



Developing an Integrated Art and Cognitive Behaviour Therapy Program for Approach to Paediatric Anxiety Disorders

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ABSTRACT

The internalizing nature of anxiety disorders make them been under recognized by parents and teachers and so become under attended by school counsellors and subsequently under referred to clinicians. Their wide-spectrum educational side effects include low level of academic achievement and failure in social interactions. Application of CBT, the most common non-medical treatment of anxiety in some studies, has not been enough efficient for middle childhood age. In addition, the time and economic burden of long term CBT for Anxiety Disorders is not acceptable for a lot of parents with middle or low socio economic status and also some school administrators. This study aimed to design a short term program of art and cognitive behaviour therapy for anxiety disorders in educational settings. This six-session-program is based on psycho-developmental demands of students. Time and financial issues of this eclectic therapy can be modified based on school and family facilities.

Keywords: Anxiety Disorders, Eclectic therapy, Children, Primary schools

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INTRODUCTION

Anxiety Disorders (AD) are the most common mental health disorders with abnormal or inappropriate anxiety when such level of reaction does not warrant the stimulus or anxiety is without any noticeable stimulus (Ravindran & Stein, 2010). Their prevalence rate is 31.9% (Merikangas et al., 2010) and at least 7.3% of children suffering an AD during their life (Kessler, Petukhova, Sampson, Zaslavsky, & Wittchen, 2012). Paediatric Anxiety Disorders have been linked to impairing characteristics and difficulties, including low self-esteem, peers relationship problems, academic difficulties, social isolation, and depression. Moreover, Anxiety Disorders in childhood tend to have a chronic course, often being associated with anxiety problems and other psychopathologies in adulthood (Reuschel, 2011).

Childhood anxiety is usually under recognized by parents and undertreated by clinicians (Fox, 2008). This fact is more dominant for rural children, particularly children with more severe problems. Indeed, the gap between offering service is wider in rural than in urban areas (APA, 2013).

Cognitive Behavioural Therapy (CBT) is the most common technique to approach childhood AD; however, some studies showed no efficacy for this therapy for anxiety disorder in children and some follow-up research showed that complete treatment was not significant (James, 2013; Lundkvist-Houndoumadi, Hougaard, & Thastum, 2014). Its limitations are due to its' fundamentally idealist philosophical origins in understanding the world for treating anxiety in middle childhood. Other less common therapies like biofeedback are expensive (Ratanasiripong, Sverduk, Hayashino, & Prince,

2010). Within the human condition, affective, behavioural, cognitive, and interpersonal aspects of an individual's life and problems are interrelated, but the major single-schools of therapy tend to focus on one area while under-representing or ignoring others (Shilling, 2012). Eclectic approach is an approach that combines two or more techniques for treatment (Taylor, 2011). It sometimes called combination or integrative approach because its theoretical guides for therapeutic interventions inspire from at least two schools of therapy. The treatment aims to suit for individual or group therapy. Multiple Intelligence (MI) theory presents distinct intelligences representing different abilities through which children with anxiety communicate, process their difficulties and learn how to overcome their problems (Gardner, 1983; Gardner., 2006; Smith, 2002). Thus, therapists provided a flexible framework to deliver service to children and match treatment to their abilities and strengths (Pearson, 2012). MI theory is the theoretical framework of this research added to essential theories of Cognitive Behaviour Therapy. This theory justifies combination of art therapy and CBT to approach paediatric Anxiety Disorders to enhance the power of treatment.

CBT focuses on modifying maladaptive behaviours and thought patterns by challenges the negative thinking to help developing adaptive behaviours and cognitions is its characteristic (Sones, 2011). Art therapy allows the child to express what he/she is not able to share with others. Art provides a MI perspective. It seems eclectic approach meet the specific needs of child more effectively than single-used therapies (SHoakazemi, Javid, Tazekand, Rad, & Gholami, 2012) by revealing their thoughts, experiences, inclinations and emotions annoying them (Wethington et al., 2008). Integration of art therapy and CBT offers exciting new developments in the psychotherapeutic treatment of children. While CBT meets most empirical support, art therapy can accommodate developmental abilities of young children (Emerson, 2009). This combined approach offers a powerful practice with a means of self-expression which can access the unconscious and facilitate non-verbal communication. This study aimed to design and present a program to reduce the level of five anxiety disorders (separation anxiety disorder (SAD), Physical Injury Fears, social phobia, panic disorder and Generalized Anxiety Disorder (GAD)). This program is to apply Eclectic Therapy (combination of CBT and art therapy) among primary school students.

