BEHAVIOR THERAPY

Course: PSYCHOTHERAPY EC-2 Paper 2 (M.A PSYCHOLOGY SEM IV); Unit IV
By
Dr. Priyanka Kumari
Assistant Professor
Institute of Psychological Research and Service
Patna University
Contact No.7654991023; E-mail- Priyankakumari1483@yahoo.com

BEHAVIOR THERAPY

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.
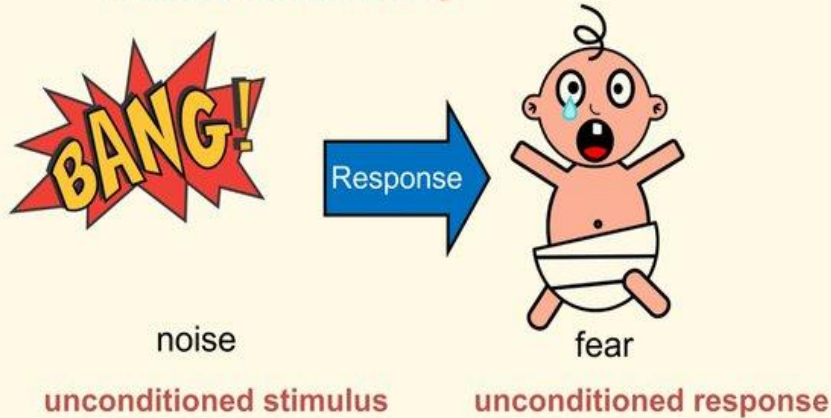
CLASSICAL CONDITIONING

Classical conditioning is a process of learning by temporal association. When two events repeatedly occur close together in time, they become fused in a person's mind, and before long the person responds in the same way to both events. If one event elicits a response of joy, the other brings joy as well, if one event brings feeling of relief, so does the other.

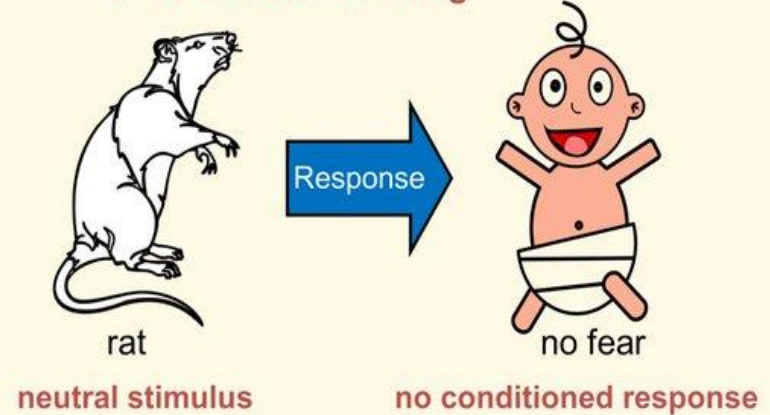**According to behaviorists, many human behavior are acquired through classical conditioning.**

The classical conditioning of abnormal behavior- Abnormal behaviors, too can be acquired by classical conditioning.

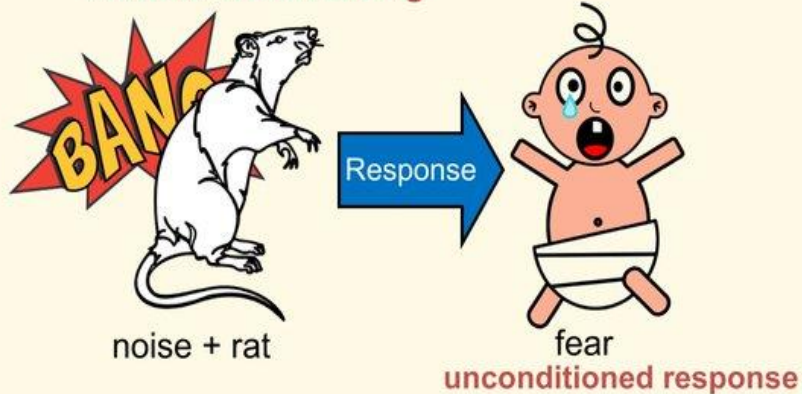# The Behavioural Approach to explaining Phobias - Classical Conditioning

1. Before Conditioning

noise

unconditioned stimulus

Response

fear

unconditioned response

2. Before Conditioning

rat

neutral stimulus

Response

no fear

no conditioned response

3. After Conditioning

noise + rat

Response

fear
unconditioned response

4. After Conditioning

rat
conditioned stimulus

Response

fear
conditioned response

Advanced Success

Innovative Teaching
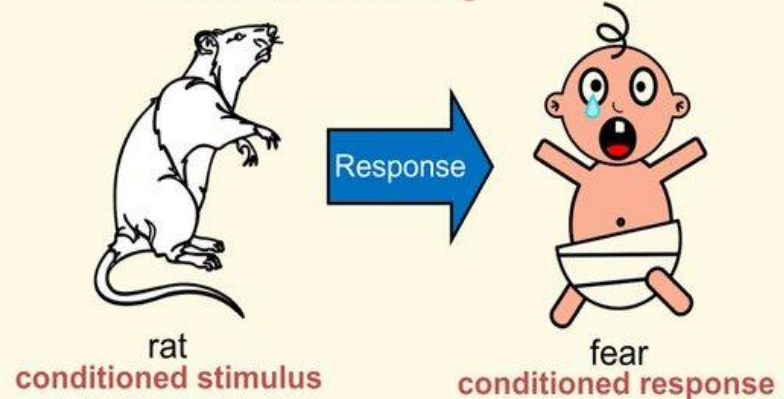
Dentist Phobia

Classical Conditioning – phobia develops

Before Conditioning	NS	→ No Response
	UCS	→ UCR
	pain from injection	fear: due to pain from injection
During Conditioning	NS + UCS	→ UCR
	dentist pain	fear: due to pain from injection
After Conditioning	CS	→ CR
	visit to dentist	fear: due to visit to dentist

Operant conditioning – phobia maintained

The avoidance of the unpleasant injection acts as a negative reinforcer the strengthens the likely hood of that behaviour being repeated.

Treatments based on Classical Conditioning

Behavioral therapist first aims to identify the behaviors that are causing the client's problems. It then tries to manipulate and replace them with more appropriate ones. The therapist's attitude towards the client is that of teacher rather than healer. Classical conditioning treatments are intended to change clients' dysfunctional reactions to stimuli.

