

Clinical Psychological Interventions for Children between 8 and 11 Years Old in Populations with Socioeconomic Vulnerability

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ABSTRACT

The gradual increase of poverty rates in Latin America and its effects on children from socioeconomically vulnerable populations raises the need for innovative responses in the field of mental health. Faced with these needs, the present study aims at evaluating the efficacy of focused psychotherapy, where Viktor Frankl's and Héctor Fiorini's theoretical frameworks are integrated, in children from 8 to 11 years old who attend a Psychological Orientation Center located in a shanty town in Buenos Aires. The 50 records that make up this research are part of a sample that includes 330 medical records of patients of different ages who underwent treatment between 2014 and 2019. The issues to be addressed (foci) were identified at the beginning of each individual treatment. Participants were assessed before and after treatment with the House-Tree-Person (H-T-P) graphic projective technique and, in addition, a case study was analyzed by interviewing the patient and therapists to make a qualitative outcome assessment. The outcomes, measured using the Wilcoxon test, revealed that there were significant improvements in various issues raised throughout the treatments. The revision of the HTP technique revealed that patients presented favorable changes in issues such as interpersonal relationships, self-esteem and ego strength. The case study reinforced these results.

The findings of this research suggest that the integration of Logo therapy and Psychoanalytic Psychotherapy could be an effective and an innovative approach to address the current issues affecting children in socio-economically vulnerable populations.

Keywords

Logotherapy, Childhood psychotherapies, Vulnerability.

Introduction

Background

According to Tuñón & Poy [1] a human in a vulnerable situation is a person prone to suffer from an injury or harm and, for that reason, the concept of vulnerability is closely related to poverty as deprivation of rights. These authors also indicate that 6 out of 10 children and adolescents in Argentina are affected by multidimensional poverty since they are deprived of, at least, one right. Some of the criteria used by these authors to measure poverty are food, hygiene, housing, healthcare and education. Tuñón's [2]

perspective of multidimensional poverty also suggests that the right to play, the right not to be mistreated, the right to be emotionally and intellectually stimulated in early childhood, among others, are also hidden dimensions in the household environment and that they need to be taken into account when making reference to a multidimensional poverty approach. Children who live in shantytowns have more chances of being deprived of these rights.

Maria Madre Del Pueblo Parish is located in the neighborhood called Padre Ricciardelli, it is also known as Villa 1-11-14. Its population, of more than 40,000 people, is made up of individuals coming from other provinces of Argentina and from neighboring countries. The lack of opportunities in this particular area is noticeable compared with other neighborhoods

Maria Madre Del Pueblo Psychological Orientation Center (MMPPPOC) was created in 2011. Its aim is to offer professional assistance for people to be able to deal with their daily needs and conflicts, by providing psychological support to the inhabitants of villa 1-11-14 with a focus on prevention. The main activity is to meet the needs of children and adolescents who have social, cognitive and emotional difficulties. Their families are also assisted with support and guidance related to healthcare and schooling issues. MMPPPOC applies an original model that integrates Logotherapy and Psychoanalytic Psychotherapies (PP), this is an approach based on Viktor Frankl's idea of man and the clinical contributions of Fiorini's focused PP.

Frankl [3] considers the individual a tridimensional being and he focuses on the spiritual dimension from which it is possible to query the meaning of life. He poses questions to those suffering, appealing to their sense of freedom and will to find meaning in their lives. Logotherapy proposes that a personalized treatment should consider and integrate different theoretical frameworks to approach the patient in each of his dimensions according to his own singularity. While Fiorini's [4] theory could be illustrated as a tripod: 1) ego activation as the stimulation of the patient's personal resources, 2) foci elaboration as the central hypothesis on which the patient works and 3) therapeutic relationship as the "encounter" around a positive transference. The design of these psychotherapies considers the individual in its own unique and singular dynamic reality, which has been shaped by the experiences, lived throughout its own existence. On the basis of creativity, flexibility and focus intervention, the PP seeks to motivate the patient to make the necessary adjustments to build a meaningful life.

The theoretical framework of PP and the contribution of Logotherapy adapt to the complex emerging reality of the population of the neighborhood where this research was conducted. The combination of both schools also allows for an interdisciplinary approach and networking with community healthcare agents, thus integrating contributions from different psychological schools and disciplines like medicine, psychiatry and philosophy.

