

# Behavior therapy: basic concepts, assessment methods, and applications

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Behavior Therapy: Basic Concepts, Assessment Methods, and Applications. Different kinds of psychotherapies have existed throughout history, and have always been rooted in philosophical views of human nature (Wachtel P. , 1997). Specifically, behavior therapy intends to help individuals overcome difficulties in nearly any aspect of human experience (Thorpe G. & Olson S. , 1990). The techniques of behavior therapy have been applied to education, the workplace, consumer activities, and even sports, but behavior therapy in clinical settings is largely concerned with the assessment of mental health problems.

In general, behavior therapy is a type of psychotherapy that aims on changing undesirable types of behavior. It engages in identifying objectionable, maladaptive behaviors and replacing them with healthier ones. . According to Rimm D. & Masters J. (1974), the label “ behavior therapy” comprises a large number of different techniques that make use of psychological-especially learning- principles to deal with maladaptive human behavior. Behavior therapy is a relative new kind of psychotherapy (Corsini R. & Wedding D. , 2008).

As a systematic approach, behavior therapy began in the 1950's, in order to assess and treat psychological disorders. Behavior therapy was developed by a small group of psychologists and physicians who were not satisfied with the conventional techniques of psychotherapy (Thorpe G. et al, 1990). They linked behavior therapy to experimental psychology, differentiating it from other preexisting approaches. During behavior therapy's first phase, the applied developed from principles of classical and operant conditioning. There are varying views about the best way to define behavior therapy.

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However, most health professionals agree to Eysenck's definition: " Behavior therapy is the attempt to alter human behavior and emotions in a beneficial way according to the laws of modern learning theory". Erwin E. (1978), instead of proposing a specific definition for behavior therapy, he referred to some basic and important characteristics that this therapy possesses. According to Erwin, behavior therapy is used largely to lessen human suffering or to improve human functioning. He pointed out that it is a psychological rather than a biological form of treatment.

In the cases of phobias treatment, behavior therapy is usually applied to treat the symptoms directly. Moreover, behavior therapy is characteristically used to modify maladaptive behavior or to teach adaptive behavior. This means that the focus is on individuals' behavior. In some cases, behavior therapy techniques may even be used to reduce unwanted mental states as in Davinson's (1968) use of counterconditioning to reduce sadistic fantasy, simply because the mental state itself is unwanted (as stated in Erwin, 1978).

Another basic characteristic of behavior therapy is that it is often used in an incremental rather than a holistic fashion. Problems that are to be treated are first divided into their components and each component is treated separately. Last, behavior therapy is studied and used experimentally, being closely related to learning theory research. Three main approaches in contemporary behavior therapy have been identified (Corsini R. et al, 2008). These are the applied behavior analysis (ABA), the neobehavioristic mediational stimulus-response model, and the social cognitive theory.

ABA refers to the application of the principles of learning and motivation from Behavior Analysis (the scientific study of behavior), and the procedures and technology derived from those principles, to the solution of problems of social significance. This approach is based on Skinner's radical behaviorism. It identifies behaviors that should be extinguished and behaviors that are to be taught. It makes use of reinforcement, punishment, extinction, stimulus control, and other procedures derived from laboratory research (Corsini R. et al, 2008).

It is most frequently applied to children with autistic spectrum disorders, but is an effective tool for children with behavioral disorders, multiple disabilities, and severe intellectual handicaps. The neobehavioristic mediational stimulus-response (S-R) model features the applications of the principles of classical conditioning, and it derives from the learning theories of Ivan Pavlov, E. Guthrie, Clark Hull, O. Mowrer, and N. Miller (as cited in Corsini et al, 2008). The S-R model has been linked to systematic desensitization and flooding.

Systematic desensitization was developed by Joseph Wolpe (1958). It is a therapy for phobias based on counterconditioning - a technique for eliminating a conditioned response that involves pairing a conditioned stimulus with another unconditioned stimulus to condition a new response. If the new response is incompatible with the old response, so that only one response can occur at a time, then the new response can replace the old one. In systematic desensitization, patients visualize fear-evoking stimuli while relaxing, to associate the stimuli with relaxation instead of fear. (Lieberman D. , 2004).

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Flooding is another psychotherapeutic technique discovered by psychologist Thomas Stampfl (1967) (as cited in Harold, 1990) that is still used in behavior therapy to treat phobias. It works by exposing the individual to painful memories they already have aiming to put together their repressed feelings with their current awareness. Flooding works on the principles of classical conditioning (Lieberman D. , 2004). Social cognitive theory (SCT) refers to learning in terms of interaction between external stimulus response, external reinforcement, and cognitive mediational processes (Corsini et al 2008).

Personal and environmental factors do not function as independent determinants; rather, they determine each other. It is mainly through their behavior that individuals produce the environmental conditions that affect their behavior in a mutual way. New experiences are evaluated in relation to the past; prior experiences help to subsequently direct and inform the individual as to how the present should be considered. Behavior therapy has mainly been associated with the era between 1950 and 1960, especially with the theories of I. Pavlov, E. Skinner, J. Wolpe, and A.