PROGRAM DESCRIPTION

The sessions are planned to run in group for primary school students who have high level of anxiety or a diagnosed type of Anxiety Disorder. In addition, this program can be applied for students as a preventive program for Anxiety Disorders and other related internalizing problems. It places every week in primary schools after regular academic hours. All sessions start by five-minute relaxation techniques and finish by using five-minute motivation exercise and music. Diaphragmatic breathing and progressive muscle relaxation is taught as a quick, portable, breathing exercise to help control physiological symptoms of anxiety. Students are better to do relaxation techniques at home, too. There is light relaxing

music during whole of all sessions. Homework and practise are common tasks at the end of all sessions (to give their attention a regular workout, practicing sustaining their attention during home's tasks and meditation practice are recommended). Based on the case, parents will be asked to help their children to do their homework. Music therapy has been shown to decrease anxiety (Nguyen, Nilsson, Hellström, & Bengtson, 2010). Through the movement of mind and body in a creative way, stress and anxiety can be relieved and other health benefits can be achieved as well (Stuckey & Nobel, 2010). Relaxation techniques in combination with music increase the efficacy of relaxation (Krout, 2007). Primary school students may have shame and guilt feelings about events occurred or about participating in the therapy. Therefore, providing a safe psychological environment is a key element for increasing the efficacy of the eclectic therapy and makes the attractive for members. If the facilitator finds out that GAD or other anxieties are related to peers relation, teacher's behaviour or familial problems, tries to interfere and discuss with classmates, parents or teachers.

This program aimed to reduce the level of anxiety and avoidance, gradual exposure to feared objects or situations, treatment from the worst disturbing to the least level of anxieties, gradually try to face anxious or fearful situations, cognitive restructuring, identify automatic thoughts and thinking errors, challenge unrealistic thoughts with questions such as "what is the evidence", "so what if it happens", and "what is another way of looking at the situation".

Session 1: CBT Through Drawing a Kite

Goals: 1) to recognize feelings of helplessness, fear, bravery, hopelessness, etc. 2) Identify ways to access support for child to reduce anxiety

Materials: markers, pen and pencil, large sheet of white paper, scissor and glue

Description (Fly-A-Kite and CBT): Introduction and in-detailed discussion about their presenting problems, presentation of goals of AD reduction and the importance of help seeking through behavioural and cognitive strategies was discussed. To achieve these CBT through art, children made a paper kite and divided it into five written or painted parts including; three main anxieties in their lives, side effects of these worries and fears (to examine whether they hold any benefits of continuing to focus on worries), close people who can help them to reduce their anxieties and solution focused options and skills, and tail was related to their future goals, in a life without anxiety, to start working on retraining their attention. Group members and facilitator discussed about these five components while they imitated flying the kites (Lowenstein, 2011).

The therapist may help the children experience the process by exploring the following: 1-To understand child's relationships with other family members. 2-To understand child abilities to confront with problems. 3-To understand the child relies on whom and what in the life. 4-To understand child's skills to overcome the problems. Drawing is a glimpse into the child's inner world; including attitudes, traits, behaviours, weaknesses and personality strengths. It enables therapist to learn who tends to be morbid or pessimistic and

who is upbeat and optimistic. In addition, CBT through art uncovers children abilities and inner resources to access external support. This session explores the process and the content of children's interactional experience (Lowenstein, 2011) and assess their strengths and weaknesses (Landgarten, 1987).

Session 2 and Session 3: FRIENDS Based CBT Through Delineating Mandela Circle

Goals: 1) Developing skills to prevent and treat anxiety and fears. 2) Increasing child's ability to recognise and regulate negative cognitions and behaviours. 3) Enhancing child's resilience to not only overcome adversity but also to take advantage of positive future challenges.

Materials: Paper, Pencils and pens.

Creating Mandala circle by children with 7 written or painted sections related to FRIENDS components including (Feelings, Remember to Relax, Have Quiet time, I can try my best (Inner Helpful Thoughts), Explore solutions and Coping Step Plans, Now reward yourself, Do it every day and Smile! Stay calm, and talk to support teams) are done in these two sessions (PM Barrett, Lowry-Webster, & Turner, 2000; Fincher & Johnson, 1991; Malchiodi, 2011). During two sessions all members discuss about their writing or drawing of all components of Mandela circle and simultaneously the therapist facilitates the healing process. The FRIENDS programs are resilience programs developed by Paula Barrett aim to increase resilience, emotional and social skills and prevent internalizing disorders.

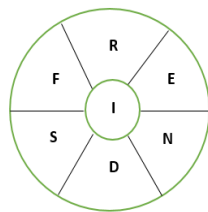


Figure1. Mandela circle based on FRIENDS components

Its effectiveness has been demonstrated in many studies (Cooper & Jacobs, 2011). The FRIENDS programs are confirmed by the WHO as an effective preventive program (Organization, 2004). In these sessions eclectic approach is run (CBT through art) to incorporate more effective strategies to assist children in coping with anxiety in early stages and also as a preventive technique (Paula Barrett, 2005).

F= Feelings: This component focuses on empowering children's skills in recognizing and responding to their feelings and the feelings of others. The emphasis is on accepting feelings to choose the best positive coping strategies.

R= Remember to Relax, Have Quiet time: This stage teaches about physiological signs of anxiety to enable children to manage their feelings. Relaxing techniques are trained to decrease the physiological signs and symptoms of fear and anxiety.

I= I can try my best (Inner Helpful Thoughts) (the core of the Mandela circle): There is an introduction to attention training and the cognitive model to maintain of gains from the

program. Attention encourages children to have awareness in the present moment and focus on positive things because anxiety involves negative evaluations about oneself, others and the world. Cognitive restructuring helps children to identify wrong thoughts and beliefs to replace them with helpful ones, pleasant feelings and proactive behaviours.

