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# EMDR TREATMENT OF CONDUCT PROBLEMS IN ADOLESCENT: CASE REPORT

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## INTRODUCTION

Adolescents are highly vulnerable to behavioral and emotional problems. The most important task of adolescence is developing individuality while conforming to social norms. If this is not accomplished due to various kinds of factors affecting adolescence, there is a great risk for different psychological problems.

World Health Organization (WHO) estimate shows that up to 20% of adolescent have one or more mental health problems (Pathak et al. 2011). In Bosnia and Herzegovina, the most common psychological problems among adolescents are behavioral and stress-related emotional problems (ZZJZFBiH 2015).

Conduct problem constitutes a broad spectrum of "acting-out" behaviors, ranging from relatively minor oppositional behaviors such as yelling and temper tantrums to more serious forms of antisocial behavior such as physical destructiveness, stealing, and physical violence (Frick & McMahon 2007). A variety of researches agree that conduct and behavioral problems consist of multiple causal factors such as biological factors, family background, socio-cultural context, peer context, and cognitive context (Dodge & Pettit 2003, Hinshaw & Lee 2003, Frick & McMahon 2007).

Children and adolescents who show some form of conduct problem also show a number of problems in adjustment and other psychological problems such as Attention Deficit Hyperactivity Disorder (ADHD), depression, anxiety, substance abuse, and poor academic achievement (Zoccolillo 1992, Waschbusch 2002, Frick & McMahon 2007). According to Slough et al. (2008), poor academic achievement related to behavioral and conduct problems in adolescents is caused by some form of learning disability. In addition, there is a strong connection between dyslexia as a form of reading and learning disability and different forms of behavioral and conduct problems (Swanson & Malone 1992, Taghavi et al. 1999, Narimani et al. 2009).

Developmental dyslexia is characterized by an unexpected difficulty in reading in children and adults who otherwise have the intelligence, motivation, and education considered necessary for accurate and fluent reading (Eissa 2010). Dyslexia is a very common disorder characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities (Lyon et al. 2003). Precisely, a dyslexic person is unable to obtain spelling, speaking, reading skills which is consistent with his/her intelligence abilities though he/she has gained academic experiences (Narimani et al. 2009).

The exact number of people with dyslexia remains unknown due to the fact that the vast majority of children remain undiagnosed and they develop some useful coping strategies over time, which makes it harder for teachers and parents to understand the problem (Duranović et al. 2013). In the US, it is estimated that 4% of school children are dyslexic (Narimani et al. 2009). There is no precise data for the number of children, adolescents nor adults with dyslexia in Bosnia and Herzegovina.

Adolescence is a developmental phase that is hard to cope with due to the sudden physiological and psychological changes. Dyslexia makes it even harder to cope with adolescence since academic demands become more frustrating. Adolescents with dyslexia often have lower self-esteem and decreased motivation (Eissa 2010). Some studies show the constant presence of behavior problems in children and adolescents with dyslexia (Narimani et al. 2009). Researchers have pointed out that even though children with learning disabilities are aware of the social norms they tend to break these norms and their behavior problems are much bigger then those of non-dyslexic children (Narimani et al. 2009). Karande et al. (2007) stated that dyslexics are known to develop behavioral problems such as aggressive and conduct problems because of a lack of self-esteem and frustrations due to their poor school performance. Furthermore, as stated by Narimani et al. (2009), children and adolescents with dyslexia often become depressed, distressed, desperate, and angry, have social anxiety, and show problems in relations with others.

It is estimated that between 10% and 20% of children and adolescents have emotional and behavioral problems that often correlate with low self-esteem, and about half of these require psychological treatment (Wanders et al. 2008). Evidence suggests that low self-esteem is a significant predictor of later aggressive behavior (Donnellan et al. 2005, Wanders et al. 2008). Some studies indicate that adolescent hostility and anger toward other people is a form of protection against feelings of inferiority and shame by externa-

lizing blame for their failures (Tracy & Robins 2003, Wanders et al. 2008).

Early treatment for children and adolescents with behavioral and conduct problems is necessary, since these problems can inevitably undermine scholastic achievement and create further socio-psychological difficulties. Numerous studies are underlining the importance of early treatment of children and adolescents with trauma and related behavioral and conduct problems. These studies also examine the effectiveness of different psychotherapy approaches in the treatment of these issues. Results indicate that Cognitive Behavioral Therapy (CBT) and Eye-Movement Desensitization and Reprocessing (EMDR) are the most efficient therapies in treating behavioral and conduct problems in children and adolescents (Wanders et al. 2008, Trentini et al. 2015).

