

COUNSELING SKILLS AND TECHNIQUES

5. BEHAVIORAL APPROACH TO COUNSELING

5.1. Introduction to Behavior Therapy

The term behavior modification and behavior therapy are often used interchangeably, but they have slightly different meanings. Behavior modification is an approach to assessment, evaluation, and behavior change that focuses on the development of adaptive, pro-social behaviors and the decrease of maladaptive behavior in daily living. Behavior modification is used by therapists and paraprofessional workers to help individuals improve some aspect of daily life. Behavior therapy is a clinical approach that can be used to treat a variety of disorders, in various types of settings, and with a wide range of special population groups. The behavioral approach had its origin in the 1950s and early 1960s and it was a radical departure from the dominant psychoanalytic perspective. Contemporary behavior therapy arose simultaneously in the U.S., South Africa, and Great Britain in the 1950s. In spite of harsh criticism and resistance from traditional psychotherapists, the approach survived. Its focus was on demonstrating that behavioral conditioning techniques were effective and were a viable alternative to traditional psychotherapy. In the 1960s, Albert Bandura developed social learning theory, which combined classical and operant conditioning with observational learning. During the 1960s a number of cognitive behavioral approaches sprang up, and they still have a significant impact on therapeutic practice. It was during the 1970s that behavior therapy emerged as a major force in psychology and made a significant impact on education, psychology, psychotherapy, psychiatry, and social work.

In the 1980s behavior therapists continued to subject their methods to empirical scrutiny and to consider the impact of the practice of therapy on both their clients and the larger society. Increased attention was given to the role of emotions in therapeutic change, as well as the role of biological factors in psychological disorders. Two significant developments in the field were (1) the continued emergence of cognitive behavior therapy as a major force (2) the application of behavioral techniques to the prevention and treatment of medical disorders. By the late 1990s, there were at least 50 journals devoted to behavior therapy and its many offshoots. Behavior therapy is marked by a diversity of views and

procedures but all practitioners focus on observable behavior, current determinants of behavior, learning experiences to promote change, and rigorous assessment and evaluation. The four areas of development are as follows:

- (1) Classical conditioning**
- (2) Operant conditioning**
- (3) Social learning theory**
- (4) Cognitive behavior therapy**

In classical conditioning (Pavlovian) certain respondent behaviors, such as knee jerks and salivation, are elicited from a passive organism. The focus was on experimental analysis and evaluation of therapeutic procedures. Classical conditioning (respondent conditioning) refers to what happens prior to learning what creates a response through pairing. Ivan Pavlov illustrated classical conditioning through experiments with dogs. Placing food in a dog's mouth leads to salivation, which is respondent behavior. When food is repeatedly presented with some originally neutral stimulus, such as the sound of a bell, the dog will eventually salivate to the sound of the bell alone. However, if a bell is sounded repeatedly, but not paired again with food, the salivation response will eventually diminish and become extinct. Another example is Joseph Wolpe's systematic desensitization.

Operant conditioning involves a type of learning in which behaviors are influenced mainly by the consequences that follow them. If the environmental changes brought about by the behavior are reinforcing that is, if they provide some reward to the organism or eliminate aversive stimuli, then the chances are increased that the behavior will occur again. If the environmental changes produce no reinforcement or produce aversive stimuli, the chances are lessened that the behavior will recur. B.F. Skinner contends that learning cannot occur in the absence of some kind of reinforcement, either positive or negative. Reinforcement involves some kind of reward or the removal of an aversive stimulus following a response. Reinforcement takes place when the consequences of a behavior increase the likelihood that the behavior will be repeated. For Skinner, actions that are reinforced tend to be repeated and those that are not reinforced tend to be extinguished. The social learning approach, developed by Albert Bandura and Richard Walters, is interactional, interdisciplinary, and multimodal. Behavior is influenced by stimulus events, by external reinforcement, and by cognitive mediational processes (thinking processes, attitudes, and values). Social learning and cognitive theory involves a reciprocal interaction among the environment, personal factors (beliefs, preferences, expectations, self-perceptions) and

individual behavior. A basic assumption is that people are capable of self-directed behavior change. For Bandura, self-efficacy is the individual's belief or expectation that he or she can master a situation and bring about desired change. The theory of self-efficacy represents one of the first major attempts to provide a unified theoretical explanation of how behavior therapy and other psychotherapy procedures work.

Cognitive behavior therapy and many techniques, particularly those developed within the last three decades, emphasize cognitive processes that involve private events such as the client's self-talk as mediators of behavior change. Today, current behavior therapy tends to be integrated with cognitive therapy and is often referred to as cognitive behavior therapy. Today there are relatively few traditional behavioral practitioners. In modern behavior therapy, the current view is that the person is the producer and the product of their environment. 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. Thus, as behavior therapy is typically applied, it will increase individual freedom.

