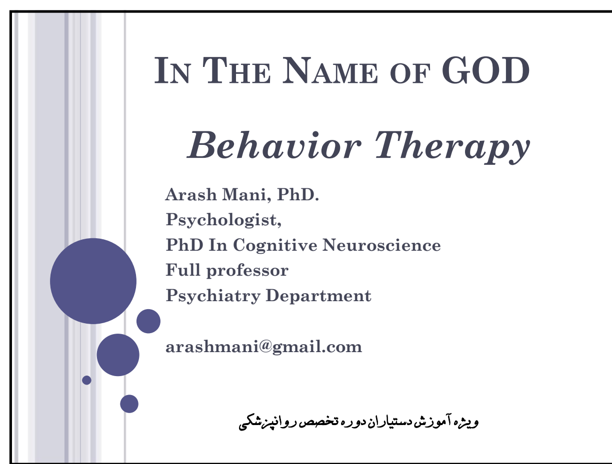


مقدمه

- نقش یادگیری در همه صحنه های زندگی ما نمایان است. یادگیری نه تنها در آموختن مهارتی خاص یا مطلب درسی، بلکه در رشد هیجانی، تعامل اجتماعی، و حتی رشد شخصیت نیز دخالت دارد.

مثلا؛ یاد میگیریم از چه بترسیم، چه چیزی دوست بداریم، چگونه مودبانه صحبت کنیم، چگونه صمیمیت نشان دهیم.

3

تعریف یادگیری

- تغییری نسبتا دائمی در رفتار است که در نتیجه تمرین حاصل می شود. تغییراتی که در رفتار که حاصل رسش (و نه تمرین)، یا شرایط موقت جاندار (مثل خستگی یا حالات ناشی از مصرف مواد) باشند، مشمول این تعریف نمی شوند.
- تمام یادگیری ها مشابه هم نیستند.

انواع یادگیری

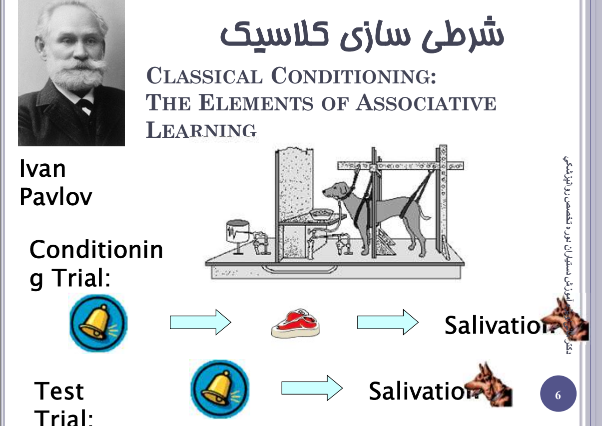
- خوگیری
- شرطی سازی کلاسیک
- شرطی سازی عامل
- یادگیری پیچیده

خوگیری

- ساده ترین نوع یادگیری؛
- عبارت است از نادیده گرفتن محرکی که با آن مأنوس شده ایم، و پیامد مهمی برای ما ندارد.
- مثلا؛ یادگرفتن اینکه صدای تیک تاک ساعت تازه ای را نشنویم.

شرطی سازی کلاسیک

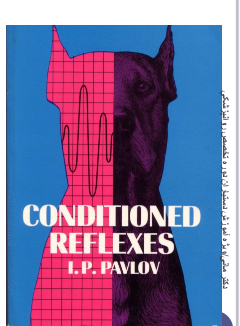
CLASSICAL CONDITIONING: THE ELEMENTS OF ASSOCIATIVE LEARNING



6

شرطی سازی کلاسیک

- شرطی سازی کلاسیک: نوعی فرایند یادگیری است که طی آن محرکی قبلا خنثی با محرک دیگری، از راه جفت شدن مکرر پیوند می یابد.
- پاولف که تصادفا به موردی از یادگیری پیوندی برخورده بود مصمم شد دریابد آیا می توان به سگ آموخت که غذا را با چیزهای دیگری مثل نور یا صوت پیوند دادیا نه؟



7

اصطلاحات شرطی سازی کلاسیک

- محرک غیر شرطی: محرکی که خودبخود بدون شرطی سازی قبلی، معمولا به وسیله بازتاب، پاسخی را فرا می خواند.
- پاسخ غیر شرطی: پاسخی است اساسا به محرک غیرشرطی که برای برقراری پاسخ شرطی به محرک قبلا خنثی بکار میرود.
- محرک شرطی: محرکی خنثی که پس از شرطی سازی از طرق پیوند با محرکی غیرشرطی، پاسخ شرطی را فرامی خواند.
- پاسخ شرطی: پاسخ یادگرفته یا آموخته شده به محرکی که در ابتدا آن پاسخ را فرانمی خواند (یعنی به محرک شرطی).
- کوشش آزمایشی: هربار ارائه توأمان محرک شرطی و محرک غیر شرطی یک کوشش آزمایشی نامیده می شود.

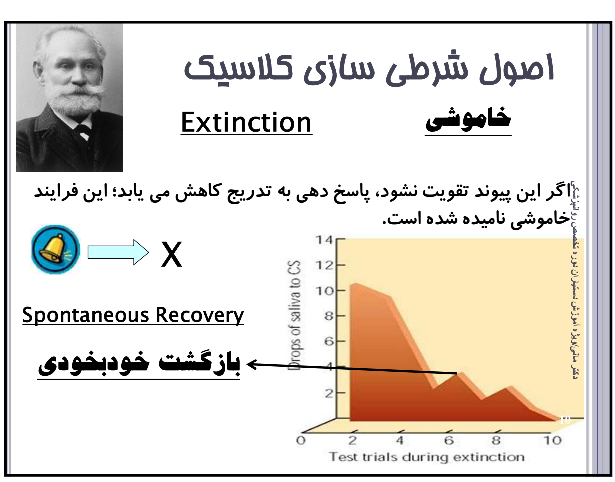
8

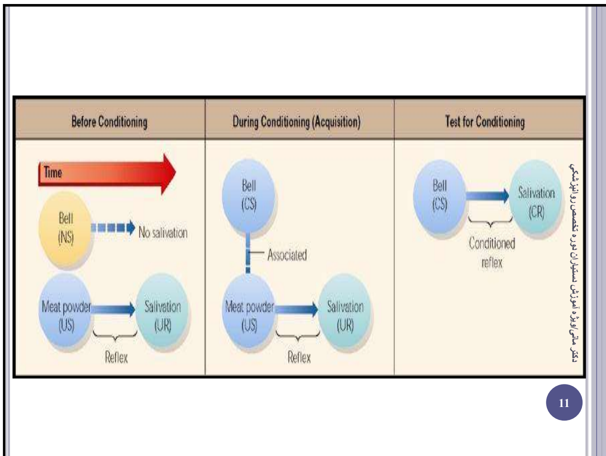
اصول شرطی سازی کلاسیک

فراگیری Acquisition

کوششهایی که طی آن آزمودنی در حال یادگیری پیوند بین دو محرک است؛ مرحله فراگیری شرطی سازی نامیده می شود؛ جفت کردن مکرر زنگ و غذا در مرحله فراگیری، ارتباط بین این دو محرک را قوی تر می کند.

Drops of saliva to CS
Test trials during acquisition





- معنای فراگیری و خاموشی را هنگامی به سهولت می توان دریافت که توجه داشته باشیم آنچه جاندار در شرطی شدن کلاسیک یاد می گیرد؛ **پیش بینی** رویداد بعدی است.
- وقتی پیش بینی موفقیت آمیز باشد؛ جاندار یادمی گیرد باز هم به همان نحو دست به پیش بینی بزند.(مرحله فراگیری)
- وقتی اوضاع تغییر کند، طوری که آن پیش بینی ناموفق درآید جاندار یاد می گیرد از آن پیش بینی پرهیز کند.(مرحله خاموشی)

سئوال برای تفکر:

پس از چند جلسه شیمی درمانی گاهی بیماران به محض ورود به اتاق درمان دچار حالت تهوع و دل بهم خوردگی می شوند؛ علت را توضیح دهید.

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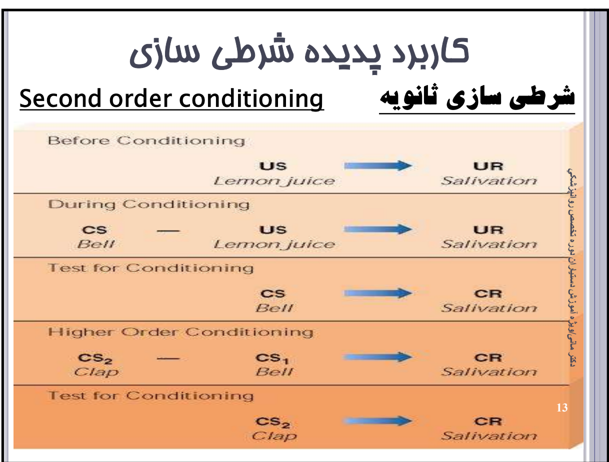
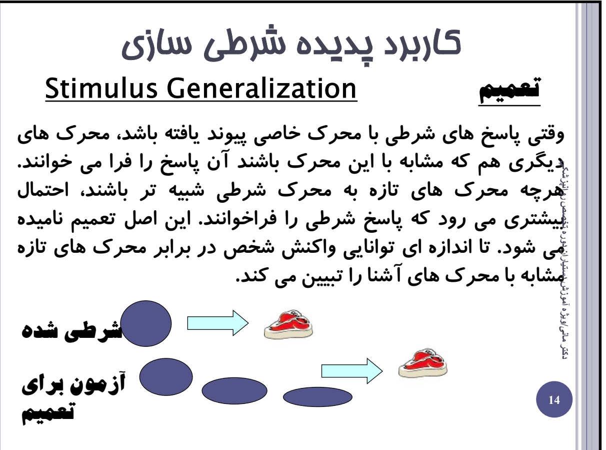
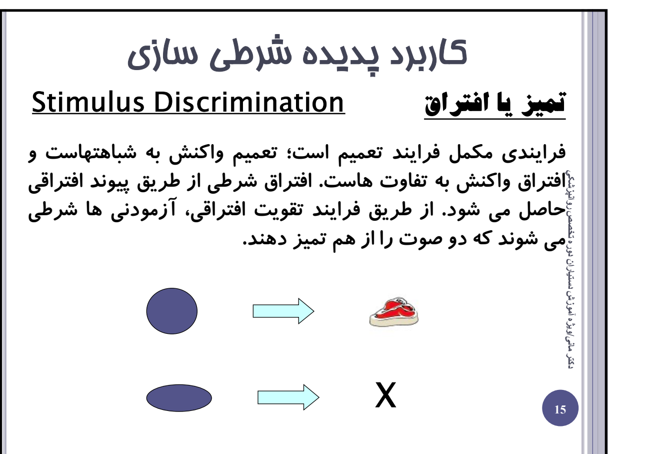

