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THERAPISTS' PERCEPTIONS: ADDED VALUES OF DMT AND CBT FOR CHILDREN WITH ADs'

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ABSTRACT. Anxiety disorders (ADs) are common among children. Many types of psychological treatments exist, including: Cognitive Behavioral Therapy (CBT), psychodynamic treatments, Play therapy and expressive arts therapies such as Dance Movement Therapy (DMT). DMT and CBT are based on distinct theoretical assumptions and therefore are inherently different. Nonetheless, in the last decade, these approaches are becoming closer. The aim of the present study was to examine therapists' perceptions of the added value of each therapy approach (DMT/CBT) to the other, when treating children with ADs. The study utilized a quantitative design. The sample included 99 therapists in three groups: DMT-only (n = 35), CBT-only (n = 42), and combined DMT+CBT (n = 22). As hypothesized, the findings indicated that DMT+CBT therapists and therapists who use only one type of the treatment (DMT-only/CBT-only) perceive a higher added value of their treatment's principles compared to therapists who use only the other type of treatment. All therapists perceive a high added value of CBT to DMT, whereas the added value of DMT to CBT is perceived significantly higher by DMT+CBT therapists and DMT-only therapists in comparison to CBT-only therapists. The novelty lies in the therapists' perceiving the combination of both treatments as possible in treating children with ADs. The combination of both therapies implies that they have connections and common principles. Concurrently,

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the differences between them create a combined treatment in which each approach complements the other and therefore provides and facilitates a broader response for children with ADs.

Key words: *DMT, CBT, anxiety disorders, children, therapist's perceptions*

BACKGROUND

The term 'perceptions' describe the cognitive component of attitudes which relates to the individual's conceptions, thoughts, knowledge, and beliefs regarding an object, processes or practices (Baron & Byrne, 2000). As today's research on treatment approaches among children with ADs is expanding, studies should examine the therapists' point of view, as they are a significant part of the therapeutic process.

Anxiety disorders in children

Anxiety disorders (ADs) are common in children and cause meaningful difficulties in family relationships, school, and social functioning (Essau, Conradt, & Petermann, 2000; Higa-McMillan, Francis, Rith-Najarian, & Chorpita, 2016). ADs in childhood also predict ADs and depression in adulthood (Pine, Cohen, Gurley, Brook, & Ma, 1998; Yonkers, Bruce, Dyck, & Keller, 2003). In addition to emotional distress, physical symptoms and complaints also characterize ADs (Ramsawh, Chavira, & Stein, 2010). Despite their high prevalence (ranging from 2.4% to 17%; Costello, Mustillo, Erkanli, Keepler, & Angold, 2003), ADs in childhood are under-diagnosed and therefore, often are not treated properly (Chavira, Stein, Bailey, & Stein, 2004). Improvement in treatment outcomes among children with ADs can lead to important positive implications for their functioning and development of mental health in the short-term and the long-term. In the literature, over 30 different psychological treatments for children and adolescents with ADs exist. Most of the treatment approaches that are well-established and adjusted for children and adolescence with ADs are consistent with CBT (Higa-McMillan, Francis, Rith-Najarian & Chorpita, 2016).

Cognitive Behavioral Therapy (CBT)

