

# The use of modern technology in psychological treatment

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## Summary

*In this paper, we present the treatment of a girl (10) who is in therapy because of low self-esteem and problems in the school environment due to difficulties in exercising rights to an individualized approach regarding her reading and writing difficulties. Her mother and the girl claim that the teacher shows no understanding for the girl's difficulties and their relationship is not improving. The girl shows signs of disharmonious development; despite her language difficulties, she shows above-average non-verbal intelligence, emotional immaturity and anxiety. She lives in an intact family with a sister (without difficulties). After a multidisciplinary assessment and two months of psychological treatment (once a week), communicating with her school's professional service, the teacher publicly reads her essay in front of the whole class as an example of how not to write essays. Immediately after that, and one month before the end of the school year, the girl refuses to write any essays or written exams, which makes finishing the fourth grade much more difficult. Considering it was necessary to urgently encourage the girl to write, so that she would successfully finish the school year, in addition to crisis intervention, a smart board was also used. With guidance and support from the psychologist, the girl started writing on the smart board in one session; she was also in continual treatment and the school was also contacted.*

**Key words:** *writing and reading difficulties, fear of writing, modern technologies in therapy*

## Sažetak

*U ovom radu prikazan je tretmanski rad s djevojčicom (10) koja je u tretmanu psihologa zbog niskog samopoštovanja i problema u školskom okruženju, uslijed otežanog ostvarivanja prava na individualizirani pristup zbog teškoća čitanja i pisanja. Prema navodima majke i djevojčice učiteljica ne pokazuje razumijevanje za teškoće djevojčice te se ne uspijeva unaprijediti njihov odnos. Djevojčica je disharmoničnog razvoja; unatoč jezičnim teškoćama, neverbalno iznadprosječno inteligentna, emocionalno nezreljiva, anksiozna. Odrasta u cjelovitoj obitelji uz stariju sestru koja nema teškoća. Nakon multidisciplinarnе obrade i dva mjeseca psihologijskog tretmana (jednom tjedno) uz komunikaciju sa stručnom službom škole, djevojčica doživljava da učiteljica javno čita njen sastavak kao primjer kako se sastavak ne treba pisati pred cijelim razredom. Neposredno nakon toga djevojčica mjesec dana prije kraja školske godine odbija pisati sastavke i bilo kakve pisane provjere, zbog čega je značajno otežano završavanje četvrtog razreda. S obzirom na ta da je bilo potrebno djevojčicu što hitnije osnažiti na pisanje, kako bi uspješno završila školsku godinu, uz kriznu intervenciju korištena je i pametna ploča. Na pametnoj ploči djevojčica je uz vodstvo i podršku psihologa počela pisati kroz jedan susret, a osiguran je nastavak tretmana i nadalje kontaktirana škola.*

**Ključne riječi:** *teškoće pisanja i čitanja, strah od pisanja, moderne tehnologije u terapiji*

## Introduction

We are presenting the diagnostic and therapeutic course of work of the psychologist with an eleven-year-old girl. Her mother comes to the Child and Youth Protection Centre, a health institution specialised for diagnosing, treatment and support to children with traumatic experience and their families, asking for an appointment with the psychologist because she has figured that the girl is in need of emotional support in the context of her school.

## Description of Problem

The girl comes to our Institution escorted by her mother who describes difficulties in the relationship of her daughter with her teacher who does not accept the girl's tempo of work, i.e. her right to an individualised approach. Documentation and talking with her mother inform us that the girl was previously examined in a psychiatric hospital, and that, apart from speech therapy, an individualised approach was also recommended. Despite previous recommendations by professionals, her mother says that the girl's teacher does not show understanding for an individualised approach to which the girl is entitled (additional time for solving tasks, teacher's support, shorter periods of work and breaks when necessary, and similar). Her mother also describes her daughter's exposure to bullying by other school girls, in person and via the Internet, and says that she believes it significantly diminishes the girl's self-esteem and academic success, and that she is often sad because nobody wants to be friends with her at school. After mother's intervention and an intervention, in collaboration with the girl's school, her situation at school improves and teasing by her peers is reduced. However, her mother feels helpless regarding the relationship and behaviour of her teacher towards the girl.

