

Indirect therapy in children and adolescents: treatment in absence of the patient

Gaetano Aloe ¹

Abstract

The theory and the operational steps of indirect therapy in children are summarized in this article. It will first present a schematised theoretical framework of the principal roots for indirect strategic intervention. Secondly two real clinical cases are described and discussed. Finally it is presented the data analysis of treatment efficacy for indirect therapy in children obtained by the associated groups at Centro di Terapia Strategica.

¹ *Centro di Terapia Strategica, Arezzo, Italy*

Why indirect therapy in children?

Avoiding medication in children

Before analysing the argument it must be specified that our model is the constructive strategic model that defines human problems as the product of the interaction between subject and reality. Our protocols are the result of the empiric observation of how parents and children build and increase problems through their interactions.

This theory moves our attention to the parent-child relationship rather than on the child thus avoiding attempts to find out at all costs, the “illness” in the child.

In this context I avoid giving an in-depth analysis of theories that look for, and find, the illness in the child though it is, however, dutiful to point them out.

The organic theory that hypothesizes in the child’s abnormal behaviour a certain type of disturbance, organic or genetic, as the cause of the disturbed behaviour.

The psychoanalytic theory where a child’s symptoms are not seen as adequate reactions to social situations but as misfit, irrational behaviours, and more as a consequence to internal reactions rather than to external circumstances.

The model that uses psychological tests so as to produce a diagnosis is a label that will condition a child’s life for good.

Attempts in this direction have also been made by institutions, see project “Prisma (Progetto Italiano Salute Mentale Adolescenti) 2004” with the purpose of finding the illness in a child, so that it can then be successively cured with proper psychiatric drugs.

From the results of the above mentioned research: “311 subjects, equal to 9.1% of the subjects, satisfied the criteria for psychic malfunctions according to the DSM IV classification (Diagnostic and Statistical Manual of Mental Disorders).

The importance of the family system in the persistence of the problem

When parents acknowledge a behaviour in their child which according to them is abnormal, they start to pose a series of solutions that in a relationship not only maintains the problem but at times increases it.

Treatment efficacy

- 1) we do not look for culprits;
- 2) the parents become co-therapists and help to cause the changes in the child;
- 3) the parent-child relationship is modified;
- 5) the family acquires new tools to build and manage their reality

The parent arrives and presents the problem

Resistance to change

Normally the parents collaborate, they feel trapped and without a way out.

Communication must be rational and direct.

To win their reticence they become co-therapists.

Perceptive-reactive system

To them, their child's reality is perceived as a menace, and as a result their reaction towards the child is to become more protective towards him.

The child's fear brings out in them a natural reaction to help.

Presentation of the 1st case: phobic disorder

Definition of the problem

The parents, sent by the school headmaster, come to me.

The mother, father and child come to my practice.

The mother enters and presents the problem. The father and child remain outside.

Their second child, M., eight years old, is in his 3rd year of primary school and for the last three months refuses to go to school.

About two months after the beginning of the school year M. refuses to go to school. After being forced various times to go to school, the child, desperate and frightened, refuses to go to school.

The parents suggested by the General Practitioner take the child to a paediatrician specialized in Neuropsychiatry where he receives individual psychotherapy and medication. Three months after the child does not show any progress, not only does he not go to school, he also refuses to go outside

to play with his friends, furthermore he declares that he does not want to undergo any other form of treatment.

His parents are desperate and don't know what to do: doctor, help!

Attempted solutions

When the child first started refusing to go to school, the parents:

- 1) Tried to explain that there was nothing to be afraid of;
- 2) They forced him to go to school even though he screamed and cried;
- 3) They gave up, they were frightened and asked for professional help;

Perceptive-reactive system

The child experienced fright. He saw a ghost .

He is frightened.

So ...

Perception of a menace in school: fear

Reaction: try avoiding, request for help from the parents (complaints)

But the parents are frightened

So ...

Perception of a menace (the child is ill): fear

Reaction: console, protect, help the child

Finally

The child is aware that his parents are frightened and this increases his fear.