کاربرد پدیده شرطی سازی
Second order conditioning
شرطی سازی ثانویه
Before Conditioning
US
Lemon juice
UR
Salivation
During Conditioning
CS
Bell
US
Lemon juice
UR
Salivation
Test for Conditioning
CS
Bell
CR
Salivation
Higher Order Conditioning
CS2
Clap
CS1
Bell
CR
Salivation
Test for Conditioning
CS2
Clap
CR
Salivation
13


کاربرد پدیده شرطی سازی
Stimulus Generalization
تعمیم
وقتی پاسخ های شرطی با محرک خاصی پیوند یافته باشد، محرک های دیگری هم که مشابه با این محرک باشند آن پاسخ را فرا می خوانند. هرچه محرک های تازه به محرک شرطی شبیه تر باشند، احتمال بیشتری می رود که پاسخ شرطی را فراخوانند. این اصل تعمیم نامیده می شود. تا اندازه ای توانایی واکنش شخص در برابر محرک های تازه مشابه با محرک های آشنا را تبیین می کند.
شرطی شده
آزمون برای تعمیم
14


کاربرد پدیده شرطی سازی
Stimulus Discrimination
تمیز یا افتراق
فرایندی مکمل فرایند تعمیم است؛ تعمیم واکنش به شباهتهاست و افتراق واکنش به تفاوت هاست. افتراق شرطی از طریق پیوند افتراقی حاصل می شود. از طریق فرایند تقویت افتراقی، آزمودنی ها شرطی می شوند که دو صوت را از هم تمیز دهند.
X
15

مقدمه

- پاسخ شرطی در شرطی سازی کلاسیک اغلب مشابه پاسخ طبیعی به محرک شرطی است ـ مثلا ترشح بزاق، پاسخ طبیعی سگ به غذا ست. اما وقتی بخواهیم چیزی تازه به جاندار بیاموزیم، نمی توانیم از شرطی سازی کلاسیک استفاده کنیم.
- کدام نوع محرک غیرشرطی می تواند سگ را وادار کند تا روی دو پا بنشیند؟ برای چنین آموزشی اول باید سگ را ترغیب کرد که رفتار مورد نظر را انجام دهد و سپس با تأیید یا غذا به او پاداش داد. اگر چندین بار این کار را نهایتا سگ رفتار مورد نظر را یاد می گیرد.
- در شرطی سازی عامل، هر پاسخ معینی به این علت یادگرفته می شود که بر محیط عمل می کند، یا اثر می گذارد.

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قانون اثر

- بررسی شرطی سازی عامل از قرن نوزدهم با سلسله آزمایش های ثرندایک شروع شده است. E.L. Thorndike
- بر اساس این قانون فرد بر اساس بصیرت به حل مساله نمی پردازد بلکه به نظر میرسد که فرد بر اساس کوشش و خطا یاد میگیرد.
- بر اساس این قانون وقتی پاداشی بلافاصله به دنبال یکی از ان رفتارها بیاید، یادگیری آن عمل نیرومندتر می شود. ثرندایک این نیرومند شدن را قانون اثر می نامد می نامید و چنین استدلال می کرد که در یادگیری عامل مبتنی بر قانون اثر از میان یک سلسله رفتارهای اتفاقی فقط رفتارهایی برگزیده می شوند که پیامد مثبت داشته باشند.

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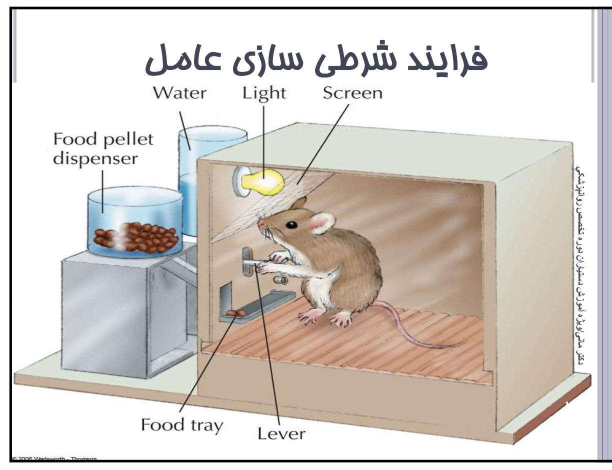
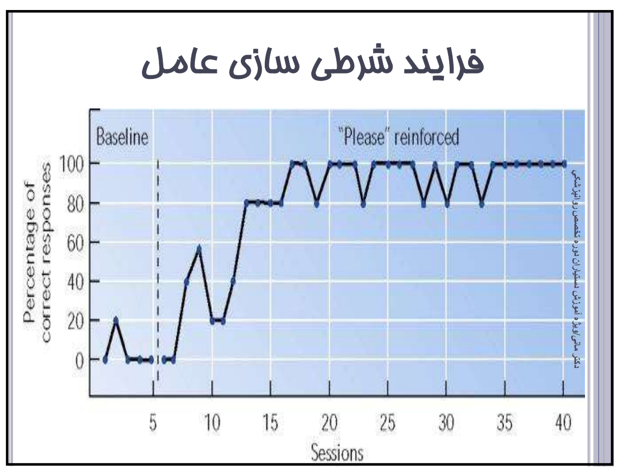
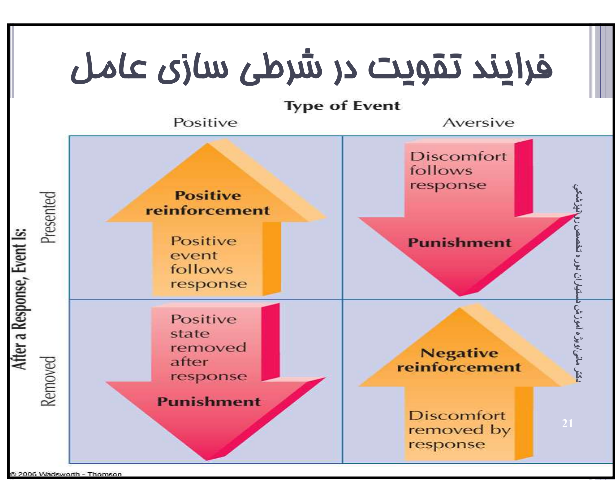


فرایند شرطی سازی عامل
Water
Light
Screen
Food pellet dispenser
Food tray
Lever



فرایند شرطی سازی عامل
Baseline
"Please" reinforced
Percentage of correct responses
100
80
60
40
20
0
5
10
15
20
25
30
35
40
Sessions



فرایند تقویت در شرطی سازی عامل
Type of Event
Positive
Aversive
After a Response, Event Is:
Presented
Removed
Positive reinforcement
Positive event follows response
Discomfort follows response
Punishment
Positive state removed after response
Punishment
Negative reinforcement
Discomfort removed by response

انواع تقویت

- در زندگی روزمره به ندرت هر رفتار معینی در کلیه موارد ابراز شدن با تقویت روبرو می شود. مثلا سخت کوشی گاهی ستایش به دنبال دارد. اما در اغلب موارد کسی به آن توجهی نمی کند. اگر شرطی سازی رفتار عامل فقط با **تقویت پیوسته** ممکن می شد. این نوع شرطی سازی نقشی محدود در زندگی ما ایفا می کرد. واقعیت این است که به محض به وجود آمدن هر رفتار خاصی می توان با تقویت گهگاهی آنرا حفظ کرد؛ این پدیده **تقویت پاره ای** نامیده می شود.
- وقتی تقویت فقط برخی از اوقات روی دهد، باید بدانیم ارائه آن دقیقا چگونه برنامه ریزی شده است.

1) برنامه های نسبتی

2) برنامه های زمانی

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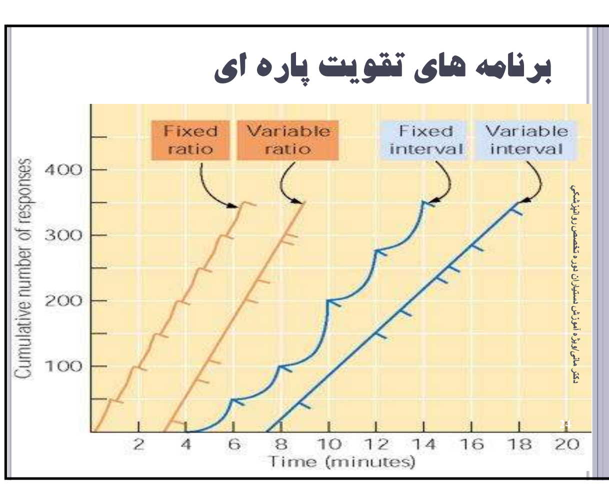

شرطی سازی آزارنده

- در مورد تقویت به گونه ای صحبت کردیم که گویا همیشه چیز مثبتی است. اما از رویدادهای منفی و آزارنده، مانند ضربه الکتریکی و صوت هم گاهی اوقات در شرطی سازی استفاده می کنند.
- بسته به اینکه از رویداد آزارنده برای تضعیف پاسخ موجود استفاده شود یا برای یادگیری پاسخی نو، شرطی سازی با محرک آزارنده، اقسام مختلف دارد.
- ۱- تنبیه
- ۲- گریز و اجتناب

بوق زدن ممنوع

Differences between Classical Conditioning and Operant Conditioning

Classical Conditioning	Operant Conditioning
Simple/Reflex Behavior	Complex/Voluntary Behavior
Focuses on ANTECEDENTS: Events which take place BEFORE the target response	Focuses On CONSEQUENCES: Events which take place AFTER the target response
Learning takes place when there is an association made between two unrelated stimuli (before the desired / target response)	Learning takes place when a desired (target) response is affected by its consequences (after the desired/target response)

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Behavior Therapy

CONTRIBUTIONS

- Wide variety of techniques available.
- Therapy stresses 'doing'.
- Techniques have been extended to more areas of human functioning than any other therapeutic approach.
- Emphasis on research into and assessment of treatment outcomes.

Behavior Therapy

- Therapists are willing to examine the effectiveness of their procedures in terms of generalizability and durability of change.
- Therapists are ethical in their practice
- Clients have control and freedom
- Clients can monitor and manage their interventions.
- Therapists use empirically supported techniques.
- Treatment is as brief as possible.

Behavior Therapy

LIMITATIONS OF BEHAVIOR THERAPY

- Behavior therapy may change behaviors, but it does not change feelings
- Does not deal with the emotional process as fully as other approaches
- Relationship between client and therapist is discounted
- Behavior therapy does not provide insight
- Behavior therapists treat symptoms rather than causes
- Therapy involves control and manipulation by the therapist

TERMINOLOGY AND SCOPE

- Behavior therapy also is called **behavior modification**
- Behavior modification sometimes is used as a generic term to refer to any procedure that modifies behaviors, including some rather radical procedures ranging from lobotomies to wilderness survival courses, which are totally unrelated to behavior therapy .
- **The major goal of behavior therapy is to help clients with psychological problems**, a goal it shares with other forms of psychotherapy.

