

Improvement in school failure in a child after EMDR therapy of a mother

Bir annenin EMDR terapisi sonrası çocuğunun okul başarısızlığında dramatik düzelme

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Abstract

School failure is presence of difference between capacity and grade of student, which is a complex and multifaceted condition. It has been shown that although underlying psychiatric diseases may play role, familial factors are also important in school failure. Sexual abuse is defined as sexual behavior between a child and adult or between two children, one of which is markedly older or is using force for sexual behavior. The individuals subjected to sexual abuse at childhood often experience problems in familial and social relationships at early period. In addition, negligence or avoidance behaviors can be seen against their partner or children at adulthood. We report dramatic improvement in school failure and depression in a child in whom EMDR therapy was provided to mother with history of sexual abuse in addition to treatment of child.

Key words: School failure, Sexual abuse, EMDR, Depression, PTSD

Öz.

Karmaşık ve çok yönlü bir karaktere sahip olan okul başarısızlığı, öğrencinin sahip olduğu düşük notlar ile kapasitesinin arasında bir farklılığın bulunmasıdır. Okul başarısızlığında altta yatan psikiyatrik bozukluklar etken olabilmekle birlikte ailesel faktörlerinde önemli olduğu gösterilmiştir. Cinsel istismar; bir çocuk ve bir yetişkin arasındaki ya da birinin diğerinden yaşça önemli ölçüde daha büyük olduğu veya birinin diğerine zor kullandığı iki çocuk arasında meydana gelen cinsel davranış olarak adlandırılmaktadır. Çocuklukta cinsel istismara uğramış bireyler, erken dönemde, sıklıkla aile ve sosyal ilişkilerinde zorluklar yaşayabilmektedir. Ayrıca bu bireylerde yetişkin dönemde, eş ve çocuklarına karşı ihmal ve kaçınma davranışı gözlemlenebilmektedir. Biz bu yazıda, çocuğun tedavisine ek olarak cinsel istismar öyküsü olan anneye EMDR terapisi verildikten sonra çocuğun okul başarısızlığı ve depresyonundaki dramatik düzelden bahsettik.

Anahtar kelimeler: Okul başarısızlığı, Cinsel istismar, EMDR, Depresyon, PTSS

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Introduction

School failure is presence of difference between capacity and grade of student, which is a complex condition. Attention deficit-hyperactivity disorder (ADHD), conduct disorder (CD), specific learning disability (SLD) and intellectual disability (ID), and familial factors are important in school failure. In the family, especially in the presence of psychological pathology in the mother (i.e maternal depression), the child's school success and social relations can be adversely affected (1). The individuals subjected to sexual abuse at childhood often experience problems in familial and social relationships as well as depression, anxiety disorder (AD), posttraumatic stress disorder (PTSD) and immune system alterations at early period (2). In addition, depression, PTSD, AD, and dissociative disorders may be common at adulthood. In addition, negligence or avoidance behaviors can be seen against their partner or children. Today, in addition to pharmacotherapy and psychotherapy, Eye Movement Desensitization and Reprocessing (EMDR) has become a commonly used method with rapid response in the treatment of individuals subjected to sexual abuse (3).

Here, we discussed dramatic improvement in school failure and depression in a child in whom EMDR therapy was provided to mother with history of sexual abuse in addition to treatment of child.

Case Report

A 6-year old boy (second of two children attending to grade 1) presented to outpatient clinic with "school failure" by referral of his teacher. The mother reported that academic achievement was poorer than his peers; that he was unable to read, and that he seemed unhappy. The teacher mentioned that he had disinterest to lessons, forgetfulness and that he didn't do homework and was unable to learn letters despite end of session but he could able to learn readily when he focused on; and that he had poorer academic achievement than his peers. In teacher form, it was suggested that father was irresponsible and mother was unable to care sufficiently with her child although the patient was silent and passive in relationship with peers. In the interview with children, it was found that the patient wants to do homework but his parents don't help him, that he is unhappy and concerned due to dispute between parents, and that he is unable to focus on lessons because of concerns about his mother. The mother was working as a home worker while father was a technician in a construction company. In Atilla Turgay ADHD Symptom Rating Scale (4) completed by teacher, total score was 13 while inattention and hyperactivity scores were 11 and 2 in the child, respectively. In WISC-R, total IQ score was 89 while verbal and performance IQ scores were 86 and 93, respectively. The patient could learn when he concentrated; thus, the diagnosis of Spe-

