

STADIO





A CASE STUDY FOR BEST PRACTICE

DR ANDRE VERMEULEN
THEA COETZEE

“LIVING IN SYNCOPATION”

STADIO



“a temporary displacement of the regular metrical accent in music caused typically by stressing the weak beat” (Merriam-Webster)

Broad context of learning and development

Assessment

- 1. Cognitive
- 2. Personality
- 3. Emotional
- 4. Neuro-Psychology

Identify & Diagnose

- 1. Barriers to learning and development
- 2. Psychopathology

Intervention

Enhance, promote, & facilitate

Referrals

Appropriate professionals



ETHICAL PRINCIPLES

1. Respect for Human Rights, dignity, patient autonomy:

- confidentiality
- informed consent
- privacy

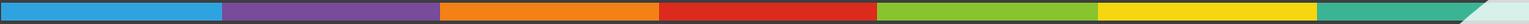
2. Non-maleficence...do no harm

3. Beneficence...protect the rights of the client – prevent harm

4. Justice

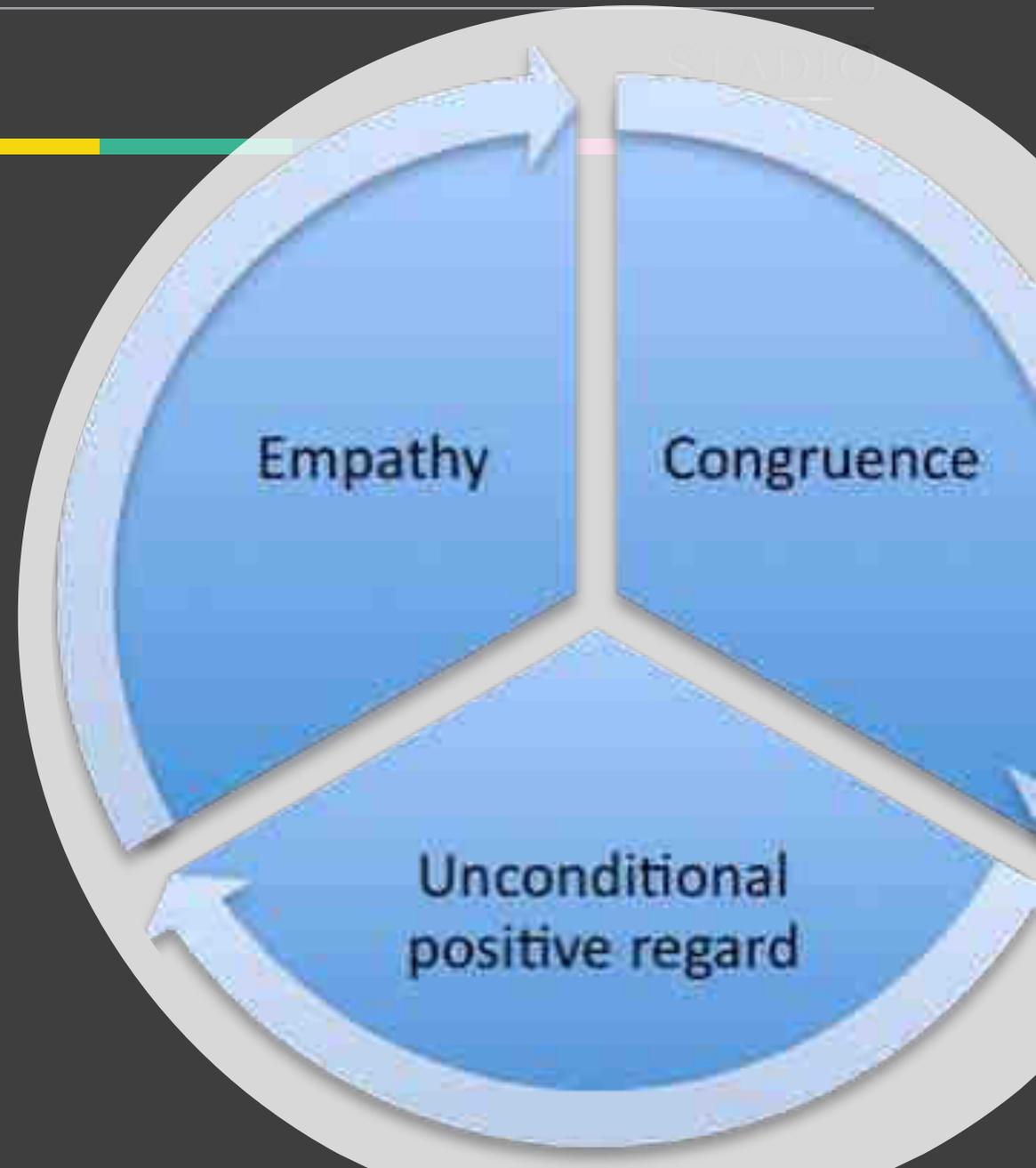
(Allan 2011)





THEORETICAL AND THERAPEUTIC FRAMEWORKS: BASIC CONDITIONS OF COUNSELLING

- **Carl Rogers: Basic conditions of counselling**



EMPATHY (EINFUHLUNG – “TO FEEL WITHIN”)

“the state of empathy, or being empathetic, is to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the “as if” condition” (Rogers, 1959)

