Behavioural Therapy

A GUIDE TO COUNSELLING THERAPIES (DVD)

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Behavioural Therapy

A GUIDE TO THE TRAINING DVD

CONTENTS

According to Seligman (2006) behavioural therapy focuses on the present not the past, observable behaviours rather that unconscious forces and short-term treatment, clear goals, and rapid change.

HISTORY

Behavioural therapy had its beginnings in the early 1900's and became established as a psychological approach in the 1950s and 1960s. At this time, it received much resistance from the current school of thought, psychoanalysis.

There have been a number of people that that have contributed to the development of behavioural therapy:

Ivan Pavlov (1849 – 1936)

Pavlov's contributions to behavioural therapy were accidental. He was originally studying the digestive process of dogs when he discovered that associations can develop when pairing a stimulus (food) that has a response (dog salivates) with a stimulus that has no response (bell). The stimulus with no response (bell) eventually develops the same response (dog salivates) as the stimuli that has the response (food). This type of learning is known as classical conditioning (Seligman, 2006).

John B. Watson (1878 – 1958)

Watson has been described as the "father" of behaviourism (McLeod). He used Pavlov's principles of classical conditioning as well as emphasizing that all behaviour could be understood as a result of learning. Watson's research involved the study of a young child called "Albert". "Albert" was initially not scared of rats. However, Watson paired the rat with a loud noise and this frightened "Albert". After this was repeated numerous times, "Albert" developed a fear of rats. He also developed a fear of things similar to a rat such as men with beards, dogs, and fur coats. This fear was extinguished after a month of not repeating the experiment (McLeod, n.d.a).

B.F. Skinner (1904 – 1958)

Skinner developed the theory of operant reinforcement theory which is the notion that how often a behaviour is executed depends on the events that follow the behaviour (Seligman, 2006). For example, if the behaviour is reinforced, the behaviour is more likely to be repeated. He emphasised observable behaviour and rejected the notion of "inner causes" for behaviour (McLeod, n.d.a)

John Dollard (1900 – 1980) & Neal Miller (1909 – 2002)

Dollard and Miller provided more understanding to behavioural theory. They believed that when a stimulus and response are frequently paired together and rewarded, the more likely it is for an individual to repeat the behaviour (Seligman, 2006). They identified this as a habitual response. Dollard and Miller also identified four elements in behaviour: drive, cue, response, and reinforcement (Seligman, 2006).

Joseph Wolpe (1915 – 1977)

Wolpe described a process known as reciprocal inhibition which is when "eliciting a novel response brings about a decrease in the strength of a concurrent response" (Seligman, 2006). Wolpe also developed the therapeutic tool of systematic desensitization which is used in the treatment of phobias (to be discussed further down).

Albert Bandura (1925)

Bandura applied the principles of classical and operant conditioning to social learning. Basically, people learn behaviours through observation of other's behaviour, also known as modelling (Seligman, 2006).

Current Focus

The traditional behavioural approach is no longer used as it once was. It has moved towards a more collaborative treatment with cognitive therapy and as such this has meant a more applicable approach (Seligman, 2006).

KEY CONCEPTS

CLASSICAL CONDITIONING

Classical conditioning is a type of learning when an *unconditioned stimulus (UCS)* such as food produces an *unconditioned response (UCR)* such as salivation. If a neutral stimulus such as a bell is then paired with the *UCS* to get the *UCR* and this is repeated, the neutral stimulus will create the response of salivation. The neutral stimulus is now the *conditioned stimulus (CS)* and the response is a *conditioned response (CR)*. Figure 1 demonstrates this process (extracted from McLeod, n.d.b).

