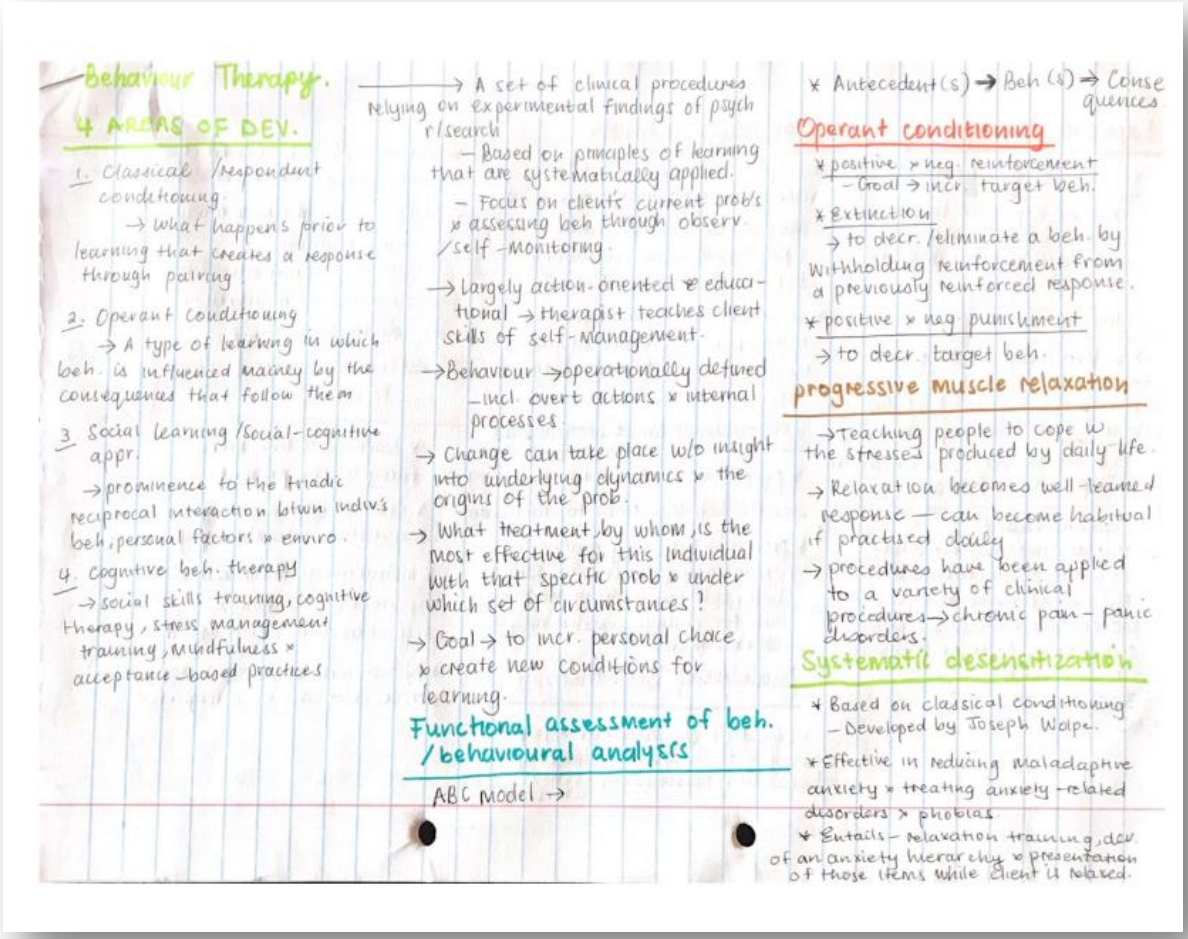


Behaviour Therapy.

→ A set of clinical procedures relying on experimental findings of psych r/search
- Based on principles of learning that are systematically applied.
- Focus on clients current prob's & assessing beh through observ /self-monitoring.

→ Largely action-oriented & educational → therapist teaches client skills of self-management.

→ Behaviour → operationally defined - incl. overt actions & internal processes.

→ Change can take place w/o insight into underlying dynamics & the origins of the prob.

→ What treatment, by whom, is the most effective for this individual with that specific prob & under which set of circumstances?

