Behavioral therapies

**What is behavioural therapy?**

Behavioural therapy is an action-based therapy that looks to foster positive behaviour change. Other therapies, such as [psychoanalytic therapy](https://www.counselling-directory.org.uk/psychoanalytical.html), tend to be more focused on insight and exploring into the past.

While in behavioural therapy,is important as it often reveals where and when the unwanted behaviour was learned, the main focus is to look at the present behaviours and the ways in which they can be rectified.

The idea behind the therapy is that behaviour can be both learned and unlearned. The goal is to help the individual learn new, positive behaviours to override or minimise the unwanted behaviour.

There are various ways this can be done, though the methods will vary depending on the concerns.

**The three main disciplines of behavioural therapy**

* **Applied behaviour analysis** - Where behaviour change is instigated/prompted/started using operant and/or classical conditioning and positive reinforcement.
* **Cognitive behavioural therapy** - An integrative therapy that combines elements of behavioural therapy with cognitive therapy.
* **Social learning theory** - A theory that revolves around the nature of imitation and learning.

**The principles of behavioural therapy**

There are two key principles that form the foundations of behavioural therapy - classical conditioning and operant conditioning. We explain more below.

**Classical conditioning**

Behavioural therapy that is based on classical conditioning uses a number of techniques to bring about behaviour change. Originally this type of therapy was known as behaviour m fication but, these days, it is usually referred to as applied behaviour analysis. The various methods of change behaviour include:

**Flooding**

Flooding is a process generally used for those with phobias and anxiety, and involves exposing the individual to objects or situations they are afraid of in an intense and fast manner. An example of this would be exposing a person who is afraid of dogs to a dog for an extended period of time. The longer this continues with nothing bad happening, the less fearful the person becomes.

The idea is that the person cannot escape the object or situation during the process, and therefore must confront their fear head-on. This method can, however, be disconcerting for some, so may only be used in certain situations, in which the method has been explained in detail to the client prior to exposure.

**Systematic desensitisation**

This technique works on a similar premise to flooding, however, it is more gradual. The therapist would begin by asking the individual to write a list of fears they have. Once this list is written, the therapist will teach relaxation techniques for the individual to use while thinking about the list of fears. Working their way up form the least fear-inducing item to the most fear-inducing item - the therapist will help the individual confront their fears in a relaxed state.

An example of this would be a person who is afraid of small spaces. They may start by thinking about a small space, or looking at an image of a small space while utilising relaxation techniques, practising until they are ready to physically be in a small space. This pairing of the fear-inducing item and newly learned relaxation behaviour aims to reduce and eliminate the phobia or anxiety.

**Aversion therapy**

This process pairs undesirable behaviour with some form of aversive stimulus with the aim of reducing unwanted behaviour. An example of how this is commonly used is when a person with a [drinking problem](https://www.counselling-directory.org.uk/alcohol.html) is prescribed a certain drug that induces nausea, anxiety and headaches when combined with alcohol. Every time they have a drink while on this medication, they experience negative side effects. This method aims to change how the person feels about alcohol, as they are no longer experiencing the feelings they previously did and therefore, reducing their intake.

**Operant conditioning**

Operant conditioning uses techniques such as positive reinforcement, punishment and modelling to help alter behaviour. The following strategies may be used within this type of therapy:

**Token economies**

This strategy relies on positive reinforcement - offering individuals ‘tokens’ that can be exchanged for privileges or desired items when positive behaviour is exhibited. This is a common tactic used by parents and teachers to help improve the behaviour of children.

**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 behaviour 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 behaviour to match theirs. This role model may be the therapist or someone the individual already knows.

**Extinction**

Extinction works by removing any type of reinforcement to behaviour. 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 behaviour should come to a stop. This method isn’t only effective with children and can be used with adults, too.

There are many different [types of therapy](https://www.counselling-directory.org.uk/counselling.html), and what works for one person, may not work for you. It will also depend on your situation, what you want to gain from therapy and the therapist themselves. Do your research and take your time, don’t be disheartened if the first method doesn’t work. Keep going and with a good counsellor, you’ll find what works for you.