
UNIT 1 INTRODUCTION TO BEHAVIOUR MODIFICATION AND COGNITIVE APPROACH IN COUNSELING

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1.0 INTRODUCTION

Learning is an integral part of life. We learn and unlearn many things from our day to day experience. Since we learn things, we can also unlearn those things. The behavioural counseling approach is based on this assumption of learning and unlearning different aspects of behaviour. We tend to acquire and continue those behaviours that are approved, reinforced and rewarded; whereas behaviour that is not approved or considered undesirable tend to disappear. Thus the behavioural approach makes use of principles of reward, reinforcement and punishment to bring about desired changes in behaviour. However, this approach was mechanical in nature which assumed that human behaviour is governed by external stimuli only.

Human being is not so mechanical as to be regulated by the S – R (stimulus-response) mechanism. What about the thoughts, perception, feelings and beliefs of the human being? Hence it is not only the mechanical acquisition of physical responses, but the perception of the situation by the child also gets associated with physical responses. This led to the emergence of cognitive behavioural approach (Ellis, 1962; Beck, 1976; Meichenbaum, 1977). According to this approach, thoughts, ideas, beliefs form an important part of behaviour which is learned. The behavioural view ignored

the subjective experiences of the individual. The individual was seen as passive human beings having no free will of their own. However, the cognitive behavioural approach considered thoughts, ideas, beliefs as important part of human behaviour.

Thus in this unit we are going to learn about the meaning of behaviour approach as well as cognitive approach to counseling. The procedure for each approach will be described and the different techniques under behavioural modification and cognitive approach will also be discussed. Finally the potentials and limitations of both behavioural and cognitive approaches to counseling will be delineated.

1.1 OBJECTIVES

After completing this unit, you will be able to:

- Define behaviour modification and cognitive approach in counseling;
- Explain the principles of behaviour modification;
- Describe the procedure of behaviour modification and cognitive therapy;
- Explain the different techniques of behaviour modification and cognitive therapy; and
- Analyse the potentials and limitations of both behaviour and cognitive therapy.

1.2 INTRODUCTION TO BEHAVIOUR MODIFICATION

Behaviour modification or behavioural counseling is a form of psychotherapy that is based on the learning theories of classical conditioning and operant conditioning. It applies these learning principles to bring about positive changes in behaviour and reduce or eliminate undesirable behaviour. Behaviour modification employs empirically tested behaviour change techniques to improve behaviour and/or reduce maladaptive/undesirable behaviour. It refers mainly to techniques for increasing adaptive behaviour through reinforcement and decreasing maladaptive behaviour through extinction or punishment.

The first use of the term behaviour modification appears to have been used by Thorndike in the year 1911. He talked about the Law of Effect where responses followed by satisfying state of affairs were strengthened whereas responses followed by dissatisfying state of affairs were decreased or discontinued. The learning theories of classical conditioning by Pavlov and operant conditioning by Skinner have further contributed to the development of behaviour modification approach to counseling. Classical conditioning proposes that our behaviour /responses are conditioned, i.e., there is an association between the stimulus which elicits the response and our response. When this association becomes strengthened on the basis of reward, conditioning happens and the behaviour is learned. This is the basic conditioning process. Operant conditioning is based on the law of effect. This conditioning consists of behaviour that is followed by consequences that are satisfying to the organism and so will be repeated. Behaviour that is followed by unpleasant consequences will be discouraged. For example, when a child throws temper tantrum, parents give in to his demand. As a result, the child learns that if he throws tantrums, his needs will be satisfied. Here parents attention and giving in to his demand is the reinforcer for the child and thus the child will repeat the same behaviour in the future.

1.2.1 Definition of Behaviour

First let us see what do we mean by behaviour? Behaviour is such a term which we use commonly and yet we may not be aware of its exact meaning. We talk about behaviour using the terms such as hard-working, kind, sociable, ungrateful, independent, selfish etc. However, if we analyse, these terms do not refer to the specific things we note in a person when for instance, we say hard-working or selfish. In general we may understand what selfish behaviour means or nervous behaviour means; but we may not know the person's nervousness refers to his nail-biting, or fidgeting, or pacing in the room? It is very essential that we talk about behaviour very specifically.

Essentially, behaviour is anything that a person says or does. Behaviour modifiers generally talk very precisely about the behaviour. This helps in focusing on the particular aspect of behaviour which need to be changed. Behaviour also need to be described either as behavioural deficits or behavioural excesses. Behavioural deficit refers to something lacking, e.g., the child is not able to mix and interact with his classmates; the child has not learned how to eat in a proper manner in a restaurant; the teacher is not able to manage her anger if some child disturbs her class; the manager does not know how to conduct himself in a board meeting. Behavioural excesses refer to behaviour which is out of control, for example, a child showing tantrums; an adult engaged in continuous smoking or drinking; a child eating candies and toffees frequently; or seeing television continuously.