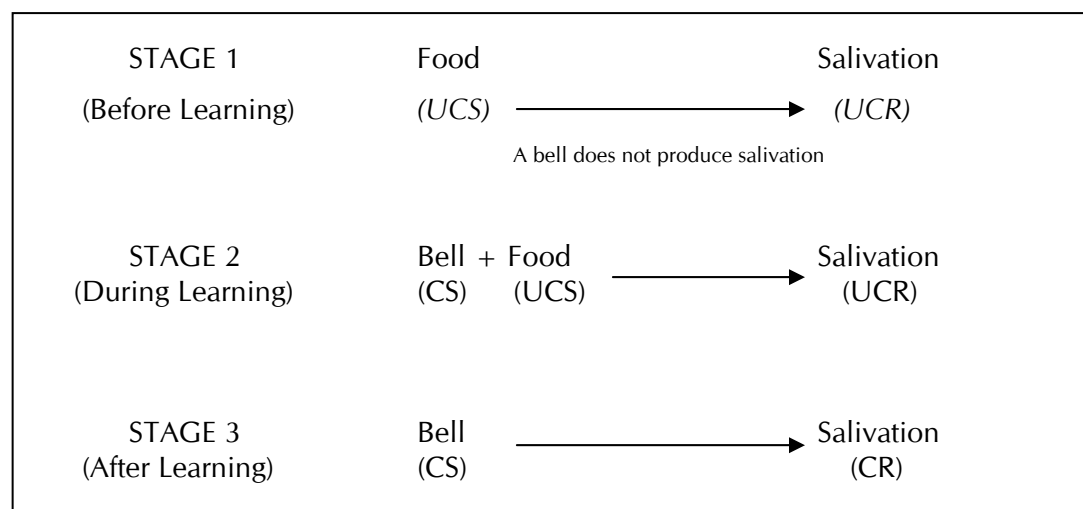| STAGE 1 (Before Learning)	Food (UCS) $\longrightarrow$	Salivation (UCR)
	A bell does not produce salivation	
STAGE 2 (During Learning)	Bell + Food (CS) (UCS) $\longrightarrow$	Salivation (UCR)
STAGE 3 (After Learning)	Bell (CS) $\longrightarrow$	Salivation (CR)

Figure 1: Example of Classical Conditioning Procedure

OPERANT CONDITIONING

Operant Conditioning (or instrumental learning) is the process whereby learned responses are controlled by the consequences (Weiten, 2007). There are two main processes involved in operant conditioning:

1) *Reinforcement* occurs when a response is strengthened by an outcome. There are two types of reinforcement, negative and positive reinforcement. Positive reinforcement occurs when a behaviour is strengthened by a positive reward (see Figure 2). For example, a child behaves well at the shops so is given a chocolate as a reward. This reinforces the good behaviour at the shops. Negative reinforcement occurs when behaviour is strengthened by the removal of a negative stimulus (see Figure 2). For example, doing a relaxation exercise when stressed. The relaxation exercise (response) reinforces this behaviour as the stress (aversive stimulus) has been removed.

2) *Punishment* occurs when a response to behaviour decreases the likelihood of the behaviour reoccurring (Weiten, 2007). There are also two types of punishment, negative and positive punishment. Positive punishment occurs when an aversive response to behaviour is used and therefore the behaviour is less likely to occur (see Figure 2). For example, a child is given chores when he or she has been naughty. The child therefore, has been given a punishment to reduce the likelihood of the bad behaviour continuing. Negative punishment occurs when something is taken away and therefore decreases the likelihood of the behaviour reoccurring (see Figure 2). For example, a person fails to secure a bike and this leads to the theft of the bike. This therefore decreases the likelihood of the person leaving property unsecured in the future.

PROCESS	BEHAVIOUR	CONSEQUENCE	EFFECT ON BEHAVIOUR
Positive Reinforcement	Child behaves well at shops →	Rewarded with a chocolate	Tendency to behave well at the shops
Negative Reinforcement	Stress →	Relaxation exercise	Tendency to not get as stressed
Positive Punishment	Child misbehaves →	Given chores	Tendency to not misbehave
Negative Punishment	Fails to secure bike →	Bike is stolen	Tendency to secure personal property in the future

Figure 2: Positive and Negative Reinforcement

SOCIAL LEARNING

Social Learning (or modelling) occurs when an individual (or animal) responds a certain way due to having observed the behaviour previously. *Social learning* is an extension of classical and operant conditioning in that an individual is conditioned indirectly by observing another's conditioning. For example, a child observes his or her older sibling setting the table for their parents. The older child receives praise for setting the table. The younger child's own tendency to set the table for the parents is reinforced as a result of the praise the older child receives (Weiten, 2007).

