

Theories & Foundations of Counseling

Class 5 - Behavior Therapy

Class Objectives

- Understand Behavior counseling theory that provides models to conceptualize client presentation and that helps in the selection of appropriate counseling interventions
- Examine and develop an understanding of the Behavior model of counseling that is consistent with current professional research and practice in the field in order to begin to develop a personal model of counseling interventions
- Apply effective strategies of this theory to promote client understanding of and access to a variety of community resources
- Compare, contrast, and evaluate this school's strengths and limitations along with its contribution to the helping profession
- Evaluate this secular theory from a Christian worldview



Behavior Therapy

B.F. Skinner (1904-1990)



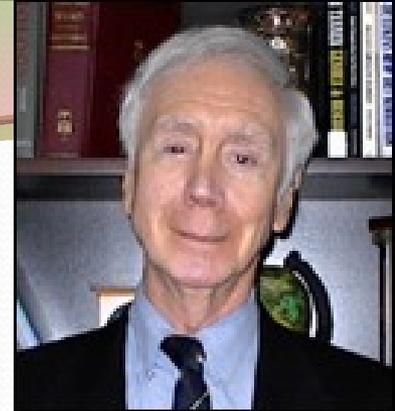
- Brought up in a warm, stable family environment
- The father of behavioral approach to psychology
- Championed radical behaviorism, which places primary emphasis on the effects of environment on behavior
- His views are based on the principle of operant conditioning, a type of learning in which behaviors are influenced mainly by the consequences that follow
- He did not believe that humans had free choice
- Extremely interested in the concept of reinforcement

Albert Bandura (1925 -)



- Youngest of six children in Alberta Canada
- Spent his K-12 years in the one school in town which was short of teachers and resources which proved to be an asset as he learned the skills of self-directedness
- Did pioneering work in the area of social modeling, social learning theory, and social modeling in human motivation, thought, and action (later called “social cognitive theory”)

Arnold A. Lazarus (1932 -)



- Born in Johannesburg, S. Africa but strongly identified with the U.S.
- A pioneer in clinical behavior therapy
- Developer of multimodal therapy, a comprehensive, systematic, holistic approach to behavior therapy
- Recognized as an authority on brief, efficient, and effective psychotherapy

Four Areas of Development

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

Four Areas of Development

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 a client's self-talk) as mediators of behavior change

Behavior Therapy

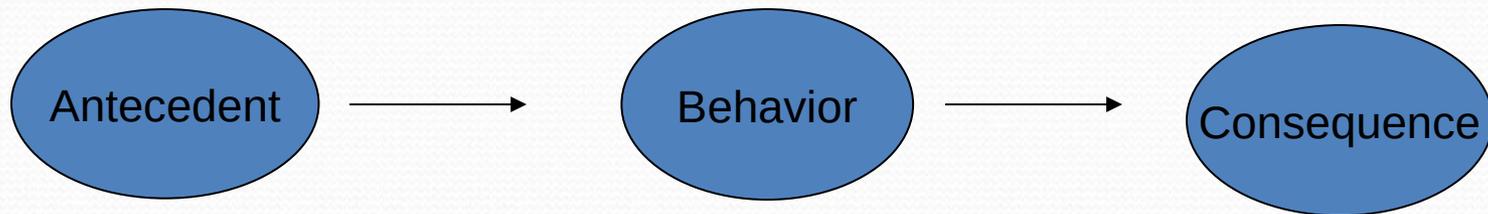
- A set of *clinical procedures* relying on experimental findings of psychological research
 - Based on principles of learning that are systematically applied
 - Focus is on the client's current problems and on assessing behavior through observation or self-monitoring
 - Largely action-oriented and educational - therapist teaches clients skills of self-management
- Its general goals are to increase personal choice and to create new conditions for learning

Behavior Therapy

- Assumes that behavior is learned
- Behavior is something that can be *operationally defined*; it includes overt actions as well as internal processes such as cognitions, images, beliefs, and emotions
- Change can take place without insight into underlying dynamics and the origins of a psychological problem
- Behaviorists ask: “*What* treatment, by *whom*, is the most effective for *this* individual with *that* specific problem and under *which* set of circumstances?”