## History

The girl is attending the fourth grade of elementary school and she is an A student. Her extracurricular activities include dancing and the girl says that it is fun and relaxing. She also likes to draw, play with her mum, socialise with her friends, and generally enjoys using the mobile phone, PC and tablet. Her mother describes her as warm, empathetic, readily helping others, and as a person for whom justice is important, but also as not very independent regarding school obligations. The girl lives in her intact primary family which is functional. In her social contacts she is prone to socialising with children younger than herself and to playing games more appropriate for pre-school children

## Psychological assessment

The girl is emotionally warm and open, expresses closeness with the psychologist at the first session. During the interview when describing behaviours she has experienced from her peers and the teacher, regressive behaviours and a significant level of anxiety are present. She says she is often sad, she does not want to go to school and she is often scared. During the initial interview, the girl shows diminished self-esteem (“I am fun and like to play, but there is also another side of me”). She explains her ‘another side’ as an inability to control her anger. She also says “I am worthless”, “I cannot do anything well”, “I am simply not good”.

We find out that only her mum can calm the girl down regarding her thoughts and feelings of control. She does not perceive her own resources for behavioural and emotional control, even when encouraged. She describes her relationships with others “I *pretend* when I come somewhere. I do my best to make them love me. But then, even when I am at my best, I know they will not accept me, just like at school.”

At the initiative of the psychologist, a psychiatrist and a speech therapist are also included in the multidisciplinary examination. Psychologist used Raven’s colored matrix (CPM), Bender gestalt test (BG-II), Beck’s youth inventory (BYI-II), Incomplete sentences (TNR), and the drawing test. Psychological analysis revealed that she was a girl of normal cognitive development with high levels of anger, signs of depression and anxiety of separation and social type. The girl was assessed as emotionally immature, which is why she relies on adult guidance. Going to school because of her previous experience of peer violence is a stressful experience for her. The multidisciplinary examination finds that the girl is emotionally a little immature, with normal cognitive development, reading difficulties and signs of depression, and separation as well as social anxiety. We recommend a maximum level of understanding and support in the school environment to continue her education in her class with individualised procedures included. Furthermore, we recommend that the girl be included in speech therapy and psychological treatment, and that her parents be included in counselling. We send her school recommendations about the necessary procedures for adequate support appropriate for her difficulties.

## Course of treatment

Following our team recommendations, once a week for one of hour the girl comes for psychological treatment. Most of the meetings at the beginning of the psychologist talked alone with her mother and then alone with the girl, and only in few occasions the girl and her mother at the meeting were together. We were primarily work on developing the relationship with the girl, her self-image and processing the emotions she has been+ experiencing. In emotionally demanding situations, the girl still lisps, while the

psychologist ignores it and does not talk about it with the girl. Only a few sessions later, lispings is reduced, and almost disappears towards the end of the school year.

During one of her visits to the Centre, the girl also visits the Brave Phone. Coordinators draw the phone close to the girl, explain what the Brave Phone has been doing, which children call and why they do it. She is very much impressed by the visit and after a few days she calls and shares her current problems with the volunteers. After that she describes the volunteer as a very nice and compassionate person, and that she felt she was very important to the volunteer, who gave her super ideas so she has been feeling empowered after the telephone call.

After the multidisciplinary assessment and more than a month of psychological treatment conducted once a week, the girl experiences that the teacher publicly, in front of the class, reads her written task as a good example of how not to write. Immediately after that, a month before the end of the school year, the girl refuses to do written tasks of any type, which makes her finishing the fourth grade much more difficult.

Psychological crisis intervention is conducted in order to restore her feeling of safety, normalise her experienced reactions, establish her emotional equilibrium, increase self-efficacy in coping with current difficulties at school, and finally start the process of recovery aiming at emotional difficulties prevention and an integration of that traumatic experience (Arambašić, 2002). The girl describes what happened the day when her teacher showed and read her essay in front of her class as an example of how not to write. To facilitate her description of the event, we use drawing (Patterson, 2011). Her thoughts are analysed in detail, including those at the moment of the event, and those after the event, and she says: "I only wanted it to stop, I could not say anything", adding "I was only thinking that now everybody knows I was the worst", which deeply shook, scared and disconcerted her (Lamb et al, 2007). During the intervention, the psychologist assessed traumatic signs in the girl (Buljan Flander, 2016; Cook & Newman, 2014; DSM-5, 2014; Profaca, 2016; Profaca & Arambašić, 2009). Regarding the interventions, the girl is explained that her teacher's behaviour was inadequate and that it was a threatening and inappropriate behaviour which was going to be reported to the institutions in charge (Buljan Flander, Profaca, 2010; Bilić, Buljan Flander & Hrpka, 2012; Buljan Flander & Kocijan-Hercigonja; 2003).

Since it happened only a month before the end of the school year, and the girl refuses to do any written tasks or tests, and it is necessary to urgently motivate her to do it. The girl describes that the school "has taken over her life and forbidden her to be a child." Within the crisis intervention, we use a smart board. The girl has already stated and talked about her love for TV, spending time on the Internet and her mobile phone because it is fun and because of the content offered by these media that corresponds to her age appropriate interests (Livingstone et al., 2011; Livingstone et al., 2017; Huda et al., 2017).

