

# Clinical Cases

## The importance of the family in children's problems

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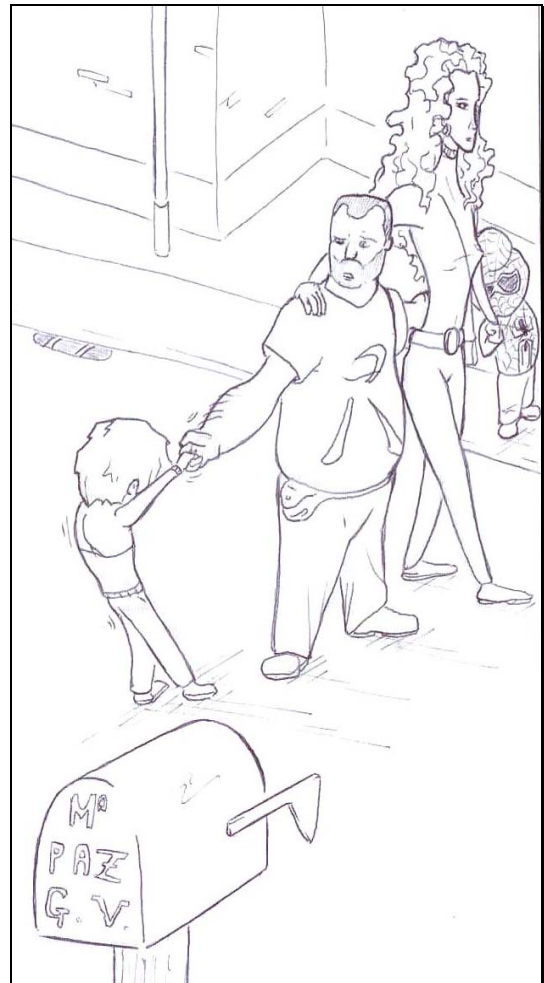
### KEYWORDS

Clinical psychology, child case studies, family formulation.

In most cases of children who come to consultation for psychological problems, we find that they present problems that cannot be understood or modified without taking the parents into account and, sometimes, the entire family.

As an example of the need to perform a family formulation of children's problems, we present the case of two brothers (Antonio and Juan), who came to consultation independently and separately, due to problems considered unrelated by their parents. The analysis of the relation between the two cases and the importance of the parents' behaviors were the key to explain the

problem and, therefore, to discover where we had to work to solve it.



## 1. Antonio

- ❑ Patient's name: Antonio (fictitious)
- ❑ Sex: male
- ❑ Age: 11 years
- ❑ Occupation: student
- ❑ Family Structure: he lives with his parents and his younger brother, who is also in therapy.

The first day, Antonio came to the consultation with his father because his mother could not come. The father commented that his son needed help because he had behavior problems,

although what worried him the most was that Antonio was very fearful.

- CASE DESCRIPTION: Evolution of the problem and historical analysis

The parents describe a normal development, but comment that he had a hard time staying in class with the other children. When he was 6, the parents say that the tutor (who is still the child's tutor) humiliated Antonio, calling him a "baby and a midget" in front of the whole class because he could not do something that all the other children of the class did.

According to his parents, after this event, Antonio began to take refuge with the girls of the class because they were always more understanding of his behaviors, which the parents describe as "childish".

In an interview with both of Antonio's parents, they tell us that since his teacher insulted him that time, he is not as happy as he used to be and his behavior at home has worsened.

However, when his parents are not present, Antonio tells us that although he remembers this event with his teacher, his experience of it was not so bad and he does not feel any ill will towards this teacher who, incidentally, is still his teacher. What really worries him is that his parents want to change schools because they "cannot stand this teacher". Antonio does not like his teacher, but he realizes that she treats all the children badly and it is not something "personal" against him, so he doesn't worry about it. He doesn't feel bad in that class where he says he has friends and he doesn't want to change schools.

The parents describe Antonio as a cry-baby and fearful, a boy who has never defended himself and who always solves problems by crying. The father says he cannot stand that behavior and he lets the boy know it, even by calling him a "sissy".

