

Behavior Therapy II

4.1. Behavior Therapy II Behavior therapy is a broad term referring to psychotherapy, behavior analytical, or a combination of the two therapies. In its broadest sense, the methods focus on either just behaviors or in combination with thoughts and feelings that might be causing them. Those who practice behavior therapy tend to look more at specific, learned behaviors and how the environment has an impact on those behaviors. Those who practice behavior therapy are called behaviorists. They tend to look for treatment outcomes that are objectively measurable. Behavior therapy does not involve one specific method but it has a wide range of techniques that can be used to treat a person's psychological problems. Behavior therapy breaks down into three disciplines: applied behavior analysis (ABA), cognitive behavior therapy (CBT), and social learning theory. ABA focuses on operant conditioning in the form of positive reinforcement to modify behavior after conducting a Functional behavior assessment (FBA) and CBT focuses on the thoughts and feelings behind mental health conditions with treatment plans in psychotherapy to lessen the issue.

4.2 Uses

Applied behavior analysis is using behavioral methods to modify certain behaviors that are seen as being important socially or personally. There are four main characteristics of applied behavior analysis. First behavior analysis is focused mainly on overt behaviors in an applied setting. Treatments are developed as a way to alter the relationship between those overt behaviors and their consequences. Another characteristic of applied behavior analysis is how it (behavior analysis) goes about evaluating treatment effects. The individual subject is where the focus of study is on, the investigation is centered on the one individual being treated. A third characteristic is that it focuses on what the environment does to cause significant behavior changes. Finally the last characteristic of applied behavior analysis is the use of those techniques that stem from operant and classical conditioning such as providing reinforcement, punishment, stimulus control and any other learning principles that may apply.

Social skills training teaches clients skills to access reinforcers and lessen life punishment. **Operant conditioning** procedures in **meta-analysis** had the largest effect size for training social skills, followed by **modelling**, coaching, and social cognitive techniques in that order. Social skills training has some empirical support particularly for schizophrenia. However, with schizophrenia, behavioral programs have generally lost favor.

Some other techniques that have been used in behavior therapy are contingency contracting, response costs, token economies, biofeedback, and using shaping and grading task assignments.

Shaping and graded task assignments are used when behavior that needs to be learned is complex. The complex behaviors that need to be learned are broken down into simpler steps where the person can achieve small things gradually building up to the more complex behavior. Each step approximates the eventual goal and helps the person to expand their activities in a gradual way. This behavior is used when a person feels that something in their lives can not be changed and life's tasks appear to be overwhelming.

Another technique of behavior therapy involves holding a client or patient accountable of their behaviors in an effort to change them. This is called a contingency contract, which is a formal written contract between two or more people that defines the specific expected behaviors that you wish to change and the rewards and punishments that go along with that behavior. In order for a contingency contract to be official it needs to have five elements. First it must state what each person will get if they successfully complete the desired behavior.

Secondly those people involved have to monitor the behaviors. Third, if the desired behavior is not being performed in the way that was agreed upon in the contract the punishments that were defined in the contract must be done. Fourth if the persons involved are complying with the contract they must receive bonuses. The last element involves documenting the compliance and noncompliance while using this treatment in order to give the persons involved consistent feedback about the target behavior and the provision of reinforcers.

Token economies is a behavior therapy technique where clients are reinforced with tokens that are considered a type of currency that can be used to purchase desired rewards, like being able to watch television or getting a snack that they want when they perform designated behaviors. Token economies are mainly used in institutional and therapeutic settings. In order for a token economy to be effective their must be consistency in administering the program by the entire staff. Procedures must be clearly defined so that there is no confusion among the clients. Instead of looking for ways to punish the patients or to deny them of rewards, the staff has to reinforce the positive behaviors so that the clients will increase the occurrence of the desired behavior. Over time the tokens need to be replaced with less tangible rewards such as compliments so that the client will be prepared when

they leave the institution and won't expect to get something every time they perform a desired behavior.