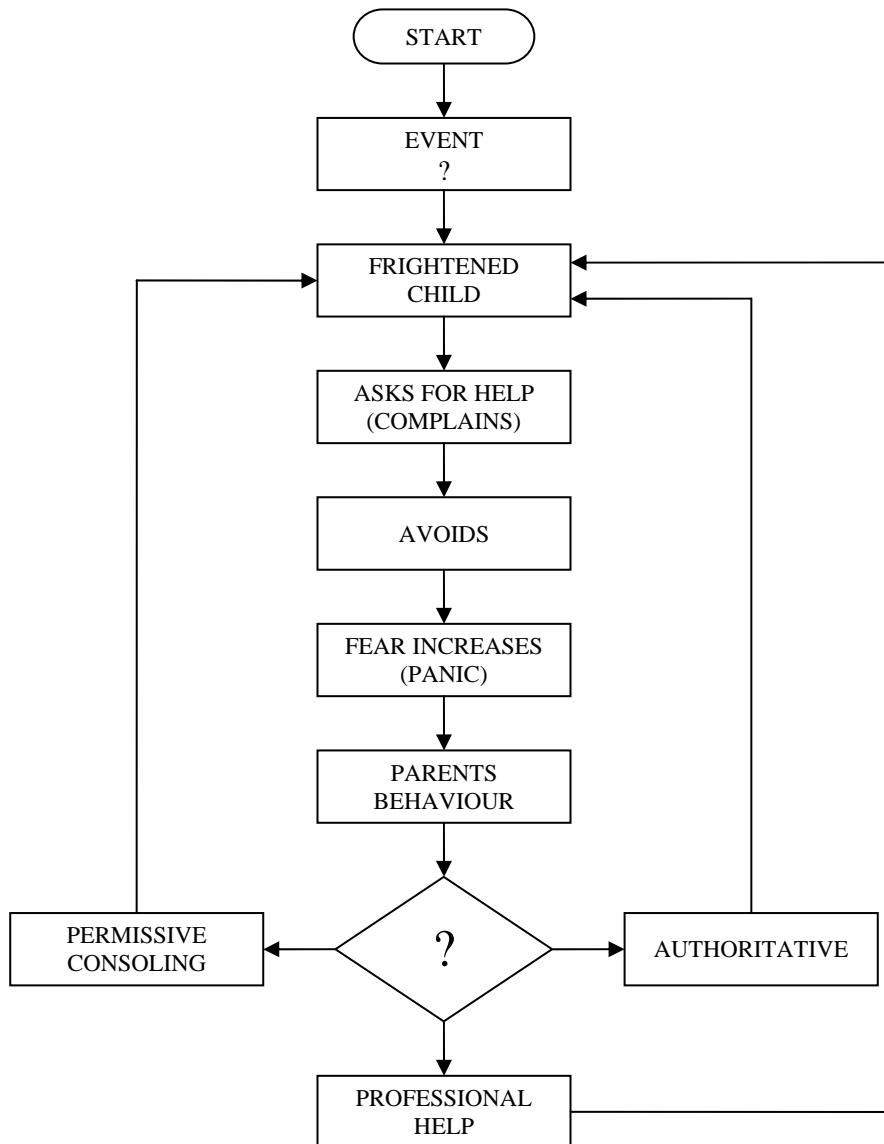
The parents are aware that their child is frightened and this increases their fear.

Functioning of the system disorder (see Figure 1)

Agreement with the parents

- 1) It is not necessary for me to see the child
- 2) You have done all that two worried parents that love their child could do. (gratify and not blame),
- 3) but now I ask more of you: you have to help me help him (co-therapist)
- 4) Your help is fundamental in solving this problem

Figure 1. Phobic Disorder: “The boy that did not want to go to school”



- 5) The problem can be solved but I don't know if it can be applied to your case.
- 6) We will only set a few sessions. Generally the problem can be solved completely, but I do not know if it can be applied to your case.
- 7) I will set some duties that will have to be scrupulously followed.

Prescriptions

- 1) every morning, 15 minutes before the time set to wake up for school:

wake M. up. Before he starts complaining, he has to be told by the whole family (mother, father and brother): "dear M., it is very important for you to talk to us about what frightens you, and so we ask you to do so, you have 15 minutes at your disposal. We shall listen to you in silence so that we can hear and try to understand your complaints. We want you to know that you may complain and that you have our complete attention now because we cannot do so during the day since, we have to work. Try your best to tell us all your fears, start complaining and we will listen to you."

