MODELING- PROBLEMS TREATED BY MODELING

COURSE: CLINICAL ASSESSMENT AND INTERVENTION
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BEHAVIOR THERAPY- MODELING

Behavior therapy is the systematic application of principles of learning to the analysis and treatment of disorders of behavior. The rationale adopted by practioner of behavior therapy is that neurotic behavior and other types of disorders are predominantly acquired and therefore should be subject to established laws of learning. Knowledge regarding the learning process concerns not only the acquisition of new behavior patterns but the reduction or elimination of existing behavior patterns.

Acc. To Reber (1987): Behavior therapy is that type of psychotherapy that seeks to change maladaptive or abnormal behavior patterns by the use of extension and inhibitory process and positive and negative reinforces in classical and operant conditioning situation.

Thus behavior theorists seeks principles of learning, the process by which these behaviors change in response to the environment.

Many learned behaviors are constructive and adaptive. They help people to cope with daily challenges and to lead happy, productive lives. However, abnormal and undesirable behaviors also can be learned.

behaviorists has pointed three principles of conditioning through which a behavior can be learned:
❑**classical conditioning,**
❑**operant conditioning(or instrumental) conditioning, and**
❑**modeling.**

In behavior therapy abnormal behaviors are modified by means of conditioning.

Modeling

Modeling is a form of conditioning through observation and imitation. Individuals acquire responses by observing other people(the models) and repeating their behaviors. Observers are especially likely to imitate models they find important or who are themselves being rewarded for the behaviors. Behaviorists believe that many everyday human behaviors are learned through modeling.

The Modeling of Abnormal behavior

Modeling, too, can lead to abnormal behavior. A famous study had young children observe adult models who are acting aggressively towards a doll (Bandura, Ross and Ross, 1963). Later, in the same setting, many of the children behaved in the same highly aggressive manner. Other children who had not observed the adult models behaved much less aggressively.

Similarly, children of poorly functioning people may themselves develop maladaptive reactions because of their exposure to inadequate parental models.

Social learning methods (Modeling)

Behaviorist assumed that normal behavior can be learned in its place, whatever its causes, through the normal social learning process of imitation or modeling.

Modeling is probably an important component of assertion training and other forms of therapy. Through demonstration and role playing, the therapist models appropriate assertive behavior. According to social learning theory, the client learns assertion by observing and imitating the therapist.

Covert modeling, similar to covert practice, is imagining another person engaging in the desired behavior. A therapist may tell a child a story about another child who successfully stops fighting with his siblings and learns ways to get attention. It is assumed that imagining a successful model facilitates learning new behavior that is similar to the model's.

MODELING

Modelling behaviour is a **technique** used by therapists to help their clients with an array of issues. ... **Modelling Behaviour Therapy** is most effective when done live, as in the patient is present with the person **modelling** the **behaviour** and witnesses the situation in-person.

Bandura developed a form of behavior modification based on social modeling.

As a therapeutic measure, Bandura points to three ways in which modeling can influence behavior:
1. It can serve as a basis for learning new skills and behavior.
2. It can serve to eliminate fears and inhibitions.
3. It can facilitate preexisting behavior patterns.

In clinical practice, modeling has been found useful for the reduction of unrealistic fears. This involves having the patient first watch the model in contact with the phobic object in a series of successively more threatening ways, for example, first touching, then holding, and finally allowing a snake to crawl over one's body.
In the next phase, guided participation, the therapist may guide the patient's hand and praise him for his efforts. In time, there is progressive reduction of the amount of demonstration, protection, and guidance until the patient can alone and unaided confront the feared experience

Bandura, Blanchard, and Ritter (1969) contrasted four treatment group for treatment of phobias:

1. *Live modeling with participation*, the procedure just described;
2. *Symbolic modeling*, in which subjects watched a film rather than a live model in interplay with a snake;
3. *Systematic desensitization*, in the manner of Wolpe involving imagined contact with snakes coupled with deep relaxation; and
4. *No treatment*.

While all three treatment groups showed marked reductions of fear compered to the untreated group who did not change, the method of live participant modeling was clearly superior to the others.

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