Counseling for Business & Industrial

Introducing Counseling and Therapy Approaches

1.1   History of Behavior Therapy

Built on scientific principles of behavior developed over the last 100 years, behavior therapy began in the late 1950's. Many of the first therapeutic approaches were based on Pavlov's concept of classical conditioning and Skinner's work on operant conditioning. This research, along with studies on observational learning, provided a background for the development of psychotherapeutic behavioral techniques. Behavior therapists have been able to apply basic principles such as reinforcement, extinction, shaping of behavior, and modeling to help clients.

The application of scientific method can be seen in the detailed assessments that behavior therapists use. In behavior therapy there has been a general trend from working only with observable events, such as screaming, to working with unobservable events, such as the learning that takes place by watching someone do something. More recently, many therapists have combined behavioral approaches with cognitive ones that attend to the client's thoughts. In this chapter, illustrations that combine behavioral strategies to treat a variety of specific disorders are provided. Because behavior therapy includes so many methods, not all can be described here.

Unlike other theories of psychotherapy, behavior therapy has its roots in experimental psychology and the study of the learning process in humans and animals. Although a few physicians used approaches that are remarkably similar to behavior therapy as it is practiced today, there was no systematic study of behavior that led to principles of behavior change until the work of Ivan Pavlov (Farmer & Nelson-Gray, 2005; Wolpe, 1990). Pavlov's observations about the salivation of dogs before receiving food led to the study and development of classical conditioning (also called respondent conditioning). Influenced by Pavlov's conditioning experiments, John Watson applied these concepts to human behavior.

Another important approach to learning is operant conditioning, developed by B. F. Skinner, which examines how environmental influences affect or shape the behavior of individuals. Both classical and operant conditioning study observable behaviors that operate outside the individual. In contrast, social cognitive theory, developed by Albert Bandura, deals with internal or cognitive processes and

attempts to explain how individuals learn through observations or perceptions of their environment. These three approaches (operant and classical conditioning and social learning theory) are described in more detail in this chapter, as is the current status of behavior therapy.

1.2   <u>Classical Conditioning</u>

While studying the digestive process of dogs, Pavlov observed that dogs would salivate before food was put on their tongues (Hyman, 1964). On closer observation, he concluded that the dogs had learned from environmental events, such as a sound or the sight of food, that they were about to be fed. He was able to present a neutral stimulus, such as a sound or a light (the conditioned stimulus, CS), for a second or two before presenting the food (the unconditioned stimulus, UCS) to the dog. The dog's salivation at the sight of food (the UCS) was the unconditioned response (UCR). After the CS (light or tone) was presented together with the UCS (food), the CS (by itself) would produce salivation, the conditioned response (CR), from the dog. Thus, the learned behavior was the conditioned response (CR) to the presentation of a conditioned stimulus (CS).

Classical conditioning could be applied to a variety of species (including humans) and types of behavior. For example, Pavlov was able to pair a black square with a previously conditioned stimulus, a beat of a metronome, and demonstrate second-order or higher-order conditioning. Other experimentation dealt with how long an animal might respond to the conditioned stimulus (CS) without the presentation of the unconditioned stimulus before the CS (a light) would fail to evoke a CR (salivation) and the CR would be extinguished. In this way, scientific findings regarding the learning process began to develop. As research into classical conditioning and other behavioral principles has increased, investigators have found that the principles are quite complex. For example, classical conditioning does not always occur with pairings such as those described in this section.

In the early 1900s, John Watson, an experimental psychologist at Johns Hopkins University, was impressed by Pavlov's research. He appreciated the objectivity of the approach, which called for studying directly observable stimuli and responses without resorting to internal mental processes, such as thoughts or imagery (Watson, 1914). In a famous study (Watson & Rayner, 1920), Watson explained how an emotional reaction could be conditioned in a child by using a classical conditioning model. Investigators had noted that Albert, an 11- month-old boy, would show fear and appear startled when he heard a loud noise. Albert also played comfortably with a white rat. However, when the sound was presented immediately before Albert saw the white rat, he became afraid.

