



Behavioral Interventions: Review of Cognitive Behavior Therapy (CBT) and Behavior Therapy (BT) for IBHS

ADRIANA TORRES-O'CONNOR, PsyD, MBA, MSW

PSYCHOLOGIST ADVISOR

MAGELLAN BEHAVIORAL HEALTH OF PA

September 25, 2025

Learning Objectives



- Name 3 techniques that reflect CBT used within IBHS
- Name 3 techniques that reflect BT used within IBHS
- Describe the role of parent training in IBHS

Presenter Bio



- Dr. Torres-O'Connor is the Psychologist Advisor for Magellan Behavioral Health of PA. She provides consultation to the care management team and supports children's service providers striving to provide effective and accountable treatment services to the individuals and families they serve. Dr. Torres-O'Connor has extensive experience providing learning, development and consultation services, program evaluation and program development in mental health and educational settings to support clinical and operational excellence and accountability. Prior to joining Magellan, Dr. Torres-O'Connor has held clinical and operational leadership positions within children's, adult and family services in community, center, and education based settings.

Psychotherapies of focus for today's presentation



- **1. Cognitive Behavior Therapy:**
- As defined by the American Psychological Association, it is a form of psychotherapy that integrates theories of cognition and learning with treatment techniques from cognitive therapy and behavior therapy.
 - It assumes that cognitive, emotional and behavioral factors are interrelated functionally.
 - Focuses on how thoughts and emotions affect behavior
 - Goal of treatment is to identify and change client maladaptive thought processes, emotions and problem behaviors through cognitive restructuring and behavioral techniques to achieve change.
- Developed by Aaron Beck in the 1960's
- It's an empirically validated psychological treatment for children, adolescents, adults, couples and families
- Extensively researched and found effective for a wide array of psychiatric issues such as depression, anxiety, eating disorders, substance abuse, personality disorders, and behavioral disorders.
- It's a structured, didactic, collaborative and goal-oriented form of therapy¹

Common CBT techniques



- Relaxation exercise
- Stress reducing techniques
- Role play
- Modeling
- Restructuring
- Self compassion
- Problem solving skills
- Others...

Using CBT with Youth



- Widely considered the gold standard for treating anxiety in youth²
- Effectiveness of CBT in reducing **internalizing disorders** and symptoms³
 - Anxiety disorder
 - Obsessive compulsive disorders
 - Post traumatic stress disorder
 - Depressive disorders
- Outcomes significantly improve from post treatment to follow-up assessment³
 - Youth continue to get better after treatment ends
 - Delayed treatment effect – kids and parents get better at using the skills
- CBT trained clinicians within routine clinical care settings can achieve remission, symptom reduction and outcomes comparable with CBT delivered in university research settings³

Using CBT with Youth continued



- Effectiveness of CBT in reducing **externalizing disorders** and symptoms^{4, 5}
 - Attention Deficit Hyperactivity Disorder ADHD
 - Oppositional Defiant Disorder ODD
 - Conduct Disorder CD
- Externalizing disorders are highly comorbid with anxiety and depression which can lead to more severe impairment⁵
- Externalizing behaviors are among the most common reasons for referral to mental health services.
- CBT trained clinicians within routine clinical care settings can achieve symptom reduction and outcomes comparable with CBT delivered in university research settings³
 - Also associated with improved social competence and reduced parental distress⁵

CBT – thought patterns



- **Dysfunctional patterns include:**

- All or nothing thinking -
 - everything is good or bad; if I don't do something perfectly, I've failed
- Overgeneralization –
 - seeing a single negative event as part of a pattern. You *always* go _____
- Mind reading -
 - thinking you know what people think about you or something you've done – and it's bad
- Fortune Telling –
 - forecasting that things will turn out badly, because they always do
- Magnification and minimization –
 - exaggerating the significance of minor problem while trivializing your accomplishments
- “Should” statements –
 - focusing on how things should be, leading to severe self criticism as well as feelings of resentment towards other

CBT – thought patterns continued



- **Dysfunctional patterns include:**

- Comparative thinking –
 - measuring yourself against others and feeling inferior, even though the comparison may be unrealistic
- Probability overestimation –
 - belief that the chances that something bad will happen are higher than they actually are
- Emotional reasoning –
 - the thinking pattern – I feel like it's true; therefore, it is true
- Others...



