COGNITIVE BEHAVIORAL THERAPY ON ANGER REGULATION WITH SINGLE-PARENT CHILD RESIDING IN AN ORPHANAGE: A CASE STUDY

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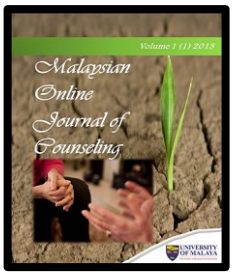

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ABSTRACT

Brief Cognitive Behavioral Therapy sessions were conducted with a ten years old boy, residing in an orphanage in Malaysia. Eight sessions of brief CBT were conducted to resolve the child's problem in anger regulation that led to his deficits in social skills. After the sessions, the child was able to integrate learnt social skills and managed to socialize more effectively with other children. However, due to the lack of supervision from the orphanage's side, the child requires more effort to help him regulates his anger more effectively.

Keywords: Brief CBT; Case Study; Child; Anger Regulation

CASE SUMMARY

Ten years old S.H was referred to the student therapist due to his recurring fights with other children in the orphanage as well as his inability to socialize with others. S.H's legal guardian had signed the informed consent before the therapy commenced. The child's teacher was interviewed and she reported that, S.H is a reserved child that spends most of his time alone. He would reacts aggressively to others that approached him and these incidents usually turned into physical fights. The teacher was given the Behavior Assessment System for Children (BASC, 1998) by Reynolds and Kamphaus to identify the areas that needs to be work on with the child. The sessions were conducted in the school's classroom instead of the orphanage.

Brief CBT was conducted and the sessions commenced with rapport building before addressing the child's problems. Rapport building focused on helping the child familiarize to the therapeutic settings, and express on anything that he rarely shares with anyone else.

The student therapists had roughly outlined and planned the therapeutic techniques that could accommodate the interest and needs of the child. Cognitive and behavioral techniques such as role-playing, relaxation and worksheets were used throughout the sessions to maximize the child's experience of the therapy. The consecutive sessions focused on reducing S.H's aggressive behaviors through teaching him relaxation techniques as well as token economy and self-monitoring. Furthermore, worksheets were used in attempt to help S.H identify his cognitive distortions, and challenging these faulty thought patterns.

The underlying concept of CBT was also taught through worksheets and exercises that emphasized on identifying S.H's antecedent, behavior, cognition as well as challenging his distorted cognition and disruptive behaviors. These exercises were repeated every session in order to help him remembered and reinforced his ability to challenge his problematic thoughts and behaviors.

Social skills were also taught through role-playing situations of S.H daily life. This helps him to identify his problematic social skills, and also teach him more effective ways of reacting to others. Besides, he was also taught how to approach others effectively by identifying their emotions and behaviors.

The brief CBT took eight sessions and the results showed that S.H improved in socializing with others but his anger issue was not completely solved.

CASE CONCEPTUALIZATION

S.H is only ten years old, and it was considered that his cognitive ability would influence the therapeutic process. According to Piaget, S.H is currently in the concrete operational stage in which he is capable of understanding the concepts of CBT but faced difficulties identifying the alternative thoughts patterns and behaviors. This could be due to inability to grasp abstract thoughts and behaviors that had never occurred (Berk, 2010).

Therefore, CBT techniques were modified accordingly to accommodate S.H's cognitive level and verbal understanding. The main focus of CBT was problem solving, in which both coping skills, and cognitive restructuring were integrated in order to maximize the effectiveness of the therapy.

The problem-solving skills emphasized on psycho-educating S.H regarding emotion-centered coping style, in which he learn to regulate his emotions internally, while realizing that others' actions of disturbing him are out of his control (Kliewer, Fearnow & Miller, 1996; Lazarus & Lazarus, 1994).

Furthermore, S.H was also taught of perspectives taking (Selman, 1976; Selman & Byrne, 1974). Through this, he learned to view thoughts, emotions, and intentions from an other-centered perspective.

These components were emphasized in order to help S.H cope with his anger internally while restructuring his cognition of blaming others for his anger and aggressive behaviors. Moreover, training him to take on others' perspective aimed to enhance his social skills of being understanding of others' reasons to reject him. Additionally, CBT is used to modify S.H's approach towards social situations. Arsenio, Adams, and Gold (2009) stated that a child's thought patterns are the determinant of his aggressive behaviors. This is due to the child's distorted ways in approaching social information.