After seven pairings of the sound and the rat over a 1-week period, Albert cried when the rat was presented alone (Beck, Levinson, & Irons, 2009). Watson's work (1914, 1919), which was based on research such as the study of Albert, was to have an impact on many other psychologists.

Mowrer and Mowrer (1938) were intrigued by classical conditioning principles and applied them to bed-wetting in their New Haven Children's Center, where they developed a urine alarm system that paired bladder tension with an alarm. When the child would go to sleep and urination began, the urine would seep through the cloth, closing an electric circuit and sounding an alarm. After this had happened several times, the bladder tension alone would arouse the child before urination could occur. Variations of this method have been used for more than 70 years (Spiegler & Guevremont, 2010) in a process that takes 6 to 12 weeks to stop bed-wetting.

1.3   <u>Operant Conditioning</u>

Whereas classical conditioning focuses on the antecedents of behavior (the presentation of the CS before the UCS), operant conditioning focuses on antecedents and consequences of behaviors. Based on the early work of E. L. Thorndike and B. F. Skinner, operant conditioning (also known as *instrumental conditioning*) laid the groundwork for much of what constitutes behavior therapy today. This work formed the basis for the application of principles of behavior to a wide variety of problems, especially those dealing with severe mental disabilities such as schizophrenia and autism.

Working at about the same time as Pavlov, Edward L. Thorndike (1898, 1911) was using controlled experimental procedures to study learning. Rather than studying reflex behavior, as Pavlov had done, he was interested in the learning of new behaviors. Using cats as subjects, he would place food outside a cage and observe how a cat would try to escape and find the food by releasing a latch. The first escape from a box occurred in a trial-and-error fashion. Later the cat would be able to escape from the box more and more quickly. Recording the time taken to press the latch, Thorndike plotted a learning curve. From his experiments and observations, Thorndike was able to derive the Law of Effect, that "consequences that follow behavior help learning" (Kazdin, 2001).

In essence, the correct response (for example, touching the lever) was strengthened, and incorrect responses (biting at the bars of the cage) were weakened or lessened. Besides the Law of Effect, Thorndike derived many other principles of behavior from his experiments, emphasizing the importance of the adaptive nature of learning for animals to survive and function well.

The name most associated with operant conditioning is B. F. Skinner (1904–1990). Whereas Thorndike had seen classical and operant conditioning as being quite similar, Skinner saw many differences. Basically, *operant conditioning* is a type of learning in which behavior is altered by systematically changing consequences. An example of this is the pigeon in a Skinner box, a small chamber in which a pigeon can peck at a lighted key.

The experimenter controls the amount of food the pigeon receives (reinforcement), and the pigeon's "pecks" are automatically recorded. By selectively reinforcing a green light rather than a red light, the pigeon can learn to peck at the green light and not the red light. Although much of Skinner's work was with laboratory animals, he extended his principles of operant conditioning to human behavior as well.

Skinner's (1953) attempt to apply operant conditioning principles to complex human behavior drew much attention. He wrote of the relevance of operant conditioning for government, education, business, religion, psychotherapy, and a variety of human interactions. His novel, *Walden Two* (1948), shows how operant conditioning can provide the basis for an ideal community. Much of the controversy over Skinner's views dealt with critics' objections to the application of limited laboratory findings to prescriptions for living.

1.4   Counseling and Psychotherapy

The word therapy is derived from the Greek word *therapeia* meaning healing. Literally psychotherapy means healing the mind or the soul. Nowadays, most commonly the meaning of psychotherapy is broadened to become healing the mind by psychological methods that are applied by suitably trained and qualified practitioners. However, as illustrated in this book, there are different approaches to therapy and, consequently, it is more accurate to speak of the psychotherapies rather than a uniform method of psychotherapy.