5.2. Basic Characteristics and Assumptions

Behavior therapy is based on the principles and procedures of the scientific method (or a systematic adherence to precision and to empirical evaluation). Behavior therapists state treatment goals in concrete objective terms to make replication of their interventions possible. Treatment goals are agreed upon by the client and therapist. Throughout the course of therapy, the therapist assesses problem behaviors and the conditions that are maintaining them. Research methods are used to evaluate the effectiveness of both assessment and treatment procedures. Therapeutic techniques employed must have demonstrated effectiveness. Behavioral concepts and procedures are stated explicitly, tested empirically, and revised continually. Behavior therapy deals with the client's current problems and the factors influencing them. Emphasis is on specific factors that influence present functioning and what factors can be used to modify performance. Behavior therapists look to the current environmental events that maintain problem behaviors and help clients produce behavior change by changing environmental events. Clients involved in behavior therapy are expected to assume an active role by engaging in specific actions to deal with their problems. They are required to do something to bring about change. Clients monitor their behaviors both during and outside the therapy sessions, learn and practice coping skills, and role-play

new behavior. Behavior therapy is an action-oriented approach, and learning is viewed as being at the core of therapy. It is an educational approach in which clients participate in a teaching-learning process.

The behavioral approach emphasizes teaching clients skills of self-management, with the expectation that they will be responsible for transferring what they learn in the therapist's office to their everyday lives. Behavior therapy is generally carried out in the client's natural environment as much as possible. The focus is on assessing overt and covert behavior directly, identifying the problem, and evaluating change. There is direct assessment of the target problem through observation or self-monitoring to determine whether the behavior change resulted from the procedure. Behavior therapy emphasizes a self-control approach in which clients learn self-management strategies. Therapists frequently train clients to initiate, conduct, and evaluate their own therapy. Behavioral treatment interventions are individually tailored to specific problems experienced by clients. For example, "What treatment, by whom, is the most effective for this individual with that specific problem and under which set of circumstances?" The practice of behavior therapy is based on a collaborative partnership between therapist and client, and every attempt is made to inform clients about the nature and course of treatment. The emphasis is on practical applications. Interventions are applied to all facets of daily life in which maladaptive behaviors are to be decreased and adaptive behaviors are to be increased. Therapists strive to develop culture-specific procedures and obtain their clients' adherence and cooperation.

5.3. The Therapeutic Process

Goals occupy a place of central importance in behavior therapy. The client, with the help of the therapist, defines specific goals at the outset of the therapeutic process. Although assessment and treatment occur together, a formal assessment takes place prior to treatment to determine behaviors that are targets of change. Continual assessment throughout therapy determines the degree to which identified goals are being met. It is important to devise a way to measure progress toward goals based on empirical validation. The therapist assists clients in formulating specific measurable goals. Goals must be clear, concrete, understood, and agreed on by the client and the counselor. This results in a contract that guides the course of therapy. Behavior therapists and clients alter goals throughout the therapeutic process as needed.

The process of developing and implementing goals includes;

- The client identifies desired outcomes. The focus is on what the client wants to do rather than on what the client does not want to do.
- The client is the person seeking help, and only he or she can make a change. The counselor helps the client accept the responsibility for change rather than trying to get someone else to change.
- The cost-benefit effect of all identified goals is explored, and counselor and client discuss the possible advantages and disadvantages of these goals.

Once goals have been agreed upon, a process of defining them begins. 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. Behavior therapists tend to be active and directive and to function as consultants and problem solvers. They use some techniques common to other approaches, such as summarizing, reflection, clarification, and open-ended questioning. Behavioral clinicians perform these other functions as well:

- Conduct a thorough functional assessment to identify the maintaining conditions by systematically gathering information about situational antecedents, the dimensions of the problem behavior, and the consequences of the problem.
- Formulate initial treatment goals and design and implement a treatment plan to accomplish these goals.
- Use strategies to promote generalization and maintenance of behavior change.
- Evaluate the success of the change plan by measuring progress toward the goals throughout the duration of treatment
- Conduct follow-up assessments.

Another important function of the therapist is role modeling for the client. It is essential that therapist be aware of the crucial role they play in the therapeutic process. Behavior therapy provides the therapist with a well-defined system of procedures to employ. 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 throughout 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 or problem behaviors) and are expected to cooperate in carrying out therapeutic activities, both during therapy sessions and in everyday life. They are helped to generalize and to transfer the learning acquired within the therapeutic situation to situations outside therapy. It is clear that clients are expected to do more than merely gather insights; they need to be willing to make changes and to

continue implementing new behavior once formal treatment has ended. Clients are as aware as the therapist is regarding when the goals have been accomplished and it is appropriate to terminate treatment.

A good therapeutic relationship increases the chances that the client will be receptive to therapy. Most behavioral practitioners contend that factors such as warmth, empathy, authenticity, permissiveness, and acceptance are necessary but not sufficient for behavior change to occur. Behavior therapists assume that clients make progress primarily because of the specific behavioral techniques used rather than because of the relationship with the therapist.