CBT is a common therapeutic approach that is applied to a wide variety of psychological problems, and serves as a reliable treatment for Anxiety Disorders (Hofmann & Smits, 2008). The aim of CBT is to change observed and measurable behaviors, mainly by influencing thinking processes that shape behavior. It is based on the assumption that cognitive change leads to behavioral change in both the present and the future. Usually, CBT focuses on a specific well-defined target and is limited in time. The therapy is directed by a written protocol detailing the stages of diagnosis, defining the problem and stages of therapy, and is evaluated by validated measuring tools. The therapist's attitude is characterized by a psycho-educational approach, aiming to create a collaborative work atmosphere. Between the therapy sessions, the client is encouraged to practice "homework" and the therapy ends with instructions how to relapse prevention (Beck, 2011; Dobson & Dozois, 2001). CBT focuses on the reduction of anxiety by modification of thinking patterns and behaviors, instead of probing into the sources of the anxiety which characterizes the dynamic therapies (Barlow, 2001). In several meta-analyses of research, numerous studies were found demonstrating the effectiveness of CBT in treating ADs (e.g., Butler, Chapman, Forman, & Beck, 2006; Hofman et al, 2012; Higa-McMillan, Francis, Rith-Najarian, & Chorpita, 2016), in a variety of modalities of ADs treatment (such as individual, group, and parent-child, In-Albon & Schneider, 2007). CBT was found effective as Pharmacotherapy in treating anxiety (Walkub et al., 2008). Results of studies that examined the Longitudinal effectiveness of CBT in children with ADs revealed that the impact lasts for years after its completion and most children no longer suffer from the anxiety (Kendall et al., 2004). It also was found to be effective for all ages, including preschool (Hirshfeld-Becker et al., 2010). Nevertheless, CBT is not effective for about 40% of ADs patients (James, James, Cowdrey, Soler, & Choke, 2013), and therefore there is a need to find alternative or combined treatments.

Dance Movement Therapy (DMT)

Dance movement therapy (DMT) is included amongst the arts therapies, which are based on practices and theories that connect between arts, creativity, and therapy. The goal of DMT is to promote the integration between body and mind among individuals and groups, by using movement therapeutically (Chaiklin & Wengrower, 2015). The body is the primary tool to encourage children to express themselves, and the therapist and the parent (if present) use their bodies as well to reflect and adjust themselves spontaneously to the child. There are numerous and varied interventions using change in facial expressions, muscle tension, body forms, and use of touch, breath, and voice.

In addition, the therapeutic environment is appropriate for children; it is rich with sensory stimuli, music, and rhythm, use of space, relaxation, imagination, and practice with organized and spontaneous movement, play, and dance. As such, it provides the child with a secure feeling, contributes to understanding the role of initial relations, and the understanding of the meaningful role of the nonverbal interventions as the primary means of communication and relationships development (Tortora, 2015). Meta-analyses conducted by Ritter and Low (1996) and Kouch et al. (2014) concluded that DMT reduces anxiety and therefore is effective. However, most of the research is qualitative, due to the nature of creative arts therapy. DMT is an academically young and blooming discipline with a need to identify effective movement interventions and active factors of movement and dance related to health improvements (Wiedenhofer, Hofinger, Wagner, & Koch, 2017).

Combining treatment approaches

A variety of studies refer to the spectrum of therapies that combine CBT and expressive arts therapies. These range from combinations in the research of a specific area, such a use of a hybrid cognitive behavioral and art based protocol (CB-ART) for treating pain and symptoms accompanying coping with chronic illness (Czamanski-Cohen et al., 2014), through the description of psychodrama-based CBT groups

(Treadwell, Dartnell, Travaglini, Staats, & Devinney, 2016), and Cognitive behavioral therapy using expressive arts therapy in the Israeli educational system (Sharon, 2018). The specific combination between DMT and CBT has not yet been investigated in general, and amongst children with ADs in particular. In the research literature, this combination of treatments appears only indirectly, such as in the combination between mindfulness and movement therapy (Beardall & Surrey, 2013), or in the ECBT (Embodied-CBT; a model that integrates CBT, neuroscience, and embodied cognition, Pietrzak, Lphr, Jahn, & Hauke, 2017). It may be concluded that DMT and CBT are generally considered as separate treatments. Studies of DMT and CBT refer mainly to theoretical dilemmas and therapeutic processes, but rarely focus on the internal processes of the therapists themselves. The therapist's perceptions towards their therapeutic approach or combining therapy approaches has gained little attention in research.

Therefore, the aim of the current research is to study the therapists' perceptions regarding the added values of DMT and CBT to each other, in order to enhance the combined effect of DMT+CBT treatment among children with ADs ,based on their practical experience.

