COGNITIVE-EMOTIONAL-BEHAVIORAL A FUNCTIONAL TRIAD IN COGNITIVE RESTRUCTURING

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About behavioral modeling ...

Any behavior is the result of covering a need, is the manifestation of a desire or the internalization of a belief. The way someone thinks determines the way they feel and behave. Cognition means ideas, meanings, beliefs, thoughts, inferences, expectations, assignments. The correct identification of what determines the manifestation of the behavior, helps us to relate properly to that behavior.

The operationalization of a behavior requires that we break it down into measurable and observable elements in order to obtain a correct classification. Behavior indicates actions, activities, external components of behavior that can be both adaptive and mal-adaptive and which can be subject to behavioral change. Cognitions mediate behavior, including emotional manifestations, and constitute the major goal of personality change. In order to identify the function of a behavior, it is necessary to observe it for a period of time so as to find out which needs it corresponds to. The functions that the behaviors have cannot be labeled as good or bad, but the behavioral manifestation mode responds to these functions and can be evaluated as positive, negative, acceptable or unacceptable.

It is known that executive functions are essential for the accomplishment of complex behaviors. They are involved in attention control, motor and cognitive inhibition as well as in planning. The assessment of cognitive skills in children with mental disorders reveals "*strengths*" and "weaknesses" of functioning. When thinking, operation is a maladaptive one we talk about dysfunctional cognitive schemes, that is, thinking and operation models based on knowledge, early experiences, life experiences and expectations, which belong to the unconscious level - flexible psychic structures that function and activate automatically and permanently adapting to reflect the current situation.

The identification of a function of the target behavior, which is to be changed, is performed by functional analysis. This consists in identifying the context that triggers a certain behavior, the activating elements, the consequences that the respective behavior attracts, an approach that allows the subsequent construction of a psychological intervention strategy for behavioral modification.

The investigation of the functional domains of neuropsychological development highlights a profile that plays the role of mental health indicator and which underpins the psychological intervention. The level of development of the different functional areas can be improved to a certain extent through properly organized activities and is the basis of the choice of ways and means of performance modeling, and if we are interested in finding an answer to the question how we model the behavior of the child and the adolescent with disorders of disruptive behavior, we now have several answers available.

Diagnosis and psychological intervention in externalizing and/or internalizing disorders in children and adolescents is a

special challenge, because these disorders occur frequently, can have a chronic evolution and are sometimes difficult to treat. Regardless of the situation, the interference between the three operating environments: social, family and school is maintained in the center of attention. Applying the techniques of psychological intervention increases, on the one hand, the performances obtained in the activities carried out and, on the other hand, the understanding of how to adapt to the problematic situations that they face. The behavioral modification techniques aim to replace unwanted behaviors with desirable behaviors by internalizing positive, accepted behaviors, offering new behavioral alternatives. The principles of behavioral modification are centered either on methods of increasing the frequency of desirable behavior or on methods of decreasing the frequency of undesirable behavior. These techniques are very common and can be easily used in the family and educational environment to facilitate learning and maintain a harmonious and balanced educational climate.

The efficiency of a therapeutic intervention program appears when we have safe and adequate intervention strategies, when the patient is involved in healthy activities that cause positive changes in thoughts, emotional expression and relationships (in the case of dysfunctional behaviors). Of real use in approaching patients are the techniques of psychological intervention that use relaxation, respiratory gymnastics, mental self-programming, cognitive restructuring, rational-emotional method, assertive therapy, combined techniques of psychic self-regulation, cognitive-behavioral orientation, suggestive psychotherapy.

Although the causes of mental disorders (irrational cognitions of a certain type) are most often known, not yet sufficiently effective techniques are known to modify them to improve the clinical condition of the child and adolescent with whom we work. When we talk about behavioral modeling we refer to training, correction, behavioral modeling based on a model. Behavioral change is a process of re-education and re-learning of adaptive behaviors. The principle of the change of the mal-adaptive behaviors is the reinforcement, according to which the adaptive behavior is reinforced while the mal-adaptive behavior is eliminated.