When we ask the parents about his behavior problems, they say they usually occur because they tell him to do something and he disobeys, or because of his studies. The parents explain that Antonio "thinks he's smart", he is confident, and he doesn't get better grades because he does not make enough effort. When he behaves like this, the parents say they get angry, especially the father, and he even punishes Antonio by forbidding him to use the video console or the TV. Antonio reacts by screaming at them, and sometimes he runs to his room, bangs the floor, or slams his door shut.

Although the parents assure us that they never argue about punishments in front of the children, the father explains that Antonio's clashes with him are worse than with his mother because he demands more, he often insults Antonio, and even smacks the children once in a while.

The mother comments that she is usually the one who stops her husband when she realizes that he is losing control, by nudging him with her elbow or looking at him. The father explains that, when faced with those situations, he loses his temper and has a hard time controlling himself, and later he realizes he has gone too far. Therefore, he feels bad and tries to lessen the punishments because, upon

analyzing the situation in cold blood, he considers them excessive.

When we ask about any other kind of consequences they use to deal with their son's behaviors, they comment that there is only one punishment that is any good and that is to forbid using the console. "At the beginning, we get very angry and forbid it for 3 months, but actually, after a few hours or at the most, the next day, they are playing with them again."

Antonio says he has no problems and



does not need to see a psychologist. He doesn't like his parents to

scold him, or when his father spansks him, but what bothers him the most is that his father won't let him talk and explain why he doesn't want to do some things. He also complains that the punishments are always the same, no matter what he has done: it doesn't matter whether he refuses to set the table or whether he refuses to enter a place that scares him; he disagrees with this and thinks the punishments should be different.

He describes himself as a fearful child, and says that's why his father is ashamed of him. He is frightened of many things, especially of Halloween

## • ASSESSMENT INSTRUMENTS AND RESULTS

To complement the information about Antonio's behaviors obtained in the

interview and to rule out possible problems that were not mentioned, we applied the following questionnaires:

*Children's Depression Inventory* (CDI) (Kovacs, 1992), which seemed appropriate because of its brevity and validity to estimate the intensity and evolution of depressive symptoms in children and adolescents. The questionnaire is divided into two scales: dysphoria and negative self-esteem.

*State/Trait Anxiety Questionnaire in Children* (STAIC). (Spielberger, 1973), which seemed adequate to appraise transient state and latent trait anxious symptomatology.

*Behavior Assessment System for Children* (BASC). (Reynolds & W. Kamphaus, 1992) to assess the more or less adaptive behaviors of the child with his family and at school, as it collects information from the parents, the teachers, and from the child himself.

*Children's Attributions and Perceptions Scale* (CAPS) (Mannarino, Cohen & Berman, 1994). This is a self-report questionnaire for children which assesses two dimensions of perfectionism: self-oriented and socially prescribed.

After analyzing the results of the diverse assessment instruments, we found no significant scores in any of them.



- FUNCTIONAL ANALYSIS

Analyzing the present data and the specific behavior sequences, we considered that the hypothesis of the origin and maintenance of the behavior problems is the father gives in to these tantrums (crying, screaming, and complaining) and the child learns to get what he wants by throwing temper tantrums, even though the father scolds him for his complaining and screaming.

We think the origin and maintenance of this behavior are very similar, because if Antonio uses tantrums in different situations, it is because they work.

In the case of Antonio's anxiety, we will go into a little more detail. We observed that the child is afraid in situations that produce normal fear, like going into the House of Terror, or people who are disguised. His parents press him to face up to events that produce excessive anxiety. He may have begun to use the same behavior that always served to get what he wanted in order to leave these situations, and, of course, it seems that it also worked here, because he could avoid these situations and, in the short run, he reduced his anxiety even though his father reproached him. Therefore, when currently faced with situations that produce normal fear, such as Halloween, the child thinks, "I won't be able to do it, they're going to force me", which produces excessive anxiety. In these situations, he also cries, complains, and screams, behaviors that served to avoid facing the above-mentioned events. Thus, he manages to reduce his anxiety in the short run, but his father reproaches

him, and this will probably increase his anticipatory thoughts in other situations.

We got the impression that the anxiety generated by others' pressure has become generalized to other situations in which he feels he is negatively appraised. In these situations, the child has negative thoughts that provoke anxiety and, once again, he resolves them with these avoidance behaviors, such as crying and tantrums, with the result of a short-term anxiety reduction, but it does not solve the problem, so the negative thoughts will increase, and this behavior is maintained in similar situations, reducing anxiety in the short run.