RESEARCH QUESTIONS AND HYPOTHESES

The research question that was addressed is: In what ways may principles of CBT advance DMT treatment, and principles of DMT advance CBT treatment, in order to enhance the combined effect of DMT+CBT treatment among children with ADs', According to therapists' perceptions?

The hypothesis was that a difference exists between therapists such that therapists who combine both treatments (DMT+CBT) and therapists who use only one type of treatment (CBT or DMT) will rank the added value of the principles of their own treatment (CBT or DMT) higher than therapists who use only the other type of treatment (DMT or CBT).

METHODS

Design

The scientific investigation is based on a Quantitative research approach (Creswell & Creswell 2018). The participants were selected using a non-probable purposive sampling procedure, i.e., they were selected based on the researcher's knowledge of their treatment approach, qualifications, expertise, and experience, and in line with the purpose of the study. The sample included 99 Israeli therapists who completed an online questionnaire.

Participants

The sample of participants included 99 therapists in three groups: DMT- only (n = 35), CBT-only (n = 42), and DMT + CBT (n = 22). The DMT-only and the DMT+CBT groups were solely female while the CBT-only group was 85.7% female. Participants' mean age was 48.33 (SD = 7.38) (no significant age differences between groups). All the therapists live and work in Israel and have a similar background. Most of the therapists work (88%) or have worked (91%) with children with ADs. On average, the therapists treat about three types of ADs (M = 3.14, SD = 2.07), with the most frequent type being Generalized Anxiety Disorder (64%). On average, the therapists work in one or two workplaces, with a majority mentioning the Ministry of Education (66%).

Instruments

The research instrument was a new questionnaire that was constructed, developed, and validated for the current study: Therapists' Attitudes towards Treatment of Anxiety Disorders among Children (Based on the findings of interviews conducted in a qualitative research, weitz, 2018). The questionnaire included two scales with statements that describe the possible added values in treating children with ADs: (1) the added value of CBT to DMT (nine items, e.g., "CBT provides a defined

structure for the therapeutic process"), and (2) the added value of DMT to CBT (six items, e.g., "DMT enables a meaningful experience of creation which advances coping and change "). Participants were asked to rank their level of agreement with the items on a Likert scale, from 1 (do not agree at all) to 5 (strongly agree). There was an additional option to respond "I don't know". Mean scores (1-5) were calculated for each item and the percent of respondents that checked "I don't know" was calculated separately.

All scale reliability coefficients (Cronbach's α) were high (between $\alpha = .87$ and $\alpha = .95$, $n = 99$). In addition, the corrected item-total correlations were higher than 0.40 (indicating that each item measured the same realm of content as the entire scale) and that deletion of any item would diminish the reliability of the category.