GENERAL IDEAS ABOUT PERSONALITY DEVELOPMENT

Seligman (2006) has identified "three basic building blocks of personality" that people are born with:
1) Primary drives
2) Specific reflexes
3) Innate responses to particular stimuli

The primary drives of an individual relate to drives such as toward food and warmth. Specific reflexes refer to processes such as sucking and blinking, and innate responses include behaviours such as reacting to pain (Seligman, 2006).

Behavioural theorists believe that personality is shaped by learning and unlearning throughout the lifespan. They also believe that the environment in which a child is brought up in influences the personality of the individual. An example of how personality is developed through the eyes of a behaviourist is of self-efficacy. Self-efficacy refers to the way one believes in one's ability. High self-efficacy is often the result of responsive behaviour by parents, non-punitive techniques, and a warm family environment (Weiten, 2007).

THERAPEUTIC TECHNIQUES & METHODS OF WORKING

Principles of Therapeutic Methods of Working

There are a number of principles behavioural therapists use when working with clients. The following principles have been sourced from Seligman (2006):

Table 1: Principles of Behavioural Therapy

- Although genetics play a role, individual differences are derived primarily from different experiences.
- Behaviour is learned and acquired largely through modelling, conditioning, and reinforcement.
- Behaviour has a purpose.
- Behaviour is the major determinant of habits, thoughts, emotions, and other aspects of personality.
- Behaviour therapy seeks to understand and change behavior.
- Therapy should be based on the scientific method and be systematic, empirical, and experimental. Goals should be stated in behavioral, specific, and measurable terms, with progress assessed regularly.
- The focus of treatment should generally be on the present. Even if behaviours are longstanding, they are maintained by factors in the current environment.
- However, behaviours must be viewed in context, and some exploration of the past is appropriate to provides that context and help people feel understood.
- Education, promoting new learning and transfer of learning, is an important aspect of behavior therapy.
- Strategies of behavior therapy need to be individualized to the particular person and problem.
- Clients have primary responsibility for defining their goals and completing homework tasks. The treatment plan is formulated collaboratively, with both client and clinician participating actively in that process.

Steps in Treatment

As well as working with the principles of behavioural therapy, there are a number of steps a therapist can utilise when in a session with a client (adapted from Seligman, 2006):

1) *Identify the problem–* This involves investigating what the problem is and its history. Also, identifying the baseline of the problem such as the frequency, duration and severity of the problem.

2) *Identify goals–* Identifying goals involves selecting goals related to the problem that are realistic, specific, and measurable. The goals also need to be relevant to the client and positive to help keep the client motivated.

3) *Strategies–* This involves identifying and developing strategies that will assist in the change process. The counsellor should teach new skills, provide relevant information and implement behavioural strategies to help the client to change. As well as a plan for change, a plan for how success will be monitored and having a written contract with the client is important.

4) *Implement the plan–* This involves the plan that has been developed being implemented for the process of change to occur.

5) *Assess progress–* The progress of the plan is assessed and the plan is evaluated. The plan is revised for any areas of need and successes are reinforced. Reinforcing success helps to keep the client motivated and ensures more success.

6) *Continue the process–* This is the process is continued by ensuring plans are continued and that plans include preventing relapse of problems.

Treatment Types

Treatments in behavioural therapies apply the learning principles to change maladaptive behaviours (Weiten, 2007). The treatments do not focus on clients achieving insights into their behaviour, rather the focus is just on changing the behaviour. For example, if a behavioral therapist was working with a client that has an alcohol problem, the behavioural therapist would design a program to eliminate the behaviour of drinking but there would be no focus on the issues or pathological symptoms causing the alcohol problem.

There are a number of treatments used in behavioural therapy that have been scientifically validated as being successful approaches to treating symptoms:

- *Systematic Desensitization –* was developed by Joseph Wolfe and was designed for clients with phobias. This treatment follows a process of "counterconditioning" meaning the association between the stimulus and the anxiety is weakened (Weiten, 2007). The process of systematic desensitization is applied to an example of a client with a fear of spiders in Figure 3:
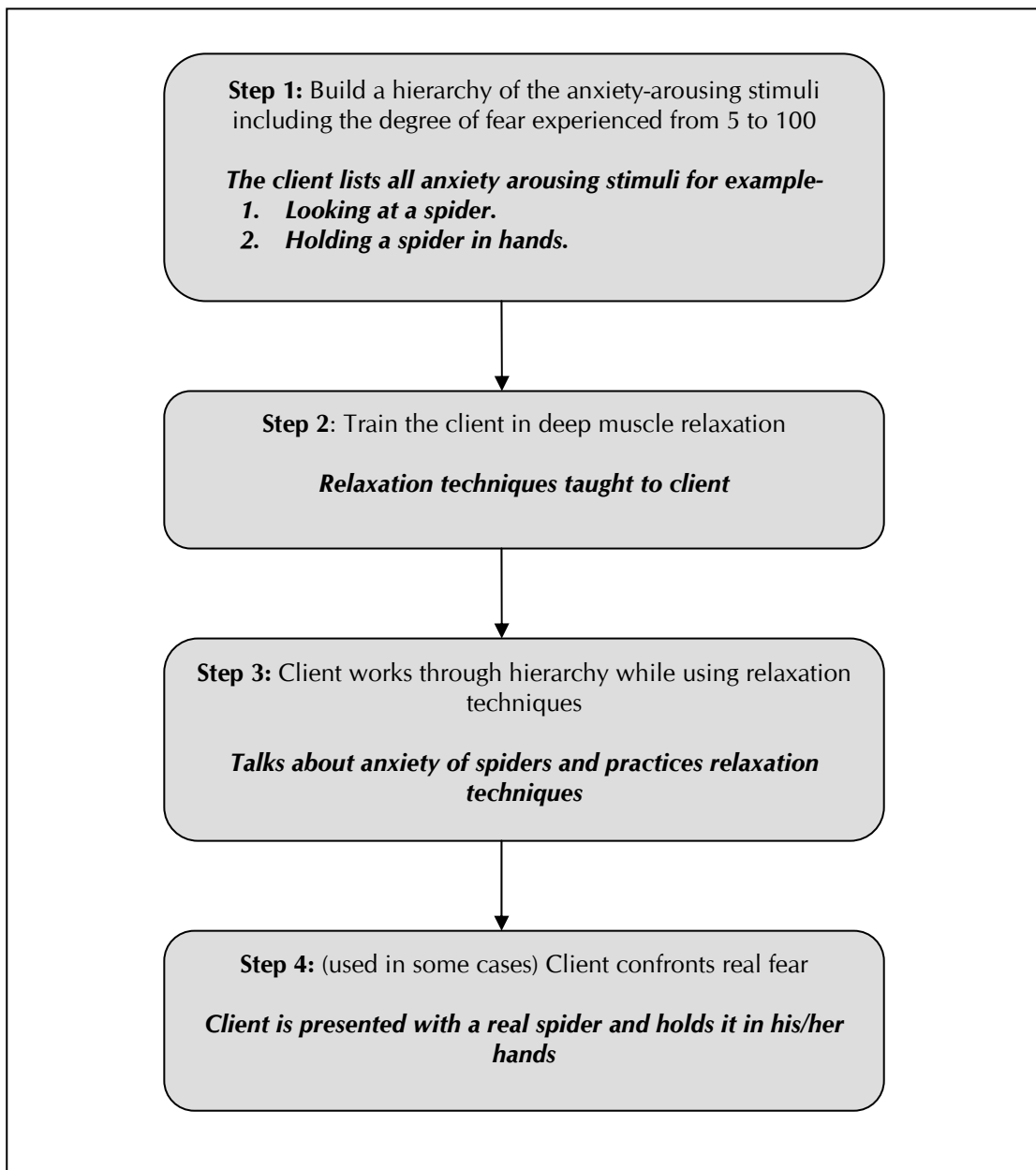
┌───┐
│   │
│   **Step 1:** Build a hierarchy of the anxiety-arousing stimuli │
│   including the degree of fear experienced from 5 to 100   │
│   │
│   *The client lists all anxiety arousing stimuli for example-* │
│   *1. Looking at a spider.*   │
│   *2. Holding a spider in hands.*   │
│   │
│   ↓   │
│   │
│   **Step 2:** Train the client in deep muscle relaxation   │
│   │
│   *Relaxation techniques taught to client*   │
│   │
│   ↓   │
│   │
│   **Step 3:** Client works through hierarchy while using   │
│   relaxation techniques   │
│   │
│   *Talks about anxiety of spiders and practices relaxation*   │
│   *techniques*   │
│   │
│   ↓   │
│   │
│   **Step 4:** (used in some cases) Client confronts real fear │
│   │
│   *Client is presented with a real spider and holds it in*   │
│   *his/her hands*   │
│   │
└───┘