There are a number of recent studies that indicate greater success therapy using modern technologies, not only as an additional tool but also as a specially developed application (Kobak, Mundt and Kennard, 2015, Grist et al., 2019) because of the closeness of this form of communication to children and young people. Regarding Croatian data from the 2019 national survey (Zagreb Child and Youth Protection Center, 2019) almost all adolescents have access to internet from their home (99.5%), 95.1% from their mobile phone, and 77.9% from their school. Every third adolescent uses social network from 3 to 5 hours a day, and every fifth adolescent for more than 5 hours a day. Considering that an earlier survey (The Brave Phone and The Child Protection Center of Zagreb, 2013) found that 47% of children and young people spend 1-2 hours a day on Facebook, 34% less than half an hour, and 19% spend 3 or more hours, it is obvious that there is a trend of increasing time spent on the Internet, and this is supported by research in the world. The above data support the fact that the channels of modern technology to children are closer than ever, and there are their way of communication.

Accordingly, the use of a smart board was one of the psychological interventions in the course of treatment. The psychologist motivates her to write on the smart board by first optionally drawing and exploring colours and functions of the board. The psychologist suggests that the girls could draw her essay as she imagined it, so the girl draws, as she calls it "Monster Grue". She describes her drawing as "A big monster who wishes evil things for children and deliberately wants them to be bad. It visits children while they are asleep, and most often when they are at school. It constantly reminds children that they are the worst in writing essays and that they can never succeed. Monster Grue tells children that they will never successfully do any written tasks always telling other children that these were the worst."

After drawing and describing done by the girl, the psychologist asks her what could chase the monster away and asks her to draw it on the other part of the board. The girl denies the idea that it could vanish, and after that, encouraged by the psychologist, she draws: herself, her mum, the psychologist, the Brave Phone icon, a written commendation of herself and nice socialising with others. The psychologist asks her to briefly describe the previously mentioned visit to the Brave Phone. The girl is not very inclined to do it, but the psychologist writes these questions in one corner of the board: "**Who? What? Where? When? How? Why?**" for the girl to give short answers, which she does. After a few consecutive encouragements and support, the girl manages to write a short essay about her visit to the Brave Phone. She is very proud and happy to have easily overpowered *Grue*.

During treatment, her mother describes the girl's learning and doing homework at home as a very exhausting experience, since they spend whole days trying to learn and write, while the girl often cries and refuses to write, expresses doubts about her own abilities and her mother comforts her. Looking into the girl's daily schedule, the psychologist gets an impression that the girl does not have free time and that she usually, spends

her whole days, from the moment she arrives from school till late evenings, doing her homework. A few days after that, mother claims that the girl has started fulfilling her school writing obligations with ease, which is the reason why she also has started perceiving herself as more efficient. Her mother is counselled about support and guidance, schedules for learning and playing, which she consistently follows till the end of that school year. The psychologist, the girl and her mother plan daily schedules together so that the rhythm of fulfilling school obligations and playing and socialising are balanced and all three of them sign a 'contract'. The 'contract' having been signed, the girl's impression is that now her school will permit her to 'live her childhood life'.

Ten days prior to the end of that school year, the girl is notably anxious due to time pressure and the amount of school obligations. The psychologist has empowered the girl. Talking to the psychologist, the girl mentions again that she does not play enough and that she liked the smart board. Now she would like to play so that they record something. The psychologist suggests they could video-tape some content, but first they need to write the script for that. The girl writes the script about animals almost on her own, after which they video-tape that. Having reviewed the recording, the girl is satisfied with the script, and especially with the fact that she has written it independently. She concludes that everything is easier through play and fun.

The girl successfully fulfils all school obligations, does her writing tasks and tests accomplishing A grade. She attributes a large portion of the merit to herself which especially satisfies her. She still comes for a psychological follow-up once in three weeks.

## Conclusion

As professionals, we are often focused on the risks of modern technologies and media. We represent the interest of children by providing education and prevention, as well as assessments and treatment within the scope of our expertise, working mostly with parents and children having experienced unpleasant episodes via modern technologies. We are often forgetting that modern technologies and media, both for us and the children and apart from bringing risks, open various opportunities we can utilise, only if we want. Consistent with all recent studies, and clinical practice insights, children are fully exposed to media and they use them in various ways and for different purposes, like getting information, acquiring education, having fun, realising social contacts and developing social network, thus meeting many of their needs. If we, as professionals, need to approach children and their world via their channels freely offered by children, then modern technologies are a world of opportunities for therapeutic work.

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