

Compare and
contrast the main
principles
psychological
therapies



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Good psychological health is characteristic of a person's ability to complete some key functions and activities, including: learning ability, ability of feel, expression and management of all kinds of positive and negative emotions, the ability to form and maintain good human relations and the ability of deal with and change management and uncertainty. (Mental health foundation)

Good psychological health not only is the lack of may diagnose mental health problems, although a good mental health may help prevent the development of many of these issues.

There are some mental health problems: strong emotional experience, behavior/motivation to change, physical/physical symptoms, unrealistic idea and thought prejudice and distress and damage function, etc. So in order to tackle those mental health problems, psychology clients need some effectively therapeutic approaches to treat. In generally, treating common mental health problems can through two main ways: Medication therapy and Psychological therapies. The ratio is 2: 1 preference psychological therapy and medication therapy, when people seeking treatment for common psychological health problems.

It can be seen that people are more willing to choose psychological therapies to treat their problems. The psychological therapies including: psychodynamic therapy, behavior therapy, humanistic therapy, cognitive therapy, systemic and family therapies. (Kate Cavanagh(lecture), 2012) In this essay, I will focus on the behavior therapy and cognitive therapy. Following paragraph will analysis the behavior therapy and the paragraph next the behavior therapy will explain cognitive therapy in detail. In the finally

paragraph I will compare and contrast the main principles between behavior therapy and cognitive therapy.

Behavior therapy The definition of behavior therapy is a nonbiological form of therapy that developed largely out of learning theory research and that is normally applied directly, incrementally, and experimentally in the treatment of specific maladaptive behavior patterns. (Erwin, 1978, p. 44) There are two main principles here, 'the classical conditioning principles' and 'the operant learning principles'. Classical conditioning is the learnt association between stimulus and response. Behaviorists have described many different phenomena with classical conditioning. The most famous experiment is a famous physiologist Ivan Petrovich (1894-1936)'s experiment. The experiment is about the salivary reflex in dogs. Without any special training in any way, when the researcher put the meat in a healthy dog's mouth (the stimulus), the dog is starting to produce saliva quickly (the response). Then the assistant put the meat in a healthy dog's mouth, and the dog still producing saliva, different from last time, at the same time assistant was ringing the bell. Finally, when assistant is ringing bell, the dog will producing saliva. It can be summed up to three basic stages of classical conditioning. (Geoffrey L L, 1990) Stage 1: food (unconditioned stimulus) can lead to salivation (unconditioned response). And bell (neutral stimulus) can lead to nothing (no effect). Stage 2: food (unconditioned stimulus) linked with bell (neutral stimulus), and food still lead to salivation (unconditioned response). Stage 3: bell (conditioned stimulus) can lead to salivation (conditioned response) directly. (Kendra Cherry (1)) Based on classical conditioning

principles, the therapeutic approaches include: systematic desensitisation, aversion therapy, flooding and counter-conditioning / reciprocal inhibition.

Joseph Wolpe, behavior therapy pioneer, developed a technology, called systematic desensitization therapy for anxiety-related diseases and phobia. Systematic desensitization usually begins to see yourself in a progress and use relaxed fear and anxiety of the competition strategy. Once you can successfully manage your anxiety and imagine terrible events, you can use this technology in real life this kind of situation. The process's goal is to be gradually to trigger cause you pain. (Sheryl Ankrom, 2009) The procedure shows us the desensitization process in following figure. Source from: 'The practice of behavior therapy' (Third Edition), Copyright 1982, Pergamon Books Ltd.) As the figure shows, when anxiety evoking potential of A is reduced from 1 to 0, B automatically is reduced from 2 to 1, and so forth. Aversion therapy is a form of therapy, the use of behavior principle to eliminate unwanted behavior. In the treatment, unnecessary stimulation is repeated collocation discomfort. Regulating process goal is to make the individual association stimulus and unpleasant or uncomfortable feeling. Kendra Cherry (2)) That means using the pairs problem stimulus (e. g. alcohol) with aversive outcome (e. g. nausea), to deter engagement. In the aversion therapy, the client may be asked to want to or participation behavior they enjoy and contact some unpleasant things such as bad smell, a bad smell or even mild electric shock. Once the unpleasant feeling become related behavior, hope is unnecessary actions or action will begin to decrease in the frequency or completely stop. Mainly the aversion therapy can be used in bad habits, addictions, alcoholism, smoking, gambling etc.