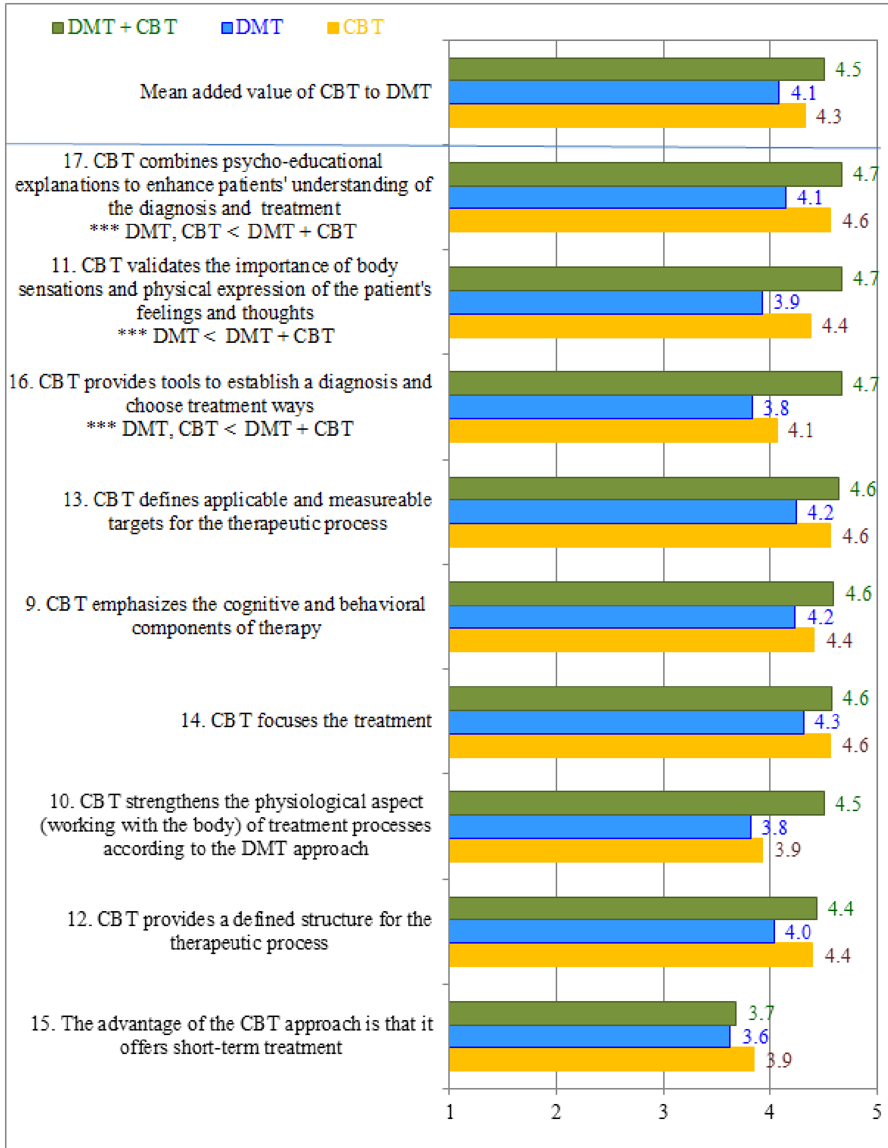
Data analyses

In addition to reliability coefficients (Cronbach's α), the statistical analyses included an Analysis of Variance (ANOVA) between groups (type of treatment) with post-hoc comparisons using Scheffe's test, as the groups were relatively small and unequal in size.

RESULTS

The Added value of CBT to DMT

The differences in therapists' perceptions of the added value of CBT to DMT by type of treatment are presented in Figure 1.



