RESEARCH ARTICLE

BEHAVIOR THERAPY PRINCIPLES, RECENT DEVELOPMENTS AND CONTRIBUTIONS

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Manuscript Info	*Abstract*
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	Psychotherapy is the use of psychological methods through regular interactions (counselling sessions) with clients to help them change behaviour and overcome problems with the aim of improving their well being and mental health. Psychotherapists may be psychiatrists, psychologists, clinical social workers or professional counsellors. This paper examines Behaviour Therapy approach which is one form of psychotherapy available for use by practitioners. It outlines the key ideas of behavior therapy, recent developments in the field and contributions in the field of behavior medicine.

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Introduction:-

The main proponents of behaviorist school of thought were Ivan Pavlov (1849-1936), who performed his experiment with a dog to develop his theory of learning refered to as Classical conditioning, and B.F. Skinner (1953) who came up with Operant Conditioning. Behaviorists hold that the learner starts off as a clean slate (tabula rasa) and behavior is shaped through positive reinforcement or negative reinforcement. Both positive reinforcement and negative reinforcement increase the probability that the antecedent behavior will happen again. In contrast, punishment (both positive and negative) decreases the likelihood that the antecedent behavior will happen again. Positive indicates the application of a stimulus; Negative indicates the withholding of a stimulus. Learning is therefore defined as a change in behavior in the learner or client.

Behaviorism, also known as behavioral psychology, is a theory of learning based on the idea that all behaviors are acquired through conditioning. Conditioning occurs through interaction with the environment. Behaviorists believe that our responses to environmental stimuli shape our actions. (Cherry 2018).Psychology should be seen as a science: Theories need to be supported by empirical data obtained through careful and controlled observation and measurement of behavior. Watson stated that 'Psychology according to behaviorist is a purely objective experimental branch of natural science. Its theoretical goal is prediction and control.' (McClaude 2017).

The components of a theory should be as simple as possible. Behaviorists propose the use of operational definitions (defining variables in terms of observable, measurable events). Behaviorism is primarily concerned with observable behavior, as opposed to internal events like thinking and emotion. All behavior is learned from the environment.Recent developments in the field however. includes accomondating the impact of free will and internal thoughts in explaining behavior(Cherry,2010) .Behavioral therapy applies the principles of learning to resolve psychological and behavior problems.

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Behaviorists' View Of Human Nature:
According to John B. Watson, behaviorism is naturalistic. This means that the material world is the ultimate reality, and everything can be explained in terms of natural laws. Personality characteristics can also be shaped and changed, as long as the relationship between the environmental stimuli and behavior is identified. Behaviorists put emphasis on the influence of environmental forces on growth of personality, and believe that learning of behavior occurs throughout one's life through classical and operant conditioning (Cheser, 2018).John B watson who is believed to be the father of behaviorism states in his classic paper 'Psychology As Behaviorists View It' states that "give me a dozen healthy infants, well formed and my own world to bring them up and I will guarantee to take any one at random and train him to become any specialist I might select; Doctor, Lawyer, merchant Chief and yes even a beggar man and a thief regardless of his talents, penchants, tendencies, abilities, vocations and race of his ancestors"

Seligman (2006) has identified "three basic building blocks of personality" that people are born with, and these are: primary drives, specific reflexes and innate responses to particular stimuli. The primary drives of an individual relate to drives such as toward food and warmth. Specific reflexes refer to processes such as sucking and blinking, and innate responses include behaviors such as reacting to pain (Seligman, 2006).Behavioral theorists believe that personality is shaped by learning and unlearning throughout the lifespan. They also believe that the environment in which a child is brought up in influences the personality of the individual. An example of how personality is developed through the eyes of a behaviorist is of self-efficacy. Self-efficacy refers to the way one believes in one's ability. High self-efficacy is often the result of responsive behavior by parents, non-punitive techniques, and a warm family environment (Weiten, 2007).

