



A CASE STUDY ON THE USE OF ART THERAPY BASED INTERVENTION FOR OPPOSITIONAL DEFIANT DISORDER

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ABSTRACT

Art therapy is a creative therapy technique that uses art as the primary form of therapeutic expression and treatment. Both the process of therapy as well as reflections on outcomes are therapeutic in nature. The paper presents the effect of art as a therapeutic intervention in a longitudinal case study conducted for a period of 8 months. A seven year old child, diagnosed as a case of Oppositional Defiant Disorder (ODD) was brought for psychotherapeutic treatment by his parents. During the course of therapy, an effort was made to enhance the symbolic, imaginative and metalizing capacities by gradually increasing the range, depth and emotional richness of the art forms created by him. He was administered the Child Behavior Checklist thrice during the therapy; firstly as a pre-assessment before the beginning of the therapy, secondly after a period of 4 months and then after 8 months of therapy. The child showed significant improvement in his scores on ODD items as testified by his parents. The follow up assessment showed a good maintenance of achieved improvements during the therapy. The study concludes in proposing the implementation of art based counseling and therapy as a treatment alternative for children with Oppositional Defiant Disorders.

KEYWORDS : Art Therapy, behavioural problems, Oppositional Defiant Disorder, ODD

INTRODUCTION

Oppositional Defiant Disorder (ODD) is characterized by a pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness. The core features of ODD as listed in DSM-5 are^[1]:

Angry/Irritable Mood

1. Often loses temper.
2. Is often touchy or easily annoyed.
3. Is often angry and resentful.

Argumentative/Defiant Behavior

4. Often argues with authority figures or, for children and adolescents, with adults.
5. Often actively defies or refuses to comply with requests from authority figures or with rules.
6. Often deliberately annoys others.
7. Often blames others for his or her mistakes or misbehavior.

Vindictiveness

8. Has been spiteful or vindictive at least twice within the past 6 months.

Art therapy is a creative therapy technique that uses art as the primary form of therapeutic expression and treatment. It uses the language of the subconscious mind, that is, images and symbols. Through the expression of images and symbols, the process of art making helps in bringing out the subconscious material on the paper. The process of art making in itself is insightful, diagnostic, cathartic, as well as therapeutic. The American Art Therapy Association states that the creative process of art making is healing and life enhancing^[2]. It helps individuals of all ages to create meaning and achieve insight^[3]. Art reveals significant information about the unique inner world of their maker^{[4][5]}. It assists people in picturing themselves or their situations in a concrete, objectified manner^[6] and facilitates a unique insight into the dynamics of the unconscious^[7]. Art therapy is known to support a solution-focused approach to treatment^[8]. It can be readily adapted to accommodate young children's developmental abilities^[9].

LITERATURE REVIEW

According to Reynolds et al., art therapy is generally accepted as an effective treatment for children who have experienced psychological distress^[10]. Chapman et al. found art therapy interventions as effective in reducing post-traumatic stress disorder (PTSD) among children^[11]. Kozłowska & Hanney reported the use of art therapy interventions for children traumatized by parental violence and separation^[12]. Art and play therapy were found to be effective in promoting anxiety reduction among children^[13]. Buschel & Madsen reported the use of art therapy for strengthening connections between mothers and children^[14]. In a study involving the use of art therapy based on painting therapy on 30 children (7-12 years) with symptoms of ODD, there was a significant decrease in the symptoms in experimental group^[15]. Art therapy has been successfully used to address issues of absenteeism, aggression, and social withdrawal in children^[16].

SIGNIFICANCE OF STUDY

Research has shown the positive effect of art therapy in the treatment of various psychological disorders, especially behavioral disorders among children. At the same time, art therapy is largely an understudied modality. There exists a small body of quantifiable data to support the claim that art therapy is effective in treating a variety of symptoms, age groups, and disorders^[17]. Given the potential of art therapy in healing emotional and behavioural problems in children, there is a need to build up evidence based research data on the effectiveness of art therapy. The present case study supports the treatment effectiveness of creative processes in solving behavioural disorders in children.

CASE INFORMATION:

Profile:

- Name- Amit (Name changed)
- Age- 7 years
- Gender- Male
- Class- 1st

Chief Complaints

- Irritable
- Argumentative
- Would not listen to anyone
- Would do whatever he wanted to do
- Scream, shout and throw temper tantrums
- Stopped complying with classroom rules
- Blamed others for his mistakes
- Did not have friends

METHODOLOGY:

Method

An exploratory-intrinsic case study method was used.