- **2. Behavior Therapy**
- As defined by the American Psychological Association, it is a form of psychotherapy that applies the principles of learning, operant conditioning and classical conditioning to stop symptoms and change ineffective or maladaptive patterns of behavior.
 - Focus of treatment is the identified behavior and the contingencies and environmental factors that reinforce it.
 - Goal of treatment is to modify actions or reactions that negatively impact an individual's well-being or daily functioning⁵
- Rooted in behaviorism, originated in the early 1900s with the work of John Watson (Father of Behaviorism) (Little Albert) – learned responses to environmental stimuli - and Ivan Pavlov (classical conditioning)
 - Assumes behavior is learned and therefore be changed or learned differently
- Not a one size-fits-all approach. Various types exist, each with unique applications and adaptability to individual needs²
 - ABA – Applied behavior analysis
 - CBT - Cognitive behavior therapy
 - DBT - Dialectical behavior therapy
 - Exposure therapy
 - Rational emotive behavior therapy
 - Social learning therapy

Behavior Therapy - Techniques



- Positive Reinforcement:
 - Rewarding desired behaviors to increase their frequency. This can involve praise, small rewards, or privileges.
- Modeling:
 - The therapist demonstrates the desired behavior, and the child imitates it.
- Systematic Desensitization:
 - Gradually exposing the child to anxiety-provoking situations or stimuli while teaching relaxation techniques.
- Contingency Management:
 - Establishing clear rules and consequences for behavior, using rewards for positive behavior and ignoring or redirecting negative behavior.
- Cognitive Restructuring:
 - Helping children identify and change negative or unhelpful thoughts that contribute to their behaviors.
- Role-Playing:
 - Practicing social situations and responses in a safe and controlled environment.

Behavior Therapy – Techniques continued



- Token Economy:
 - Using tokens or points as rewards for desired behaviors, which can be exchanged for other privileges or items.
- Exposure Therapy:
 - Gradually exposing the child to feared situations to help them overcome anxiety.
 - Fear and Avoidance Hierarchy – list of situations the child is asked to rate based on how strong their fear is
 - In a graduated way, therapist helps child to enter feared situations, through exposures of behavioral experiments
 - Self rating – allow the child to rate their progress (track) as they work toward a specific goal
- Aversion Therapy:
 - Using unpleasant stimuli to discourage unwanted behaviors (e.g., a bitter taste on nails to discourage nail-biting).
- Journaling
- Visuals:
 - Schedules
 - Checklists
- Mindfulness
 - Being aware of what's happening in the moment
 - Noticing what's happening and detaching from judgement

Behavior Therapy – Techniques continued



- Impulse control techniques
 - Stop. Think. Act
 - Stop – pause and take a deep breath
 - Think – think about potential outcomes and consequences
 - Act – make an informed/thoughtful decision based on the 2 previous steps
- Breaking down large tasks
 - Task paralysis due to feeling overwhelmed
- Others...

Parental Involvement



- The purpose of parent training is to teach parent alternative ways to identify and conceptualize child problem behaviors
- Parents are encouraged to use positive parenting practices and role play with feedback given to learn stress management, build family cohesion and improved communication⁴
- Treatment programs with increased focus on positive parent-child interactions and emotional communication skills along with teaching parents techniques and importance of consistency, requiring parents to practice new skills with their child during parent training session were associated with better outcomes ⁴
- Outcomes⁶ –
 - reduces ADHD symptoms and behavioral problems
 - improves parents' skills
 - Improves parenting sense of competence
 - Improves quality of the relationship between parents and their child
- For your consideration –
 - Parenting Stress Index (PSI) - standardized assessment instrument designed to assess parenting stress through 78 items, covering two primary domains: the parent domain and the child domain

Parental Involvement continued



- **Pros and Cons of in-person vs virtual parent training –**
- **In-Person Parent Training:**
- **Pros**
 - Personalized Interaction
 - In-person settings allow for more tailored guidance and immediate feedback from the trainer, which can be particularly helpful for addressing nuanced behavioral issues.
 - Stronger Social Connection:
 - Face-to-face interaction can foster a stronger sense of community and support among parents, potentially increasing motivation and engagement.
 - Hands-on Training
 - In-person sessions may allow for more practical demonstrations and role-playing, making it easier for parents to learn and practice new techniques.
 - Others...