Thus there is a deviation of behaviour, either lack or excess of behaviour, which causes the problem and need to be addressed. Behaviour modification helps in changing these problem behaviours and establishing the appropriate behaviour. However, one thing to be noted here is that identification of behavioural lack or behavioural excess should always consider the context, the culture and the ethics of the persons involved. Although some behaviour like self injurious behaviour is always inappropriate no matter what the context is.

1.2.2 Meaning of Behaviour Modification

Thus Behaviour modification can be described as an approach to psychotherapy which is based on learning theory and aims to address the client's problems through techniques designed to reinforce desired and eliminate undesired behaviours. The behaviour modification approach involves the development and encouragement of desirable behaviours and removal and reduction of undesirable behaviours by methods based on the learning and reinforcement principles.

In simple terms, behaviour modification assumes that behaviours can be acquired/learned and can also be unlearned. Hence if the child has learned any negative behaviour, it can also be unlearned and new desirable behaviour can be learned. Thus the relationship between observable stimuli and response is important; and reward and punishment can be used to control and regulate this relationship between stimulus and response.

Thus according to Skinner, greater or lesser reinforcement can be used to modify behaviour. For example, Rajan, a 5 year old boy always pushes other children in front of him and has not learned to stand in a line and wait for his turn. Behaviour modification in this case will help the child to change his behaviour by the use of reward and learn to be disciplined while standing in a line.

1.2.3 Principles of Behaviour Modification

Behaviour modification principles and practices are used to assist individuals with developing new, desirable behaviours while eliminating behaviours that are no longer useful. Reinforcement and punishment are the main principles of behaviour modification. Reinforcement strengthens a behaviour, while punishment weakens a behaviour. Both can be either positive or negative.

Positive reinforcement describes desirable behaviour rewarded with a pleasant stimulus, while negative reinforcement describes desirable behaviour rewarded with the removal of a negative stimulus.

Positive punishment occurs when an undesirable behaviour results in the addition of a negative stimulus, while negative punishment occurs when an undesirable behaviour results in the removal of a pleasant stimulus. For example, a rat accustomed to receiving food when pressing the lever, no longer receives food when pressing the lever. The rat has experienced negative punishment. However, positive punishment is not much used, because when misused, more aversive punishment can lead to affective/emotional disorders. The difference between positive and negative reinforcement is that in positive reinforcement, a response/behaviour produces a stimulus (positive reinforcer), whereas in negative reinforcement a response removes the occurrence of a negative stimulus. Examples of positive reinforcers are food, money, recognition; whereas negative reinforcement leads to the learning of avoidance and escape responses. For instance, when we ignore the child when he throws a tantrum, it is a negative reinforcement.

Thus positive reinforcement as well as negative reinforcement both tend to increase or strengthen behaviour. However, negative punishment, decrease or weaken the undesirable behaviour. When the child misbehaves and given time out (removal of the pleasant stimulus, for example, being with friends), it leads to decrease the undesirable behaviour of the child.

The principles of operant conditioning which are used for the behaviour modification also applies a schedule of reinforcement to bring about the desired results. Target behaviours are reinforced as soon as they occur, while negative behaviours are discouraged. Reward and punishment tools are also used to strengthen new behaviours. In effect, these tools work to redirect a person's motivations toward the desired outcome.

Further, a behaviour, or habit, is framed by what happens before and what happens after the behaviour is carried out. The principle of extinction is also made use of which works by removing or changing what happens after the behaviour takes place. In effect, the incentive or reward that motivates a person to carry out a certain behaviour is taken away. When this happens over and over again, the motivation to indulge in a certain behaviour begins to fade. Eventually the behaviour itself becomes extinct for lack of incentive.

Self Assessment Questions

- 1) Explain the meaning of 'behaviour'.

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2) What do you understand by the term behaviour modification?
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3) Describe the principles of behaviour modification.
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4) Fill in the blanks with the following alternatives:
(Deficits, reinforcement, undesirable, unlearned)

a) Behaviour modification involves the reduction of _____ behaviours.

b) Behaviour modification makes use of the principle of _____ to bring desirable changes in behaviour.

c) The basic premise of behaviour modification is that ‘if a behaviour is learned, it can be _____.’

d) Behaviour is described in terms of behavioural excesses and behavioural _____.

1.2.4 Steps/Procedure of Behaviour Modification

The goal of behaviour modification is always to bring about a change in the behaviour. The change may be in terms of:

- a newly developed behaviour
- increase or strengthening of a behaviour
- maintaining a behaviour at a particular rate or pattern of occurrence
- decrease or change in a behaviour

Deciding the goal is only one part of the entire procedure for behaviour modification. First of all we need to analyse the problem behaviour through a process of behavioural assessment. Behavioural assessment helps us to understand the problem in its different aspects, in different contexts and across different settings/situations. The problem is studied in detail:

Frequency – how often the behaviour occurs, e.g., how many times the child has used abusive language in a class duration

Duration – how long the problem behaviour lasts, e.g., the child goes on talking abusive language or uses it for a while only

Intensity – how severe is the behaviour, e.g., the child uses extreme abusive language or mild abusive language

Thus baseline data forms an important step in the behaviour modification plan. Specific information about the behaviour is collected. The ABC model of behavioural analysis, also called functional analysis is used. The ABC model refers to

- A antecedent it: describes what happens just before the occurrence of the behaviour
- B behaviour: it describes the client's behaviour
- C consequence: it describes the consequence, i.e. what happens after the behaviour

Antecedents help in understanding the problem in detail, what precipitates the problem, when it occurs, at what setting it occurs, who are present, what type of event/situation usually leads to the behaviour/ problem in question. Behaviour refers to the behaviour shown or demonstrated. Consequences determine the client's behaviour. Consequences refer to what does the behaviour lead to- how do parents, teachers, peer respond to the child's behaviour – this determines whether the behaviour will continue or be modified or decrease or increase.

