

## Theory

Behavior therapy focuses on what you do. This type of therapy works particularly well for problems in which certain maladaptive anxiety-causing behaviors recur such as phobias, anxiety disorders, obsessive-compulsive disorders, drug and alcohol problems, and eating disorders.

## Treatment Approach

Behavior therapy focuses on changing maladaptive things that patients do. This is in part accomplished by reinforcing positive behaviors and extinguishing negative ones. Some common types of behavior therapy are:

- **Systematic Desensitization**- By approaching the situation associated with a great deal of anxiety (such as being at a great height) in steps, the patient can gradually decrease the anxiety related to it. This process usually contained three steps:
  - **Relaxation Techniques** - Often the patient is instructed to breathe deeply and relax muscle groups one at a time. Other times the patient is told to use *mental imagery* by imagining themselves in a safe place. Sometimes, this step is used alone to simply decrease anxiety. One type of relaxation therapy is *biofeedback* which involves using machines to monitor physiological signs of relaxation such as heart rate and muscle tenseness.
  - **Creating a Hierarchy** - The therapist creates a series of situations in which the feared event occurs more and more intensely.
  - **Desensitization**- The patient uses the relaxation techniques to progress further and further along the hierarchy with the therapist until he or she can handle to most anxiety-causing event in the series. The progression could be imagined, (e.g., thinking about a dog barking at you) real, (e.g., having a dog bark at you), or even virtual (e.g., have an animated virtual dog on the computer bark at you.)
- **Exposure Therapy**- Uses the same method as systematic desensitization except without the relaxation techniques.
- **Flooding**- Instead of going through a hierarchy that works from less traumatic to most traumatic anxiety-provoking events, the patient is exposed to the most anxiety-causing event at once. With this technique the patient confronts the feared situation directly.
- **Behavior Modification**- All behavior therapy attempts to modify behavior, but there is also a specific process called *behavior modification*. This can be used to either increase or decrease a behavior. In this technique, one begins by defining and counting the occurrences of an undesirable behavior the patient would like to decrease, such as biting one's nails, or a desired behavior the client would like to increase, such as assertive behavior. This is called collecting baseline data. The baseline data is used to compare increases or decreases in behavior which monitors success of the therapy. For those wanting to decrease a behavior, circumstances that may trigger the undesirable behavior are identified. The person then rearranges his or her environment so that

possible triggers of the behavior can be avoided, which, in turn, will hopefully decrease the behavior. For those wanting to increase a behavior, they may identify a situations that would be appropriate for the behavior and intentionally put themselves in these circumstances to perform the desirable behavior. Behavior modification may also involve a series of reinforcements and punishments to help increase and decrease specific behaviors.

Some theorists combine behavioral techniques with cognitive therapy techniques, such as thought restructuring. The two theories work well together especially when treating depression and anxiety disorders.

## **Cognitive Therapy**

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Cognitive psychotherapy focuses on identifying and changing negative thinking patterns. Often people with clinical depression make negative assumptions about their world. These assumptions lead them to have negative thoughts about themselves, their situation, and their future (cognitive triad). These negative thoughts create depressive feelings.

Since thoughts and feelings are believed to be linked together, the way you think can affect how you feel. Since thoughts sometimes happens so quickly, people often don't realize what they are thinking in certain situations. What they notice is how they feel. Thus, cognitive psychotherapists view these thoughts as "automatic." They believe that the way to change these negative feelings is to change the thoughts that occur in stressful situations.

For example, if you were placed in front of hundreds of people to give a talk, you may be scared to death and your stomach may do somersaults. You may only notice that you feel nervous and not realize you thought, "I'm going to mess up and everyone's going to laugh!" One way to feel better in this situation is to change how you think about public speaking. A cognitive psychotherapist would help you identify and your specific thoughts and assumptions about giving a speech.

Cognitive psychotherapists are actively involved and focus on specific problems in the present. Cognitive therapists teach depressed people how to examine and recognize negative thinking patterns and negative automatic thoughts. By identifying these thought distortions, depressed patients can learn how to modify them and, thus, alter their depressed mood. Patients often keep a log of their thoughts and feelings that they use with their therapist to identify dysfunctional thinking patterns. Patients practice their new cognitive strategies in real life, discuss the outcomes with their therapist, and modify their approaches. Cognitive psychotherapy is usually brief; treatment often lasts for 10 to 20 sessions.

Many therapists classify themselves as Cognitive-Behavioral therapists. They combine behavior therapy techniques, such as relaxation training, and cognitive techniques, such as thought restructuring.

## **Shelley**

If you don't stand for SOMETHING, you'll fall for ANYTHING  
Just because you make a mistake, doesn't mean you are one.

**Ryan...Shining Down Forever :)**

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