

Behavior Therapy

Classical Conditioning (focus on antecedent of behavior) *Pavlov UCS* (food), *UCR* (salivation), *CS* (sound/light), *CR* (salivation) -A *CS* is presented just before the *USC* to obtain an *UCR* similar to the *CR*

Operant Conditioning Theory *Thorndike and Skinner* Focus on antecedents and consequences of overt behavior, reinforce correct responses, ignore incorrect responses, shape behavior by controlling amount, frequency, and conditions under which reinforcement occurs

Concepts from operant conditioning: *Positive reinforcement* Increasing behaviors by presenting positive stimuli, *Negative reinforcement* the reinforcement of a response by the removal, escape from, or avoidance of an unpleasant stimulus, *Extinction* decreases in the frequency of a behavior when the behavior is no longer reinforced, *Generalization* transferring response from one type of stimuli to similar stimuli, *Discrimination* responding differently to stimuli based on cues or antecedent events, *Shaping* gradually reinforcing parts of a behavior to more closely approximate desired behavior

Social Learning Theory (Bandura) Triadic Reciprocal Interaction System: Behaviors>environment<personal traits. doll experiment the theory that we learn social behavior by observing and imitating and by being rewarded or punished

Concepts from Observational learning: Bandura determined that four elements needed to be present for observational learning to occur: *attention* paying attention to a model, *memory* retaining info about a model, *imitation* motor reproduction, and *motivation* repeat reinforced behavior, vicarious, self-reinforcement. *Self-efficacy* perceptions of one's ability to perform in different situations

Goals of Behavior Therapy: Changing target behaviors: preferably arrived at in collaboration

Behavioral assessment (assessing discrete behaviors and their antecedents and consequences through use of: Behavioral interviews, Behavioral reports and ratings (BDI), Behavioral observations, Physiological measurements

Techniques *Systematic Desensitization: Relaxation and Anxiety hierarchies* working through a list of anxiety-provoking situations *maginal (in vivo) Flooding* exposure to actual anxiety-evoking events

Behavior modeling types: *Live* watching a model, *symbolic* watching a model through media, *role playing* acting the part of a model *participant* therapist models and guides client in replicating, *covert* the client imagines a model that the therapist describes

Current Trends in Behavioral: *EMDR* Eye-movement Desensitization & Reprocessing. New treatment for PTSD, client imagines the traumatic event and processes it in a non-threatening manner, *DBT* a form of therapy used to treat borderline personality disorder that combines elements of the behavioral and cognitive treatments with a mindfulness approach based on Eastern meditative practices

ABC model: Antecedents, Behavior, Consequence

BT is Derived From: Functional analysis of behavior, Empirically supported treatments, A comprehensive assessment process

Solution-Focused [Constructivist Theory]

Insoo Kim Berg, Steve de Shazer **Basic Concepts:** Assessment not focused on diagnosis, Assessment of openness to change, Focus on solutions rather than development of problem



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Solution-Focused [Constructivist Theory] (cont)

Techniques: Complimenting, Scaling questions, Exception questions, Miracle question, Coping questions, Formula first session task, "The message," Assessing motivation

Goals: Clear, Specific, Small, Feedback on progress towards goals

Postmodernism [Social Constructionism]

Dialogue is used to elicit perspective, resources, and unique client experiences. Questions empower clients to speak and to express their diverse positions.

Goals: Generate new meaning in the lives of clients, Co-develop, with clients, solutions that are unique to the situation, Enhance awareness of the impact of various aspects of the dominant culture on the individual, Help people develop alternative ways of being, acting, knowing, and living

Key Concepts: There are multiple truths, Reality is subjective and is based on the use of language, Postmodern thought has an impact on the development of many theories

Modernists believe in the ability to describe objective reality accurately and assume that it can be observed and known through the scientific method, People seek therapy for a problem when it has caused them to stray too far from some objective norm, Postmodernism says that truth is a social construction

Adlerian Therapy

Emphasized *social nature* and believe that psychological health could be measure by *contributions to communities and society*

