

Preconceptions about Behavior Therapy

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1. Behavioral therapy deals with only part of the person, segmentally and not holistically. Good therapies deal with man holistically, as a growing process.
2. Behavior therapists try to control another person's behavior, thereby taking away his free will. Good therapies deal with the client in an I-Thou relationship, not manipulating or shaping the client. Behavior therapists mechanically manipulate clients.
3. Behavior therapists don't deal with the emotions and feelings of a person, but only with observable, quantifiable behavior. They see feelings and emotions as part of a "black box" which isn't important.
4. Behaviorists don't believe in concepts such as "consciousness, awareness, free will, compassion"; and behavioral goals are different from humanistic, self-actualizing goals of therapy.
5. Behaviorists deal only with symptoms of behavior, not underlying causes. They usually take the first thing the client says as the problem. However, once they "cure" that symptom, it returns, only in a different form.
6. Because behavioral therapists don't believe in emotions and feelings, they don't know how to express their own feelings, and have little self-awareness.

Behavior Therapy:Some Basic Assumptions and Principals

1. Personality is what a person does: can be seen as response capability.
2. Traits & diagnostic labels are rejected (i.e., the medical disease model). Traits and labels are too often used to explain behavior. Behavior occurs with situation specificity; traits are merely descriptive.
3. Behavior is primarily learned. Therefore, it can be unlearned, relearned, and the individual taught new ways of acting; educational model of therapy.
4. Behavior seen as a sample, not a sign. *Behavior is taken at face value not try to infer what's "really" taking place*
5. Focus on here and now environment, not historical causality.
6. Goals are individual to each client.
7. Emphasis on homework outside of counseling situations, in order to effect change in natural environment.
8. Emphasis on conscious behavior, both overt, observable behavior, as well as covert behavior: thoughts, feelings, images.
9. Importance of assessing and evaluating effectiveness of strategies strongly stressed. An attempt to maintain quality control on psychotherapeutic endeavors.

Some Caveats for the Beginning Behavior Therapist:

- A. Don't rush in, and grab the first concern the client reports: i.e., assuming a simple phobia rather than a "complex problem in living". Let the client explore a variety of concerns before narrowing in to get more specific information.
- B. Behavioral techniques offer exciting and promising prospects for the field of therapy. However, it is important to not "push a technique": i.e., make sure all relevant information has been obtained about the concern; make sure that the client understands and feels comfortable with the technique; and, be able to suggest alternative strategies which may be more suitable to the client's frame of reference and preferences.
- C. In terms of goal setting, be careful about laying a trap. Try to understand how the client sees the concern, and how he would like to remedy it. Find out what "success" in therapy would mean to the client. In other words, be aware of your own value framework, and how you may be trying to have the client adopt how you see the world.
- D. Don't forget relationship variables: active listening, paraphrasing, accurate empathy, genuineness. Behavioral techniques don't operate in a vacuum. Relationship is extremely important.

Week 5

Philosophical Issues: Free Will; ~~M~~<sup>Our</sup>'s Responsibility; Who Controls Whom?; Ethics; Assertive Training vs Yielding; M & M's Forever?; Effect on Other Students in One Reinforced (Token Economy).

\*Experimental analysis of a word, concept, idea: e.g. compassion, friendship; depression; loneliness; free will; consciousness; authenticity; meditation, etc. (St