**Psychotherapy with Children and Adolescents**

Name

Institution

Course Code: Course Name

Lecturer’s Name

Date

**Psychotherapy with Children and Adolescents**

Children and Adolescents psychotherapy offers a safe space that changes patients’ behaviors, feelings, and thoughts. Like in adult psychotherapy, Children and Adolescents psychotherapies focus on resolving conflict, helping the clients understand their feelings and thoughts, and establishing new solutions to their problems (Blake, 2018). Nonetheless, children are not small adults. As such, child psychotherapy emphasizes the need to make sure that children understand what is going on. Psychotherapists counseling adolescents should consider the unique features of adolescents and, as such, incorporate the broader systemic context of the adolescents’ lives.

**Disruptive Behaviors**

Disruptive behaviors are a group of psychiatric conditions that affect the self-regulation of behaviors, emotions, and feelings. The disorder begins in childhood or adolescence. Clients with disruptive behaviors, behave in a way that significantly conflicts with societal norms, or makes others uncomfortable. Additionally, the behavior may impair occupational, academic, or social functioning. Various etiological factors play a role in the development of disruptive behaviors. These include social, psychological, genetic, and environmental factors such as neglect, physical abuse, and in-utero exposure of toxins.

**Disruptive Behaviors: Part One**

I chose to focus on the angry adolescent. On watching the clip, the adolescent seemed aggressive. I was interested in knowing why the teenager was offended. Consequently, I wanted to find out why the client was angry as her eyes revealed a lot of hurt and pain. The client claimed that she hated the counselor. She stated that the counselor was horrible, and she did not like being there. Furthermore, she was abusive and threatened not to divulge her problems.

**Disruptive Behaviors: Part Two**

In the second clip, the therapist validated the angry adolescent. This helped in calming the girl. Additionally, the girl became less tense, unlike when she was called out for being disrespectful. The angry adolescent only became disrespectful and defensive when the therapist pointed out her attitude and behavior. Additionally, the therapist perpetuated the teenager’s disruptive behavior by making several negative remarks. As an illustration, the therapist told the girl that she was wasting her parents' money if she continued to exhibit her behavior. On the flip side, when the therapist created rapport and became professional, the teenage client was willing to open up. He achieved this by acknowledging the reason the girl was there and the objectives of the session as well as the girl’s feelings.

**Behaviors Aligning to DSM-5 Criteria**

According to the DSM-5, clients with disruptive behaviors present with problems with emotional and behavioral regulation, which frequently results in significant conflict with authority figures and societal norms (American Psychiatric Association, 2013). Furthermore, clients with disruptive behaviors present with aggression towards animals, people, and property. Additionally, they are vindictive, argumentative, and defiant towards authority figures (American Psychiatric Association, 2013). Besides, individuals with disruptive behavior have an irritable and angry mood. In the clip, it is evident that the teenager was aggressive and irritable. The teenager was also disrespectful to the counselor, who is a figure of authority. Moreover, it was indicated that a probational officer had recommended the angry adolescent to be counseled. This demonstrates that the teenage girl may have violated the rights of others.

**Therapeutic Approaches**

The management of disruptive behaviors encompasses both pharmacologic and psychotherapeutic modalities. Multi-component psychotherapeutic interventions are the modality of choice (Masi et al., 2016). Psychotherapeutic interventions that are indicated include cognitive behavioral therapy, social skills programs, and parental management training. Cognitive-behavioral therapy would be beneficial for this client. Sukhodolsky et al. (2016) reported that cognitive-behavioral therapy might improve anger control skills and enhance a wide repertoire of emotional regulation strategies among children and adolescents with disruptive behavior.

Pharmacotherapy entails psychostimulants in comorbid attention deficit hyperactive disorder, and mood stimulants or antipsychotic medications in individuals with severe aggression. Masi et al. (2016) also noted that methylphenidate effectively reduces aggressive behaviors in clients with comorbid attention-deficit hyperactive disorder. These claims are supported by another study by van Lith et al. (2018), who noted that methylphenidate is a promising pharmacologic intervention for adolescents with disruptive behavior. Furthermore, in a 2015 metanalysis by Epstein et al., psychosocial interventions such as parental management training were demonstrated to be effective in the treatment of disruptive behaviors.

**Expected Outcomes**

The expected outcomes upon treatment of the aggressive adolescent include a reduction in the frequency of aggressive behavior and improvement in social skills. Kaminski and Claussen (2017) indicate that the goals of treating disruptive behavioral disorders include reducing defiant and rule-breaking behaviors as well as reducing aggressive and non-aggressive behavioral patterns.

**References**

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*(5th ed.). Arlington, VA: Author. <https://doi.org/10.1176/appi.books.9780890425596>

Blake, P. (2018). *Children and Adolescents psychotherapy.* London: Routledge, <https://doi.org/10.4324/9780429472800>

Epstein, R. A., Fonnesbeck, C., Potter, S., Rizzone, K. H., & McPheeters, M. (2015). Psychosocial interventions for child disruptive behaviors: A meta-analysis. *Pediatrics*, *136*(5), 947-960. <https://doi.org/10.1542/peds.2015-2577>

Kaminski, J. W., & Claussen, A. H. (2017). Evidence base update for psychosocial treatments for disruptive behaviors in children. *Journal of Clinical Child & Adolescent Psychology*, *46*(4), 477-499. <https://doi.org/10.1080/15374416.2017.1310044>

Masi, G., Milone, A., Manfredi, A., Brovedani, P., Pisano, S., & Muratori, P. (2016). Combined pharmacotherapy-multimodal psychotherapy in children with disruptive behavior disorders. *Psychiatry Research*, *238*, 8-13. <https://doi.org/10.1016/j.psychres.2016.02.010>

Sukhodolsky, D. G., Smith, S. D., McCauley, S. A., Ibrahim, K., & Piasecka, J. B. (2016). Behavioral interventions for anger, irritability, and aggression in children and adolescents. *Journal of Children and Adolescents Psychopharmacology*, *26*(1), 58-64. <https://doi.org/10.1089/cap.2015.0120>

van Lith, K., Veltman, D. J., Cohn, M. D., Pape, L. E., van den Akker-Nijdam, M. E., van Loon, A. W. G., & Popma, A. (2018). Effects of methylphenidate during fear learning in antisocial adolescents: A Randomized controlled fMRI trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, *57*(12), 934-943. <https://doi.org/10.1016/j.jaac.2018.06.026>