There are many ways of psychological intervention for modeling adaptive behaviors, but such modeling requires the use of modern cognitive restructuring strategies, which can work when classic strategies fail to modify the cognitive causes of the clinical conditions and thus achieve the desired effect in improvement of mental disorder. Some of the most effective forms of psychological intervention for a wide range of mental disorders and for optimizing one's well-being are cognitive and behavioral therapies. Cognitive restructuring - scientifically proven to be one of the representative techniques of the field - aims to replace irrational/maladaptive cognitions with rational/adaptive cognitions, which will support healthy emotions, functional thoughts and adaptive behaviors.

Through recent research in the field and through a continuous development of psychological intervention techniques, what has been called "***the third wave of cognitive-emotional-behavioral therapies***" has been generated, when a number of new cognitive restructuring techniques such as, mindfulness meditation techniques or techniques of acceptance and "*diffusion*" and techniques of emotional regulation and implicit modification of distortions in cognitive functioning (already used in psychotherapy) have also begun to be used for cognitive restructuring, which has led to their effect to increase.

In general, children and adolescents use less effective methods to overcome negative emotional states, so they may exhibit disruptive behaviors. The low ability to raise

awareness of emotions and to understand and discover the ways of emotional regulation and coping are characteristic of children with mental disorders. The emotional and behavioral issues are associated with the disorders and lead, as it is known, to a significant impairment of functioning in the family, school and community. If we refer to disorders of disruptive behavior, it is often found that emotional disturbance is part of the symptomatological nucleus along with problems of attention, hyperactivity and impulsivity. A low threshold for frustration, impatience, anger as a result of cognitive deficiency of emotion control and impulsivity as an expression of the lack of inhibition process result in an increased rate of reactivity to negative emotions.

Children and adolescents who exhibit cognitive deficits of self-control, such as inability to delay gratification, attention disorders, concentration, decision-making, adherence to norms and commitments, conflict with authority, low school outcomes, absenteeism and school dropout - severity and deficits in emotional self-regulation, reflected in the essential characteristics of disruptive behavior disorders through emotional impulsivity characterized by low threshold for frustration, impatience, anger, rapid reactions, increased excitability, deficiency in modeling the emotional reaction (inefficiency in effort calm, difficulties in inducing a positive state), affect motivation and activation in the case of a behavior directed towards a goal.

Cognitive-behavioral therapy has effective outcomes in externalized disorders in children and adolescents, subordinated to the category of disruptive behavioral disorder and requires increased attention by severity of affect on school results, relationships with parents and teachers, by affecting relationships with colleagues or by interfering with social norms. and morals. Equally, internalized disorders in children and adolescents whose emotional problems are reflected on a subjective level, contingent on behavior, refer to a deficiency in the ability to modulate and regulate affect, which tends to spiral out of control, to change quickly, to gain an intense expression and to overwhelm reason, affective and cognitive correlates.

Psychosocial intervention is an indispensable part of effective psychological intervention when we focus on disruptive behavior disorders and encompasses several areas of intervention: focused on the parent-child relationship, focused on school relationships, behavioral modeling training, psychoeducational measures. Due to the magnitude of contact time and the complexity of human relationships, school is one of the places where emotional problems can be observed in children and adolescents. In this context, it is of utmost importance that teachers, school counselors and parents who are the first "*witnesses*" or even "*victims*" of this emotional disorder, to identify these disorders early, to access appropriate interventions.

In a protocol of psychological intervention that includes emotional-cognitive-behavioral techniques, the emotional component represents the subject of the intervention. This protocol can respond to the therapeutic needs of children with mental disorders in which the emotional component is present. The development of such intervention programs, switches the focus from the problematic situations (external triggers) that lead to an exaggerated emotional reaction, to the internal process that supports a healthy reaction mode.

Applying an integrative model of psychological intervention made up of a phase structure, which would help the subject to learn different skills and techniques in the first part, which they can set and automate in the second part of the intervention, could lead to decreased emotional control effort, increasing the ability to accept emotional experiences, balancing emotions according to

contextual requirements, and using emotional information to make decisions and solve problems according to personal values. The protocol of psychological intervention with a functional chain in several stages, which concerns aspects of the generation and control of emotions, applied individually or in groups (flexibly) depending on the particularities of the subject, has the purpose of teaching patients how to deal with the mal-adaptive emotional experience and develop optimal response modes.