Closely related to token economies is a technique called response costs. This technique can either be used with or without token economies. Response costs is the punishment side of token economies where there is a loss of a reward or privilege after someone performs an undesirable behavior. Like token economies this technique is used mainly in institutional and therapeutic settings.

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4.3 Third generation

Of particular interest in behaviour therapy today are the areas often referred to as Third-Generation Behaviour Therapy. This movement has been called **clinical behavior analysis** because it represents a movement away from cognitivism and back toward **radical behaviourism** and other forms of **behaviourism**, in particular functional analysis and behavioural models of **verbal behaviour**. This area includes **Acceptance and Commitment Therapy (ACT)**, Cognitive Behavioral Analysis System of Psychotherapy (CBASP) (McCullough, 2000), **behavioural activation (BA)**, Kohlenberg & Tsai's **functional analytic psychotherapy**, **integrative behavioural couples therapy** and **dialectical behavioural therapy**. These approaches are squarely within the **applied behaviour analysis** tradition of behaviour therapy.

ACT is probably the most well-researched of all the third-generation behaviour therapy models. It is based on **Relational Frame Theory**. Other authors object to the term "third generation" or "third wave" and incorporate many of the "third wave" therapeutic techniques under the general umbrella term of modern cognitive behavioral therapies.

Functional analytic psychotherapy is based on a functional analysis of the therapeutic relationship. It places a greater emphasis on the therapeutic context and returns to the use of in-session reinforcement. In general, 40 years of research supports the idea that in-session reinforcement of behaviour can lead to behavioural change.

Behavioural activation emerged from a component analysis of cognitive behaviour therapy. This research found no additive effect for the cognitive

component. Behavioural activation is based on a matching model of reinforcement. A recent review of the research, supports the notion that the use of behavioural activation is clinically important for the treatment of depression.

Integrative behavioural couples therapy developed from dissatisfaction with traditional behavioural couples therapy. Integrative behavioural couples therapy looks to Skinner (1966) for the difference between contingency-shaped and rule-governed behaviour. It couples this analysis with a thorough functional assessment of the couple's relationship. Recent efforts have used radical behavioural concepts to interpret a number of clinical phenomena including forgiveness.

Organizations]

Many organisations exist for behaviour therapists around the world. The World Association for Behavior Analysis offers a certification in behaviour therapy. In the United States, the American Psychological Association's Division 25 is the division for **behaviour analysis**. The Association for Contextual Behavior Therapy is another professional organisation. ACBS is home to many clinicians with specific interest in third generation behaviour therapy. The **Association for Behavioral and Cognitive Therapies** (formerly the Association for the Advancement of Behavior Therapy) is for those with a more cognitive orientation. Internationally, most behaviour therapists find a core intellectual home in the International **Association for Behavior Analysis** (ABAI).

Treatment of mental disorders

Many have argued that behaviour therapy is at least as effective as drug treatment for depression, ADHD, and OCD. Although, two large studies done by the Faculty of Health Sciences at Simon Fraser University indicates that both behaviour therapy and cognitive-behavioural therapy(CBT) are equally effective for OCD. CBT has been proven to perform slightly better at treating co-occurring depression.

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There has been a development towards combining techniques to treat psychiatric disorders. Cognitive interventions are used to enhance the effects of more established behavioral interventions based on operant and classical conditioning. An increased effort has also been placed to address the interpersonal context of behavior.

Behavior therapy can be applied to a number of mental disorders and in many cases is more effective for specific disorders as compared to others. Behavior therapy techniques can be used to deal with any phobias that a person may have. Desensitization has also been applied to other issues such as dealing with anger, if a person has trouble sleeping and certain speech disorders. Desensitization does not occur over night, there is a process of treatment. Desensitization is done on a hierarchy and happens over a number of sessions. The hierarchy goes from situations that make a person less anxious or nervous up to things that are considered to be extreme for the patient.

