การบูรณาการกิจกรรมบ้านและการสั่นจิตกับสั่นจิตใต้สันึก
สำหรับคนไทยผู้มีประสบการณ์สุขภาพจิต

Integration of occupational therapy and neuro-linguistic programming
for Thais with mental health experiences

บทคัดย่อ
ที่มาของการศึกษา: ในประเทศไทยยังไม่มีระบบการฟื้นฟูสมรรถภาพทางจิตสังคมในภาพรวม ซึ่งทำให้คนไทยที่มีประสบการณ์สุขภาพจิตไม่สามารถกลับไปศึกษาหรือประกอบอาชีพได้เพราะต้องการประเมินจัดการโปรแกรมการฟื้นคืนสุขภาพจิตของกิจกรรมบ้าน
วัตถุประสงค์: เพื่อเปรียบเทียบผลของการโปรแกรมการฟื้นคืนสุขภาพจิตของกิจกรรมบ้าน (ประกอบด้วย 3 โมดูลละ 3 สัปดาห์ คือ กิจกรรมบ้าน การสั่นจิตใต้สันึก และบูรณาการสั่นจิตกับกิจกรรมบ้าน) ในผู้รับบริการไทยผู้มีประสบการณ์สุขภาพจิตหรือได้รับการวินิจฉัยโรคจิต
วิธีการ: คัดเลือกอาสาสมัคร 10 ใน 50 คนที่สนใจโปรแกรมการฟื้นคืนสุขภาพจิตของกิจกรรมบ้านโดยประเมินผลก่อนและหลังการเข้าโปรแกรมใน 9 สัปดาห์ด้วยมาตรการวัดระดับการรู้คิดที่ 0 (อัตโนมัติ) ถึง 6 (วางแผน) กับ ระดับการรู้สมรรถนะที่ 1 (ไม่มี) ถึง 10 (สูงสุด) และทำการวัดระดับการรู้คิดด้วยความสุข ผู้เข้าโปรแกรมได้รับการวินิจฉัยโรคอารมณ์สองขั้ว ซึ่งทำให้การฟื้นคืนสุขภาพจิตเป็นไปตามแผนและจัดการ
ผลการศึกษา: หลังเสร็จสิ้นโปรแกรมการฟื้นคืนสุขภาพจิต พบว่าทักษะการวัดระดับคิดอย่างมีระดับการรู้คิด และโปรแกรมการสั่นจิตได้สานพลังการรู้สึกดีและเครื่องมือที่มีประโยชน์สู่การรู้สึกดีและกระบวนการสั่นจิตใต้สันึก
สรุปผลการศึกษา: การศึกษานี้ยืนยันว่าการประยุกต์กิจกรรมบ้านและการสั่นจิตใต้สันึกเป็นเครื่องมือที่มีประโยชน์สู่การรู้สึกดีและการรู้สึกดีและกระบวนการสั่นจิตใต้สันึก

ค่าสำคัญ: การรู้สึกดี การรู้สึกดีวันนี้ การมีการสั่นจิต
Abstract

**Background:** A holistic psychosocial rehabilitation in Thailand remains nowhere and impacting on people with mental health experiences without ability for returning education or employment since they need program evaluation and management in Mental Health Recovery of Occupational Therapy (MHR-OT).

**Objective:** To compare the outcomes of MHR-OT (composed of OT, neuro-linguistic programming (NLP), and integrative NLP & OT) in Thai clients with mental health experiences or diagnosed chronic psychosis.

**Methods:** Ten out of 50 clients were volunteering interested in attending MHR-OT program. They had been diagnosed bipolar, depression, eating phobia, or schizophrenia. There were two scales used before and after clients had participated in the 9-week program including cognitive levels of 0 (automatic action) to 6 (planned action) and self-efficacy scales of 1 (None) to 10 (Highest) for doing life activities with happiness. Descriptive and non-parametric statistics were used for data analysis.

**Results:** After completion of program, both scales were significantly increased. The single NLP improved cognitive ability, but not self-efficacy.

**Conclusion:** OT & NLP implementation indicates a useful tool for coaching, teaching, and learning for individual mental health experiences to be better improved levels of cognition and self-efficacy.