This case report aims to show the benefits of EMDR in treating adolescent behavioral problems and to give suggestions for further studies.

## CASE REPORT

Anel is a 17-year-old high school student, an child, coming from a very loving and supportive family. He was born in Fojnica, where he finished elementary school. After elementary school, he moved to Sarajevo to go to high school. He lives with his grandmother and cousin, while his parents live in Fojnica. The apartment he lives in is very small and crowded, so he often locks himself in the bathroom to be alone or to study in peace. He has low grades, is very shy, does not have a lot of friends, and often feels like he does not fit in.

He was diagnosed with dyslexia when he was fourteen years old. Now, he is seventeen, and he has not told anyone in his high school about his reading disability. The school psychologist is the first person that knows about his dyslexia. He has had a negative experience in elementary school due to his problem, so he did not want teachers to think that he is getting away from his school duties.

In elementary school, he was misunderstood and nobody understood his reading problem due to the ignorance and the fact that he was not diagnosed on time. He had a teacher who mistreated him, called him names, mocked him for his reading disability, and overall was very strict towards him. When he was nine years old, he fell in the school and hit his head. His teacher mocked him and then scolded him for falling down. She never understood his reading disability and always considered him inferior to other children. Nowadays, he often gets into conflict with other teachers, shows aggression, and does not want to cooperate in class. Even though he is an extremely talented artist, writes great plays, and is a talented actor, he has low self-esteem and does not like to be praised for his obvious talent.

### Presenting Problem

Anel was sent to a school psychologist by his class teacher, because of his conduct problems and anger management issues. Teachers have been complaining about his behavior in class and his way of communicating with them. When he is being called by the teacher to answer the question, he becomes a very hostile, angry and insults the teacher. Anel is a well-known student in his school due to his talent and his artistic skills. Most teachers respect him because of his extracurricular activities but have a problem with his conduct in class.

Anel complains that he is often misunderstood. He is diagnosed with dyslexia, and he is struggling to overcome his disability, but teachers do not see that and do not have patience with him. He did not tell anyone about his diagnose because he has had a bad experience and does not want teachers to think that he is using it as an excuse for not finishing his tasks.

He often has nightmares about his elementary school teacher who mistreated him, and he often has flashbacks of his elementary school classroom.

Anel is dreaming about entering the Academy of Performing Arts and becoming an actor, but he is afraid that is not possible due to his reading disability. Anel has very low self-esteem as shown on his Rosenberg Self-Esteem Scale (RSS = 19).

The goal of treatment was to minimize his conduct problems and to recover his self-esteem.

### Case Conceptualization

In terms of Shapiro's (2001) adaptive information processing model, the impression was that Anel has experienced early trauma that he was not able to process. Traumatic elementary school experience intervenes with his present school experience and his reading disability. It seems that his present school experience triggers his trauma from elementary school. This prevents his academic motivation, coping, and prevents him from forming new positive school experience.

### Course of Treatment

#### *Session 1*

After history taking, assessing self-esteem (RSS = 19), and education about psychotherapy and EMDR we installed the safe place. A safe place for Anel was his improvised theater in his old house in Fojnica. Installing the safe place went well, and Anel could use a safe place to relax himself regarding some less disturbing events.

During the history taking, Anel described his elementary school teacher as very strict. He had a memory of her yelling at him and mocking him for his reading disability. He described the event in which he was running late to class. As he entered the classroom he stumbled, fell down, and hit his head. The teacher mocked him and yelled at him for falling down, and

after that, all the classmates laughed at him. He was nine years old. We used this as a target event. Anel's negative cognition (NC) for this traumatic event was "I am helpless" and his positive cognition was "I can take care of myself". Validity of Cognition (VoC) was three. Anel's initial Subjective Unite of Distress (SUD) was ten. His dominant emotion was anger, and he felt it in his stomach and his arms. Anel was instructed to hold in mind his target image (teacher and kids mocking him), and the associated NC, emotion, and physical sensation while following the therapist's fingers for bilateral eye stimulation. Desensitization using eye movements led to a variety of changes in physical sensations. The anger he felt in his stomach got bigger. During the reprocessing, he could see the face of every child in the classroom laughing at him, and the teacher figure transformed into an evil animal. Later in reprocessing, he remembered the literature teacher in high school. After he told her that he did not have time to finish his book, she laughed. She asked him: *"How come you get so busy when it comes to reading a book?"* He remembered how he felt angry and yelled at her right before he stormed out of the classroom. During the reprocessing the feeling of helplessness appeared, triggered by the memory of getting an F in Mathematics even dough his procedure was correct, but he permuted all the numbers due to his dysgraphia that comes in co-morbidity with dyslexia. At the end of the session, he used the safe place technique to calm himself.

