

## What is Cognitive-Behavior Therapy?

Cognitive therapy focuses primarily on the thoughts and emotions that lead to certain behaviors, while behavioral therapy deals with changing and eliminating those unwanted behaviors. However, some therapists practice a type of psychotherapy that focuses on both thoughts and behavior. This type of treatment is called cognitive-behavior therapy.

Cognitive-behavior therapy (CBT) helps improve a child's moods, anxiety and behavior by examining confused or distorted patterns of thinking. CBT therapists teach children that thoughts cause feelings and moods which can influence behavior. During CBT, a child learns to identify harmful thought patterns. The therapist then helps the child replace this thinking with thoughts that result in more appropriate feelings and behaviors.

For example, a child with depression has often developed automatic negative responses to life events. The child may call a friend to play and the child (named John) might say "I can't play right now." The child with adaptive thought patterns will say to himself "John can't play right now. He must be busy. Maybe I should call a different friend and call him tomorrow." The child with negative patterns of thinking and tendency toward depression may think "Johnny can't play right now. He doesn't like me anymore. No one likes me. I don't have any friends." Same life event, very different response. One goal of cognitive therapy is to help the child understand that he is interpreting the same life event in a very negative way due to assumptions that may not be true and that he is also generalizing the event to his whole life. The therapist will try to help the child recognize when he/she is doing this and redirect his/her thinking to a more adaptive approach.

## Who Performs Cognitive-Behavior Therapy?

Cognitive-behavior therapy may be performed by a variety of mental health professionals such as licensed psychologists, social workers and counselors. The minimum education requirement is a master's degree in a related field and adequate preparation to provide CBT as evidenced by both coursework and supervised clinical experience.

Several methods of CBT may be used, depending on the particular problem. CBT is considered short-term therapy, with anywhere from 8-16 sessions needed in general. Some of the techniques used include:

- Guiding self-statements ("Stop, Think, Act")
- Positive self-statements ("You can solve this problem")
- Verbal self-instructions ("What are all of my options to solve this problem?")
- Relaxation training (controlled breathing, progressive muscle relaxation)
- Recognition of faulty cognition ("I know she didn't mean it; it was an accident")
- Modeling, role playing and reinforcement for using CBT skills

## Finding a Qualified Therapist or Program

Parents may receive a referral from their doctor to a qualified mental health professional that is on their health insurer's provider panel. Parents may then want to follow up with the therapist with questions about specific training experiences, what specific types of problems the provider treats, what types of disorders are treated

and how frequently, and what interventions are used can provide useful information. Finally, parents should ask about communication policies between the mental health provider and referring physician to enhance coordination of care.

## Who Usually Receives Cognitive-Behavior Therapy Treatment?

Children as young as 6 or 7 may benefit from cognitive-behavior therapy. A child must have the ability to understand concepts such as self-talk and self-instruction, which may be more likely in older children.

## What are the Benefits of Cognitive-Behavior Therapy?

The benefits of CBT are similar to the benefits of behavior therapy and may include:

- Receiving emotional support
- Resolving conflicts with others
- Understanding how feelings impact thoughts and actions
- Reversing negative patterns of thinking, addressing bad habits
- Appropriately dealing with stress and frustration
- Participating positively in a variety of activities
- Setting goals to replace negative patterns of behavior with positive ones
- New ways of learning and self-help techniques are reinforced
- Increase in self-esteem
- Improved performance at school, at home and in social situations

Cognitive behavioral therapy can be used to treat anxiety and depression and to prevent relapse of anxiety or depression in children who have been treated with medications.

## Drawbacks of Cognitive-Behavior Therapy

One of the main drawbacks of CBT is that it depends on the child's willingness to learn new skills and practice them for it to be effective. This can be a treatment barrier when CBT is being used to address an issue that the child is not necessarily interested in resolving, or one that may require too much effort to overcome. Parents, too, must be willing to encourage the child to practice new skills and use positive reinforcement for cooperation and successful outcomes. This may be difficult to do in the context of a larger therapy program or just as part of the daily family routine. For some conditions, CBT has also been found to be more effective when medication is added than when practiced alone.

# What is Parent Management Training?

## Definition

Parent management training (PMT) is an adjunct to treatment that involves educating and [coaching](#) parents to change their child's problem behaviors using principles of learning theory and [behavior modification](#) .

## Purpose

The aim of PMT is to decrease or eliminate a child's disruptive or inappropriate behaviors at home or school and to replace problematic ways of acting with positive interactions with peers, parents and such authority figures as teachers. In order to accomplish this goal, PMT focuses on enhancing parenting skills. The PMT therapist coaches parents in applying such strategies as rewarding positive behavior, and responding to negative behavior by removing rewards or enforcing undesirable consequences (punishments). Although PMT focuses on specific targeted behaviors rather than on the child's [diagnosis](#) as such, it has come to be associated with the treatment of certain disorders. PMT is used in treating [oppositional defiant disorder](#) , [conduct disorder](#) , [intermittent explosive disorder](#) (age-inappropriate tantrums), and attention deficit disorder with [hyperactivity](#) ( [attention-deficit/hyperactivity disorder](#) ). Such antisocial behaviors as firesetting and [truancy](#) can also be addressed through PMT.

## Description

In PMT, the therapist conducts initial teaching sessions with the parent(s), giving a short summary of [foundational](#) concepts in behavior modification; demonstrating interventions for the parents; and coaching parents in carrying out the techniques of PMT. Early meetings with the therapist focus on training in the principles of behavior modification, response-contingent learning, and ways to apply the techniques. Parents are instructed to define the behavior(s) to be changed concretely and specifically. In addition, they learn how to observe and identify relevant behavior and situational factors, and how to chart or otherwise record the child's behavior. Defining, observing and recording behavior are essential to the success of this method, because when such behaviors as fighting or tantrums are highlighted in concrete, specific ways, techniques of [reinforcement](#) and punishment can be put to use. Progress or its absence is easier to identify when the description of the behavior is defined with enough clarity to be

measurable, and when responses to the PMT interventions are tracked on a chart. After the child's parents grasp the basic interventions as well as when and how to apply them, the techniques that the parents practiced with the therapist can be carried out at home.