Moreover, there are different goals for therapy including dealing with severe mental disorder, addressing specific anxieties and phobias, and helping people find

meaning and purpose in their lives. Each of the different therapeutic approaches may be more suitable for attaining some goals than others.

Does counseling differ from psychotherapy? Attempts to differentiate between counseling and psychotherapy are never wholly successful. Both counseling and psychotherapy represent diverse rather than uniform knowledge and activities and both use the same theoretical models. In 2000, the British Association for Counseling acknowledged the similarity between counseling and psychotherapy by becoming the British Association for Counseling and Psychotherapy. In Australia, the Psychotherapy & Counseling Federation of Australia exists.

For the most part I use the terms therapy, therapist and client. Therapy refers both to the theoretical approach and to the process of helping clients. Therapist refers to the providers of therapy services to clients, be they psychoanalysts, psychiatrists, clinical psychologists, counseling psychologists, counselors, social workers or other suitably trained and qualified persons. Client refers to the recipient of therapeutic services whether inside or outside of medical settings.

1.5   What is a Counseling and Therapy Theory?

A theory is a formulation of the underlying principles of certain observed phenomena that have been verified to some extent. A criterion of the power of a theory is the extent to which it generates predictions that are confirmed when relevant empirical data are collected. The more a theory receives confirmation or verification, the more accurate it is. Facts strengthen rather than replace theories.

Functions of counseling and therapy theories - What do counseling and therapy theories do? Why are they useful? Therapists cannot avoid being counseling and therapy theorists. All make assumptions about how clients become and stay the way they are and about change. Three of the main functions of counseling and therapy theories are: providing conceptual frameworks, providing languages, and generating research.

Theories as Conceptual Frameworks - Therapists are decision makers. They continually make choices about how to think about clients' behaviour, how to treat them, and how to respond on a moment-by-moment basis during therapy sessions. Theories provide therapists with concepts that allow them to think systematically about human development and the therapeutic process.

Counseling and therapy theoretical approaches may be viewed as possessing four main dimensions if they are to be stated adequately. In this context behaviour

incorporates both observable behaviour and internal behaviour or thinking. The dimensions are:

1) a statement of the *basic concepts* or assumptions underlying the theory;
2) an explanation of the *acquisition* of helpful and unhelpful behaviour;
3) an explanation of the *maintenance* of helpful and unhelpful behaviour; and
4) an explanation of how to help clients *change* their behaviour and *consolidate* their gains when therapy ends.

When reading about the different counseling and therapy approaches, you may observe that many if not most have significant gaps in their conceptual frameworks. They are partial rather than complete or comprehensive theoretical statements. Arguably, some of the missing concepts in the theories are implicit rather than explicit. Theorists select for more thorough treatment those dimensions of a theory that they consider important.

1.6   <u>Theories as Languages</u>

Swiss psychiatrist Carl Jung (1961) used to stress that, since all clients are different individuals, therapists require a different language for each client. Another function of theories is similar to that provided by languages. Languages are vocabularies and linguistic symbols that allow communication about phenomena. Like the major spoken languages of English, Spanish and Mandarin Chinese, the different theorists develop languages for the phenomena they wish to describe, for instance: cognitive, psychoanalytic or person-centred languages. Language can both unite and divide. It can encourage communication between people who speak the same language, but discourage communication if they do not. Each theoretical position has concepts described in unique language.

However, the uniqueness of the language may mask common elements among theories, for example: the meaning of conditions of worth in person centred therapy overlaps with that of super-ego in Freud's psychoanalytic therapy, though you would not know this from the language!

The therapy process is a series of conversations requiring languages. In any therapeutic relationship there are at least four kinds of conversations going on, namely: therapist and client inner and outer speech. All therapists who operate out of explicit theoretical frameworks are likely to talk to themselves about clients in the language of that framework. In varying degrees their therapeutic practice will match their language. Therapists do not always act according to how they think.