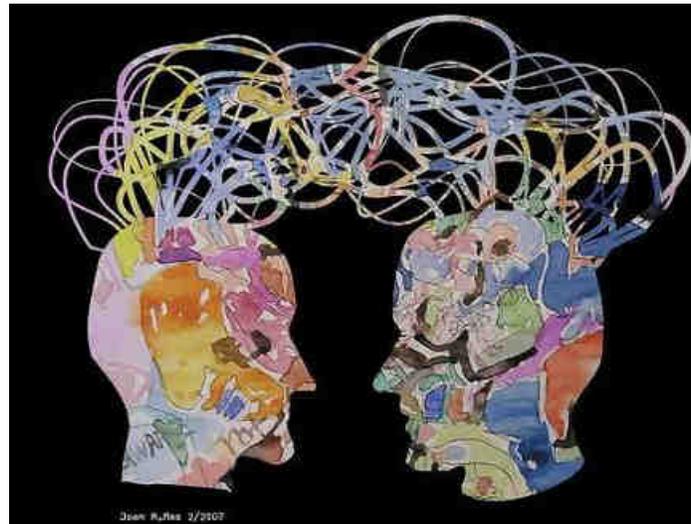


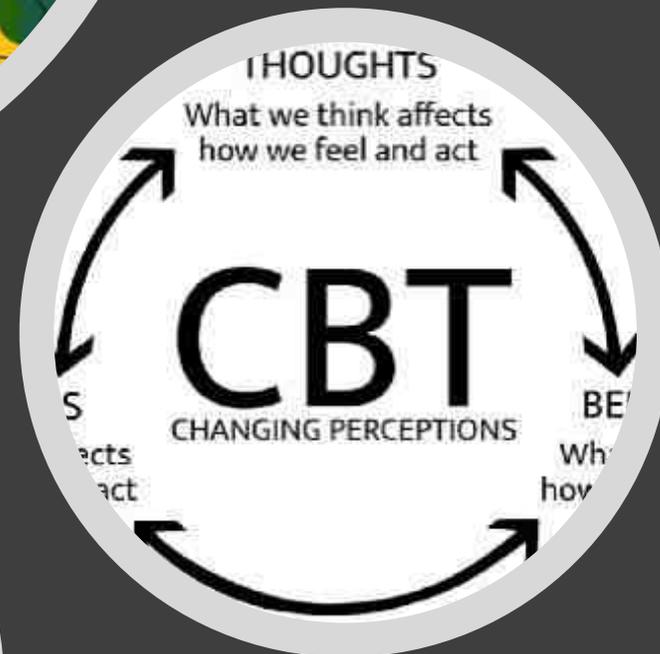
SPECIFIC THERAPEUTIC FRAMEWORK: PERSON CENTERED THERAPY (PCT)

STADIO

Mutual influence of clients & and therapists on therapeutic relationship
– crucial

Help the client to unravel the ‘personal theory’ which he/she has
constructed around his own experiencing’





SPECIFIC THERAPEUTIC FRAMEWORK: COGNITIVE BEHAVIOUR THERAPY (CBT)

Cognitive behavioral therapy is a psycho-social intervention that aims to improve mental health. CBT focuses on challenging and changing cognitive distortions and behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems.

CLIENT: BIOGRAPHICAL INFORMATION

STADIO

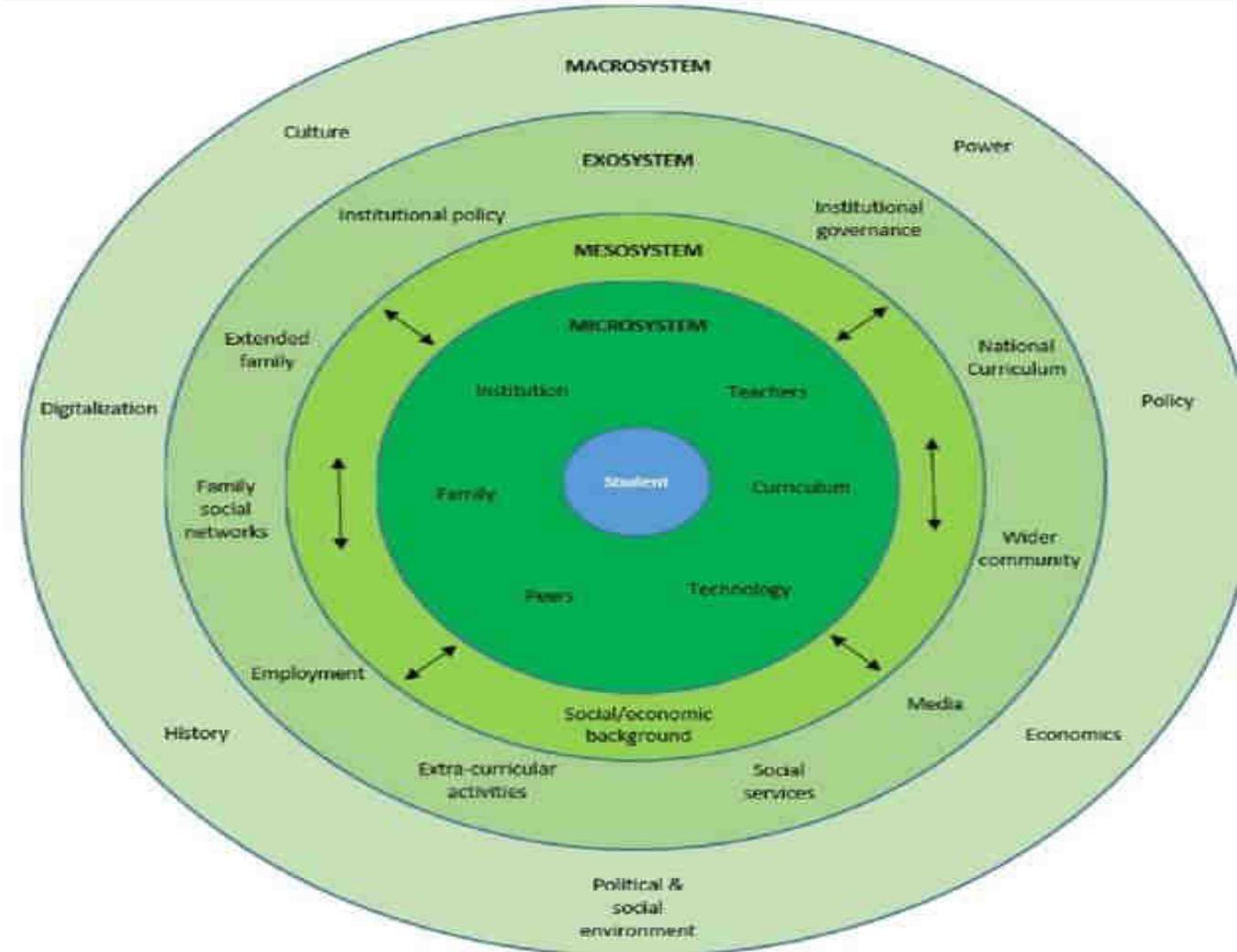
Name: Ms. N. James (Pseudonymn)
DOB: 2002-09-09
Chronological Age: 21:0
Course: BCom Digital Marketing
Adress: Resides with parents
Intake date: 2021-08-17

REFERRAL REASON FOR REFERRAL:

