BEHAVIOURAL THERAPHY

Introduction

Behaviour therapy comes under the larger rubric of action-oriented methods that help people change the way they think and do things. These are called as action-oriented as they rely on behaviour specific interventions and outcomes. The behavior approach has its beginnings in the 1950s and early 1960s. It started as a school of thought disagreeing and departing from the widely popular psychoanalytic approach. Behavior therapy applied its principles of classical and operant conditioning to the treatment of problem behaviors. Modern behaviour therapy is focused on giving control to the clients and help increase their skills to overcome the debilitating behaviours. The theory of behaviour therapy is based on the belief that all our values, attitudes, preferences, emotional response, thinking patterns, personality styles, and problems are the result of learned behaviour.

In this perspective, a maladjusted person is seen as (a) having failed to acquire appropriate coping skills, (b) having learned faulty coping patterns which is maintained by some kind of reinforcement, or (c) both. Human behaviour is shaped, reinforced and moulded by the world around us. Hence a systematic and scientific approach is used to identify specific behaviours that need to be changed , set desirable and achievable, collect data on client's functioning levels, design a behavior modification module, decrease client's resistance, modify distracting variables, monitor the impact of module and made changes if required in the treatment plan.

Basic Assumptions

a) It is based on principles and procedures of scientific method such as learning principles. It states treatment goals in concrete and objective terms. The concepts and procedures are explicitly stated, empirically tested and continually updated.

b) Behaviour therapy deals with the client's current problems and the factors influencing them.

c) Clients are expected to engage in specific actions to deal with their problems. They monitor their behaviour both during and outside the therapy sessions, learn and practice coping skills and role-play new behaviour. Thus, it is an action-oriented approach.

d) It is carried out in the client's natural environment. It is largely educational . It teaches clients skills of self-management. Home work assignments are integral part of behaviour therapy.

e) Behaviour procedures are tailored to fit the unique needs of the client.

f) The practice of behaviour therapy is based on

collaborative partnership between the therapist and

client. Clients are trained to initiate, conduct and evaluate their own treatment under the guidance of the therapist.

Role of Therapist

A behaviour therapist is active in counseling sessions. Hence, the client learns, unlearns or relearns specific ways of behaving. Counselor functions as a consultant, teacher, adviser, reinforcer and facilitator. He/she may instruct or supervise support people in the client's environment who are assisting in the change process. The therapist must also model appropriate behvaiour as he serves as a person worthy of emulation. Hence, the therapist must be aware of their crucial role and power they have in influencing the client's way of thinking. Behavior therapy demands a high level of skills and sensitivity from the client and an ability to form a working relationship with clients.

Key Techniques

Extinction- The basic principle of extinction involves elimination of reinforcement for the maladaptive behaviours. Two specific techniques that rely on the principle of extinction are *implosive therapy and flooding*. Implosive therapy is an advanced technique that involves desensitizing a client to a situation by having him/her imagine an anxiety producing situation that may have dire consequences such that there is a massive 'implosion' of anxiety. The client is not taught to relax first. With repeated exposure of stimulus in a "safe" setting, the stimulus loses its power to elicit anxiety and the neurotic avoidance behaviour is extinguished. It is also called as in-vitro (lab/clinic setting) desensitization. Flooding or in-vivo is less traumatic as the imagined anxiety producing scene does not have dire consequences. It can be used for people who cannot imagine scenes realistically. For eg a client with a phobia of heights may be taken to the terrace of a building. Hence the client is made to realize that feared consequences do not occur. It is a simple treatment of choice for simple phobias.

Systematic Desensitization- It is designed to help overcome anxiety in particular situations. The term systematic refers to the carefully graduated manner in which the person is exposed to the feared stimulus. A client is asked to describe the situation that causes anxiety and then rank the situation and related events on hierarchical scale from least to most anxiety provoking event. The client is taught to relax physically and mentally. The client is then exposed to situation which are least provoking and learn to relax at the

same time. Since anxiety and relaxation are antagonistic the client will experience either one. This is done till he is relaxed in the first situation. The therapist then moves on to the next anxiety provoking situation. This is done till he masters the task of staying calm and relaxed even in most anxiety provoking situation. The sessions conducted are usually for 30 minutes and often 2-3times per week for a number of weeks or months. Sometimes it is used in groups referred as "marathon desensitization groups".

Aversion Therapy- Aversion therapy involves modifying undesirable through punishment. It involves either the removal of desired reinforcers or the use of aversive stimuli. The basic idea is to reduce the "temptation value" of stimuli that elicit undesirable behaviour. It can be done through use of mild electric shocks or drugs. It is used mostly for smoking, drinking, over eating, drug
dependence, gambling, sexual variants and bizarre
psychotic behaviour.

Modeling- It involves learning of skills through imitating the behaviour of others. Usually the parent, therapist or peers perform the behavious and the client observes and imitates the behaviour. For eg a child suffering from mental retardation may be taught self-feeding through modeling. The terms modeling, observational learning, imitation, social learning and vicarious learning all refer to process by which behaviour of an individual or group acts as a stimulus for similar thoughts, attitudes and behaviour on the part of the observer. Bandura outlines three effects of modeling- first is the acquisition of new responses or skills and the performance of them. Eg. Learning the skills in sports, language patterns, training autistic children to speak to through the use of models, social skills and teaching hospital patients coping skills necessary for their return to the community.