- In addition to treating psychological disorders, the principles and procedures of behavior therapy have been harnessed for a variety of purposes, including to **improve everyday functioning**, such as work productivity and child rearing; to deal with societal problems, such as safety hazards and recycling; to enhance athletic performance; to reduce perfectionism in graduate students; and to prevent and treat the physical and **psychological effects of medical disorders**.

WHAT IS BEHAVIOR THERAPY?

- **Scientific**

All aspects of behavior therapy are defined precisely, including the behaviors targeted for change, treatment goals, and assessment and therapy procedures. Treatment protocols that spell out the details of particular therapy procedures have been developed for a number of behavior therapies. Using such protocols enables therapists to employ the same procedures that have already proven efficacious. As another example of precision, clients' progress is monitored before, during, and after therapy using quantitative measurements of the behaviors to be changed.

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WHAT IS BEHAVIOR THERAPY?

- **Active**

✓In behavior therapy, clients engage in specific actions to alleviate their problems. In other words, clients do something about their difficulties, rather than just talk about them. **Behavior therapy is an action therapy, in contrast to a verbal therapy.**

✓Specific therapeutic tasks clients perform in their everyday environments, called homework assignments, are an integral part of behavior therapy. The logic for implementing treatment in the client's natural environments is simple: The client's problem is treated where it is occurring, which is in the client's everyday life.

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WHAT IS BEHAVIOR THERAPY?

- **Present Focus**

✓The focus of behavior therapy is in the present. Behavior therapists assume that clients' problems, which occur in the present, are influenced by current conditions.

✓Accordingly, behavioral assessment focuses on the client's current, rather than past, circumstances to find the factors responsible for the client's problems.

✓This emphasis contrasts with other types of psychotherapy, such as psychoanalytic therapy, which assume that the major influences on clients' problems reside in the past.

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WHAT IS BEHAVIOR THERAPY?

- **Learning Focus**

✓An emphasis on learning is a final theme that defines behavior therapy and distinguishes it from other types of psychotherapy. Learning is important in three different respects.

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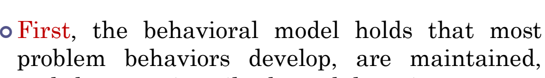

- First, the behavioral model holds that most problem behaviors develop, are maintained, and change primarily through learning.
- Behavior therapists do not believe that all behaviors are primarily a function of learning because some behaviors are strongly influenced by heredity and biology. *Nonetheless, virtually all behaviors are affected by learning, even if they have biological components.*

- Third, the development of some behavior therapies was originally based on basic learning principles, and theories of learning (such as classical and operant conditioning) often are used to explain why behavior therapy procedures work.

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Common Characteristics of Behavior Therapy

- **Individualized Therapy**

In behavior therapy, standard therapy and assessment procedures are tailored to each client's unique problem, the specific circumstances in which the problem occurs, and the client's personal characteristics.

- **Stepwise Progression**

Behavior therapy often proceeds in a stepwise progression, moving from simple to complex, from easier to harder, or from less threatening to more threatening.

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Common Characteristics of Behavior Therapy

- **Treatment Packages**

Two or more behavior therapy procedures often are combined in a treatment package to increase the effectiveness of the therapy.

- **Brevity**

Behavior therapy is relatively brief, generally involving fewer therapy sessions and often less overall time than many other types of therapy. This results in part, from the use of homework assignments in particular and the self control approach in general. The length of therapy varies considerably with the problem being treated. Usually, the more complex and severe the problem, the longer is the treatment duration.

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THERAPIST–CLIENT RELATIONSHIP IN BEHAVIOR THERAPY

The relationship between the therapist and the client is important in all forms of psychotherapy, and with some psychotherapies it is the most critical factor.

In behavior therapy, the relationship is considered a necessary but not a sufficient condition for successful treatment.

- Collaboration between the therapist and client is a hallmark of behavior therapy. Behavior therapists share their expertise so that clients become knowledgeable partners in their therapy.
- Decisions about therapy goals and treatment procedures are made jointly.

In The Name of GOD

Behavior Therapy

Session 2

Arash Mani, PhD.
Psychologist,
PhD In Cognitive Neuroscience
Full professor of Shiraz University of Medical Science(SUMS).
Psychiatry Department
Hafez Hospital

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The Behavioral Model

Goal of this PRESENTATION:

- This session describes the general model of human behavior that forms the basis of behavior therapy. Then, outlines the principles of behavior therapy derived from the model so this session presents the core of behavior therapy

PREEMINENCE OF BEHAVIOR

How do we define who a person is?
What makes a person unique?
According to the behavioral model, each of us is defined by our behavior.

We are what we do!

Overt and Covert Behaviors

There are two broad categories of behaviors: overt and covert.

Overt behaviors are actions that other people can directly see or hear; in a sense.

Covert behaviors are private behaviors, things we do that others cannot directly observe; however, we usually are aware of them when we ourselves engage in them.

There are three categories of covert behaviors:

1. **Cognitions:** *thinking*, *expecting*, *attributing*, and *imagining*.
2. **Emotions:** *feelings*.
3. **physiological responses:** *muscle tension, heart rate, blood pressure, and respiratory rate*

<u>*Assessing overt behaviors*</u> is relatively straightforward because they are directly observable.

<u>*Assessing covert behaviors*</u> is more complicated. Each of us has direct knowledge of our own covert behaviors, but we only have indirect knowledge of other people's covert behaviors:

-*Talking*
- *Inferring*

Assignment:

Think of someone you know well. Write a brief description of that person so that someone who doesn't know the person could get a feel for what he or she is like. When you have finished, continue reading.

Behavioral Vs Trait Descriptions

Traits

- ✓Are personality characteristics.
- ✓That we attribute to others and ourselves, such as friendly, smart, interesting.
- ✓Are theoretical constructs that do not actually exist, but they are convenient ways of describing people.
- ✓Are inferred from behaviors.
- ✓Descriptions appear to provide a great deal of information about a person, but they actually provide generalizations rather than specific information.

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Behavioral Vs Trait Descriptions

- ➢There are several interrelated advantages of describing clients' problems in terms of behaviors rather than traits.
- ➢Behavioral descriptions are more precise, and they promote individuality. In contrast, *trait descriptions classify clients' problems into broad categories* (such as depression and schizophrenia).
- ➢Behavioral descriptions provide the detailed information needed to design a treatment plan tailored to each client's unique problem.

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Behavioral Vs Trait Descriptions

- Being able to distinguish behaviors from traits is important for understanding the behavioral model.
- Behavior therapists deal with clients' behaviors, not their traits.
- Behavior therapists must ***"translate" traits into behaviors.*** This involves identifying the unique behaviors that are Fulld with clients' trait descriptions.

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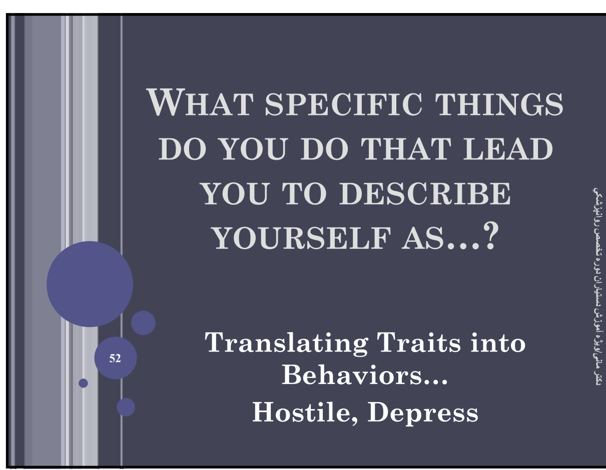

WHY DO WE BEHAVE THE WAY WE DO?

- According to the behavioral model, a person's behaviors are caused by present events that occur before and after the behaviors have been performed.
  - Antecedents are events that occur or are present before the person performs the behavior.
  - Consequences are events that occur after and as a result of the behavior

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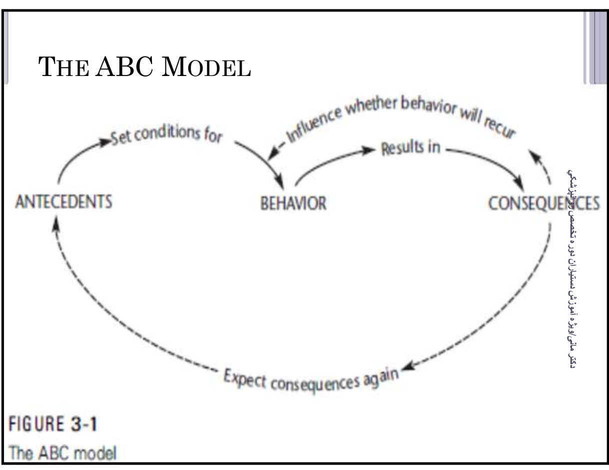
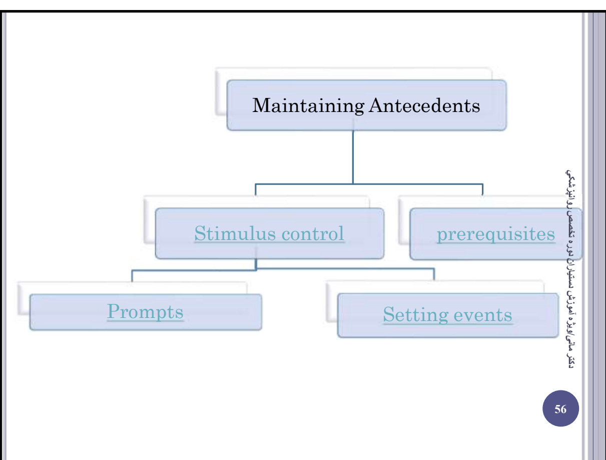


FIGURE 3-1
The ABC model



- Prerequisites: To engage in a behavior, you must first have the requisite knowledge, skills, and resources.
- Stimulus control: involves cues or conditions that "set the stage" for behaviors to occur.
- Prompts: are cues to perform a behavior, such as when a parent says, "Go wash your hands," to a child before dinner.
- Setting events: are environmental conditions that elicit a behavior; Setting events may include who is present and what they are doing, the time of day, and the physical arrangement of the environment.

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THINK ABOUT HOW YOUR BEHAVIOR DIFFERS WHEN YOU ARE IN CLASS, AT A PARTY, WITH CLOSE FRIENDS, AND WITH STRANGERS.

EACH OF THESE SETTING EVENTS ELICITS DIFFERENT BEHAVIORS.

a woman wishing to lose weight and improve her health might remove all high-fat foods from her house and keep healthful foods prominently displayed.

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MAINTAINING CONSEQUENCES

Maintaining consequences determine whether the behavior will occur again.

- When the consequences of performing a behavior are favorable, the individual is more likely to repeat the behavior. Unfavorable consequences make it less likely that the person will engage in the behavior in the future.

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IDENTIFYING MAINTAINING ANTECEDENTS AND CONSEQUENCES

- Contrary to the popular misconception, behavior therapy does not directly change symptoms or problem behaviors. *Behavior therapy treats problem behaviors by directly changing their maintaining conditions.* And, before the maintaining conditions can be changed, they first must be identified.

