very occasionally intervened in the conversations between Garry and his friend. Garry realised his brother was ‘in there somewhere’ at some deep level.

After qualifying as a psychotherapist, Garry worked in units with patients who had psychosis and learning disabilities. Garry’s manager recognised the unique way of making contact with patients and asked him to write down his technique. It took ten years for Garry to work out not only the technique but how he was ‘being with patients’.

Pre Therapy Roots

Pre Therapy stems from psychotherapists Carl Rogers and Eugene Gendlin.

Rogerian **Person Centred Approach** is a form of therapy that promotes self-knowledge and self-awareness. This is achieved by allowing patients to be their own guide in the therapeutic process and is facilitated by the practitioner's attitudes of the congruence, unconditional positive regard and empathy.

The process nurtures psychological growth with the reduction of emotional distress.

Pre Therapy Roots

Gendlin's psychotherapy was influenced by phenomenology and existentialism.

Phenomenology is the study of phenomena, and whereas scientists are objective, phenomenologists state that each experience is coloured by our subjective perspective and the objective cannot be separated from the subjective perspective.

Existentialism is the study of human existence where each persons current way of 'being' within the world is deeply respected and surrounds the verbal and non verbal 'here and now' behaviour. Existential contact is the right to simply exist and to be recognised as a member of our humanity.

Psychological Contact

Pre Therapy is the Theory and Practice of Psychological Contact.

The concept of **Psychological Contact** was introduced by Carl Rogers who stated for psychotherapy to progress, 'two persons must be in psychological contact'.

Source: Rogers C. 'The Necessary and Sufficient Conditions of Therapeutic Personality Change' Journal of Consulting and Clinical Psychology 1957
http://shoreline.edu/dchris/psych236/Documents/Rogers.pdf

Psychological Contact occurs when two people are affected by and respond to each other; the response can either be negative or positive, provided it is appropriate to the shared situation. This is the essential contact which is necessary for all people to engage in reciprocal relationships.

Psychological Contact

People's level of contactful behaviour varies throughout the day.

For instance levels of contact fluctuate in times of anxiety or daydreaming. When this happens, contact with the current surroundings diminishes, the awareness of people fades and there is loss of contact with feelings to the ongoing moment.

When patients experience psychosis, they land up in their own world of psychotic reality, losing the ability to be contactful. They become unaware of their own sense of self, losing touch with people and their surroundings.

Patients experiencing psychosis become trapped as they are not able to voluntarily join the shared world of reality. It is the absence of psychological contact that has determined the difficulty for many mental health practitioners to engage with patients experiencing psychosis.

Psychological Contact

Pre Therapy aims to restore patients to get back in touch with themselves, the world and other people.

This is the necessary **Psychological Contact** for all people to engage in daily activities of life and to have relationships with others that are balanced, equal and mutual.

Meaningful Behaviour and Fully Functioning Contact

When people engage meaningfully in daily life they are fully functioning.

This is achieved by three internal processes known as **Contact Functions** which comprise **Expressive Contact Behaviour.**

Contact Functions

Reality – Affect – Communication

1. **Reality Contact Function** is our awareness of people, places, things and events which are all are part of our reality sense. The reality function is connected to peoples' sense of being within the world.
2. **Affective Contact Function** is being in touch with feelings, moods, and emotions which fosters a sense of a 'living being' in the world. Affect is an inherent part of peoples' existence and is essential to develop full potential in life.
3. **Communication Contact Function** conveys thoughts and feelings through language in a socially acceptable way so that others can understand.

When all the **Contact Functions** are fully functioning, people are in **Psychological Contact** with each other and able to function adequately and healthily in life.

Problematic Functioning

Low Functioning occurs when the **Contact Functions** of **Reality, Affect** and **Communication** are below the level of Psychological Contact.

Patients being withdrawn and isolated, experiencing hallucinations, delusions, catatonia, frozen terror, emotional regression, bizarre physical behaviour and fragmented/jumbled speech all depict problematic functioning known as **Pre Expressive Behaviour.**

These patients are out of touch in varying degrees with themselves, other people and their surroundings.
Even though **Pre Expressive Behaviour** is not understandable, each patient presents their current way of being within the world; the verbal and non-verbal expression is communication of clients' **Pre Expressive Self.** In line with phenomenology and existentialism, **Pre Expressive Behaviour** is highly important and requires respectful care.

