PARENTING

BEHAVIORAL DEFINITIONS

1. Expresses feelings of inadequacy in setting effective limits with their child.
2. Reports difficulty in managing the challenging problem behavior of their child.
3. Frequently struggles to control their emotional reactions to their child's misbehavior.
4. Exhibits increasing conflict between spouses over how to parent/discipline their child.
5. Displays deficits in parenting knowledge and skills.
6. Displays inconsistent parenting styles.
7. Demonstrates a pattern of lax supervision and inadequate limit-setting.
8. Regularly overindulges their child's wishes and demands.
9. Displays a pattern of harsh, rigid, and demeaning behavior toward their child.
10. Shows a pattern of physically and emotionally abusive parenting.
11. Lacks knowledge regarding reasonable expectations for a child's behavior at a given developmental level.
12. Have exhausted their ideas and resources in attempting to deal with their child's behavior.

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LONG-TERM GOALS

1. Achieve a level of competent, effective parenting.
2. Effectively manage challenging problem behavior of the child.
3. Reach a realistic view and approach to parenting, given the child's developmental level.
4. Terminate ineffective and/or abusive parenting and implement positive, effective techniques.
5. Strengthen the parental team by resolving marital conflicts.
6. Achieve a greater level of family connectedness.

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SHORT-TERM OBJECTIVES

1. Identify major concerns regarding the child's misbehavior and the associated parenting approaches that have been tried. (1)

2. Describe any conflicts that result from the different approaches to parenting that each partner has. (2)

3. Parents and child cooperate with psychological testing designed to enhance understanding of the family. (3, 4)

THERAPEUTIC INTERVENTIONS

1. Using empathy and normalization of the parents' struggles, conduct a clinical interview focused on pinpointing the nature and severity of the child's misbehavior; assess parenting styles used to respond to the child's misbehavior, and what triggers and reinforcements may be contributing to the behavior.

2. Assess the parents' consistency in their approach to the child and whether they have experienced conflicts between them over how to react to the child.

3. Administer psychological instruments designed to objectively assess parent-child relational conflict (e.g., the *Parenting Stress Index*; the *Parent-Child*

	Relationship Inventory), traits of oppositional defiance or conduct disorder (e.g., *Adolescent Psychopathology Scale-Short Form [APS-SF]*; the *Millon Adolescent Clinical Inventory [MACI]*); discuss results with clients toward increasing understanding of the problems and engage in treatment; readminister as indicated to assess treatment progress.
	4. Conduct or arrange for psychological testing to help in assessing for comorbid conditions (e.g., depression, ADHD) contributing to disruptive behavior problems; follow up accordingly with client and parents regarding treatment options; readminister as indicated to assess treatment progress.
4. Disclose any significant marital conflicts and work toward their resolution. (5, 6)	5. Analyze the data received from the parents about their relationship and parenting and establish or rule out the presence of superseding marital conflicts.
	6. Conduct or refer the parents to marital/relationship therapy to resolve the conflicts that are preventing them from being effective parents (see the Intimate Relationship Conflicts chapter in this *Planner*).
5. Disclose any history of substance use that may contribute to and complicate the treatment of parenting issues. (7)	7. Arrange for a substance abuse evaluation and refer the client for treatment if the evaluation recommends it (see the Substance Use chapter in this *Planner*).
6. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM*	8. Assess the client's level of insight (syntonic versus dystonic) toward the "presenting problems" (e.g., demonstrates good insight into

diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (8, 9, 10, 11)

the problematic nature of the "described behavior," agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the "problem described" and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the "problem described," is not concerned, and has no motivation to change).

9. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
10. Assess for any issues of age, gender, or culture that could help explain the client's currently defined "problem behavior" and factors that could offer a better understanding of the client's behavior.
11. Assess for the severity of the level of impairment to the client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).