***Session 2***

The second session took place after five days. Anel was in a good mood because he had just won the best movie award at the annual high school film festival. That made him feel fulfilled and he felt like he gain back his confidence and self-esteem. This success was used and installed as a resource at the beginning of the session. The session then continued with bilateral stimulation. After a few BLS sets, Anel kept repeating *"I am responsible for my disability"*. He felt like he could have done something, he could have been better at reading and could take care of himself. Cognitive interweave was used here as a means of understanding that a nine-year-old child cannot be responsible and it must be helped and protected by adults. Further reprocessing created a funny teacher caricature which made Anel feel relaxed. That gave him an insight that now he has power and is not helpless as he was in elementary school, as he can do whatever he wants with the memory of his teacher.

***Session 3***

In this session, the image of the elementary school classroom kept appearing and it was mixed with the image of his high school classroom. The feeling of helplessness appeared with this image and it was located in his stomach, chest, and arms. Further reprocessing led to images of different conflict situations he has had in high school. He remembered cursing at the Math teacher, arguing with the Literature teacher, and insulting his History teacher. Later, he said that he is not a conflict person. He explained that by arguing with the teachers he tries to protect himself. The session continued with reprocessing. There were images of different teachers and their caricatures. He was asked to draw one, but he refused because he does not know how to draw a caricature, but he can see the picture clearly. He realized that teachers can look funny, and not just threatening, because they are humans too. He felt sad for his attacks on teachers and started crying. Cognitive interweave was used for realizing that his conflicts with teachers are his way of taking care of himself. He then said: *"That means I am not helpless, that is my way of fighting back"*. The distinction was made between aggressive and assertive communication, and he was informed that he can stand for himself more positively and constructively. He felt relaxed. We continued with BLS, and there were no more disturbances. VoC was 7, and SUD was 0, and the body scan showed no disturbances.

***Session 4***

In the beginning, Anel says that he wrote a letter to his elementary school teacher. During the last week, he felt the need to write her a letter about all the ways she hurt him. He did not want to send it to her because she is not worthy and he does not want to give her any importance. For him, it was just a way of letting go of his emotions. VoC and SUD were checked, and they remained 7 and 0. Once again body scan showed no disturbances. The goal of this session was to educate him about assertive communication. The distinction between aggressive, passive-aggressive, and assertive communication was made. We used examples of assertive communication and he had the task of practicing it in his everyday life, and especially in his communication with teachers.

***Session 5***

Anel said he used assertive skills in the last seven days and it was very useful for him. His teachers said that he is getting much better in communication, and he looked like a different boy to them. He was worried about his future. He wanted to go to the Academy of Performing Arts and to become an actor, but he felt like he was not good enough. He taught he could never pass the entrance exam at the Academy, because of his dyslexia. He was reminded about his success so far. He remembered the good and positive feeling he has when he is on stage, and that was used and installed as a resource. With a future template, he was instructed to imagine his entrance exam and later his career. He saw himself struggling with reading and learning the lines. Towards the end of reprocessing, he was able to visualize himself as a successful and appreciated actor. He was aware that it will be much harder for him to read and remember the lines, but he will work much harder because acting is all he wants to do. He believes that one always has to work hard if one wants to be happy and successful. In the end, he was relaxed and happy. Body scan showed no disturbances.

***Follow up***

Anel came again after 8 months. Meanwhile, teachers were informed about his dyslexia and educated about it. This resulted in them having more understanding of his reading and learning. He had much better grades, there were no more conflicts with teachers, he directed and acted in several school plays, and was recognized in school as a very talented and valuable student. Teachers praised him and admired his effort in learning. Nightmares about his elementary school teacher have stopped. He said that before the treatment, he was not sure that he will ever even try to enter the Academy even though that was his dream. Now he knows that is the only thing he wants to do, and he is already preparing himself for the entrance exam. RSS scale was administered again, and showed improvement in his self-esteem level. RSS = 40.

## DISCUSSION

This case report showed that EMDR might be a good therapy of choice for treating conduct problems in adolescents. Furthermore, due to its effectiveness and economy, it might be very useful in the school setting (Kokanović & Hasanović 2018).

Anel was a student with low grades who showed symptoms of conduct disorder, and very low self-esteem. He was aggressive in communicating with teachers. He refused to cooperate and showed hostility towards teachers. His grades were low due to his dyslexia and it seemed that he had given up and lost his motivation. Even though he was very talented in performing arts, he did not believe in himself and had lost motivation for pursuing his dream of becoming an actor. He was diagnosed with dyslexia when he was 14 years old and never got the proper treatment. At the end of the treatment, he did not show any signs of conduct disorder, which was assessed by his teachers, he was much happier and less anxious, and his self-esteem got better.