Behaviorism emphasizes the role of environmental factors in influencing behavior, to the near exclusion of innate or inherited factors. This amounts essentially to a focus on learning.We learn new behavior through classical or operant conditioning (collectively known as 'learning theory'). Therefore, when born our mind is 'tabula rasa' (a blank slate). While behaviorists often accept the existence of cognitions and emotions, they prefer not to study them as only observable (i.e., external) behavior can be objectively and scientifically measured. Therefore, internal events, such as thinking should be explained through behavioral terms (or eliminated altogether). There is little difference between the learning that takes place in humans and that in other animals:Behaviorists believe that there's no fundamental (qualitative) distinction between human and animal behavior. Therefore, research can be carried out on animals as well as humans (i.e., comparative psychology). Consequently, rats and pigeons became the primary source of data for behaviorists, as their environments could be easily controlled.

Behavior is the result of stimulus-response. All behavior, no matter how complex, can be reduced to a simple stimulus-response association. Watson described the purpose of psychology as:To predict, given the stimulus, what reaction will take place; or, given the reaction, state what the situation or stimulus is that has caused the reaction'.

Key Assumptions of behavior Therapy:
Corey (2009) identified six characteristics of behavior therapy:
1. Therapy deals with clients current problems
2. Scientifically derived principles of learning are applied to help clients change their problem behavior
3. Clients play an active role by engaging in specific actions to deal with their problems
4. Assumes that learning or change can take place without self understanding
5. Treatment plans are tailored to specific problems of clients
6. Focus is on assessing overt and covet behavior directly and evaluating the change

Behaviorist View Of Psychopathology:
The position adapted by behavioral therapists is that neurotic behavior is acquired. If neurotic behavior is regarded as being acquired, then it must follow that such behavior will be subject to the established laws of learning. Current knowledge about the learning process concerns not only the acquisition of new habit patterns, but also how habits are eliminated: The elimination of learned responses occurs either by a process of extinction, or by inhibition.

Wolpe (1961) defined neurotic behavior as any persistent habit of maladaptive behavior acquired by learning in a physiologically normal organism. Anxiety is usually the central constituent of this behavior, being invariably present in the causal situation. Similarly, Eysenck (1960) postulated that "neurotic symptoms are learned patterns of behavior which for some reason or another are maladaptive." It should be noted however, that neurotic symptoms

may under certain circumstances result "not only from the learning of a maladaptive response, but from the failure to learn an adaptive response" (Eysenck, 1960; Jones, 1960).

Techniques And Skills In Counseling:
Treatments in behavioral therapies apply the learning principles to change maladaptive behaviors (Weiten, 2007). The treatments do not focus on clients achieving insights into their behavior;rather the focus is just on changing the behavior. For example, if a behavioral therapist was working with a client that has an alcohol problem, the behavioral therapist would design a program to eliminate the behavior of drinking but there would be no focus on the issues or pathological symptoms causing the alcohol problem. There are a number of treatments used in behavioral therapy that have been scientifically validated as being successful approaches to treating symptoms. he techniques used vary from client to client. Sometimes a combination of more than one technique is used. Some of the techniques include

Behavior analysis:
Usually used to help children with autism and developmental delays, it involves
Shaping. This is rewarding closer approximations to the desired behavior. The counselor sets out the desired outcomes or behaviors and the client makes attempts. The closer the attempt to the desired behavior, the better the reward until the desired behavior is achieved.

Chaining: the larger and more elaborate expected behaviors are broken down into smaller units which are taught and then linked back together

Relaxation technique:
This method focuses on the muscles. The client is talked through a muscle relaxation process followed by taking deep breaths with regular rythm. The client is asked to focus only on pleasant images during the relaxation excercise. This technique is sometimes used alongside systemic desensitization and exposure therapie

Systematic Desensitization:
It was developed by Joseph Wolfe and was designed for clients with phobias. This treatment follows a process of counter conditioning, meaning the association between the stimulus and the anxiety is weakened through continuous training to relax and cope when exposed to the phobia. (Weiten, 2007). The process of systematic desensitization is applied to a client with fears, phobias and obsessive compulsive disorders.