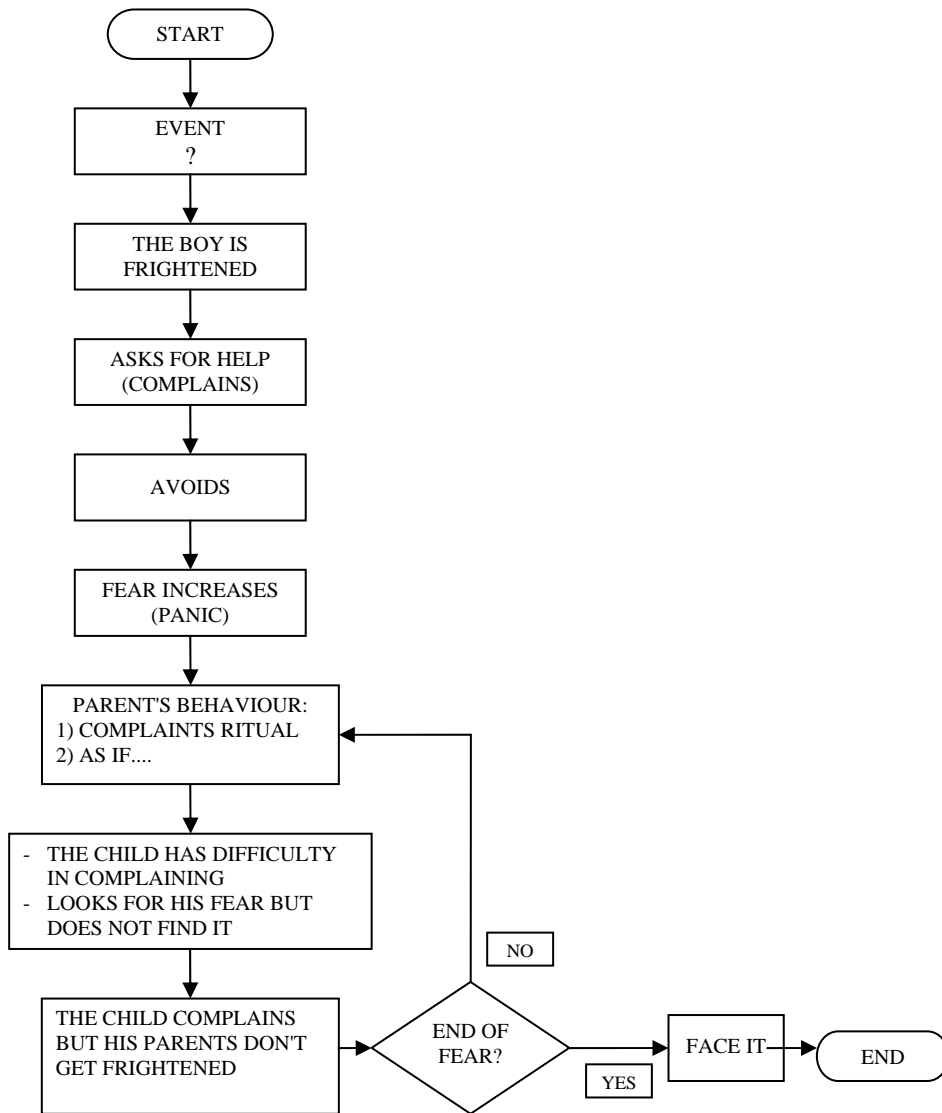
Once this ritual is over you must all go back to your occupations and leave the child alone.

If he should complain during the day, remind him that he can only do so in the morning, and to postpone his complaints to the following morning, when he can do so again.

- 2) you must behave with your son *as if* M. does not have this problem.
- 3) do not insist if he does not want to go out.
- 4) we meet again in 15 days time.