7. Cooperate with an evaluation for possible treatment with psychotropic medications to assist in anger and behavioral control and take medications consistently, if prescribed. (12)

8. Freely express feelings of frustration, helplessness, and inadequacy that each experiences in the parenting role. (13, 14, 15)

9. Verbalize a commitment to learning and using alternative ways to think about and manage anger and misbehavior. (16, 17)

12. Assess the client for the need for psychotropic medication to assist in control of anger and other misbehaviors; refer him/her to a physician for an evaluation for prescription medication; monitor prescription compliance, effectiveness, and side effects; provide feedback to the prescribing physician.

13. Create a compassionate, empathetic environment where the parents become comfortable enough to let their guard down and express the frustrations of parenting.

14. Educate the parents on the full scope of parenting by using humor and normalization.

15. Help the parents reduce their unrealistic expectations of their parenting performance, identify parental strengths, and begin to build the confidence and effectiveness level of the parental team.

16. Assist the parent in re-conceptualizing anger as involving different components (cognitive, physiological, affective, and behavioral) that go through predictable phases (e.g., demanding expectations not being met leading to increased arousal and anger leading to acting out) that can be managed.

17. Assist the parent in identifying the positive consequences of managing anger and misbehavior (e.g., respect from others and self, cooperation from others, improved physical health, etc.); ask the client to agree to learn new ways to

10. Verbalize an understanding of the numerous key differences between boys and girls at different levels of development and adjust expectations and parenting practices accordingly. (18)

11. Verbalize an increased awareness and understanding of the unique issues and trials of parenting adolescents. (19, 20, 21)

12. Verbalize an understanding of the impact of their reaction on their child's behavior. (22, 23)

conceptualize and manage anger and misbehavior.

18. Educate the parents on key developmental differences between boys and girls, such as rate of development, perspectives, impulse control, temperament, and how these influence the parenting process.

19. Educate the parents about the various biopsychosocial influences on adolescent behavior including biological changes, peer influences, self-concept, identity, and parenting styles.

20. Teach the parents the concept that adolescence is a time in which the parents need to "ride the adolescent rapids" (see *Positive Parenting for Teenagers: Empowering Your Teen and Yourself through Kind and Firm Parenting* by Nelson and Lott; *Turning Points* by Pittman; *Preparing for Adolescence: How to Survive the Coming Years of Change* by Dobson) until both survive.

21. Assist the parents in coping with the issues and reducing their fears regarding negative peer groups, negative peer influences, and losing their influence to these groups.

22. Use a Parent Management Training approach beginning with teaching the parents how parent and child behavioral interactions can encourage or discourage positive or negative behavior and that changing key elements of those interactions (e.g., prompting and reinforcing positive behaviors) can be used to promote positive

change (e.g., *Parenting the Strong-Willed Child* by Forehand and Long).

23. Assign the parents to implement key parenting practices consistently, including establishing realistic age-appropriate rules for acceptable and unacceptable behavior, prompting of positive behavior in the environment, use of positive reinforcement to encourage behavior (e.g., praise and clearly established rewards), use of calm clear direct instruction, time out, and other loss-of-privilege practices for problem behavior.

13. Learn and implement parenting practices that have demonstrated effectiveness. (24, 25, 26, 27)

24. Teach the parents how to implement key parenting practices consistently, including establishing realistic age-appropriate rules for acceptable and unacceptable behavior, prompting of positive behavior in the environment, use of positive reinforcement to encourage behavior (e.g., praise), use of clear direct instruction, time out and other loss-of-privilege practices for problem behavior, negotiation, and renegotiation—usually with older children and adolescents (see *Defiant Teens: A Clinician's Manual for Assessment and Family Intervention* by Barkley, Edwards, and Robin; *Defiant Children: A Clinician's Manual for Parent Training* by Barkley).