Bandura (Yates A. , 1975). It is a clinical application of psychology that relies on empirically-validated principles and procedures (Plaud, 2001). Since the first behavior therapy alternatives to the psychoanalysis and other associated therapies were introduced almost 50 ago (Wolpe, 1958), constant improvements in behavior therapy have mostly been supplied by its foundation on conditioning principles and theories (Eifert ; Plaud, 1998). Specifically, behavior therapy relies exclusively on the experimental methodology initiated by I. Pavlov. Clinical applications of Pavlovian

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conditioning principles began in 1912, when one of Pavlov's students, was the first to establish the counter-conditioning effect in the laboratory. Studies on anxiety have considerably assisted behavior therapy's development. According to Wolpe and Plaud (1997), Wolpe's experimental studies were based on the implications of early Pavlovian experiments by giving emphasis to the importance of the conditioning procedures. Actually, Wolpe made important contributions to behavioral therapy, such as proposing systematic desensitization and assertiveness training, both of which have become important elements of behavioral therapy.

Albert Bandura is usually associated with the development of the social cognitive theory (Corsini et al, 2008). Albert Bandura's social cognitive theory derived from social learning theory. It aims to explain how behavioral principles and norms are learned through an interaction of the individual and his/her environment, mostly through the observing others. Skinner worked on radical behaviorism. He rejected traditional psychology and all the included concepts that referred to what he called mentalism.

That meant any concept that revealed a belief in cause and effect relationships between mental activities and learned behavior. In the 1966 edition of his 1928 book, *The Behavior of Organisms*, Skinner still named the belief that emotions are important factors in behavior a "mental fiction." In addition, he thought that it is wrong, or at least not scientific, to consider that people cry because they are sorry or tremble because they are afraid. Behavior therapy developed rapidly. Three "waves", that actually are three divisions of the behavior therapy's development, have been proposed.

The first wave focused mainly on altering overt behavior. The second wave focused on the cognitive factors that contribute to behavior. This approach is also known as cognitive behavior therapy (CBT). The “third wave” of behavior therapy was proposed by Hayes, Hollette, and Linehan (as cited in Corsini et al, 2008). It includes dialectical behavior therapy (DBT), and acceptance and commitment therapy (ACT). On the whole, DBT claims that some individuals, due to unfavorable environments during childhood and due to unknown biological factors, react abnormally to emotional stimulation.

Their level of arousal increases much more rapidly, peaks at a higher level, and takes more time to go back to baseline. DBT is a technique for learning skills that aids to reduce this reaction. DBT applies mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance skills (Yates A. , 1975). Mindfulness skills include core skills. They are the most difficult skills to accomplish, but when learned, the process of thoughts and emotions occurs in a significantly different manner.

Some of the processes included to the mindfulness skill, as listed by Corsini et al (2008), are the following: Observe or attend to emotions without trying to terminate them when painful, describe a thought or emotion, be nonjudgmental, stay in the present, focus on one thing at a time (one-mindfully). Mindfulness skills are applied in later sessions, when the other (three) types of skills on focus. Acceptance and commitment therapy (ACT) is a quite new type of psychotherapy, found by Steven C. Hayes in the mid 1990s.

It is the development and combination of behavioral therapy and cognitive behavioral therapy (CBT), which has mostly been the established therapy for <https://assignbuster.com/behavior-therapy-basic-concepts-assessment-methods-and-applications/>

treatment of conditions like depression, anxiety, and post-traumatic stress disorders. Acceptance and commitment therapy, like CBT, is based on the philosophy of “Functional Contextualism”, a modern philosophy of science rooted in philosophical pragmatism and contextualism, suggesting that words and ideas can only be understood within some kind of context and they are therefore often misinterpreted due to the fact that people have individual contexts.

An additional therapy that has had an impact on ACT is Relational Frame therapy, a type of behavioral analysis focused on language and learning. ACT is differentiated from CBT since it directly accepts the thought, “Everybody hates me.” This thought is viewed without passion, and sometimes it is transformed to a phrase like “I am having the thought that everybody hates me.” This may be repeated until the thought becomes defused. Hayes identifies about 100 defusion techniques in ACT. Previous distracting thoughts are not actively dismissed by the individual going through ACT.

This is another distinguishing factor from CBT which intends to reduce distracting and unhelpful thoughts. ACT therapists argue that the process of their therapy is much briefer than CBT, and for that reason it is considered more effective. There is a variety of concepts referring to behavior therapy. Two main categories of those concepts are the learning principles and the personal variables. In classical conditioning, the researcher begins with identifying a reflex response, one that is activated regularly by a specific stimulus (Thorpe et al, 1990). In humans, these reflexes include the eye-blink response to dust or a puff of air in the eye, and the reflex of the knee jerk reflex in response to a hit in the correct point by the researcher’s hammer.