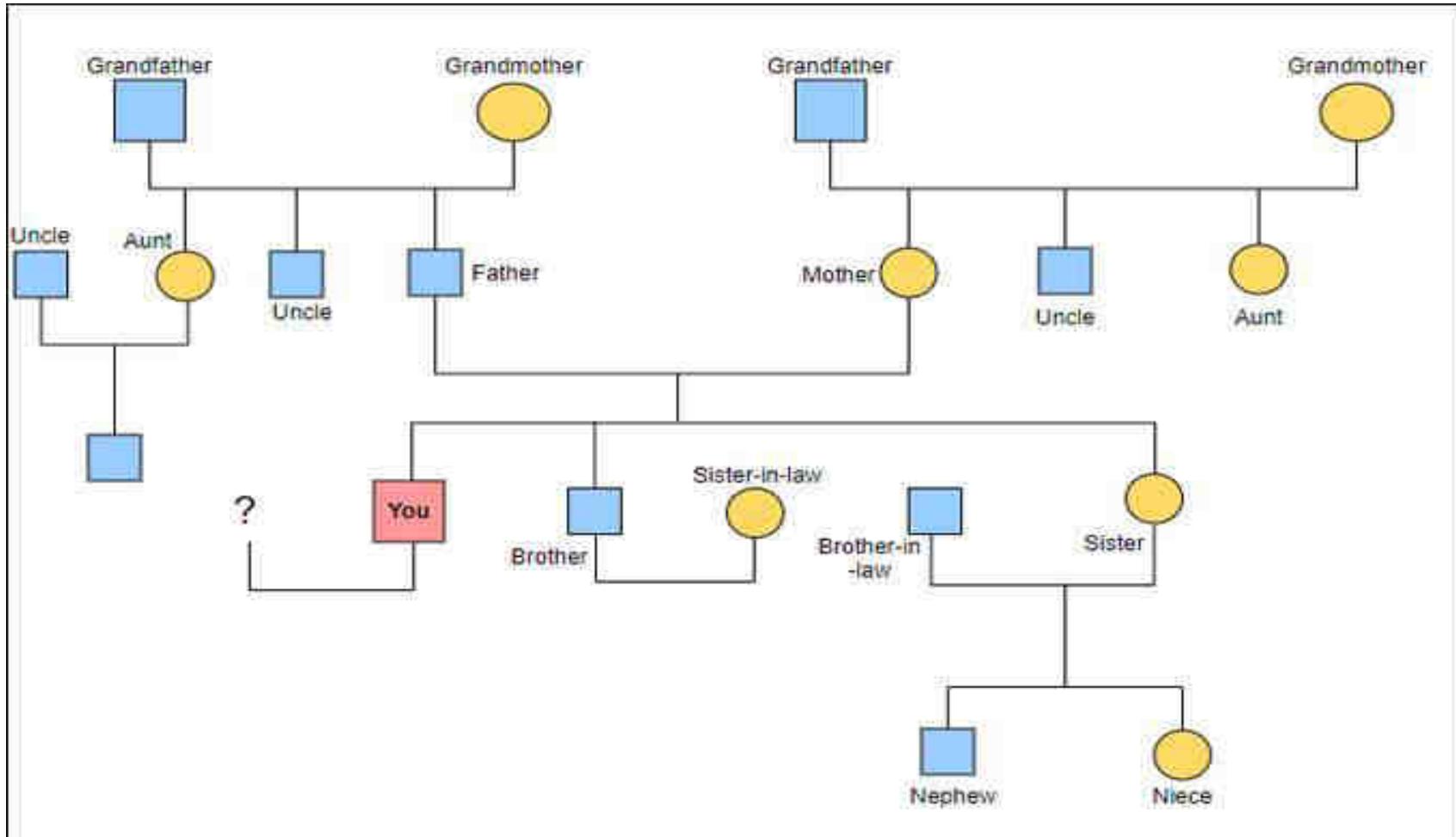
Stress and anxiety
Academic underachievement



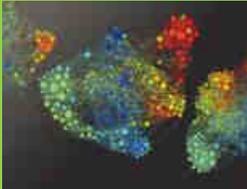
SPECIFIC THERAPEUTIC FRAMEWORK: BIO-ECOLOGICAL MODEL - BRONFERBRENNER



GENOGRAM



SESSION 1

Session nr	Date	Process notes	Additional
1		<p>INTAKE:</p> <p>Reason for referral: Academic under performance:</p> <p>Experiences of client:</p> <ul style="list-style-type: none"> • Feelings of failure • Questioning; self, course, abilities, career • Isolation <p>Interventions</p> <p>Appraisal of marks Mental Status Exam (MSE) Observation (IPA) Becks Depression Inventory (BDI) Genogram</p>	
1		<p>CONTRACTED FOR: 4 sessions</p> <ul style="list-style-type: none"> • Study skills • Therapy • Strategies for anxiety & stress management 	<ul style="list-style-type: none"> ➤ Mindfulness Group ➤ Stress management sheets ➤ Study skills workshops
1		<p>CONCEPTUALIZATION:</p> <p>Aptitude – Language skills, Anxiety – high levels – impact on academics & social interaction? Depression? (MDD)</p>	

MENTAL STATUS EXAM (MSE)

	Functioning
Appearance (Attire, posture, expressions)	Neat, well - groomed
Behaviour (Posture, inner restlessness, automatism, twisting, repetitive movements, tremor)	Intact
Motor Activity (Normal/Abnormal)	Intact
Affect (Predominant feeling state of individual)	Flat affect
Mood (Feeling state accompanying what individual says)	Low
Speech (Pressured, rapid, regular, slowed)	Intact
Thought Process (Rate & continuity of speech)	Intact
Thought content (Content of speech)	Intact
Perceptions (Accurate/Inaccurate)	Intact
Psychosomatic (Physical complaints)	Intact
Depression	Yes
Anxiety	High

BECKS DEPRESSION INVENTORY (BDI)

