Uses of temperament in an outpatient psychology practice

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Today's presentation

- History of temperament in practice
- Conceptual issues
- Assess temperament in practice
- Intervention

Outpatient setting

- Office practice: children and adolescents.
- Referred by primary care professionals, schools, or self referred from provider lists.
- Clients seen for diagnosis and treatment.
- Most common clinical groups: mood disorders, anxiety, ADHD, adjustment issues, ASD.

History

Temperament in clinical practice

- Began with Thomas, Chess & associates
- Offered free clinical consultations with parents of their longitudinal subjects.
- Documented these uses in Temperament and Behavioral Disorders in Children (1968) and Temperament in Clinical Practice (1995)

Differentiated temperament from psychopathology.

- Developed 'goodness of fit' concept that conflicts occur between normal temperament and environmental conditions.
- Understanding the conflict and informing the caregiver could restore fit
- Unresolved conflicts could create emotional or behavioral disorders

Ross Greene

- Identified two stylistic aspects that are temperament related and complicate treatment
- Inflexibility: adaptability based
- Explosiveness: emotionality based
- Need to limit goals of therapy and accommodate these obstacles to be successful

Conceptual Issues

- Relationship between temperament, adjustment and psychopathology
- Types of problems in "fit"

Temperament adjustment & psychopathology

- Temperament refers to stylistic aspects of behavior; everyone has a temperament profile but it may or may affect "fit"

- Adjustment problems affect well being but tend to be transient or time limited.

- Psychopathology refers to meeting the criteria for one or more DSM diagnoses

Conceptual Issues

Problems in "Fit" can be viewed as having several levels of severity:

- Normal: Occasional conflict. Tension, but no symptoms.
- Level 1: Conflicts in association with specific symptoms.
- Level 2: Conflicts with adjustment problems.
- Level 3: Conflicts in association with DSM disorder.

Temperament Issues in Context

- Majority of issues in primary care are levels zero and one. Children with level two are often referred and threes are usually referred.

- Oupatient practice is mostly twos and threes, with a few level ones.

- Inpatient settings would be predominantly threes, with a few twos.

Role of temperament differs at different levels of poor fit

- At level zero temperament is the sole focus;
- At level one, temperament is key but symptoms often need attention
- At level two, adjustment issues prevail, temperament complicates the treatment process
- At level 3, treatment of the clinical problem is paramount but temperament can increase difficulty of achieving successful resolution.

Role of Temperament

- Alternative perspective to psychopathology to deal with level zero and level one patients.
- May be a complicating factor in levels 2 and 3, and addressed as such in developing behavioral and accommodation plans.

Assessment of Temperament in Practice

Assessment: Sources of Data

- Interview with primary caregiver / teacher
- Direct observation, structured or unstructured
- Questionnaires-parent, teacher ratings.
- Reports / documents pertaining to behavior.

Assessing adjustment

- Use BBAS questionnaire along with same additional sources of data

- Assess Behavior, Achievement, Self-relations, Internal state, Coping and Special symptoms

Look for convergence of information from different sources

- Questionnaire results can validate other types of caregiver report.
- Best if report matches direct observation but not always the case.
- Getting the child to act in the moment often provides information that is useful.

Intervention

Goal: Improve goodness of fit

- Talking about temperament concept and contrasting identified patient with sibs or caregivers behavioral style
- Identifying specific dimensions of temperament that are contributing to problems
- Modifying environmental conditions or expectations that will accommodate temperament
- Assigning bibliotherapy tasks to sensitize caregivers to temperament issues.

Observations from practice

- Understanding temperament component relieves stress and confusion
- Provides a new framework for managing child's behavior
- Helps to focus the family on what will change and what needs to be accommodated.

Questions from practice

- Does medication alter temperament?
- Which temperamental dimensions underly clinical conditions, such as ADHD, Anxiety, Depression, Oppositional Defiant Disorder, etc.

Conclusion

- Knowledge of temperament is useful in outpatient practice.

- It can be a primary issue in milder cases where there is no serious adjustment issue of DSM disorder.

- It is frequently a complicating factor in more severe cases and intervention can facilitate resolution of clinical problems.

Discussion

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