Furthermore, in varying degrees therapists share their theoretical language with clients. For example, unlike in cognitive therapy, the language in which person-centred theory is expressed tends not to be shared with clients. Instead, person-centred therapists try to reflect and match clients' outer speech. Clients are also theorists, though usually without the sophistication of their therapists. Approaches like cognitive therapy actively try to influence the language in which clients talk to themselves so that it becomes helpful rather than harmful. In a sense the therapist's language is being exported to and imported by clients so that they can better assist themselves once therapy ends.

Theories as sets of Research Hypotheses - Theories can be both based on research and stimulate research. For example, cognitive behaviour therapy is based on research into how people think and into how both people and animals behave. Furthermore, cognitive behaviour approaches, such as cognitive therapy, have stimulated research into their processes and outcomes.

Theories also provide therapists with frameworks within which to make predictive hypotheses during their practice of therapy. Whether acknowledging it or not, all therapists are practitioner-researchers. Therapists make hypotheses every time they decide how to work with specific clients and how to respond to single or series of client utterances. Clients are also practitioner-researchers who make predictions about how best to lead their lives. If valid theories of counseling and therapy are transmitted to clients, they may increase the accuracy with which clients can predict the consequences of their behaviours and, hence, gain more control over their lives.

1.7   Limitations of Counseling and Therapy Theories

All counseling and therapy theories should carry the psychological equivalent of health warnings. They can be used for ill as well as for good. The following are some potential disadvantages of theories. ***Restriction of focus*** a criticism of many theories is that they present partial truths as whole truths. For instance, Rogers posits a unitary diagnosis of all clients' problems, namely that there is incongruence between self-structure and experience, and sees six relationship conditions as necessary and sufficient in all instances (Rogers, 1957). Freud emphasizes uncovering unconscious material through the analysis of dreams, but says little about developing specific effective behaviors to deal with everyday problems. The trend to eclecticism among many therapists, who draw upon aspects from different theories, attests to this negative aspect of some major theories.

Therapist Rigidity -A function of theory is that it meets insecure therapists' need for certainty. Instead of acting as effective practitioner-researchers who test their theoretical hypotheses, such therapists allow theory to interfere with the accuracy with which they assess and treat clients. However, a beneficial side effect of theoretical faith may be that it provides therapists with confidence that is then transmitted to clients. Unfortunately, such confidence can be misplaced. Theoretical rigidity is fostered when language differences lead therapists only to talk with those speaking the same language rather than to more broadly sharing their knowledge and experience.

Depowering clients - Some theories may lead to focusing more on what is wrong rather than on what is right with clients. They can make clients' problems out to be more severe than they are. For instance, psychoanalysts can view aspects of learned ineffective behaviour as symptomatic of deeper underlying conflicts.

The language of theories can also create a power imbalance between therapists and clients. Therapists who think in a special theoretical language that they do not share can put themselves in superior–inferior relationships with clients. Furthermore, the language of some theories does little to empower clients once they end therapy. Ideally, the language of therapy is that of self-helping. Clients unable to articulate what to think and do when faced with problems after therapy are less likely to maintain gains than clients who can instruct themselves appropriately.

Supporting the status quo - Possibly all the theorists in this book insufficiently take into account cultural differences. In addition, theorists can either ignore or underestimate how socio-environmental conditions like poverty, poor housing and racial discrimination may contribute to explaining ineffective behaviour. Though feminist and gender-aware theorizing is attempting to redress the balance, most theorists insufficiently take into account the influence of sex-role conditioning. In addition, theorists tend to assume heterosexuality and insufficiently take into account the needs of gay, lesbian and bisexual clients.

Creating your own theoretical approach - Engaging in the process of creating your own theoretical approach. Theory creation is both a subjective process of making sense of material as well as an external process of reading, learning, researching and practicing therapeutic skills. How can you make yourself a better theorist and hence a more effective therapist? The following are some suggestions.