

Psychotherapy Guidebook



OPERANT CONDITIONING THERAPY

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Operant Conditioning Therapy

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DEFINITION

The term “conditioning” conjures up, in the minds of laymen and some professionals as well, visions of 1984 or A Clockwork Orange in which humans are manipulated like machines. A closer look at Operant Conditioning Therapy (May also be called (or makes up a large component of) behavior therapy, behavior modification, contingency management, and/or social learning.) reveals that it functions more like the good parent or good teacher in using consistent rewards and occasional punishment, clear instructions, patience, and concern to teach educational and socialization skills. The primary distinction between the operant therapist and a good parent is that the therapist can specify what he is doing and how it works. As a complete definition of Operant Conditioning Therapy requires more space than that allotted, let it suffice to say that the operant therapist can be identified by an attempt to apply principles derived from the learning laboratory, by a focus on behavior rather than underlying hypothetical constructs, and by an emphasis on results demonstrable through evaluation research.

HISTORY

For centuries man has attempted to control the behavior of others through rewards (high salaries, praise, and official titles or honors) and punishment (fines, loss of a job, or even torture and imprisonment). Usually, however, these attempts have succeeded with some of the people and been ineffective with many others. Such attempts are generally haphazard, not tailored to the needs of the individual, and rely too heavily on the use of punishment. Only since Skinner's extensive laboratory work, which he began in the 1930s, has man systematically studied ways to maximize the effectiveness of reinforcement (reward and punishment). The potential for the therapeutic use of operant conditioning was recognized in the late 1940s and 1950s with a few demonstrations of limited behavior change in psychotic patients. The movement blossomed in the 1960s and 1970s, so that now most therapists are familiar with its uses, and about 10 percent of psychological therapists in a recent survey identified themselves as behavior therapists — an impressive figure when you consider the number of therapies described in this volume. The first practical uses involved operant experimental psychologists working on a one-to-one basis with severely disturbed individuals. Then considerable group work took place, and most recently the principles have been taught to parents, teachers, and even the clients themselves. Thus operant therapy constitutes an integral part of the contemporary community mental health movement.

TECHNIQUE

The operant therapist enters into a four-stage process when working with a client.

1. Identify and describe. With the goal of therapy being a change in behavior rather than the understanding of unconscious conflict or emotional catharsis, it is critical to pinpoint the target behavior (the behavior to be changed) precisely. For example, instead of stating one of a schizophrenic's problems as a morbid preoccupation with death, the operant therapist might observe that all of his conversation centers on murders and funerals. Thus the therapist can tell when the patient talks less of funerals whereas he would be less able to detect a decrease in a morbid death preoccupation. Similarly, if parents claim their child is uncooperative, the therapist may ask them to translate that to a statement, such as the child never complies with requests until threatened with a spanking. This type of clear description makes it possible to determine what reinforcement contingencies in the environment are maintaining the behavior.

2. Record. Because of the therapist's interest in evaluation, baseline measures of the frequency of the target behavior are recorded, and the situational context in which the behavior occurs is noted. Thus, when specific consequences are introduced, the recording is continued and it becomes readily apparent whether any change is occurring within a reasonable time period.

3. Initiate treatment. To change behavior, one rewards those actions

that should be encouraged and is careful not to reward those actions that are to be discouraged or eliminated. The basic rule is simple. However, implementation is more complex, as the therapist must select the most potent reward(s), determine how and when rewards should be given, and make provisions for the new behavior to occur and continue outside the treatment context. Furthermore, some behaviors are not even part of the client's repertoire, so they must be established before they can be rewarded. To do this, the therapist tries to "shape" the behavior by breaking it down into small steps and rewarding successive approximations of the desired behavior. For instance, when teaching a child to swim he can be taught to stroke, kick, float, and breathe properly before combining the steps. Or the desired behavior can be modeled so that the client can copy it to obtain the reward.

One stereotype of the operant therapist is that he does not talk to the client and may spend weeks shaping a behavior that the client could perform immediately if only requested to do so. This is not the case. To the extent that the client is able, he can enter into active collaboration with the therapist in determining treatment goals and the means of achieving them.

- 4. Evaluate.** To decide whether the treatment has been effective, the frequency of the behavior during and after treatment is compared with the frequency during the baseline period. If there has been a change in the desired direction, the therapist may then want to withdraw and reintroduce the

treatment to rule out the possibility that some other event has caused the change. It should be noted that the effectiveness of the treatment is determined by inspecting the data — not by the subjective opinions of the therapist and/or client.

APPLICATIONS

Operant treatment methods have been used with a wide range of client problems. On one hand, severely disturbed individuals can be helped: autistic children have been taught language, retarded children have been taught self-help skills, and chronic psychotics have been returned to the community. On the other hand are those with milder problems: weight loss and smoking reduction have been common target behaviors.

Two broad applications of Operant Conditioning Therapy are the token economy in educational and mental health settings and contingency contracting. In a token economy, target behaviors are determined for a group of individuals who receive points or tokens when they perform the desired behaviors. The points or tokens are then redeemable for a wide range of commodities. The tokens can be seen as analogous to a paycheck. In contingency contracting, two or more individuals specify behaviors they would like the other(s) to change and which rewards they would be willing to give in exchange for the changes. This direct communication of needs can

then be formalized in a contract. Such a procedure has often been adapted by couples and families experiencing conflict, and has recently been shown to be effective in families having a delinquent child.