Functional Assessment of Behavior

- Through a process called functional assessment, behavior therapists look to identify the maintaining conditions of a behavior by gathering information about situational antecedents (A), the dimensions of the problem behavior (B), and the consequences (C) of the problem
- A-B-C model
 - Antecedent(s)
 - Behavior(s)
 - Consequence(s)



Behavior Therapists

Tend to:

- Be active and directive
- Function as consultants
- Function as problem solver
- Rely heavily on empirical evidence about the efficacy of the techniques they apply to particular problems

Operant Conditioning Techniques

- Operant conditioning is a type of learning in which behaviors are influenced mainly by the consequences that follow them
- The following operant conditioning techniques are used:
 1. **Positive reinforcement** - the addition of something of value to the individual as a consequence of certain behavior (e.g. praise, attention, money)
 2. **Negative reinforcement** - the avoidance of unpleasant stimuli in a situation once a certain behavior has occurred (e.g. waking up before an annoying alarm clock sound)
 3. **Extinction** - the withholding of reinforcement from a previously reinforced response (e.g. no longer giving attention to a tantrum)
 4. **Positive punishment** - the addition of unpleasant stimuli after a behavior to decrease its frequency (e.g. time outs for a child)
 5. **Negative punishment** - the removal of reinforcing stimuli following a behavior to decrease its frequency (e.g. taking TV time away from a child)

Relaxation Training

- ***Progressive muscle relaxation*** is a popular method of teaching people to cope with the stresses produced by daily living
- Relaxation becomes a well-learned response, which can become a habitual pattern if practiced daily
- Relaxation procedures have been applied to a variety of clinical problems ranging from chronic pain to panic disorder

Systematic Desensitization

- Based on the principle of classical conditioning, SD is a basic behavioral procedure developed by Joseph Wolpe
- SD is an effective treatment in the reduction of maladaptive anxiety and the treatment of anxiety-related disorders, particularly in the area of specific phobias
- SD entails relaxation training, development of a graduated anxiety hierarchy, and SD proper (the presentation of hierarchy items while the client is deeply relaxed)

Exposure Therapies

Premise of exposure therapy is to pair a feared stimulus with a competing, calming response:

1. *In Vivo Desensitization*

- Brief and graduated exposure to an actual fear situation or event

2. *Flooding*

- Prolonged and intensive *in vivo* or imaginal exposure to stimuli that evoke high levels of anxiety, without the opportunity to avoid them