**Keywords:** Cognition, self-efficacy, therapeutic coaching

Introduction

Neuro-Linguistic Programming (NLP) was developed in America in the year of in 1970 by John Grinder (linguistics) and Richard Bandler (psychology student).\(^1\) NLP was collected using various works including Fritz Perls (Gestalt therapist), Virginia Satir (family therapist), Milton Erickson (hypnotherapist). The first publication entitled ‘Structure of Magic’ of NLP explained a mind-body connection of neurology, language, and behaviors.\(^3\)

NLP is presently known as a famous set of strategic coaching of communication, empathy, phobia reduction\(^4\), intra- & inter- personal feeling, cognition\(^5\), and rapport.\(^6\) NLP consists of ‘neuro’ means thinking processes, ‘linguistic’ means utilizing language, and ‘programming’ means behavioral changes such an improvement of self-efficacy.\(^7\) Consequently, NLP demonstrated a well-established psychotherapeutic technique\(^8,8\) to reduce the psychological symptoms and improve the quality of life (n=106).\(^8\) However, inadequate experimental studies of NLP therapy improved health outcomes e.g. 8 out of 1,459 trials\(^9\), 6 out of 315 articles.\(^10\) Therefore, NLP needs explanation in depth in scientific mechanism\(^4\) and clinical integration.\(^11\)

NLP seems to be interestingly integrated into Occupational Science and the Occupational Therapy (OT)\(^13\), one health professional coacher of ‘doing purposeful and
meaningful life activities related well-being. However, very little study of NLP has been found in combination with the field of OT for individuals with mental health experience. Integration of NLP and OT might be used for understanding cognitive and psychosocial performance such as self-awareness, self-direction of societal roles, goal directed management of self in personal care, education, work, leisure, social engagement with communities, and internal adaptation (e.g. beliefs, values, interests). Therefore, this case-controlled study aimed to integrate NLP and OT specialized in clients with mental health experiences.

Methodology

Fifty clients were firstly recruited since April to October 2014. Ten clients with mental health experiences finally recruited into MSH with a subset programming named ‘Mental Health Recovery of OT (MHR-OT)’ which was created by a set of three serial modules: 3-week OT, 3-week NLP, and 3-week integrative NLP & OT.

Inclusion criteria for all ten clients were: 1) cases aged more than one year with good skills of communication; 2) cases with diagnosis from psychiatrists more than one year; 3) cases with parents or caregivers whom had been looking after more than one year; and cases with ongoing services at least 12-week continuum (2-4 hour per week by face-to-face training at clinic or home and phone and/or internet coaching). Cognitive levels of 0 (automatic action) to 6 (planned action) and self-efficacy scales of 1 (none) to 10 (highest) for doing life activities with happiness were used in pre- and post-session for each module. MHR-OT program included three modules: the first 3-week continuum of OT (controlled approach), the second 3-week continuum of NLP (the 1st experimental approach), and the third 3-week continuum of integrative NLP & OT (the 2nd experimental approach). A period of wash out in learning effect was provided for one-week prior to starting the next module.

Only one psychosocial occupational therapist and certified NLP practitioner provided programs for all clients. The OT module included OT assessments, psychoeducation of mental health recovery, cognitive skills training of individuals, group dynamics of social skills training, and self-management skills (time, fatigue, and leisure) training whereas NLP module included C.U.R.E. model which has shorted by conversational frames, understanding, rapport-connect, and empowerment (reconstruction of S.C.O.R.E. model – symptoms, causes, outcome, resource, effects) as well as reframing and anchoring. All participants were provided the same program as well as the same sequencing of its modules. Repeated measurements were made before and after their engagements in each module in order of OT, NLP, and integrative NLP & OT. Non-parametric statistics were analyzed which intervention showed significant results at 95% confidential level.

Results

As seen in Table 1, most of clients were female and aged 24.70±6.63 years with duration of diagnosis for 1.90±0.99 years. They came into the first session of three intervention blocks with no significant difference of cognitive levels (median=3) and self-efficacy levels (median = 3). Kruskal Wallis H Statistic showed significant difference among the last session of those interventions (p<0.001, H=14.44, Df=2). Beside similar levels of cognition was found in the last session, Mann-Whitney U significantly showed different scales of self-efficacy between: OT and NLP (p=0.03, U=22, Z=2.17); OT and OT&NLP (p=0.02, U=20.5, Z=2.28); and NLP and OT&NLP (p<0.001, U=6, Z=3.36). To see how clients had been improved, Wilcoxon Signed Ranks positively changed in levels of cognition for those interventions (p=0.005). However, only OT and OT&NLP positively changed in scales of self-efficacy (p=0.008 and p=0.005, respectively).
Table 1 Comparison of cognitive levels and self-efficacy scales between OT, NLP, and NLP&OT modules (n=10).