*** p < .001

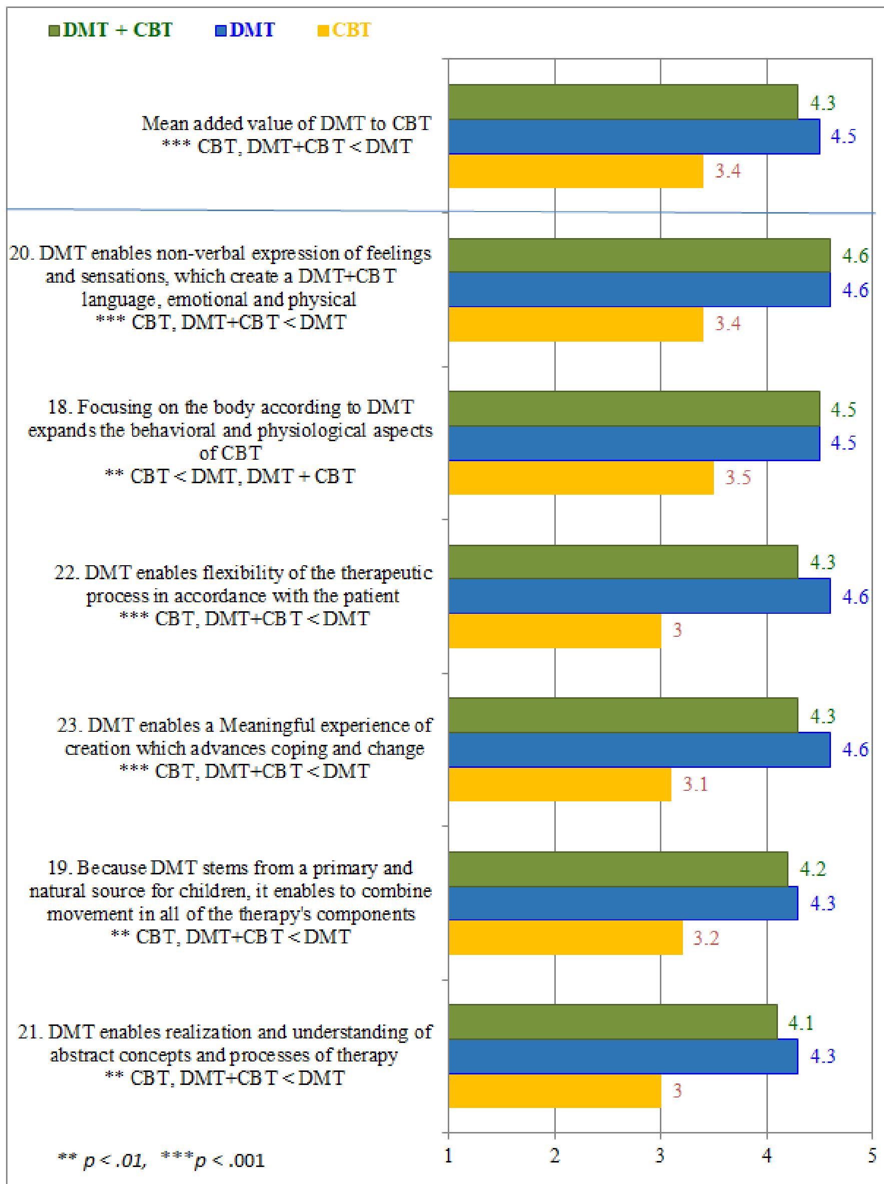
Figure 1. Therapists' perceptions of the added value of CBT to DMT, by type of treatment (presented in descending order according to DMT+CBT therapists' ranks)

On average, participants strongly agreed ($M = 4.28$, $SD = .68$) with the nine items describing CBT principles and the advantages that may advance DMT treatment. Although the difference in the mean levels of agreement is not significant, on average, for each item the DMT-only therapists agreed less with these items than CBT-only therapists and CBT+DMT therapists.

The highest levels of agreement (according to the DMT+CBT therapists) were found with three items: “CBT combines psycho-educational explanations to enhance patients’ understanding of the diagnosis and treatment” (item 17); “CBT validates the importance of body sensations and physical expression of the patient’s feelings and thoughts” (item 11); and, “CBT provides tools (such as: questionnaires, case formulation, etc.) to establish a diagnosis and choose treatment ways” (item 16). For all three items, the differences between therapists by type of treatment were found significant ($p < .001$). All participants also strongly agreed that, “CBT defines applicable and measureable targets for the therapeutic process” (item 13), “CBT emphasizes the cognitive and behavioral components of therapy” (item 9), “CBT focuses the treatment” (item 14). Among all three groups, the lowest level of agreement was with item 15: “The advantage of the CBT approach is that it offers short-term treatment.”

The Added value of DMT to CBT

The differences in therapists’ perceptions of the added value of DMT to CBT, by type of treatment, are presented in Figure 2.



** p < .01, *** p < .001

Figure 2. Therapists' perceptions of the added value of DMT to CBT, by type of treatment (in descending order by ranking)

On average, all therapists agreed with the six items describing the added value of DMT principles. DMT therapists (M = 4.47, SD = .72) and DMT + CBT (M = 4.50, SD = .51) agreed significantly ($F(2,66) = 9.97$, $p < .001$) more than CBT-only therapists (M = 4.32, SD = .71). The DMT+CBT and DMT-only therapists agreed that “DMT enables non-verbal expression of feelings and sensations, which create a DMT+CBT language, emotional and physical” (item 20), and, “Focusing on the body according to DMT expands the behavioral and physiological aspects of CBT” (item 18). In addition, they agreed that “DMT enables flexibility of the therapeutic process in accordance with the patient” (item 22), “DMT enables a Meaningful experience of creation which advances coping and change” (item 23), “Because DMT stems from a primary and natural source for children, it enables to combine movement in all of the therapy’s components” (item 19), and “DMT enables realization and understanding of abstract concepts and processes of therapy” (item 21).

