Psychotherapy Guidebook

Behavior Modification

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Table of Contents

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DEFINITION

The term "Behavior Modification" was originally coined by practitioners to emphasize the treatment of behavioral deficits and excesses per se, rather than the hypothetical psychological states or processes claimed by others to cause human behavior (Ullmann and Krasner, 1965). Behavior change — the implicit or explicit goal of all psychotherapy — is conceived of as a learning process; Behavior Modification, from the practitioner's point of view, is thus an "educational" endeavor (Binder, 1977). Because Behavior Modification refers to outcome rather than method, it does not distinguish between various means of changing behavior (for example, reinforcement techniques versus chemotherapy or psychosurgery). This ambiguity has led to a good deal of public confusion in recent years. And among professional practitioners, terms such as "behavior therapy," "contingency management," "learning therapy," "applied behavior analysis," "applied behaviorism," "programmed instruction," and "precision teaching" (which refer to more clearly defined subcategories of behavioral treatment) are often used instead of the term Behavior Modification.

HISTORY

The roots of Behavior Modification can be traced to early experimental studies of human and animal learning, most notably in the traditions of Ivan Pavlov and B. F. Skinner (Barrett, 1977; Rachlin, 1970; Skinner, 1953; Wolpe, 1973). A vast literature of more than sixty years' accumulation (Britt, 1975) attests to the power of the quantitative experimental method that forms the basis of the applied behaviorist's practice (Hersen and Barlow, 1976).

TECHNIQUE

The conceptual and methodological foundations of behavioral treatment are to be found in what is known as the functional analysis of behavior (Skinner, 1953, 1969), according to which the measured interactions between behaviors and environmental events specify their functions for the behaver. That is, in a functional analysis, behavioral and environmental events are defined in terms of their causal relationships with one another.

In application, functional behavior analysis seeks to discover, through the experimental method, events preceding behavior (antecedents) and those following behavior (consequences) that have demonstrable effects on such measurable behavioral dimensions as frequency, duration, intensity, and location of the behavior in space and time (Lindsley). Functional behavior

analysis applies to both manipulation of already existing behaviors and the development (i.e., teaching) of new forms of responding (cf. Barrett, 1977). For example, the term "reinforcement" is applied to an event that follows a behavior if — and only if — it can be demonstrated that the subsequent event actually increases the frequency (that is, functions as a reinforcer) of that behavior exhibited by the individual in question.

The applied behaviorist seeks to alter behavior by manipulating antecedent and consequent events in such a way as to achieve an explicit behavioral objective — a specific, measurable behavior change. Thus, clinical assessment, in the framework of behavior analysis, always involves measurement of past and current behaviors and the conditions under which they occur, either through direct observation or through the client's verbal report.

APPLICATIONS

All human behavior falls within the domain of the behavior therapist, and practitioners of behavioral treatment are to be found among educators and special educators, psychologists, social workers, medical professionals, and paraprofessionals in every area of human service.

The frequent criticism that applied behaviorism ignores subjective (i.e., mental) events has been blunted in recent years by an increasing interest in

the manipulation and treatment of "covert processes" (Cautela, 1973). Thoughts, sensations, and other private experiences now appear to be as open to functional analysis and modification as overt behavioral events. A serious problem is that of measurement reliability insofar as private events are directly observable only by the person within whose body they occur. Nonetheless, behavior therapists have found that systematic arrangement of covert events (for example, practiced imaginary sequences) can alter the frequency of both covert and overt behaviors, and that overt events may have reliable effects on covert behaviors (Kazdin, 1977).

Self-management is another major focus of behavior therapy in recent years (Thoresen and Coates, 1976). Clients are taught to make changes in their environments and to practice procedures that lead to modification of their own behavior. Relaxation training, or systematic desensitization (Wolpe, 1973), for example, involves procedures clients are encouraged to practice between therapy sessions in order to acquire the ability to relax "at will." Self-reinforcement, thought stopping, behavioral contracting, and other related procedures also involve attempts on the part of the therapist or educator to teach clients a set of skills leading to self-control and to the eventual obsolescence of the therapist, except perhaps in an infrequent consulting role.

The literature of Behavior Modification contains examples of application to nearly every form of human activity. Psychotic and neurotic behavior, all

kinds of educational objectives, social and sexual behavior, physiological functioning and pain control, organizational behavior, overeating, and addictive behaviors have all been addressed by the practice of behavior therapy. A more thorough perspective on the practice of behavior therapy and applied behavior analysis can be gained through study of the works listed in the bibliography.