E= Explore solutions and Coping Step Plans: This stage focuses on coping skills (problem solving, coping step plans, friendship skills, conflict resolution, role models, building confidence, and support teams) to overcome challenging situations.

N = Now reward yourself: Teaching the importance of self-rewarding for our efforts rather than the outcomes.

D= Do it every day: Encouraging children to continue using the skills at home.

S= Smile! Stay calm, and talk to support teams (relapse prevention): Children develop applied knowledge of the intervention by using skills with each other. Identification of planning strategies for overcoming future challenges is a key learning outcome.

Session 4: Art Therapy For Students: All Tangled Up

Goals: 1) Determine coping skills that target a reduction in intensity and frequency of anxiety reactions, 2) Externalize feelings of worry and anxiety; 3) Manipulate anxiety in the form of the yarn.

Materials: Markers, Ball of yarn, Paper, Scissors

This session begins by telling the child "Everyone has worries and sometimes we have so many worries that they get all tangled up inside. It's hard to tell one from the other anymore. We just go around feeling worried and anxious without even knowing why. Today we are going to untangle those worries. Let's start by pulling out one thread at a time and naming it." Then the child will asked to pull some yarn out from the tangled ball (pull more yarn than is needed to represent this worry). Then say, "I worry this much about it" and hold up the length of yarn. Then say, "Actually, I don't worry quite that much about that, so I'm going to make it this long" and shorten the piece of yarn by a foot. Each child is requested to untangle three worries. Some can be small and some may seem so long, reflecting the intensity of the anxiety or fear. As the child cuts pieces of yarn, therapist writes the anxiety on a piece of paper and tapes it on the yarn to delineate one worry thread from another. Then, children will tie the worries up all around the room to look like a spider web. Then, the group members will discuss about the ways to cut the anxieties down (strategies for dealing with anxiety) to not get caught in the web. Stress inoculation strategies (muscle tension and relaxation exercises, deep breathing exercises, positive imagery, thought stopping, and thought replacement techniques) are verbalized by children when they cut one thread of the web, until the web has disappeared.

Session 5: CBT Based on Coping Cat by Ladybirds In Jungle

Goals of this session were; Identifying feelings and thoughts in anxious situations; Understanding and recognizing physical and emotional reactions to anxiety; Giving self-reinforcement and evaluating performance; and Determining

effective coping. During this session, the children made paper ladybirds as puppets and assume they were ladybugs in the jungle to run role play and modelling based on Coping Cat's components. Therapist tries to run Coping Cat components by conversation among ladybirds. This program continues to the next session (last session). These elements given during the children's playing include psycho education, Somatic management techniques, Cognitive restructuring, Problem solving and Exposure (Kendall & Hedtke, 2006).

Materials: Paper, Pen, Pencil, colour pencils

Coping Cat is a manualized and comprehensive therapy for age from 7 to 13 years old. It is based on CBT for SAD, related Anxiety Disorders, and/or Social Phobia.

Essential Components. The essential components of the Coping Cat program including as 1-Psycho education: The manners in which abnormal anxieties are learned, maintained, and treated, are trained to the children. 2-Somatic management techniques: Techniques to control physiologic responses of body to fear and anxiety are learned. 3-Cognitive restructuring: The child learns to dispute negative automatic thoughts and monitor daily thoughts. 4-Problem solving: Evaluation of problems for resolving them through best solution is taught. 6-Exposure: Gradual and systematic exposure to a feared situation is done based on the available services in the schools. 7-Session 6: CBT based on Coping Cat and Free Painting.

The last session was in continue with the session Five by Coping Cat through "ladybirds in jungle" to offer a summary of cognitive and behavioural information needed to reduce fears and anxieties. Furthermore, the therapists focused to teach long term home works and tasks to maintain or reduce

the level of anxiety existed during intervention and also offered relapse prevention strategies and skills. Free Painting was performed before termination to release remained internal stress and fears. Moreover, the children's paintings were valuable in giving added information about the level of anxiety after therapy. In addition, children typically become less fearful, less anxious, and less defensive by free painting of what is in their minds (Campbell, 2009).

CONCLUSION

This eclectic CBT and art therapy designed for middle childhood age to approach their anxieties and fears to achieve the highest effectiveness regarding the childhood age. Time and economic issues are considered in this program to make it applicable and modifiable for most of social levels, individual and group and in clinics and schools. This study considered middle childhood psychological demands and is recommended to school counsellors as an accessible technique of approach to Anxiety Disorders and fears. With the increasing prevalence of childhood Anxiety Disorders and their following consequences, it is important to use programs for treating them. Despite some evidence for the successful treatment of paediatric Anxiety Disorders with CBT, there is a significant numbers of anxious children who do not benefit from it (Campbell, 2009). Thus, some researchers and clinicians are trialling innovative programs for this problem. Eclectic Cognitive Behaviour Therapy through art components in this study has been developed appropriately to cover the individual differences to decrease the level of anxiety.

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