- BEHAVIOR PROBLEMS

On the one hand, Antonio has negative thoughts like "I should have more male friends and not so many female friends", "I shouldn't be so fearful", "I should not enjoy SpongeBob", which generates anxiety; this anxiety is provoked by these thoughts about what should be but is not and by the avoidant behaviors. It is particularly noteworthy that he downplays some things and he even denies them, such as the avoidance behavior.

Another issue is the behavior problems, that is, his tantrums and disobedience.

- DIAGNOSIS

After collecting all the information, we began to establish the diagnosis, which generated a strong debate in the Tutorship. On the one hand, because we found no pathological behaviors in the

child that really interfered with his functioning and generated a high degree of distress in him. As we found no depressive or anxious symptomatology, despite some normal sadness because of the disillusion he provokes in his parents, we did not want to assign the category of symptoms to his behaviors, because they seemed normal behaviors in the face of the pressure he suffers. This may provoke a negative self-image, but we could not confirm that these behaviors had the entity of psychopathological symptoms in the child's life, either through the interviews or the questionnaires, because they do not seem to provoke a high degree of distress in the child or to generate any interference in his normal functioning. Therefore, with regard to the behaviors of anxiety and the negative self-image, we do not consider we should refer to symptoms or to psychopathology, or even diagnose a disorder of a residual category, such as a nonspecific depressive disorder. Therefore, after much debate, our opinion is that he does not meet the criteria for any diagnosis.

With regard to the behavior problems, we think his disobedience is fairly habitual at his age and, moreover, very conditioned by the parents' poor contingency management. We do not think that this problem has a diagnostic entity.

Therefore, we were finally inclined not to diagnose this child in Axis I, although we decided to include problems concerning the primary support group of Axis IV. GAF (global assessment of functioning) was 70 at the time of assessment.

## Diagnostic and Statistical Manual of Mental Disorders IV-TR

AXIS I: Z03.2 No diagnosis [V71.09]  
 AXIS II: Z03.2 No diagnosis [V71.09]  
 AXIS III: No diagnosis.  
 AXIS IV: Problems with primary support group  
 AXIS V: GAF: 70 (Current)

## 2. Juan

- ❑ Patient's name: Juan (fictitious)
- ❑ Sex: male
- ❑ Age: 9 years
- ❑ Occupation: student
- ❑ Family Structure: he lives with his parents and his older brother, who is also in therapy.

When Juan comes to consultation, he displays bad behavior at school, according to his parents, who are worried because they get many complaints from the school because of "disproportionate anger" and "disobedience in these anger situations". The parents say they feel overwhelmed. Moreover, the father explains that he is concerned to see how this is interfering with his son's social relations.

- CASE DESCRIPTION: Evolution of the problem and historical analysis

The parents mention that they had also wanted to have their second child. They comment that the child reached all the developmental milestones successfully and has had no remarkable illnesses.

The mother comments that the behavior problems and consequential punishments began ever since Juan began to crawl. She says, "he has always been a very naughty child and by the time he arrived at the kindergarten, he was almost always punished". According to her, these punishments were because Juan hit the children to get the toys he wanted.

The parents say they don't consider these behaviors bad because "he's a child with a strong character" and that "when he had to defend himself, it didn't matter whether the other child was smaller or bigger than him". In this sense, the father compares his two sons, explaining that "the little one has always been braver because he never cried even if there was a reason to cry; whereas the older solved everything by crying". Even so, the mother emphasizes that they punished him by "scolding him, making him sit down to think in a chair, or spanking" because she "was ashamed when she heard other mothers tell their children not to play with him because he was a bully". She says that, in general, before the scoldings, the child got what he wanted.

The mother explains that the child is also punished at school, and they tell her, "he arrived at school and the teachers continued to punish him, and this is still going on currently".

According to the current teacher, in 1<sup>st</sup> and 2<sup>nd</sup> grade of primary school, when Juan's classmates didn't want to play what he wanted, he threw tantrums in the school yard, which she defined as "intense anger" and subsequently "he turned away from the children and

played by himself". According to his tutor, all the teachers had heard about Juan because of his behavior in the school recess.



