

A FUNNY THING HAPPENED ON THE WAY TO THE COUCH: A HISTORY OF BEHAVIOR THERAPIES

Coordinator: Peter Houts

When first introduced in the 1960's, behavior therapy was a little known, alternative to the insight therapies derived from Freud, and other psychodynamic therapists. Today behavior therapies are widely used and have largely displaced psychodynamic therapies. Ideas for behavior therapy programs came from research on learning and education and, more recently, self actualization programs. We discuss Skinner's use of operant conditioning, Wolpe's use of Pavlovian conditioning, and Beck's focus on conscious thinking to help people manage their emotional responses to life's problems. This study group reviews the history of behavior therapy programs and how they have changed over time.

Readings and other Materials/Online Services:

The coursepack includes selections from professional journal articles and books. An average of 20 pages reading is assigned per class with an estimated total cost of approximately \$20.

Peter is a social psychologist who has studied behaviors of mental patients and their therapists and has interacted with some of the pioneers in behavior therapy. He has facilitated other study groups on experimental social psychology, behavioral economics, and photography.

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Week 1: Psychotherapy before behavior therapy

A selective history of how mental illness has been understood and treated in the past. We will also discuss research on effectiveness of "talk therapies" and Peter Houts' research on the relationship (or lack thereof) between what psychotherapists say they do in therapy and what they actually do. Finally, we discuss Carl Rogers' emphasis on "unconditional regard" in counseling to understand common features of all psychotherapies independent of their theoretical orientations.

Week 2 BF Skinner

Skinner's "radical behaviorism" has had a major impact on the lives of many mentally handicapped people. In this session we discuss how he and his students adapted laboratory research methods to teach mentally retarded people new skills. We also discuss programs that use operant conditioning techniques in treating chronic pain and

eating disorders and organizing “token economies” on wards for people with severe mental illness.

Week 3 Joseph Wolpe – Wolpe conceptualized phobias as conditioned anxiety responses to traumatic experiences and used “counter conditioning” to “extinguish” those responses. We review research on the effectiveness of his “desensitization” procedures and discuss the strengths and limitations of these techniques in psychotherapy

Week 4 Timothy Beck - Beck is a founder of “cognitive behavior Therapy” which focuses on patients’ distorted thinking and shows them how these distortions cause emotional distress. Homework assignments include practicing realistic thinking and engaging in behaviors that are rewarding and contradict the patients’ distorted expectations. Cognitive behavior therapy is the most widely used version of behavior therapy today.

Week five - We discuss problem-solving therapy, a version of cognitive behavior therapy. The first phase of problem-solving therapy is to address patients’ feelings about the problem-solving process using cognitive behavior therapy techniques to reduce anxiety and support a realistic view of their problems. Next patients practice using an orderly sequence of problem-solving steps to manage their problems. The problem solving steps are similar to those taught in management training programs but adapted for helping people with emotional problems. Problem-solving therapy has been applied to a wide range of psychological problems ranging from depression to helping patients and caregivers cope with the stresses of physical illnesses.

Week six A recent trend in cognitive behavior therapy has been incorporating features taken from “self-actualization” programs. For example, patients may practice “mindful meditation” in conjunction with cognitive therapy. Another example is “Acceptance and Commitment therapy” which emphasizes acceptance of internal states along with commitment to behavioral change for reaching life goals. This is not what the originators of behavior therapy would have expected. We discuss the evolution of behavior therapy and speculate on where it may go in the future.