Grey Zone Functioning

Grey Zone Functioning is a combination of patients' **Expressive Behaviour** and **Pre Expressive Behaviour**; the patient experiences a mixture of psychotic and congruent behaviour.

Pre Therapy Constructive Help

Pre Therapy aims to regain all the contact functions of **Reality, Affect** and **Communication**. This is achieved by five interventions known as the **Contact Reflections**, which enable clinical staff to 'get through' and make contact with person in psychosis.

Contact Reflections

All the **Contact Reflections** focus on the patient's immediate surroundings, and include the patient's non – verbal and verbal expressions. The reflections are concrete and repetitive.

Whilst using the reflections there is no guessing, interpreting or jumping to conclusions.

What practitioners can clearly hear and see from patients is exactly what is reflected back.

Contact Reflections

Situational Reflection is related with the **Reality Contact Function** and refers to the current situation and environment: i.e. things, people, place and time. e.g. ‘The room is cold’ or ‘The sun is shining’. This reflection encourages contact with the shared world of reality. In acute psychotic crisis this is the most reality orientating.

Facial Reflection is related with **Affective Contact Function** and verbalises a patient’s facial expression. e.g. 'You look sad' or 'You look scared’. Facial reflections encourage patients to get back in touch with their own feelings.

Contact Reflections

Body Reflection verbally states the patient's body posture. e.g. 'Your arm is above your head' or 'You are lying on your side'. The body reflection is enhanced when the practitioner mirrors the patient's posture and verbalizes it. This reflection regains the patient's own sense of self within their own body experience.

Word for Word Reflection reflect the words and phrases back to the patient and helps to develop and increase the communication contact. It is important to reflect only the words that can be clearly heard.

Reiterative Reflection When a specific reflection achieves a response - that specific reflection is repeated.
A response from the patient to a contact reflection indicates psychological contact being achieved and repetition encourages further relating from the patient.

Implications of Pre Therapy for Practitioners

Pre Therapy provides a safe and secure environment for patients who are experiencing psychosis.
Patients are sensitive and have the ability to sense those practitioners who are trustworthy and sincere.

The contact reflections are most effective when practitioners' attitudes are non-directive, non-critical and performed with compassion and humility.

Practitioners need to work in a sensitive manner because the Contact reflections are powerful.
Practitioners are entering the private phenomenological world of the patient and consideration of the patient's comfort level is important while reflections are practiced to ensure minimal distress for the patient.

Finer Nuances of Pre Therapy

Timing is important:
Keep with the patient's pace, so patients are not overwhelmed by reflections. Patients need to be given time to make a response.
When patients are experiencing rapid psychotic expressions, practitioners can use reflections periodically.

Consideration of Space is important:
Psychotic patients react strongly to physical closeness of others as it intrudes into psychotic space.
Practitioners need to be aware of spatial distance with patients to avoid inducing distress.

Many other nuances contribute to patients' progression from **Pre Expressive Behaviour** towards **Expressive Behaviour**, which would be encompassed in a **Pre Therapy** workshop.

Outcome of Contact Work

Contact Reflections:

The patient's sense of isolation decreases and the process of relating increases. This is shown by patients responding to the reflections and communicating increasingly and appropriately within the shared reality.

Contact Functions:

As the **Reality, Affect** and **Communication** are strengthened and maintained patients are able to engage with the routine of daily living. The psychosis recedes, and the patient becomes less overwhelmed by the psychosis.

When patients are firmly anchored in **Expressive Level of Behaviour** they are able to make an informed choice regarding psychotherapy.

Positive Outcomes for Practitioners

Practitioners:

- Gain increased awareness of different types of behavioural functioning.
- Develop an awareness of skills to alleviate hallucinations and delusions.
- Encourage clients to get back in touch within themselves, other people and the shared world.
- Have increased ability to engage with clients and earn their trust.
- Have greater potential involvement for deeper personal healing relationships.
- Have an increase in job satisfaction.