Construction of the functional system: modification of the perceptive-reactive system (see Figure 2)

Figure 2. Phobic Disorder: “The boy that did not want to go to school”



Verification of the efficacy of the action (follow-up)

At the next meeting the parents refer that:

M., at first was surprised, he couldn't understand but tried to explain what frightened him. On the third day, after a few minutes of complaining, he had no more to say about his fears and started talking of other things until the 15 minutes were up. This went on till the sixth day.

On the seventh day it seemed to him that he had no more complaints and asked to go outside. His parents asked him to try harder since he probably still had some fears left, but M.'s reply was no. In the morning the child looked for his friends and started going out again. On the eighth day his parents woke him up as usual for their ritual but M. said that he wanted to go to school. From that morning he went back to school.

During the session I reminded the parents that if the child should show any signs of fear then the ritual should be enacted again.

And, every day think about what they could do to go back.

On the third meeting they tell me that the situation has changed: the child has gone back to playing football with his friends, goes to school regularly but due to his months-long absence has some difficulty in following the school program. I am told by the parents that the school operators would like to talk to me about how to enable M. to recuperate in his schooling .

The headmaster along with the teachers, have shown their understanding by preparing a special program for M. for the duration of the entire school year and agree to promote him to the successive class following an agreement with his parents that consists in pre classes during the summer.

The check-ups after 3 months, 6 months and 1 year have not shown any form of avoidance.

Presentation of the 2nd case: obsessive-compulsive behaviour disorder

Definition of the problem

The parents have chosen to come to me because they would like to try the strategic therapy for their child's problem, C. who is five years old.

The mother says: "C. is an obedient girl, precise, and so neat that the Nuns in her pre-school ask her to help in re-ordering the class rooms at the end of the day." The father adds: "She is just like her mother, you see doctor I have two very precise ladies in the house that make my life difficult".

The mother continues: “ In these last 3 months the teachers have signalled that C. has sudden episodes of aggressiveness towards her class mates. Without any reason at all C. bites those class mates nearest to her hard. This has caused a difficult situation in class: they all try to avoid her. What worries us most is that C. has had the same reaction outside school as well, in a different social context, towards a friend of hers.

When she is in the house alone she is relaxed and plays. When we have to go out she tidies everything up neatly otherwise she refuses to leave the house if she hasn't done so. I behave in exactly the same way, she probably takes after me”.

Q: if by chance you leave something lying around does your daughter tidy it up or does she take no notice of it?

A: Well, I hardly ever leave anything out of place, but when it does occur either the child brings it to my notice or she tidies it up herself, C. is extremely tidy, probably more than I am.

Q: if you are doing something and someone creates some disorder do you accept the interference without getting angry or does it irritate you and proceed to reorder everything?

A: I go crazy, those who know me are aware of it and don't come near me.

A short silence follows.....

Doctor, do you think that my daughter does the same? Her friends come near her, disrupt her order and her reaction is to bite them?

The father: that is probably what happens.

Attempted solutions

- 1) we scolded her
- 2) tried to explain
- 3) punished her

But we obtained nothing, she still has an aggressive behaviour, actually it has increased.

We don't know what to do, we are very worried, if she carries on like this we will have to keep her at home, help us.

Perceptive-reactive system

The child makes sure that everything is in order

She perceives her class mates as a menace to her orderliness

.....reaction: she bites.

At home the child copies her mother's neatness and order

In school the teachers ask the child to help them tidy up

The mother perceives her daughter's uneasiness and tries to:

scold

punish

explain

with no results.

Functioning of the system disorder (see Figure 3)

Agreement with the parents

It is not necessary for me to see the child.

You have done all that two worried parents that love their child could do.
(gratify and not blame).

but now I ask more of you: you have to help me help her (co-therapist)

Your help is fundamental in solving this problem, above all the mother must be strong.

The problem can be solved but I don't know if it can be applied to your case.

We will only set a few sessions. Generally the problem can be solved completely, but I do not know if it can be applied to your case.

I will set some duties that will have to be followed scrupulously.