It is these probable maintaining conditions of a behavior that are changed to modify the problem behavior.

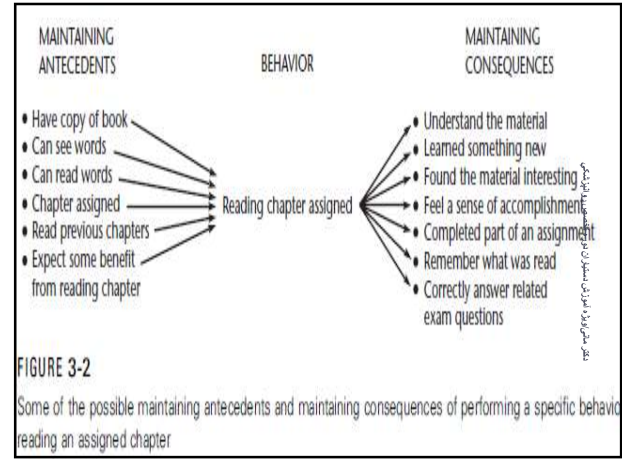
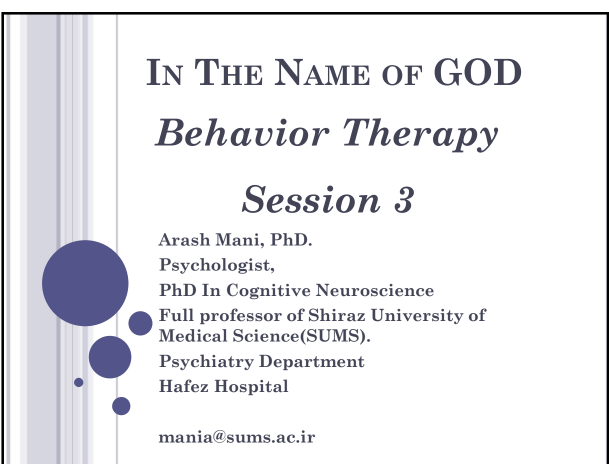


FIGURE 3-2

Some of the possible maintaining antecedents and maintaining consequences of performing a specific behavio reading an assigned chapter



The Process of Behavior Change

Step 1: Clarifying the Problem
Step 2: Formulating Initial Treatment Goals
Step 3: Designing a Target Behavior
Step 4: Identifying Maintaining Conditions
Steps 5 and 6: Designing and Implementing a Treatment Plan
Steps 7 and 8: Evaluating the Success of Therapy and Follow-Up Assessment

How behavioral model is applied in behavior therapy

STEP 1: CLARIFYING THE PROBLEM

- Clients usually describe their problems in broad, vague terms. The first step in behavior therapy is to clarify the client's presenting problem, the problem for which therapy is sought.
- Clients often come to therapy with multiple problems. Behavior therapy begins by narrowing the client's complaints to one or two problems to be worked on initially.

TREATING ONE PROBLEM AT A TIME HAS THREE ADVANTAGES:

- First, clients can focus their attention more easily on one task than on multiple tasks.
- Second, concentrating on a single problem often results in relatively quick change, which may motivate the client to continue working on other problems.
- Third, problems may be related to one another, so alleviating one problem may reduce or even eliminate others.

Treating one problem at a time is efficient in the long run

STEP 2: FORMULATING INITIAL TREATMENT GOALS

- Once the client's problem has been clarified, the client and the therapist formulate initial goals for therapy, which will direct subsequent steps in the treatment process.
- The client is given the major responsibility for deciding on the specific goals he or she wants to achieve, and the therapist helps the client clarify expectations about the outcome of treatment.

The Therapist Takes a More Active Role in Goal Setting in Two Circumstances:

(1) When the client's goals are clearly unrealistic (for example, never getting angry at my children);

(2) When the goals are likely to have negative consequences for the client or others (for example, a high school senior's wanting to lose 20 pounds in the 2 weeks).

Once goals have been established, the therapist helps the client state them so that they are specific, unambiguous, and measurable.

STEP 3: Designing a Target Behavior

- A target behavior is a narrow, discrete aspect of the problem that can be clearly defined and easily measured. So, rather than attempting to treat the client's problem in its entirety, one component of the problem is focused on at a time.
- For example, the first target behavior was, "Walking from his house to the school with the therapist on a nonschool day"; a later target behavior was, "Spending the morning in his classroom with the therapist present."

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Characteristics of Good Target Behaviors

✓*Narrow in scope:* The target behavior usually addresses one part of the problem rather than the entire problem.

✓*Unambiguously defined:* A target behavior that is defined precisely can be assessed reliably.

✓*Measurable:* the target behavior should be quantified.

✓*Appropriate and adaptive:* The target behavior must fit the client's unique problem and be adaptive for the client

The measurements can be of: (1) *frequency* (how often), (2) *duration* (length of time), (3) *intensity* (strength), or (4) *amount of by-product* of the target behavior

Types of Measures Used to Assess Target Behaviors

Type	Description	Examples
FREQUENCY	Number of times the behavior occurs	1. Number of days child attends school 2. Number of cigarettes smoked
DURATION	a. Length of time spent engaging in target behavior	1. Hours child spends in school 2. Minutes spent smoking
	b. Latency (length of time to begin a target behavior)	1. Minutes to enter school after being dropped off by parents 2. Minutes to light up after sitting down at desk
	c. Interval between responses (length of time between the occurrence of instances of the target behavior)	1. Number of days preceding an absence 2. Minutes between cigarettes smoked
INTENSITY	Strength of the target behavior	1. How anxious (on scale of 1–10) child feels while in school 2. Strength of inhalation
AMOUNT OF BY-PRODUCT	Number of by-products of engaging in the target behavior	1. Number of punches in lunch meal ticket 2. Number of cigarette butts left in ashtray

Two Types of Target Behaviors: Acceleration & Deceleration

- **Acceleration target behaviors** are used for behavioral deficits, which are adaptive behaviors that clients are not performing often enough, long enough, or strongly enough (for instance, paying attention in class and standing up for one's rights).
- **Deceleration target behaviors** are used for behavioral excesses, which are maladaptive behaviors that clients are performing too often, for too long a time, or too strongly

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Dead Person Rule

- Whereas acceleration target behaviors indicate what a client is expected to do, deceleration target behaviors indicate only what the client should not do, which poses a problem.
- When dealing with behavioral excesses, it often is easier, but less beneficial, to specify what a client should not do than what the client should do. To avoid making this mistake, behavior therapists follow the dead person rule: *Never ask a client to do something a dead person can do.* Only dead people are capable of not behaving! "Don't talk" violates the dead person rule because dead people "cannot talk." *Applying the dead person rule means that the client is asked to do something active.* "Work on your assignment" follows the dead person rule because dead people can't work on assignments.

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Examples of Acceleration Target Behaviors That Compete with Deceleration Target Behaviors

Deceleration Target Behavior	Competing Acceleration Target Behavior
Studying in front of the television	Studying in the library
Biting fingernails	Keeping hands in pockets or at sides
Driving home from parties drunk	Taking a taxi home
Staying up until 3 A.M.	Getting into bed and turning out the lights at 1 A.M.
Talking to "voices" (that is, hallucinating)	Talking to other people
Criticizing others	Praising others

MEASURING THE TARGET BEHAVIOR

- This initial measurement provides a baseline, which consists of the repeated measurement of a target behavior as it occurs naturally—that is, before treatment.
- Measurement of the target behavior continues throughout the remainder of the therapy process as an ongoing check of the client's progress.

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STEP 4: IDENTIFYING MAINTAINING CONDITIONS

- Identifying the maintaining conditions of the target behavior is a crucial step because it is these conditions that will be changed in order to change the target behavior.
- The assessment typically begins with an interview in which the therapist questions the client in detail about the antecedents and consequences of the target behavior.
- The retrospective information gathered in interviews may be checked out with other assessment procedures.

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STEP 5,6:
DESIGNING AND IMPLEMENTING A TREATMENT PLAN

Target behaviors are changed indirectly by directly changing their maintaining conditions

- A ***treatment plan*** specifies the therapy procedures that will be used to change the maintaining conditions of the target behavior, including the specifics of how they will be individualized for the particular client.
- Most behaviors are maintained by multiple antecedents and consequences.

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- **Generally**, it is not feasible or necessary to change all the maintaining conditions in order to change the behavior because the maintaining conditions of a behavior tend to be interrelated.
- Behavior therapists select for change those maintaining conditions :

(1) That appear to exert the greatest control over the target behavior .

(2) that available behavior therapy procedures are most likely to modify efficiently.

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The therapist describes each viable alternative therapy procedure to the client, including

(1) The underlying rationale,

(2) What the therapy entails,

(3) What the client is expected to do,

(4)An estimate of how long the therapy will take to work, and

(5)The general success rate of the therapy for the client's problem.

(6) Finally, the therapist describes the advantages and disadvantages of each therapy.

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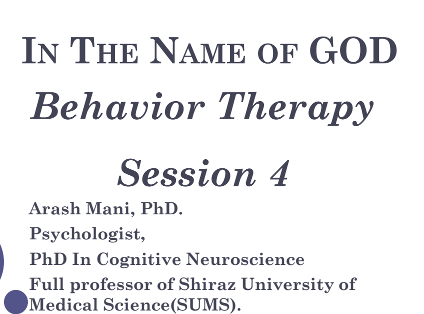
- Once the client and therapist decide on the therapy procedures, the treatment plan is implemented. The target behavior continues to be measured to assess progress during treatment. When problems or setbacks arise, which is common, the treatment plan is revised.

STEP 7,8:

EVALUATING THE SUCCESS OF THERAPY AND FOLLOW-UP ASSESSMENT

- Evaluating the success of therapy first involves determining whether the target behavior has changed significantly from the baseline. If the target behavior has not changed, then it is necessary to return to one of the previous steps and correct any mistakes made.

- When the treatment goals have been met, therapy is terminated. However, the therapist and client may set up periodic checks (for example, in 3 months, 6 months, and 12 months) to ascertain whether the client's treatment gains have been maintained over time. This is called follow-up assessment.
- If the follow-up reveals the clients' treatment gains have not been maintained, additional treatment is provided.



Behavioral Assessment

Used to gather information to :

- ✓Clarifying clients' problems,
- ✓Setting goals,
- ✓Selecting and designing target behaviors,
- ✓Identifying the maintaining conditions of the target behaviors,
- ✓Designing a treatment plan,
- ✓Monitoring clients' progress.

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Most Frequently Used Methods of Behavioral Assessment

Rank	Method	Percentage of Behavior Therapists Using Frequently
1	Interview	90
2	Direct self-report inventory	63
3	Self-recording	56
4	Checklist or rating scale	51
5	Systematic naturalistic observation	30
6	Simulated observation	23
7	Role-playing	20
8	Physiological measurement	19

*Percentage of behavior therapists indicating that they used the method with six or more clients in the past year.
Source: Based on data from Guevremont & Spiegler, 1990.

