Everyone experiences temporary mental lapses resulting in negative emotions, anxiety, depression, or unreasonable thinking. An undesirable outcome or disappointment can precipitate a rush of irrational responses to certain situations. As children, many adolescents learn to cope and adjust. Typically, people develop an acceptable level of self-control. However, some individuals do not comprehend, recognize, or have the capability to function on a rational level without learning new coping or thinking skills.

Assessments and Interventions

The responses of two individuals to the same stressful situation can result in two entirely different outcomes. While one person displays disappointment but bounces back, the other may experience or display bizarre or inappropriate behaviors or thinking patterns. The individuals in the latter category require professional evaluations and interventions in order to succeed in life.

There may be several underlying reasons why some individuals experience difficulties in their thinking patterns. Typically, maladaptive thinking is the result of detrimental or emotional triggers. These triggers affect every aspect of their lives, especially impacting learning and behaviors. In some instances, the triggers may be caused by environmental exposure to trauma or violence. Some negative behaviors result from conditioned responses while others originate from genetic or medical disabilities. The empirical results manifest into errant behaviors or inappropriate thinking patterns (Webber & Plotts, 2008).
Interventions are needed for individuals who struggle with chronic antisocial behavior, emotional disturbance, and delinquency. There are a variety of programs useful in treating or correcting inappropriate behaviors. However, not all treatments are suitable for every individual.

Disordered Classroom Behaviors

Prominent researchers contend that cognitive development contains two major divisions: short-term and long-term patterns. Some findings indicate that long-term patterns influence decision-making the most often.

Short-term patterns involve appraisals, attributions, and expectations. Many persons hold negative emotions regarding self and others. Traumatic events are the precursor of pessimistic or unconstructive thinking patterns. For example, many people allow their thinking patterns to fall into an apathetic outlook that one should expect to fail, expect to be hurt, or expect the worst results. Long-term patterns concern an individual’s values and unconscious doubts about themselves. These questions or beliefs affect the short-term expectations of a person’s thinking patterns (Webber & Plotts, 2008).

Some passive-aggressive adolescents use certain tactics to control the classroom environment. For instance, some students use selective vision, slow-down tactics, losing objects, or the destruction of nearby objects. These tactics not only affect the student’s learning and academic progress but affects the other students in the same environment. Passive-aggressive individuals often fail to have satisfying personal relationships and have the tendency to have low self-esteem. Typically, these students become dependant, impulsive, and a propensity to procrastinate (Hardt, 2008).
Cognitive – Behavioral Management Therapy

For phobias and obsessive-compulsive disorders, preferred treatment calls for the behavioral approaches and such conditions as anxiety responds positively to cognitive techniques. Currently, research indicates the relative success of cognitive-behavioral management techniques. There are several successful therapies to treat individuals with distorted thinking patterns, trauma, aggression, or those evaluated with mental illness. Some programs, such as the Aggression Replacement Training, use cognitive-behavioral techniques to teach social skills, anger control, and moral reasoning (Bohart, 2003).

Cognitive-behavioral management therapy is the combination of behavior management techniques and cognitive management therapy. Behavioral management deals with external behaviors and events. Cognitive management concentrates on the internal thought processes. In this manner, individuals learn to control emotional reactions and focus on self-management.

In behavioral therapy, modeling, feedback, and reinforcement are the main components. For cognitive therapy, therapists and counselors teach self awareness and a step-by-step approach to problem solving. The recipient of the therapy learns to make deliberate choices and learn self-management. Ultimately, the individual thinks before reacting to emotional stress or anger.

Therapy Components

The process deals with several categories of emotional responses to stressful situations. The individual learns to recognize internal and external events. These events trigger automatic thoughts. These thoughts may involve expectations, appraisals, and attributions. These responses to stressful situations depend on the individual attitudes, core values, and beliefs.
If the treatment is successful, the individual will turn on positive events and ignore negative events or responses. The outcome would be that good thoughts and behaviors strengthen while negative thoughts and behaviors decrease. However, if unsuccessful, the individual will turn on negative events or experiences that will intensify negative behavior and strengthen negative thoughts.

*Model Segments*

The model identifies several important stages exhibited during treatment. Typically, the first stage is disloyalty. The behavior exhibited tends to be self-centeredness, dishonesty, and victimization of others. Opposition is the same as above but tends to occur less frequently. Uncertainty deals with insecurities but the individual reacts in his/her own interest. The next stage is injury in which the person still acts out but becomes aware of the effect of his/her actions on others.

Some programs divide the cognitive behavioral model into three main phases. Phase one is labeled Challenge to Change. This segment allows a person to reflect on his or her past experiences and the resulting response to the stressful situation. Phase two requires the individual to demonstrate a commitment to change. This person must learn essential cognitive-behavior techniques to promote positive thoughts and behavior. Phase three reflects the long term commitment required to alter previous maladaptive responses and beliefs (Milkman & Wanberg, 2007).

*Interventions*

One form of technique focuses on prevention. This is a step-by-step approach to deal with stressful situations:

1. Think before acting
2. Identify problem
3. Create alternative solutions
4. Evaluate consequences of possible actions
5. Chose a viable solution or action

The goals of this type of therapy target negative thinking in order to encourage positive behavior. For many reasons, some individuals absorb maladaptive thinking patterns. Cognitive-behavior management attempts to replace such negative thoughts. The core of this management model teaches coping skills and anger control. By using moral reasoning, this form of therapy tries to reduce negative impulses. By decreasing the number of unconstructive stimulus, a person can alter trigger points and make conscious positive decisions (Milkman & Wanberg, 2007).

Applications

From prominent studies, this model applies to a variety of psychological situations. Cognitive-behavioral therapy can be used for a variety of disabilities, at-risk individuals, criminal offenders, or used in other types of programs. For instance, some programs use cognitive-behavioral treatments for individuals experiencing posttraumatic stress disorder. Cognitive-behavioral techniques teach individuals step-by-step methods to overcome fears while reducing stress or negative emotions (Scherringa & et al, 2007).

Final Analysis

The Cognitive-Behavioral model focuses on correcting or altering faulty thinking patterns and thus resulting in positive actions. Individuals who experience and exhibit unconstructive or irrational reactions such as excessive anger, heightened anxiety, voicing illogical thoughts, or displaying peculiar judgments discover alternate methods to cope and control unproductive
episodes. This type of management system appears appropriate in a variety of settings, especially in the educational field.
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