25. Assign the parents home exercises in which they implement parenting skills and record results of implementation (or assign "Using Reinforcement Principles in Parenting" in the *Adult Psychotherapy Homework Planner* by

	Jongsma); review in session, providing corrective feedback toward improved, appropriate, and consistent use of skills.
	26. Ask the parents to read parent-training manuals consistent with the therapy (e.g., *Parents and Adolescents Living Together: The Basics* by Patterson and Forgatch; *Parents and Adolescents Living Together: Family Problem Solving* by Forgatch and Patterson; *The Kazdin Method for Parenting the Defiant Child* by Kazdin).
	27. Refer parents to an *Incredible Years* program, a group parent training program that teaches positive child management practices and stress management techniques (see www.incredible years.com)
14. Interact with children under the supervision of the therapist to improve parenting knowledge and skills and the quality of parent-child interactions. (28)	28. Use a Parent-Child Interaction Therapy approach involving Child-Directed Interaction in which parents engage their child in a play situation that the child directs as well as Parent Directed Interaction where parents are taught how to use specific behavior management techniques as they play with their child (see *Parent-Child Interaction Therapy* by McNeil and Humbree-Kigin).
15. Verbalize a sense of increased skill, effectiveness, and confidence in parenting. (29)	29. Support, empower, monitor, and encourage the parents in implementing new strategies for parenting their child; reinforce successes; problem-solve obstacles toward consolidating a coordinated, consistent, and effective parenting style.
16. Older children and adolescents learn and implement skills for	30. Use a Cognitive-Behavioral Therapy approach with older

managing self and interactions with others. (30, 31)

children and adolescents using several techniques such as instruction, modeling, role-playing, feedback, and practice to teach the child how to manage his/her emotional reactions, manage interpersonal interactions, and problem-solving conflicts.

31. Use structured tasks involving games, stories, and other activities in session to develop personal and interpersonal skills, then carry them into real-life situations through homework exercises; review; reinforce successes; problem-solve obstacles toward integration into the child's life.

17. Develop skills to talk openly and effectively with the children. (32, 33)

32. Use instruction, modeling, and role-play to teach the parents how to communicate effectively with their child including use open-ended questions, active listening, and respectful assertive communication that encourage openness, sharing, and ongoing dialogue.

33. Ask the parents to read material on parent-child communication (e.g., *How to Talk So Kids Will Listen and Listen So Kids Will Talk* by Faber and Mazlish; *Parent Effectiveness Training* by Gordon); help them implement the new communication style in daily dialogue with their children and to see the positive responses each child had to it.

18. Parents expand repertoire of parenting options (34, 35)

34. Expand the parents' repertoire of intervention options by having them read material on parenting difficult children (e.g., *The Difficult Child* by Turecki and Tonner; *The Explosive Child* by Greene; *How to Handle a Hard-to-Handle Kid* by Edwards).

	35. Support, empower, monitor, and encourage the parents in implementing new strategies for parenting their child, giving feedback and redirection as needed.
19. Identify unresolved childhood issues that affect parenting and work toward their resolution. (36, 37)	36. Explore each parent's story of his/her childhood to identify any unresolved issues that are present (e.g., abusive or neglectful parents, substance abuse by parents, etc.) and to identify how these issues are now affecting the ability to effectively parent.
	37. Assist the parents in working through issues from their own childhood that are unresolved.
20. Partners express verbal support of each other in the parenting process. (38, 39)	38. Assist the parental team in identifying areas of parenting weaknesses; help the parents improve their skills and boost their confidence and follow-through.
	39. Help the parents identify and implement specific ways they can support each other as parents and in realizing the ways children work to keep the parents from cooperating in order to get their way (or assign "Learning to Parent as a Team" in the *Adult Psychotherapy Homework Planner* by Jongsma).
21. Decrease outside pressures, demands, and distractions that drain energy and time from the family. (40, 41)	40. Give the parents permission to not involve their child and themselves in too numerous activities, organizations, or sports.
	41. Ask the parents to provide a weekly schedule of their entire family's activities and then evaluate the schedule with them, looking for which activities are valuable and which can possibly be