Figure 3: Systematic Desensitization

- *Exposure Therapies* – designed to expose the client to feared situations similar to that of systematic desensitization (Corey, 2005). The therapies included are *in vivo desensitisation* and *flooding*. *In vivo desensitization* involves the client being exposed to real life anxiety provoking situations. The exposure is brief to begin with and eventually the client is exposed for longer periods of time to the fearful situation. As with systematic desensitisation, the client is taught relaxation techniques to cope with the anxiety produced by the situation. The example of the client with a fear of spiders will be used to demonstrate *in vivo desensitization.* To begin with the client would be shown a spider in a container on the other side of the room for one minute. This would gradually increase in time as well as the client getting closer to the spider until eventually the client is able to be sitting near the spider for a prolonged period.

Flooding involves the client being exposed to the actual or imagined fearful situation for a prolonged period of time. The example of the client with the spider fear would be that the client would be exposed to the spider or the thought of a spider for a prolonged period of

time and uses relaxation techniques to cope. There may be ethical issues in using these techniques with certain fears or traumatic events and the client should be provided with information on the techniques before utilising them so he or she understands the process.

- *Aversion Therapy* - the most controversial of the behavioural treatments and is used by therapists as a last resort to an aversive behaviour (Weiten, 2007). This treatment involves pairing the aversive behaviour (such as drinking alcohol) with a stimulus with an undesirable response (such as a medication that induces vomiting when taken with alcohol). This is designed to reduce the targeted behaviour (drinking alcohol) even when the stimulus with the undesirable response is not taken (medication).

- *Social Skills Training* - a treatment that involves improving interpersonal skills such as communication and how to act in a social setting through the techniques modelling, behavioural rehearsal, and shaping. Modelling involves encouraging the client to watch friends and colleagues in their social settings to see how to act appropriately. Behavioural rehearsal involves clients rehearsing their social skills in the therapy session and eventually moving to real-life situations. Shaping involves the client gradually building up to handling difficult social situations.

- *Biofeedback* - involves the therapist getting feedback of the client's bodily functions and in turn providing the information to clients to help him or her engage in relaxation techniques (Weiten, 2007). For example, during a therapy session the client is hooked up to an electromyograph (EMG) to measure the skeletal-muscular tension in the body. This information is then used for the client to help control their physiological responses and implement relaxation techniques.

AREAS OF APPLICATION

Behavioral therapy can be used to treat many psychological disorders including anxiety disorders, sexual disorders, depression, interpersonal and marital problems, chronic mental conditions, childhood disorders, eating and weight disorders as well as prevention and treatment of cardiovascular disease (Corsini & Wedding, 2000).

STRENGTHS & WEAKNESSES

Table 2: Strengths and Weaknesses of the Behavioural Approach

STRENGTHS	WEAKNESSES
▪ When using in therapy, it accomplishes what the theory predicts will happen (Guilliard, James & Bowman, 1994).	▪ Overdependence on animal research (Weiten, 2007).
▪ Treatment outcomes have been scientifically and empirically validated (Corey, 2005).	▪ Denies the existence of free will and the importance of cognitive processes (Weiten, 2007).
▪ Emphasizes ethical accountability (Corey, 2005).	▪ Treats symptoms rather than underlying issues (Corey, 2005).
▪ Wide variety of techniques that may be utilised in therapy (Corey, 2005).	▪ Does not provide insight (Corey, 2005).
	▪ Personality structure only focuses on stimulus-response associations. There is no emphasis on underlying concepts (Weiten, 1998).

CONCLUSION

Overall, behavioural therapies are not generally used on their own in treating psychological disorders however the techniques used in behavioural therapies are applicable to treatment in a wide variety of settings. Behavioral therapies have contributed to greater understanding of the learning processes and have also significantly influenced measurement strategies for identifying psychological problems such as anxiety disorders.

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