<table>
<thead>
<tr>
<th>Case Name, Gender, Aged (year)</th>
<th>Diagnosis, duration (year)</th>
<th>Pre; Post in OT programs (1st session -3 wks)</th>
<th>Pre; Post in NLP programs (2nd session -3 wks)</th>
<th>Pre; Post in NLP &amp; OT programs (3rd session -3 wks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A, Male, 18</td>
<td>Bipolar (Depressive), Social Phobia, 3</td>
<td>3; 4</td>
<td>3; 4</td>
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<td>B, Female, 23</td>
<td>Bipolar (Depressive), 1</td>
<td>4; 5</td>
<td>5; 6</td>
<td>4; 5</td>
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<tr>
<td>C, Female, 23</td>
<td>Depression, 1</td>
<td>3; 4</td>
<td>2; 4</td>
<td>3; 4</td>
</tr>
<tr>
<td>D, Female, 18</td>
<td>Depression, 1</td>
<td>3; 4</td>
<td>4; 5</td>
<td>3; 4</td>
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<td>E, Male, 20</td>
<td>Depression &amp; Suicide Attempted, 3</td>
<td>3; 4</td>
<td>2; 3</td>
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<td>F, Female, 28</td>
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<td>4; 5</td>
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<td>4; 5</td>
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<tr>
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<td>2; 3</td>
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<tr>
<td>Median</td>
<td></td>
<td>3; 4</td>
<td>3; 4</td>
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</tbody>
</table>

Discussion

This preliminary study found a positive improvement of cognitive ability and self-efficacy in both OT and OT in combination with NLP for Thai people with mental health experience. The beneficial effects of NLP in communication skills trainings and psychotherapy have been selected to be client relationship and teaching/learning process as OT therapeutic media.11 NLP implemented in this study demonstrates a therapeutic coaching for the individual experiences12 to be significantly transformed by occupational therapist with certified NLP practitioner. This statement is agreed with the first well-systematic review9 conducted by various professionals including three clinical psychologists, eight psychotherapists, one certified NLP practitioner, one radiographer with certified NLP practitioner, and two certified NLP master practitioners.

However, this study found a positive effect of single NLP (i.e. C.U.R.E. model, reframing, and anchoring)13 only on the cognitive scale levels. This result is in contrast to one study9 which reported a positive effect of single NLP technique on health outcomes (e.g. rapport building, reframing, or anchoring) and was excluded because of a bias observation. To explain the effect of NLP on cognitive functions, NLP techniques provided a creative learning of sensory preference and interpersonal communication18 in relation with self-awareness of societal environment and life-role understanding.13 This relationship brings up an optimal adjustment of emotional state18 and an organized behavior for further self-ability development.15,16 Whereas the result of no NLP effect on self-efficacy scale levels is suggested by the previous study20 that intrinsic motivation of self-efficacy would be increased using advanced techniques e.g. progressive relaxation, discovery of true value, and circle of excellence. Validation of self-efficacy judgment needs to be ensured in relation with the participants’ expected outcomes during
their engagement in real life activities of daily living\textsuperscript{13,21,22} for instance; your perception of self-efficacy levels would be impacted on your levels of learning abilities (behavioral stages of change)\textsuperscript{15} by doing productive exercises as shown in OT module, not only use of thoughtful simulation.\textsuperscript{16,22}

Moreover, the authors gain an important lesson learn that building rapport and empathy skills could be connected from brain based learning into transformative learning of human capacity and well-being.\textsuperscript{13,17,18} Results from this study confirms people with mental health experiences need feedback and reflection as mentoring and coaching system\textsuperscript{15,16} at personal cognitive and self-efficacy levels (therapeutic use of self) while doing physical, cognitive, mental, social, and emotional activities.\textsuperscript{22} Integration of NLP and OT would be meaningfully linked the individual engagement in purposeful activities as such a relationship between health conscious, health awareness, and health promotion of breaking the routine activities.\textsuperscript{13}

However, small sample size might be one limitation since this study needed an intervention block including one period of time for washing out its learning effect. Randomized controlled trials should be further attempted in a sample size at least 30 people per group. Interdisciplinary program evaluation and management would be recommended for cost-effectiveness of applications in a holistic rehabilitation and recovery in Thai people with physical and mental health experiences to acute or chronic conditions.

In conclusion, this study discovered an evidence based practice with good experiment of MHR-OT program evaluation and management. Both OT and the integrated NLP and OT modules were applied for improving levels of cognition and self-efficacy in Thai people with mental health experiences.

Results

Best thank for Ms. Sasichon Srikasemwong, Managing Director of Good Intention Co., Ltd associated incorporate with Mind Transformation Pte Ltd., Singapore for her offering a scholarship to Dr. Supalak Khemthong for training at the 6\textsuperscript{th} of NLP Practitioner Certification Course in Thailand during 6-11 February and 6-11 March 2014. Also, sincerely thanks for Mr. Barney Wee who has been excellent coacher and awakener in NLP Course and this manuscript. Wonderful thanks for Mr. Teerasak Wongpiya who recommended the NLP.
References