	eliminated to create a more focused and relaxed time to parent.
22. Increase the gradual letting go of their adolescent in constructive, affirmative ways. (42)	42. Guide the parents in identifying and implementing constructive, affirmative ways they can allow and support the healthy separation of their adolescent.
23. Parents and child report an increased feeling of connectedness between them. (43, 44)	43. Assist the parents in removing and resolving any barriers that prevent or limit connectedness between family members and in identifying activities that will promote connectedness (e.g., games, one-to-one time).
	44. Encourage the parents to see that just "hanging out at home" or being around/available is quality time.
24. Verbalize an understanding of relapse prevention and the difference between a lapse and a relapse. (45, 46, 47)	45. Provide a rationale for relapse prevention that discusses the risk and introduces strategies for preventing it.
	46. Discuss with the parent/child the distinction between a lapse and relapse, associating a lapse with a temporary setback and relapse with a return to a sustained pattern of conflict.
	47. Identify and rehearse with the parent/child the management of future situations or circumstances in which lapses could occur.
25. Learn and implement strategies to prevent relapse of disruptive behavior. (48, 49, 50)	48. Instruct the parent/child to routinely use strategies learned in therapy (e.g., parent training techniques, problem-solving, anger management), building them into his/her life as much as possible.
	49. Develop a "coping card" or other recording on which coping strategies and other important information can be kept (e.g., steps

in problem-solving, positive coping statements, reminders that were helpful to the client during therapy).

50. Schedule periodic maintenance or "booster" sessions to help the parent/child maintain therapeutic gains and problem-solve challenges.

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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	309.3	Adjustment Disorder With Disturbance of Conduct
	309.4	Adjustment Disorder With Mixed Disturbances of Emotions and Conduct
	V61.21	Neglect of Child
	V61.20	Parent-Child Relational Problem
	V61.10	Partner Relational Problem
	V61.21	Physical Abuse of Child
	V61.21	Sexual Abuse of Child
	313.81	Oppositional Defiant Disorder
	312.9	Disruptive Behavior Disorder NOS
	312.8	Conduct Disorder, Adolescent-Onset Type
	314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type
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Axis II:	301.7	Antisocial Personality Disorder
	301.6	Dependent Personality Disorder
	301.81	Narcissistic Personality Disorder

799.9	Diagnosis Deferred
V71.09	No Diagnosis on Axis II
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Using DSM-5/ICD-9-CM/ICD-10-CM:

ICD-9-CM	ICD-10-CM	*DSM-5* Disorder, Condition, or Problem
309.3	F43.24	Adjustment Disorder, With Disturbance of Conduct
309.4	F43.25	Adjustment Disorder, With Mixed Disturbance of Emotions and Conduct
V61.21	Z69.011	Encounter for Mental Health Services for Perpetrator of Parental Child Neglect
V61.20	Z62.820	Parent-Child Relational Problem
V61.10	Z63.0	Relationship Distress with Spouse or Intimate Partner
V61.22	Z69.011	Encounter for Mental Health Services for Perpetrator of Parental Child Abuse
V61.22	Z69.011	Encounter for Mental Health Services for Perpetrator of Parental Child Sexual Abuse
313.81	F91.3	Oppositional Defiant Disorder
312.9	F91.9	Unspecified Disruptive, Impulse Control, and Conduct Disorder
312.89	F91.8	Other Specified Disruptive, Impulse Control, and Conduct Disorder
312.82	F91.2	Conduct Disorder, Adolescent-Onset Type
312.81	F91.1	Conduct Disorder, Childhood-Onset Type
314.01	F90.2	Attention-Deficit/Hyperactivity Disorder, Combined Presentation
301.7	F60.2	Antisocial Personality Disorder
301.6	F60.7	Dependent Personality Disorder
301.81	F60.81	Narcissistic Personality Disorder

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.