Modeling has been used in dealing with fears and phobias. Modeling has been used in the treatment of fear of snakes as well as a fear of water. Aversive therapy techniques have been used to treat sexual deviations as well as alcoholism. Exposure and prevention procedure techniques can be used to treat people who have anxiety problems as well as any fears or phobias. These procedures have also been used to help people dealing with any anger issues as well as pathological grievers (people who have distressing thoughts about a deceased person). Virtual reality therapy deals with fear of heights, fear of flying, and a variety of other anxiety disorders. VRT has also been applied to help people with substance abuse problems reduce their responsiveness to certain cues that trigger their need to use drugs.

Shaping and graded task assignments has been used in dealing with suicide and depressed or inhibited individuals. This is used when a patient feel hopeless and they have no way of changing their lives. This hopelessness involves how the person reacts and responds to someone else and certain situations and their perceived powerlessness to change that situation that adds to the hopelessness. For a person with suicidal ideation, it is important to start with small steps. Because that person may perceive everything as being a big step, the smaller you start the easier it will be for the person to master each step. This technique has also been applied to people dealing with agoraphobia, or fear of being in public places or doing something embarrassing.

Contingency contracting is used to treat any behavioral problems that an individual may have. It has been used to deal with behavior problems in delinquents and when dealing with on task behaviors in students. Token economies are used in controlled environments and are found mostly in psychiatric hospitals. They can be used to help patients with different mental illnesses but it doesn't focus on the treatment of the mental illness but instead on the behavioral aspects of a patient.

The response cost technique has been used to address a variety of behaviors such as smoking, overeating, stuttering, and psychotic talk.

Treatment outcomes

Systematic desensitization has been shown to successfully treat phobias about heights, driving, insects as well as any anxiety that a person may have. Anxiety can include social anxiety, anxiety about public speaking as well as test anxiety. It has been shown that the use of systematic desensitization is an effective technique that can be applied to a number of problems that a person may have.

When using modeling procedures this technique is often compared to another behavioral therapy technique. When compared to desensitization, the modeling technique does appear to be less effective. However it is clear that the greater the interaction between the patient and the subject he is modeling the greater the effectiveness of the treatment.

Aversive treatment of sexual deviations according to the empirical literature has generally seen a reasonable degree of success and this includes follow up periods. While undergoing exposure therapy a person usually needs five sessions to see if the treatment is working. After five sessions exposure treatment is seen to benefit the patient and help with their problems. However even after five sessions it is recommended that the patient or client should still continue treatment.

Virtual Reality treatment has shown to be effective for a fear of heights. It has also been shown to help with the treatment of a variety of anxiety disorders. Virtual reality therapy can be very costly so therapists are still awaiting results of controlled trials for VR treatment to see which applications show the best results.

For those with suicidal ideation treatment depends on how severe the person's depression and feeling of hopelessness is. If these things are severe the person's response to completing small steps will not be of importance to them because they don't consider it to be a big deal. Generally those who aren't severely depressed or fearful, this technique has been successful because the completion of simpler activities build up their confidences and allows them to continue on to more complex situations.

Contingency contracts have been seen to be effective in changing any undesired behaviors of individuals. It has been seen to be effective in treating behavior problems in delinquents regardless of the specific characteristics of the contract.^[60]

Token economies have been shown to be effective when treating patients in psychiatric wards who had chronic schizophrenia. The results showed that the contingent tokens were controlling the behavior of the patients.

Response costs has been shown to work in suppressing a variety of behaviors such as smoking, overeating or stuttering with a diverse group of clinical populations ranging from sociopaths to school children. These behaviors that have been suppressed using this technique often do not recover when the punishment contingency is withdrawn. Also undesirable side effects that are usually seen with punishment are not typically found when using the response cost technique.

Characteristics

By nature, behavioural therapies are empirical (data-driven), contextual (focused on the environment and context), functional (interested in the effect or consequence a behaviour ultimately has), probabilistic (viewing behaviour as statistically predictable), **monistic** (rejecting mind–body **dualism** and treating the person as a unit), and relational (analysing bidirectional interactions).

Behavioural therapy develops, adds and provides behavioural intervention strategies and programs for clients, and training to people who care to facilitate successful lives in the communities.