<p>1. Sadness</p> <p>0 I do not feel sad.</p> <p>1 I feel sad much of the time.</p> <p>2 I am sad all the time.</p> <p>3 I am so sad or unhappy that I can't stand it.</p>	<p>6. Punishment Feelings</p> <p>0 I don't feel I am being punished.</p> <p>1 I feel I may be punished.</p> <p>2 I expect to be punished.</p> <p>3 I feel I am being punished.</p>
<p>2. Pessimism</p> <p>0 I am not discouraged about my future.</p> <p>1 I feel more discouraged about my future than I used to be.</p> <p>2 I do not expect things to work out for me.</p> <p>3 I feel my future is hopeless and will only get worse.</p>	<p>7. Self-Dislike</p> <p>0 I feel the same about myself as ever.</p> <p>1 I have lost confidence in myself.</p> <p>2 I am disappointed in myself.</p> <p>3 I dislike myself.</p>
<p>3. Past Failure</p> <p>0 I do not feel like a failure.</p> <p>1 I have failed more than I should have.</p> <p>2 As I look back, I see a lot of failures.</p> <p>3 I feel I am a total failure as a person.</p>	<p>8. Self-Criticalness</p> <p>0 I don't criticize or blame myself more than usual.</p> <p>1 I am more critical of myself than I used to be.</p> <p>2 I criticize myself for all of my faults.</p> <p>3 I blame myself for everything bad that happens.</p>
<p>4. Loss of Pleasure</p> <p>0 I get as much pleasure as I ever did from the things I enjoy.</p> <p>1 I don't enjoy things as much as I used to.</p> <p>2 I get very little pleasure from the things I used to enjoy.</p> <p>3 I can't get any pleasure from the things I used to enjoy.</p>	<p>9. Suicidal Thoughts or Wishes</p> <p>0 I don't have any thoughts of killing myself.</p> <p>1 I have thoughts of killing myself, but I would not carry them out.</p> <p>2 I would like to kill myself.</p> <p>3 I would kill myself if I had the chance.</p>
<p>5. Guilty Feelings</p> <p>0 I don't feel particularly guilty.</p> <p>1 I feel guilty over many things I have done or should have done.</p> <p>2 I feel quite guilty most of the time.</p> <p>3 I feel guilty all of the time.</p>	<p>10. Crying</p> <p>0 I don't cry anymore than I used to.</p> <p>1 I cry more than I used to.</p> <p>2 I cry over every little thing.</p> <p>3 I feel like crying, but I can't.</p>

BECKS DEPRESSION INVENTORY (BDI)

<p>11. Agitation</p> <p>0 I am no more restless or wound up than usual.</p> <p>1 I feel more restless or wound up than usual.</p> <p>2 I am so restless or agitated that it's hard to stay still.</p> <p>3 I am so restless or agitated that I have to keep moving or doing something.</p> <p>12. Loss of Interest</p> <p>0 I have not lost interest in other people or activities.</p> <p>1 I am less interested in other people or things than before.</p> <p>2 I have lost most of my interest in other people or things.</p> <p>3 It's hard to get interested in anything.</p> <p>13. Indecisiveness</p> <p>0 I make decisions about as well as ever.</p> <p>1 I find it more difficult to make decisions than usual.</p> <p>2 I have much greater difficulty in making decisions than I used to.</p> <p>3 I have trouble making any decisions.</p> <p>14. Worthlessness</p> <p>0 I do not feel I am worthless.</p> <p>1 I don't consider myself as worthwhile and useful as I used to.</p> <p>2 I feel more worthless as compared to other people.</p> <p>3 I feel utterly worthless.</p> <p>15. Loss of Energy</p> <p>0 I have as much energy as ever.</p> <p>1 I have less energy than I used to have.</p> <p>2 I don't have enough energy to do very much.</p> <p>3 I don't have enough energy to do anything.</p> <p>16. Changes in Sleeping Pattern</p> <p>0 I have not experienced any change in my sleeping pattern.</p> <hr/> <p>1a I sleep somewhat more than usual.</p> <hr/> <p>1b I sleep somewhat less than usual.</p> <hr/> <p>2a I sleep a lot more than usual.</p> <hr/> <p>2b I sleep a lot less than usual.</p> <hr/> <p>3a I sleep most of the day.</p> <hr/> <p>3b I wake up 1-2 hours early and can't get back to sleep.</p>	<p>17. Irritability</p> <p>0 I am no more irritable than usual.</p> <p>1 I am more irritable than usual.</p> <p>2 I am much more irritable than usual.</p> <p>3 I am irritable all the time.</p> <p>18. Changes in Appetite</p> <p>0 I have not experienced any change in my appetite.</p> <hr/> <p>1a My appetite is somewhat less than usual.</p> <hr/> <p>1b My appetite is somewhat greater than usual.</p> <hr/> <p>2a My appetite is much less than before.</p> <hr/> <p>2b My appetite is much greater than usual.</p> <hr/> <p>3a I have no appetite at all.</p> <hr/> <p>3b I crave food all the time.</p> <p>19. Concentration Difficulty</p> <p>0 I can concentrate as well as ever.</p> <p>1 I can't concentrate as well as usual.</p> <p>2 It's hard to keep my mind on anything for very long.</p> <p>3 I find I can't concentrate on anything.</p> <p>20. Tiredness or Fatigue</p> <p>0 I am no more tired or fatigued than usual.</p> <p>1 I get more tired or fatigued more easily than usual.</p> <p>2 I am too tired or fatigued to do a lot of the things I used to do.</p> <p>3 I am too tired or fatigued to do most of the things I used to do.</p> <p>21. Loss of Interest in Sex</p> <p>0 I have not noticed any recent change in my interest in sex.</p> <p>1 I am less interested in sex than I used to be.</p> <p>2 I am much less interested in sex now.</p> <p>3 I have lost interest in sex completely.</p>
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STUDY GOALS: IMMEDIATE

STADIO

Work on	Work on a daily basis... Time Management Sheet
Prepare	Prepare for classes
Position in	Position in class: as far to the front as possible
Be	Be involved
Connect	Connect with lecturer
Summarize	Summarize after class
Study	Study as soon as possible
Work in	Work in a conducive work space: library







HOW STUDENTS LEARN

Dr André Vermeulen



NEUROSCIENCE FRAMEWORK

- Drivers that optimize brain performance

1. Brain Agility
2. Stress
3. Sleep
4. Movement
5. Attitude
6. Brain Food
7. Learning Skills



- Elements of neurological design

1. Relative Lateral Dominance
2. Expressive / Receptiveness Preference
3. 4 Brain Quadrants
4. Rational / Emotional Preference
5. Information Processing Style
6. Sensory Preferences
7. Intelligence Preferences