His parents explain that in 2<sup>nd</sup> grade of primary school, they noticed a change in Juan's behavior: "he no longer hits but instead the others hit him and he cries whenever anyone does anything to him at school". They also comment that he does not have a group of friends and he spends his time playing with a child who has an intellectual incapacity. The father thinks that Juan is friends with this child because he always does what Juan wants and he admits that he doesn't like this friendship because he doesn't want others to think that Juan is "weird". According to the tutor, at the beginning of 3<sup>rd</sup> grade of primary school, Juan threw his desk after getting angry and one month later, he arrived at the classroom



kicking a classmate's coat, which was on the floor. The teacher gave him a "black star", he was punished with no recess,

no excursion, and his mother says she also scolded him and was very upset. The parents say they "no longer know how to correct Juan's behavior, they have even gone so far as to remove all his toys and they still get complaints about him from the school."

With regard to his social relations in this course, the father notes that "his classmates reject him because of his behavior". In the same vein, the teacher says he is not a "rejected child but his classmates don't seek his company" and that "nowadays, if his classmates don't want to play with him, Juan is alright playing by himself." This is confirmed by the child in the individual sessions with him, and he adds that he has no problems to seek out other children to play with (who are almost always younger than him because, as he notes, they play the games he wants to, and the older ones do not).

Juan comments that other children think he is bad because, for a long time, he used to hit them; however, he says he is not bad and would like to prove it. Currently, with regard to his brother, he says they have a good relationship and they usually play what he wants. About his parents, Juan thinks he prefers his mother to punish him instead of his father, because his father imposes harsher punishments: no TV and no consoles, and his mother, only no TV.

Currently, the mother says he is a collaborative child, he doesn't confront them and at home, he has his assigned household tasks that he does. The father comments that Juan knows how to get his way, he tells us literally that "he seems to obey but in the end, he does

what he wants". They give us an example: the child wanted to watch TV and his parents wouldn't let him because it was bedtime, but they let his older brother watch TV. Juan began to complain so they wouldn't let his brother watch TV either. Then the mother sent them both to bed, winking at Antonio, and when Juan was asleep, she got Antonio out of bed to watch TV. This gave us the impression that they teach the child to get what he wants even when he is not dominating the situation because, by fooling him, the mother made him believe that he had won.

#### • ASSESSMENT INSTRUMENTS AND RESULTS

In addition to the interviews to obtain information, we wished to use objective tests that would allow us to monitor the variables we consider relevant in this case. We used the following tests:

-*Child Anxiety Scale, CAS* (Gillis, 1980). This instrument psychologically explores anxiety processes in children during the first school years (6-8 years).

-*Child Depression Inventory, CDI* (Kovacs, M., 1992).

-*State-Trait Anger Expression Inventory in children and adolescents, STAXI-NA* (Spielberger, 2005). This accurately assesses the diverse components of anger (Experience, Expression and Control) and its facets as State and as Trait.

-*Behavior Assessment System for Children BASC*. (Reynolds & Kamphaus; 1992).

After analyzing the results obtained from the above assessment instruments, we found significant scores in all of them, which will be explained below.

- BEHAVIOR PROBLEMS

We found that Juan's behavior problems occurred with his peers and with his teacher. Feelings of sadness linked to thoughts like "I'm bad" and social isolation.

- FUNCTIONAL ANALYSIS

With the information gathered by the questionnaires and assessment interviews, and after analyzing the chains of behaviors presented by Juan, we proposed that, in principle, when Juan wanted something from his parents and he didn't get it for some reason, he complained, he got angry, or he sought a way to get what he wanted. Thus, he always got what he wanted and, therefore, the child had learned to find a way to get whatever he wanted at home, without needing to confront his parents, as noted by his mother. As this worked, he continued to emit these behaviors currently, and, as we saw in one of the most recent sequences, Juan is capable of complaining to make his brother go to bed, and he achieves his goal.

What was happening at school? When Juan wanted something that he did not get, he would complain, but in this setting, he did not achieve his goal but instead they scolded him, they gave him "black stars", and he was not allowed to go on excursions. As these responses did not serve him, he began to decrease

them. Then he started emitting other behaviors, such as throwing ball-point pens. The teacher says she ignored him. At that point, the logical process of extinction began, and the response topography varied, becoming more intense, and Juan would throw books, and even his desk. This is when they brought him to consultation for bad behavior.