In other words, the ABC model can be described as follows: What comes directly before the behaviour?", "What does the behaviour look like?", and "What comes directly after the behaviour?" respectively. Once enough observations are made, the data are analysed and patterns are identified. If there are consistent antecedents and/or consequences, an intervention should target those to increase or decrease the target behaviour. If the behaviour pattern shows a particular antecedent or trigger, then intervention can be to avoid that trigger as far as possible and to learn a new behaviour in the presence of the trigger. If a problem behaviour occurs because it achieves some purpose, then there is a requirement to teach an alternative behaviour which will achieve the same purpose without creating any problem.

The functional assessment helps in understanding the behaviour . This facilitates in planning the appropriate intervention technique. The following steps can be delineated in the behavioural assessment process:

The problem behaviour is described in detail with example of its occurrence.

- All the antecedent factors are also elaborated.
- The consequences are noted down.
- The goals are specified.
- Accordingly the target response is stated in precise terms.
- The particular intervention to be used is finalised and implemented.
- Follow up and evaluation is done. If the intervention did not bring in the desired result, then we again go back to the first step of analysing the problem in detail in terms of the antecedent factors and then deciding on the intervention strategies to be adopted.

For instance, the problem is the aggressive behaviour of the child in the playground. Examples of occurrence of the aggressive behaviour by the child in the playground is cited. When did it occur, how did it start, what was the duration and intensity etc. The consequences: how did the teacher react to the aggressive behaviour of the child, how did other classmates present reacted , and any other consequence, may be punishment by the principal of the school are also noted. Analysis of the antecedent and consequences of the problem then leads to the setting of goals. The goal may be to reduce the aggressive behaviour of the child. To achieve this goal, the target response, i.e. the response which need to be changed are specified. In this case, the target responses may be reduction in hitting behaviour, using abusive language, overcoming getting angry very quick. Thereafter, the appropriate intervention technique to be used are decided and implemented.

1.2.5 Techniques of Behaviour Modification

Behaviour modification uses different techniques to modify a person's behaviour. It's based on the use of a reward system that targets specific behaviours. Rewards are used to reshape a person's motivations so old habits are eliminated and new, more beneficial habits are formed.

Three techniques of behaviour modification are (i) systematic desensitisation, (ii) aversive conditioning and (iii) token economy. Other techniques include (iv) extinction and (v) biofeedback. The three techniques are given in detail in the following paragraphs.

i) Systematic Desensitisation

Systematic desensitisation is a behaviour modification practice used to eliminate fears or undesirable emotions. It is based on the classical conditioning principles of pairing anxiety provoking stimulus/event with a relaxation response. Exposure to the fear-producing stimuli while focusing on relaxation techniques eventually leads to the fear-inducing stimuli resulting in the relaxation response, rather than fear. The assumption here is that relaxation and anxiety cannot go together. If we bring in relaxation, then anxiety has to go. Thus systematic desensitisation uses the principle of counter conditioning, which counters the anxiety connected with a particular behaviour or situation by inducing a relaxed response to it instead. This method is often used in the treatment of people who are afraid of flying. Another example of this practice will be removing the fear of public speaking. This is done by gradually exposing the person to the experience of public speaking. Speaking in front of the family or a small group of friends may be the first step. The person then gradually works up to speaking in front of a larger group of strangers or associates.

Systematic desensitisation involves the following steps:

Step 1: Constructing an anxiety hierarchy

The first and most important requirement is to construct/prepare a list of all the situation/events/objects that evoke fear or anxiety in the client. This has to be arranged in a hierarchical order from lowest anxiety provoking stimulus to the highest anxiety provoking stimulus. The degree to which each item produces anxiety is measured in terms of Subjective Unit of Distress (SUD). There should usually be 5-10 SUD difference between each item in the hierarchy. An example of an anxiety hierarchy in case of a person who has fear of speaking in the public is as follows. Rahul is a newly recruited manager of the company and he has to attend a conference of the managers from the region and represent his company's policies and progresses. But Rahul is very anxious about this. Systematic desensitisation can be used to help Rahul overcome his anxiety. First of all the counselor can help Rahul construct an anxiety hierarchy. The list may be as follows:

Two weeks before the conference, reading the brochure for the conference of the managers

Ten days before the conference, discussing with senior managers about things to be presented in the conference.