Individuals are creative, goal directed, and responsible for own fate

Environment: parents' relationship as models for cooperation, Mother-child relationship, father-child, relationship with siblings, relationships with peers at home/at school

Goals: changes within a lifestyle; improved problem-solving, develop social interests, fewer self-defeating behaviors

Four Processes: 1. Therapeutic Relationship [similar goals, empathic, confront resistance/sabotaging, not impose], 2. Assessment and Analysis, 3. Insight and Interpretation, 4. Reorientation (changes in beliefs and behaviors)

Assessment/Analysis: family dynamics-birth order, early recollections, dreams, basic mistakes, assets

Techniques/Reorientation: acting as if, catching oneself, creating images, spitting in the client's soup, avoiding the tar baby (sticky issues), push-button technique, paradoxical intention, task setting and commitment to change, life tasks

We Must Successfully Master Three Universal Life Tasks: Contributing to society, Establishing intimacy, Building Friendships

The Process of Encouragement in Adlerian Counseling Includes: Helping the client recognize or accept their positive qualities, focus on their resources and strengths, and helping clients become aware of their assets and strengths rather than dealing continually with their deficits and liabilities.

Narrative Therapy [Constructivist Theory]

Epston and White

Basic Concepts: Stories of peoples' lives: represent influences (cultural, economic, political, social), Narrative empathy: understanding themes and meanings in stories

Goals: Positive vs. problem-saturated stories, Positive alternatives

Techniques: Externalizing, Unique outcomes, Alternative narratives, Positive narratives, Questions about the future, Support for client's stories

Jung: Jungian Therapy

Interested in spiritual side, Emphasis on helping patients bring unconscious into conscious awareness and realize uniqueness of their psychological being, Utilizing dreams and fantasy material



Jung: Jungian Therapy (cont)

Levels of consciousness: Conscious (ego, known directly), Personal unconscious (experiences, thoughts, feelings, perceptions NOT admitted to ego), Collective unconscious (material common to all human beings, inherited ability to see the world)

Archetypes: (most important 4) the Persona, Self, the Shadow, the Anima/Animus. Others include: Birth, Death, Mother, Father, Power, The hero, Unity

Goals: Individuation, Integration of conscious and unconscious

4 Methods of Assessment: Word Association, Hypnosis/symptom analysis, Case history, Analysis of the unconscious

4 Stages/Components: Catharsis, Elucidation or interpretation, Social focus, Transformation or individuation

Techniques: Dream analysis, Dream interpretation, Active imagination, Analysis of transference/countertransference, Dance and movement, Art

Freud: Psychoanalysis

Levels of Consciousness: Unconscious, Preconscious, Conscious **Basic Aim:** Make the unconscious motives conscious

View of Personality: *Id:* pleasure principle/Driving force, *Ego:* reality principle, *Superego:* moral/ideal/conscience/Restraining force

Defense Mechanisms: Repression, Denial, Reaction Formation, Projection, Displacement, Sublimation, Rationalization, Regression, Identification, Intellectualization

Developmental Stages: Oral (0-18 mo) Trust vs. Mistrust, Anal (18 mo-3 yr) Autonomy vs. Shame/Doubt, Phallic (3-5/6) Initiative vs. Guilt, Latency (6-12) Industry vs. Inferiority, Genital (12+) Identity vs. role confusion/ Intimacy vs. isolation/ Generativity vs. Stagnation/ Integrity vs. Despair/ Disgust vs. Wisdom

Goals: *Drive theory* (Freud) increase awareness of id and control ego, *Ego psychology* (Anna Freud & Erikson) understand ego defense mechanisms and adapt to external world, *Object relations* (Winnicott and Kernberg) explore individualism and separation issues, *Self psychology* (Kohut) explore impact of self-absorption and idealized view of parents on later relationships, *Relational analysis* (Mitchell) using patient-therapist interaction to explore relationships and improve them

Techniques: Free association, Neutrality, Empathy, Interpretation of resistance or dreams, Transference, Countertransference, Relationship responses