Techniques

➢**Systematic desensitization**
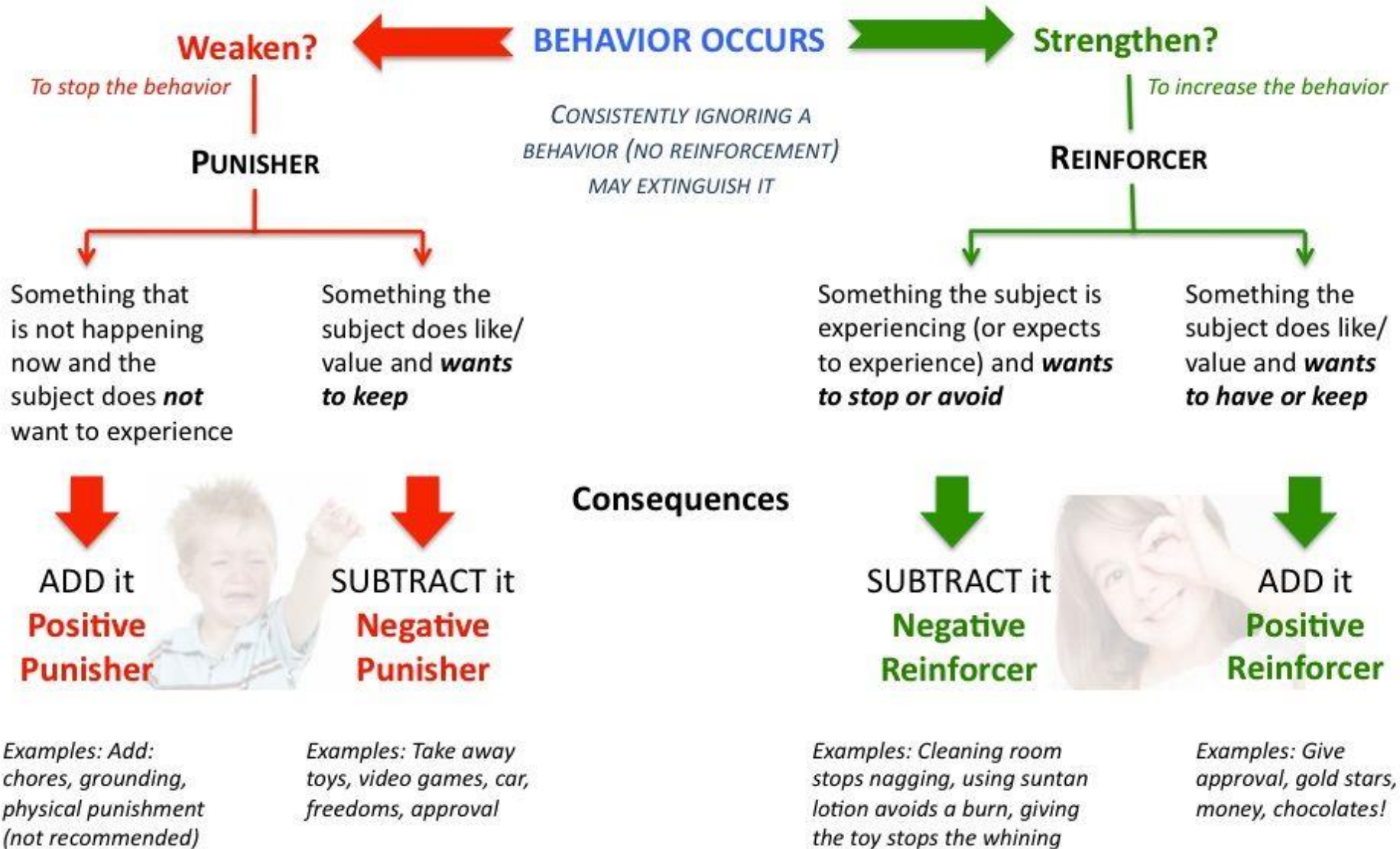➢**Aversion therapy**

Operant Conditioning

In operant conditioning, humans and animals learn to behavior in certain ways because they receive reinforcements from their environment whenever they do so. Behavior that leads to satisfying consequences, or rewards, is likely to be repeated, whereas behavior that leads to unsatisfying unpleasant feeling is unlikely to be repeated.

The Operant Conditioning of Abnormal Behavior- Behaviorists also claim that many abnormal behaviors develop as a result of reinforcements. Some people learn to abuse alcohol and drugs because initially the drug- related behavior brought them calm, comfort, or pleasure. Others may exhibit bizarre, psychotic behaviors because they enjoy the attention they get when they do so.

Operant Conditioning

- Identify a behavior that you want to influence in the subject
- Most effective: If attempting to weaken, also identify a replacement (preferred) behavior and reinforce it when it occurs
- Determine what the *subject* values (likes) and dislikes (wants to avoid/stop)
- The subject must associate the consequence with the behavior

Weaken? ← **BEHAVIOR OCCURS** → **Strengthen?**

To stop the behavior

To increase the behavior

PUNISHER

CONSISTENTLY IGNORING A BEHAVIOR (NO REINFORCEMENT) MAY EXTINGUISH IT

REINFORCER

Something that is not happening now and the subject does **not** want to experience

Something the subject does like/ value and **wants to keep**

Something the subject is experiencing (or expects to experience) and **wants to stop or avoid**

Something the subject does like/ value and **wants to have or keep**

Consequences

ADD it
Positive Punisher

SUBTRACT it
Negative Punisher

SUBTRACT it
Negative Reinforcer

ADD it
Positive Reinforcer

Examples: Add: chores, grounding, physical punishment (not recommended)

Examples: Take away toys, video games, car, freedoms, approval

Examples: Cleaning room stops nagging, using suntan lotion avoids a burn, giving the toy stops the whining

Examples: Give approval, gold stars, money, chocolates!

Operant Conditioning

Specific consequences are associated with a voluntary behavior

Rewards introduced to
increase a behavior

Punishment introduced to
decrease a behavior

Treatments based on Operant conditioning

Therapists who rely on operant conditioning consistently provide rewards for appropriate behavior and withhold rewards for inappropriate behavior. This technique has been employed frequently, and often successfully, with people experiencing psychosis. When these patients talk coherently and behave normally, they are rewarded with food, privileges, attention, or something else they value. Conversely, they receive no rewards when they speak bizarrely or display other psychotic behaviors.

In addiction, parents, teachers, and therapists have successfully used operant conditioning techniques to change problem in children, such as repeated tantrums, and to teach skills to individuals with mental retardation. Rewards have included meals, recreation time, hugs, and statements of approval.

