Chapter 9

Behavior Therapy
Behavior Therapy

- A set of *clinical procedures* relying on experimental findings of psychological research
  - Based on principles of learning that are systematically applied
    - Treatment goals are specific and measurable
  - Focusing on the client’s current problems
    - To help people change maladaptive to adaptive behaviors
  - The therapy is largely educational - teaching clients skills of self-management
Exposure Therapies

- **In Vivo Desensitization**
  - Brief and graduated exposure to an actual fear situation or event

- **Flooding**
  - Prolonged & intensive *in vivo* or imaginal exposure to highly anxiety-evoking stimuli without the opportunity to avoid them

- **Eye Movement Desensitization and Reprocessing (EMDR)**
  - An exposure-based therapy that involves imaginal flooding, cognitive restructuring, and the use of rhythmic eye movements and other bilateral stimulation to treat traumatic stress disorders and fearful memories of clients
Four Aspects of Behavior Therapy

1. Classical Conditioning
   - In classical conditioning certain respondent behaviors, such as knee jerks and salivation, are elicited from a passive organism.

2. Operant Conditioning
   - Focuses on actions that operate on the environment to produce consequences.
     - If the environmental change brought about by the behavior is reinforcing, the chances are strengthened that the behavior will occur again. If the environmental changes produce no reinforcement, the chances are lessened that the behavior will recur.
Four Aspects of Behavior Therapy

3. **Social Learning Approach**
   - Gives prominence to the reciprocal interactions between an individual’s behavior and the environment

4. **Cognitive Behavior Therapy**
   - Emphasizes cognitive processes and private events (such as client’s self-talk) as mediators of behavior change
Therapeutic Techniques

- **Relaxation Training** – to cope with stress
- **Systematic Desensitization** – for anxiety and avoidance reactions
- **Modeling** – observational learning
- ** Assertion Training** – social-skills training
- **Self-Management Programs** – “giving psychology away”
- **Multimodal Therapy** – a technical eclecticism
Behavior Therapy Video
Chapter 10

Cognitive Behavior Therapy
Rational Emotive Behavioral Therapy (REBT)

- Stresses thinking, judging, deciding, analyzing, and doing

- Assumes that cognitions, emotions, and behaviors interact and have a reciprocal cause-and-effect relationship

- Is highly didactic, very directive, and concerned as much with thinking as with feeling

- Teaches that our emotions stem mainly from our beliefs, evaluations, interpretations, and reactions to life situations
The Therapeutic Process

- Therapy is seen as an educational process

- Clients learn
  - To identify and dispute irrational beliefs that are maintained by self-indoctrination
  - To replace ineffective ways of thinking with effective and rational cognitions
  - To stop absolutistic thinking, blaming, and repeating false beliefs
View of Human Nature

- **We are born with** a potential for both rational and irrational thinking

- **We have** the biological and cultural tendency to think crookedly and to needlessly disturb ourselves

- **We learn** and invent disturbing beliefs and keep ourselves disturbed through our self-talk

- **We have** the capacity to change our cognitive, emotive, and behavioral processes
The A-B-C theory

A (activating event) → B (belief) → C (consequence - emotional and behavioral)

D (disputing intervention) → E (effect - an effective philosophy is developed) → F (new feeling)
Irrational Ideas

- **Irrational ideas lead to self-defeating behavior**

- **Some examples:**
  - “I must have love or approval from all the significant people in my life.”
  - “I must perform important tasks competently and perfectly.”
  - “If I don’t get what I want, it’s terrible, and I can’t stand it.”
Aaron Beck’s Cognitive Therapy (CT)

- **Insight-focused therapy**

- **Emphasizes changing negative thoughts and maladaptive beliefs**

- **Theoretical Assumptions**
  - People’s internal communication is accessible to introspection
  - Clients’ beliefs have highly personal meanings
  - These meanings can be discovered by the client rather than being taught or interpreted by the therapist
Theory, Goals & Principles of CT

- **Basic theory:**
  - To understand the nature of an emotional episode or disturbance it is essential to focus on the cognitive content of an individual’s reaction to the upsetting event or stream of thoughts.

- **Goals:**
  - To change the way clients think by using their automatic thoughts to reach the core schemata and begin to introduce the idea of schema restructuring.

- **Principles:**
  - Automatic thoughts: personalized notions that are triggered by particular stimuli that lead to emotional responses.
CT’s Cognitive Distortions

- Arbitrary inferences
- Selective abstraction
- Overgeneralization
- Magnification and minimization
- Personalization
- Labeling and mislabeling
- Polarized thinking
CT’s Cognitive Triad

Pattern that triggers depression:
1. Client holds negative view of themselves

2. Selective abstraction: Client has tendency to interpret experiences in a negative manner

3. Client has a gloomy vision and projections about the future
Donald Meichenbaum’s Cognitive Behavior Modification (CBM)

- **Focus:**
  - Client’s self-verbalizations or self-statements

- **Premise:**
  - As a prerequisite to behavior change, clients must notice how they think, feel, and behave, and what impact they have on others

- **Basic assumption:**
  - Distressing emotions are typically the result of maladaptive thoughts
Meichenbaum’s CBM

- **Self-instructional therapy focus:**
  - Trains clients to modify the instructions they give to themselves so that they can cope
  - Emphasis is on acquiring practical coping skills

- **Cognitive structure:**
  - The organizing aspect of thinking, which seems to monitor and direct the choice of thoughts
  - The “executive processor,” which “holds the blueprints of thinking” that determine when to continue, interrupt, or change thinking
Behavior Change & Coping (CBM)

- **3 Phases of Behavior Change**
  1. Self-observation
  2. Starting a new internal dialogue
  3. Learning new skills

- **Coping skills programs – Stress inoculation training**
  (3 phase model)
  1. The conceptual phase
  2. Skills acquisition and rehearsal phase
  3. Application and follow-through phase
Cognitive Therapy Video
Chapter 11

Reality Therapy
Reality Therapy Basic Beliefs

- Emphasis is on responsibility

- Therapist’s function is to keep therapy focused on the present

- We often mistakenly choose misery in our best attempt to meet our needs

- We act responsibly when we meet our needs without keeping others from meeting their needs
Basic Needs

- **All internally motivated behavior is geared toward meeting one or more of our basic human needs**
  - Belonging
  - Power
  - Freedom
  - Fun
  - Survival (Physiological needs)

- **Our brain functions as a control system to get us what we want**
Procedures That Lead to Change: The “WDEP” System

\textbf{W} - Wants - What do you want to be and do?
Your “picture album”

\textbf{D} - Doing and Direction - What are you doing?
Where do you want to go?

\textbf{E} - Evaluation - Does your present behavior have a reasonable chance of getting you what you want?

\textbf{P} - Planning – “SAMIC”
Planning For Change

S - Simple - Easy to understand, specific and concrete

A - Attainable - Within the capacities and motivation of the client

M - Measurable - Are the changes observable and helpful?

I - Immediate and Involved - What can be done today?
   - What can you do?

C - Controlled - Can you do this by yourself or will you be dependent on others?
Total Behavior
Our Best Attempt to Satisfy Our Needs

- **DOING** – active behaviors

- **THINKING** – thoughts, self-statements

- **FEELINGS** – anger, joy, pain, anxiety

- **PHYSIOLOGY** – bodily reactions
Reality Therapy Video