MULTIMETHOD AND MULTIMODAL ASSESSMENT

Multimethod assessment

It provides corroborative evidence from different assessment procedures, which increases the reliability and validity of the assessment.

Also, each method has its particular strengths and limitations, so using multiple methods yields a balanced assessment

MULTIMETHOD AND MULTIMODAL ASSESSMENT

Multimodal assessment

In behavioral assessment, information about more than one mode of behavior usually is obtained because psychological disorders generally involve more than one mode.

For example: Depression, may consist of reduced activity (overt behavior), thoughts of hopelessness (cognition), sadness (emotion), and weight loss (physiological response).

- The particular modes of behavior assessed and the methods used depend on the nature of the problem and on practical considerations.

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CHARACTERISTICS OF BEHAVIORAL ASSESSMENT

Behavioral assessment procedures share five characteristics:

- (1) is individualized,
- (2) focuses on the present,
- (3) directly samples relevant behaviors,
- (4) has a narrow focus, and
- (5) is integrated with therapy.

Comparison of Behavioral and Traditional Assessment

	Behavioral	Traditional
Aims	To identify target behaviors To identify maintaining conditions To select appropriate treatment To evaluate and revise treatment	To describe personality functioning To identify etiology (origin) To diagnose or classify
Assumptions		
1. Role of behavior	Sample of client's typical behaviors in specific situations	Sign of client's personality (for example, traits and intrapsychic dynamics)
2. Role of past	Unimportant (present behavior caused by present events)	Crucial (present behavior caused by past events)
3. Consistency of behavior	Consistent in the same situation	Consistent in different situations
Interpretation		
1. Direct or indirect	Direct (sample)	Indirect (sign)
2. Degree of inference	Low (behavior to behavior)	High (behavior to personality)

Source: Adapted from Barrios, 1988.

INDIVIDUALIZED

- Behavioral assessment is used to gather unique, detailed information about a client's problem and its maintaining conditions. Thus, the assessment methods are chosen with the particular client and the client's problem in mind, and standard tests and procedures may be customized as needed.

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PRESENT FOCUS

- The focus of behavioral assessment, like behavior therapy, is on relevant information about the client's current functioning and life conditions. Isolating the causes of problem behaviors involves assessing the current maintaining conditions. Details about the client's past, especially early childhood, are considered relatively unimportant.

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Directly Samples Relevant Behaviors

- Behavioral assessment procedures examine samples of a client's behaviors to provide information about how the client typically behaves in particular situations.

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Narrow Focus

- Behavioral assessment deals with discrete behaviors and specific circumstances rather than a client's total personality or lifestyle, as traditional assessment does. This strategy is consistent with the fact that behavior therapy focuses on target behaviors, aspects of the client's problem. It also makes behavioral assessment more efficient.

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Integrated with Therapy

- Behavioral assessment is an integral and continuous part of therapy. In fact, often it is difficult to distinguish between behavior therapy and assessment.

For example: In the treatment of obesity, clients self-record all the food they eat. Besides providing valuable information, keeping food records makes clients aware of the food they consume and of their eating habits. Such awareness is a key component in the treatment of obesity, and it often results in eating less. Thus, clients' self recording can be both assessment and treatment.

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BEHAVIORAL INTERVIEWS

- Generally, the first session of behavior therapy begins with an interview.
- The first is for the therapist and client to begin *building rapport*, which involves developing a relationship of mutual trust. *Listening attentively* and *nonjudgmentally* and letting clients know that they are understood are among the ways in which the therapist builds rapport with the client.

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BEHAVIORAL INTERVIEWS

- The second function of the initial interview is to provide clients with *information about behavior therapy*. The *therapist describes the behavioral model* and *how it views psychological problems*, as well as the general nature of behavior therapy.
- As an assessment tool, the interview enables the therapist to gather information about the client's problem and its maintaining conditions

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- The standard questions in a behavioral interview (as well as those implicitly asked by other behavioral assessment methods) are: what, when, where,how, and how often? These types of questions provide information concerning the specific nature of the problem and its maintaining conditions. In contrast, traditional assessment emphasizes "why questions" to gather information about the causes of the client's problem. One difficulty with "why questions" is that clients often are not aware of what causes their behaviors (which is one reason they have come to therapy). Further, according to the behavioral model, the causes of a behavior are its maintaining conditions, which are assessed by the standard behavioral interview questions (what, when, where, how, and how often?).

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Examples of Questions Behavior Therapists Typically Ask in Initial Behavioral Interviews

1. What brings you here today?
2. When did the problem begin?
3. How often does the problem occur?
4. When (in what situations) does the problem occur?
5. What tends to occur before the problem (antecedents)?
6. What tends to occur after the problem, and how does the problem affect your life (consequences)?
7. What do you think about when the problem is occurring?
8. What do you feel when the problem is occurring?
9. What steps have you already taken to alleviate the problem, and with what results?

DIRECT SELF-REPORT INVENTORIES

- Direct self-report inventories are questionnaires containing brief statements or questions that require a simple response from the client, such as answering "yes" or "no" or rating how true a statement is on a 5-point scale.
- Behavioral self-report inventories are *direct* because they ask straightforward questions and because the answers are taken at face value.

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SELF-RECORDING

- Self-recordings can be made of both overt and covert behaviors, which can include emotions and thoughts.
- Clients' privacy is protected with self-recording, which is not the case when others make the observations.
- In the simplest form of self-recording, clients record the behavior's frequency.

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		Total Per Day
Mon.	𝍸 𝍸 𝍸 𝍸 𝍸 |	26
Tues.	𝍸 𝍸 𝍸 𝍸 𝍸 |||	28
Wed.	𝍸 𝍸 𝍸 𝍸 𝍸 |||	28
Thurs.	𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 |	56
Fri.	𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 ||	57
Sat.	𝍸 𝍸 𝍸 𝍸 𝍸 𝍸	30
Sun.		0

When you have finished your observations, plot them on a graph on which the horizontal axis represents units of time and the vertical axis represents units of behavior

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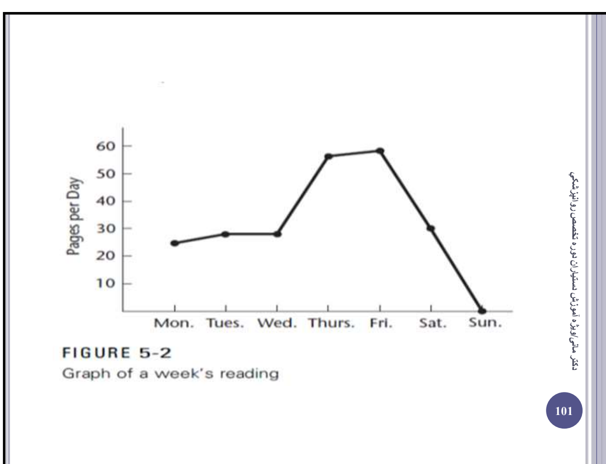

FIGURE 5-2
Graph of a week's reading

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- Self-recordings of covert behaviors, such as thoughts or feelings, are often brief qualitative descriptions of the behaviors and the circumstances in which they occur written in diaries or on simple forms.
- Covert behaviors also can be quantified, as in terms of frequency and duration. **Intensity** can be measured on a predetermined scale, such as the *Subjective Units of Discomfort* scale used to assess anxiety. The units of this scale, called SUDs, range from 0 to 100 (sometimes 0 to 10).

As the word subjective implies, SUDs are relevant only for the individual client.

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SYSTEMATIC NATURALISTIC OBSERVATION

- Systematic naturalistic observation consists of observing and recording a client's specific, predetermined overt target behaviors as the client naturally engages in them.
- Precise definitions of the behaviors, including criteria for differentiating each target behavior from similar behaviors, are essential.

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SYSTEMATIC NATURALISTIC OBSERVATION

- Training observer is essential.
- Observers first study the definitions of the behaviors and familiarize themselves with the recording system.
- They then practice making observations until their observations are highly accurate, which is determined by interobserver reliability.
- The minimum level of acceptable agreement among observers usually is between 80% and 90%

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ROLE-PLAYING

- In role-playing, clients enact problem situations to provide the therapist with samples of how they typically behave in those situations.
- Role-playing is especially useful in assessing social skills, such as assertive behaviors.

Role-playing is an efficient form of simulated observation. No special physical arrangements are needed because the relevant environmental conditions are imagined—clients act as if they were in the problem situation. With interpersonal problems, the therapist plays the roles of other people

PHYSIOLOGICAL MEASUREMENTS

- When physiological components of a target behavior are relevant to treatment, physiological responses are measured. The most frequent measures are heart rate, blood pressure, respiration rate, muscle tension, and skin electrical conductivity.

If we liken behavior therapy to a pilot, behavioral assessment is the navigator. Behavioral assessment determines the direction in which therapy will proceed, provides the necessary course corrections along the way, and indicates when the destination has been reached.

Now that we've whetted your appetite, you are ready for the elaborate main course: behavior therapy with all the trimmings. We'll begin by presenting relatively simple therapy procedures and proceed to more complex ones. The presentation of therapies is cumulative, so that you'll have to have tasted previously discussed therapies to fully appreciate and understand the discussion of each new group of therapies.

NEXT:

- Acceleration Behavior Therapy: Stimulus Control and Reinforcement
- Deceleration Behavior Therapy: Differential Reinforcement, Punishment, and Aversion Therapy.
- Combining Reinforcement and Punishment: Token Economy, Contingency Contract, and Behavioral Parent Training

In The Name of GOD

Behavior Therapy

Session 5

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Acceleration Behavior Therapy

Stimulus Control and Reinforcement

Stimulus Control: Antecedents That Elicit Behaviors

Reinforcement: Consequences That Accelerate Behaviors

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Stimulus Control: Antecedents That Elicit Behaviorss

- *A client may not be performing a desirable behavior because there are no antecedents that elicit it*; stimulus control procedures introduce antecedents to initiate the desirable behavior.
- *In other cases, existing antecedents elicit an undesirable behavior*; for such deceleration target behaviors, stimulus control procedures change the antecedents.

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Prompting

- Prompting provides people with cues (prompts) that remind or instruct them to perform a behavior or indicate that it is appropriate to perform a behaviors.

Every day we rely on prompts to guide our behaviors.

- There are four types of prompts—*verbal*, *environmental*, *physical*, and *behavioral*—each of which can be used alone or in combination with other types of prompts.

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Verbal prompts involve telling clients what they are expected to do

Verbal prompts can also be effective on their own in such diverse applications as increasing seat belt use.

In a community-based vocational training program were given a series of verbal prompts through an MP3 player to remain on task.