Exposure Therapies

3. *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

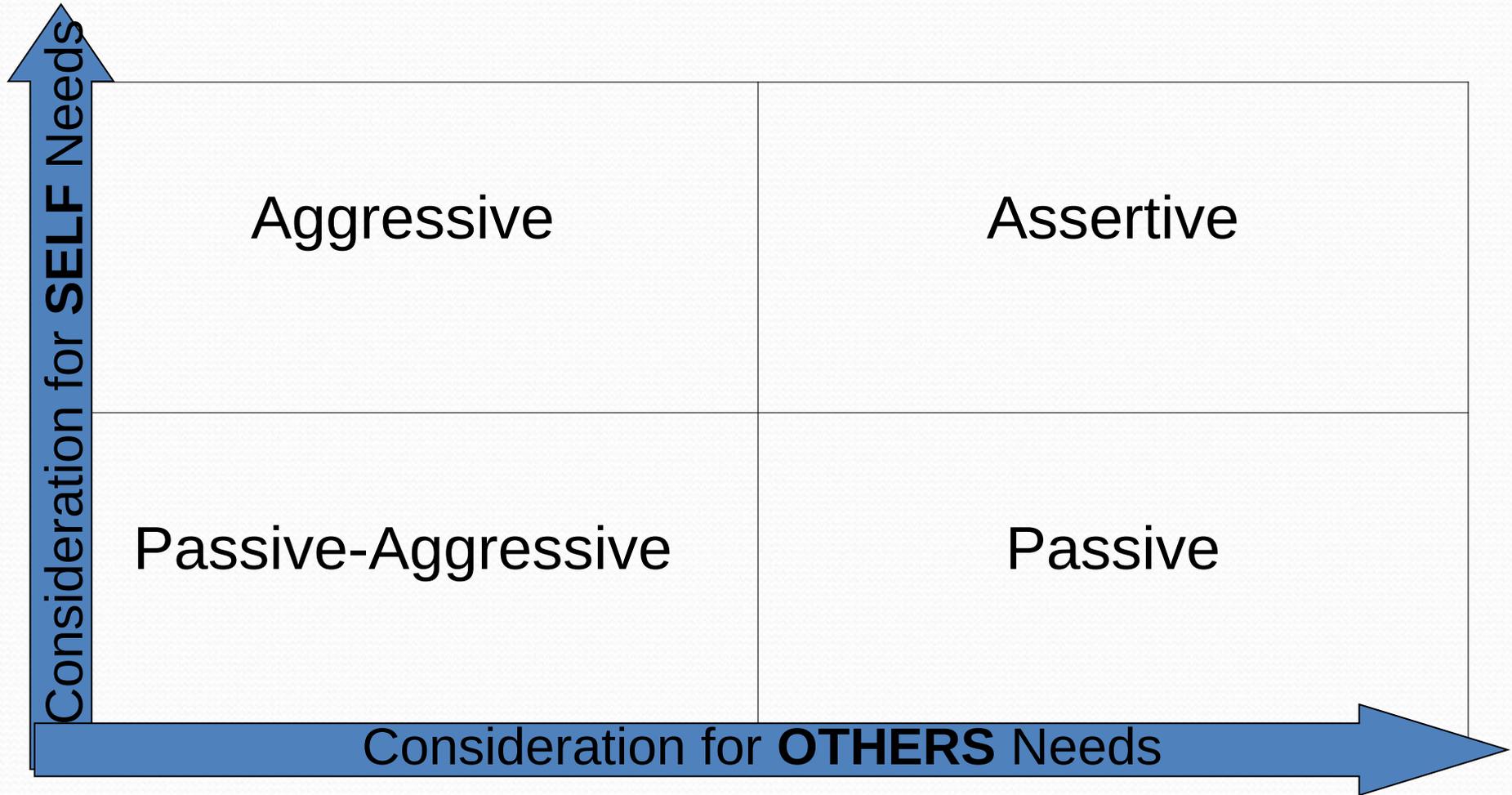
Social Skills Training

- Helps clients develop and achieve skills in interpersonal competence
- May involve various behavioral procedures such as assessment, direct instruction and coaching, modeling, role-playing, and homework assignments
- The feedback and reinforcement clients receive assists them in conceptualizing and using a new set of social skills that enables them to communicate more effectively