Techniques

➤ **Token economy**

➤ **Shaping**

➤ **Time out**

➤ **Contingency contracting**

➤ **Response cost**

➤ **Premark Principle**

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.

Techniques

➢Modeling
➢Social skill training
➢Exposure therapy
➢Assertiveness therapy or training

Techniques of behavior therapy
Exposure-based Treatments (Pavlovian Conditioning Methods)

The assumption behind behavior therapies based on Pavlovian conditioning is that abnormal behavior is due to inappropriate classically conditioned emotions, especially fear and anxiety. These emotions then motivate avoidance and other behaviors that are rewarded by anxiety reductions. Since the Pavlovian methods share the feature of exposing the client in client in various ways to the feared object, these methods are now called expose-based treatment. It is also argued that these methods do not work because of classical conditioning but rather, they work because they increase the individual's sense of coping and mastering.
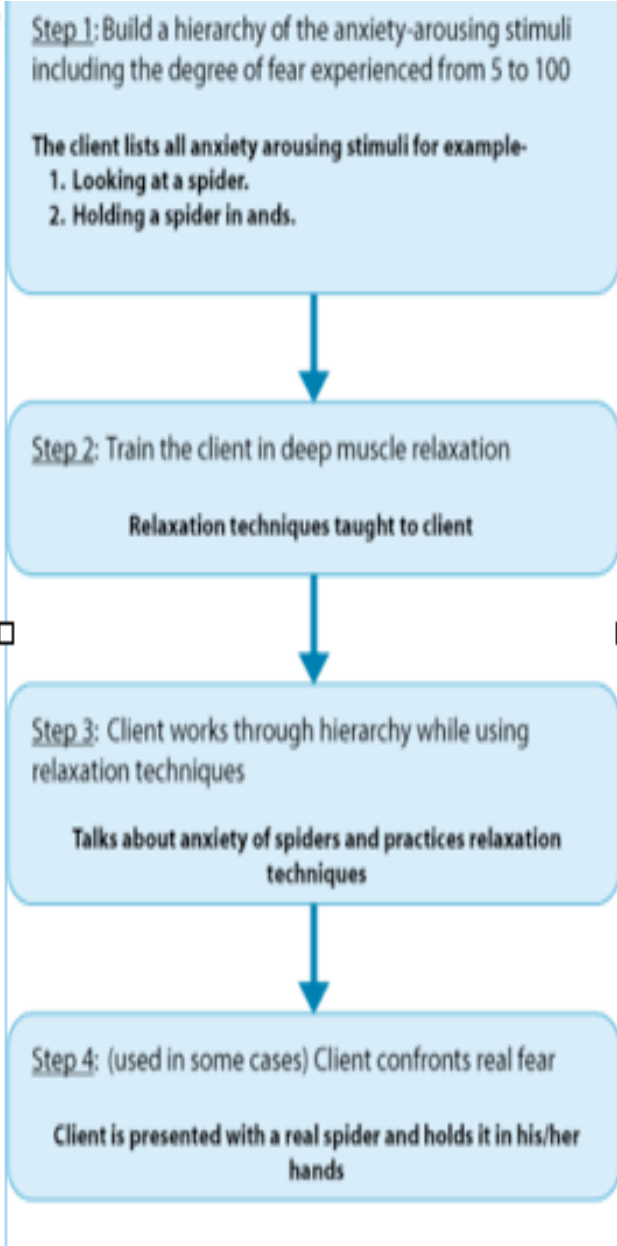
Techniques of behavior therapy

Desensitization

SYSTEMATIC DESENSITIZATION

This is the best known and most widely used application of Wolpe's reciprocal inhibition principle for the treatment of phobic reactions. It is based on the simple principle that one cannot be both relaxed and anxious at the same time. Consequently , if increasingly more anxiety-provoking stimuli are experienced while the patient is in a deeply relaxed state, the relaxation response will be substituted for the anxiety response. He will thus be desensitized to the original anxiety-inducing stimuli.

Therapy starts with one or a few interviews and the administration of some personality questionnaires, mainly intended to discover the patient's major sources of anxiety. Before desensitization proper begins, the patient is first trained in relaxation and an anxiety hierarchy is created. The patient is taught the methods of progressive deep relaxation. In the desensitization sessions, the patient is first asked to visualize the least intense item and simultaneously to relax completely. The therapist describes the scene and for some ten or fifteen seconds the patient imagines himself in it. As long as the tension produced is less strong than the relaxation response, relaxation will dominate. Thus a patient imagines the scene a number of times, the amount of anxiety is successfully reduced as no ill effects are experienced. After some minutes of relaxation, the therapist moves to the next disturbed stimulus on the hierarchy, and the procedure is repeated. If at any point, the image produces too great rush of anxiety, the therapist moves back to the lower level, until the patient is ready to start upward again. After several sessions, the patient should be able to visualize stimuli at the highest level without anxiety being aroused.

Step 1: Build a hierarchy of the anxiety-arousing stimuli including the degree of fear experienced from 5 to 100

The client lists all anxiety arousing stimuli for example-
1. Looking at a spider.
2. Holding a spider in ands.

Step 2: Train the client in deep muscle relaxation

Relaxation techniques taught to client

Step 3: Client works through hierarchy while using relaxation techniques

Talks about anxiety of spiders and practices relaxation techniques

Step 4: (used in some cases) Client confronts real fear

Client is presented with a real spider and holds it in his/her hands

Artifact #2
This shows the steps that should be taken when trying to help someone over come a fear, also known as systematic desensitization.

SYSTEMATIC DESENSITIZATION

Systematic desensitization is indicated in the cases of clearly identifiable anxiety provoking stimulus, such as

➢ **Phobias**
➢ **OCD**
➢ **Sexual Disorders**
➢ **Other Anxiety Disorders**

Procedure

Systematic desensitization consists of **three steps**

➢ **Relaxation Training**
➢ **Hierarchy construction**
➢ **Desensitization of stimulus**

Relaxation Training

This is the first step of systematic desensitization. Relaxation produces physiological effects opposite to those of anxiety.
The signs of relation are

a. Physiological sign- **Slow heart rate, increased peripheral blood flow, increased peripheral temperature, pupil constriction, neuromuscular stability, decreased oxygen consumption.**

b. Cognition signs- **altered state of consciousness, heightened concentration on single mental image.**

c. Behavior change- **lack of attention and concern for the environmental stimuli, no verbal interaction, no voluntary change in the position.**

Relaxation

Techniques used for relaxation are

a. **Jacobson progressive muscle relation (JPMR)**

--Most often used relaxation training, developed by the psychiatrist Edmund Jacobson.