Prescriptions

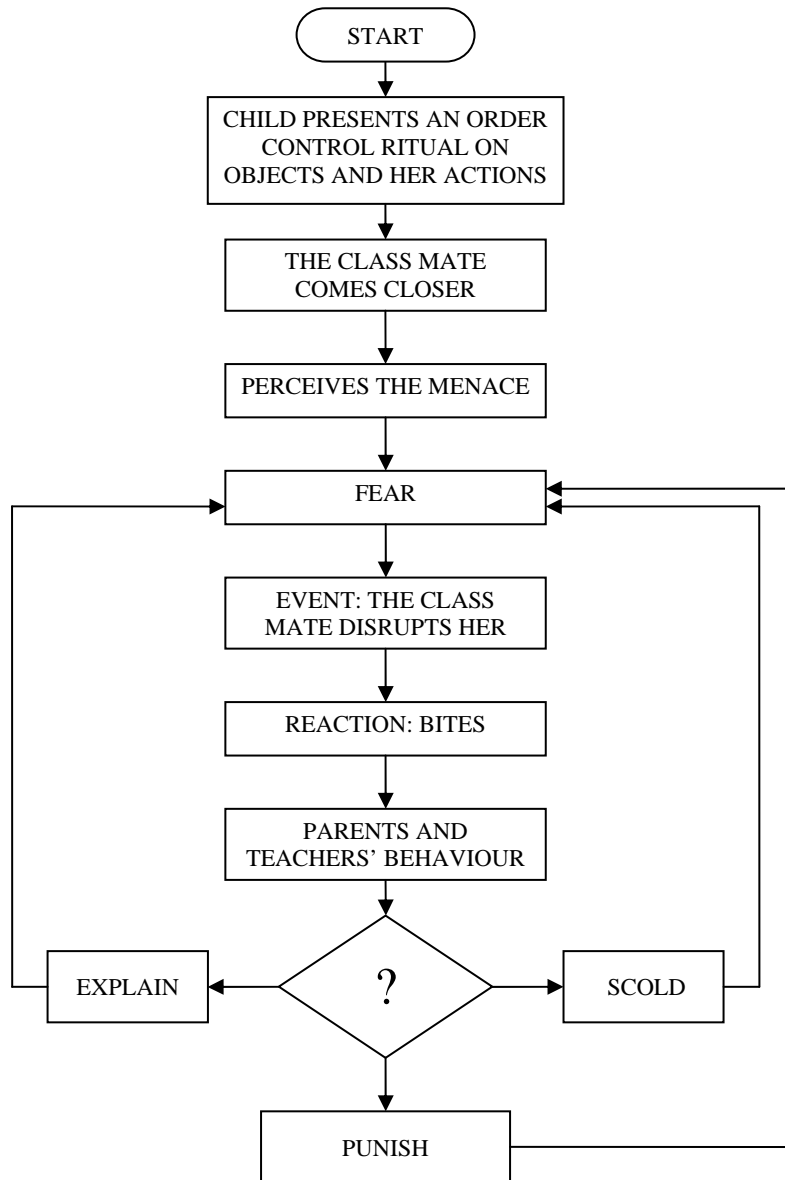
1) systematically boycott the orderliness:

- in the morning take the child to school without making the beds
- enter her room while she is playing and on the pretext of looking for something create a bit of disorder and then leave
- suggest the school teachers to do the same
- request that C. not be asked to tidy up the class room

the mother comments: but doctor, how can I go through with this?

You know, mothers can do everything for their children, even the impossible.

Figure 3. Obsessive-compulsive disorder: “the girl that used to bite”



2) you have to behave with your daughter *as if* C. does not have this problem.

3) we meet again in 15 days time.

Construction of the functional system: modification of the perceptive-reactive system (see Figure 4)

Verification of the efficacy of the action taken (follow-up)

During the second session the parents tell me that the situation is much better and that there has been no aggressive behaviour towards the class mates.

The mother: “Doctor, the first days were hell, especially for me, when I left the bed unmade, or when I created some disorder in C.’s room, I felt terrible. C. was disoriented and nervous, she kept asking me why we did not tidy up and I would answer that we had more important things to do. After the first few days I started feeling better. I started accepting the fact that I could leave some disorder and that nothing would happen to me if I did. C. was a lot less nervous as well, she accepted the disruptions I made in her order, at first she would tidy up immediately, but then she would start leaving things as they were. She started having the same attitude in school as well, at first she was disoriented and nervous, then resigned and finally reacted a lot better to her class mates’ invasion into her neat, orderly world.”