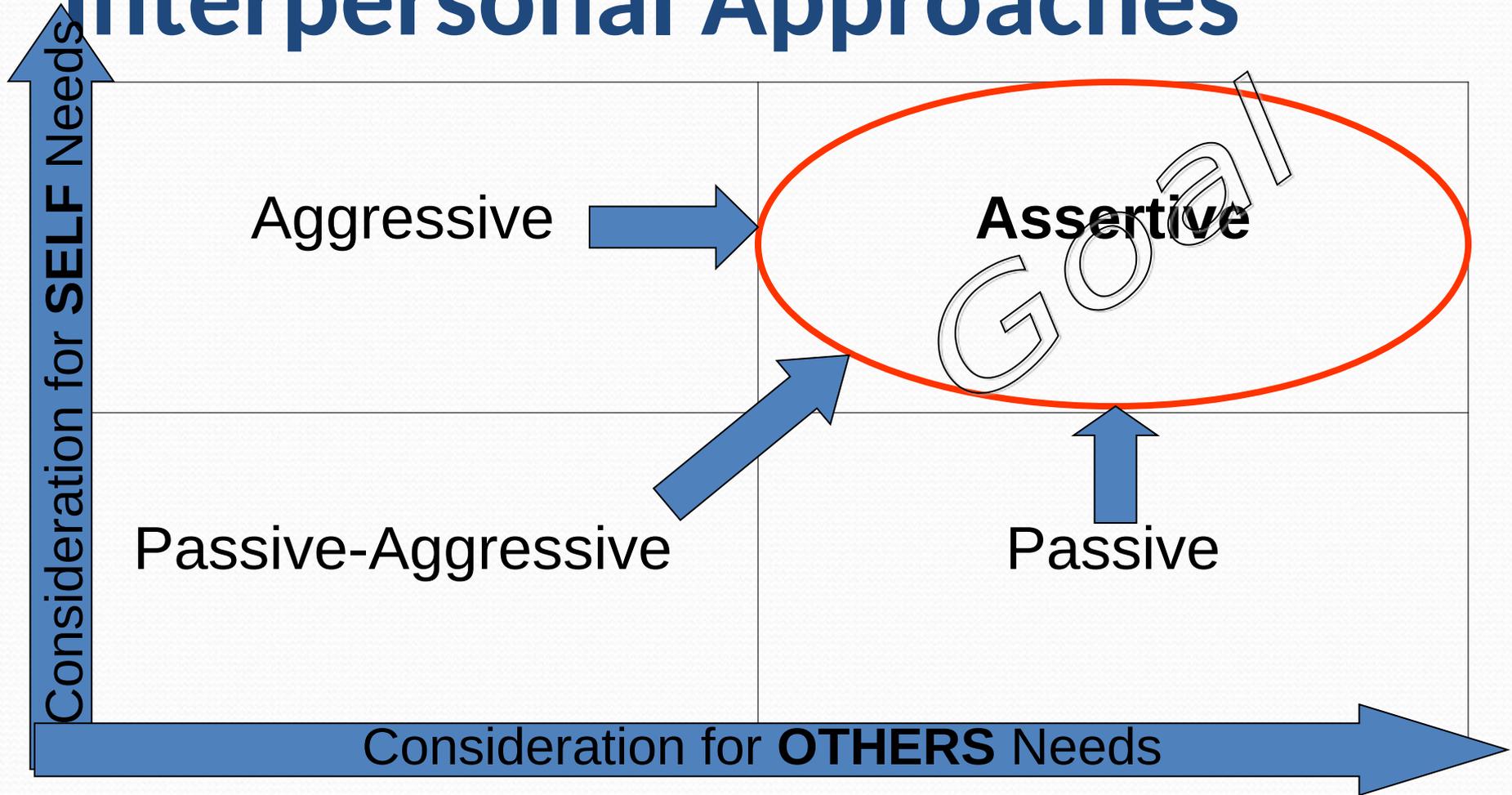
Assertion Training

- For people who experience difficulty in expressing what they think and feel
- A specialized form of social skills training that consists of teaching people how to be assertive in varied situations
- One goal of AT is to increase people's behavioral repertoire so that they can make the *choice* of whether to behave assertively in certain situations
- Most AT programs focus on clients' negative self-statements, self-defeating beliefs, and faulty thinking
- Often used in a group format

Interpersonal Approaches



Interpersonal Approaches



Self-Management Programs

- In S-M programs people make decisions concerning specific behaviors they want to control or change
- S-M strategies include self-monitoring, self-reward, self-contracting, and stimulus control
- The process includes selecting goals, translating goals into target behaviors, self-monitoring, working out a plan for change, and evaluating an action plan

Multimodal Therapy

- A comprehensive, systematic, holistic approach to behavior therapy developed by Arnold Lazarus
- Grounded in social-cognitive theory
- Applies diverse behavioral techniques to a wide range of problems; it encourages *technical eclecticism*
- Procedures are drawn from various sources without necessarily subscribing to the theories behind these techniques

Multimodal Therapy: BASIC ID

The complex personality of human beings can be divided into seven major areas of functioning:

B = behavior

A = affective responses

S = sensations

I = images

C = cognitions

I = interpersonal relationships

D = drugs, biological functions, nutrition, and exercise

Dialectical Behavior Therapy

- DBT is a promising blend of behavioral and psychoanalytic techniques for treating borderline personality disorders
- DBT treatment strategies include both acceptance-oriented and change-oriented strategies
- Skills are taught in four modules:
 1. Mindfulness
 2. Interpersonal effectiveness
 3. Emotional regulation
 4. Distress tolerance

Mindfulness



Mind Full, or Mindful?

Mindfulness

A process that involves:

- Becoming increasingly observant and aware of external and internal stimuli in the present moment and
- Adopting an open attitude toward accepting what is, rather than judging the current situation

When practicing mindfulness, clients learn:

- To focus on one thing at a time and to bring their attention back to the present moment when distractions arise
- To develop an attitude of curiosity and compassion to present experience
- How to be aware of themselves without being judgmental

Mindfulness-Based Stress Reduction

- The program assists people in learning how to live more fully in the present rather than ruminating about the past or being overly concerned about the future
- The skills taught in MBSR include sitting meditation and mindful yoga, aimed at cultivating mindfulness
- Didactic instruction is minimized and experiential learning and self-discovery are emphasized

Mindfulness-Based Cognitive Therapy

- MBCT is an 8-week group treatment program adapted from MBSR that includes MBSR and components of cognitive behavior therapy
- The primary aim is to change clients' awareness of and relation to their negative thoughts, rather than on merely challenging the content of thoughts
- Experiential learning, in-session and out-of-session practice, learning from feedback, and homework assignments are emphasized

Acceptance and Commitment Therapy

- ACT involves fully accepting present experience and mindfully letting go of obstacles
- In ACT there is little emphasis on changing the content of a client's thoughts. Instead, the emphasis is on ***acceptance*** (nonjudgmental awareness) of cognitions
- The goal of ACT is to allow for increased psychological flexibility
- There is evidence demonstrating the effectiveness of ACT for a variety of disorders

Contributions of Behavior Therapy

- The specificity of the behavioral approaches helps clients translate unclear goals into concrete plans of action
- Behavior therapists have a wide variety of specific behavioral techniques at their disposal
- Behavioral interventions have been subjected to more rigorous evaluation than those of any other form of psychological treatment
- Behavior therapy emphasizes ethical accountability