--In this client must learn to relax through deep muscle relaxation training.

--Patients relax major muscle group in a fixed order, beginning with the small muscle group of the feet and working cephal head or vice-versa.

Procedure

❑ **Make the patient in a comfortable position**

❑ **Provide light or soft music/ pleasant visual cues/quiet room**

❑ **Give a brief explanation about the progressive muscle relaxation.**

❑ **Instruct the client to tense each muscle group approximately for 10 sec.**

❑ **Explain the tension of the muscle and uncomfortable the body part feels.**

❑ **Ask the client to relax each muscle.**

❑ **Make the client feel difference between both the situation.**

Relaxation Techniques

b. Hypnosis

Some clinicians use hypnosis to facilitate the relaxation.

c. Mental imaginary

It is relaxation method in which patient are instructed to image themselves in a place associated with the pleasant relaxed memories.

Such images allow the clients to enter a relaxed state of experience , the relaxation response.

Hierarchy Construction

when constructing a hierarchy, clinician determine all the conditions that elicit anxiety, and then client create a hierarchy list consisting of scenes in order of increasing anxiety.

Example

Behavior	Fear rating
Think about a spider.	10
Look at a photo of a spider.	25
Look at a real spider in a closed box.	50
Hold the box with the spider.	60
Let a spider crawl on your desk.	70
Let a spider crawl on your shoe.	80
Let a spider crawl on your pants leg.	90
Let a spider crawl on your sleeve.	95
Let a spider crawl on your bare arm.	100

Desensitization

Desensitization of the stimulus is the final step, patients proceed systematically through the list from the least to the most anxiety provoking scene while in deeply relaxed state.

Under the guidance of the therapist the client begins the item on the list that causes minimal fear and look at it, thinks about it, or actually confronts it, all while remaining in a relaxed state.

The idea is that the phobic object or the situation is conditioned stimulus that the client has learned to fear because it was originally paired with a real fearful stimulus by pairing the old conditioned stimulus a stimulus with a new relaxation response that is compatible with the emotions and the physical arousal associated with the fear, the person's fear is reduced and relieved the person then proceeds to the next item on the hierarchy until the phobia is done.

Extinction

Implosive therapy

Implosive therapy is both an extension of the desensitization work and a direct application of academic research on extinction. While Wolpe moves from least to most disturbing stimuli, so that all along the way the patient should suffer minimal anxiety, implosive therapy operates in precisely the reverse way, starting as it were at the top. The therapist describes the most frightening event the patient can conceive, dwelling in the most vivid detail on the worst possible consequences of the experience, in order to bring out the greatest amount of anxiety. This is done in a number of sessions, and in between the patient must visualize these situations at home. The fundamental assumption is that anxiety is extinguished to the extent that the patient can reinstate, as literally and graphically as possible, the cues to which the anxiety response had originally been conditioned, but now without primary reinforcement.

Implosion involves making the client vividly imagine all aspects of whatever is frightening until he or she becomes relaxed.

IMPLOSIVE METHOD

In this method, the patient is confronted in imagination with his most feared situation or stimulus at once and encouraged to remain in contact with that situation until the avoidance response is extinguished.
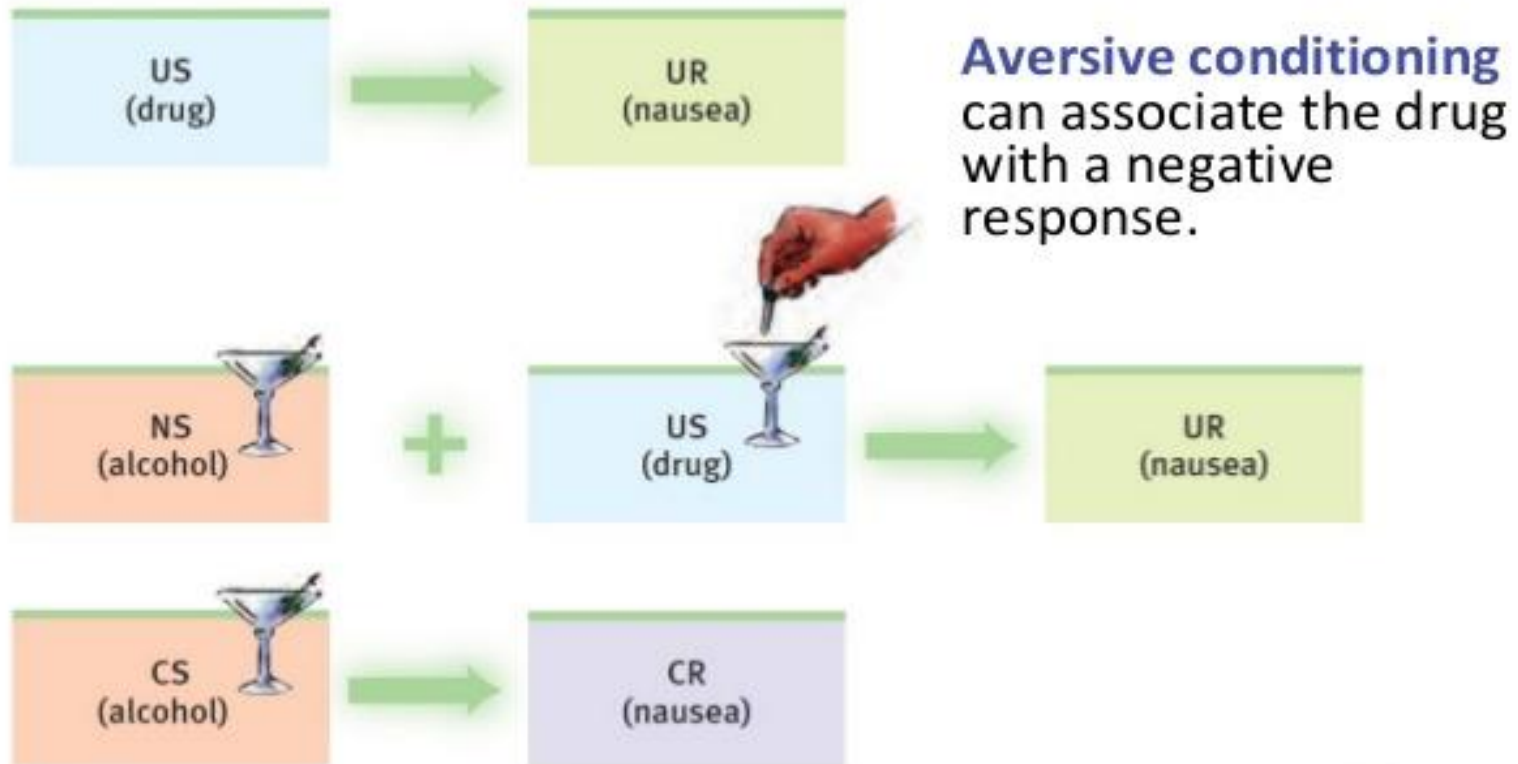
Punishment
Aversion therapy