The integrative model of psychological intervention, which uses elements from cognitive-behavioral therapy (psychoeducation, cognitive self-monitoring or problem-solving technique), elements from dialectical-behavioral therapy (radical acceptance techniques or mindfulness exercises) and elements from therapy experience (focusing on the empathic relationship and engaging in the subjective experience), will take into account the recurrent evolution of some psychic disorders and the situations in which the psychopathological picture is refractory to the intervention.

Starting from the psychoeducation of the patient, following the increase of the patient's motivation for change, analyzing the interaction between thoughts, emotions and behaviors and the causal chain of their own emotions, through evaluation, cognitive reassessment and interpretation of the triggering factors of the emotions and the follow-up of generating appropriate responses, the patient to identify the behaviors that perpetuate the maladaptive emotional response (avoidance, impulsivity, locus of control, sensation seeking, etc.), to better tolerate emotions through experimental exposure to triggering factors, internal and external, and subsequently through deconditioning, to prevent relapse, the purpose of the program is the functional response to the emotions experienced.

In a first phase, psychoeducation regarding emotion regulation focuses on increasing motivation and controlling the emotional response such as suppression, seeking peace, avoiding behavior. In the second phase, the abilities to balance the emotional responses through externalization, acceptance and management of the emotional situation are developed. The next phase is considering a proactive commitment to act according to its values and to identify all the obstacles that have prevented the patient to carry them out, obstacles that concern both the patient and the environment. The last phase is focused on strengthening acquired skills and preventing relapses.

Modeling the performances in order to optimize the functional psychic potential of the child with mental disorders tends to occupy an important place today when we intend to teach him the skills of self-regulation (emotional, cognitive, behavioral) and to understand some basic aspects of conscious processes and how they function, as well as automatic processes of self-regulation. Teaching the child to regulate his thoughts, emotions and behaviors is more than necessary, especially when a child reaching adolescence without developing the ability to self, risks to fail educationally, to manifest disruptive behaviors, the result being to experience a series of negative life events.

The ability to self-control and self-regulate psychics plays an extremely important role in the pursuit and achievement of some goals. When there is a discrepancy between the current state and the desired state, there is also the motivation to make changes in the level of thoughts, emotions and behaviors. Self-regulation includes conscious decisions that aim to direct our emotional responses, attention, behavior, by replacing an unconscious, automatic action with an action that requires an effort of thought, as in the case of delaying reward or controlling anger. Thus, self-control involves the conscious effort to change behavior and reduce the discrepancy between the two states, and self-regulation includes in addition to the conscious effort

and the automatic processes that take place, both of which are very important in development. The conscious and intentional processes of self-regulation seem to lead to the idea of a "*strong model*" of self-control.

Research has shown that self-regulation appears to be a limited resource (although with a good capacity for recovery) and that as it is used, it is exhausted. A conscious act of self-control leads to diminished performance during the next self-control test, but consistent self-control efforts can improve other psychic aspects as well. Moreover, resources depleted by self-control can be used for a new task before renewing the entire stock of resources. As a secondary benefit, directed efforts to control behavior in a particular area, such as physical exercises, lead to improvements in areas that are not related to one another, such as learning.

The question that arises is, if the use of self-control demands so much of our resources, how can we expect to cope efficiently with the daily tasks that require a form of self-regulation? Fortunately, not all of these tasks require a conscious effort of self-control. The automatic processes of self-regulation involve a control of thoughts, emotions, behaviors, without proposing this to us intentionally and consciously. It is possible to convert self-control from the conscious to the automatic, and then to have a quick automatic response, even in problem situations.

The most important role in transforming conscious control into an automatic response is represented by the frequency. If in a problematic situation we respond each time with the same behavior without even thinking, we can say that that behavior has become an automatic one. Nail twitching is an example of an unconscious (unintended) reaction to anxiety. If this happens often, we may be surprised as we bite our nails and thus become aware of the need to respond to anxiety in a more appropriate manner. And if we are successful in our repeated efforts to replace the nails with different behavior, the new behavior will become as automatic over time as the previous one.