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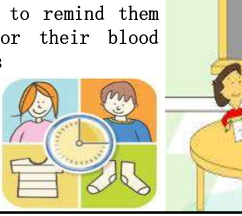
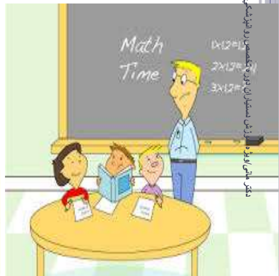
Environmental prompts

Are cues in the environment, such as signs, that remind clients to perform behaviors

- Written cue cards
- Pictorial signs
- Written notes for people with diabetes to remind them to self-monitor their blood glucose levels





Physical prompts (physical guidance)

a client is physically directed to perform a behavior

An example: Teaching a child to write by holding the child's hand and helping the child make the required movements.

Behavioral prompts

One behavior cues another

An individual's own behavior can serve as a prompt to engage in another behavior.

A husband in marital therapy learned to use his wife's crying as a signal to respond with sympathy rather than annoyance.

When parents use their feeling angry at their child as a cue to leave the room to "cool off."

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Guidelines for administering prompts include:

(1) Administer the prompt just before it is appropriate to perform the target behavior,
(2) make the prompt salient so that the client is aware of it,
(3) make the prompt specific and unambiguous,
(4) have the prompt remind clients about the consequences of engaging in the desired behavior
(5) follow up prompts with reinforcement for engaging in the prompted behavior.

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Setting Events

- Setting events are environmental conditions that influence the likelihood that certain behaviors will be performed.
- Changing setting events, like prompting, is usually a component in a treatment package aimed at changing more than one maintaining condition of a target behavior.

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Example:

Modifying Setting Events was the sole treatment for two boys with attention deficit hyperactivity disorder who interacted inappropriately during play. The boys' inappropriate social interactions occurred in a playroom containing 12 different toys and where there were no rules or adult supervision. A dramatic decline in antisocial behaviors and an increase in positive social interactions occurred when the therapist rearranged the playroom so that there were only two toys, specific rules for behaving were established, and an adult supervisor was present.

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Application

Changing setting events is also used to treat adult problem behaviors, such as to facilitate weight loss, reduce pathological gambling, promote, cholesterol-lowering diets, and treat trichotillomania. Changing setting events is used extensively in the treatment of insomnia in adults.

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Stimulus Control in Perspective

Stimulus control procedures typically are part of a treatment package, although they can serve as the sole intervention.

There is less direct empirical support for stimulus control procedures than for many other behavior therapies. When stimulus control is the primary intervention, the effectiveness of the techniques has been empirically validated.

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Stimulus Control in Perspective

Compared with other behavior therapy interventions that accelerate adaptive behaviors, stimulus control procedures can be very efficient because they can be easily implemented with little time and effort.

Another advantage of stimulus control interventions is that they can prevent maladaptive behaviors. When the setting events that promote an undesirable behavior have been identified, those conditions can be systematically modified to prevent the behavior.

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Stimulus Control in Perspective

Planned Activity Scheduling

Behavior change agents arrange for clients to engage in active desirable behaviors in situations likely to elicit problem behaviors; this reduces opportunities for misbehavior.

Planned activity scheduling generally is employed with children, but it has been effectively used in treating adults with head injuries and adults with schizophrenia.

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The purpose of stimulus control procedures is to get clients to perform a target behavior. Ultimately, for the behavior to continue, it must be reinforced.

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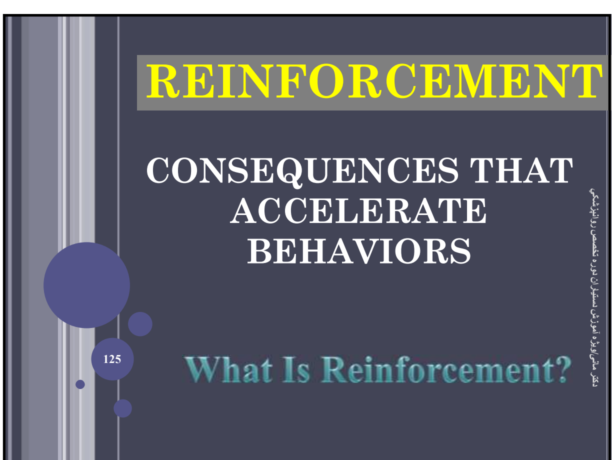

WHAT IS REINFORCEMENT?

- ***To reinforce is to strengthen***. The term reinforcement refers to strengthening a behavior so that the person will continue to perform it.
- Formally, reinforcement occurs when the consequences of a behavior increase the likelihood that the person will repeat the behavior.
- This is an empirical definition because it is based on the observation that the behavior recurs.

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- Whether a consequence is a reinforcer depends on its effects on the behavior, not on the person's subjective evaluation of the pleasantness or desirability of the consequence.
- Reinforcers are defined by their accelerating effects on the behaviors they follow.
- However, in most cases, reinforcers are pleasant or desirable consequences for the person, and our discussion of them will assume that is the case.

Reinforce VS Reward

- *Reinforcers differ from rewards.*
- Rewards are pleasant or desirable consequences of a behavior that do not necessarily make it more likely that the person will perform the behavior again.
- **FOR EXAMPLE**: You are rewarded for passing the driving test, but the reward does not result in your taking additional driving tests.

- *Behavior therapists* do not assume that a consequence will serve as a reinforcer.
- **A potential reinforcer is identified and then made contingent on the client's engaging in the target behavior. If the behavior increases, then the therapist assumes the consequence was a reinforcer.**

When you receive an A for a poem in a writing class, the grade tells you that you have written a good poem.

Positive and Negative Reinforcement

Reinforcement increases the frequency of a behavior

When a pleasant or desirable stimulus is presented (added) as a consequence of a person's performing a behavior, it is known as positive reinforcement.

The other way that a behavior is accelerated through reinforcement occurs when an unpleasant or undesirable event is removed, avoided, or escaped from (subtracted) as a consequence of a person's performing a behavior. This is negative reinforcement.

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Many everyday behaviors are maintained by negative reinforcement

- Taking aspirin is reinforced by relief from pain,
- Napping is reinforced by decreasing fatigue,
- Driving at the speed limit is reinforced by avoiding a ticket.

Although negative reinforcement plays an important role in maintaining people's behaviors, behavior therapists only occasionally use it as an intervention

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Negative Reinforcement VS Punishment

Equating negative reinforcement with punishment is a common mistake!!

- Punishment occurs when the consequences of a behavior decrease the likelihood that the person will repeat the behavior.
- Thus, punishment has the opposite effect of negative reinforcement because punishment weakens rather than strengthens a behavior.

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- *Positive punishment* involves presenting (adding) an unpleasant or undesirable consequence.
- *Negative punishment* involves removing (subtracting) a pleasant or desirable consequence.
- *Punishment always decelerates the behavior*, whether positive or negative, and likewise punishers are defined by their ability to decelerate behaviors, rather then their pleasantness or desirability for the client.

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- To distinguish the difference between reinforcement and punishment and what is meant by positive and negative, you just have to remember two things:
- (1) reinforcement involves strengthening (accelerating) and punishment involves weakening (decelerating) the behavior;
- (2) for positive, think “+” (add); for negative, think “-” (subtract).

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PROCESS

EFFECT	Add (+)	Subtract (–)
Strengthen	POSITIVE REINFORCEMENT **Consequence:** Store coupons given *Contingent upon* **ATB:** Remaining abstinent	NEGATIVE REINFORCEMENT **Consequence:** Job suspension removed *Contingent upon* **ATB:** Successfully completing therapy
Weaken	POSITIVE PUNISHMENT **Consequence:** Verbal reprimand given *Contingent upon* **DTB:** Missing therapy appointment	NEGATIVE PUNISHMENT **Consequence:** Home visits forfeited *Contingent upon* **DTB:** Resuming drug use

Types of Positive Reinforcers

Positive reinforcers can be grouped into four major categories:

- Tangible reinforcers,
- Social reinforcers,
- Token reinforcers, and
- Reinforcing activities.

Some reinforcers fit into more than one category.

Tangible reinforcers

- Tangible reinforcers are material objects. Food, clothes, electronic gadgets, jewelry, CDs, books, and recreational equipment are examples of tangible, items that are reinforcers for many adults.
- It is common to Full reinforcers exclusively with tangible reinforcers, and many of your own potential reinforcers that you listed a moment ago were probably tangible reinforcers.

Social Reinforcers

- Social reinforcers consist of attention, praise, approval, and acknowledgment from other people.

Social reinforcers have four advantages

- **First**, they are easy to administer. All that is needed is another person. They are administered verbally *("Great job!")*, in writing *(a thank-you note)*, and through gestures *(smiling)*. Attention, a potent social reinforcer, can result in rapid and dramatic changes in clients' behaviors

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- **Second,** social reinforcers don't cost anything, and people have a limitless supply of social reinforcers to give to others.
- **Third**, social reinforcers generally can be administered immediately after the person has performed the target behavior, which increases the effectiveness of a reinforcer.
- **Fourth**, social reinforcers are natural reinforcers, consequences that people receive as a regular part of their daily lives.

Social reinforcers are among the most powerful consequences for initiating and maintaining behaviors!!

Token Reinforcers

- Token reinforcers, a third type of positive reinforcer, are symbolic items that have value because of what they can be exchanged for or what they stand for. *Token reinforcers become conditioned reinforcers.*
- Reinforcement is most effective when the reinforcer immediately follows the behavior.

Reinforcing Activities

- Engaging in activities is the fourth type of positive reinforcer. Examples of activities that serve as reinforcers for many people include shopping, watching TV, listening to music, surfing the Internet, playing computer games, getting a massage, socializing with friends, talking on the telephone, sleeping late, and going out to eat.

Reinforcing activities usually are pleasurable

Behavioral Activation

- In brief, the theory holds that people who are depressed avoid unpleasant environmental events; this alleviates their distress in the short term but also decreases the likelihood of their coming into contact with pleasurable events in the long term.

This theory is the basis of a treatment for depression called behavioral activation. The therapy first identifies clients' avoidance behaviors and potential reinforcing activities. Then, it sets up activation strategies that are consistent with clients' life goals to get them to engage in reinforcing activities and decrease avoidance behaviors

In The Name of GOD

Behavior Therapy

Session 6

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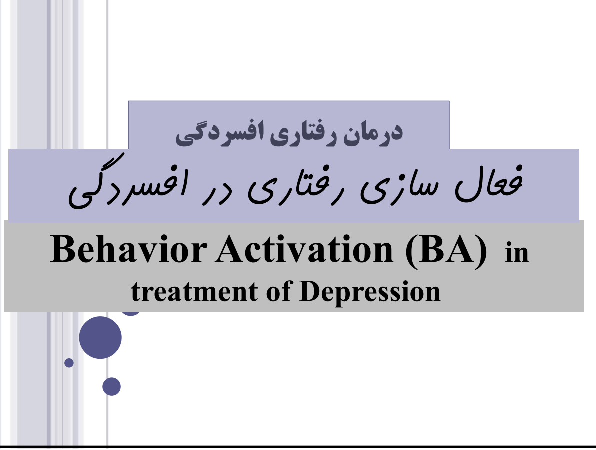

یادآوری:

تحقیقات بیان می کنند که اجزا رفتاری درمان برای تسکین و غلبه بر علایم افسردگی می تواند موثر باشد؛ بعلاوه این نوع درمان در تعدیل شناخت های ناسازگار و اصلاح عملکرد زندگی می تواند موثر باشد.