Eight days before the conference, discussing with the colleagues about the conference.

Six days before the conference, preparing notes on the things to be presented.

Four days before the conference, rehearsing the things to be presented

One day before the conference, keeping the materials ready that need to be taken to the conference.

The night before the conference day

Morning of the conference, getting ready for the conference

Arriving at the conference venue

Meeting other managers from other companies

Rahul's turn comes to present his company's case

Step 2: Training in relaxation

This consists of helping the client achieve a relaxed state of body and mind. Different kinds of relaxation techniques are available. Jacobson's progressive muscular relaxation is commonly used, though it requires training and takes longer time. Among other relaxation methods are 'Shavasana', meditation, 'pranayama' and so on. The main thing here is that the client should find it comfortable and achieve the desired state, i.e., relaxation. Jacobson's relaxation technique is based on the premise that muscular tension and relaxation are incompatible. It involves creating muscular tension in each part of the body and then relaxing it. This practice of alternatively tensing and the relaxing the group of muscles one by one creates a very relaxed state, e.g., for relaxing hands, make a fist, create the tension, feel it, and the gradually relax them by releasing the hand. When we are in anxious state our muscle groups are tensed. Hence we need to know how to release that tension and make it relaxed.

Step 3: Presenting anxiety provoking items during relaxation state

The last step is presenting the hierarchy of anxiety provoking items one by one when the client is in a relaxed state. It starts from the lowest anxiety producing stimulus to the highest anxiety producing stimulus. The client relaxes and then presented with the first item in the list, and the the client relaxes again. Then the client is presented the next item in the list. The client visualizes each stimulus/situation for at least 20-30 seconds. If the client experiences anxiety while visualizing any particular item, he can stop there and relax; and then visualize a new item in between, e.g., in the above instance, if Rahul experiences anxiety at the item – six days before the conference; then a new item can be introduced there – seven days before the conference.

This pairing of anxiety provoking situation with relaxation helps one to be able to face the situation and gradually gain confidence in approaching the real life situation later.

ii) Aversive Conditioning

Aversion helps break bad habits through associating aversive stimuli to the undesirable habit. Eventually, the undesirable habit becomes associated with the negative consequence and the behaviour is reduced.. This technique employs the principles of classical conditioning to lessen the appeal of a behaviour that is difficult to change because it is either very habitual or temporarily rewarding. The client is exposed to an unpleasant stimulus while engaged in or thinking about the behaviour in question. Eventually the behaviour itself becomes associated with unpleasant rather than pleasant feelings. One treatment method used with alcoholics is the administration of a nausea-inducing drug together with an alcoholic beverage to produce an aversion to the taste and smell of alcohol by having it become associated with nausea.

iii) **Token Economy**

Human behaviour is routinely motivated and rewarded by positive reinforcement. Token economy is based on systematic positive reinforcement where rules are established that specify particular behaviours that are to be reinforced, and a reward system is set up. A token economy is a highly effective behaviour modification technique, especially with children. In this technique, desired behaviours result in the reward of a token—such as a poker chip or a sticker—and undesirable behaviours result in the removal of a token. When children obtain a certain number of tokens, the children get a meaningful object or privilege in exchange for the tokens. Eventually, the rewarding of tokens decreases and desirable behaviours display independently.

iv) **Extinction**

Eradicating undesirable behaviour by deliberately withholding reinforcement is another popular treatment method called extinction. For example, a child who habitually shouts to attract attention may be ignored unless he or she speaks in a conversational tone. This is based on the principle that if the behaviour is not rewarded or encouraged, it will become extinct.

v) **Biofeedback**

Behaviour modification principles also can be used to treat emotional problems that are triggered by a physical symptom. Biofeedback is a method that provides immediate feedback on a person's physiological state, be it heart rate, breathing rate or blood pressure. Feedback is provided by a mechanical device that lets the person know when a particular symptom is present. By controlling the symptom, the resulting emotional response can be prevented. An example of this would be someone who has problems controlling anger. The increases in breathing rate and heart rate can be monitored and controlled with practice. Once controlled, a person is better able to control an angry outburst.

1.2.6 Potentials and Limitations of Behaviour Modification

The whole point of behaviour modification techniques is to change undesirable or harmful behaviours and replace them with healthier, more desirable ones. There are many advantages of the behavioural approach to counseling.

When applied properly, the technique can be effective in working with children, adults and animals also. In fact it can be used for changing the behaviour of any living beings. Animal trainers frequently turn to behaviour modification techniques to help pet owners turn bad habits into good habits. They also make use of behaviour techniques to train animals the different types of new behaviour as we see in animal and birds shows.

Behavioural modification aims at enabling the clients to take charge of their behaviour. Substance abuse counselors, for example, often encourage clients to take ownership of their behaviours and change them using behaviour modification techniques. The subject/client in the behavioural intervention takes an active role and ownership of the change process.

The basic concepts and methods of behaviour modification are pretty easy to understand and implement.

Behavioural approach focusses on the current behavioural problems in the context of the individual's current environment/situation. It does not analyse the past events/happenings/situation.