Planning a particular response to a situational stimulus creates a strong mental connection between the stimulus and the desired behavior, representing another way to automate our self-regulation process. The planned response (implementation of the desire) is different from the intended purpose. If the planned response is exercised in anticipation of the problematic situation, the proposed objective is reinforced and has a higher chance of being achieved. In the initial stages it is important to make the connection between a desired action and a specific trigger factor.

It is difficult for a child to calm down in times of intense anger. Often, even if they would like to react differently and better control their emotions, they would not have the skills to do so. However, we can teach the child to acquire automatic and conscious skills of the self-regulation process using effective strategies for emotional and behavioral regulation. The desire to better manage emotions and not have impulsive behaviors can be achieved through several strategies, **which consider choosing and / or modifying the situation, observing and describing the emotion, cognitive restructuring, accepting reality, controlling the impulse, manifesting the opposite behavior**. Their application will lead to the formation and adoption of healthy behaviors when we face problematic situations. A model for changing unhealthy behaviors, involves using them consciously, in order to be able to take control of personal resources so as to change the states, actions and implicitly the results that they generate.

The correct assessment of the severity of a disruptive behavior is the first step in selecting the right psychological intervention. The initial evaluation assesses the frequency, intensity and impact of the identified behavioral problems in order to subsequently

establish the objectives for reducing these dimensions. In future revisions, certain conflict-generating situations may be reproduced in order to assess progress. The distortion that occurs in the processing of social information leads to increased anger and the appearance of disruptive behavior. Thus, the cognitive processes involved in disruptive behaviors require the implementation of interventions to develop problem solving skills in children with this symptomatology, anger control training, social skills development, parental management training and contingency management.

When the hostile attitude or inability to generate alternative solutions contributes to the development of disruptive behavior, we can teach children to analyze interpersonal conflicts, to find solutions for their resolution and to think about the consequences of their actions in problem situations. Anger control involves managing emotions and improving children's social-cognitive deficits, when they can be taught to monitor their emotions and use relaxation techniques to manage anger and to exercise appropriate social responses to anger-generating situations. The development of problem solving skills addresses cognitive processes, such as poor perception and decision making, which are involved in social interactions. Techniques such as modeling, role play, corrective feedback and strengthening of desirable behaviors are used in the development of social skills. Generally, children with disruptive behavior have limited verbal skills, poor conflict resolution skills and fail to connect friends. The objective of social skills training is to develop appropriate social behaviors to take the place of the inappropriate ones, to help children in the relationship.

The training of parents in managing disruptive behaviors of the child includes the imposition of age-appropriate limits and rules, because in general, children with behavioral disorders consider that they have the right to behave as they will, and therefore the parents learn to identify the function of the inappropriate behavior, to reinforce the appropriate behaviors, communicate effectively, ignore inappropriate behaviors to gain attention, and be consistent in applying consequences for inappropriate behaviors. These parenting skills are developed using role play, modeling and feedback, operant conditioning and focusing on those parent-child interactions that generate disruptive behaviors. A behavior management system included in a "*contingency management*" program that includes establishing clear, appropriate behaviors, monitoring and strengthening them (using a "*tokens system*") and applying consequences for manifesting inappropriate behaviors can be used. .

Many times, we feel that we are "psychically weak" or that we do not have "*enough guilt*" when we cannot control certain states. Positive thinking is considered to be "*the key to health and efficiency*". The basic principle of cognitive-behavioral psychotherapy refers to the fact that negative affective states, such as depression, anxiety, panic, irritation, and maladaptive behaviors are based on the distorted way of thinking about us, the world and the future. These erroneous ideas tend to appear even if a high intellectual level is present, they are kept in contradiction with the data of reality and lead to self-blocking and self-destructive behaviors.

The intervention presented, emphasizes the techniques of attitudinal restructuring, using the principles of learning to obtain changes in the sphere of behavior. Problem solving is an important part of the intervention which is limited in time, has clearly defined objectives, obvious results and most often possible to quantify. Emphasis on mental health and concern for regulating emotions, improving social support, changing unhealthy behaviors will help the patient to function optimally.