6 DRIVERS THAT OPTIMIZE YOUR BRAIN PERFORMANCE:



- ✓ Brain Fitness
- ✓ Stress
- ✓ Sleep
- ✓ Movement
- ✓ Attitude
- ✓ Brain Food



BRAIN FITNESS

1 page 3



Homolateral

- Slower,
- Longer,
- Harder



Bilateral

Integrated



Bilateral

- Faster,
- Smarter,
- Ease with learning

STRESS

2 - page 4



Stress

- Slower,
- Longer,
- Harder



Relaxed

- Faster,
- Smarter,
- Ease with learning

SLEEP

3 - page 5



Fatigue

- Slower,
- Longer,
- Harder

Relaxed

- Faster,
- Smarter,
- Ease with learning

MOVEMENT

4 - page 6



- Slower,
- Longer,
- Harder

- Faster,
- Smarter,
- Ease with learning

ATTITUDE

5 - page 7



Negative

- Slower,
- Longer,
- Harder



Positive

- Faster,
- Smarter,
- Ease with learning

BRAIN FOOD

6 - page 8



- Slower,
- Longer,
- Harder

- Faster,
- Smarter,
- Ease with learning

BRAIN FOOD



7 COMPONENTS OF YOUR NEUROLOGICAL DESIGN:

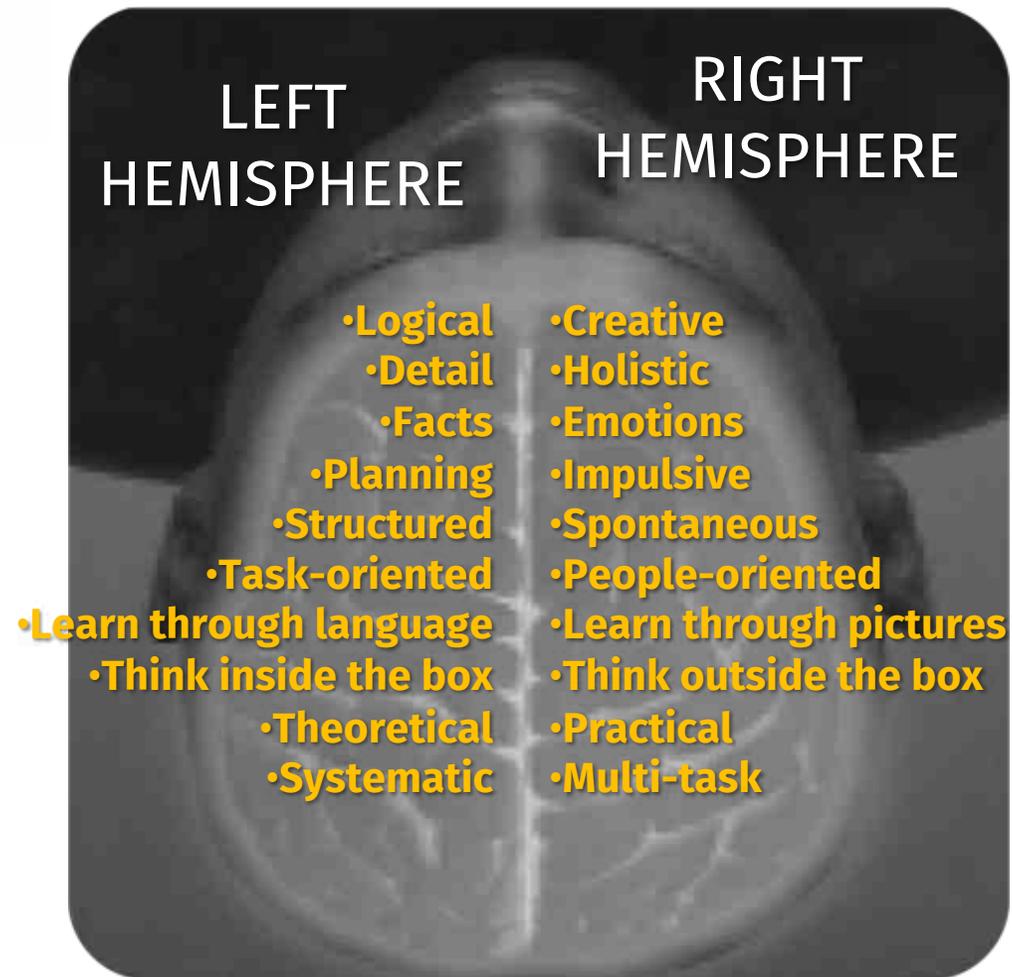


- ✓ Relative Lateral Dominance
- ✓ Expressive / Receptive Preference
- ✓ 4 Neo-cortex Quadrants
- ✓ Rational / Emotional Preference
- ✓ Brain & Sensory Dominance Profile
- ✓ Sensory Preferences
- ✓ 11 Intelligence Preferences

YOUR NEUROLOGICAL DESIGN

Relative Lateral Dominance

page 5

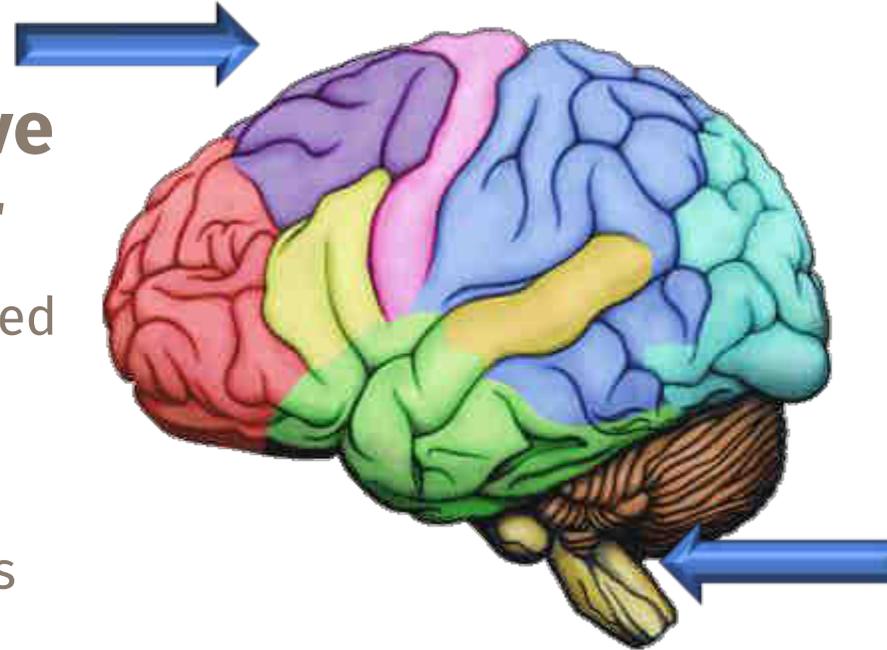


EXPRESSIVE / RECEPTIVE

page 6

Expressive Learner

- Verbal oriented
- Language
- Talkative
- Outspoken
- Ask questions
- Participative