We found that, at home, Juan gets his way with his inappropriate responses, but at school, they do not work. In fact, now he is quiet, he doesn't know what to do... neither do these behaviors help him to get his way. We think this is generating dissonance in Juan about what he must do to get his way, because at school, they explained to him that if he hits others or gets angry to get his way, he is being bad, whereas at home, he gets whatever he wants with this type of behavior. Moreover, his parents consider him "a little rascal", which has no negative connotations for them.

At this point, we think the teacher used the extinction technique correctly because there are no current complaints of disruptive behavior in the classroom. However, it is important to note that she did not apply any reinforcement to adequate alternative behaviors, so, as a consequence, symptoms of sadness and disillusion emerge because Juan doesn't know how to manage these situations at school.

Lastly, we also analyzed his interactions with his peers, finding that one of the behaviors he presents is crying but, according to his teacher, the children ignore him; however, he does get his educators' and parents' attention, so he

continues to emit this behavior currently. Nowadays, when he doesn't get what he wants, he gets angry and he goes off to play with younger children, with whom he plays what he wants; thus, he partially achieves his goal, but he does not manage to play with children of his age. This generates sadness and isolation, and a negative self-image, as the child reflected in the tests.

<b>Diagnostic and Statistical Manual of Mental Disorders IV-TR</b>
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AXIS I: Adaptive disorder with depressive symptomatology
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AXIS II: V71.09 no diagnosis
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AXIS III: no diagnosis
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AXIS IV: Problems with primary support group and educational problems
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AXIS V: GAF: 65
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- **DIAGNOSIS**

With all the information of the case, we decided that Juan presents depressive symptomatology measured both in his self-report and the reports presented by his parents and teachers. Likewise, he presents anxious symptomatology that interferes with his life, as his academic achievement is decreasing, he has no friends of his age, and he is aware of this.

Upon analyzing his symptomatology, he did not meet the criteria for any anxiety disorder such as social phobia, because of this his lack of skills to interact with his peers that leads him to play with smaller children and to have the feeling that he does not fit. Nor did he meet the criteria

for mood disorders, such as depression, because, according to his parents, he has no sleeping problems and his appetite has not changed in the past two weeks, he still plays the games he likes although he has switched from building to his Play Station Portable. They point out that he does not act nervous or sluggish, and he has no death-related thoughts.

Given the distress the child reflects and the social interference it is generating, we conclude that Juan presents an adaptive disorder with depressive symptomatology on Axis 1. No diagnosis on Axes II and III, and, represented on Axis IV, problems related to the primary support group and to schooling generated by the lack of coping and problem-solving skills. His GAF (global assessment of functioning) at the time of assessment was 65.

### **3. Parents**

As we had both brothers in our tutorship, we could share the two cases, which is when we began to have our first doubts that, little by little, led us to the conclusion that the case required a more exhaustive assessment of the parents, because we intuited that the family dynamics, and more specifically the parents, could have a great influence on their children's problems.

With the information gathered till now and seeing the parents' influence on their children's behavior, we decided to dedicate two assessment sessions to perform a more detailed analysis of the complete family functioning. This way, we could reach a more adequate

hypothesis of the origin and maintenance of the behavior problems presented by the children.



- **BEHAVIOR PROBLEMS**

As mentioned, one was inadequate contingency management of the children's behaviors ...because the parents give way when their children throw tantrums, so the children get their way and their behavior is reinforced. Moreover, when they imposed some negative consequence in a situation, it was sometimes so intense or inappropriate that they could not carry it out.

The second problem and, we think, the main one, is the parents' inappropriate ideas that generate so much anxiety. We will also examine the father's anger when his expectations are not met.

- **FUNCTIONAL ANALYSIS**

Now, when examining the children's chains of inadequate responses and analyzing the parents' behavior, we found: The child wants to get something from his parents. When they refuse, he complains and gets angry, in the case of the older brother, he throws a tantrum, in the case of the younger one, he finds a way to get what he wants. The father, in

order to eliminate the negative stimulus of the tantrum, ends by giving the child what he wants.