During the session I told the parents that they have been wonderful co-therapists but that the boycotting had to go on.

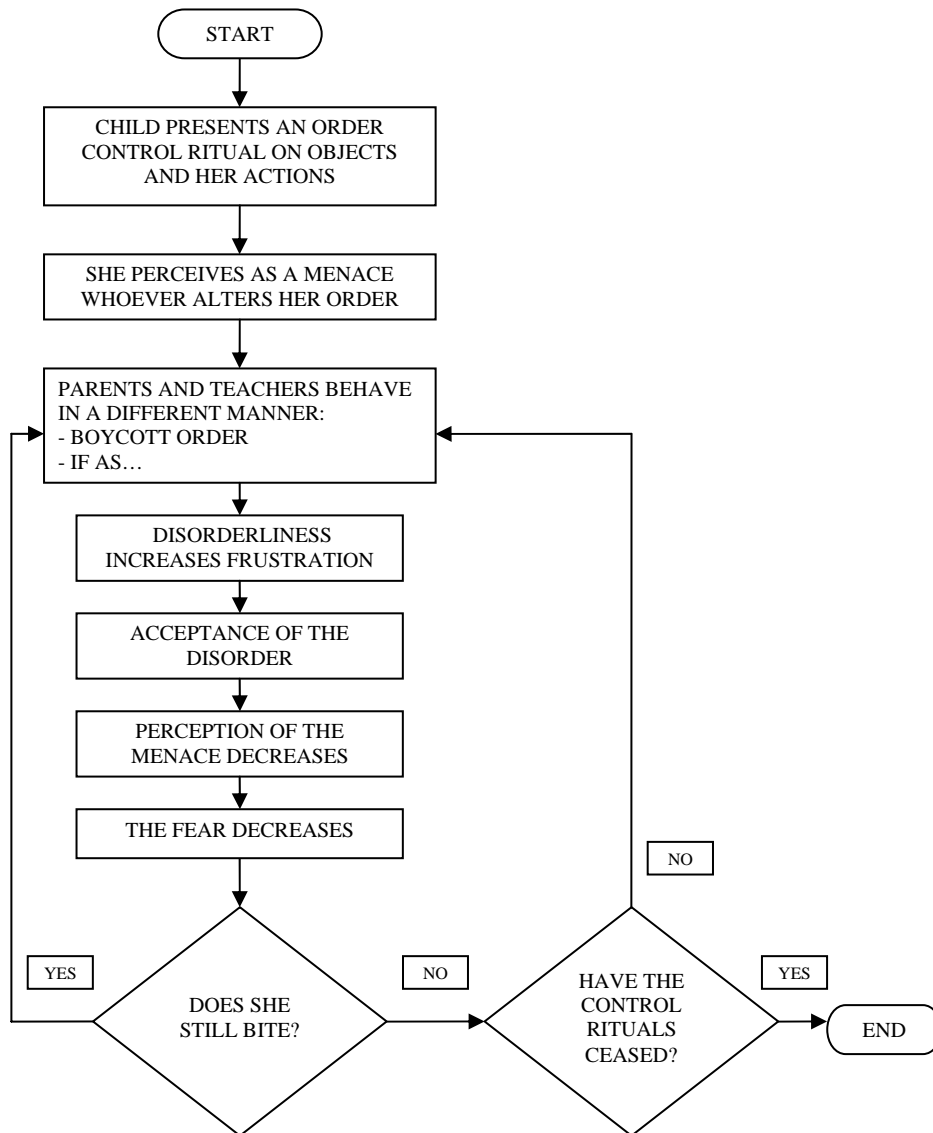
Suggest the teachers to carry on with the boycotting.

And every day, think of what they could do to go back.

During the third session, they tell me that the situation has changed: the child has shown no more aggressive behaviours in school or in other contexts. The parents bring to my notice that she has become a little naughty too.