If a response is followed by pain or punishment, its strength should be weakened. Thus, behavior change can be achieved by conditioning an aversive response to an undesirable behavior. The first use of aversion therapy was made by KANTOWICH(1930) who administered electric shock to alcoholics. In clinical practice, aversive techniques have been applied mainly in the effort to eliminate to eliminate addictions and destructive or deviant behaviors. The best known illustration of such an approach is in the management of chronic alcoholism. Aversive conditioning techniques is based on principle that if a response is followed by pain or punishment its strength will be weakened. It produces unpleasant consequences for undesirable behavior. Behavior change can be achieved by conditioning and aversive response to an undesirable behavior. This technique have been used in the treatment of a whole range of Maladaptive behavior i.e. smoking, drinking and destructive behavior.

For Example- If an individual consumes alcohol while on Antabuse therapy, symptoms of severe nausea, vomiting, palpitation and headache. Instead of euphoria feeling normally experienced from the alcohol, the individual received a punishment that is intended to extinguish the unacceptable behavior.

Aversive Conditioning

When a person has been conditioned to have a positive association with a drug...

US
(drug)

UR
(nausea)

Aversive conditioning can associate the drug with a negative response.

NS
(alcohol)

US
(drug)

UR
(nausea)

CS
(alcohol)

CR
(nausea)

Aversion Therapy

Put cigarette in mouth	→	Pleasurable stimulation	→	Continue to smoke

↓

Rapid Smoking	→	Nauseating Feeling	→	Desire to smoke reduced
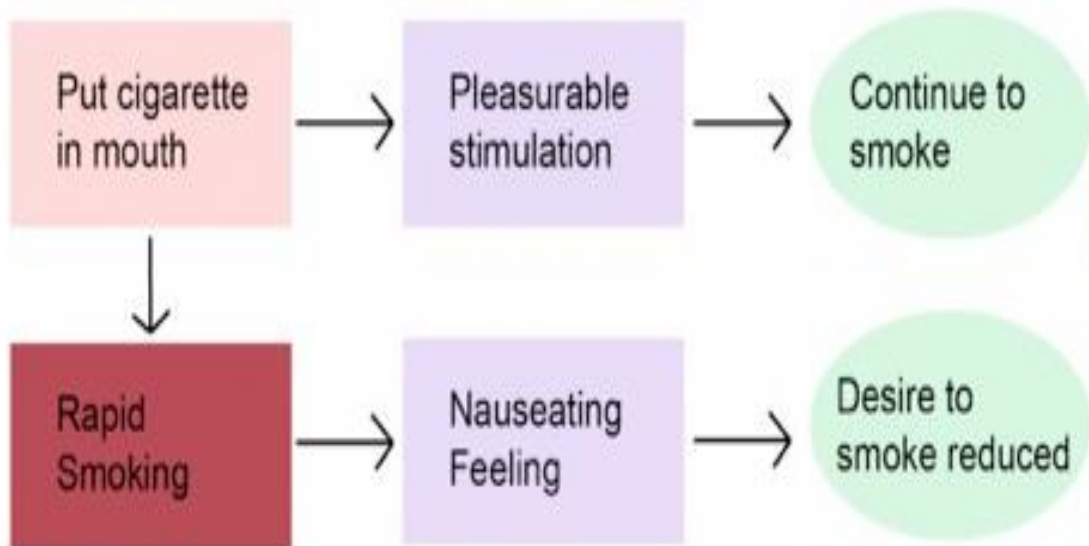
Artifact #1
This diagram to the left shows how if you rapidly smoke it may create a bad feeling. With this feeling it may want make you feel the want to quit. This would be an example of aversive conditioning.

Aversion therapy has, in recent years, been used mainly with sexual problems. In a typical study, Feldman and MacCulloch (1965) showed slides of partially or fully nude men and women to male homosexuals. When a male picture was on the screen the subject had had to signal quickly for another slide or he got a painful shock. Following shock, a picture of a woman was shown. After about fifteen 20 minute sessions, the study was terminated. The authors report that homosexual behavior was eliminated in about half the cases when they were checked up to fourteen months later.
This study also illustrates the principle of aversion-relief conditioning, that a stimulus associated with the termination of pain can be positively reinforced.

Though in fact aversive methods are being used increasingly(Rachman and Teasdale, 1969), many concerned behavior therapists (e.g., A. A. Lazarus,1971) consider them last resort.

Biofeedback

Biofeedback is a treatment technique in which people are trained to improve their health by using signals from their own bodies. Psychologists use it to help tense and anxious clients learn to relax. Specialists in many different fields use biofeedback to help their patients cope with pain.

Migraine headache, tension headaches and many other types of pain. Most patients who benefit from biofeedback are trained to relax and modify their behavior.