Receptive Learner

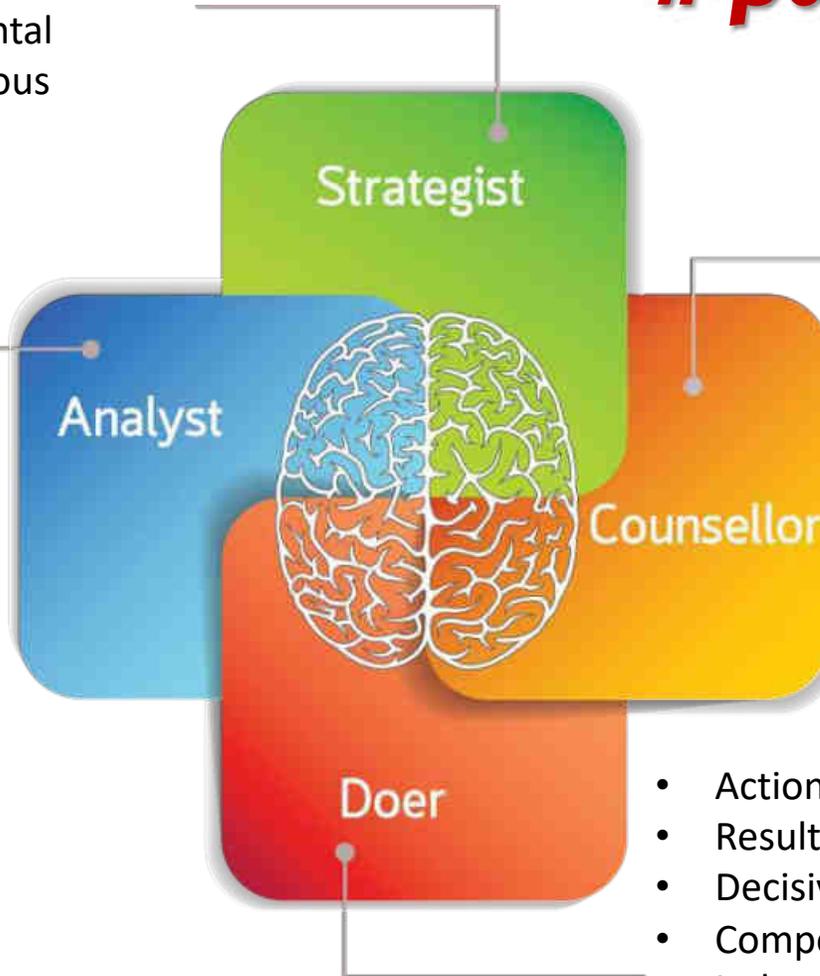
- Absorbing learner
- Reserved
- Think before act
- Shy
- Work independent
- Individualistic

FOUR QUADRANTS

pages 7-9

- Creative
- Holistic
- Practical
- Experimental
- Spontaneous
- Futuristic
- Visual
- Images
- Talkative
- Sociable

- Thorough
- Precise
- Verbal
- Numbers
- Realistic
- Logical
- Analytical
- Factual
- Academic
- Correctness



- Emotional
- People/Relations
- Intuitive
- Counselling
- Diplomatic
- Supportive
- Sensitive
- Empathic

- Action/do
- Result/task
- Decisive
- Competitive
- Independent
- Impatient
- Sensible
- Controlled