During the 3 months, 6 months and 1 year check ups the parents refer that the child has developed a good relationship with her class mates, and that she has had no more aggressive behaviours. The mother stresses the fact that not only has C. become more untidy but that she too isn’t obsessed by cleanliness and order anymore. The father, thanking me says: “we caught two pigeons with a stone”.

Figure 4. Obsessive-compulsive disorder: “the girl that used to bite”



Analysis of the data elaborated by the associate groups C.T.S. in the years 2000-2004: treatment efficacy

Results

client's files elaborations: *children from 0 to 10 years*

- 1) sex
- 1) form of contact
- 2) precedent therapies
- 3) use of drugs
- 4) type of problem
- 5) release
- 6) efficacy

CLIENT'S SEX (val. %)

	2000-2001	2001-2002	2002-2003	2003-2004
MALES	68,42	58,06	57,69	78,26
FEMALE S	31,58	41,96	42,31	21,74

Comment: males prevail, in the last survey there has been a noticeable increment: for each girl there are at least 4 boys that have presented some problems. This data is important if referred to the total amount of data that regards adults where the situation is the opposite: growing up, males become stronger while females become more fragile? Is culture stronger than nature?

FORM OF CONTACT (val. %)

	2000-2001	2001-2002	2002-2003	2003-2004
Precedent clients	36,84	45,16	61,54	39,13
General practitioner	13,16	6,45	7,69	8,70
Professional Doctor	21,05	6,45	3,85	2,17
Colleague	10,53	16,13	3,85	8,70
Specific choice	13,16	22,58	23,08	39,13
Yellow pages	2,63	3,23	0,00	2,17
Strategic Therapy Centre of Arezzo	2,63	0,00	0,00	0,00

Comment: The increment of the specific choice must be brought to notice: the efficacy of the strategic therapy is acknowledged in this sphere.

PRECEDENT THERAPIES (val. %)

	2000-2001	2001-2002	2002-2003	2003-2004
YES	26,32	22,58	15,38	8,70
NO	73,68	77,42	84,62	91,30

Comment: Interesting increment in the % of children that come to us for first intervention, this reassures the clients of the efficacy of the strategic intervention.

USE OF DRUGS (val. %)

	2000-2001	2001-2002	2002-2003	2003-2004
YES	5,26	9,68	7,69	2,17
NO	94,74	90,32	92,31	97,83

Comment: Fortunately, the use of drugs in children has decreased in spite of the campaigns..... in their favour.

TYPE OF PROBLEM (val. %)

	2000-2001	2001-2002	2002-2003	2003-2004
Phobic disorders	23,68	16,13	46,15	26,09
Obsessive disorders	15,79	22,58	11,54	6,52
Sexual disorders	0,00	0,00	0,00	0,00
Relation disorders	55,26	54,84	38,46	67,40
Depression disorders	0,00	0,00	0,00	0,00
Eating disorders	5,26	6,45	3,85	0,00
Psychosis or presumed such	0,00	0,00	0,00	0,00

Comment: the prevailing disorders are closely tied to fear and to relation. In the last survey the relation disorders have increased. Does the parent /child conflict start very early?

UNBLOCKING (val. %)

	2000-2001	2001-2002	2002-2003	2003-2004
1st session	30,09	31,20	30,70	23,91
2nd session	35,70	30,09	50,07	56,52
3rd session	21,05	19,35	7,69	10,87
4th session	0,00	6,45	0,00	2,17
After the 4th session	0,00	0,00	7,70	2,17
Not unblocked	5,26	9,68	3,85	4,35

Comment: the unblocking of the system's disorder starts within the first two sessions.

EFFICACY (val. %)

	2000-2001	2001-2002	2002-2003	2003-2004
RESOLVED	68,42	67,74	88,46	60,87
Much better	26,32	12,90	7,69	28,26
Little change	0,00	6,45	0,00	4,35
No change	0,00	0,00	0,00	0,00
worsened	0,00	0,00	0,00	0,00
Drop-out	5,26	12,90	3,85	6,52

Comment: the efficacy of the strategic intervention is certified in all to be about 90% with peaks that reach up to 100% regarding phobic disorders.

Address reprint requests to:

Gaetano Aloe
Associated Researcher at Centro di Terapia Strategica di Arezzo
aloe.g@libero.it