One of the factors that may have contributed to the positive outcome is the good therapeutic relationship, which provided a good setting for the client's opening up and his motivation for therapy. It is also important to consider the fact that EMDR is not a "talking" therapy, meaning it does not require the client to elaborate on feelings, thoughts, or behaviors. In this case, this was very useful since Anel is very shy and has a hard time opening up to anybody. Furthermore, because the client does not trust school staff and does not like the school setting, it was a double-edged sword to conduct therapy in school. In this case, this turned out to be useful and it might have contributed to his recovery and attitude change regarding the school system.

There are a number of studies about conduct and behavioral problems in adolescents. Low academic achievement and lack of motivation for learning can be a good predictor for conduct and behavioral problems (Frick & McMahon 2007, Slough et al. 2008). Dorsey et al. (2017) finds that childhood trauma is a strong predictor of later conduct and behavioral problems (Omeragić & Hasanović 2018, Smasjić-Hodžić & Hasanović 2018, Trlin & Hasanović 2018). Because dyslexia as a reading disability creates low self-esteem, depression, and anxiety, these psychological problems often lead to the development of behavioral and conduct problems in puberty and adolescence (Eissa 2010). In their research, Narimani et al. (2009) stated that not every learning disability leads to conduct problems, but it seems that dyslexia specifically is related to later conduct disorder.

In this case, dyslexia was diagnosed late, which led to a number of psychological problems such as lack of motivation, social anxiety, and low self-esteem. Constant academic failure led to a lack of academic motivation and behavioral and conduct issues. Regardless of being extremely talented for acting, Anel never believed in his talent. Furthermore, early trauma that happened in a school setting contributed to the development of conduct problems associated with school and teachers, and probably was the reason why he would confront teachers even when they complimented him.

Low self-esteem, anxiety, social anxiety, behavioral and conduct problems are very often symptoms of an early trauma. Hence, it is important to focus on early experiences and possible trauma when treating these symptoms. CBT and other psychotherapies are mainly used for the treatment of the above symptoms. Wanders et al. (2008) find that EMDR has a long-term effect on positive behavioral changes in comparison with CBT. Furthermore, EMDR turns out to be more efficient in boosting self-esteem and treating current behavioral problems (Wanders et al. 2008).

In B&H school system behavioral problems in students rarely get the treatment they need. Elementary schools are somewhat focused on the right treatment for behavioral or conduct problems, and that is still not enough. On the other hand, high schools are mainly focused on disciplinary measures, and the causes of behavioral and conduct problems in adolescents often remain neglected and unrecognized (Kokanović & Hasanović 2018).

## CONCLUSION

This case report shows the benefits of EMDR treatment for behavioral and conducts problems in adolescents. It also shows positive outcomes for treating early trauma symptoms comprehensively. A vast majority of adolescents need psychological support and treatment. Because of the lack of competent school professionals in Bosnia and Herzegovina, it is common to underestimate the emotional problems of adolescents. Behavioral problems are attributed to adolescence itself, and the school system only provides disciplinary measures for these issues.

In order to recognize and provide the right treatment for mental health issues at the earliest, the school system should provide mental health services. Having a counselor in every school in Bosnia and Herzegovina must be an imperative.

More studies are needed for determining the risk factors for conduct and behavioral problems and the most effective treatments for it.