Characteristics of the therapist: A sense of being anonymous

Perls: Gestalt Therapy

An existential and phenomenological approach, Initial goal is for clients to expand their awareness of what they are experiencing in the present moment, Increased awareness is curative

Focuses on: Nonverbal communication, The here and now, The what and how of experiencing, The authenticity of the therapist, Active dialogic inquiry and exploration, The I/Thou of relating

Principles: Holism, Field theory, Figure formation process, Organismic self-regulation

Holism: The full range of human functioning includes thoughts, feelings, behaviors, body, language, and dreams

Field theory: The field is the client's environment which consists of therapist and client and all that goes on between them

Figure Formation Process: How an individual organizes experiences from moment to moment. *Foreground:* figure *Background:* ground

Organismic self-regulation: Emergence of need sensations and interest disturb an individual's equilibrium

Therapists focus on where energy is located, how it is used, and how it can be blocked. Blocked energy is a form of defensive behavior that may result in unfinished business



Perls: Gestalt Therapy (cont)

Clients are encouraged to recognize how their resistance is being expressed in their body and transform their blocked energy into more adaptive behaviors

Five different kinds of contact boundary disturbances: 1. *Introjection* taking in views of others uncritically, 2. *Projection* pushing out or dismissing aspects of ourselves by assigning them to others, 3. *Retrospection* bending back on ourselves, doing to ourselves what we want to do to someone else or have done to us, 4. *Deflection* indirect or minimal contact, avoiding the issue, 5. *Confluence* lessening the boundary between ourselves and others

6 Components of Gestalt: Continuum of experience, The here and now, Paradoxical theory of change, The experiment, The authentic encounter, Process-oriented diagnosis

A Focus on Language: "It" talk, "You" talk, Questions, Language that denies power, Listening to clients' metaphors, Listening for language that uncovers a story

Techniques: The experiment, Exaggeration exercise, Internal dialogue, Staying with the feeling, Rehearsal exercise, Reversal technique, Making the rounds, Dream work

Limitations: Emotionally reserved clients may find the emphasis on feelings to be off putting, The emphasis on therapist authenticity and self-disclosure may be overpowering for some

Greenberg: Emotion-Focused Therapy

Rooted in a person-centered philosophy, but synthesizes aspects of Gestalt and existential therapies

Emphasizes awareness, acceptance, and understanding of emotion and the visceral experience of emotion o Emotional change can be a primary pathway to cognitive and behavioral change

A range of experiential techniques are used to strengthen the self, regulate affect, and create new meaning

EFT strategies help clients with too little emotion access their emotions, and help clients who experience too much emotion contain their emotions o It is effective in treating anxiety, intimate partner violence, eating disorders, and trauma

Rogers: Person Centered Therapy

This approach emphasizes: Personal characteristics of the therapist, Quality of the therapeutic relationship, Counselor's creation of a "growth-promoting" climate: **3 therapist attributes to foster this:** *Congruence:* Genuineness or realness, *Unconditional positive regard:* Acceptance and caring, *Accurate empathic understanding:* The ability to deeply grasp the subjective world of another person, Person's capacity for self-directed growth if involved in a therapeutic relationship

Six conditions that are necessary and sufficient for personality changes to occur: 1. Two persons are in psychological contact 2. The client is experiencing incongruence 3. The therapist is congruent or integrated in the relationship 4. The therapist has unconditional positive regard for the client 5. The therapist experiences empathy for the client's internal frame of reference and endeavors to communicate this to the client 6. The communication to the client is, to a minimal degree, achieved

The therapist engages in co-assessment with the client and does not value traditional assessment and diagnosis and Serves as a model of a human being struggling toward greater realness. The therapist is viewed as a "fellow explorer" who attempts to understand the client's phenomenological world in an interested, accepting, and open way

PCT does not focus on the use of specific techniques, making this treatment difficult to standardize and Beginning therapists may find it difficult to provide both support and challenges to clients

Existential Therapy

No one founder; Rollo May considered as father of existential therapy; Irving Yalom also well-known. Asks deep questions about the nature of the human being and of anxiety, despair, grief, loneliness, isolation, and anomie. Deals centrally with the questions of **meaning, creativity, and love**. Not technique driven. Good multiculturally, but sometimes fails to account for social justice barriers for client; may not work for collectivist cultures.