→ Goal → to incr. personal choice & create new conditions for learning.

4 AREAS OF DEV.

1. Classical /Respondent conditioning
→ what happens prior to learning that creates a response through pairing

2. Operant conditioning
→ A type of learning in which beh. is influenced mainly by the consequences that follow them

3. Social learning /Social-cognitive appr.
→ prominence to the triadic reciprocal interaction btwn indiv.s beh, personal factors & enviro.

4. Cognitive beh. therapy
→ social skills training, cognitive therapy, stress management training, mindfulness & acceptance-based practices

Functional assessment of beh. /behavioural analysis

ABC model →

* Antecedent(s) → Beh (s) → Consequences

Operant conditioning

* positive & neg. reinforcement - Goal → incr. target beh.
* Extinction → to decr. /eliminate a beh. by withholding reinforcement from a previously reinforced response.
* positive & neg punishment → to decr. target beh.

progressive muscle relaxation

→ Teaching people to cope w the stressed produced by daily life.
→ Relaxation becomes well-learned response — can become habitual if practised daily
→ procedures have been applied to a variety of clinical procedures → chronic pain - panic disorders.

Systematic desensitization

* Based on classical conditioning - Developed by Joseph Wolpe.
* Effective in reducing maladaptive anxiety & treating anxiety-related disorders & phobias.
* Entails - relaxation training, dev of an anxiety hierarchy & presentation of those items while client is relaxed.

PSYCHOTHERAPEUTIC INT.
04 APRIL 2019.

- Gain a knowledge of the dynamics of oppression racism discrimination x stereotyping
"different is just different, ill not nece. bad".

Ethics
- Does not make the decisions for you. There are multiple grey areas.
- There are rights that supercede the rights of your patients. However, the councellor makes the decision something ethically sound.
- Mandatory ethics – clear cut, non-negotiable
Aspirational " – ethics you inspire towards
What you resist against to protects certain risks
Positive " – more than just minimum standards.

positive
aspirational
mand.

- There might be more than one code that could apply, you need to weigh them and choose relevant ones.

Ethic codes
- a fundamental component of effective counselling
- Guidelines that outline professional standards of behaviour & practice
- Codes don't make decisions for counsellors
- Counsellors must interpret & apply ethical codes to their decision-making

- An opportunity to explore the paradoxes of life.
  They don't feel isolated.
- Group members will bring issues / lacking of other members to the forefront. "Why aren't you speaking?"
- Therapist needs to maintain control.

