

# BEHAVIOURISTIC APPROACH

CC-11 (Counselling Psychology) Unit 2; SEM III

by

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- Behaviorist approach is grounded on a scientific view of human behavior that implies a systematic and structured approach to counseling. This view does not rest on a deterministic assumption that humans are a mere product of their sociocultural conditioning.
- Behaviorists views that the person is the producer and the product of his or her environment.
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- The current trend in behavior therapy is toward developing procedures that actually give control to clients and thus increase their range of freedom.
- Behavior therapy aims to increase people's skills so that they have more options for responding. By overcoming debilitating behaviors that restrict choices, people are freer to select from possibilities that were not available earlier, increasing individual freedom.



# Basic Characteristics and Assumptions

## **Six key characteristics of behavior therapy are**

1. Behavior therapy is based on the principles and procedures of the scientific method.
  2. Behavior therapy deals with the client's current problems and the factors influencing them, as opposed to an analysis of possible historical determinants.
  3. Clients involved in behavior therapy are expected to assume an active role by engaging in specific actions to deal with their problems.
  4. This approach assumes that change can take place without insight into underlying dynamics.
  5. The focus is on assessing overt and covert behavior directly, identifying the problem, and evaluating change.
  6. Behavioral treatment interventions are individually tailored to specific problems experienced by clients.
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# The Therapeutic Process

## Therapeutic Goals

- Goals of behavior therapy are to increase personal choice and to create new conditions for learning. The client, with the help of the therapist, defines specific treatment goals at the outset of the therapeutic process.
- Continual assessment throughout therapy determines the degree to which identified goals are being met.
- Contemporary behavior therapy stresses clients' active role in deciding about their treatment.
- The therapist assists clients in formulating specific measurable goals. Goals must be clear, concrete, understood, and agreed on by the client and the counselor.
- The counselor and client discuss the behaviors associated with the goals, the circumstances required for change, the nature of sub-goals, and a plan of action to work toward these goals.

## Therapist's Function and Role

Behavior therapists conduct a thorough functional assessment (or behavioral analysis) to identify the maintaining conditions by systematically gathering information about

- Situational antecedents,
- Dimensions of the problem behavior, and
- Consequences of the problem.

The ABC model, addresses antecedents, behaviors, and consequences.

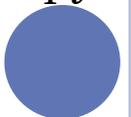
ABC model of behavior suggests that behavior (B) is influenced by some particular events that precede it, called antecedents (A), and by certain events that follow it called consequences (C).



- Based on a comprehensive functional assessment, the therapist formulates initial treatment goals and designs and implements a treatment plan to accomplish these goals.
  - The behavioral clinician uses strategies that have research support for use with a particular kind of problem. These strategies are used to promote generalization and maintenance of behavior change.
  - The clinician evaluates the success of the change plan by measuring progress toward the goals throughout the duration of treatment. Outcome measures are given to the client at the beginning of treatment (called a baseline) and collected again periodically during and after treatment to determine if the strategy and treatment plan are working.
  - A key task of the therapist is to conduct follow-up assessments to see whether the changes are durable over time. Clients learn how to identify and cope with potential setbacks. The emphasis is on helping clients maintain changes over time and acquire behavioral and cognitive coping skills to prevent relapses.
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# Client's Experience in Therapy

- It provides the therapist with a well-defined system of procedures to employ.
- Both therapist and client have clearly defined roles, and the importance of client awareness and participation in the therapeutic process is stressed.
- Behavior therapy is characterized by an active role for both therapist and client. A large part of the therapist's role is to teach concrete skills through the provision of instructions, modeling, and performance feedback.
- The client engages in behavioral rehearsal with feedback until skills are well learned and generally receives active homework assignments (such as self-monitoring of problem behaviors) to complete between therapy sessions.



# Applied Behavioral Analysis: Operant Conditioning Techniques

Applied behavior analysis offers a functional approach to understanding clients' problems and addresses these problems by changing antecedents and consequences (the ABC model).

Behaviorists believe we respond in predictable ways because of the gains we experience (positive reinforcement) or because of the need to escape or avoid unpleasant consequences (negative reinforcement).

The goal of reinforcement, whether positive or negative, is to increase the target behavior.

## Relaxation training

Relaxation training involves several components that typically require from 4 to 8 hours of instruction. Clients are given a set of instructions that teaches them to relax. They assume a passive and relaxed position in a quiet environment while alternately contracting and relaxing muscles. Deep and regular breathing is also associated with producing relaxation.