Existential Therapy (cont)

Basic Dimensions of Human Condition 1. Capacity for self-awareness 2. The tension between freedom and responsibility 3. The creation of an identity and establishing meaningful relationships 4. Search for meaning 5. Accepting anxiety as a condition for living 6. Awareness of death and nonbeing

Awareness is realizing that: We are finite (time is limited), We have choice to act/not to act, Meaning is not automatic; must seek it, We are subject to loneliness, meaninglessness, emptiness, guilt and isolation

Goals: Assisting clients in moving toward authenticity and learning to recognize when they are deceiving themselves, Helping clients face anxiety and engage in action that is based on creating a meaningful existence, Helping clients to reclaim and re-own their lives; teaching them to listen to what they already know about themselves. *The central goal is to increase awareness*

Therapeutic Relationship: Therapy is a journey taken by therapist and client, The relationship demands that therapists be in contact with their own phenomenological world, Respect and faith in the clients' potential to cope, Sharing reactions with genuine concern and empathy, When the deepest self of the therapist meets the deepest part of the client, the counseling process is at its best

3 Phases: *Initial phase:* Clients are assisted in identifying and clarifying their assumptions about the world, *Middle phase:* Clients are assisted in more fully examining the source and authority of their present value system, *Final phase:* Clients are assisted in action

Albert Ellis's REBT

actively working to change a client's self-defeating beliefs and behaviors by demonstrating their irrationality, self-defeatism and rigidity; to help the client understand—and act on the understanding—that his personal beliefs contributed to his emotional pain

highly didactic and directive

ABC Theory of Personality: *A: Activating Event* (something happens to or around someone) *B: Belief* (the event causes someone to have a belief, either rational or irrational) *C: Consequence* (the belief leads to a consequence, with rational beliefs leading to healthy consequences and irrational beliefs leading to unhealthy consequences)

REBT interferes after A to implement a disputing intervention (D), then resulting in an E: effective philosophy and C new feeling

Therapeutic Goals: To help clients differentiate between realistic and unrealistic goals and between self-defeating and life-enhancing goals. *To assist clients in the process of achieving:* Unconditional self-acceptance (USA), Unconditional other-acceptance (UOA), Unconditional life-acceptance (ULA)

Cognitive techniques: Disputing irrational beliefs, Doing cognitive homework, Bibliotherapy, Changing one's language, Psychoeducation

Emotive techniques: Rational emotive imagery, Humor, Role playing, Shame-attacking exercises, Behavior therapy procedures

Aaron Beck's Cognitive Therapy

Insight-focused therapy with an emphasis on changing negative thoughts and maladaptive beliefs. Clients' distorted beliefs are the result of cognitive errors. Through Socratic dialogue/reflective questioning, clients test the validity of their cognitions (collaborative empiricism).



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Aaron Beck's Cognitive Therapy (cont)

Theoretical Assumptions People's internal communication is accessible to introspection. Clients' beliefs have highly personal meanings. These meanings can be discovered by the client rather than being taught or interpreted by the therapist.

Cognitive Distortions: *Polarized/Dichotomous Thinking* all or nothing *Arbitrary Inferences* forming a conclusion with little/no factual evidence OR when the conclusion is contradictory of the evidence, *Selective abstraction* focusing on a detail taken out of context, *Overgeneralization* drawing to conclusions that are too broad, *Magnification and Minimization* the importance of insignificant events is exaggerated and significant events are minimized, *Personalization* taking things personally, *Labeling and Mislabeling* generalize by taking one characteristic of a person, and applying it to the whole person

Negative Cognitive Triad: triangle representing a negative and irrational view of ourselves, our future and the world around us (cognitions) and the effects they have on emotion and behaviors