Behavioural intervention spells out achievable behavioural goals in terms that enable you to measure your success. The intervention techniques follow a systematic step by step procedure. A series of steps are delineated that to bring about change and lead to the desired behaviour.

There are a variety of therapeutic techniques and procedures associated with behaviour modification, so the technique is best used by specially trained, skilled practitioners.

Self Assessment Questions

- 1) Describe the process of functional analysis of behaviour with example.
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- 2) Seema has extreme fear for examination. Construct an anxiety hierarchy for her.
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- 3) Explain the meaning of token economy.
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- 4) List out the advantages of behavioural approach in counseling.
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- 5) Fill in the blanks from the following choices:
(Consequence, frequency, present, antecedent)
 - a) _____ refers to the number of times a behaviour occurs.
 - b) _____ describes the things that occur before the occurrence of the problem behaviour.
 - c) In the ABC model of behaviour analysis, C refers to _____.
 - d) Behavioural approach in counseling focuses on the _____ events.

1.3 INTRODUCTION TO COGNITIVE APPROACH

Cognitive approach in counseling emphasises the role of cognition or thought in influencing our behaviour. As opposed to behavioural changes based on reward or punishment system, the cognitive approach focuses on the role that thinking plays in how do we feel and behave. Transformation of how one thinks becomes critical in producing behavioural changes. Cognitive approach in counseling points out the dynamics of the human being in terms of his thoughts, attitudes, beliefs and values. Hence it is not simply a stimulus – response mechanism; the organism in between plays a vital role with all his thoughts and attitude in bringing about behavioural changes.

The fundamental principle here is that thoughts (cognitions) cause our feelings and behaviours. Thus cognitive therapy is based on the idea that our *thoughts* cause our feelings and behaviours, not external things, like people, situations, and events. Hence we can change the way we think to feel / act better even if the situation does not change. Thus, in cognitive therapies the counselors focus on teaching the clients how to think differently. Therefore, the goal of therapy is to help clients *unlearn* their unwanted reactions and to learn a new way of reacting. Therapists in the cognitive field work with clients to solve present day problems by helping them to identify distorted thinking that causes emotional discomfort. There's little emphasis on the historical root of a problem. Rather, the focus is on what's wrong with my present thinking that is causing me distress.

Aaron Beck developed cognitive therapy in the 1960s. The treatment is based on the principle that maladaptive behaviour (ineffective, self-defeating behaviour) is triggered by inappropriate or irrational thinking patterns, called automatic thoughts. Instead of reacting to the reality of a situation, an individual automatically reacts to his or her own distorted view of the situation. Cognitive therapy strives to change these thought patterns (also known as cognitive distortions), by examining the rationality and validity of the assumptions behind them. This process is termed cognitive restructuring.

Cognitive therapy is different from behaviour therapy in that it focuses mostly on the thoughts and emotions that lead to certain behaviours.

In other words, behaviour therapy is more action-based and cognitive therapy is the mental or emotional beginnings that drive us to perform those actions. Usually in practice both cognitive and behavioural principles are combined to deal with the problems. Hence it is called cognitive behavioural approach which counselors more frequently use in counseling. Most therapists seem to feel that the best form of psychotherapy is a combination of these two principles. This is what's known as *cognitive behaviour modification*, or cognitive-behavioural therapy,

Cognitive behavioural therapy is based on the idea that our feelings are governed by our thoughts about situations, people, and events in our lives and not those things themselves. Rather than focusing on changing the external forces we see as causing the problems, cognitive behavioural therapy focuses on changing the way we think to help us feel better. By learning to think differently, a person can develop rational self-counseling skills that can be used to deal with life. Thus cognitive behaviour therapy is defined as therapy that is based on the belief that our thoughts are directly connected to how we feel. Cognitive-behavioural therapy attempts to change clients' unhealthy behaviour through cognitive restructuring (examining assumptions behind the thought patterns) and through the use of behaviour therapy techniques. For

instance, in the treatment of eating disorders, therapists can help clients to change attitudes and thoughts about ideal body shape and weight; but also at the same time should focus on changing the client's behaviour of eating unhealthy diet and replace it with normalised eating patterns. Thus both cognitive as well as behaviour therapy are involved.

1.3.1 Steps/Procedure of Cognitive Therapy

The focus in cognitive behaviour intervention is the thinking pattern. Hence the first important step is to identify the faulty/irrational thought patterns. Using the Socratic method is one way to do this. By questioning our thoughts about a situation that creates anxiety and stress in us, we can pinpoint the irrational assumptions through which we view situations. If a person is upset because a friend isn't returning a phone call, he may assume that the friend is angry with him; whereas it may be that his friend might have been busy in some important work. Similarly, when the officer calls his junior repeatedly and the latter does not pick up the phone, the officer thinks that the junior knowingly avoids to do work. However, it may be that the junior could not answer the call because of some problem in the phone. Once a person understands their irrational thought patterns, they can use this information to modify their behaviour as they deal with the situations and events of their life that might be causing them problems