BIOFEEDBACK
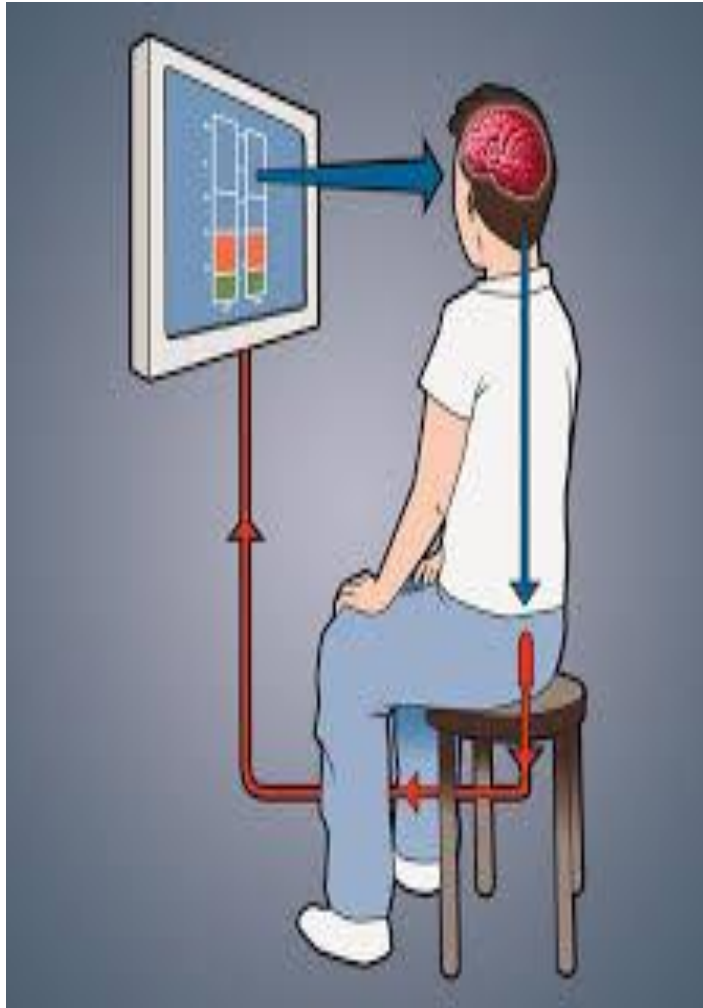
SKILL TRAINING (OPERANT CONDITIONING METHODS)

Behavior therapist who use operant conditioning methods assume that many types of abnormal behavior, such as shyness or even schizophrenic symptoms, are due to a lack of skills or to a poor environment or both. Shy individuals lack the social skills to understand and make contact with other people with operant methods, the collaborative role of the therapist is emphasized. The therapist act as an instructor or consultant to guide the client or parent in choosing and making changes.

Social Skills Training (Assertion Training)

Assertion Training, now called social skills training was originally **designed to help shy, retiring people become better able to deal with other people.** Assertive therapy includes a variety of training techniques for several social skills and is used with diverse types of clients individually and in groups. **It is based on operant conditioning in that operant behaviors that display social skills, such as conversation, asking for dates, and dealing with bosses, are rewarded by praise from the therapist or by the success of the behaviors themselves.**

Shaping and covert practices

Shaping and covert practices are also sometimes used by therapists to teach social skills. Shaping, also called successive approximation, involves the client making closer and closer approximations to the desired response. Each step closer to the desired behavior is rewarded with praise from the therapist or group. In covert practice , the person imagines performing the social skills competently. The Shy person is asked to imagine carrying on lively conversations.

An important element of social skills training is feedback. As clients rehearse and role play, the therapist and group members give feedback on the effectiveness of the rehearsed social skills. They point out which aspects of the performance need to be improved and which were done well. The more specific the feedback, the more useful it is. Videotaping the role play is an effective way to give accurate feedback. The rewarding behaviors of the therapist are an important part of social skills training. Warm praise for successful social skills performance reinforces the behavior.

Shaping

Shaping is based on operant conditioning principles. The patient is systematically instructed to do what he fears and is rewarded by the therapist with praise when he succeeds and with no response if he fails. This method is useful in the treatment of phobias and obsessions.
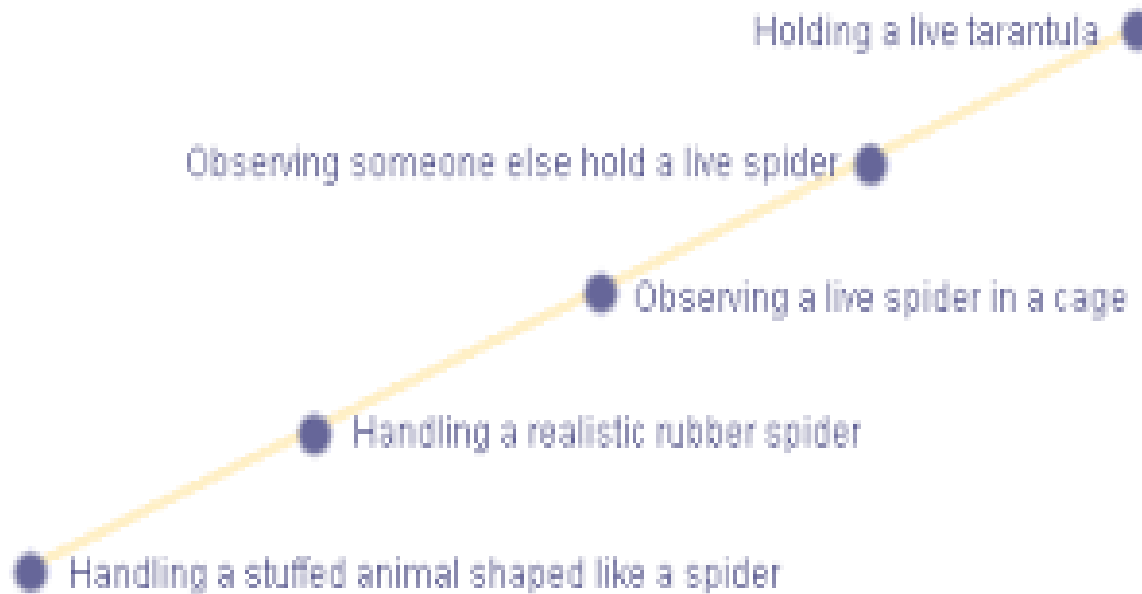
Holding a live tarantula

Observing someone else hold a live spider

Observing a live spider in a cage

Handling a realistic rubber spider

Handling a stuffed animal shaped like a spider

CONTINGENCY MANAGEMENT (behavior Modification)

A set of behavioral management techniques known as contingency management also called behavior modification or applied behavior analysis, utilizes operant conditioning principles. **These behavior changing methods involve simply the planned use of rewards to increase wanted behavior and of extinction to decrease unwanted behavior.**

Parent Training- **Modifying the problem behaviors of children is often accomplished by** **training the parents to use operant techniques.** **Therapists teach the parents these techniques in group classes, in couples, or individually with such methods as role playing and videotaping. Basically, parents are taught to reward behavior they want in their children and to remove the reward behavior they want in their children and to remove the rewards for behaviors they don't want.**