Intervention

An art therapy based intervention was chosen for Amit, firstly because drawing was his area of interest and so it was easier to enlist his cooperation in therapy vis-à-vis his defiant behaviour. Secondly, art was thought to be more effective means of accessing the subconscious internal conflicts that were leading to his argumentative and defiant behaviours. Thirdly, it was also a suitable method to channelize his needs for freedom, self-expression and relaxation. The sessions continued for eight months, at the rate of two art therapy sessions per week for the first four months, and one session per week for the next four months. Assessments were conducted at four stages: Pre-assessment at entry stage, Mid-assessment at 4 months, Post-assessment at 8 months, and Follow-up assessment at 10 months.

Assessment Method/Tools

Assessment methods included case history, interview, and objective assessment through Child Behaviour Checklist (CBCL/ 6-18). The CBCL/6-18, component in the Achenbach System of Empirically Based Assessment developed by Thomas M. Achenbach^[18]. It is used

with children aged 6 to 18. It consists of 113 questions, scored on a three-point Likert scale (0=absent, 1= occurs sometimes, 2=occurs often). It measures eight syndromic scales, and six DSM-oriented scales consistent with DSM diagnostic categories: affective problems, anxiety problems, somatic problems, attention deficit hyperactivity disorder, oppositional defiant problems, and conduct problems.

Goals Of Intervention

- Increase self-awareness.
- Increase the ability to notice, recognize, validate and respond constructively to others' emotions.
- Reduce argumentative and defiant behaviours.
- Learn adaptive thinking.
- Develop pro-social skills (cooperativeness, sharing, conversing).

RESULT AND DISCUSSION:

Objective Testing On CBCL

TABLE – 1 Comparison Of PRE, MID, POST, AND Follow Up Assessment Scores On CBCL

Stages of Assessment	Affective Problems	Anxiety	Somatic Problems	ADH Problems	OD Problems	Conduct Problems
Pre	3	0	2	6	14	8
Mid	2	0	1	2	7	3
Post	0	0	0	1	1	1
Follow up	0	0	0	1	1	1

Table 1 shows the Pre, Mid, Post and Follow up assessment scores on CBCL. Mid Assessment scores on OD Problems on CBCL were 7 as compared to 14 at the Pre Assessment Stage. Scores on Affective Problems, ADH Problems and CD Problems also came down from 3 to 2, 6 to 2 and 8 to 3 respectively. Post Assessment Scores on OD Problems was 1 which was maintained during the Follow up Assessment as well. The scores on Affective Problems had come down to 0 and those on ADH Problems and CD Problems also came down to 1 on each (Fig 1).

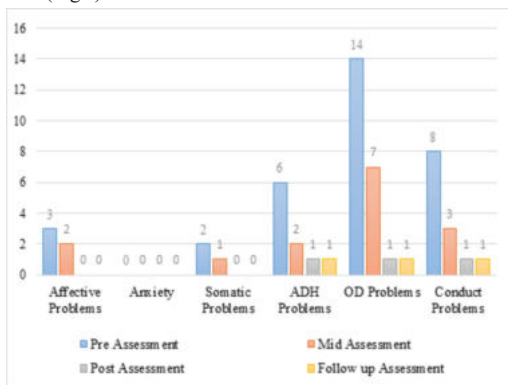


Figure 1: Comparison Of DSM Category Scores On CBCL

Therapist's observation of drawings



Figure 2: Glimpses Into The Therapy Room

- Initial drawings were of large and ferocious animals, with big prominent teeth (reflecting his need to be big, powerful and strong as manifested in his oppositional tendencies).
- During the course of therapy there was a gradual shift from fiercer forms to milder forms of animals.
- Another shift was that of emotion expressions from anger, irritation to sadness, hurt, disappointment and joy.
- Over the course of therapy, there was a perceptible increase in free space in the drawing (symbolic of flexibility to accommodate others' needs and expectations).

Subjective Reporting By Parents

The parents reported that the child:

- Progressively became less irritable
- Stopped argumentative and defiant behaviour
- Starting respecting others' feelings and needs
- Starting following commands, requests and rules
- Stopped throwing temper tantrums
- Started taking responsibility for his actions
- Started cooperating and sharing and made friends easily

CONCLUSION

Children with ODD have a difficulty in identifying emotions in themselves as well as responding appropriately to others' emotions, needs and expectations which results in angry, irritable, argumentative and vindictive behaviours in them. Art therapy enhances the emotional literacy of the children and helps them in responding constructively to their own as well as others' emotions. By gradually increasing the range, depth and emotional richness of the art forms, imaginative and mentalizing capacities of children can be enhanced to promote adaptive thinking and behaviour.

The results, however, are the consequence of a therapeutic process and not a standardised procedure. The analysis does not consider therapist effect which is known to influence outcomes. Therefore, further studies in this area are warranted.

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