



# Child Art Psychotherapy: Which Cases Are Referred and Which Cases Drop Out

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## Introduction

Child Art Psychotherapy (CAP) is a therapeutic modality aimed to reveal unconscious thoughts in children as they find it easier to express their emotions through the use of drawings. CAP was introduced to Ireland in 2001, and is offered to patients at certain Child and Adolescent Mental Health Services. The therapy consists of three introductory sessions whereby children are asked to draw an image of themselves, their family, and their earliest childhood memory. They are then given the option of continuing weekly CAP until the child and therapist agree that it is no longer needed, or concluding CAP, but continuing other services.<sup>1</sup>

## Aims

To identify the clinical disorders and characteristics of patients referred to this service, and to determine who finds CAP useful and engages in the therapy beyond three sessions.

## Methods

A retrospective review of the clinical records and charts of 67 children who attended CAP in DNCC/Mater CAMHS over the past 13 years was carried out. The data was collected, compared, and statistically analysed using Microsoft Office Excel 12.0 to identify common trends. The integrity of the data was checked and verified by a senior psychiatrist (A.M.). Ethical approval was attained before the commencement of this study from the HSE North City Ethics Committee.

(1) Psychiatric diagnoses according to the International Classification of Mental and Behavioural Disorders 10 (ICD-10) diagnostic criteria, in addition to patient characteristics, were recoded and categorised into the following:

Disorders	Characteristics
Depression	Deliberate self harm
Anxiety disorder	Suicidal thinking
Behavioural disorder/ODD	Attachment difficulties
Eating disorder	Child sexual abuse
ADHD	Out of home placement
Autism Spectrum Disorder	Learning difficulties
Emerging Emotionally Unstable Personality Disorder	Psychosocial environment
No major mental illness	History of child experiencing parental separation/distress

(2) Engagement with CAP was classified according to two measures, as shown below:

	Did not engage	Partial engagement	Engaged
Number of sessions	≤ 3 sessions	> 3 sessions	> 3 sessions
	OR	AND	AND
Attendance rate	≤ 40%	> 40% but < 70%	≥ 70%

## Results

### Demographics

67 children (57% male and 43% female) aged 5-17 years participated in CAP with an average age of 10.6 years. An average of 14 sessions was attended (range of 1 to 61 sessions).

### Diagnoses & Characteristics Referred

The diagnoses and characteristics of the children referred to CAP showed a variety of clinical conditions as can be seen in Figure 1. Anxiety disorder (28% of children referred), behaviour disorder/ODD (25%), and ADHD (21%) are the most common diagnoses referred to CAP. Children with attachment difficulties (12% of children referred) and those who experienced suicidal thinking (12%) are also frequently referred (Fig. 1).

### Engagement versus:

#### 1) Diagnoses & Characteristics

Those with anxiety disorder (32%), behaviour disorder/ODD (47%), and attachment difficulties (71%) were found to engage the most, while those diagnosed with depression (29%) and/or deliberate self harm (40%) engaged the least (Fig. 2). When combining partial engagement and engagement, those with Autism Spectrum Disorder (90%) and ADHD (86%) had highest engagement.

#### 2) Gender

Males had higher overall engagement levels (71%) than females (55%) (Fig. 3).

#### 3) Age

Children between the ages of 8-11 years were commonly referred to CAP and showed higher combined engagement and partial engagement than children of other ages (Fig. 4). Children between the ages of 15-16 years were not commonly referred but engaged well when referred.

#### 4) Psychosocial Environment

60% of those who experienced acute life events (N=5) and 40% of children with familial difficulties in the home (N=30) engaged well with therapy. Those who did not engage well included 100% of those with outside home difficulties (N=2) and 50% of those with no significant distortion of the psychosocial environment (N=16).

#### 5) Home Placement

50% of children in out of home placement (N=6) engaged with CAP, while 28% of those who lived with their parent(s) (N=40) engaged.