In many instances we jump to immediate conclusion and our behaviour becomes governed by this. However, this may lead to problem behaviour. Immediate emotional reactions to situations are created in an area of the brain known as the limbic system. This area of the brain moves fast and reacts to situations based on instantly made impressions. This is helpful when a speeding car is coming at us and we need to freak out and run, but more complex situations need a reaction based more on knowledge, facts, and experience. In these situations speed is not a virtue. The part of the brain used to process these facts is the prefrontal cortex. Unfortunately, this area of the brain takes longer to react, giving people the opportunity to act impulsively in situations using irrational assumptions. If a person can learn to modify the impulsive behaviour and wait for the prefrontal cortex to kick in (in other words, think things through), they can modify the effect the situation has on their emotional state and, sometimes, the situation itself in a more positive manner. Thus irrational ideas/thoughts need to be identified and questioned in order for the positive change in behaviour to occur.

Corey (2009) proposes the following three stages in cognitive behaviour therapy.

Phase 1: Self-Observation

This phase involves listening closely to your internal dialogue or self-talk and observing your own behaviours. You want to be especially aware of any negative self-statements that are actually contributing to your anxiety and panic symptoms.

Phase 2: Begin New Self-Talk

Once you recognise your negative self-talk, you can begin to change it. As you "catch" yourself in familiar negative thought patterns, you recreate a new and positive internal dialogue. "I can't" becomes "It may be difficult, but I can." These new self-statements now guide new behaviours. Rather than using avoidant behaviours to cope with panic and anxiety, you become willing to experience the anxiety-provoking situations. This leads to better coping skills, and as your small successes build upon one another, you make great gains in your recovery.

Phase 3: Learning New Skills

Each time you are able to identify and restructure your negative thoughts and change your response to panic and anxiety, you are learning new skills. Because you are now acutely aware of your thoughts, you are better able to gauge your anxiety and react in a more useful manner.

When your negative thoughts control you, it becomes difficult to control your behavioural responses to unpleasant situations. But, CBM can give you back some lost control. As your thoughts change from negative to positive, you start to behave differently in many situations. And, you will likely find that others react differently to the new “positive” you as well.

Self Assessment Questions

1) Discuss the meaning of cognitive therapy.

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2) Describe the stages in cognitive therapy.

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3) Fill in the blanks from the following alternatives.

(Restructuring, thoughts, distortions)

- a) Cognitive therapy places emphasis on _____.
- b) Cognitive therapy achieves its aim through cognitive _____.
- c) The irrational thought patterns are also called cognitive _____.

1.3.2 Techniques of Cognitive Therapy

The prominent cognitive therapies are Cognitive Behaviour Therapy by Aaron Beck (1976) and Rational Emotive Behaviour Therapy by Albert Ellis (1960). Eric Berne’s (1964) Transactional Analysis is also another cognitive intervention used by the therapists.

1.3.3 Cognitive Behaviour Therapy

The therapy assumes that an individual’s emotions and behaviour are the outcome of the way in which he thinks about the world. According to Beck, people experience emotional problems when they engage excessively in fallacious or dysfunctional thinking. These are irrational or faulty thought patterns. Here are the ten most common irrational thought patterns or cognitive distortions (Beck, 1976; Burns, 1992).

All or none thinking

This is thinking in terms of either good or bad, e.g., your friend always needs to be good to you.

This type of distortion is the culprit when people think in extremes, with no gray areas or middle ground. All-or-none thinkers often use words like “always” and “never” when describing things. “I always get stuck in traffic!” “My bosses never listen to me!” This type of thinking can magnify the stressors in your life, making them seem like bigger problems than they may, in reality, be.

Overgeneralisation

It refers to our drawing a conclusion based only on a single incident, e.g., when you asked for some help to your neighbour and did not get it, you conclude that your neighbour is not good. Those prone to overgeneralisation tend to take isolated events and assume that all future events will be the same. For example, an overgeneraliser who faces a rude sales clerk may start believing that all sales clerks are rude and that shopping will always be a stressful experience.

Mental Filter

Those who use mental filtering as their distortion of choice tend to gloss over positive events and hold a magnifying glass to the negative. Ten things can go right, but a person operating under the influence of a mental filter may only notice the one thing that goes wrong. (Add a little overgeneralisation and all-or-nothing thinking to the equation, and you have a recipe for stress.)

Disqualifying the Positive

Similar to mental filtering, those who disqualify the positive tend to treat positive events like flukes, thereby clinging to a more negative world view and set of low expectations for the future. Have you ever tried to help a friend solve a problem, only to have every solution you pose shot down with a “Yeah but...” response? You’ve witnessed this cognitive distortion firsthand.

Jumping to Conclusions

People do this one all the time. Rather than letting the evidence bring them to a logical conclusion, they set their sights on a conclusion (often negative), and then look for evidence to back it up, ignoring evidence to the contrary. The kid who decides that everyone in his new class will hate him, and ‘knows’ that they’re only acting nice to him in order to avoid punishment, is jumping to conclusions. Conclusion-jumpers can often fall prey to mind reading (where they believe that they know the true intentions of others without talking to them) and fortune telling (predicting how things will turn out in the future and believing these predictions to be true).