# Systematic Desensitization

Systematic desensitization, which is based on the principle of classical conditioning, is a basic behavioral procedure developed by Joseph Wolpe, one of the pioneers of behavior therapy. Clients imagine successively more anxiety-arousing situations at the same time that they engage in a behavior that competes with anxiety. Gradually, or systematically, clients become less sensitive (desensitized) to the anxiety-arousing situation.

## In Vivo Exposure and Flooding

Exposure therapies are designed to treat fears and other negative emotional responses by introducing clients, under carefully controlled conditions, to the situations that contributed to such problems. Exposure is a key process in treating a wide range of problems associated with fear and anxiety. Exposure therapy involves systematic confrontation with a feared stimulus, either through imagination or in vivo (live). Whatever the route used, exposure involves contact by clients and what they find fearful.

## IN VIVO EXPOSURE

In vivo exposure involves client exposure to the actual anxiety-evoking events rather than simply imagining these situations. Live exposure has been a cornerstone of behavior therapy for decades. Together, the therapist and the client generate a hierarchy of situations for the client to encounter in ascending order of difficulty.

## FLOODING

Flooding, refers to either in vivo or imaginal exposure to anxiety-evoking stimuli for a prolonged period of time. In vivo flooding consists of intense and prolonged exposure to the actual anxiety-producing stimuli. Remaining exposed to feared stimuli for a pro-longed period without engaging in any anxiety-reducing behaviors allows the anxiety to decrease on its own.. In flooding, clients are prevented from engaging in their usual maladaptive responses to anxiety-arousing situations.



# **Eye Movement Desensitization and Reprocessing**

Eye movement desensitization and reprocessing (EMDR) is a form of exposure therapy that involves imaginal flooding, cognitive restructuring, and the use of rapid, rhythmic eye movements and other bilateral stimulation to treat clients who have experienced traumatic stress.

## **Social Skills Training**

Social skills training deals with an individual's ability to interact effectively with others in various social situations; it is used to correct deficits clients have in interpersonal competencies. Social skills involve being able to communicate with others in a way that is both appropriate and effective.

Social skills training includes psycho-education, modeling, reinforcement, behavioral rehearsal, role playing, and feedback.

# ASSERTION TRAINING

Assertion Training is teaching people how to be assertive in a variety of social situations. Many people have difficulty feeling that it is appropriate or right to assert themselves. People who lack social skills frequently experience interpersonal difficulties at home, at work, at school, and during leisure time. Assertion training can be useful for those

- (1) who have difficulty expressing anger or irritation,
- (2) who have difficulty saying no,
- (3) who are overly polite and allow others to take advantage of them,
- (4) who find it difficult to express affection and other positive responses,
- (5) who feel they do not have a right to express their thoughts, beliefs, and feelings, or
- (6) who have social phobias.



In self-modification programs people make decisions concerning specific behaviors they want to control or change. People frequently discover that a major reason that they do not attain their goals is the lack of certain skills or unrealistic expectations of change. Hope can be a therapeutic factor that leads to change, but unrealistic hope can pave the way for a pattern of failures in a self-change program.

### Basic steps

1. Selecting goals.
2. Translating goals into target behaviors.
3. Self-monitoring.
4. Working out a plan for change.
5. Evaluating an action plan..



# Limitations and Criticisms of Behavior Therapy

- 1) Behavior therapy may change behaviors, but it does not change feelings. Some critics argue that feelings must change before behavior can change. Behavioral practitioners hold that empirical evidence has not shown that feelings must be changed first, and behavioral clinicians do in actual practice deal with feelings as an overall part of the treatment process. A general criticism of both the behavioral and the cognitive approaches is that clients are not encouraged to experience their emotions. In concentrating on how clients are behaving or thinking, some behavior therapists tend to play down the working through of emotional issues.
- 2) Behavior therapy ignores the important relational factors in therapy. The charge is often made that the importance of the relationship between client and therapist is discounted in behavior therapy.



# Limitations and Criticisms of Behavior Therapy

3. Behavior therapy does not provide insight. If this assertion is indeed true, behavior therapists would probably respond that insight is not a necessary requisite for behavior change. A change in behavior often leads to a change in understanding or to insight, and often it leads to emotional changes.

4. Behavior therapy treats symptoms rather than causes. The psychoanalytic assumption is that early traumatic events are at the root of present dysfunction. Behavior therapists may acknowledge that deviant responses have historical origins, but they contend that history is seldom important in the maintenance of current problems.

5. Behavior therapy involves control and manipulation by the therapist. All therapists have a power relationship with the client and thus have control. Behavior therapists are just clearer with their clients about this role believes no issues of control and manipulation are associated with behavioral strategies that are not also raised by other therapeutic approaches.