Cognitive Behavioral Therapy

Attributes: collaborative, present-centered, time-limited focus, active and directive stance by the therapist **Stresses:** thinking, assessing, deciding, analyzing, and doing

Therapist takes on teaching role, expert in CT/REBT, focused on present, Warmth is a part of CT but not REBT

Family Therapy: General Systems Theory

Each family is a part of a larger system, which is again a part of a larger system, and so on

Feedback: Communication patterns: Linear or Circular **Equifinality:** Several paths to one/same destination

Homeostasis: Stability and equilibrium in the system **Negative feedback:** equilibrium is achieved, Positive feedback: change occurs in the system

Satir: Humanistic Family Therapy

Caring, Communication, Family chronology, Facilitate growth of each family member, Observe balances in family system,

Methods to bring about change: Empathic responding, Family reconstruction (includes fantasy, psychodrama, role playing), Experiential and gestalt techniques

Strategic Family Therapy

Concepts: Relationships as power struggles, Communication defines relationships, Hierarchical relationship of parents and children, Focus on symptoms (vs. structural therapy), Symptom may be a metaphor for a way of feeling or behaving

Goals and Techniques: Therapist chooses goals (Intermediate or final; specific not vague), For each goal, therapist designs plan to accomplish using two basic techniques that may be metaphorical or pragmatic 1. *Straightforward tasks* (to change interactions, simple activities) 2. *Paradoxical tasks*

Minuchin: Structural Family Therapy

Family structure: rules are rigid or flexible; subsystems **Family subsystems:** parental, sibling, mixed (parent/child)

Boundary permeability: highly permeable (enmeshed), not permeable (disengaged) **Boundary types:** alignments, coalitions, triangulation

Goals of structural therapy: Work in the present, Alter coalitions and alliances to develop functioning family, Establish appropriate boundaries within a family



Minuchin: Structural Family Therapy (cont)

Techniques: *Family mapping* Clear boundary, diffuse boundary, rigid, affiliation, over-involvement, *Joining* interact with family using their style of interaction, *Enactment* to act out a conflict so that therapist can work in the present, *Intensity* therapist attends to the way a message is given, *Changing Boundaries* ,rearrange seating or change distance between family members, *Reframing* different ways of seeing a situation

Bowen Family Therapy

Goals: Help family members: Reduce stress, Become more differentiated, Meet their needs as well as needs of family members

Techniques: Evaluation Interview, Genogram, Interpretation, Detriangulation

Whitaker: Experiential Family Therapy

Intuitive approach, Countertransference, Listen for symbols of unconscious behavior, Focus on entire family

Therapist is: Spontaneous, creative, energetic, and involved

Reality/Choice Therapy

Reality therapy is a form of counseling that **views behaviors as choices**. It states that psychological symptoms occur not because of a mental health condition, but due to people choosing behaviors to fulfill their needs

The reality therapist: assist clients in dealing with the present

Feminist Therapy

The socialization of women with multiple social identities inevitably affects: self-concept, emotional well being, and goals and aspirations

Therapists may explore: identifying their internalized messages of oppression and replace them with more self-enhancing beliefs, understand how sexist and oppressive societal beliefs and practices influence them in negative ways, and recognize the power of relationships and connectedness

Therapists believe: understanding a client's problem requires adopting a sociocultural perspective and gender is the core of therapeutic practice

Key Concepts: Collaboration, authenticity, inclusion, personal power, anti-racism, and social justice

Considerations

It is best to require clients to adapt to your approach to counseling and the interventions that you are skilled at

When working with culturally diverse clients: be aware of their own cultural heritage, consider the cultural context of their clients in determining what interventions are appropriate, have a broad base of counseling techniques that can be employed with flexibility, and examine their own assumptions about cultural values

Regarding psychotherapy treatment outcome, research suggests: the therapeutic relationship is essential component of effective treatment, the therapist as a person is an integral part of successful treatment, both the therapy method used and the therapy relationship influence the outcomes of treatment B. therapy techniques are the key component of successful treatment

you should develop your own concepts of what personality traits you think are essential to strive for to promote you own personal growth



