

Behavior Modification

Part II

May 2012

Enuresis

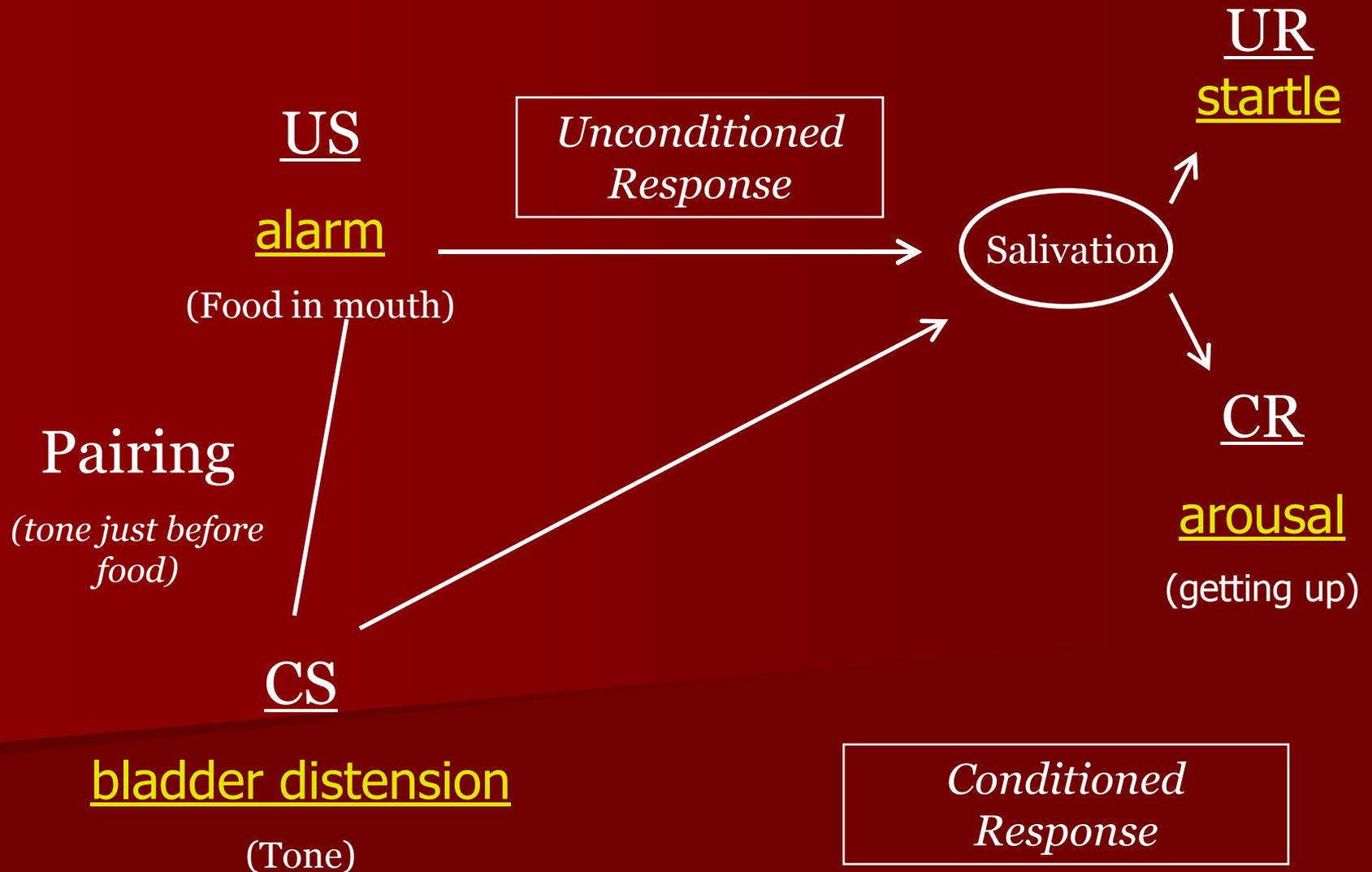
- Primary and secondary
- 2-3 times per week
- More common in boys, more common in low SES
- Treatment:
 - The Mowrer pad
 - Medication: low success, high relapse;
 - Kimmel & Kimmel – direct bladder training
 - Azrin technique (aversive and costly, treatment of last resort)

Enuresis

The Mowrer pad

- Conditioning device (no shock); the treatment of choice.
- **US**: alarm
- **UR**: startle
- **CS**: bladder distension
- **CR**: arousal (getting up)
- Successful treatment = kids sleep through the night (not getting up and go to the bathroom); high rate: 80%.