#### 6) Learning Difficulties

There is no difference in engagement between those with mild/specific learning difficulties (N=10) to those with no learning needs.

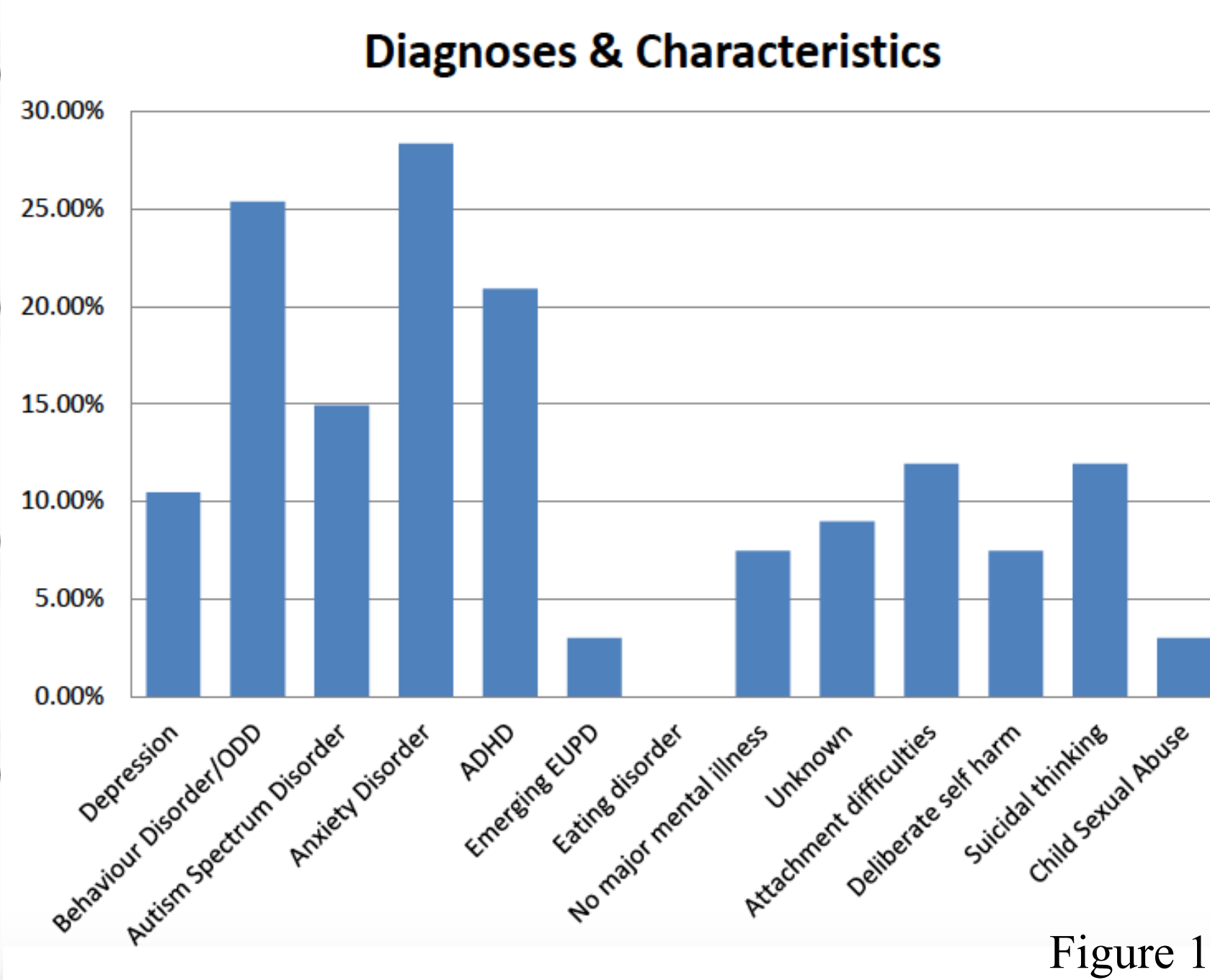


Figure 1

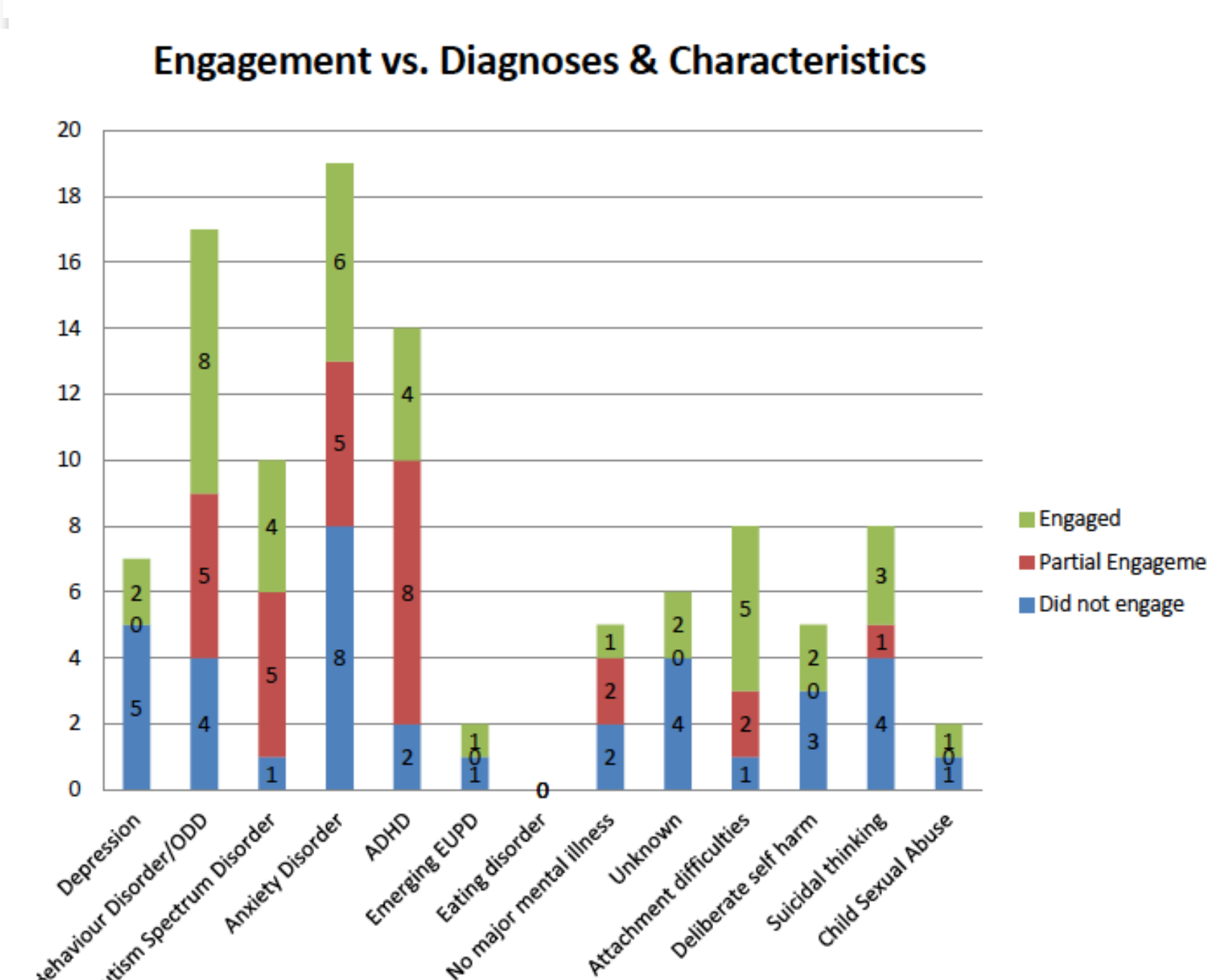
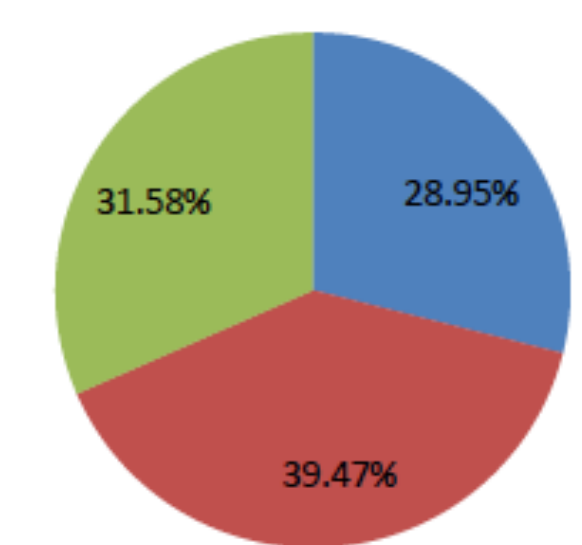