Both children emit behaviors that lead to their getting their way, so these behaviors are maintained, although their topography varies. In both cases, the father gives in so that the negative stimulation (complaints, confrontations) will decrease. So the father learns to give in. And, in all these situations, the mother remains in the background.



## **4. Clinical Family Formulation**

At this point, we will try to formulate this family case, emphasizing what we consider are the main treatment target behaviors, and therefore, where we would have to work so the situation will change.

We think that the *main behaviors* involve the parents, especially their deficient skills to manage their children's behavior, but also their numerous inadequate beliefs about "what their children should be like", that is, "the older one is a sissy;

the little one is more of a rascal, so he is more manly...”

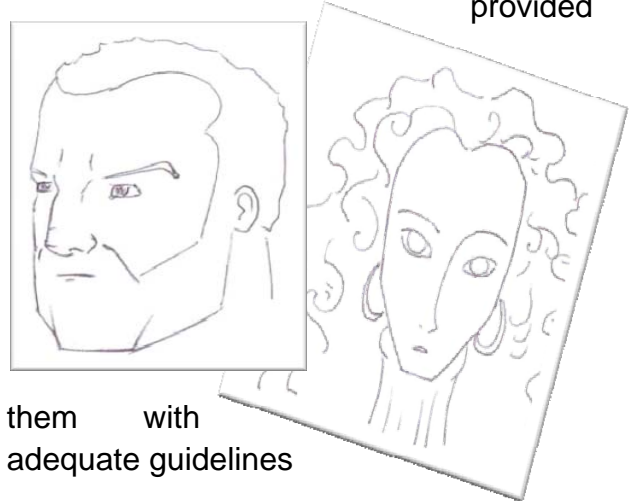
This generates intense *anxiety* in the parents and a series of behaviors to attempt to control what they fear and to reduce their anxiety. The parents' deficits in the contingency management of their children's behaviors has made them behave inadequately with them, and their concerns about how their children should behave have turned into real pressure for the older child, which generates great anxiety in him and problems in their relationship with him, because he knows that he disappoints them by the way he acts and by behaving the way he does.

With regard to the younger brother, the main problem is that his habitual behaviors to get his way serve his purpose at home but not at school, and this provokes not only sadness, isolation and a negative self-image, but also cognitive dissonance related to the fact that what he normally does to get his way is "being bad", so now he also worries about being bad. And the worst is that doesn't know how to get his way by any other means.

## 5. Treatment

On the basis of the above and the analysis of the family formulation, we decided that the treatment that best met the needs of this family consisted of focusing on the parents' behavior problems, on the family interaction and, separately, on both children's behaviors, which are influenced by the former.

For the intervention with the parents, we provided



them with adequate guidelines

for contingency management. With regard to the parents' inadequate beliefs, the proposed treatment plan consists of decreasing their concerns, which we consider essential for them in order to reduce their control behaviors. This is a possible hypothesis, but it should be considered that not just by changing beliefs (which have been in place for years) will the concerns automatically decrease and, therefore, the control behaviors will also decrease.

As changing the beliefs is a long and difficult undertaking, we shall start simultaneously with a program of behavioral control to modify the control behaviors the parents carry out, for example, in the case of the older brother, not making him do something when he doesn't want to, not pressing him to do something he is afraid of, not performing checking behaviors such as, for example, asking him if he is gay (as they have sometimes done), not making fun of his fears...

When we tell parents they should not say anything that goes through their heads to their children, we do so within a cognitive program, as psychoeducation, so they will understand that they should not

always try to influence their children so they will comply with their wishes.

The belief system is a central element, but not the only one, because the control behaviors, besides causing much harm, do not disappear just by modifying the beliefs.

Another aspect we shall work on with the parents, following the Socratic method, is the negative image they have of their children, making the parents tell their children that they are neither better nor worse nor less than others because they have mannerisms, like they are doing with Antonio. In fact, we think that the parents could be great allies to facilitate change when we start the intervention with them.

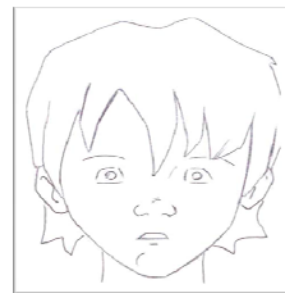
Another thing we would deal with and we think is necessary—due to the deterioration of the father-older son relationship—is the family interaction, planning from the start pleasant activities in which contingency management can also be worked on. This was one of the behavior problems we described first.