Exposure Therapies:
It is designed to expose the client to feared situations similar to that of systematic desensitization (Corey, 2005). The therapies included are in vivo desensitization and flooding.
1. In-vivo desensitization involves the client being exposed to real life anxiety provoking situations. The exposure is brief to begin with and eventually the client is exposed for longer periods of time to the fearful situation. As with systematic desensitization, the client is taught relaxation techniques to cope with the anxiety produced by the situation. The example of the client with a fear of spiders, to begin with, the client would be shown a spider in a container on the other side of the room for one minute. This would gradually increase in time as well as the client getting closer to the spider until eventually the client is able to be sit near the spider for a prolonged period.
2. Flooding involves the client being exposed to the actual or imagined fearful situation for a prolonged period of time. In the case of the client with arachnophobia, he/she would be exposed to the spider or the thought of a spider for a prolonged period of time, until they learn that their fears are irrational.

Aversion Therapy:
It is the most controversial of the behavioral treatments and is used by therapists as a last resort to an aversive behavior (Weiten, 2007). This treatment involves pairing the aversive behavior (such as drinking alcohol) with a stimulus with an undesirable response (such as a medication that induces vomiting when taken with alcohol). This is designed to reduce the targeted behavior (drinking alcohol) even when the stimulus with the undesirable response is not taken (medication).

Social Skills Training:
It is a form of treatment that involves improving interpersonal skills such as communication and how to act in a social setting through the techniques modelling, behavioral rehearsal, and shaping. Modelling involves encouraging the client to watch friends and colleagues in their social settings to see how to act appropriately. Behavioral rehearsal involves clients rehearsing their social skills in the therapy session and eventually moving to real-life situations. Shaping involves the client gradually building up to handling difficult social situations.

Biofeedback:
It involves the therapist getting feedback of the client's bodily functions and in turn providing the information to clients to help him or her engage in relaxation techniques (Weiten, 2007). For example, during a therapy session the client is hooked up to an electromyography (EMG) to measure the skeletal-muscular tension in the body. This information is then used for the client to help control their physiological responses and implement relaxation techniques.

Contingency management:
A more formal approach, contingency management involves a written contract between the therapist and client that outlines goals, rewards and penalties. For some, having this kind of clear agreement helps to change behavior and add a sense of accountability.

Modelling:
Modelling involves learning through observation and imitation of others. Having a positive role model can give individuals something to aim for, allowing them to change their behavior to match their rle models. This role model may be the therapist or someone the individual already knows.

Extinction:
Extinction works by removing any type of reinforcement to behavior. An example of this would be a disruptive child who is given a time-out or told to sit somewhere quiet. By removing them from the situation (and associated attention) the behavior should come to a stop. This method isn't only effective with children but can be used with adults, too.

Self-monitoring:
The person is asked to keep a detailed log of all of their activities during the day. By examining the list at the next session, the therapist can see exactly what the person is doing. For example, Bill, who is being seen for depression, returns with his self-monitoring list for the past week. His therapist notices that it consists of Bill going to work in the morning, returning home at 5:30 p.m. and watching television uninterrupted until 11 p.m. and then going to bed.

Assertiveness training:
The client is taught how to cope with challenging issues and to stand up for their rights. Any attempt to say the right thing even in difficult situation is rewarded by for example positive comments like 'yes you did well'. assertiveness is best used in group counseling as it improves interpersonal interaction hence social development. The clients improve their communication skills and reduce anxiety levels thereby becoming more self confident.