در این فرصت درصدد بررسی اجمالی پروتکل گام به گام فعال سازی رفتاری در درمان افسردگی هستیم.

اگرچه اصول و فرایندهای زیرین فعال سازی رفتاری بر مبنای اصول رفتاری است، ولی فرایندهای هیجانی و شناختی نیز نادیده گرفته نشده است.

فلسفه درمان فعال سازی رفتاری

افسردگی به علل زیر در فرد ادامه پیدا می کند:

1) **تقویت در دسترس برای رفتاری های غیر افسرده پایین است و یا اصلا وجود ندارد؛**
2) **رفتارهای افسرده ساز نرخ بالایی از تقویت را به همراه دارند.**

بر اساس این فلسفه درمان با فعال سازی رفتاری طراحی شده است تا نتایج مثبت مواجه با رفتارهای سالم افزایش یابد؛ بنابراین در طول درمان هدف این است که احتمال رخداد رفتارهای افسرده ساز کاهش و رفتارهای غیر افسرده افزایش پیدا کند.

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نتایج تحقیقات

- **در پژوهش بر روی بیماران سرپایی:** کاهش معنی دار در نمره آزمون افسردگی بک (در حدود ۲۰ نمره)
- **در پژوهش بر روی بیماران بستری:** نتایج نشان داده است که این شیوه درمانی در مقایسه با رواندرمانی های معمول حمایتی در کاهش میزان افسردگی بیماران موثرتر بوده است.

بخش اول: بیان منطق درمان

در زیر مثالی از نحوه بیان و معرفی منطق درمان جهت بیمار بیان شده است.

احتمالا الان هیچ احساسی مبنی بر اینکه شما می توانید کارهایی را انجام دهید، ندارید و عمدتا احساس خستکی و کمبود انگیزه می کنید؛ قطعا منتظر این هستید که احساس بهتری داشته باشید، مثبت فکر کنید تا در فعالیت هایی که برای شما لذت بخش است شرکت کنید! با اینحال همانطور که می دونید، احساس بهتر چیزی نیست که به این سرعت به دستش بیارید، پس ما می خواهیم یک چیز متفاوت را با هم تمرین کنیم!

ما معتقدایم خلق و خو شما با میزان ارتباطات شما با دیگران و کیفیت کلی زندگیتان مرتبط است؛ لذا برای بهبودی ضرورت دارد تا میزان فعالیت های خود را افزایش و خود را در شرایط مثبت قرار دهید؛ شروع درمان قطعا برای شما مشکل خواهد بود.

بخش دوم: معرفی افسردگی به بیمار

۱) از بیمار بپرسید که به نظر شما یک فرد افسرده کیست؟

پس از تعریف بیمار از مفهوم افسردگی و بیان حالات و ویژگی های مرتبط با یک فرد افسرده با تکنیک دیالوگ سقراطی به ایشان فهمانده می شود که این ویژگی ها توسط افراد بسیاری تجربه می شود ولی ضرورتا به هر کسی که این نوع تجارب را داشته باشد، الزاما افسرده نمی گوییم.

۲) چرا با این حال حضور این ویژگی ها در شما منجر به تشخیص افسردگی شده است؟

توضیح ضرورت حضور علایم به صورت توأم در مدت زمان تعزیف شده برای افسردگی و اینکه وجود علایم منجر به احساس عذاب و رنجش و یا مداخله در عملکرد زندگی روزمره شده است.

در نهایت برای ایشان توضیح داده شود که خلق افسرده نمی تواند نتیجه شرایط پزشکی باشد و یا از مصرف دارو، الکل یا سایر مخدرها ناشی شده باشد.

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بخش سوم: تلفیق افسردگی با منطق درمان

در راستای ضرورت تبیین منطق درمان برای بیمار، لازم است که شرح دهیم جهت کاهش علایم بیماری که یکی از واضح ترین و آزار دهنده ترین آنها کاهش فعالیت به دلیل کاهش انرژی است لازم است این چرخه معیوب با فعال ساختن بیمار از لحاظ رفتاری شکسته شود.

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ادامه

معتقدیم که جهت جلوگیری از افت خلق، یکی از روش ها افزایش رفتارهای مثبت است که منجر به تغییرات مثبت در افکار و خلق می شود

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بخش چهارم:آماده سازی بیمار برای درمان

- لازم است برای بیمار شرح داده شود که قبل از شروع درمان بایستی تصویر روشنی از علایم افسردگی خود در حال حاضر و نتایج حاصل از اختلال افسردگی در عملکرد روزمره اش را داشته باشد؛ به این شرایط اصطلاحا در رفتار درمانی "خط پایه" می گویند.
- نحوه تعیین خط پایه:

1) استفاده از آزمون افسردگی بک BDI-II؛
2) پایش فعالیت های فعلی؛ (Daily Activity Record)
3) فراهم سازی محیطی که از رفتارهای سالم (غیرافسرده) حمایت می کند؛

پایش فعالیت های فعلی

پایش فعالیت های فعلی؛ (Daily Activity Record)

در نظر داشته باشید که شیوه اصلی درمان های رفتاری، عینی کردن روند درمان است.

هدف اصلی درمان فعال سازی رفتاری، افزایش فراوانی رفتارهای سالم است.

دستورالعمل: اگرچه می دانم که می دانید چگونه هفته تان را سپری کرده اید، ولی با اینحال می خواهم برای یک هفته میزان فعالیت های خود را بطور عینی در این جدول ثبت کنید.

این عمل چند فایده برای درمانگر خواهد داشت:

1) *سنجشی از خط پایه تا بتوان تغییرات را بر اساس آن سنجید*
2) *فهم اینکه نسبت به آنچه فکر می کند کمتر فعالیت دارد.*
3) *ثبت فعالیت، مراجع را نسبت به اینکه چه فعالیتی باعث لزت او می شود آگاه می کند.*

مثالی از جدول پایش فعالیت های روزانه

Daily Activity Record(DAR)

ساعت	شنبه	یکشنبه	دوشنبه	سه شنبه	چهارشنبه	پنجشنبه	جمعه
۶-۷							
۷-۸							
۸-۹							
۹-۱۰							
۱۰-۱۱							
۱۱-۱۲							
۱۲-۱۳							
۱۳-۱۴							
۱۴-۱۵							
۱۵-۱۶							
۱۶-۱۷							

بخش پنجم:شروع درمان

- در گام اول درمان بایستی فعالیت هایی که بیمار دوست دارد به عنوان هدف در درمان در نظر بگیرد را تعیین کنید؛ به عبارت دیگر بایستی مشخص شود که قرار است در انتهای درمان به کجا برسیم.
- در تعیین این فعالیت ها در نظر گرفتن حیطه های زیر می تواند کمک کننده باشد:

۱) ارتباط خانوادگی
۲) ارتباط اجتماعی
۳) ارتباط صمیمانه
۴) آموزشی / تربیتی
۵) استخدامی/ شغلی
۶) سرگرمی / تفریح
۷) فعالیت های داوطلبانه/ خیریه
۸) مسایل ورزشی/ سلامت
۹) معنویت
۱۰) مسایل روانی/ هیجانی

جدول ارزیابی حیطه های زندگی

دستورالعمل: فعالیت هایی که در این حیطه ها تمایل دارید، بدست آورید را شرح دهید:

حیطه	حیطه
ارتباطات خانوادگی:	سرگرمی/تفریحی
ارتباطات اجتماعی:	فعالیت های داوطلبانه/خیریه:
ارتباطات صمیمانه:	مسایل ورزشی / سلامت:
آموزشی / تربیتی:	معنویت:
استخدامی/شغلی:	مسایل روانی / هیجانی:

مثال

حیطه سرگرمی / تفریحی:
۱- عکاسی
۲- رفتن به تئاتر
۳- تماشای فیلم
٤- خواندن مجله
٥- آشپزی و سفره آرایی
٦- مرتب کردن گلدان ها و باغچه

چگونگی ـ گام اول ـ:

- به طور کلی اگر باور دارید که تکمیل یک فعالیت خاص برایتان احساس لذت یا دستیابی می آورد، خوب است درگیر آن فعالیت شوید، زمان انتخاب فعالیت ها لازم است که توجه کنید که آنها باید هم قابل رویت بوسیله دیگران و هم قابل اندازه گیری باشد؛ بنابراین یک هدف کلی مثل " می خواهم بیشتر مثبت فکر کنم" مناسب نیست، بجای آن یک فعالیت مناسبتر می تواند شامل " ملاقات برادرم حداقل هفته ای دو بار" باشد.
- برای اینکه احتمال موفقیت اولیه را بالاتر ببرید و ورودتان را به برنامه درمان تسهیل کنید سه مورد از فعالیت ها باید از میان فعالیت هایی انتخاب شوند که در حال حاضر در حال انجام آن هستید :

چگونگی ـ گام دوم ـ :

- در مجموع شما باید ۱۵ فعالیت را که مختص نیازها و تمایلات شما تا حد امکان باشد انتخاب کنید؛ سپس آنها را بر اساس سطح دشواری تنظیم کنید (از ساده ترین تا مشکل ترین) :

دستورالعمل: ۱۵ فعالیتی که مایلید انجام دهید را در جدول وارد کنید، سپس دشواری آنها را از یک تا ۱۵ درجه بندی کنید.

فعالیت	درجه دشواری

چگونگی ـ گام سوم ـ :

- **تهیه سلسله مراتب فعالیت:**

بعد از اینکه بیمار لیست فعالیت هایش را تنظیم و درجه دشواری آنرا مشخص کرد، وی را موظف کنید تا آنها را در **۵** سطح قرار دهد؛ بدین صورت که سه مورد اول در سطح یک و موارد **۱۳** ، **۱۴** و **۱۵** در سطح **۵** قرار گیرند.

Activity Hierarchy	
سطح اول:	سطح چهارم:
سطح دوم:	سطح پنجم:
سطح سوم:	

بخش ششم :تنظیم پیشرفت

- **گزارش مهارت در فعالیت ها**:

زمانیکه بیمار ۱۵ فعالیت هدف را تعیین کرد، بایستی برنامه ای جهت چگونگی اجرا و ارزیابی پیشرفت در طول دوره درمان داشته باشد که گزارش مهارت در فعالیت ها روش مفیدی برای پیگیری پیشرفت به صورت هفتگی می باشد.