Parents' treatment:

Goals	Techniques
Make them aware of the problem of the family dynamics	Feedback interview
Improve the father-son relationship and family climate	Pleasant activities in the family
Eliminate the control behaviors	Stimulus control
Increase emotional control in anger situations	Emotional regulation Techniques of self-control
Modification of beliefs	Cognitive restructuring
Develop a better way to manage their sons' behavior	Contingency management

Then what occurs with their sons' behaviors? A possible hypothesis could be that by making the parents' behavior problems disappear, the sons' would also disappear, but we think we should help them at the beginning with their problems, because we think they are, up to a point, at risk (specifically, the older boy).

#### Case 1: Older brother



After analyzing all the data, we proposed the treatment. We think that we would perform the feedback interview with Antonio and with his parents, separately. To manage anxiety, we would teach him the relaxation technique, because one of his problems are his tantrums and his difficulty to control himself, which would be complemented with techniques for self-control. To learn this, we would ask him to practice at home and we would also train him in session. We would also explain the function of anxiety to him. Another of the main goals is to deal with his thoughts using the ABC model, because Antonio has many negative thoughts as well as concerns related to his family, especially to his father. We would also teach him social skills to improve his social integration

Lastly, after working on all the goals, we would introduce relapse prevention.

Treatment of the older brother:

GOALS	TECHNIQUES
Inform about the problem and its main components.	-Feedback interview Psychoeducation
Modification of negative thoughts, particularly negative anticipations and thoughts about his personal worth.	-Explanation of the ABC Model ABC Record -Cognitive discussion about the validity of thoughts -Game "The planet of the Psimons".
Promote the development of Social Skills	-Psychoeducation of social skills Self-instructions -Training in self-instructions. Modeling and behavioral rehearsal
Strengthen the achievements Generalize the learnings and maintain achievements at long term	-Relapse prevention -Reviewing the techniques learned -Identification of risky situations

and if psychoeducation alone is not sufficient, we shall use cognitive restructuring. The next goal we propose is to increase his adequate coping skills by means of a contingency program, which his parents will manage with token economy, and training in social skills training and in emotional regulation. Thereafter, so he will perceive that his peer relations as less aversive and so we can thereby increase his interactions with peers, we propose a program of pleasant activities with peers that would also involve exposure in which Juan could practice the skills he acquired.

Lastly, we would use overlearning exercises and we would review the learnings to prevent relapses.

Treatment of the younger brother

GOALS	TECHNIQUES
Inform about the problem and its main components.	Feedback interview
Normalize the current coping responses	Psychoeducation to differentiate inadequate - unacceptable-adequate responses Psychoeducation of the concept of "being bad"
Decrease cognitive distortions	-Cognitive restructuring
Increase adequate coping skills	-Contingency program Social Skills -Emotional regulation
Increase the time he enjoys being with his peers	Pleasant activities with peers
Relapse prevention	Overlearning exercises Review the learnings

## Case 2: Younger brother



The treatment designed for Juan, the younger brother, includes information feedback with the child so he will understand his problem and the work we shall carry out during the sessions. Thereafter, we shall start by normalizing his current coping responses and differentiating inadequate, unacceptable and adequate responses, through psychoeducation. Likewise, we shall intervene in his belief that he is "bad",

## 6. Discussion

After analyzing all the information, we concluded that we need information from different sources when examining the children's behavior, because their diverse settings substantially complement the assessment. The case presented herein helped us to reflect about:

◇ The fact of finding apparently contradictory information between what the child tells us and his self-reports can reveal his contradictions, concerns, and ambivalences, thus enriching our explanatory hypotheses.

◇ When applying techniques to extinguish inadequate behavior, it is very important to guarantee the learning and installation of adequate alternative behaviors in order to avoid generating behavioral helplessness and the resulting sadness and negative self-image in the child.

◇ Functional analysis of the family's behaviors—and not just those of the child—is of great importance because the information obtained allows us to perform a good assessment and consequently the best possible treatment.

◇ Many of the behaviors that the parents consider to be pathological are really not so, and it is this belief that generates pathology.

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