In summary, the first and general objective of this study is to evaluate the benefits of applying a combination of Frankl's and Fiorini's psychotherapy in patients who are between 8 and 11 years old and who live in socio-economically vulnerable contexts. The hypothesis is that the use of focused psychotherapies could be beneficial for children in vulnerable populations. The second objective of our research is to explore changes in patients undergoing psychotherapy by using the House-Tree-Person (H-T-P) projective technique. Finally, this study aims at illustrating the benefits of

focused psychotherapy through a qualitative analysis of case studies of patients at different developmental stages.

According to ECLAC [5], since 2015 there has been an upward trend in poverty in Latin America by 30.1% of the region's population was below the poverty line in 2018, while 10.7% lived in extreme poverty, these rates increased to 30.8% and 11.5%, respectively, in 2019. Along this lines, a UNICEF' report (2019), issued during Argentina's presidential election, confirmed that almost half of the 13.102.717 children in the country lived in poverty as a result of the economic and political crisis of recent years. Taking into account the technical report produced by INDEC [6], the results of the second semester of 2020 corresponding to the total of urban agglomerates in Argentina recorded that: The percentage of households below the poverty line (PL) reached 31, 6%; 42.0% of the people reside there. Within this group, 7.8% of households are below the indigence line (LI), which includes 10.5% of people. This is the context within which this research takes place.

To further describe this scenario, a study conducted by the Observatorio de la Deuda Social Argentina indicates that structural poverty and social inequality constitute characteristics of the argentine structure since the past decades. This report argues that, beyond income level, poverty can be addressed in a multidimensional manner by analyzing and taking into account variables such as: access to food, healthcare, safe and decent housing and, fundamentally, access to employment and education. In regard to these last two variables, the positive impact of the work carried out to undertake this research can be appreciated, since there was improvement in both these aspects.

Methods

Participants

Figure 1 shows that the original sample that led to this investigation consisted of MMPPPOC clinical records from 2014 to 2019. From a total of approximately 330 clinical records, 186 participants who underwent treatment and worked on improving their personal difficulties were selected and this particular analysis considers a subsample of 50 patients between 8 and 11 years old.

Design and measures

The 50 children records were reviewed and the foci raised during their treatment were identified. Then, these foci were coded as "achieved" and "not achieved" at the end of treatment by using the SPSS statistics program and the Wilcoxon test. In accordance with the standardization, 13 foci were identified, as follows: substance abuse (A), gender violence (B1), intrafamily violence (B2), abuse (C), conflicts in family/partner relationships (D1), relationship



Figure 1: Analysis of the distribution of clinical records of patients who underwent therapy at MMPPPOC, in the 2014-2019 period.

with mother (D2a), relationship with father (D2b), school learning problems (E1), school behavioral problems (E2), bereavement (F), symptoms associated with regression (G1), symptoms associated with emotions (G2), parenting guidance (H), others (I) (issues that do not fit in any of the above categories, and that refer to specific situations of each patient). Each of these foci were analyzed according to the patient's self-report and therapist's review of the clinical records.

To explore the most unconscious self, self-image changes and family relation changes in patients undergoing psychotherapy another subsample of 16 children between 8 and 11 years old that were tested with the HTP, before and after treatment, was selected. Nineteen indicators of the integrated H-T-P projective drawing test were selected, as follows: roof, window, door, walls, house's size and strength of the pencil stroke; trunk, branches, fruits, floor line, tree's size and strength of the pencil stroke; and posture, eyes, neck, hands, feet, person's size and strength of the pencil stroke. Then, an external collaborator with expertise in projective techniques compared the test and the follow up test in each case, indicating progress, permanence or regression in the drawings.

Finally, to illustrate the benefits of focused psychotherapy through a qualitative analysis, 1 patient was selected and an exhaustive revision of his clinical records was done. This work was carried out through semi-structured interviews with the patient and his therapists.

Results

Objective 1: General results of treatment efficacy by foci.

Table 1 shows recurrent foci for children between 8 and 11 years old and Table 2 shows significant improvements on foci according to the Wilcoxon test. As observed, the most recurrent foci for children of this age range are: emotional conflicts, school behavioral problems, difficult mother-children relationship, issues related to parenting guidance and patients' specific issues manifested in "others" focus.

