Drama as a method to address fears in high functioning children with autism.

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Introduction

Childhood fears that persist over time and interfere with the children's normal functioning may have detrimental effects on their social and emotional development (1). It has been well documented in the literature that children with autism suffer from intense fears more than their typically developing peers (2). Yet, research on the treatment of fears in this population is scarce.

Cognitive behaviour therapy is considered highly effective in treating fears and anxieties (3). However, given that many childhood fears are based on fantasy, the applicability of CBT may be hindered by cognitive immaturity. Furthermore, lack of motivation to engage in therapy is another commonly encountered obstacle. The purpose of this study was to introduce and evaluate a more developmentally appropriate intervention model, specifically designed to provide phobic children with the motivation to address their fears. To this end, principles and techniques from cognitive and behaviour therapies are incorporated into the 'Drama in Education' model, called hereafter Cognitive Behaviour Drama (CBD).

The Model

The method involves using the phobic children's own creativity to involve them in the therapeutic process. The children are invited to engage in exciting fictional scenarios tailored around their strengths and special interests, and led through a series of belief building tasks to invest in the fictional context. Once their commitment in the drama is established, a problem that they will feel motivated to solve is introduced. To resolve it, the children will have to overcome a number of obstacles culminating in an in vivo confrontation with the fear stimulus. Importantly, the objective of therapy is not disclosed to the participants, as the success of the intervention primarily relies on dissociating the fear stimulus from habitual past responses and fostering new associations within the fictional context.

Acknowledging that perceived self efficacy plays an important role in successful coping behaviour, the challenges preceding the confrontation are designed to build the children's self esteem in their abilities to overcome obstacles and exert control over their environment, as well as to establish an antecedent of appropriate responding to be repeated in future occasions. Moreover, in line with the systematic desensitisation paradigm the success experienced after these challenges serves to induce a positive emotional state incompatible with the emotion of fear, to antagonise the anxiety. The fear stimulus is then presented symbolically as one more obstacle that the children will have to overcome to get to their objective. A unique feature of this approach is that the confrontation with the fear stimulus is just a means to an end for the children and not the end itself.

Once the phobic children are confronted with the fearful stimuli within the drama, opportunities for repeated exposures in different settings and for prolonged periods of time are organised. A number of techniques are incorporated in the structure of the model including systematic desensitisation, modelling, vicarious reinforcement, behaviour momentum and pivotal response training.

Method

Three separate interventions were designed to evaluate the effectiveness of the CBD model as a method to address phobic avoidances in high functioning children with autism. Two high functioning children diagnosed with ASD participated in the study: an 11-year old boy who had a fear of hand-driers, and a 7-year-old boy with a fear of hair-dressers. The sessions were one hour long and ran on a weekly basis until the treatment objectives were achieved. Measures included in session observation of the participants' behaviour and parental reports of their behaviour prior to, during and following the interventions.

Results

Treatment objectives were met within five to nine weeks. Results from all three interventions suggested that the model was successful in producing:

- the complete elimination of fear related behaviour
- generalisation of the adaptive behaviour outside the therapeutic setting
- maintenance of the behaviour in a 3 year follow up period

	Extreme reaction to touch	Fear of hand-driers	Fear of hair-dressers
Baseline	Tapping is bullying!!!	Grrrrrrrrrrrrrrrrr!	I hate hair-dressers!
Post-intervention	...tapping is like a poster ...its just meant to draw your attention!!	Dear Dragon, I would love to take you on a ride with my speedy Lamborghini !!	Mr Scissor-hand, could you trim my fringe please?!

References

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3. Dadds, M.R., Spence, S.H., Holland, D.E, Barrett, P.M.,& Lauren, K.R. (1997) Prevention and early intervention for anxiety disorders: A controlled trial. *Journal of Consulting and Clinical Psychology, 65, 627-635.*

The Fire Breathing Monster

(Case example of the CBD application: Fear of Hand-driers)

GRADUAL EXPOSURE SELF ESTEEM MOTIVATION

most anxiety provoking stimulus

5

The Dragon: Hand-driers

- follow the ritual (e.g. clap 3 times, make 2 steps, press His 'cheek')
- shredded paper comes out of his mouth... put the pieces together
- well done! ... now you can ask about the missing children.

least anxiety provoking stimulus

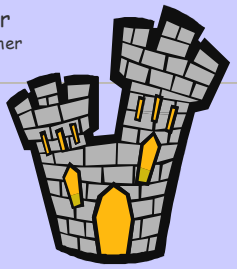
4

Meet the Dragon's son: hair-drier

...convince him you are ready to meet his father

...learn the Dragon's code of conduct...

Obstacles



3

Swim in the lake of sharks

Go through the maze

Sneak inside the dragon's Palace

A problem

2

A fierce dragon has kidnapped 5 children

A Fictional context

A detective's agency:

- Give it a name
- Design the logo
- Write a slogan
- Get a client

belief building tasks

1

Start Here

Conclusion

Despite the methodological limitations of this study such as lack of control groups and small size of sample, there are two aspects of the results that justify further evaluation of this method in dealing with childhood fears. First, lifelong fears that had shown no indication of spontaneous remission receded in the course of a short term intervention. Second the changes observed in the participants behaviour mapped onto the changing demands placed on them through-out the programme, indicating a causal relationship between the children's increased tolerance towards the fear stimuli and the set tasks. Importantly, the validity of the model primarily lies in; its potential to reach younger children who may not benefit from traditional CBT, the inherently enjoyable and unobtrusive nature of the dramatic activities, the time efficiency and durability of outcomes. Follow up studies that would replicate and develop the findings of this study should be conducted to establish the efficacy of the CBD model as evidence based practice.

Acknowledgements

The authors gratefully acknowledge the children who participated in the study and their families.