The Society for Clinical Child and Adolescent Psychology (SCCAP):
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DIVISION 53

AMERICAN PSYCHOLOGICAL ASSOCIATION

SOCIETY OF CLINICAL CHILD & ADOLESCENT PSYCHOLOGY

The Children's Trust

FIU | Center for Children and Families

Keynote
Basics of Cognitive Behavior Therapy with Children and Adolescents: Social Learning Theory

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Cognitive-Behavioral Approach

- Integrationist perspective

  Internal <-> External Environment

  - Emphasis on learning process
    - Environmental Contingencies, Modeling

  - Parent-Child interaction
    - Both parties shape each other's behavior

Some Myths About CBT

- <u>Mechanistic</u>: all clinical procedures take place within an interpersonal context

- <u>Superficial</u>: do not ignore the private internal life of the patient

- <u>Ahistorical</u>: past history is very significant in determining present behavior

- <u>Simplistic</u>: successful therapy calls for knowledge beyond basic techniques

From M.R. Goldfried & G.C. Davison (1994) <u>*Clinical Behavior Therapy*</u>. Wiley, New York.

Principles Underlying CBT

- Social Learning Theory

- Reinforcement/Learning Theories

Guiding Principles

- Assess and formulate conceptualization

- Collaborative empiricism and therapeutic alliance

- Set observable and measurable goals

- Present CBT model and provide corrective information

- Home-based monitoring and experiments/exposure facilitate process, insight and change

Social Learning Theory

- Learning occurs in a social context.

- Learning can occur by observing others.

- Thinking influences learning---awareness of and expectations about future reinforcement or punishing events will shape behavior.

Fundamental CBT Concepts

- <u>Stimulus</u>: something that influences the occurrence of behavior

- <u>Response</u>: the behavioral result of applying a stimulus

- <u>Reinforcement</u>: the act of following a response with a reinforcer

- <u>Reinforcer</u>: something that strengthens the probability that the response will occur again

Even More CBT Concepts

- <u>Extinction</u>: when a response no longer occurs----because it is no longer followed by a reinforcer

- <u>Shaping</u>: reinforcing successive approximations of the desired behavior

Considerations: Child Therapy

- Multifactorial
  - Endogenous & Exogenous risk factors
  - Biological & Psychological vulnerabilities

- Transactional
  - Individual <-> Environment

- Developmental Issues

The Role of Modeling in Learning

- Many behaviors can be observed by watching others (modeling)
  - Fear reactions
  - Aggression
  - Altruism
  - Moral behavior
  - Academic tasks
  - Motor tasks
   - The list can go on and on……

Four Conditions Necessary for Modeling

1. The client must pay attention to the model.
2. The client must be able to remember what has been observed. Rehearsal helps.
3. The client must be able to replicate the behavior (developmentally appropriate).
4. The client needs to be motivated to learn!

Rationale for CBT

Multidimensionality

Physical: increases in sympathetic nervous system activity, physical tension, arousal
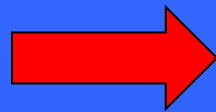
Relaxation

Cognitive: "I can't control this kid!"

Cognitive restructuring

Behavioral: Tantrums, rule-breaking

Time-out, labeled praise, positive attention

Conceptualizing Cases in CBT: Some questions to ask

- What factors are maintaining the child's problematic behavior?

- What are the child's weaknesses/ strengths in coping?

- What role do parents play in maintaining the problem?

The Behavioral Analysis

Approach for analyzing & understanding maintenance of the child's *existing behaviors*

And, therefore...

Methods for determining & implementing *behavior change*

- *Applications to parenting, in-session work, school behaviors, individual child therapy*

What is reinforcement?

- Strengthening a behavior so that it will continue to be performed.

- Reinforcement occurs whenever the consequences of a behavior <u>increase</u> the likelihood that it will be repeated.

Reinforcer must be contingent on the behavior being performed

Reinforcer or Reward?