Magnification and Minimization

Similar to mental filtering and disqualifying the positive, this cognitive distortion involves placing a stronger emphasis on negative events and downplaying the positive ones. The customer service representative who only notices the complaints of customers and fails to notice positive interactions is a victim of magnification and minimization. Another form of this distortion is known as ‘catastrophizing’, where one imagines and then expects the worst possible scenario. It can lead to a lot of stress.

Emotional Reasoning

This one is a close relative of jumping to conclusions in that it involves ignoring certain facts when drawing conclusions. Emotional reasoners will consider their emotions about a situation as evidence rather than objectively looking at the facts. “I’m feeling completely overwhelmed, therefore my problems must be completely beyond my ability to solve them,” or, “I’m angry with you; therefore, you must be in the wrong here,” are both examples of faulty emotional reasoning. Acting on these beliefs as fact can, understandably, contribute to even more problems to solve.

‘Should’, ‘must’ statements

I must get Grade A, I should obey my parents all the time, I must have this top brand toy set, I should be loved by all – these are the statements which are irrational and illogical and lead to problems. Those who rely on ‘should statements’ tend to have rigid rules, set by themselves or others, that always need to be followed — at least in their minds. They don’t see flexibility in different circumstances, and they put themselves under considerable stress trying to live up to these self-imposed expectations. If your internal dialogue involves a large number of ‘shoulds,’ you may be under the influence of this cognitive distortion.

Labeling and Mislabeled

Those who label or mislabel will habitually place labels that are often inaccurate or negative on themselves and others. “He’s a whiner.” “She’s lazy.” “I’m just a useless worrier.” These labels tend to define people and contribute to a one-dimensional view of them, paving the way for overgeneralisations to move in. Labeling cages people into roles that don’t always apply and prevents us from seeing people (ourselves included) as we really are.

Personalisation

When you attribute everything to your self – that you are the cause of it – it causes anxiety and distress. Those who personalise their stressors tend to blame themselves or others for things over which they have no control, creating stress where it need not be. Those prone to personalisation tend to blame themselves for the actions of others, or blame others for their own feelings.

Cognitive behaviour therapy aims at identifying our faulty/irrational thought patterns and making them conscious. The patient is then able to recognise when he is about to perform an undesirable behaviour, such as compulsive hand-washing, or when he is engaging in negative thoughts that are not supported by logic or reality. The process then calls for the patient to halt the behaviour or thought, then consciously replace it with a desired thought or behaviour.

1.3.4 Techniques Used by CBT Specialists

Therapists use several different techniques in the course of cognitive-behavioural therapy to help patients examine the dysfunctional thoughts and change to rational thoughts and behaviours. These include:

- i) **Reality testing:** The client is asked to put his thought to test in the real situation. Thus the client tests it experimentally.
- ii) **Validity testing:** The therapist asks the patient to defend his or her thoughts and beliefs. If the patient cannot produce objective evidence supporting his or her assumptions, the invalidity, or faulty nature, is exposed.

- iii) **Guided discovery:** The therapist asks the patient a series of questions designed to guide the patient towards the discovery of his or her cognitive distortions.
- iv) **Writing in a journal:** Patients keep a detailed written diary of situations that arise in everyday life, the thoughts and emotions surrounding them, and the behaviours that accompany them. The therapist and patient then review the journal together to discover maladaptive thought patterns and how these thoughts impact behaviour.
- v) **Homework:** In order to encourage self-discovery and reinforce insights made in therapy, the therapist may ask the patient to do homework assignments. These may include note-taking during the session, journaling, review of an audiotape of the patient session, or reading books or articles appropriate to the therapy. They may also be more behaviourally focused, applying a newly learned strategy or coping mechanism to a situation, and then recording the results for the next therapy session.

For instance, Sheela felt bad and depressed when her friends did not take her to the market visit. Here the therapist can help Sheela identify the basic assumption she has here which is obviously an irrational thought pattern. Why should Sheela feel that she is bad if her friends did not take her? Does she have all the bad qualities? What are they? Sheela is then helped to analyse the distortions in her thinking that she is the cause, i.e., she is bad, so her friends did not take her.

1.4 RATIONAL EMOTIVE BEHAVIOUR THERAPY

Albert Ellis is the founder of the Rational Emotive Behavioural Therapy. He talks about the irrational beliefs which are responsible for our behavioural and emotional problems/disturbances.

According to Ellis (1962), the eleven common irrational beliefs are:

- It is essential to be loved and approved by every significant person in one's life.
- To be worthwhile, a person must be competent, adequate and achieving in everything attempted.
- Some people are wicked, bad, and villainous and should be blamed or punished.
- It is terrible and disastrous whenever events do not occur as one hopes.
- Unhappiness is the result of outside events and a person has no control over such despair.
- Something potentially dangerous or harmful should be a cause of great concern and should always be kept in mind.
- Running away from difficulties or responsibilities is easier than facing them.
- A person must depend on others and must have someone stronger on whom to rely.
- The past determines one's present behaviour and thus it cannot be changed.
- A person should get upset over the problems and difficulties of others.
- There is always a right answer to every problem, and a failure to find this answer is a disaster.

