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COURSE NAME:
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Introduction:

Have you ever wondering about why people engage in a certain behavior? why they do what they do? Or what motivate an individual do something not functional or prejudicial?

Well, many psychological approaches would provide us at least one explanation for this, and behavioral therapy is one of them. in this chapter it will be discussed behavioral therapy. Behavior modification is the best and simple explanation of behavioral therapy.

This exam will approach how this psychology model of therapy arose and “how” it happened, as well the theories of the two main pioneers of this therapy: Skinner and Pavlov.

Moreover, will be the following topics will be found here too: Techniques Based on Classical Conditioning, Exposure Therapy Systematic, Desensitization, Assertiveness Training. Techniques Based on Operant Conditioning, Contingency Management Extinction, Token Economies, Shaping Behavioral Activation, Observational Learning (Modeling), Alternatives to Behavior Therapy, Behavioral Consultation, Parent Training, Teacher Training and Outcome Issues.

Chapter 14

1. Do you believe that the law of effect is equally powerful in humans and animals?

No, I do not believe that the law of effect is equally powerful in humans and animals. In my opinion, animals are much more likely to be “controlled” by the law of effect than humans due to the thinking ability. I mean an animal will not wonder about some topic or issue instead they simple learn that a given effect is caused by a given behavior.

However, humans tend to wonder and evaluate situations in a logical way, at least find their own logic about something, in order to figure out different ways to approach a problem or so. Moreover, humans are much more complex than animals, humans have feelings and emotions and they play an important role in our behavior.

Emotions make things get “complicated” and messy, consequently often because of them humans engage in behaviors that are not healthy or functional. For instance, let’s say that someone who is using shopping as a copy strategy to deal with extreme anxiety had an insight that this behavior is being harmful for his or her financial life and then decided to extinguish this behavior.

This person will probably struggle with this behavior changing even though he or she knows that this shopping behavior outcome is more harmful than good.

By this I want to demonstrate that humans often have ambiguous feelings and usually must wonder and weight their decisions it does not happen to animals, instead they often just do or do not something regard their limited aware about a behavior consequence.

2. To what extent do you agree that the primary goal of psychotherapy should be observable behavior change?

Even though, I am a great fan of psychodynamic psychotherapy I do believe that observable behavior should be as important as questions related to emotions and feelings since the behavior will allow to the therapist to see the big pic and

the consequences of the emotional and psychological patient statement. Moreover, it helps therapist to identify if client is displaying or engaging in abnormal behavior. For instance, if a client come to the office and say that have been feeling depressed and despondent, then the therapist can only access to the emotional features of client's situation and will be necessary to ask about the observable behavior and consequences of this mood state, in order to really identify how client's life have been impaired by the depressed mood. Beyond that, observable behavior is helpful to understand the situation seriousness since client might hide substantial information about his or her mental state. Besides these benefits, behavior observation also is useful to develop a treatment plan base on the client observable behavior. Let's say that a client is so depressed that he quit exercise, hygiene and become isolated, so therapist can ask to client do some homework related to the client behavior change. As well, observe client's behavior provides more tangible data about therapy outcome, consequently the improvements or the absence of them become clearer and objective.

3. To what extent do you agree with the medical model of psychopathology?

Well, I agree that some psychopathology underlying causes are related to internal issues or due to consequences of a toxic environment that at some point start to cause internal emotional unbalance or so.

However, in my opinion either mood or behavior changing are the problem that must be fixed. So, I trust that the medical model of psychopathology should be revised in order to provide better treatment options and increase patient's quality of life.

As the current model over emphasizes the emotional symptoms, then its chosen approach to heal the pathology is so poor and harmful since patient is put in psycho drugs treatment rather than propose a change of habits and psychotherapy. If observable behavior displayed by the client is take in

consideration as the aspect that should be altered than clients would be oriented to engage in activities that would promote a lifestyle changing that would help them to deal with their mental and emotional issues using better resources than only medication.

I think that the medical model of psychopathology should be replaced to a more holistic one in order to offer efficient treatments to those who need it.

4. In your opinion, what can behavioral therapists do to make imaginal exposure as like in vivo exposure as possible?

In my opinion, there are many resources available and easily accessible to help behavioral therapists make imaginal exposure more similar to live ones. It is known that odors are incredible tools to stimulate memory, as it activates "triggers" that take us back to the moment or situation activated by the smell. In addition to the emotions experienced in the situation also emerge in the moment of inhaling the smell. Inhaling odors to bring up memories is efficient due to our limbic system that is activated when we smell a familiar or unfamiliar smell, this is why aromatherapy is so effective.

Another tool that would increase sensory perception in an imaginal exposure would be glasses and devices used for virtual reality. Nowadays, there are many applications, electronics and software with this functionality, and they would be very useful as our brain will interpret as reality what it sees during a VR session. In a session like this, the emotions and physiological reactions will be the same as those experienced live. Some institutions use this tool for training athletes and even NASA uses it in the training and preparation of astronauts.

5. For what types of clinical problems does contingency management seem most and least likely to be beneficial?

In my opinion, contingency management seems to be beneficial to clinical problems that are directly related compulsive behaviors such as the various types of TOC.

As engage in a certain behavior repeatedly in compulsive ways and induce a pattern. It is something less abstract and more tangible, consequently more manageable. For instance, individuals who wash their hands over and over, as they are frightened by the idea of being infected by germs, bacteria or viruses, are the ones who would be strongly benefited by contingency management as the behavior, itself, is the problem.

However, for those clinical issues that are deeply related to emotions, contingency management does not seem fusible. Let's take as example depression and anxiety, these conditions are deeply related to abstract aspects such as sadness, dismay, fear, distress, emptiness, irritability, etc.

A behavior modification will not change the feelings and emotions, for sure it would help individual to feel a bit better or distracted of these emotions but does not mean that contingency management will treat them.

Conclusion:

Behavioral therapy is a psychology type of treatment that is focus on empirical studies and outcomes, Skinner and Pavlov are the pioneers on the “discovered” and development of behavioral approach. This model of therapy understands that the behaviors displayed by individuals are the problem and that they do not have inner causes, instead the environment and consequences are the main key for this.

In behavioral therapy we can find the classical and operate conditionings, which are respectively that a behavior tends to occur naturally or automatically (ex. dogs salivate in the presence of food) and when the behavior is learned or acquired (ex: when dogs perceived that when bells ring means that food is coming).

I could understand from this exam that behaviors follow an “if...then...” logic or cause and consequence, and that individual learn that when I do x then I will get y results.

Moreover, I realized that actions which are praised are more likely to occur, they are reinforced, and the ones which is punished or “criticized” are less likely to occur.

For instance, a child who receive a positive regard or praise when organize your toys tend to engage in that behavior often mean while a child who is punished for let her toys all over the place tend to avoid that behavior.

Also, in this exam I learned about techniques based on classical conditioning, exposure therapy systematic, desensitization, assertiveness training. techniques based on operant conditioning, contingency management extinction, token economies, shaping behavioral activation, observational learning (Modeling), alternatives to behavior therapy, parent training, teacher training and they are very interesting techniques.

Indeed, I found them very effective for many issues and it motivated me to apply a few of them with my kids and sister who are facing different problems but that I can see the potential to help them to handle their problems.

Bibliography:

Pomerantz, Andrew M. Clinical psychology: Science, practice, and culture. Sage Publications, 2011.