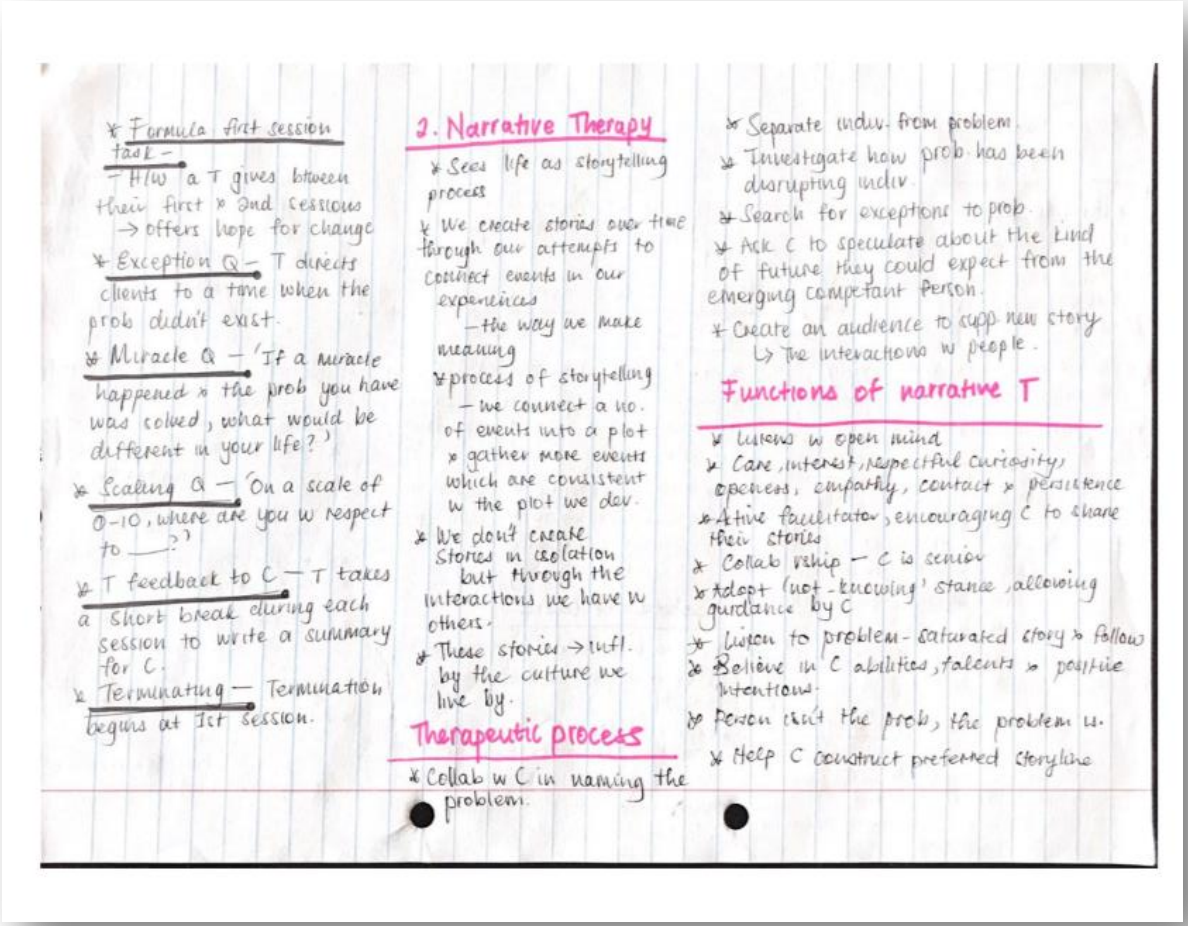
Contributions of existential therapy

- Normalized existentialism
- New dimensions of understanding towards anxieties, guilt, frustration, etc.
- Emphasis on the quality of human relationships
  Both working towards a resolution.
- Can be integrated into most therapeutic schools.

When clients express abstract emotion / thoughts → Existential therapy techniques.

Limitations

- Very much an individualistic appr. What about people from collectivist societies?
- While some people experience self-limitations that can be broken through, others experience very real, oppressive limitations.
- Some clients prefer structure. Won't work with everyone.
- Can be viewed as lofty and elusive. Needs proper training and emotional maturity.
- Difficult to standardize and study empirically.
- Some T lack the level of maturity necc, life experience, training.



* Formula first session task –
  - H/w a T gives between their first & 2nd sessions → offers hope for change
* Exception Q – T directs clients to a time when the prob didn't exist.
* Miracle Q – 'If a miracle happened & the prob you have was solved, what would be different in your life?'
* Scaling Q – 'On a scale of 0-10, where are you w respect to ___?'
* T feedback to C – T takes a short break during each session to write a summary for C.
* Terminating – Termination begins at 1st session.

2. Narrative Therapy

* Sees life as storytelling process
* We create stories over time through our attempts to connect events in our experiences
  - the way we make meaning
* process of storytelling
  - we connect a no. of events into a plot & gather more events which are consistent w the plot we dev.
* We don't create stories in isolation but through the interactions we have w others.
* These stories → infl. by the culture we live by.

Therapeutic process

* Collab w C in naming the problem.
* Separate indiv. from problem.
* Investigate how prob has been disrupting indiv.
* Search for exceptions to prob.
* Ask C to speculate about the kind of future they could expect from the emerging competant person.
* Create an audience to supp new story
  - ↳ The interactions w people.

Functions of narrative T

* Listens w open mind
* Care, interest, respectful curiosity, openness, empathy, contact & persistence
* Active facilitator, encouraging C to share their stories
* Collab ship – C is senior
* Adopt 'not-knowing' stance, allowing guidance by C
* Listen to problem-saturated story & follow
* Believe in C abilities, talents & positive intentions.
* Person isn't the prob, the problem is.
* Help C construct preferred storyline