Time-out
Token economy

TIME OUT

Timeout is used to eliminate unwanted behavior or as a consequence for not performing wanted behavior. **Time- out involves removing children from the rewarding situation to a place where there are no social rewards** **and so it can be viewed as an extinction procedure.**
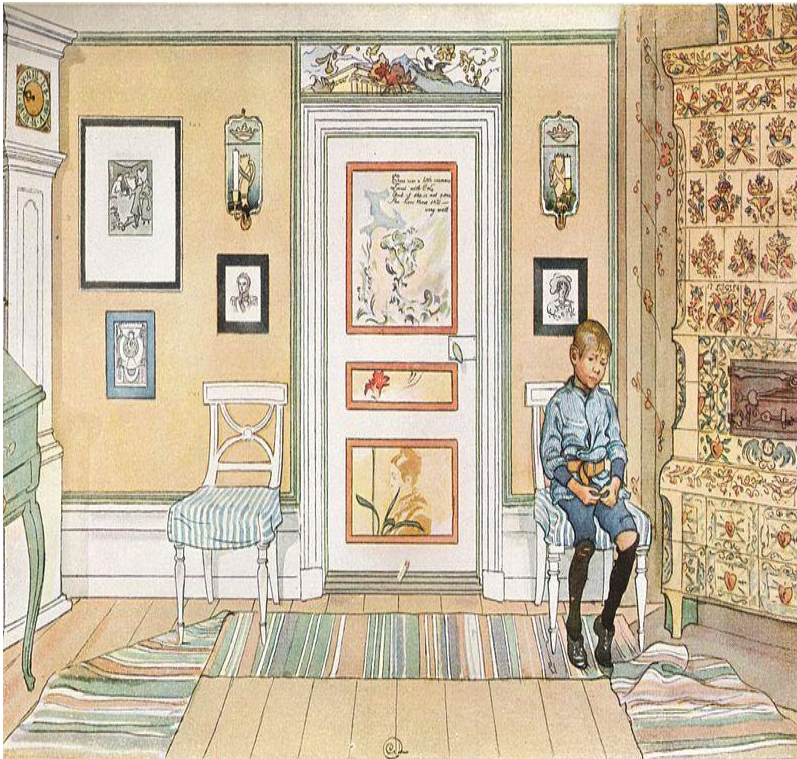
TOKEN ECONOMY

Token economies are behavior modification programs sometimes used in psychiatric wards in hospitals. They are also used in classrooms and institutions for the mentally retarded. Token economies are based on operant procedures, and rewards are given for desired behavior and not for undesired behavior. Since it is difficult to give actual rewards for each desired behavior, tokens are commonly given to patients instead, hence the name of the programs. When significant numbers of tokens are collected, patients can exchange them for designated rewards such as ten tokens for a pack of cigarettes or five for extra desert. Undesirable behavior, such as psychotic talk or failure to show up for therapy appointments, may either be ignored have a consequence such as being docked tokens.

In applied settings, a wide range of tokens have been used

a. Coins
b. Points
c. Checkmarks
d. Images

     These symbols and objects are completely worthless outside of the patient clinician relationship, but they can be exchanged for other things.

Token Economies

A Guest Post on Structured Positive Reinforcements
By Leanne Page, BCBA

"What I'm Working For" Token Economy

What I'm Working For

Free Time
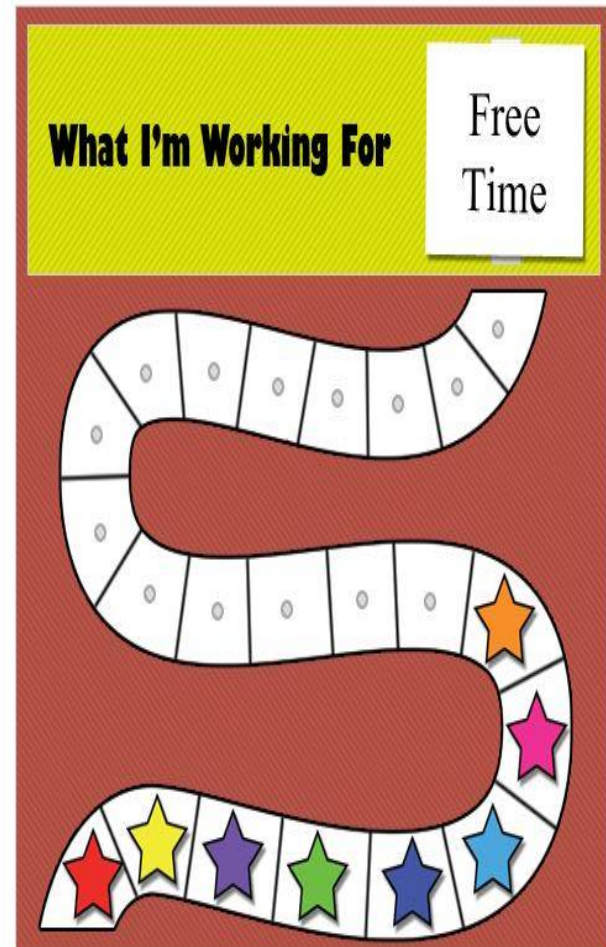
The purpose of using tokens rather than reinforcers is that they bridge the delay between the occurrence of the desired behavior and the ultimate reinforcement. Thus, as the patient makes his bed, sweeps the floor, or takes on a job responsibility, he immediately, receives the requisite tokens. In some problems each time a token is given a social reinforcement accompanies. The patient is complimented on doing a fine job.

The goals of a token program are to develop behaviors that will lead to social reinforcement from others, to enhance the skills necessary for the individual to take a responsible social role in the institution and eventually, to live successfully outside the institution. Basically, the individual learns that he can control his own environment in such a way that he will elicit positive reinforcement from others (Krasner, 1971)

Token programs have also been used effectively in working with mental retardates, delinquents, and disturbed school children.

Contingency Contracting

Lavendusky and his colleagues (1983) reported that Contingency Contracting is a type of intervention that is used to increase desirable behaviours or decrease undesirable ones. A contingency contract may be entered into by a teacher and student, a parent and child, or a therapist and client. It specifies the target behaviour, the conditions under which the behaviour will occur, and the benefits or consequences that come with meeting or failing to meet the target.

The patient is fully informed and actively involved in deciding on the behaviours and rewards to be covered by the program. This type of patient involvement would appear to reduce the potential for manipulation and coercion.

For example, a parent and child enter into a contingency contract to get the child to finish his homework before dinner time, after which, he earns some TV time. Every time he satisfactorily finishes his homework before dinner time, he gets to watch an hour of TV after dinner. If he fails to finish his homework satisfactorily, then instead of enjoying some TV time, he has to use that time to finish his homework.   work well as token economy.

SELF-MANAGEMENT

Behaviorists can teach individuals to use operant and contingency management techniques to modify their own behaviors, as such behavior modification treatments use self-monitoring , self reward, and techniques of problem solving and coping as well as contingency contracting.