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## References

1. *Dodge HA & Pettit GS: A Biopsychosocial Model of the Development of Chronic Conduct Problems in Adolescence. Dev Psychol 2003; 39:349-371*
2. *Donnellan MB, Trzesniewski KH, Robins RW, Moffitt TE & Caspi A: Low self-esteem is related to aggression, antisocial behavior, and delinquency. Psychological Science 2005; 16:328–335*
3. *Dorsey S, McLaughlin KA, Kerns SEU, Harrison JP, Lambert HK, Briggs EC, Revillion Cox J &, Amaya-Jackson L: Evidence Base Update for Psychosocial Treatments for Children and Adolescents Exposed to Traumatic Events. J Clin Child Adolesc Psychol 2017; 46:303-330. doi:10.1080/15374416.2016.1220309. PMID:27759442; PMCID: PMC5395332*
4. *Duranović M, Dizdarević A & Bijedić M: Disleksija u visokom obrazovanju. Tempus projekat: „Jednake mogućnosti za studente sa posebnim potrebama u visokom obrazovanju“(Dyslexia in higher education. Tempus project: "Equal opportunities for students with special needs in higher education") 2013; 2011-2517*
5. *Eissa M: Behavioral and Emotional Problems Associated with Dyslexia in Adolescence. Current psychiatry 2010; 17:17-25*
6. *Frick PJ & McMahon RJ: Child and adolescent conduct problems. In Hunsley J & Mash EJ (Eds.): Oxford series in clinical psychology. A guide to assessments that work. 41-66 New York, NY, US: Oxford University Press, 2008*
7. *Hinshaw SP & Lee SS: Conduct and oppositional deviant disorders. In E. J. Mash & R. A. Barkley (Eds.), Child psychopathology (2nd ed., pp. 144–198). New York: Guilford Press, 2003*
8. *Karande S, Satam N, Kulkarni M et al.: Clinical and psychoeducational profile of children with specific learning disability and co-occurring attentiondeficit hyperactivity disorder. Indian Journal of Medical Sciences 2007; 61:639-647*
9. *Kokanović I & Hasanović M: Would the Well-Timed Use of EMDR Therapy in the School System Save the Mental Health of Youth? Case Reports. Psychiatr Danub 2018; 30(Suppl. 5): 276-281*
10. *Lyon GR, Shaywitz SE & Shaywitz BA: A Definition of Dyslexia. Annals of Dyslexia 2003; 53:1-14*
11. *Narimani M, Sadeghieh AS, Homeily N & Siahpoosh H: A Comparison of Emotional Intelligence and Behavior Problems in Dyslexic and Non-Dyslexic Boys. Journal of Applied Science 2009; 9:1388-1392*
12. *Omeragić I & Hasanović M: EMDR Treatment of Early Trauma Activated by Present Events - A Case Report. Psychiatr Danub 2018; 30(Suppl 5):286-290. PMID:30095814*
13. *Pathak R, Sharma RC, Parvan UC, Gupta BP, Ojha RK & Goel NK: Behavioural and emotional problems in school going adolescents. AMJ 2011; 4:15-21*
14. *Shapiro F: Eye movement desensitization and reprocessing (EMDR): Basic principles, protocols and procedures. New York, NY: The Guilford Press, 2001*
15. *Slough NM, McMahon RJ, Bierman KL, Coie JD, Dodge KA, Foster EM, Greenberg MT, Lochman JE & Pinderhughes EE: Preventing Serious Conduct Problems in School-Age Youths: The Fast Track Program. Cogn Behav Pract 2008; 15:3-1700*
16. *Smajić-Hodžić L Hasanović M: The Efficiency of EMDR Therapy in Treating Early Multiple Traumas - A Case Report. Psychiatr Danub 2018; 30(Suppl 5):302-306. PMID:30095817*
17. *Swanson HL & Malone S: Social skills and learning disabilities: A meta-analysis of the literature. J Sch Psychol Rev 1992; 21:427-443*
18. *Taghavi MR, Neshat-Dost HT, Moradi AR, Yule W & Dalgleish T: Biases in visual attention in children and adolescents with clinical anxiety and mixed anxiety-depression. J Abno Child Psychol 1999; 27:223-223*
19. *Tracy JL & Robins RW: "Death of a (narcissistic) salesman": An integrative model of fragile selfesteem. Psychological Inquiry 2003; 14:57–62*
20. *Trentini C, Pagani M, Fania P, Speranza AM, Nicolais G, Sibilia A, Inguscio L, Verardo AR, Fernandez I & Ammaniti M: Neural processing of emotions in traumatized children treated with Eye Movement Desensitization and Reprocessing therapy: a hdEEG study. Front Psychol 2015; 6:1662. doi:10.3389/fpsyg.2015.01662*
21. *Trlin I & Hasanović M: EMDR Treatment of a 10 Years Old Boy Who Suffered from Continuous Overnight Waking - A Case Report. Psychiatr Danub 2018; 30(Suppl 5):271-275. PMID:30095811*
22. *Wanders F, Serra M & de Jongh A: EMDR Versus CBT for Children With Self-Esteem and Behavioral Problems: A Randomized Controlled Trial. Journal of EMDR Practice and Research 2008; 2*
23. *Waschbusch DA: A meta-analytic examination of comorbid hyperactive-impulsive-attention problems and conduct problems. Psychological Bulletin 2002; 128:118–150*
24. *Zoccolillo M: Co-occurrence of conduct disorder and its adult outcomes with depressive and anxiety disorders: A review. Journal of the American Academy of Child and Adolescent Psychiatry 1992; 31:547–556*
25. *Zavod za javno zdravstvo FBiH (ZZJZBiH) (12.10.2020). Retrieved from http://www.zzjzfbih.ba/svjetski-dan-mentalnog-zdravlja-10-listopadoktobar/*

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