

## The role of parenting in an adolescent with explosive behavior treated with Cognitive Behavioral Therapy

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### Abstract

This article presents the role of parenting in managing explosive behaviors in an 11-year-old child. Explosive behavior can be concerning for any parent, but it should be understood that the goal should not be to suppress such behavior, but rather to help it be expressed in a way that does not harm the child or the people around them.

This case presents the situation of an 11-year-old girl who experiences difficulties communicating with family members, feelings of being misunderstood, and explosive verbal reactions, while functioning appropriately in the school environment. The case analysis highlights the impact of parents' impulsive reactions and the lack of emotionally safe communication in reinforcing anger and frustration in the child.

The role of parents is considered essential in the development of a child's emotional skills, as the way they respond, actively listen, and provide emotional validation directly influences how adolescents express and manage their emotions. Psychological intervention in such cases should focus not only on the child, but also on improving family dynamics and strengthening parent-child communication.

**Keywords:** Explosive behavior; Frustration; Family dynamics; Adolescence

### 1. Introduction

Mental healthcare for problems arising during childhood and adolescence is considered one of the key factors for the proper development of the younger generation. Professionals in this field have become increasingly interested in recent decades due to the fact that mental health problems represent developmental impairments with significant implications for individual well-being [1].

Opinions are largely unified that the aim of parenting is to create healthy family relationships while ensuring the development and well-being of children. The contemporary concept of positive parenting implies that parent-child relationships should be based on love, support, communication, stimulation, and structured routines, as well as on setting boundaries, norms, and consequences, and maintaining involvement in the daily lives of children and adolescents [2]. In this way, parents are better able to understand adolescents' behavior.

The typical transformations of adolescence have been associated with an increased perception of maladjustment by the individual during this developmental stage. Psychological adjustment in adolescence is explained through the interaction of the numerous changes that occur during these ages [3][4].

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Emotional difficulties and behavioral problems increase the demand for social, educational, healthcare, and legal services [5].

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## 2. Patient Identification

The patient is an 11-year-old girl who presented for psychological consultation due to inappropriate behavior within the family environment. She lives with her mother, father, grandmother, grandfather, and younger brother. At school, she does not display behavioral or academic difficulties.

The patient avoids communication with family members and expresses the feeling that nobody understands her. She reports that she finds it difficult to express her opinions because her parents tend to react impulsively. The mother reports that for more than a year, the girl's communication has been limited and often explosive.

From an emotional perspective, the girl appears to experience frustration, feelings of being misunderstood, and difficulties in expressing emotions. Her explosive behavior may be the result of accumulated emotions and the lack of a safe space for communication.

From a family perspective, difficulties in communication, impulsive reactions, and a lack of active listening by the parents are evident. This has contributed to the patient's emotional withdrawal. From a developmental perspective, she is in the preadolescent stage, a period characterized by an increased need for autonomy, emotional understanding, and the expression of personal opinions. During the interview, the girl stated that she has great difficulty controlling her nervousness and often thinks that if she does not respond in such a manner, something bad might happen. This also suggests the presence of thoughts with an obsessive-compulsive nature.

Predisposing factors include the impulsive communication style within the family and the patient's emotional sensitivity. Maintaining factors are related to avoidance of dialogue and ongoing family conflicts. An important protective factor is her good functioning at school and the absence of social difficulties outside the family environment.

### 2.1. Clinical Hypothesis

The problem appears to be primarily related to difficulties in family relationships and emotional regulation. There is no evidence suggesting severe behavioral disorders, as the difficulties are present only within the family environment.

#### 2.1.1. Therapeutic Objectives

- Improvement of family communication.
- Development of emotional expression skills.
- Management of anger and frustration.
- Building a more supportive family environment.
- Assisting parents in using calmer and more validating communication styles.

Individual psychotherapy sessions were conducted with Eni, along with parental counseling and family sessions focused on improving communication, emotional regulation, and reducing family tension.

### 2.2. Treatment

For the conceptualization and analysis of the case, the Obsessive Compulsive Disorder (OCD) Formulation technique within the framework of Cognitive Behavioral Therapy (CBT) was used. This technique was applied to identify triggering situations, intrusive thoughts, cognitive interpretations, emotions, as well as compulsive and avoidant behaviors that maintain OCD symptoms. The model is based on the cognitive approach of Paul Salkovskis (1985) [6].

Another technique used was Exposure and Response Prevention (ERP), through which Eni was gradually exposed to her fears [7]. Cognitive restructuring was also applied to challenge catastrophic thoughts, excessive responsibility, and perfectionism [8].

Work was also carried out using thought records, in which the patient described the situation, the automatic thought, the emotion, evidence supporting and contradicting the thought, as well as an alternative thought [9].

Additionally, work was conducted with the patient's mother through psychoeducation regarding adolescent development. The mother was taught that adolescent behaviors are linked to normal brain development, especially the

prefrontal cortex, which is associated with impulse control and decision-making. The aim of this technique was to reduce the interpretation that “she is challenging me” and replace it with “this is a developmental phase” [10].

Furthermore, the mother was trained in the validating communication model, where the parent learns to acknowledge the emotion before correcting the behavior. The parent was encouraged to use phrases such as “I understand that you are angry” without approving the negative behavior. It was observed that this technique reduces conflict and improves cooperation [11].

Work was also carried out with the parents regarding boundary-setting training. Parents were taught to establish clear boundaries and logical consequences, maintain consistency rather than changing rules according to emotions, and avoid impulsive punishments [12].

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### 3. Conclusions

The case presents difficulties mainly related to family dynamics and the style of communication within the family. Good functioning at school represents an important protective factor. The intervention focused both on the child and on the family system.

By the end of the 14th week, noticeable improvements in behavior were observed.

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### Compliance with ethical standards

#### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

#### *Statement of informed consent*

Informed consent was obtained from the parents.

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