Table 1: Results of recurrent foci by age range according to Wilcoxon Test.

Age range	Patients between 8 and 11 years old
3 more recurrent problematic foci	Others (I)
	Parenting guidance (H)
	Symptoms associated with emotions (G2)

Table 2: Significant improvements on foci according to Wilcoxon test.

Age range	Significant improvements
Children between 8 and 11 years old	Conflicts in mother/children relationships ($Z = -2.236$, $p < 0.5$, $r = -0.476$), school behavioral problems ($Z = -2.236$, $p < 0.5$, $r = -0.476$), symptoms associated with emotions ($Z = -3.000$, $p < 0.5$, $r = -0.547$), parenting guidance ($Z = -3.000$, $p < 0.5$, $r = -0.5$) and others ($Z = -3.317$, $p < 0.5$, $r = -0.451$).

Objective 2: General outcomes of changes assessed by the HTP Test.

Children between 8 and 11 years old revealed major achievements in relation to the illustrations of the window, door, the tree's trunk, and size and the posture of the person. It is worth mentioning that no setbacks were detected in this age group.

Objective 3: General benefits of treatment observed in the case studies: qualitative analysis.

In the analyzed case study, the patient and the professional experiences of treatment at COMMDP was described as a process of important accomplishments. These experiences are illustrated in the following extracts:

X is a 15-year-old boy, who began psychological treatment at the age of 8. During the years of treatment, the following foci's were worked: gender violence at home (B1), relationship with the mother (D2a), relationship with the father (D2b), and others (I): tolerance to frustration.

Tolerance to frustration was one of the first issues of work with X. During the interviews, his psychologist explained: *"I wanted to start working on tolerance to frustration, but X was so frustrated that I could spend half an hour without speaking, or in silence. I remember how I kept talking to get him to relax"* Gradually, X improved his ability to express himself and tolerance to frustration foci was achieved.

Violence, and especially gender violence, was another of the matters that was worked on since the beginning of treatment. X's father was an alcoholic and used violence against his family. The gender violence foci were achieved by working with the mother, since she filed a complaint at the Domestic Violence Office and the father was separated from X's home.

The separation of X parents affected the relationship the patient had with his mother. According to his therapist, the event presented a new focus of analysis: *"X felt very angry towards the mother, very angry. It was like "why did you leave dad?" He did not understand. He was used to the violent relationship between his parents and he was used to the fact of the father being violent towards him"*. The relationship with the mother worsened when she was sent to prison. The boy's analyst worked hard to improve the relationship between them, and it did improve, even while she was in jail. As the patient said: *"With my mother I get along well. If I misbehave, she corrects me."*

While the mother was in prison, X and his brother returned to live with his father. During the years of treatment, the relationship with the father deserved full attention. This focus was never achieved, the relationship did not improve and is partly associated with the low commitment that the father had with the treatment of X.

The absence of parent's figures, either in the case of the mother, due to being in prison, or in the case of the father, for not fulfilling his role, was compensated by working in an interdisciplinary and inter-sectoral manner with the school, the neighborhood club and

the parish. According to X's therapist: *"The fact that they are so alone (X and his brother) leads us all to be especially attentive to them"*. This is a case that exemplifies how interdisciplinary work transcends the scope of MMPPPOC, working together with the community of which the patient is a part.

Discussion

The interpretation of the results demonstrates that focused psychotherapy is an effective approach to address the issues raised by children between 8 and 11 years old living in vulnerable contexts.

The integrated HTP projective assessment technique enables to see changes in patients of this age range. The results show that psychotherapy can elicit changes in the way children relate to others, in their self-esteem, in their personality strengthening and in determining the remission of a particular psychopathology. When observing the pre and post-treatment differences of this group of patients, the HTP test shows very specific therapeutic effects. Some of the interpretations could be the following:

The most relevant improvements in the drawings of children between 8 and 11 years old occurred in the indicators of the house's door and window, the tree's trunk and the size, and the person's posture. The presence of doors and windows is associated with the interaction with the environment [7]; this reflects improvements in the patients' interaction with other individuals. Changes in the tree's trunk are associated with improvement in ego strength [7]. This is relevant within this context of practice since, as Fiorini [8] states, the therapist is constantly working on the patient's ego. Size reveals information on the person's self-esteem [7,8]; so improvements in the tree's size indicate adequate self-esteem. This is in line with Braier's thinking [9]; he states that therapeutic outcome can be reflected in self-esteem improvement. As for the drawing of the person, improvements in the posture were observed; this suggests changes in the person's flexibility and vitality [7] as a result of a therapeutic intervention.