These beliefs are called irrational because these are rigid, not based on the fact. The REBT help the clients to identify the irrational beliefs and think more rationally. This is done by the ABCD model proposed by Ellis where

- A refers to activating events i.e., events/situations causing the distorted thinking*
- B refers to beliefs, the evaluative beliefs – rational or irrational – which we have about the activating event*
- C refers to the consequences – the emotional, behavioural and cognitive consequences of the beliefs*
- D refers to disputing the beliefs on which our irrational thoughts are based*

1.4.1 The Sequence in the REBT Model

First, the activating events are identified, then the consequences of this event are identified. Events lead to consequences. However, events as such do not lead to consequences. The consequences or our responses are based on our belief system about the events/situations. When these beliefs are irrational, it results in problems; hence, we need to dispute these. Let us see one example. One evening, Hari was not doing his study and was watching TV; his mother scolded him saying he always sees TV and does not do his studies properly. Hari felt very sad for his mother's scolding. Here the activating event (A) is mother's scolding; consequence (C) is Hari's sadness; this sadness resulted because of Hari's belief (B) system – that my mother always scolds me or nobody loves me - ; this irrational belief then needs to be disputed (D). Disputation is the most important step in the REBT therapy.

Cognitive behavioural approach is widely used for dealing with a range of disorders. Obsessive compulsive disorders, phobias, panic disorder and post-traumatic stress disorder are all conditions that are effectively treated by cognitive behaviour modification. Cognitive-behavioural therapy attempts to change clients' unhealthy behaviour through cognitive restructuring (examining assumptions behind the thought patterns) and through the use of behaviour therapy techniques. Cognitive-behavioural therapy is a treatment option for a number of mental disorders, including depression, dissociative identity disorder, eating disorders, generalised anxiety disorder, hypochondriasis, insomnia and obsessive-compulsive disorder.

1.4.2 Potentials and Limitations of Cognitive Behavioural Approach

Cognitive behavioural approach aims at correcting problematic underlying assumptions, thus leading to long-term results. Thus the cause of the problem is corrected.

The structured nature of therapy sessions ensures bringing about fruitful result/outcome. It very much reduces the possibility that sessions will become "chat sessions" in which not much is accomplished therapeutically.

The course of treatment is shorter than that of conventional talk therapy. This makes the cognitive behaviour modification as a less expensive means of obtaining mental health treatment.

The self-help element of cognitive behaviour therapy enables the clients to on their own to maintain their own treatment even after formal therapy has ended.

Cognitive behaviour modification can be performed individually or in group therapy sessions.

These therapies are best known for treating mild depression, anxiety, and anger problems.

Cognitive-behavioural therapy may not be appropriate for all patients. Patients with significant cognitive impairments (patients with traumatic brain injury or organic brain disease, for example) and individuals who are not willing to take an active role in the treatment process are not usually good candidates. It may not be appropriate for small children also who will not have the language capability to think through their assumptions and thought patterns.

Self Assessment Questions

1) Elucidate with example the various types of cognitive distortions given by Beck.

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2) What do you mean by irrational beliefs? Write down three irrational beliefs with example.

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3) What is the ABCD sequence in Rational Emotive behaviour therapy?

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4) What do you mean by home-work assignment in cognitive behaviour therapy?

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1.5 LET US SUM UP

This unit gives some insight into the behavioural and cognitive approach to counseling. The behavioural approach is based on the two learning theories of classical conditioning by Pavlov and operant conditioning by Skinner. The principles and procedure of behavioural approach are described in detail. We also learned about the different behavioural techniques. One of the important techniques under behavioural counseling is systematic desensitization which aims at shaping the behaviour of the person in a systematic manner. We also came to know about the cognitive behavioural techniques such as cognitive behaviour therapy and rational emotive behaviour therapy which are widely used for dealing with various problem behaviours. The combination of cognitive therapies with behaviour modification has been found to be more effective than either of these approaches alone. They have

been found to be successful in managing many maladaptive behaviours such as phobia, depression, anxiety etc. Finally the merits and limitations of the behavioural and cognitive approach to counseling were also discussed.

1.6 UNIT END QUESTIONS

- 1) Explain and contrast the behaviour modification and cognitive therapy in counseling.
- 2) As part of behavioural assessment, what are the different aspects of behaviour that we need to study? Describe with the help of an example.
- 3) Take a case example. Describe the procedure of systematic desensitization.
- 4) Give three examples of children's behaviour in classroom learning situations where token economy can be used.
- 5) Briefly explain Beck's cognitive behaviour therapy.
- 6) Describe the ABCD model of Rational Emotive Behaviour therapy with an example.
- 7) List out five problems found among school children and describe the behaviour and cognitive techniques you will use for any three of them.

1.7 SUGGESTED READINGS

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