

Chapter 1

Behavior Therapy: An Introduction

Participation Exercise 1-1: What Do You Know About Behavior Therapy?

TERMINOLOGY AND SCOPE

WHAT IS BEHAVIOR THERAPY?

Defining Themes of Behavior Therapy

- Scientific
- Active
- Present Focus
- Learning Focus

Common Characteristics of Behavior Therapy

- Individualized Therapy
- Stepwise Progression
- Treatment Packages
- Brevity

THE THERAPIST–CLIENT RELATIONSHIP IN BEHAVIOR THERAPY

MANY VARIATIONS OF BEHAVIOR THERAPY

ETHICAL ISSUES IN BEHAVIOR THERAPY

PURPOSE OF THIS BOOK

SUMMARY

REFERENCE NOTES

Guiding Questions

- 1-1. What are the four defining themes of behavior therapy?
- 1-2. What are the four common characteristics of behavior therapy?
- 1-3. What is the difference between defining themes and common characteristics?
- 1-4. What is the nature of the therapist–client relationship in behavior therapy?
- 1-5. What are the advantages of the fact that behavior therapy consists of a wide variety of techniques?
- 1-6. What are the two major potential ethical issues in behavior therapy?

Multiple Choice Questions

1-1 (p. 4, b)

Behavior therapy is the term preferred by the author because behavior therapy

- a. changes behaviors directly.
- b. is the broadest and purest term.
- c. does not deal with cognitions.
- d. includes all behavioral modifications.

1-2 (p. 4, c)

The major goal of behavior therapy is to

- a. resolve past traumas.
- b. validate existing psychotherapies.
- c. treat psychological problems.
- d. prevent behavioral disorders.

1-3 (p. 5, d)

Which of the following is the most commonly agreed-upon definition of behavior therapy?

- a. The therapeutic application of the laws of learning
- b. Any empirically-validated psychotherapy procedure
- c. The treatment of behavior-maintaining cognitions
- d. No single definition exists

1-4 (p. 5, a)

Precision and empirical evaluation are elements of which defining theme of behavior therapy?

- a. Scientific
- b. Present Focus
- c. Active
- d. Learning

1-5 (p. 5, c)

Conclusions about the effectiveness of behavior therapies are based on

- a. the judgment of experienced therapists.
- b. managed-care company actuaries.
- c. the results of empirical research.
- d. the testimonials of satisfied clients.

1-6 (p. 5, b)

Behavior therapy is considered an active therapy in part because

- a. therapists play an active role in treatment.
- b. clients engage in actions as part of treatment.
- c. researchers actively test existing treatments.
- d. behavioral change is activated via treatment.

1-7 (p. 5, c)

In behavior therapy, conversations between the client and therapist are predominantly for

- a. building rapport and trust.
- b. developing insight into problems.
- c. exchanging information.
- d. working through past traumas.

1-8 (p. 5, a)

Specific therapeutic tasks clients perform in their everyday environments are called

- a. homework assignments.
- b. booster sessions.
- c. maintenance treatments.
- d. therapeutic practice.

1-9 (p. 6, c)

The term in vivo is used to designate therapy procedures

- a. associated with greater client discomfort.
- b. requiring extensive practice by the client.
- c. implemented in the clients' natural environment.
- d. not requiring therapist participation.

1-10 (p. 6, a)

The behavior therapy term change agent refers to

- a. people trained to assist in treatment.
- b. the role assumed by the therapist.
- c. any environmental factor influencing behavior.
- d. a sponsor not affiliated with the treatment.

1-11 (p. 6, c)

Guiding clients to conduct their own treatment is representative of

- a. client–therapist collaboration.
- b. a learning focus.
- c. the self-control approach.
- d. in vivo treatment.

1-12 (p. 6, b)

Clients who participate in changing their own behaviors

- a. show faster recovery times.
- b. are more likely to maintain the change.
- c. are less likely to drop out of treatment.
- d. show a greater decrease in symptoms.

1-13 (p. 6, d)

Behavior therapy is said to have a present focus because it assumes that

- a. past events do not lead to present problems.
- b. it is impossible to focus on the past.
- c. the problem only exists in the present.
- d. problems are only influenced by present conditions.

1-14 (p. 7, c)

Behavior therapy's learning focus describes, in part, the therapist's

- a. attempts to uncover the client's traumatic history.
- b. responsibility to "keep up" with the field.
- c. replacing of maladaptive behaviors with adaptive ones.
- d. assumption that all behavior is a function of learning.

1-15 (pp. 7-8, b)

Which of the following is most representative of behavior therapy?

- a. Generic reinforcers issued in a group setting.
- b. Procedures moving from simple to complex.
- c. Single therapies used one at a time.
- d. A relatively long treatment time.

1-16 (p. 8, b)

The combination of two or more behavior therapy procedures is called

- a. a multimodal treatment.
- b. a treatment package.
- c. a multimethod treatment.
- d. an integrated therapy.

1-17 (p. 8, a)

For successful treatment in behavior therapy, the therapist–client relationship is considered

- a. necessary but not sufficient.
- b. both necessary and sufficient.
- c. sufficient but not necessary.
- d. neither sufficient nor necessary.

1-18 (p. 9, c)

In behavior therapy, decisions about therapy procedures are most often made by

- a. the therapist.
- b. the client's physician.
- c. the therapist and client jointly.
- d. the physician and client jointly.

1-19 (p. 11, b)

One advantage of having multiple treatments available for the same problem is that different therapies

- a. invite an eclectic approach to therapy.
- b. target different aspects of the same problem.
- c. vary in their adherence to the present and learning foci.
- d. allow for more congruent treatment packages.

1-20 (p. 11, b)

One potential ethical issue in behavior therapy is

- a. the use of inefficacious treatments.
- b. the deprivation of a client's rights.
- c. a prolonged course of treatment.
- d. excessive financing from managed care.