Figure 2

### Male Engagement



### Female Engagement

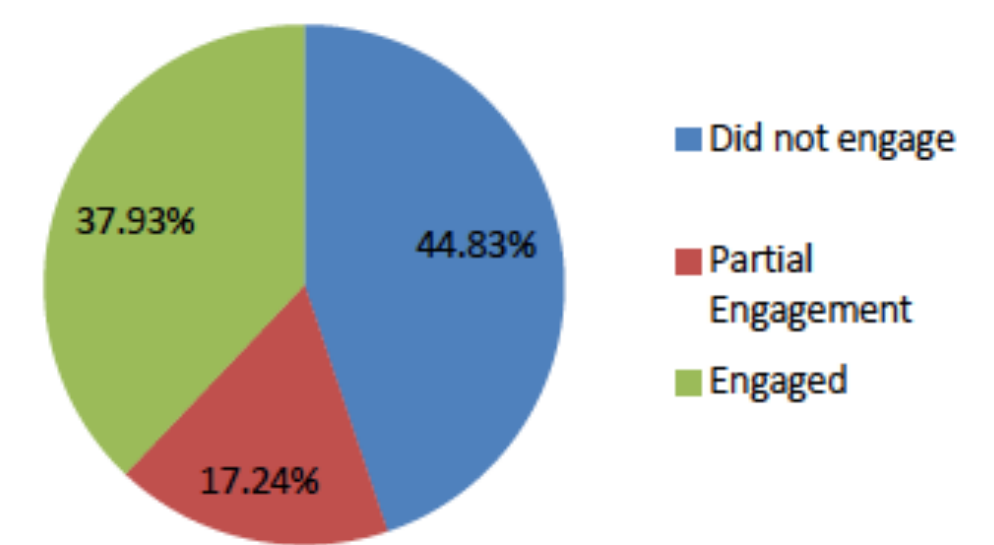


Figure 3

### Engagement vs. Age

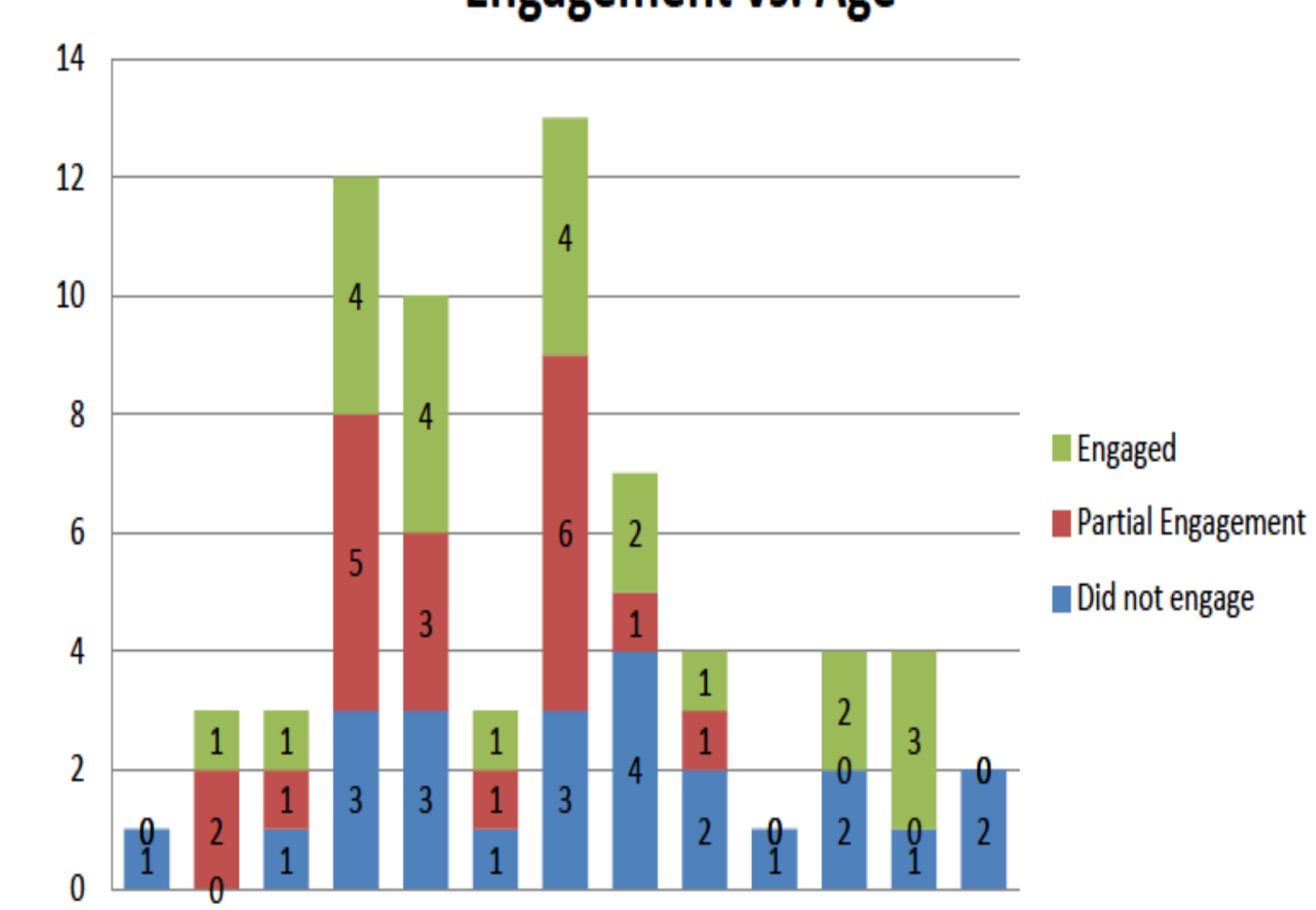


Figure 4

## Discussion

### Limitations of the study:

- The sample size is modest and only based on data from one CAMHS clinic
- We assumed that the diagnosis indicated on clinical records is the reason for a referral to CAP; however, other factors that may not be noted on the records could be the true cause of referral
- Only data obtained from chart reviews or clinician discussions will indicate details of suicidal thinking, DSH, home placement, family status, and attachment difficulties, and thus caution is required with interpreting some of our findings

## Conclusion

### Who is likely to engage in CAP?

- Children with ASD, anxiety disorder, behaviour disorder/ODD, ADHD, and attachment difficulties
- Children between the ages of 8-11 years, as well as children of older age groups
- More males than females
- Children with familial relationship issues or communication difficulties in the home and those who experienced an Acute Life Event

## References

- <sup>1</sup> Ryan T. Identification and how it emerges as a Central Theme in the Practice of Child Art Psychotherapy [dissertation]. [Dublin]: Mater Hospital/UCD, 2011. 37p.  
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