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Such reflexes appear regularly without any particular guidance, so they are considered to be unlearned or unconditioned. Classical conditioning occurs when a new stimulus acquires the ability to trigger one of these reflex responses. Operant conditioning makes use of the principles of (positive or negative) reinforcement and (positive/negative) punishment to bring about a desired response. (Lieberman D. 1994). Positive reinforcement is the presentation of something pleasant or rewarding immediately following a behavior, but In Negative Reinforcement a particular behavior is strengthened by the consequence of the stopping or avoiding of a negative condition. Moving to punishment, negative punishment occurs when in an attempt to decrease the likelihood of a behavior occurring in the future, an operant response is followed by the removal of a desired stimulus, though in positive punishment an operant response is followed by the presentation of an aversive stimulus.

Operant conditioning occurs when a consequence eventually becomes expected for a particular behavior. One example would be when a student is rewarded for getting good grades. The positive outcome of their behavior to study and achieve gain those grades is motivated by the anticipation of a positive result in addition to the good grades. In order to teach individuals complex tasks, Skinner proposed a system of successive approximations of operant learning where tasks are broken down into several steps that, when individually learned, summarily progress towards the complex task desired.

Extinction refers to the reducing the probability of a response when a characteristic reinforcing stimulus is no longer presented.

Discrimination learning is the process by which individuals learn to

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differentiate their responses to different stimuli. When the opposite occurs, that is when individuals fail to discriminate between different situations ending up with behavior on situations other than that in which it was acquired, generalization takes place (Corsini R. et al, 2008). Personal variables that were proposed by Mischel (1973, as cited in Corsini R. et al, 2008), explain and “ swapping” between individual and situation.

They include the individual’s competences to create varied behaviors under appropriate conditions, his/her perception of events and people (including the self), expectancies, subjective values and self-regulatory systems. Behavior therapy is applied for and aims to treat only learned behavioral problems. Sometimes, however, health and learned behavioral problems coexist. Whether the individual being in treatment has a learned behavioral problem alone, or a learned problem which coexists with a learned one has to be determined in the beginning of the process of behavior therapy.

Two additional possible situations are either the individual in therapy to have a learned behavior problem as part of a psychosomatic disorder, or to have a medical problem that just appears to have been learned (Yates A. , 1975). Behavioral assessment is vital to behavior therapy. It developed rapidly during the 1970s, after initially being a covered part of behavior therapy in terms of research and professional development (Thorpe G. , et al, 1990). Now, behavior assessment is a rich and diverse subfield of behavior therapy that continues to develop rapidly.

In clinical settings, behavior therapy is a method for treating mental health problems. Treatment involves proposing and putting into practice a plan of action that aims to resolve a problem. Deciding on the plan of action  
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depends on the problem formulation so what has to be done in the early sessions of the therapy is the agreement of the therapist and the client on what is wrong and what has to be changed to improve or even eliminate it. Behavior therapy uses a number of assessment methods. In guided imagery the individual is guided in imagining a relaxing scene or series of experiences (Rimm D. t al, 1974). When an individual visualizes an imagined scene reacts as though it were actually occurring; therefore, imagined images can have a great impact on behavior. Role playing is a technique used in behavior therapy to provide partaking and involvement in the learning process (Thorpe G. et al, 1990). It helps the individual (learner) to receive objective feedback about his/her performance. Role playing techniques can be applied to motivate individuals pay more attention to their interpersonal state.

One of its most important aspects is that it helps the learner experience a real life situation in a protected setting. Physiological recording, self-monitoring, behavioral observation, and psychological tests and measurements are some more examples of the assessment techniques that can be applied during the behavior therapy (Corsini R. et al, 2008). In general, behavior therapists do not use standardized psychodiagnostic tests and projective tests. They broadly make use of checklists and questionnaires, self-report scales of depression, assertion inventories, etc.

These assessment techniques are not sufficient for carrying out a functional analysis of the determinants of a problem, but they are useful in establishing the initial severity of the problem and charting therapeutic efficacy over the course of treatment. In conclusion, the clinical investigations of behavior

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therapists have significantly improved our understanding of how our behavior is coordinated with external events that occur in our lives; they have created ways of mediating in disturbing interpersonal aspects that were not efficiently treated through other kinds of therapy.

Behavior therapy can be applied to treat a full range of psychological disorders. These include anxiety disorders, depression and suicide, sexual dysfunctions, marital problems, eating and weight disorders, addictive disorders, schizophrenia, childhood disorders, phobias, pain management, hypertension, prevention and treatment of cardiovascular disease, etc. (Thorpe G. et al, 1990). References Corsini R, & Wedding D. (2008). *Current Psychotherapies*. New York: Thomson Brooks/Cole. Eifert, G. , & Plaud, J. (1998). *From behavior theory to behavior therapy* (pp. 1-14).

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