III. Pavlovian conditioning



Enuresis

Kimmel & Kimmel direct bladder training

- Encourage the drink of fluids
- Reward longer and longer retention during the day

Encopresis

- Punishment – if it is not organic
- Time out

Autism



■ Behavioral repertoire

- Self-injurious (SIB)
- Self-stimulation

■ Verbal behavior:

- Syntax
- Semantics

Goals:

- New behaviors (self-help, language, social)
- Stop bad behaviors (Why extinction may be a bad idea?)

Conduct disorders

Conduct:

- 1) Disruptive behaviors
 - Off-task behavior
 - Out of seat
 - Talking to others
 - Physical and verbal aggression towards teacher and/or classmates

- 2) Social Behavior
 - Physical and/or verbal aggression (non-classroom)
 - Withdrawal

Academic:

- 1) Failure to complete assignments
- 2) Non-grade level performance according to standardized tests (possibility of being held back)

Treatment overview

■ Who is involved:

- Parents
- Teacher(s)
- They will be required to change their behaviors (maintaining their behaviors requires reinforcement as well!)

■ Collect data:

- Interview: parents, teachers, child
- Observation:
 - Free observation: get general info
 - Frequency counting: count discrete behaviors, get frequencies
 - Time Sampling: check to see presence/absence of a behavior during a specified time frame.
 - Reliability is important: have clear criteria of what specifies a behavior; bring another observer.

Treatments

Classroom Based

- Token reinforcement
 - Phase out eventually
- Social reinforcement

Home Based

- Token reinforcement

Punishment can be added as adjunct consequence for all three treatment approaches.

Three types:

- Contingent time out
- Soft reprimands
- Response cost (tokens)

Mental retardation



- General intellectual functioning
 - Low IQ
- Adaptive functioning
 - Difficulty in coping with life demands and meeting the standards of personal independence

Mental retardation

Behavioral Treatments

- Behavioral treatments are effective even when there is a biological cause for MR
- strong reinforcers/punishers are often necessary
- Emphasis is on improving adaptive functioning, not on “curing” MR

Mental retardation

Areas Commonly Targeted

- Self-help behaviors
 - Dressing, toileting, appropriate feeding
- Motor behaviors
 - Speech articulation, chronic drooling
- Social behaviors
 - Social skills training, oppositional behavior, disruptive classroom behavior
- Vocational skills
 - Appropriate performance of job tasks

Mental retardation

Effective Procedures

- Token reinforcement
- Response cost (token loss)
- Time out
- Differential reinforcement of other behavior (DRO)
- Multiple baseline design
- Task analysis

Task Analysis

- You analyze a “complex” task into its constituent parts, then train each individual step
- Reinforcement (typically social praise) comes at the end of the chain, just like in a chained schedule
- Typically done using backward chaining, but research shows that forward chaining is equally effective
- Examples
 - tucking in your shirt, tying your shoes

Oppositional behavior

Behavior-analytic family interventions

- Manage contingencies
 - Reinforcement
 - Punishment

- Manage the environment
 - The family dynamics = very important

The negative reinforcement trap

Phobias

Types

- Specific phobias
- Social phobia: fear of being embarrassed in social situations.
- Agoraphobia (often in relation with panic disorder): fear of being in any situation that might provoke a panic attack, or from which escape might be difficult if a panic attack occurred.
- How are they acquired?