Taking a critical perspective, the analysis of unresolved foci reveals that the institutional framework that involves other agents or institutions poses also a challenge. For example, the interfamily violence focus may have not been affected in some cases due to complex issues that exceed the individual therapy. This is also the case of the abuse focus, in this instance, the time taken by the judicial system and the need for interdisciplinary work add up to the complexity of this issue. As regards to the substance abuse focus, MMPPPOC does not operate as a rehabilitation center where there would be an interdisciplinary team suited to deal with this complex task. Finally, the lack of significant improvements in the area of school learning problems could be related to the high repetition and dropout rates in the City.

Lastly, the case study helped to reinforce previous results and to illustrate how MMPPPOC operates, not only through the methodological approach but also through the interdisciplinary work with other institutions, which contribute to therapeutic goal achievements.

Implications and change evaluation

Therapeutic change is considered to be all those observations showing that the patient began therapy presenting certain characteristics or symptoms and he concludes the process with different characteristics [10]. The change is often based on the transformations that the patient and those around him perceive of himself, his symptoms and his relationships. In line with this, the findings of this study suggest that the integration of Logotherapy and PP is effective not only in improving the patient's emotions, interpersonal relationships and ego strength, but it specially contributes, in the case of many patients, to overall behavior and school performance.

Limitations

The findings of this study reveal some limitations, which could be transformed into learning. The analysis of the drawing techniques together with the clinical records requires research in itself for various reasons. First, in occasions, the general interpretation does not apply to a particular case. Second, because the population of this study presents characteristics hardly comparable to other populations, not only because of their particular experiences but also because of the environmental context. These have an impact on the drawing process, for this reason, the analysis of recurrent indicators of this population could be valuable data to get to better understand living experiences in highly vulnerable contexts. Occasionally, some modifications in the patient's drawings could be interpreted as a therapeutic change when they actually are due to the child's developmental process and vice versa [11]. Nevertheless, it can be noted that the changes reflected in the drawings are associated with psychotherapy since, by the integration of these theories, the therapist seeks to accompany the patient to move forward from traumatic living experiences [12]; in these instances, many drawings reflect patient's traits not observed before starting the psychotherapy. Drawings also showed remission of symptoms, which becomes important due to the psychotherapeutic context in which this occurred. The fact of having assessed psychotherapeutic changes by means of only one projective technique is also considered a limitation in itself. As a result, future lines of research could focus on examining convergence of these outcomes by using other testing techniques.

All the limitations mentioned in this particular study could be considered topics for further research. Specifically, relevant topics that could be studied in the near future are:

- The role of men and women in populations with socioeconomic vulnerability and their exercise of parental functions.
- The influence of immigrants' cultures of origin.
- Deficiencies in public services related to the judicial system, healthcare and education.
- Particular living conditions and family experiences.
- Search for convergence of personality traits evaluated by the HTP compared with other assessment tools.
- Comparative effects of the integration technique of Logotherapy and Psychoanalytic Psychotherapies versus other psychotherapeutic approaches presently used in vulnerable populations.

Conclusion

To conclude, this study suggests that the integration of Logotherapy and Psychoanalytic Psychotherapies conform a suitable approach to address the issues presented by children between 8 and 11 years old living in vulnerable contexts. The experiences this population goes through are considered conditioning but not determining factors. As Fiorini [4] states, by minimizing time and focusing on therapeutic issues, early therapeutic effects could be accomplished and a wider population could be attended to, attaining as a result a mentally healthier society. However, given the magnitude of the transformations aimed at, it will be necessary to embark on the transformation, doubtlessly complex, of the structural bases of vulnerability. This study indicates that, over time, the effects of this project could have an indirect impact on professionals working in other related community institutions, such as health centers, hospitals, clubs, schools, universities, foundations, state organisms and mass media too. For all these reasons, we strongly believe that clinical interventions carried out for children within vulnerable contexts open a window of unique opportunities for psychotherapy to increasingly reach more people around the world.

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