Summary of the results

Figures 1and 2 reveal that the therapists’ perceptions regarding the added value of CBT to DMT are relatively similar, but regarding the added value of DMT to CBT – DMT+CBT and DMT-only therapists agreed significantly more than CBT-only therapists with statements describing the added values of DMT to CBT. Therefore, the hypothesis was confirmed: A difference was found between therapists, according to their type of treatment, regarding the added value of their treatment to the other treatment. Therapists who combine both types of treatment and therapists who use only one type of treatment (CBT or DMT) ranked the added value of the principles of their own treatment (CBT or DMT) higher than the therapists who use only the other type of treatment (DMT or CBT).

DISCUSSION

The current study set out to identify therapists’ perceptions of how the principles of CBT may advance DMT treatment and vice versa, in order to enhance the combined effect of DMT+CBT treatment among children

with ADs. The findings indicate, no significant difference was found in the perceptions of the added value of CBT to DMT by therapists according to their type of treatment. However, the added value of DMT to CBT is perceived higher by DMT+CBT therapists and DMT-only therapists in comparison to CBT-only therapists. These finding may indicate that both treatments have an added value to each other, but DMT is yet less unknown to therapists who do not use it (i.e., CBT-only therapists).

The added value of CBT to DMT

According to the findings, DMT+CBT therapists and CBT-only therapists agreed significantly more than DMT-only therapists that "CBT combines psycho-educational explanations to enhance patients' understanding of the diagnosis and treatment" (item 17), "validates the importance of body sensations and physical expression of the patient's feelings and thoughts" (item 11), and "provides tools to establish a diagnosis and choose treatment ways" (item 16). These three items represent unique aspects of the added value of CBT to DMT, They relate to basic therapeutic components based on the basic and known principles of CBT. They are recognized especially by therapists who are well acquainted with CBT (they learned CBT and work as CBT therapists), because they connect theory and practice.

In comparison, the obvious principles of CBT (emphasizing the cognitive and behavioral components of therapy, focusing on the treatment, and therefore offering short-term treatment, providing defined structure, applicable and measureable targets and strengthening the physiological aspect of treatment processes according to DMT) seem to reflect characteristics of CBT that were researched, and were found effective and recognized by the professional community of therapists in general, and those who treat ADs in particular (Kendal, 2011). The original finding in this study is that DMT-only therapists, who did not learn CBT in depth, see the treatment's characteristics as important and necessary for treating children with ADs. The three CBT principles are not as well-known, to DMT therapists since they did not learn them, and as such, differences were found between the groups. For nearly every item, DMT+CBT therapists ranked the added value of each approach more

highly. It may be that the practical experience of this group with the combined treatment led to the more positive evaluation of the added value of CBT more than the CBT-only therapists.

Item 11, "validates the importance of body sensations and physical expression of the patient's feelings and thoughts", is important as it seemingly strengthens the characteristics of DMT, and it would be expected that DMT-only therapists would rank their level of agreement as higher. However, this is exactly where there was a gap, with DMT-only therapists considering the approaches as separate and different, having difficulty finding common components. In contrast, the DMT+CBT therapists successfully see how CBT can support aspects of DMT, an attitude that contributes to the theoretical and practical validation of their work.

The added value of DMT to CBT

According to the findings, DMT+CBT and DMT-only therapists agree (significantly more than CBT-only therapists) with all the items that depict the added value of DMT to CBT. This added value is reflected primarily in the addition of a measure of: creative experience and the ability to allow nonverbal expression using the body. These are especially important when the treatment is being conducted among children in general (Tortora, 2015), and children with ADs in particular, with their accompanying physiological symptoms (Ramsawh, Chavira, & Stein, 2010). Relating to these aspects is necessary, yet may not be sufficient, and may need to be complemented with CBT. DMT has been found effective in treating ADs largely using qualitative studies (Kouch et al., 2014), and CBT has been found effective primarily using quantitative studies (Butler et al., 2006; Hofman et al., 2012). Although the evidence-based for CBT is much well document and is present among the recommended treatment for anxiety disorders in children (Higa-McMillan, Francis, Rith-Najarian & Chorpita, 2016), This double confirmation of effectiveness, which rests on the components of each approach and the therapists' perception of the added value of each approach, validates the combined treatment.