Parental Involvement continued



- **Pros and Cons of in-person vs virtual parent training –**
- **In-Person Parent Training:**
- **Cons:**
 - Limited Accessibility:
 - In-person training may be geographically restricted, making it difficult for some families to access.
 - Time Constraints:
 - Attending regular in-person sessions can be challenging for busy parents, requiring them to adjust their schedules.
 - Potential for Stigma:
 - Others...

Parental Involvement continued



- Pros and Cons of **virtual parent training** –
- **Virtual Parent Training:**
 - **Pros:**
 - Flexibility and Convenience:
 - Online training allows parents to participate from anywhere with an internet connection and at their own pace, fitting into their busy schedules.
 - Wider Reach:
 - Online platforms can reach a broader audience, including those in remote areas or with limited access to in-person services.
 - Potential Cost Savings:
 - Online training may be more affordable than in-person sessions, as it can reduce travel and facility costs.
 - Others...

Parental Involvement continued



- **Virtual Parent Training:**
- **Cons:**
 - Limited Accessibility/dependence on technology:
 - Potential for distractions, may require greater focus from parents
 - Reduced Personal Connection:
 - The lack of face-to-face interaction may make it harder to build rapport with the trainer and other parents.
 - Others...

The future of therapy delivered by trained therapists vs AI



- With the increase of AI replacing humans in various work capacities, research has started to look at therapy outcomes when treatment is delivered by trained therapists vs AI.
- Group discussion and thoughts...
- American Psychiatric Association conducted a study using human therapists delivering CBT vs AI driven text based CBT using ChatGPT-3.5
- Results...

Human therapist vs AI



- Study conducted by Acevedo, Opler, Jarmon and Aneja found⁷
 - Findings – subjects gauged the quality of CBT elements used in identical clinical scenarios, from human therapist, as consistently higher and more effective than AI therapist
 - AI therapist was viewed as more rigid and impersonal
 - Researchers believe the findings in this study show that currently AI therapy lacks the nuanced empathy and therapeutic alliance that characterize effective human therapy.
 - Also known as - ???
 - Rapport



QUESTIONS?????

References



1. Chand S, Kuckel D, Huecker M. Cognitive Behavior Therapy, (May 23, 2023). NCBI Bookshelf. A service of the National Library of Medicine, National Institutes of Health. Accessed July 1, 2025.
2. Friedberg R. (2021). The Efficacy and Effectiveness of CBT for Youth: A Summary of the Literature. CBT Insights, Beck Institute. Accessed July 1, 2025.
3. Wergeland G. (2021). Cognitive behavior therapy for internalizing disorders in children and adolescents in routine clinical care: A systematic review and meta-analysis. Clinical Psychology Review. Volume 83, 1-15.
4. Battagliese G, Cacceta M, Luppino O, Baglioni C, Cardi V, Mancini , Buonanno C. (2015). Cognitive behavioral therapy for externalizing disorders: A meta-analysis of treatment effectiveness. Behavioral Reach and Therapy. October, 1-12.
5. Torrico T. Behavior Therapy. Nov. 13, 2024, NCBI Bookshelf. A service of the National Library of Medicine, National Institutes of Health. Accessed July 1, 2025.
6. Doffer A, Dekkers T, Hornstra R, Van der Oord S, Luman M, Leijten P, Hoekstra P, van der Hoofdakker B, Groenman A. (2023). Sustained improvements by behavioural parent training for children with attention-deficit/hyperactivity disorder: A meta-analytic review of longer-term child and parental outcomes. JCPP Adv. Sep 4;3(3):e12196. doi: 10.1002/jcv2.12196
7. Acevedo S, Opler D, Jarmon E, Aneja E. (May 17, 2025). New Research: Human Therapists Surpass ChatGPT in Delivering Cognitive Behavioral Therapy. American Psychiatric Association. <https://www.psychiatry.org/news-room/news-release/new-research-human-vs-chatgpt-therapists>. Accessed July 10, 2025