The second effect is inhibition of fear responses, which occurs when the observers' behaviours are inhibited in some way. Here the model averts the negative consequences of have positive consequences. Eg. Handling snakes and not bitten by it, performing feats and not getting hurt. Also workers who strike and do not loose job, then others may follow the same.

The third effect is a facilitation of responses in which model provide cues for other to emulate. The effect is to increase behaviours that the individual has already learned. Eg attractive teenagers advertising for jeans. Others watching may follow the same fad. Also for eg, when person who leaves a social gathering, other follow the same.

Systematic use of reinforcement- Reinforcers are those events that, when they follow a behaviour increase the probability of the behaviour repeating. It may be positive or negative. Reinforcers can be effectively used to elicit and maintain behaviors.

✓ Schedules of reinforcemnt- when a behaviour is first being learned, it should be reinforced every time it occurs i.e continuous reinforcement. After it is established, intermittent reinforcement is given. Schedules of reinforcement operate according to either number of responses (ratio), or the length of time (interval) between reinforcers. Both ratio and interval are either fixed or variable.

✓ Response shaping- A behaviour learned gradually in steps through successive approximations is known as shaping. When clients learn new skills, counselors may help break down behaviour into manageable units.

✓ Token economies-sometimes intangible reinforcers are ineffective. Hence, tangible may be used in the form of tokens that can be exchanged for desired objects and privileges. It has been used to establish adaptive behaviours ranging from elementary responses, such as eating and making one's bed, to the daily performance of responsible jobs. Tokens have the advantage such as, (a) the number of tokens earned depends directly on the amount of desirable behaviours, (b) tokens, like, money have value in the outer world, (c) tokens can reduce the delay between appropriate performance and reinforcement. It has been effective in managing behaviour of patients with chronic schizophrenia and mental retardation.

✓ Behavioural Contracting- Also called as contingency contracts, these contracts spell out the behaviours to be performed, changed or discontinued in writing. The rewards associated with the achievement of these goals and the conditions under which the rewards are to be received. It is helpful as the structure of the treatment is statement, the responsibility of client are outlined and system of rewards is built in, the length and focus of sessions are specified and the criteria for determining success or failure can be seen.

Assertiveness Therapy - It is based on the idea that a person should be able to express his thoughts and feeling appropriately without feeling undue anxiety. The technique consists of counter-conditioning anxiety and reinforcing assertiveness. The client is taught the difference between passive, aggressive and assertive. In the therapy, the desired behaviours are first practiced in a therapeutic setting. Then through the therapist's guidance, the individual practices new behaviours in real life setting. It focuses on developing appropriate and effective interpersonal skills.

Bio-feedback treatment- the physiological responses such as heart rate, galvanic skin response and blood pressure are involuntary. In this approach a person is taught to influence his or her own physiological process. It involves the following steps: (a) monitoring the physiological process that is to be modified, (b) converting the information to a visual or auditory signal and (c) providing a means for feedback. Looking at the feedback the subject then reduces the undesired anxiety or response. It requires investment of capital to purchase complicated equipment. Although there is some agreement on the effectiveness of this approach, however some researches claim that the results are often small and not generalizable to other situations.

Some principles of learning and their meanings:

- **Generalization**- it involves display of behaviour in environments outside where they were originally learned (eg.at home, at work). It indicates that transference into another setting has occurred.
- **Maintenance** - it is defined as being consistent in performing the behaviour without depending on anyone else for support. Here emphasis is on client's self control and management. It is done through self-monitoring – involving self-observation (requires a person to notice particular behaviour s/he does) and self-recording (focuses on recording of particular behaviour).
- **Rehearsal** - it consists of practicing a desired behaviour until it is performed the way the client wishes.
- **Covert Sensitization**- it is a technique in which undesired behavior is eliminated by associating it with unpleasantness.

Evaluation of Behaviour Therapy

STRENGTHS

- The approach deals directly with symptoms. Because most clients seek help for specific problems, counselors are able to assist clients immediately.
- The approach focuses on the here and now. A client does not have to examine the past to obtain help in the present.
- It is economical and saves both time and money.
- The approach offers numerous techniques for counselors to use.

- The approach is based on learning theory, which is a

well-formulated way of documenting how new

behaviours are acquired.

- The approach is supported by extensive research on the effectiveness of its techniques.
- The approach is objective in defining and dealing with problems and demystifies the process of counseling.
- It has well established empirical evidence of its effective treatment of chronic pain, panic disorder, generalized anxiety disorder, phobias, OCD, tension headaches, irritable bowel syndrome, female orgasmic dysfunction, male erectile dysfunction etc.

LIMITATIONS

- The approach does not deal with the total person, just the explicit behaviour. It changes behaviour but not the feelings.
- The approach is sometimes applied mechanically. The importance of the relation between the client and the therapist is ignored.
- The approach is best demonstrated under controlled conditions that may be difficult to replicate in normal counseling situations.
- The approach ignores the client's past history and unconscious forces.
- it does not provide insight. Some clients want not just to change behaviours but also gain understanding of why they behave the way they do.
- The approach does not consider developmental stages.
- It treats symptoms rather than causes.
- It involves control and manipulation by the therapist.
- The approach programs the client towards minimum or tolerable levels of behaving, reinforces conformity, stifles creativity and ignores client needs for self-fulfillment, self-actualization and feeling of self-worth.