Researchers had proposed that a child that reacts aggressively perceive his social situation based on their experiences in the past that led to his violent reactions, thus he internalized these experiences and attend to future situations based on these cues. Besides, the child would often perceive others in an aggressive and hostile manner that led to his aggressive reactions to the situation (Huesmann, Dubow, & Boxer, 2011; Lochman, Powell, Whidby, & FitzGerald, 2012; Pakaslahti, 2000).

CBT is used to help the child realized his faulty thoughts patterns towards social situations, as well as his choice of behaviors towards the others. CBT aimed to reduce the child's use of aggressive cues, by selecting more adaptive solutions, and anticipating the consequences of their behaviors (Gilman & Chard, 2015). The integration of CBT techniques has been proven effective in reducing children's aggressive behaviors (Guerra & Slaby, 1990; Kendall, 1993; Ozabaci, 2011; Sukhodolsky, Kassinove & Gorman, 2004). Therefore, these techniques were integrated with the aforementioned concepts in the therapeutic process in hope of challenging and modifying S.H's problematic affects, cognition, and behaviors.

TREATMENT PLAN AND ACTUAL PROGRESS

The brief CBT focused on two main problems: anger regulation, and social skills. Hence, the treatment plans were: (1) challenging distorted cognition towards social situation; (2) modifying aggressive behaviors; (3) learning techniques to delay anger outburst; (4) identifying alternative thoughts and behaviors.

The treatment goals were to reduce aggressive behaviors and enhancing social relationships with others. Thus, enabling S.H to socialize with others more effectively in the process.

The first and second sessions focused on rapport building and understanding the child's background, emotions, and thought patterns. By the third session, relaxation techniques and alternative thought patterns were discussed and self-monitoring by the child were incorporated to help him gain insight of his thoughts, affects and behaviors.

By the fourth session, the child showed improvement, and self-reported a reduction in fights. Hence, we moved on to discussing effective coping skills while remained sidetracking the progress of his anger regulation.

Mindful breathing and imagery were implemented and the child was to record and report his behaviors, emotions, thoughts, as well as the alternative thoughts and behaviors on a weekly basis to monitor his progress. Furthermore, contingency management were incorporated to reinforce the child's adaptive behaviors and thought patterns by rewarding him time to play games.

By the fifth session, the ABC model was discussed and S.H was able to identify and explained each component using his life experiences. Moreover, coping and problem-solving skills were taught through role-plays.

The consecutive sessions continued through more role-plays, worksheets, and sharing. Even though the treatment plan progressed accordingly, but the results were less satisfactory as not all of the treatment goals were achieved due to various limitations.

By the last session, S.H self-reported that he had not been truthful about the reduction of his fighting incidents. However, he mentioned that he is able to make more friends and spent more time playing with others. Besides, his teacher had also reported mild changes in S.H's behaviors and affectivity.

CHALLENGES AND ACCOMPLISHMENT

There were several hindrances that had influenced the effectiveness of the CBT. Time constraint was one of the main reasons that the child's anger issue was not fully resolved. CBT and rapport building with children are usually more time-consuming due to their limitation in cognition, and verbal expression. Thus, various techniques need to be integrated to help the children adapt to the therapeutic settings. Additionally, since S.H resides in an orphanage, most background information from caregivers was inaccessible. S.H's teacher was the only additional source that could provide information regarding the child.

The lack of supervision and reinforcement at the orphanage also contributed to S.H inability to modify his aggressive behaviors effectively. Self-monitoring by the child alone is inadequate and that he had not been truthful about his behaviors. However, despite all these limitations S.H managed to show certain improvements in terms of affectivity and socialization.

PROGNOSIS AND INDICATIONS FOR FURTHER TREATMENT

In order for S.H to further improve, supervision and reinforcement from the home environment are crucial. One-sided effort from the therapy was inadequate and had hindered S.H progress in modifying his behaviors. Support from the orphanage is also important to motivate S.H to change by using the techniques learned through CBT. Lastly, it is highly recommended that S.H continue with further therapy to help him resolve his issues.

LESSON LEARNT AND RECOMMENDATION

The experience has been eye-opening, yet challenging as the child has a complicated history and had experienced life differently. The lack of access to caregivers makes the therapy more challenging, as the exact problems were unclear. It is recommended to use other methods such as naturalistic observations to obtain a better picture of the child's behaviors and issues before the therapy.

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