

Behavioural Psychotherapy

Introduction

An introduction to behavioural psychotherapy was given in the "Psychological Therapies" section.

Behavioural Theory

Behavioural approaches to treatment recognise that in various ways people's behaviour is learnt. Behaviour that is followed by pleasant experiences will occur more frequently (*positive reinforcement*) as will behaviour that is followed by the avoidance of something unpleasant (*negative reinforcement*). If aversive experiences follow our actions we are less likely to behave in that way again (*punishment*). These ways of understanding learning and behaviour are referred to as *Operant Conditioning*.

Sometimes an otherwise non-threatening experience or situation becomes associated with the experience of threat. The process by which this occurs is known as *Classical Conditioning*. If a frightening experience takes place in a neutral situation, that situation on its own may cause anxiety in the future, although the actual threat is absent. Any type of experience can become associated with another in this way, both positive and negative.

A further important way of understanding behaviour is that it can be learnt by social experience (*social learning theory*). If we see another person handling a difficult situation effectively and calmly we are likely to feel confident about handling it ourselves, and to have picked up some ideas about how to do it. We refer to this as *modelling*. Conversely we can learn to feel anxious about situations if we see others struggling with them.

Behavioural approaches also think of our social behaviours in terms of skills which can be learnt and improved on just as can practical skills (social skills).

Anxiety Reduction Techniques

Anxiety Management

Group work is usually used to help people learn ways in which they can minimise their anxiety experiences. The key components are:

Education: Explaining the normality of anxiety reactions, their physiology and the role the nervous system plays in causing the unpleasant symptoms. The role that thoughts can play in triggering off

Relaxation: Deep muscle relaxation is taught and practised between therapy sessions, so that the skill of relaxing habitually tense muscles is learnt. Relaxation can help counter the anxiety response and the production of adrenaline. It is therefore a valuable coping strategy, and its use can boost people's belief that they can cope.

Cognitive Aspects: People are helped to identify the automatic thoughts which influence their anxiety, to substitute helpful ways of thinking and to test these out in real life situations.

Behavioural Aspects: People are helped to identify the ways in which they avoid anxiety provoking experiences and to stop avoiding them (see graded exposure), using relaxation and cognitive strategies to help reduce the anxiety.

Systematic Desensitisation (SD) and Graded Exposure

The key aspect of anxiety reduction involves exposure to the situations that prompt anxiety. This is usually done by a gradual process, following a hierarchy of situations from the least to the most anxiety provoking for each individual. At each stage anxiety reaches a manageable level before the next stage is dealt with. In SD relaxation is used to inhibit the anxiety response, and exposure stopped as soon as anxiety is experienced. The hierarchy approach is generally preferred to 'flooding' in which the person would be exposed to their most anxiety provoking situation until their anxiety abated. This helps to break the association between the situation and the fear response.

Graded exposure and SD are often done with a therapist accompanying the client, and initially demonstrating how to cope, using the principle of modelling. A person's spouse or a friend may also take this role. This support is gradually reduced until the person is going into the situations alone.

This is the approach of choice for phobic anxiety, and typical situations may be using buses, trains, flying, going in lifts, being in crowded shops, *etc.* The approach is effective largely because people learn that they can cope with the anxiety, that it is often less than they expected, their confidence and beliefs alter, and they are no longer afraid of being afraid.

Social Skills Training

People can learn to cope more effectively with many social situations using the same principles that apply to learning a physical skill, by illustration (modelling), by practice and by attending to feedback on how effective they are and how they might improve. Social skills work is usually done on a group basis and involves discussion and role play.

Basic social skills

Some people need help in basic aspects of interacting with other people, starting conversations and ending them, making eye contact, speaking audibly and using tone of voice effectively, staying at a comfortable physical distance, *etc.*

Assertiveness skills

Social skills training can help people develop more effective ways of asserting both their negative and positive reactions, views and attitudes towards others.

Intimate relationships

Skills approaches can also help people develop more effective ways of building intimate friendships and relationships.

Marital & Sexual Therapies

Behavioural approaches have contributed to those aspects of marital and sexual therapies which focus on the behaviour of couples towards each other and what they do together in their domestic, social and sexual lives.

Behavioural Modification

Traditionally behaviour modification has looked at the ways in which the social and physical environment influences people's behaviour by reinforcing it. In situations where staff have control over individual's environments such as residential institutions, the environment has been altered to achieve desired behaviour on the part of residents/patients, e.g. in "token economies" clients can earn points as rewards for desired behaviour, which can be traded in for extra privileges.

A more modern approach is to use the principles of reinforcement to identify what a person may be gaining from a problem behaviour, i.e. what **function** is a behaviour fulfilling for an individual. This is done by carrying out a *functional analysis* and recording the behaviour, what happened just before it (*antecedents*) and what happened just after it (*consequences*). This is often termed the ABC approach. If the function of a behaviour is identified it will often point to a need which the person has which, may then be fulfilled in an alternative way so that the problem behaviour is no longer needed. Exactly the same process can be used to identify the function of any behaviour which is troubling an individual, and to identify what is reinforcing it.

In its simplest and most traditional form behaviour modification is potentially open to abuse and should be used only with caution. In its more modern form this use of Operant Conditioning Theory is often referred to as Applied Behaviour Analysis and has considerable potential to contribute to the understanding of a wide range of psychological difficulties and to generate creative therapeutic approaches to change.