Phobias

Treatment

- Progressive muscle relaxation
- Graduate extinction
 - Speaking of extinction: what is the difference between extinction bursts and spontaneous recovery?
- Flooding
- Systematic desensitization

Sexual dysfunctions

- Erectile failure
 - primary
 - secondary
- premature ejaculation
- ejaculatory incompetence
- orgasmic dysfunction
 - Males
 - females
- Paraphilias

Sexual dysfunctions

Treatment

- The partner usually needs to be involved
- The “squeeze technique”
- Graduated approach to intercourse

Eating disorders

- Anorexia - refusal to maintain a healthy body weight, and an obsessive fear of gaining weight
- Obesity
- Bulimia - recurrent binge eating, followed by compensatory behaviors
- What is CBT?

OCD

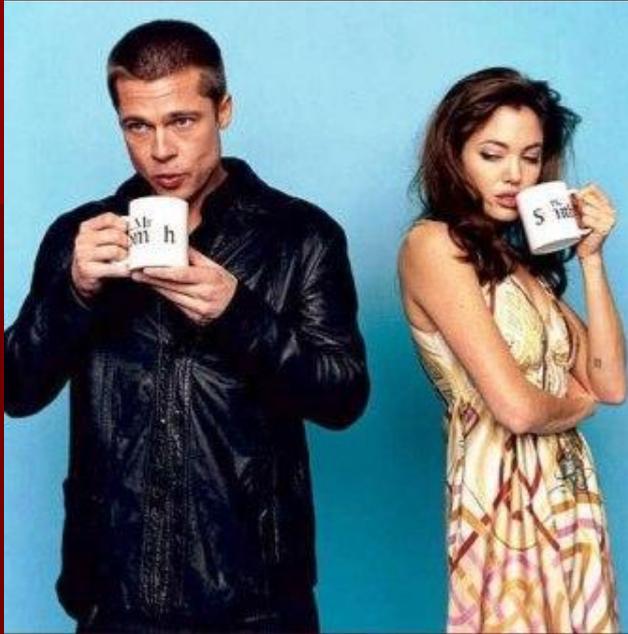


- Characteristics:
 - Intrusive thoughts – produce anxiety
 - Repetitive behaviors (rituals) – reduce anxiety
- Two components:
 - Anxiety
 - Avoidance behavior
- Treatment of choice: extinction with response prevention

Behavioral medicine

- Biofeedback
- Progressive muscle relaxation
- Idiopathic insomnia
 - a. Progressive muscle relaxation
 - b. Sleep log/records
 - c. Stimulus control - the bed is just for sleep
 - after 30 minutes, if not asleep, get up and do something else (repeat)

Marital therapy



- Problematic
- Many drop out
- Prognosis – not good (N.B. these are last year's pictures 😊)

- Usually, upset with each other's behaviors (e.g. "the good cop – bad cop" issue)
 - Approach: behavioral contracts
 - Quid-pro-pro contracts
 - Good faith contracts
- Lot of fights
 - Approach: verbal therapy focused on discussing effectively and learn to solve problem.

General issues

When treating dyads

- E.g. husband and wife (parent – child, etc)
- One is an environment for the other
- The behavior of one is a consequence for the behavior of the other
- A circular relation that needs to be interrupted.

Behavior Therapy

- Goal directed therapy
- Focused on behavior change
- Tailored for each client, although the basic principles are same

Instruments of behavior therapy

■ Reinforcers (maintain behavior)

- Definition
- Examples (positive and negative)

■ Punishers (reduce behavior):

- Definition
- Examples
- Specific problems:

- N.B. Never assume that a stimulus is a reinforcer or punisher, even if it looks like one!

Important and problematic behaviors

■ Escape

- Definition
- Treatment

■ Avoidance

- Definition
- Treatment

Important aspects to keep in mind

■ Stimulus control

- Definition
- Implications
- Discriminative stimuli

■ Generalization

- Definition
- Implications

■ Discrimination

- Definition
- Implications

Fundamental issues:

How to remove behaviors from repertoire?

How to introduce new behaviors into the repertoire?