

BEHAVIORAL THERAPY

Psychology 460
Counseling and Interviewing
Sheila K. Grant, Ph.D.

1

Behavior Therapy (Chapter 9)

- A set of *clinical procedures* relying on experimental findings of psychological research
 - Based on principles of learning that are systematically applied
 - Treatment goals are specific and measurable
 - Focusing on the client's current problems
 - To help people change maladaptive to adaptive behaviors
 - The therapy is largely educational - teaching clients skills of self-management

2

Exposure Therapies

- *In Vivo* Desensitization
 - Brief and graduated exposure to an actual fear situation or event
- Flooding
 - Prolonged & intensive *in vivo* or imaginal exposure to highly anxiety-evoking stimuli without the opportunity to avoid them
- Eye Movement Desensitization and Reprocessing (EMDR)
 - An exposure-based therapy that involves imaginal flooding, cognitive restructuring, and the use of rhythmic eye movements and other bilateral stimulation to treat traumatic stress disorders and fearful memories of clients

3

Four Aspects of Behavior Therapy

1. Classical Conditioning
 - In classical conditioning certain respondent behaviors, such as knee jerks and salivation, are elicited from a passive organism
2. Operant Conditioning
 - Focuses on actions that operate on the environment to produce consequences
 - If the environmental change brought about by the behavior is reinforcing, the chances are strengthened that the behavior will occur again
 - If the environmental changes produce no reinforcement, the chances are lessened that the behavior will recur

4

Four Aspects of Behavior Therapy

3. Social Learning Approach
 - Gives prominence to the reciprocal interactions between an individual's behavior and the environment
4. Cognitive Behavior Therapy
 - Emphasizes cognitive processes and private events (such as client's self-talk) as mediators of behavior change

5

Blurring the Line

- In broadest sense, behavior therapy "refers to practice based primarily on social cognitive theory & encompasses a range of cognitive principles & procedures" (Wilson, 2000)
- Current behavior therapy tends to be integrated with cognitive therapy; often referred to as cognitive behavior therapy
- Ch. 9 deals mainly with applied aspects of behavior therapy
- Ch. 10 will cover cognitive-behavioral approaches

6

Bridges Are Being Built

- Modern behavior therapy grounded on scientific view of human behavior
- Does not rest, however, on a deterministic assumption that we humans are mere products of our sociocultural conditioning
- Instead, current perspective is that we are both the producer *and* the product of our environment

7

Bridges Are Being Built

- Current trend is toward developing procedures that actually give control to clients & thus increase their skills so that they have more options for responding
- Be overcoming debilitating behaviors that restrict choices, people are freer to select from possibilities that were not available earlier
- Therefore, behavior therapy can increase individual freedom

8

10 Key Characteristics of Behavior Therapy

- 1. Based on principles & procedures of scientific method
- 2. Deals with client's current problems (as opposed to analysis of historical determinants) & factors influencing them & factors that can be used to modify performance
- 3. Clients expected to assume an active role by engaging specific actions to deal with their problems

9

10 Key Characteristics of Behavior Therapy

- 4. Emphasizes teaching clients skills of self-management, with expectation they're responsible for transferring what's learned in office to everyday lives
- 5. Focus on assessing overt & covert behaviors directly, identifying problem, & evaluating change
- 6. Emphasizes a self-control approach in which clients learn self-management strategies

10

10 Key Characteristics of Behavior Therapy

- 7. Interventions individually tailored to specific problems
 - "What treatment, by *whom*, is the most effective for *this* individual with *that* specific problem & under *which* set of circumstances?" (Paul, 1967)
- 8. Based on collaborative partnership between therapist & client (clients informed about nature & course of Rx)

11

10 Key Characteristics of Behavior Therapy

- 9. Emphasis on practical application
 - Interventions applied to ALL facets of daily life in which
 - maladaptive behaviors are to be decreased &
 - adaptive behaviors are to be increased
- 10. Therapists strive to
 - develop culture-specific procedures &
 - obtain clients' adherence & cooperation