Limitations of Behavior Therapy

- Heavy focus on behavioral change may detract from client's experience of emotions
- Some counselors believe the therapist's role as a teacher deemphasizes the important relational factors in the client-therapist relationship
- Behavior therapy does not place emphasis on insight

Limitations of Behavior Therapy

- Behavior therapy tends to focus on symptoms rather than underlying causes of maladaptive behaviors
- There is potential for the therapist to manipulate the client using this approach
- Some clients may find the directive approach imposing or too mechanistic

A Biblical Perspective on Behavior Therapy

1. **The earlier philosophical assumptions of behavior therapy which had no place for human free will**

- Are problematic from a biblical perspective because the Bible assumes at least some free will and freedom to choose for human beings
- However, recent versions of Behavior Therapy are based more on Bandura's social cognitive theory allowing for some limited degree of free will and choice

A Biblical Perspective on Behavior Therapy

2. Behavior therapy's emphasis on environmental control on human behavior and the importance of conditioning (operant conditioning and reinforcement contingencies):

- Are good Biblical reminders of how human beings are not totally free, even as creatures made in the image of God the creator; our capacity to choose is not absolute

A Biblical Perspective on Behavior Therapy

3. Behavior Therapists' empowerment of clients to choose their own goals, based on their own values

- Is a concern from a biblical perspective where ultimate values can come only from God and His inspired Word
- Although, client empowerment is a good corrective to the potential danger of imposing the therapist's values and goals on the client because behavior therapy is such a directive approach to therapy

A Biblical Perspective on Behavior Therapy

4. **The behavior therapy's focus on powerful and effective techniques of behavior change that can result not only in self-efficacy but also self-sufficiency and overdependency on one's skills to cope**
 - Is a concern from a biblical perspective that instead emphasizes sufficiency and strength in Christ and dependence on the filling and power of the Holy Spirit in bringing about lasting behavioral change

A Biblical Perspective on Behavior Therapy

5. Behavior therapy's emphasis on techniques of behavior change which may not focus enough attention on the therapeutic relationship

- Is a concern from a biblical perspective that will emphasize the primacy of agape love in the therapeutic relationship and the importance of establishing a warm, empathic, and genuine relationship with the client

A Biblical Perspective on Behavior Therapy

- 6. Behavior therapy that tends to focus on current symptoms and the presenting problems of the client, with less attention paid to the past**
 - Is inadequate from a biblical perspective that would deal more with the past, especially unresolved developmental issues and painful memories, and include the use of the healing of memories or inner-healing prayer when appropriate

A Biblical Perspective on Behavior Therapy

7. Behavior therapy that does not pay much attention to unconscious processes, including the darker, fallen side of human nature:

- Is a concern from a biblical perspective where dealing more adequately with complex internal conflicts, including unconscious conflicts, would be important

A Biblical Perspective on Behavior Therapy

- 8. Behavior therapy's major technique of exposure therapy for treating various anxiety disorders:**
 - Is consistent with the Bible's emphasis on the need to confront the truth to be set free and the need for cognitive restructuring and renewal of the mind using biblical truth

A Biblical Perspective on Behavior Therapy

9. Behavior therapy's lack of focus on larger contextual factors such as familial, social, religious, cultural, and even political influences affecting a particular client's life and functioning:

- Is a concern from a biblical perspective that will emphasize the need to make use of community resources in therapeutic interventions with a client, including the church

A Biblical Perspective on Behavior Therapy

10. Behavior therapy's hallmark of subjecting its techniques to controlled outcome research and using empirically supported therapeutic interventions:

- Is a strength that can be appreciated; however, from a biblical perspective, empirical support cannot be accepted as the ultimate criterion for using specific behavioral or other therapeutic techniques

Questions to consider: Case of Stan Questions (Behavior Therapy):

1. What did you find most interesting in this session? Why?
2. If you were counseling Stan from this particular theoretical framework, what is one additional technique you might use? What would you hope to accomplish with this intervention?
3. If you were the client, how would you be likely to respond to the therapist's (Jerry's) comments and interventions in this particular session?
4. How would you collaboratively work with Stan in identifying specific behavioral goals to give a direction to your therapy?
5. What behavioral techniques might be most appropriate in helping Stan with his problems?
6. Stan indicates that he does not want to feel apologetic for his existence. How might you help him translate this wish into a specific goal? What behavioral techniques might you draw on in helping him in this area?
7. What homework assignments are you likely to suggest for Stan?

Reminder: Next Class

- Read Corey chapter 10
- Read Tan chapter 12
- Optional: Watch *The Case of Stan* Cognitive Behavior Therapy
- Take your fourth quiz online before next class (password = Theories)