In contrast to the expected results, according to each therapist would strongly agree with the added value of their own approach as compared to the other approach – in the current study it was found that although CBT-only therapists are less familiar with DMT, they agree to a certain extent that DMT has unique advantages and therefore, may help children with ADs that do not benefit from CBT-only therapy (James, James, Cowdrey, Soler, & Choke, 2013).

Practical application and future research directions

In order for the combined treatment to be effective, even when being used by therapists for whom CBT is not their primary treatment, the basic principles of CBT treatment have to be taught and integrated into the treatment. This can be accomplished by emphasizing the following three unique principles (along with the other basic principles) that should be incorporated in any training program or professional development for therapists interested in integrating CBT into their work among children with AD's: Combining psycho-educational explanations; providing tools to establish a diagnosis and choose treatment ways, through focusing on body sensations and physical expression of the patient's feelings and thoughts;

It is not sufficient that DMT therapists recognize the added value of CBT to their treatment work, as is evident from the current study's results. Rather, they should be trained in a comprehensive and professional manner and accompanied by practice. They should also be encouraged to conduct self-study, to advance the combined treatment with children with ADs at the professional level and to increase its effectiveness, which via feedback, can contribute to recognition of DMT and validate its professional value.

However, there is a need to build a Special training course for CBT therapists that will familiarize them with the principles of DMT and recognize its advantages and potential added value to their work. It is important that such training include creative experience and the ability to allow nonverbal expression using the body. It should also include: actual experiences in learning, demonstrations and simulations, presentation and analysis of case studies and discussion of appropriate conditions for integrating those two approaches so that the treatment of children with anxiety disorders will be effective with long-term results.

This study examined therapists' attitudes only in relation to the added value of each approach. Therefore, an additional study should explore their perceptions of the nature and effectiveness of the actual implementation of the combined treatment. Similarly, it is recommended to evaluate parents' attitudes regarding their children's treatment experiences and outcomes (as told by the children) comparing the three treatment groups as in the current study. Future research should establish the contribution of DMT+CBT principles to treating children with ADs.

The challenge that remains for researchers who wish to formulate a theory of treatment using DMT for treating children with ADs, is to describe in writing the therapists' work, the therapy process, the therapists' behavior, and integration between them. The DMT therapeutic experience is difficult to express and describe clearly and conceptually . Formulation of a theory may be the first step to conceptualize DMT and advance its integration with additional treatments such as CBT.

CONCLUSIONS

The participating therapists' perceptions are relatively similar regarding the added value of CBT to DMT, whereas the added value of DMT is perceived higher by DMT+CBT and DMT only therapists that CBT-only therapists. Thus, it seems that although ADs are characterized by both physical and behavioral symptoms, CBT-only therapists do not acknowledge the need to combine DMT in treatment.

Although the literature relates to each of these approaches as separate, it seems that in the field, there are therapists who work with both approaches and combine them. In addition, these combing therapists perceive a high added value of each approach to the other, and in their work they create new knowledge and competencies that relates to the integration of these approaches.

Because CBT provides validity to DMT principals (the importance of body sensations and physical expression of the patient's feelings and thoughts) and DMT expands the behavioral and physiological aspects of CBT – there are possible connections and common principles these two approaches share. Concurrently, the differences between these approaches

create a combined treatment in which each approach complements the other. While CBT, on the one hand, emphasize the cognitive aspects of therapy, provides a defined structure, and offers applicable and measureable targets and tools – on the other hand, DMT enables a meaningful experience of creation and non-verbal expression. Therefore, the combined treatment provides and facilitates a broader response for children in general and children with ADs in particular.

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