

**Behavior Therapy : of “Ordinary People”**

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Behavior therapy emphasizes a person being affected by the environment and the learned actions as a consequence. It is by focusing on the specific problem of the present and replacing the specific symptoms with new skills that enable a person to be treated. Behavior therapy is strongly backed with research and evidence on the effectiveness for treating a range of disorders to stress to phobias. Although behavior therapists have a deterministic view in antecedent events producing certain actions, the client is capable as “the agent of change...self-efficacy...(to) master a situation” (Corey, 2015. P. 235). Although it is not necessary to delve into the historical causes of behavior, interpersonal interventions are modeled “to determine precisely what relationship and what treatment strategies will work best with each client and under which particular circumstances” (Corey, 2015. P.250).

The therapist is in a directive and educational relationship with the client who collaboratively agree on the treatment goals, actively practices assignments in and outside of the therapy room, and regularly evaluates the effectiveness of progress. Depending on the client’s situation, systematic and structured procedures vary from reinforcement, relaxation, desensitization to exposure (in vivo exposure, flooding), eye movement desensitization and reprocessing (EMDR), mindfulness, acceptance, and the most “promising blend of behavioral and psychoanalytic techniques” (Corey, 2015. P. 251) such as Dialectical Behavior Therapy (DBT). The most important goal is to be self-aware, regulate one’s thoughts in order to affect the consequential behavior or reaction and be as present with the new “coping strategies and problem-solving orientation” (Corey, 2015. P. 258).

Through the lens of behavior therapy, Conrad behaviorally is not fully present in class or avoidant of social situations by looking at his body language as quite tight with his arms crossed and hiding behind his book in the car with his friends or a skittish when talking to his swim

coach or parents. Emotionally, Conrad is seemingly indifferent but increasingly gets defensive to the point that he becomes aggressive and violent when he punches his friend or curses about the camera to his parents. Cognitively, he tries to appear as if everything is ok and not wanting to seem vulnerable as if he needs help.

As Dr. Burger, the first technique would be EMDR to tackle the trauma of Bucky's accident. With gradual imaginal flooding, it would benefit Conrad to process the most disturbing life experience that led him to attempt suicide and reconfigure the maladaptive thoughts that he should have died along with his brother. That is preventing him from being present and having any motivation of living. Simultaneously, DBT could be employed because the group therapy would be beneficial for Conrad to grieve alongside others as he does yearn genuine connection with people that could truly feel his pain as well as collectively learn new coping skills.

Behavior therapy would be highly recommended for Conrad especially undoing his automatic thoughts of life as not worth living and positively reinforcing his efforts in establishing connections, such as with Jeannine. Once Conrad extinguishes his self-condemning behavior and actively "enters fully into present activities without separating oneself from ongoing events and interactions" (Corey, 2015. P. 252), it would improve his quality of life. The only limitation would be the strained relationship between him and his mother that behavior therapy does not holistically work through. To a certain extent, if Conrad becomes aware of his pattern of behavior around his mother and is mindful to act on impactful change, he might be able to show vulnerability without any expectation of his mother returning the warmth.

## References

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