12

Therapeutic Goals

- Goals occupy central importance
- General goals are
 - To increase personal choice &
 - To create new conditions for learning
- Client, with help of therapist, defines specific goals at outset of therapeutic process
- Once goals are agreed upon, a process of defining begins
 - Counselor & client discuss the behaviors associated with goals, the circumstances required for change, the nature of subgoals, to reconsider client's initial goals, or to seek services of another practitioner

13

Therapist's Function & Role

- Active & directive
- Consultants & problem-solvers
- Pay attention to clues presented by client
- Follow their clinical hunches
- Use some techniques common to other approaches (e.g., summarizing, reflection, clarification, & open-ended questioning)
- Role-modeling for the client

14

Therapeutic Techniques

- Relaxation Training – to cope with stress
- Systematic Desensitization – for anxiety and avoidance reactions
- Modeling – observational learning
- Assertion Training – social-skills training
- Self-Management Programs – “giving psychology away”
- Multimodal Therapy – a technical eclecticism

15

Therapeutic Techniques

- **Relaxation Training** – to cope with stress
 - Aimed at achieving muscle & mental relaxation & is easily learned
 - After learning, it is essential that clients practice exercises daily to obtain maximum results
 - Jacobson (1938) credited with initially developing the progressive relaxation procedure
 - Since it has been refined & modified, & frequently used in combination with a number of other behavioral techniques
 - Systematic desensitization
 - Assertion training
 - Self-management programs
 - Audiotape recordings of guided relaxation procedures, computer simulation programs, biofeedback-induced relaxation, hypnosis, meditation

16

Therapeutic Techniques

- **Systematic Desensitization** – for anxiety and avoidance reactions
 - Developed by Joseph Wolpe (one of pioneers of behavior therapy)
 - Clients imagine successively more anxiety-arousing situations at the same time that they engage in a behavior that competes with anxiety (I.e., relaxation)
 - Gradually (systematically) clients become less sensitive (desensitized) to the anxiety-arousing situation
 - This procedure can be considered a form of exposure therapy because clients are required to expose themselves to anxiety-arousing images as a way to reduce anxiety

17

Therapeutic Techniques

- **Modeling** – observational learning
 - Having client observe therapist, others in group, of videotaped ‘models’ or self
 - Very powerful technique, especially for clients with severe skills deficits

18

Therapeutic Techniques

- **Assertion Training** – social-skills training
- Can be useful for those
 - Who cannot express anger or irritation
 - Who have difficulty saying no
 - Who are overly polite & allow others to take advantage of them
 - Who find it difficult to express affection & other positive responses
 - Who feel they do not have a right to express their thoughts, beliefs, & feelings
 - Who have social phobia
- Basic assumption is that people have the right (not the obligation) to express themselves
- Goals
 - to increase people's behavioral repertoire so that they can make the *choice* of whether to behave assertively in certain situations
 - To teach people to express themselves in ways that reflect sensitivity to the feelings & rights of others (assertion d/n = aggression)

19

Therapeutic Techniques

- **Self-Management Programs** – “giving psychology away”
- Psychologists who share their knowledge so that “consumers” can increasingly lead self-directed lives & *not* be dependent on experts to deal with their problems
- Basic steps of a self-management program (Watson & Tharp, 2002):
 - Selecting realistic goals
 - Translating goals into target behavior
 - Self-monitoring
 - Working out a plan for change
 - Evaluating an action plan

20

Therapeutic Techniques

- **Multimodal Therapy** – a technical eclecticism
- Grounded in social learning and cognitive theory
- The BASIC I.D. - essence of approach is premise that the complex personality of human beings can be divided into 7 major areas of functioning:
 - **B** = behavior
 - **A** = affective responses
 - **S** = sensations
 - **I** = images
 - **C** = cognitions
 - **I** = interpersonal relationships
 - **D** = drugs, biological functions, nutrition, & exercise

21

Therapeutic Techniques

- **B** = Behavior
 - Refers primarily to overt behaviors, including acts, habits, & reactions that are observable & measurable
 - What would you like to change?
 - What specific behaviors keep you from getting what you want?
- **A** = Affective responses
 - Refers to emotions, moods, & strong feelings
 - What emotions are problematic for you?
- **S** = Sensations
 - Refers to 5 basic senses (touch, taste, smell, sight & hearing)
 - Do you suffer from unpleasant sensations e.g., pains, aches, dizziness etc.?
- **I** = Images
 - Refers to ways we picture ourselves (including memories, dreams & fantasies)
 - How do you view your body?