Reinforcers are defined by their accelerating effects on the behaviors they follow

Rewards are given for accomplishing something, but do not necessarily increase the probability of that behavior occurring again

A child can win a prize in a pie eating contest, but this won't necessarily make him want to eat more pies

Positive Reinforcement

Positive Reinforcer: A stimulus that, when <u>presented</u> as a consequence of a response, results in an increase or maintenance of that response

Tangibles
  – Material objects w/personal value e.g., stickers, stars

Activities
  – Free time, recess, playing a game, doing artwork

Token Reinforcers
  – Symbolic items with value e.g., grades, stickers, points, money

Feedback
  – Information about one's behavior can serve as a reinforcer

Social Reinforcers

- Attention, praise, approval, & acknowledgement
- Communicated verbally, physically, and through gestures
- Easy to administer
- Can be administered <u>immediately</u>

Natural reinforcers--and among the most POWERFUL of all reinforcers

Negative Reinforcement

Negative Reinforcer: A stimulus whose <u>removal</u>, if paired with the occurrence of a behavior, will increase the probability of the occurrence of the behavior.

- *Rarely* used as a therapy procedure
- Examples usually involve aversive stimuli
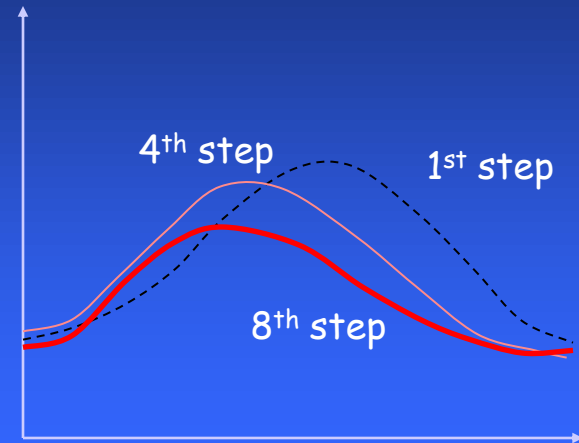- Powerful in maintenance of problematic behavior

How negative reinforcement works
The example of tantrums

Parent gives in here

4th step   1st step

8th step
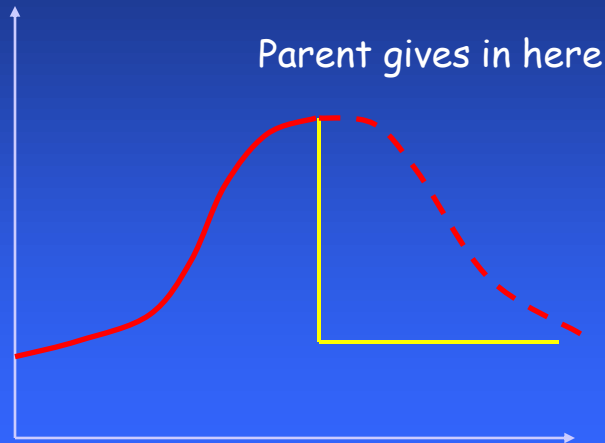
Impact of giving in:

• remembers situation at the height of tantrum

• prevents learning of positives

• no experience calming self down

• tantrum is reinforced

Impact of ignoring:

• remembers that calm behavior is reinforced

• learns tantrum will not be rewarded

• appropriate behavior is shaped

From Tamar Chansky (2004)

Coercive Process/Negative Reinforcement Trap

Parent: "Mike, please clean up your room."

Mike: I don't want to.

               I DON'T WANT TO.

               I DON'T WANT TO!

Child begins to cry louder and louder . . . .

- From Rex L. Forehand

And on it goes . . .

- Parent gives in . . .
  - "Okay, but next time you have to do this when I ask"

- Outcome:
  - Mike's inappropriate behavior is REINFORCED because his parent gave in and withdrew the request/direction.

Yet another reinforcement trap

- Parent: (in a louder voice)
  - "I really mean it! Pick up your room!"
- Child does not comply
  - NO! I won't! (while spitting and kicking)
- Parent intensifies her/his reaction
  - "That's it mister! I've had it with you!" (while grabbing and make angry faces at child)
- Outcome:
  - Child complies while the parent's angry and intimidating behavior is reinforced through the child's compliance.