The overall effectiveness of aversion therapy can depend on many factors, including the use of methods, and whether the clients to continue after practice the prevention and treatment of recurrence. In some cases, the client may return to previous behavior patterns once their treatment and no longer exposed to frighten. One of the most important disadvantages is aversion therapy the lack of rigorous scientific evidence to prove its effectiveness. A question of ethics in the treatment of the use of penalty is a bigger worry. Flooding is prolonged exposure to feared stimulus and counter-conditioning / Reciprocal inhibition.

Pairs feared stimulus (e. g. giving a talk) with new response (e. g. feeling relaxed and confident). Those two therapeutic approaches are not very popular than systematic desensitisation and aversion therapy, so I just describe them briefly. (Kendra Cherry (2)) Operant conditioning is a kind of study method that occurred in the behavior of the rewards and punishment. An association is made between behavior and result of behavior, through the operant conditioning. The most different from classical conditioning is the behaviors are voluntary. (Geoffrey L & Sheryl L, 1990) There are two main concepts in operant conditioning: reinforcement and punishment. Reinforcement is any event that raises the behavior follows. Positive reinforcers and negative reinforcers are the main point in positive reinforcers. Positive reinforcers are presented after the behavior. The response or behavior is strengthened by the praise or a direct reward, which reflect positive reinforcement. And negative reinforcers involve the removal or outcomes after the display of behavior. In both of these cases of reinforcement, the behavior rises.

On the other hand, punishment is the presentation of outcome or event that caused a decrease in behavior. There are also two kinds of punishment: positive punishment and negative punishment. Positive punishment involves presentation of event or outcome, in order to recede the response. And negative punishment as a punishment by removal is removed after behavior occurs. Both of these case of punishment the behavior decrease. (Kendra Cherry (3)) Operant conditioning key is to use either rewards and punishment mechanism increase or decrease a behavior.

Through this process, the association formed between the behavior and the behavior of the consequences. For example, suppose that a coach tried to teach the dog to get a ball. When dog successful chase and picked up the ball, the dog was praised as a reward. When an animal can't search ball, coach reserved praise. Finally, the dog form a connection between his behavior of the grab the ball and receive the reward. Cognitive therapy
Cognitive therapy = cognitive behavior therapy (CPT). It is a way of talking about how you think about yourself, how what you do affects your thoughts and feeling and the world and other people. Windy Dryden & William L. Golden, 1978) Cognitive behavior therapy (CBT) can help you to change how you think (Cognitive) and what you do (Behaviour). After those changes you will feel better than beforetime . It is different from some of the other treatments, it focuses on more the 'here and now' problems and difficulties rather than focusing on the causes of your distress or symptoms in the past, it looks for ways to improve your state of mind now. (Nancy Schimelpfening, 2007) A lot of mental health problems like anxiety, stress, bipolar disorder bulimia, panic, disorder, depressionetc. an be treated by cognitive behavior

therapy (CBT). (Brian Sheldon, 1995) Everything have both side, also cognitive behavior therapy have some problems. For example, CBT is not a fast repair. A therapist can give you advises or encourages, however they cannot do it for you. If you are depressed, it difficult to excitement and concentrate. (Alec G, Michael T, Ronam M & Nigel S, 2010) Also to overcome anxiety, you need to face it. This may make you feel more eager for a short period of time. Good doctors will your conversational pace. You decide what you do together, so you should keep control. (RCPSYCH)

Compare and contrast the main principles in cognitive therapy to behavior threapy. Behavior therapyCognitive therapy focuses on changing undesirable behaviors. Behavior therapy involves identifying objectionable, maladaptive behaviors and replacing them with healthier types of behavior. focuses on working with the client to identify and evaluate potentially unhelpful thoughts and beliefs. Key point: classical conditioning principles. operant learning principles. Key point: change how you think (Cognitive) change what you do (Behaviour) Therapy may longer. Therapy may be quiet brief or longer for more severe or complex difficulties