22

Therapeutic Techniques

- **C** = Cognitions
 - Refers to insights, philosophies, ideas, opinions, self-talk, & judgments that constitute basic values, attitudes, & beliefs
 - How do your thoughts affect your emotions?
 - What are the values & beliefs you most value?
- **I** = Interpersonal relationships
 - Refers to interactions with other people
 - To what degree do you desire intimacy with others?
 - What do they expect from you?
- **D** = Drugs, biological functions, nutrition, & exercise
 - Includes more than drugs, encompassing clients' nutritional & exercise patterns
 - Are you healthy & health conscious?
 - Do you have any concerns about your health?
 - What are your habits pertaining to diet, exercise, & physical fitness?

23

Contributions to Multicultural Counseling

- Clear advantages:
 - Because does not emphasize experiencing catharsis
 - Rather stresses changing specific behaviors and developing problem-solving skills
 - Behavior therapy focuses on environmental conditions that contribute to a client's problem (e.g., social & political influences that play a significant role in lives of people of color through discriminatory practices and economic problems)

24

Limitations to Multicultural Counseling

- Clear disadvantages:
 - Behavior therapists need to become more responsive to specific issues pertaining to all forms of diversity
 - Because race, gender, ethnicity, and sexual orientation are critical variables that influence the process and outcomes of therapy, it is essential that behavior therapists pay greater attention to such factors than they often do
 - For example, some African American clients are slow to trust an European American therapist, which may be a healthy response to racism; However, a culturally insensitive therapist may misinterpret this “cultural paranoia” as clinical paranoia
 - When clients make significant personal changes, it is very likely that others in their environment will react to these people differently; before deciding too quickly on goals of therapy, need to discuss advantages & disadvantages of therapeutic change ²⁵

Contributions of Behavior Therapy

- Advantages:
 - Wide variety of specific techniques
 - Behavioral techniques have been extended to more areas of human functioning than have any of the other therapeutic approaches
 - Major contribution is its emphasis on research into & assessment of treatment outcomes (I.e., if progress not being made, must look carefully at original analysis & treatment plan)
 - The behavioral approach and techniques have been subjected to the most empirical research

26

Contributions of Behavior Therapy

- Advantages:
 - Behavioral therapists use empirically tested techniques, assuring that clients are receiving both effective and brief treatment
 - Evidence-based therapies (EBT) are a hallmark of both behavior therapy and cognitive behavior therapy
 - Cummings (2002) believes evidenced-based therapies will be mandatory for third party reimbursement in the future
 - Behavior therapists are willing to examine the effectiveness of their procedures in terms of generalizability, meaningfulness, and durability of change
 - Most studies show that behavior therapy methods are more effective than no treatment
 - Emphasis on ethical accountability (does not dictate whose behavior or what behavior should be changed)
 - Address ethical issues by stating that therapy is basically an education process; an essential feature of behavior therapy involves collaboration between therapist & client

Limitations & Criticisms of Behavior Therapy

- Behavior therapy may change behaviors, but it does not change feelings
- Behavior therapy ignores the important relational factors in therapy
- Behavior therapy does not provide insight
- Behavior therapy treats symptoms rather than causes
- Behavior therapy involves control & manipulation by therapist

28

Therapeutic Techniques

- **Multimodal Therapists**
 - Tend to be very active during therapy sessions
 - Effective therapy calls for counselors to be “authentic chameleons” (Lazarus, 1993), meaning that a flexible repertoire of relationship styles is as impt as a wide range of techniques in enhancing treatment outcomes
 - Need to make choices regarding different styles of relating to clients
 - Have to decide when & how to be directive or supportive, cold or warm, formal or informal, & tough or tender
 - Lazarus (1996) states that one of his major accomplishments as a therapist over the years has been **learning to blend appropriate & effective techniques with the most suitable relationship style**
 - Contemporary Multimodal Therapeutic approach particularly important as a **major link** between behavioral principles and the cognitive behavioral approach ²⁹