Token economy:
The therapist works rewords positive behavior so as to reinforce it. The tokens can be in form of privileges or gifts. The tokens may be given by a third party but absolute confidentiality and consistency of the message delivered may be lost (Corey 2005)

Role Of The Counselor:
Apart from working with the principles of behavioral therapy, there are a number of steps a therapist can utilize when in a session with a client (adapted from Seligman, 2006):
1. Identify the problem- This involves investigating what the problem is and its history. Also identifying the baseline of the problem such as the frequency, duration and severity of the problem.
2. Identify goals- Identifying goals involves selecting goals related to the problem that are realistic, specific, and measurable. The goals also need to be relevant to the client and positive to help keep the client motivated.
3. Strategies- This involves identifying and developing strategies that will assist in the change process. The counsellor should teach new skills, provide relevant information and implement behavioral strategies to help the

client to change. As well as a plan for change, a plan for how success will be monitored and having a written contract with the client.

4. Implement the plan- This involves the plan that has been developed being implemented for the process of change to occur.
5. Assess progress- The progress of the plan is assessed and the plan is evaluated. The plan is revised for any areas of need and successes are reinforced. Reinforcing success helps to keep the client motivated and ensures more success.
6. Continue the process- This is the process is continued by ensuring plans are continued and that plans include preventing relapse of problems.

Recent developments and contributions of Behavior Therapy:
Modern behavior therapy grounded on scientific view of human behavior does not rest, on a deterministic assumption that humans beings are mere products of our socio cultural conditioning. Instead, current view is that individuals are both the producer and the product of their environment.Based on this,current practice of behavior therapists is toward developing procedures that actually give control to clients and therefore increase their skills so that they have more options for responding(Corey,2009) .

In the last quarter of the twenty first century, Behavior therapy has made significant contributions in the area of mental health. Behavior therapy is a structured therapy with empirical collaboration to deal with various psychiatric problems with an emphasis on functional analysis and utilization of empirically tested therapeutic techniques (Cottraux ,1993).Another current trend is the combination of behavior therapy and cognitive approaches. As a result, therapists in the recent past have realized the importance of combining the behavioural and cognitive approaches while dealing with various clinical disorders in a comprehensive manner (Kumaraiah & Prasadarao,1996).

Further Behavior therapy principles have been applied to behavioral medicine.The principles contribute significantly to the field of medicine in conceptualizing the etiology and treatment of various medical illnesses such as cardiovascular and gastrointestinal disorders. Moreover the role of behaviour has been clearly emphasized in the acquisition and maintenance of the medical disorders and hence it is essential to use principles of behavioural change in the treatment of such disorders [Epstein ,1992)

Treatment of schizophrenics has also benefited from behavior therapy techniques. Recently, various psychosocial interventions are advocated to help the schizophrenics to deal with the symptoms, to cope with their illness, achieve greater self-sufficiency and ultimately leading to better quality of life (Kumaraiah & Prasadarao,1996).

Another recent contribution of behavior therapy is in the field of Substance use disorders treatment.Where as in the past they were predominantly based on conditioning principles and used various behavioral techniques utilizing these principles, presently, the emphasis has shifted on to the prevention of relapse using various cognitive behavioral strategies rather than on mere utilization of techniques to create aversion(Kumaraiah & Prasadarao,1996).

Use of digital health devices, software and applications collectively known as "digital therapeutics." These therapies aim to treat a variety of diseases and disorders, from asthma and diabetes to depression and attention-deficit hyperactivity disorder. Some digital therapeutics are designed to be used in conjunction with medication or behavioral interventions. Others aim to replace traditional treatments altogether. Examples include web-based cognitive-behavioral therapy (CBT) programs, digital dashboards that allow patients and providers to closely track indicators of health, and even gamebased interventions (Weirk,2018).

Conclusion:-
It is evident that behavioral approach to therapy has continued to provide solutions to mental health problems and behavioral medicine. Recent developments include integration with cognitive approaches and digitization. This, it is hoped will improve its outcomes. There is need to improve the theory through research for better interventions in future

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