

## Rorschach with Frontal Lobe Injuries

-----Original Message----- From: Rorschach\_List@yahoogroups.com [mailto:Rorschach\_List@yahoogroups.com] On Behalf Of Harvey, Michael, Sent: Friday, January 30, 2009 21:27 To: Rorschach\_List@yahoogroups.com Subject: [Rorschach\_List] ROR and Executive Function

Aimee,

I took a look at my database for individuals in a post acute brain injury program I directed, which include numerous CS variables (along with MMPI-2, comprehensive neuropsych and 35 months of functional outcome measures). The N was limited (16); however, all of these folks had brain injury in the moderate to severe range, a bit more than half primarily in frontal areas (most bilateral frontal). For all of these clients brain injury was not developmental in nature occurring usually in their late teen years to mid 20's. Examination of results of t-tests for M, GHR and PHR showed no significant difference between clients with rather extensive frontal impairment vs. relatively intact function in frontal areas.

This fits with my clinical experience. One of the most difficult aspects of impairment in executive function is the way these people continue to recall in rather vivid fashion not only what their lives had been like prior to injury, but also their goals and aspirations in life prior to brain trauma (conforming to Piotrowski's conceptualization of M), their basic premorbid capacity for object relations as contrasted with their ability after injury to translate their premorbid plans, goals, aspirations and long-standing forms of relatedness into effective action in the world.

What appears to be exacerbated by frontal injury in the data is the degree to which these persons with frontal damage and the associated problems with executive function are vulnerable to brief collapse of psychic function, i.e., regression into acute confusional, psychotic or traumatized states as they encounter complexity, lack of structure in the environment and suffer catastrophic reaction when they become aware of the way their neurocognitive functioning has changed. With neuropsychodynamically informed psychotherapy this clinical picture improves markedly.

I have had my proposal for a CE workshop on neuropsychodynamically informed psychotherapy accepted and will be presenting a half day workshop on doing this kind of work along with this data at APA in Toronto.

Of course, for individuals with developmental disabilities with frontal damage or with failure to develop executive function, the number of Rorschach M, H and FM responses is markedly reduced. There are also a much higher percentage of pure F responses along with an increase in Fd in this population. I have a database of those kinds of cases also.

As soon as I settle in to my new role in academia I'll pull these data together - perhaps with the assistance of a bright grad student - and publish.

Regards,

Mike

Michael Harvey, Psy.D. Assistant Professor Argosy University - Twin Cities

From: Rorschach\_List@yahoogroups.com on behalf of Aimee Yermish Sent: Fri 1/30/2009 10:54 PM To: Rorschach\_List@yahoogroups.com Subject: Re: [Rorschach\_List] Re: the lifespan of a RIM

On 29 Jan 2009, at 9:03 PM, Pamela Olsen wrote: That's neat. Have you seen any increases in M? Does anybody know how to teach people logical problem-solving skills? I see it a lot in evaluations of parents who have had their kids removed from home.

Yes, this is definitely an area of practice for some (in my pre- doctoral student life as an educational therapist, it was my meat and drink, particularly with bright kids with ADHD or Aspergers).

The keyword these days is "executive functioning." The only caveat is that lots of people think that "explaining once or twice what they're doing wrong and why it's stupid" counts as "teaching," rather than understanding that those very deficits in EF are the reason it's so hard for them to self-regulate so that they can attend to and learn new stuff like how to pay attention and learn and self-regulate and all. It takes a lot of patience.

But it would be very interesting to know whether it does, in fact, affect M. For a lot of the clients I've worked with, there's a large emphasis on handling the ideas at a very conscious and cognitive level, which might or might not be the same way that people without EF problems do, and which might or might not be expressed as a change in M. Wonder if there might also be a concomitant decrease in FM.

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