Self-monitoring involves keeping track of the targeted behavior, including when and in what context it occurs. Self-reward allows clients to give themselves a chosen reward. Self-reward follows Grandma's Rule "First you work, then you play"

PREMACK PRINCIPAL

The Premark principle is a theory of reinforcement that states that a less desired behaviour can be reinforced by the opportunity to engage in a more desired behaviour. The theory is named after its originator, psychologist David Premack.

THEN

PREMACK PRINCIPLE
"grandma's law"

First / Then

Put Toys Away   Bubbles
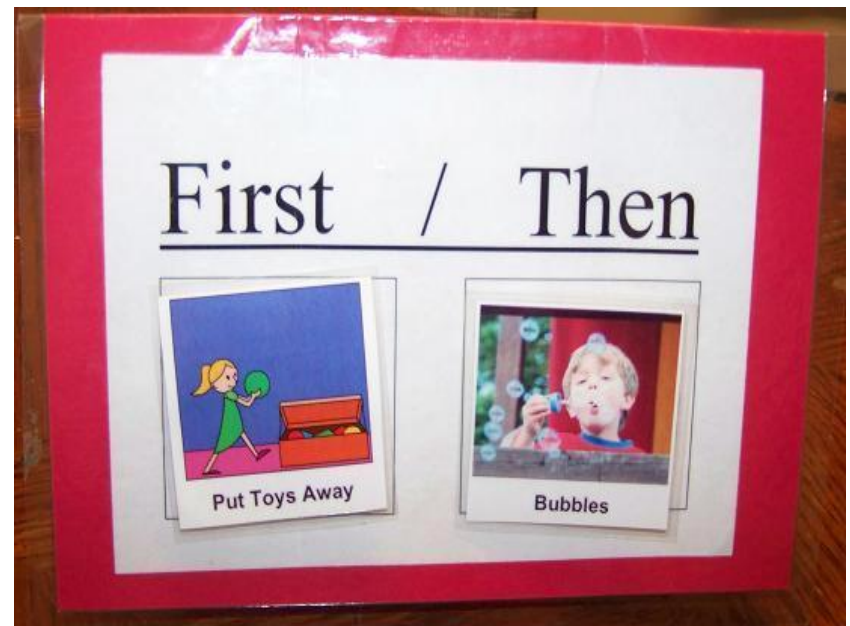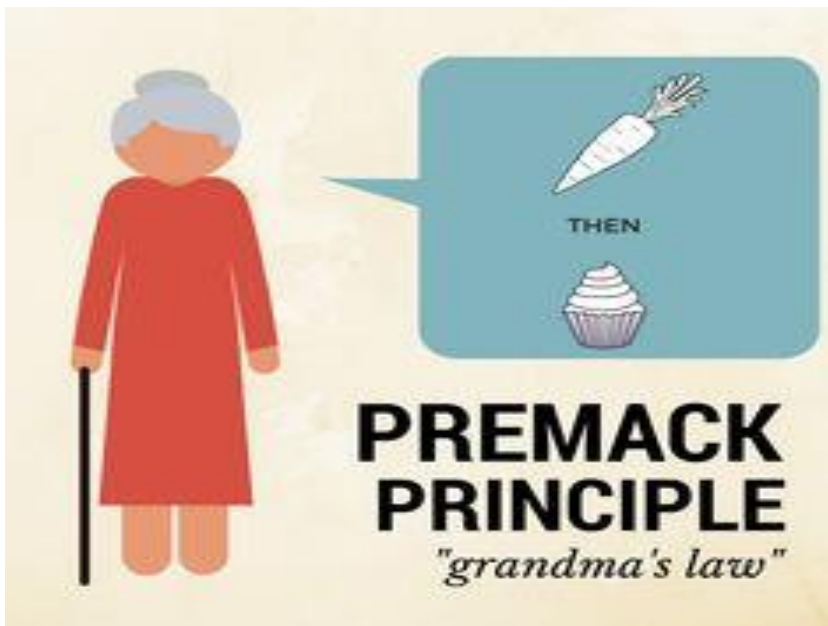
The Premack principle is used all the time with children. Many parents have **told children they must eat their vegetables before they can have dessert** or they have to **finish their homework before they're allowed to play a video game.** This tendency of caregivers to use the principle is why it is sometimes called "grandma's rule." While it can be very effective with children of all ages, it's important to note that not all children are equally motivated by the same rewards. Therefore, in order to successfully apply the Premack principle, caregivers must determine the behaviors that are most highly motivating to the child.

There are special techniques used in self-management with problem-solving training. Clients are taught first to define and assess the problem, second, to recognize their reaction to it, such as anger, which might be part of the problem, third to generate several alternative solutions or responses to the problem, fourth to evaluate the solutions and decide to act on one, and fifth, to assess the effect of the attempted solution. Coping and coping imagery exercises may be part of problem solving. The therapist and client review possible coping strategies for the client's problem, and the clients imagine using them in various situations. In reviewing coping strategies, the therapist may teach coping skills that the client lacks or has not thought of before.

Punishment

Delivering punishment for operant behavior is rarely used because of ethical concerns. However, punishment has been used to quickly suppress psychotic behavior such as self-injury in retarded or autistic children.

Self-administered punishment is sometimes used to modify bad habits. For example- a cigarette smoker or nail biter may put a rubber band around his/her wrist and use it to give himself/herself a painful snap every time she/he reaches for a cigarette or biter her nails.

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.

FLOODING

In this method, the patient is confronted in reality with his most feared situation or stimulus at once and encouraged to remain in contact with that situation until the avoidance response is extinguished.

Contingency management (Behavior Modification)

A set of behavioral management techniques known as contingency management also called behavior modification or applied analysis, utilizes operant conditioning principles. The behavior changing methods involve simply the planned use of rewards to increase wanted behavior and of extinction to decrease unwanted behavior.

Parent Training- Modeling the problem behaviors of children is often accomplished by training the parents to use operant techniques. Therapists teach the parents these techniques in group classes, in couples, or individually with such methods as role playing and videotaping. Basically, parents are taught to reward behavior they want in their children and to remove the rewards for behaviors they don't want.

REFERENCES

Arthur C. Bohart, Judith Todd; Foundations of Clinical and Counseling Psychology;

Korchin S.J (2004) Modern Clinical Psychology.

Palmer, S. (Ed.) (2006). Introduction to counselling and psychotherapy; The essential guide, New Delhi, India Sage.

Google images.

Thank you for your Attention