- Also from Rex Forehand

Reinforcement Procedures

- Shaping
  - Components of a target behavior are reinforced in a step-by-step manner
- The Premack Principle
  - High frequency behaviors serve to reinforce low frequency behaviors
    - "Grandma's Rule": You can't get your ice cream until you finish your spinach!

Reinforcement should be:

- CONTINGENT on performance of the target behavior
- CONSISTENTLY applied
- Administered IMMEDIATELY after the behavior
- Initially on CONTINUOUS schedule, then changed to INTERMITTENT
- Kept POTENT
  - use small amounts and change reinforcers periodically
  - involve natural reinforcers whenever possible

The child should be aware that a reinforcer is a consequence of the target behavior

Extinction

- All behaviors are maintained by reinforcement

- When the reinforcers that maintain a behavior are no longer available, the child stops engaging in the behavior

- Useful for: tantrums, crying, whining

Ignoring: Promoting Extinction

- The opposite of paying attention—<u>removal</u> of positive reinforcer
- Used in conjunction with paying attention & praising
- Consists of:
  - no physical contact
  - no verbalizations
  - no eye contact
- Once you start ignoring, keep at it!
- Effective for <u>decreasing</u> whining, crying, demanding attention, and tantrums

It may get worse before . . .

- Extinction, applied consistently, will decrease undesirable behavior over time
- An extinction "burst" may occur at first . .
  - A sudden and temporary *increase* in the problem behavior (e.g., more frequent tantrums)
  - This brief increase is followed by eventual decline and cessation of the behavior

The infamous and always expected "Back to square one"

- After a period of change . . . the "problem behavior" reappears
  - e.g., John's tantrums are brought under control by ignoring and concurrent reinforcement of appropriate behavior
  - The parents enjoy a full month "tantrum free"
  - Suddenly . . . . John throws a nuclear tantrum!
  - Are we back to square one?

Challenges to delivering CBT: Mismanaged Spontaneous Recovery

- "We're back to square one!"
- Sticking with the program
- Prepare the parents & child in advance
  - "Diet" analogy
- Review prior accomplishments
- Problem solve: What gets in the way of sticking with the program?

Time Outs

- Temporarily withdrawing a child's access to reinforcers immediately after the client performs an inappropriate behavior
  - ~1 min/year of child's age

- Not provide access to generalized reinforcers (e.g., objects to play with; windows to look out of; peers)

Negative Consequences

- Response cost: removing a valued item or privilege when an undesirable behavior is performed
  (e.g., loss of points, loss of recess time)

- Overcorrection: correcting the effects of an action and intensively practicing an alternative behavior
  (e.g., cleaning up spitballs, then writing "I am sorry" 100 times)

Contingency Contracts

A written agreement that specifies the relationship between a target behavior and its consequences

1. The target behavior must be specified in explicit, unambiguous terms
2. The consequences of performing (or failing to perform) the behavior are clearly stated
3. The contingency is clearly specified:

   If John stays in his seat for the morning session, he gets to feed the class fish.

   If Mary puts her toys away when asked, she gets an extra 15-minutes of computer time

Parents in the Treatment Process

- Identify potential parent role in cycle of negative interactions
- Provide model of coercive family process & education
- Examine maintaining variables
- Contingency management training

Level of Parental Involvement in CBT

CONSULTANT

    provide information

CHEERLEADER

    provide encouragement

COACH

    supervise/administer treatment components

CLIENT

    target of specific aspects of intervention

- *Courtesy of John Piacentini, PhD*

When in trouble . . .

- Non-CBT trained clinicians "abandon ship"
- Unable to maintain formulation
- Inconsistent message to patient
- "Watered-down" CBT

For more information, please go to the main website and browse for workshops on this topic or check out our additional resources.

Additional Resources
Books:
1. Chansky, T. E. (2004). *Freeing your child from anxiety: Powerful, practical solutions to overcome your child's fears, worries, and phobias*. New York: Broadway.

2. Forehand, R. L., & Long, N. (1996). *Parenting the strong-willed child: The clinically proven five-week program for parents of two-to-six year-olds*. Chicago: Contemporary Books.

3. Goldfried, M. R., & Davidson, G. C. (1994). *Clinical behavior therapy*. New York: Wiley.