4 FIGURATIVE LANGUAGES

Analyst



- Accuracy & order
- Facts & detail
- Indirect & control

Doer



- Results & outcomes
- Direct & control
- Power



Strategist



- Holistic & conceptual
- Acknowledgement
- Direct & supporting

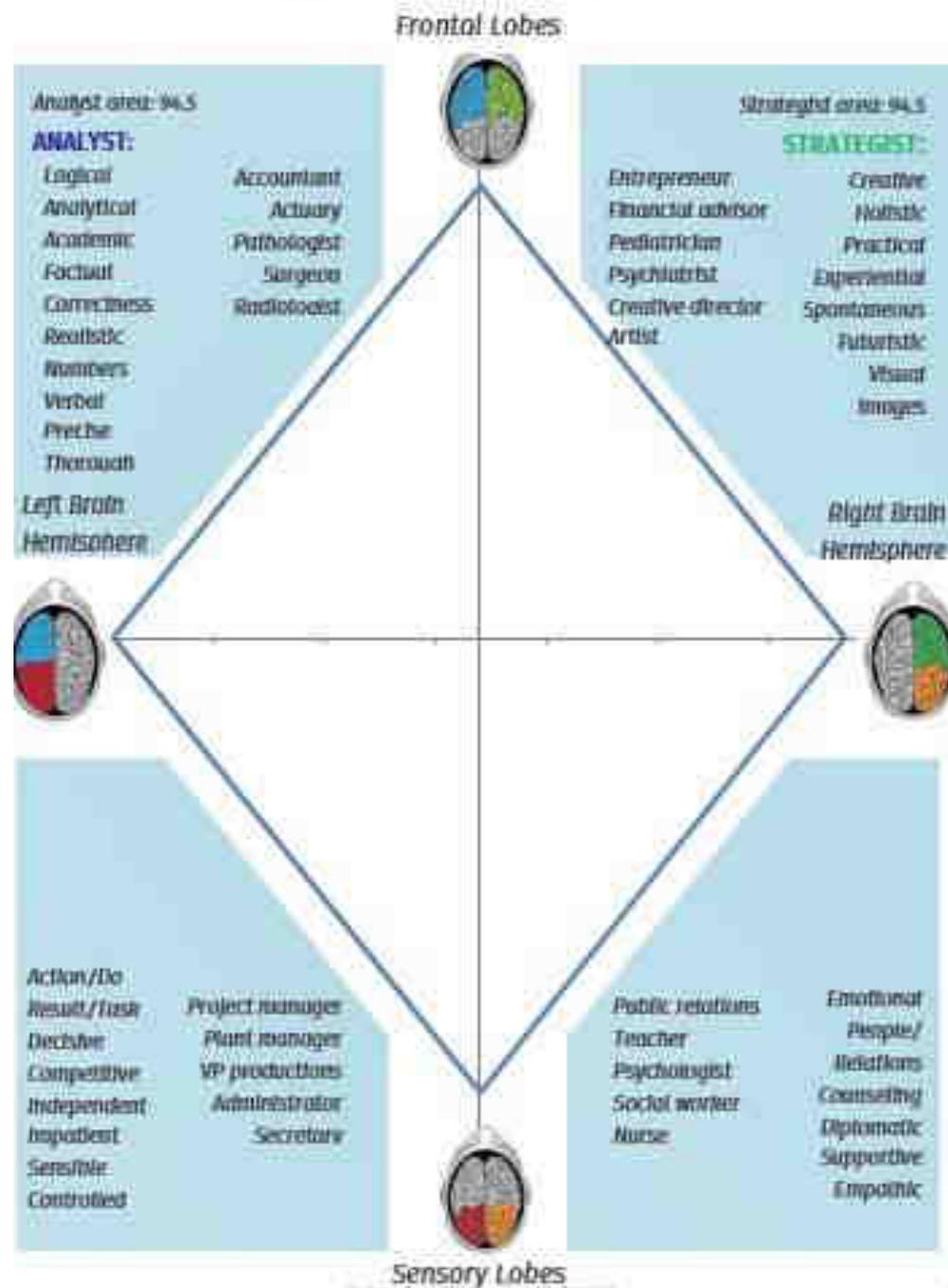
Counselor



- Relationships
- Stability
- Indirect & supporting

FOUR QUADRANTS

page 8

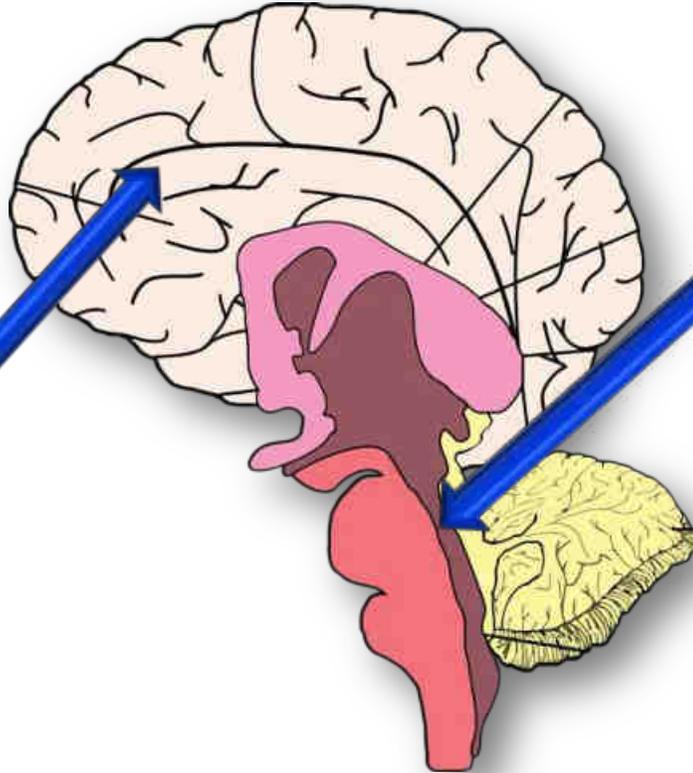


RATIONAL / EMOTIONAL

page 10

Rational (Think)

- Cognitive
- Intellectual
- Rational
- Realistic
- Task oriented
- Objective
- Facts



Emotional (Feel)

- Feeler
- React instinctively
- People oriented
- Learn through experience
- Subjective
- Emotional

INFORMATION PROCESSING STYLE

pages 11-13

Dominance

=

The leading hemisphere eye, ear or hand during information processing

INFORMATION PROCESSING STYLE

page 13



Right hand dominant

(Hindrance During Fatigue)

Left eye dominant

(Visual Learner)

Right ear dominant

(Hindrance During Fatigue)

Right Brain Hemisphere Dominant

RISK FOR HUMAN ERROR:



None



Low



Moderate

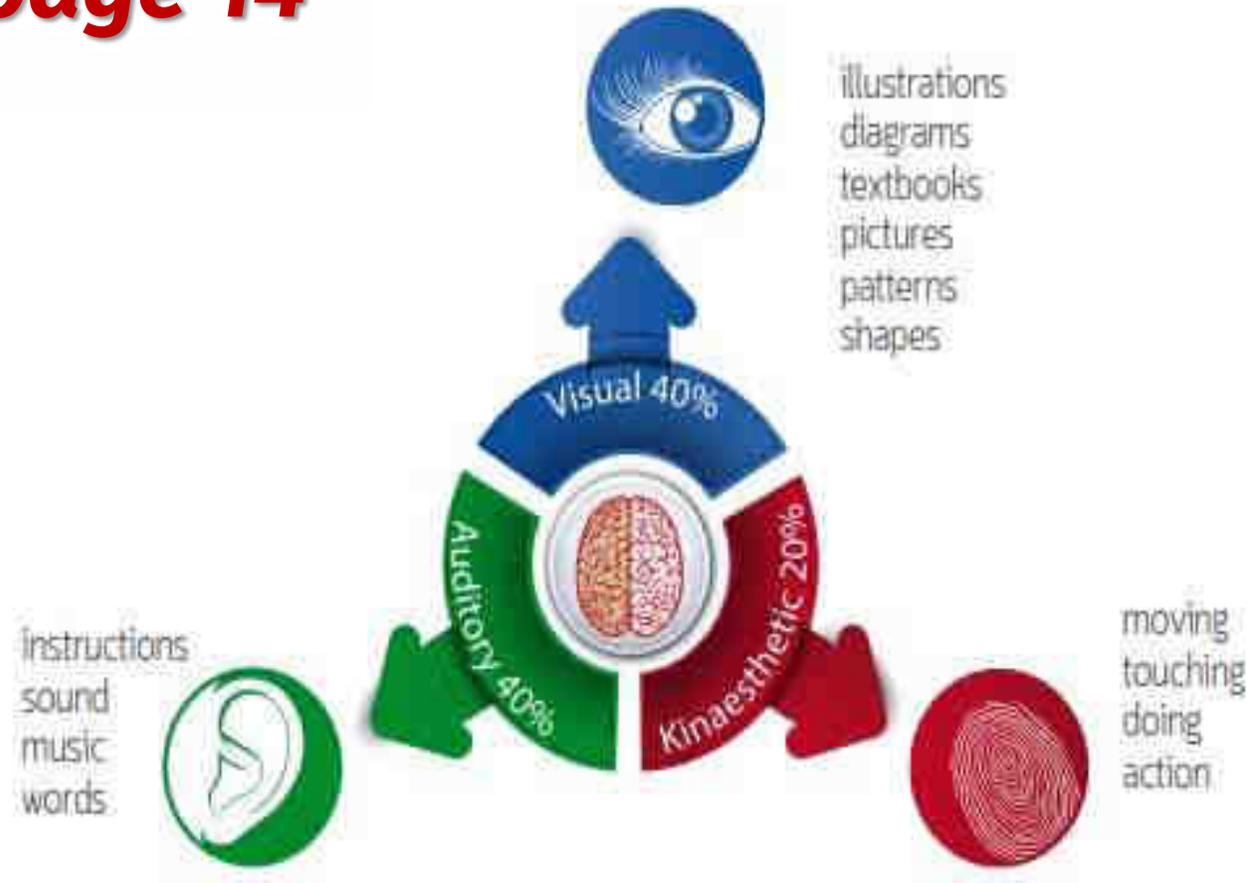


High



SENSORY PREFERENCES

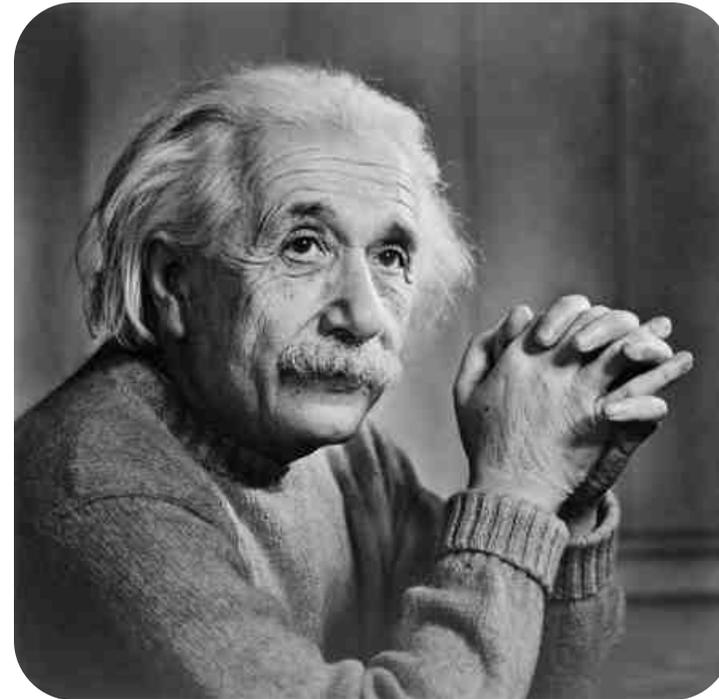
page 14



INTELLIGENCE PREFERENCES

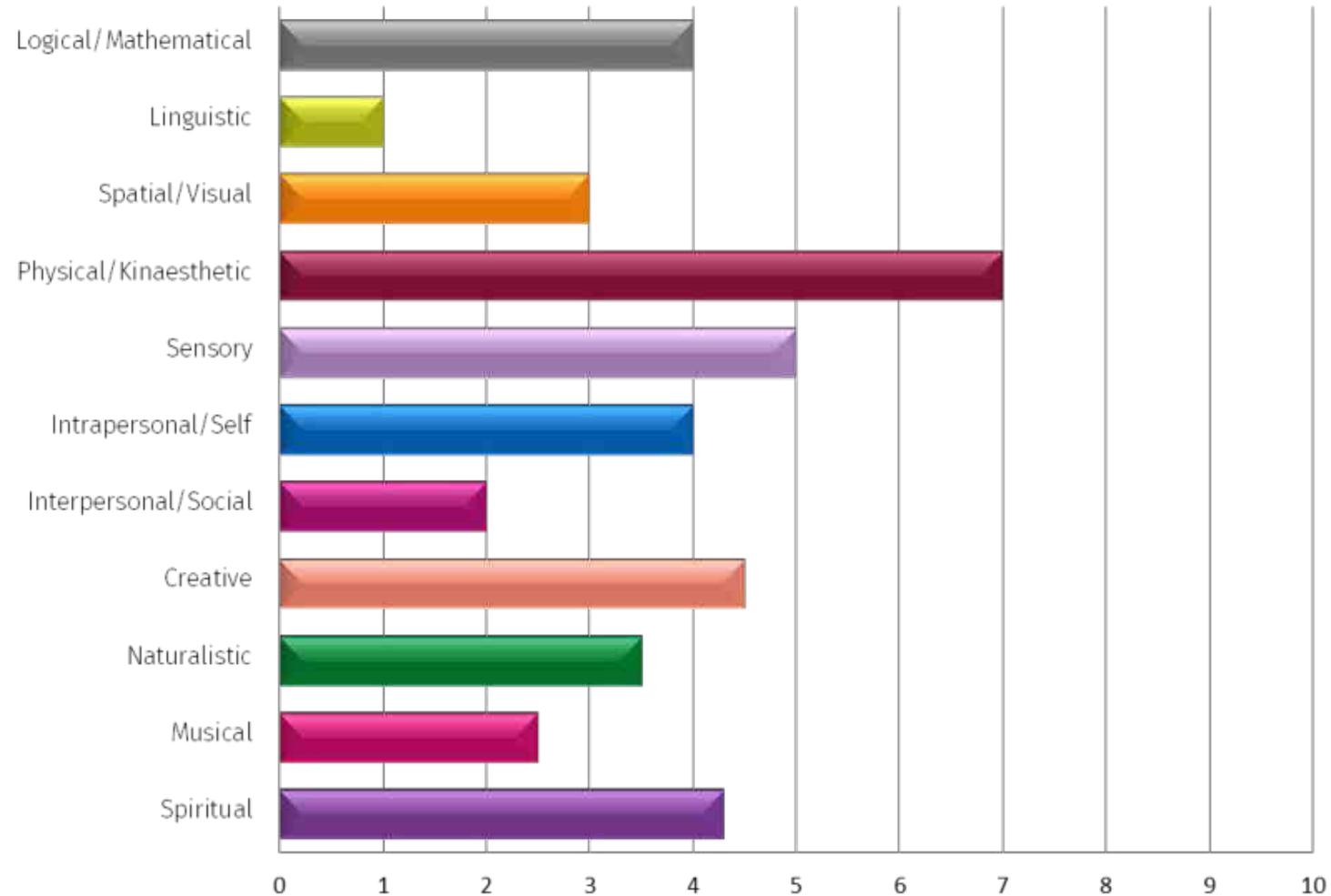
pages 15 -18

The question today
is not to ask
“Am I smart or
am I dumb”?
The question
to ask is:
“How am I smart?”



INTERPRETING INTELLIGENCES

Intelligence Preferences



THANK YOU
ENKOSI
RE A LEBOGA
DANKIE



STADIO



FORMERLY



EMBURY



LISOF

PRESTIGE
ACADEMY

