

Ordinary People Application Paper: Behavior Therapy

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B.F. Skinner is considered the father of behavioral therapy. He was a determinist and did not think that feelings and thoughts caused our actions or that humans had free choice. Behavior therapy focuses "on directly observable behavior, current determinants of behavior, learning experiences that promote change, tailoring treatment strategies to individual clients, and rigorous assessment and evaluation" (Corey 2017, p.233). The conditions that use behavior therapy are anxiety disorders, depression, posttraumatic stress disorder, pain management, schizophrenia, hypertension, and eating and weight disorders (as cited in Corey, 2017).

Behavior therapy has four major areas: 1) classical conditioning, 2) operant conditioning, 3) social-cognitive theory, and 4) cognitive behavior therapy (Corey, 2017, p. 234). Classical conditioning creates a response through pairing, whereas desensitization reverses the conditioned response. Operant conditioning uses positive and negative reinforcement, punishment, and extinction techniques. Additionally, the social learning approach assumes that the person is the agent of change and can self-direct their behaviors. Finally, cognitive behavioral therapy believes people's beliefs will influence their feelings and actions.

Both positive and negative reinforcements condition Conrad's behaviors of assimilating back into his everyday life after attempting suicide. He tries to hide his sleep troubles from his dad because he does not want to worry him. At the same time, his flashback dreams continue to affect his sleep, so it is not easy to ignore.

If I were Dr. Berger, one technique I would use is systematic desensitization of Conrad's flashback dreams of the accident. I would initially ask him to self-monitor and observe when and the frequency of his flashback nightmares. Then I would implement the three steps to desensitization: 1) relaxation training, 2) development of a graduated anxiety hierarchy, and 3) systematic desensitization through presentation of hierarchy items while the client is in a deeply

relaxed state (Corey, 2017, p.244). First, I would ask Conrad to imagine relaxing situations to create progressive muscle relaxation. Then I would create an anxiety hierarchy of anxiety-provoking situations, perhaps the boat scene as the highest anxiety-inducing image. Then desensitization would begin by presenting images of minor anxiety-inducing images first. This treatment would end when he can remain relaxed while imagining the boat scene.

Another technique I might use is eye movement desensitization and reprocessing (EDMR) for Conrad's traumatic memory of the boat accident. This treatment "involves the use of rapid, rhythmic eye movements and other bilateral stimulation to treat clients who have experienced traumatic stress" (Corey, 2017, p.247). This procedure applies to various populations, such as accident victims and clients dealing with posttraumatic stress disorders or anxiety, which apply to Conrad.

The behavior approach could help Conrad deal with the trauma of the boat accident and subsequent flashback nightmares. The systematic desensitization, in particular, would help Conrad with his nightmares and potential aversion to ever boating again. In addition, the behavior therapist tends to be active and functions like a consultant or problem solver, which would help Conrad achieve better sleep by desensitizing himself to the flashback images of the fatal boat ride.

References

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