Positive Outcomes for Patients

- Patients' sense of isolation decreases and the process of relating increases.
- Reduction of psychotic distress.
- Patients become 'grounded' and more able to engage in daily life activities.
- Hallucinatory experiencing, which is 'reality based' and not yet conscious experiencing, is integrated into conscious experiencing.
- Fosters patients' trust with practitioner.
- Patients gain a reality based informed consent regarding standard psychotherapy input.
- Patients become self-empowered and have the capacity to lead a life that fulfils their potential.

Pre Therapy Analogy

Pre Therapy for psychotic experiencing is akin to offering a lifeline to a person, who is drifting alone on the ocean, lost frightened and vulnerable. The person is able to assess the practitioner who is offering the lifeline and decide whether it is safe to take a hold and choose to move towards safer and secure ground.

Pre Therapy Positive Attributes

Pre Therapy is the key to therapeutic healing relationships and lies primarily within the practitioner and client relationship: practitioners who embrace the values of the Person Centred Approach (PCA) provide the optimal conditions for practising **Pre Therapy** successfully.

Pre Therapy enables practitioners to know 'what' to say and 'how to be' with clients.

Pre Therapy does not deny, collude, suppress nor deepen psychotic distress and has the potential to bring about more practitioner safety and satisfaction.

Pre Therapy is an open door and an opportunity for practitioners to assist patients on their path to full recovery.

Pre Therapy in a Multi Disciplinary Milieu

Pre Therapy is practiced in many wards on the continent, for both psychotic and learning disability patients.

In the St Camillus Hospital, Ghent in Belgium, one ward is solely dedicated to patients experiencing psychosis and all staff are trained with **Pre Therapy.** **Pre Therapy** is practiced as a ward milieu in a multidisciplinary setting and is a 'way of life' on the ward. It is the nurses' responsibility to progress patients towards to the **Expressive Level of Behaviour.** 'Contact' is initially made every fifteen minutes as too little contact potentially leads to an outburst of psychotic material. As patients move towards the shared reality, 'contact' is spaced out. 'Contact' is the antidote to psychotic alienation. **Pre Therapy** provides an additional safety factor for all the ward staff.

An additional factor for practicing **Pre Therapy** is that lower staffing levels compared with standard medical model treatment, are needed.

Pre Therapy Trainees' Concerns

In the UK **Pre Therapy** is a totally different way of working with patients with autism, Alzheimers, learning disabilities, emotional regression and psychosis.

Preliminary **Pre Therapy** training raises some concerns with trainee psychiatric nursing students.

Pre Therapy Trainees' Concerns

Concerns that patients will feel mimicked:
When patients are low functioning within their **Pre Expressive Self**, there is no awareness of being mimicked. However in the **Grey Zone** area feeling patronised is a possibility and results from the practitioner's unawareness of the patient's shift from **Pre Expressive Behaviour** to **Expressive Behaviour**. The attitudes of nurses within the reflections are all important and there is a world of difference of demeaning patients in mimicking behaviour and respectfully using reflections.

Takes up too much nurse's time:
Pre Therapy is not a technique that allocates a specific time period for each patient. The reflections are practiced throughout the every day ward life i.e. in the communal areas - the dining room, sitting room and at the daily ward meetings where patients and staff congregate for discussion of ward issues and arrangements for any staff changes.

Pre Therapy Trainees' Concerns

Trainee nurses' fear of being castigated for using a technique not incorporated into NHS psychiatric nursing training:
This is truly unfortunate for those who recognise **Pre Therapy** as being a valuable and humanistic approach for patients who are functioning at a low level.

Feeling uncomfortable with the technique:
Pre Therapy offers scope to work with patients at deep emotional levels, where **Pre Expressive Self** is not comprehensible. Nurses, who are comfortable with their own emotions or who have undertaken personal self-development, are able to be acceptant of others emotional levels and work comfortably alongside patients' psychotic experiencing.

Pre Therapy and Neuroleptic Medication

Psychotropic medication is prescribed at the St Camillus Hospital. However because **Pre Therapy** enables nurses to reduce psychotic experiencing, only minimal levels are prescribed.

This factor in itself is beneficial to patients as neuroleptic physical, cognitive and psychological side effects are vastly reduced.