cial Learning Disability(SLD) was excluded. In psychiatric assessment, physical development was poorer according to age and he had avoidant appearance. He had depressive mood. There was a decrease in speech, attention and concentration. No perception disorder was detected. He thought that his mother doesn't love him. He had no suicidal thought. There was no abnormal finding in history but there was substance abuse in father and depression and PTSD in mother in the family history. Together with these findings, it was considered that school failure was associated to depression rather than ADHD since depressive symptoms were escalated by school and inattention symptoms were related to worsening in depressive symptoms. In the family interview, it was found out that the mother couldn't adopt the patient as her son; thus, she exhibited detachment to him but she had no such problem with her daughter; that she often yells to the patient without reason; and that daily activities such as bathing or dressing were performed by father since infancy. In addition, the mother reported that she didn't help to his son in homework. When the reason was investigated, it was found that the mother was subjected to sexual abuse by her father upon 15 years of age for 2 years. In psychiatric assessment, the mother appeared to be plaintive and older than actual age. She had depressive mood with decreased attention and concentration. No perception abnormality or delusional problem was detected. She had ideas of insecurity and avoidant to men and not being a good mother and partner. She had sleep disorders and flashbacks about sexual abuse subjected. She also had passive suicidal thoughts. The mother was diagnosed as PTSD and depression according to DSM-5. The depressive state in child was considered as reflection of trauma in mother and disinterest of family. Since father was passive in the child's care, it was planned to ensure participation of mother to treatment process. For this purpose, EMDR therapy was planned in mother for traumatic experience in addition to supportive psychotherapy in the child. No additional psychiatric medication was given. In first session, secure place exercise was studied in accordance to EMDR protocol. For EMDR, the scene was reported as a cold, dark room where father approaches to her by keeping her mouth close while emotions were reported as fear and embarrassment. The negative cognition was "I am a bad person", while desired positive cognition was "I did my best". The bodily feeling was reported as chest pain. The VOC score was 6 while subjective discomfort (SUD) level was 10. As the patient couldn't adapt to eye movements the session proceeded with tapping (bilateral stimulation by tapping). No regression was observed in SUD during 90-min session; thus, the mother was asked to move secure place and session was completed by relaxation exercises. After a week, the

second session proceeded with eye movements. The patient reported that her experiences were regressed and they lost were less vigorous with fogging of picture. The SUD level was decreased to 4. In the third session, SUD level was decreased to 0 and VOC score was reported as 7. The original picture was reprocessed. The patient had no complaint and developed the cognition "I did my best". After three weeks in the fourth session, the mother reported that she felt better; that she had no detachment to her son, rather, she was able to help in bathing or dressing his underwear; that she was helping his homework and having fun with the patient. In the control visit on month one, it was found that teacher reported that the child was more attentive willing in lessons; that he learned letters and began to read; and that he was able to form friendship with peers. In Atilla Turgay ADHD Symptom Rating Scale (4) completed by teacher, total score was 4 while inattention and hyperactivity scores were 3 and 1 in the child, respectively. In the control visit on month 3, it was observed that acquisitions were maintained in both mother and child.

Discussion

Here, we presented dramatic recovery of academic success and depressive symptoms in a child with school failure and depression developed in relation with maternal PTSD and depression caused by sexual abuse at childhood by EMDR technique in the mother.

In sexual abuse cases, it is well-known that the child is abused by familiar persons in particular. In most cases, the perpetrator is father in sexual abuse within family and it has been reported that father-daughter relationship is most common type of incest (5). When compared other types of abuse, incest should be considered since factors such as occurrence of sexual abuse within family, being unacceptable community and fear for decomposition of family make it difficult to reveal incest and incest causes more severe and long-term damage in victims. Thus, sexual abuse subjected at adolescence affected mother by detachment and defensive behaviors to her son in a direct manner while it affected child by depressive symptoms, school failure and social problems in indirect manner.

EMDR is a psychotherapy technique that is used in the treatment of ADs and obsessive-compulsive disorder as well as traumatic experiences such as sexual abuse (6). The EMDR is a simple method that can be effective by 3 or 4 sessions of 90 minutes (3). In a 23-years old woman, PTSD was developed due to rape occurred 5 years ago and she was suffering from refractory depressive mood, repeated suicide attempts, aggression and insomnia. In this case, scenes related to traumatic experiences were neutralized after single session EMDR and related negative affection and cognitions disappeared completely

(7). We also achieved improvement in PTSD symptoms, suicidal thoughts and depressive symptoms after 3 sessions of EMDR. Thus, detachment to his son was recovered and the relationship between mother and son was restored, providing significant contribution to treatment of child by resulting in recovery of depressive symptoms and rapid progression in academic success.

It was shown that social and academic failures are associated to depression at childhood (8). For social problems, interpersonal problems such as peer rejection (9), interruption of friendship (8, 10), and relationship problems are strongly linked to depression. In our case, it may be thought that interrupted friendship and school failure can also contribute to depression in addition to association to maternal status.

Maternal depression can also have a significant impact on the child's social life, academic skills and behaviors. In one of these studies, it was reported that mothers with depression had lower academic performance, difficulties in peer relationships and behavioral problems (1).

When assessing children presented with school failure, it is essential to provide interventions aiming underlying cause. In our case, response to treatment would be delayed or even treatment goal could never be achieved by treatment of child if underlying cause couldn't be identified.

In conclusion, in children presenting with school failure, although ID, ADHD, CD or SLD are considered preferentially, sexual abuse should also be questioned in family if suspected. This case emphasizes the importance of parents' approach to children, psychiatric evaluation of family member who is responsible from school issues, treatment of family member if he/she has psychiatric problems, and its effect on academic failure and mental health of children presenting with school failure.

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