Learning theory, which is the conceptual foundation of PMT, deals with the ways in which organisms learn to respond to their environment, and the factors that affect the frequency of a specific behavior. The core of learning theory is the notion that actions increase or decrease in frequency in response to the consequences that occur immediately after the action. Research in parent-child interactions in families with disruptive, difficult or defiant children shows that parental responses are unintentionally reinforcing the unwanted behavior. PMT trains parents to become more careful in their reactions to a child's behavior. The parents learn to be more discerning: to provide attention, praise and increased affection in reaction to the child's behaving in desired ways; and to withdraw attention, to suspend displays of affection, or to withdraw privileges in instances of less desirable behavior.

The most critical element of PMT is offering positive [reinforcement](#) for socially appropriate (or at least nondeviant) behaviors. An additional component involves responding to any undesired behaviors by removing rewards or applying punishment. These two types of response to the child must be carried out with great consistency. Consistent responding is important because erratic responses to unwanted behavior can actually cause the behavior to increase in frequency. For instance, if a child consistently throws tantrums in stores, hoping to be given something to end the tantrum, inconsistent parent responses can worsen the situation. If a parent is occasionally determined not to give in, but provides a candy bar or a toy to end the tantrum on other occasions, the child learns either to have more tantrums, or to have more dramatic tantrums. The rise in the number or intensity of tantrums occurs because the child is trying to increase the number of opportunities to obtain that infrequent parental reward for the behavior. Planning responses ahead of time to predefined target behaviors by rewarding desired actions and by withdrawing rewards or applying punishment for undesirable behavior is a fundamental principle of PMT. Consistent consequences, which are contingent on (in response to) the child's behavior, result in behavior change. Parents practice therapeutic ways of responding to their child's behavior in the PMT sessions with the therapist.

Through PMT, parents learn that positive rewards for appropriate behaviors can be offered in a variety of ways. Giving praise, providing extra attention, earning points toward obtaining a reward desired by the child, earning stickers or other small indicators of positive behavior, earning additional privileges, hugging (and other affectionate

gestures) are all forms of reward. The technical term for the rewarding of desired behavior is *positive reinforcement*. Positive reinforcement refers to consequences that cause the desired target behavior to increase.

PMT instructs parents to cancel rewards or give punishments when the child behaves in undesirable ways. The removal of rewards usually [entails](#) time away from the circumstances and situations in which the child can do desired activities or receive attention. The concept of a "time out" is based on this notion of removal of rewards. Time out from rewards customarily means that the child is removed from people and stimulation for a certain period of time; it can also include deprivation of privileges.

Punishment in PMT is not necessarily what parents typically refer to as punishment; it most emphatically is *not* the use of physical punishment. A punishment in PMT involves a response to the child's negative behavior by exposing the child to something he or she regards as unpleasant.

The least challenging problems, which have the greatest likelihood of successful change, are tackled first, in hope of giving the family a "success experience." The success experience is a positive reinforcement for the family, increasing the likelihood that they will continue using PMT in efforts to bring about change. In addition, lower-level behavioral problems provide opportunities for parents to become skilled in intervening and to learn consistency in their responses. After the parents have practiced using the skills learned in PMT on the less important problems, more severe issues can be tackled.

In addition to face-to-face sessions with the parents, some PMT [therapists](#) make telephone calls to the parents between sessions. The purposes of the calls are to remind parents to continue to be consistent in applying the techniques; to answer questions about the work at home; and to praise the parents' attempts to correct the child's behavior. In addition, ongoing support in sessions and on the telephone helps parents feel less isolated and thus more likely to continue trying to use learning principles in managing their child. [Troubleshooting](#) any problems that arise regarding the application of the behavioral techniques is handled over the telephone and in the office sessions.

An additional aspect of learning theory is that rewarding subunits of the ultimately desired behavior can lead to developing more complex new actions. The subunits are finally linked together by changing the ways in which the rewards are given. This process is called "chaining." Sometimes, if the child shows no elements of the desired response, then the desired behavior is demonstrated for the child and subsequent "near

hits" or approximations are rewarded. To refine "close but not quite" into the targeted response, rewards are given in a slightly "pickier" manner. Rewarding successive approximations of the desired behavior is also called "shaping."

## Risks

The best way to learn to alter parental responses to child behaviors is with the support and assistance of a behavioral health professional ( [psychologist](#) , **psychiatrist** , clinical social worker). As noted earlier, parents often inadvertently reinforce the problem behaviors, and it is difficult for a parent to see objectively the ways in which he or she is unintentionally supporting the defiant or difficult behavior. Furthermore, inappropriate application of such behavioral techniques as those used in PMT can actually make the problem situation worse. Families should seek therapists with valid credentials, skills, training and experience in PMT.

## Normal results

Typically, the parents should notice a decrease in the unwanted behaviors after they implement the techniques learned in PMT at home. Of the various therapies used to treat childhood disorders, PMT is among those most frequently researched. PMT has shown effectiveness in changing children's behavior in very well-designed and rigorous studies. PMT has a greater effect on behavior than many other treatments, including [family therapy](#) or [play therapy](#) . Furthermore, the results— improved child behavior and reduction or elimination of undesirable behavior— are sustained over the long term. When a group of children whose families had used PMT were examined one to fourteen years later, they had maintained higher rates of positive behavior and lower levels of problem behavior.