An additional beneficial factor is minimal medication ensures that moods, feelings and emotions remain accessible. When patients are safely anchored within **Expressive Behaviour** and choose to undertake psychotherapy, the availability of affect is an important factor for **Person Centred Approach** therapists for promoting psychotherapeutic growth for patients' recovery.

Pre Therapy Rating Scales

Pre Therapy efficacy is measured by rating scales in relation with the 3 contact functions - **Reality, Affect** and **Communication.**

As patients progress towards psychological contact the rating scales show an increase, from the original **Pre Expressive Behaviour**, which was not understandable; progressing to **Expressive Behaviour** which becomes meaningful.

Pre Therapy Rating Scales

Efficacy is shown by the **Communicative Contact Scale** and is referenced clearly in Dekeyser and De Vre.

Dekeyser, M., Prouty, G., Elliott, R. (2008). "Pre-Therapy process and outcome: A review of research instruments and findings." Person-Centred and Experiential Psychotherapies. 7, 37-55. http://strathprints.strath.ac.uk/27738/1/Dekeyser_Pretherapy_2008.pdf

DeVre,R., (1992) MA Thesis, Dept of Psychology, University of Ghent, Belgium.
Illustrates the reliability of Pre-Therapy measuring scale.

Pre Therapy Manuals Depicting Evidence Base

Sanders P. (2007) "The Contact Work Primer" PCCS BOOKS: Ross on Wye http://www.pccs-books.co.uk/products/the-contact-work-primer-an-introduction-to-pre-therapy-and-the-work-of-garr-1/#.UEEjEpai2So

This book is referenced in the DH Skills for Health Humanistic Framework Competencies

Van Werde, D, (2005) "Facing psychotic functioning: Person centred contact work in residential psychiatric care" in S.Joseph and R Worsley "Person centred Psychopathology: A positive psychology of mental health" PCCS books Ross on Wye. http://www.pccs-books.co.uk/products/person-centred-psychopathology-a-positive-psychology-of-mental-health/#.UEEijpai2So

Prouty G., "Pre Therapy: A Newer Development in the Psychotherapy of Schizophrenia" J. of American Academy of Psychoanalysis and Dynamic Psychiatry 31:1 (2003): 59-73 http://www.isps-us.org/articles/pre-therapy.htm

Pre Therapy Manuals Depicting Evidence Base

Prouty G., Van Werde D., Portner M., (2002) “Pre Therapy Reaching Contact Impaired Clients”. PCCS Books www.pccs-books.co.uk/products/pre-therapy-reaching-contact-impaired-clients/#.UEEu25ai2So

Dinacci, A., (1997) “Ricerca sperimentale sul trattamento psicologico dei pazienti schizofrenic con la Pre-Therapia.” Dr. G. Prouty, Psychologia Della Persona, 2, (4) Maggio, Bologna Italy.
http://www.psychological-wellbeing.co.uk/?Current_Interest:Studies_Showing_Efficacy

Comparison of patients who received Pre-Therapy and those who did not. Raw data from Italy. Statistical analysis in US showed excellent results in comparisons.

Pre Therapy Manuals Depicting Evidence Base

Prouty, G., (1994) “Pre-therapy as a Theoretical System”, in: “Theoretical Evolutions In Person-Centered / Experiential Therapy - Applications to Schizophrenic and Retarded Psychoses.”
http://www.amazon.com/Theoretical-Evolutions-Person-Centered-Experiential-Therapy/dp/027594543X
Evidence to support existence of contact functions (construct validity).

Prouty, G., “Theoretical Evolutions in Person-Centered / Experiential Therapy: Applications to Schizophrenic and Retarded Psychoses”(Westport, CT: Praeger, 1994)

Useful websites for further information:

Pre - Therapy International Network (PTIN)
http://www.pre-therapy.com/

Prouty's Pre Therapy: The Essence of Contact Work
www.psychological-wellbeing.co.uk

Pre Therapy reference list:
http://www.pre-therapy.com/references

Metanoia, Person Centred Department
http://www.metanoia.ac.uk/person-centred/Philosophy+of+Person+Centred+Department.htm

Person Centered Workshops:
http://www.metanoia.ac.uk/person-centred/Workshops/index

PCCS Books
http://www.pccs-books.co.uk/

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