نحوه تکمیل گزارش مهارت در فعالیت

دستورالعمل:

- ✓در ستون اول، بیمار و درمانگر سلسله مراتب فعالیت را وارد می کنند؛ در ستون های کناری باید الف: تعداد دفعاتی که می خواهید نهایتا در طول یک هفته فعالیت مورد نظر را انجام دهید (دفعات ایده آل) و ب: مدت زمان فعالیت .
- ✓برای شروع بیمار و درمانگر باید اولین فعالیت ها را برای هفته در پیش رو مشخص کند، پیشنهاد می شود که برای هفته اول ۲ تا ۳ فعالیت انتخاب شود. تعداد فعالیت ها برای هر هفته متفاوت است ولی باید بین ۳ تا ۵ فعالیت جهت هر هفته مشخص شود.
- ✓لازم است که هم بیمار و هم درمانگر یک کپی از گزارش مهارت در فعالیت داشته باشند

مثالی از گزارش مهارت در فعالیت

	هدف ایده آل		هفته اول			هفته دوم		
فعالیت	#	زمان	هدف		انجام؟	هدف		انجام؟
			#	زمان		#	زمان	
عکاسی	۳	۳۰ دقیقه	۱	۲۰دقیقه	بله	۲	۲۰ دقیقه	بله
سفره آرایی	۷	۱۵ دقیقه	۳	۵ دقیقه	بله	۵	۸دقیقه	بله
مرتب کردن باغچه	۱	۴۵ دقیقه	صفر		خیر	۱	۱۵دقیقه	بله

بخش هفتم : پاداش دهی پیشرفت

- مهم است که مراجع برای پیشرفت های هفتگی خودش در دستیابی به اهداف هفتگی پاداش هایی را تعیین کند.
- پاداش ها بایستی در دسترس و قابل کنترل باشد.
- پاداش هایی را انتخاب کنید که به حد کافی جلب کننده باشد تا بیمار برای رسیدن له آن انگیزه کافی را داشته باشد.
- زمانی به پاداش ها خواهید رسید که اهدافتان را کامل کرده باشید.

بخش هشتم : ترسیم نمودار پیشرفت

- بعضی اوقات استفاده از ابزارهای بصری جهت نمایش میزان پیشرفت بیمار بسیار کمک کننده است.
- می توانید از گراف فعالیت جهت این امر استفاده کنید؛ این گراف ها بر اساس پیشرفت در فعالیت ها و افت در نمره BDI تنظیم می شود.

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In The Name of GOD

Behavior Therapy

Session 7

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Sleep Hygiene & Good Sleep Habits

Sleep "Hygiene"?

Sleep hygiene refers to the habits, environmental factors, and practices that may influence the length and quality of one's sleep. These include bedtime, nighttime rituals, and disruptions to one's sleep.

Coined by Peter Hauri.

What happens when I don't get enough sleep?

- Impaired mood, memory, concentration.
- Dampened immune system
- Increased risk of accidents
- Stressed relationships.

4 General Areas to Sleep Hygiene

- Our circadian rhythm, or 24-hour cycle
- Aging
- Psychological stressors -- those factors can cause difficulty falling asleep and disturb the quality of your sleep
- Common social or recreational drugs like nicotine, caffeine, and alcohol

Circadian Rhythm

Greatly influences when we sleep and the quantity and the quality of our sleep. The more stable and consistent our circadian rhythm is, the better our sleep. This cycle may be altered by the timing of various factors, including naps, bedtime, exercise, and especially exposure to light (from traveling across time zones to staring at that laptop in bed at night).

Aging

After the age of 40 our sleep patterns change, and we have many more nocturnal awakenings than in our younger years. These awakenings not only directly affect the quality of our sleep, but they also interact with any other condition that may cause arousals or awakenings, like the withdrawal syndrome that occurs after drinking alcohol close to bedtime. The more awakenings we have at night, the more likely we will awaken feeling unrefreshed and unrestored.

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Psychological Stressors

Psychological stressors like *deadlines*, *exams*, *marital conflict*, and *job crises* may prevent us from falling asleep or wake us from sleep throughout the night. It takes time to "turn off" all the noise from the day.

How to deal with stressors

- Develop some kind of pre-sleep ritual to break the connection between all the stress and bedtime. This is perhaps even more important for children. These rituals can be as short as 10 minutes or as long as an hour. Some find relief in making a list of all the stressors of the day, along with a plan to deal with them, as it serves to end the day.
- Combining this with a period of relaxation, perhaps by reading something light, meditating, or taking a hot bath can also help you get better sleep. And don't look at that clock!

Social or Recreational Drugs

- Social or recreational drugs like caffeine, nicotine, and alcohol may have a larger impact on your sleep than you realize.
- Caffeine, which can stay in your system as long as 14 hours, increases the number of times you awaken at night and decreases the total amount of sleep time.
- The effects of nicotine are similar to those of caffeine, with a difference being that at low doses, nicotine tends to act as a sedative, while at high doses it causes arousals during sleep.

TIPS

Don't go to bed unless you are sleepy

If you are not sleepy at bedtime, then do something else. Read a book, listen to soft music or browse through a magazine. Find something relaxing, but not stimulating, to take your mind off of worries about sleep. This will relax your body and distract your mind.

TIPS

If you are not asleep after 20 minutes, then get out of the bed.

Find something else to do that will make you feel relaxed. If you can, do this in another room. Your bedroom should be where you go to sleep. It is not a place to go when you are bored. Once you feel sleepy again, go back to bed.

TIPS

Begin rituals that help you relax each night before bed.

This can include such things as a warm bath, light snack or a few minutes of reading.

THINGS I HAVE HEARD PEOPLE DO

- Reading a light, entertaining book or magazine
- Listening to soft music
- Making simple preparations for the next day
- A light bedtime snack, or a glass of warm milk
- Hobbies such as knitting or jigsaw puzzles
- Listening to books on tape

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TIPS

Get up at the same time every morning.

Do this even on weekends and holidays.

182

TIPS

Get a full night's sleep on a regular basis.

Get enough sleep so that you feel well-rested nearly every day.

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TIPS

Avoid taking naps if you can.

If you must take a nap, try to keep it short **(less than one hour).**
Never take a nap after 3 p.m.

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TIPS

Keep a regular schedule.

Regular times for meals, medications, chores, and other activities help keep the inner body clock running smoothly.

185

TIPS

Don't read, write, eat, watch TV, talk on the phone, or play cards in bed.

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Tips

Do not have any caffeine after lunch.

187

Tips

Do not have a cigarette or any other source of nicotine before bedtime.

188

Tips

Do not go to bed hungry, but don't eat a big meal near bedtime either.

189

TIPS

Avoid any tough exercise within six hours of your bedtime.

You should exercise on a regular basis, but do it earlier in the day. (Talk to your doctor before you begin an exercise program.)

190

TIPS

Use sleeping pills cautiously

191

TIPS

Try to get rid of or deal with things that make you worry.

If you are unable to do this, then find a time during the day to get all of your worries out of your system.

Your bed is a place to rest, not a place to worry.

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Tips

Make your bedroom quiet, dark, and a little bit cool.

An easy way to remember this: it should remind you of a cave. While this may not sound romantic, it seems to work for bats. Bats are champion sleepers. They get about 16 hours of sleep each day. Maybe it's because they sleep in dark, cool caves.

A Word About Television

- Many people fall asleep with the television on in their room. *Watching television before bedtime is often a bad idea.*
- Television is a very engaging medium that tends to keep people up.
- We generally recommend that the television not be in the bedroom.

A Word About Television

- **Late night news or prime time shows frequently have disturbing, violent material**. Even non-violent programming can have commercials which are jarring and louder than the actual program.
- **Light and noise.** The continuous flickering light coming from the TV (or a computer screen) can interfere with the body's clock, which is sensitive to any light.

Tips

- **If you have a sleeping partner**, ask them if they notice any snoring, leg movements and/or pauses in breathing . Take this information and try the sleep test.

Association Between Treated and Untreated Obstructive Sleep Apnea and Risk of Hypertension

JAMA. 2012;307(20):2169-2176

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Sleep Hygiene Tip- Use your CPAP!

- Things I think about when I see someone struggling with CPAP
  - Early and Ongoing Education
  - Individual follow up
  - Monitoring Compliance and Efficiency
  - Long Term Support and Trouble Shooting
  - Nasal Congestion/Steroids/Antihistamines
  - Humidification

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Using CPAP

- Choosing the Right Device/Interface- the Mask problem
- Humidification/Ramp

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IF THESE HYGIENE TIPS DON'T WORK

- ***Several physical factors are known to upset sleep. These include arthritis, acid reflux*** with heartburn, menstruation, headaches and hot flashes.
- ***Psychological and mental health problems like depression, anxiety and stress are***
- ***often Fulld with sleeping difficulty. In many cases, difficulty staying asleep may be***
- the only presenting sign of depression.

IF THESE HYGIENE TIPS DON'T WORK

- ***Many medications can cause sleeplessness as a side effect.***
- ***To help overall improvement in sleep patterns, your doctor may prescribe sleep medications for short-term relief of a sleep problem.***
- ***Always follow the advice of your physician and other healthcare professionals.*** The goal is to rediscover how to sleep naturally.

COGNITIVE BEHAVIORAL THERAPY… IS IT RIGHT FOR YOU?

- Cognitive behavioral therapy (CBT) helps you change actions or thoughts that hurt your ability to sleep well. It helps you develop habits that promote a healthy pattern of sleep.

Cognitive Behavioral Therapy…is it right for you?

Stimulus Control

A stimulus is anything that causes a response. The goal of this method is for you to have a positive response when you get into bed at night.

This method teaches you to use the bed only for sleep and for sex. You are not to read, watch TV, or do anything else in bed. You are also taught to go to bed only when you feel very sleepy.

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Cognitive Behavioral Therapy…is it right for you?

- Sleep Restriction
  - This method sets strict limits on the time you spend in bed each night. The initial limit used is the same as the amount of sleep you tend to get on a nightly basis.
  - This sleep loss will make you even more tired at first. But it will also help you fall asleep faster and wake up fewer times in the night. This gives you a solid period of sleep and a more stable sleep pattern. As your sleep improves, the limit on your time in bed is slowly increased.

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Cognitive Behavioral Therapy…is it right for you?

- Relaxation Training and Biofeedback
  - Relaxation training teaches you how to relax both your mind and your body. This helps you to reduce any anxiety or tension that keeps you awake in bed. This method can be used both during the day and at bedtime.

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Sleep Hygiene Therapy,

We are all experts at this already!

Side Effects

Cognitive behavioral therapy is not a quick fix for a sleep problem. It requires steady practice over time. Frustration may arise if you expect dramatic results right away.

The time, effort, and money required may turn some people away.

Sleep Restriction Therapy will make you sleepier at first. This is due to mild sleep loss in the early stages of the therapy.

In The Name of GOD

Behavior Therapy

Session 8

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Psychologist,
PhD In Cognitive Neuroscience
Full professor of Shiraz University of Medical Science(SUMS).
Psychiatry Department
Hafez Hospital

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Diaphragmatic Breathing

- Is one of the easiest and most effective methods of relaxation
- It is controlled, deep breathing
- In the practice of yoga, this technique is called the pranayama.

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Thoracic Breathing and the Stress Response

- By and large, Americans are thoracic breathers
- We breathe with the emphasis on our upper chest
- The consequences include slight pressure on the sternum and pressure on the solar plexus nerve.
- This tends to trigger a slight stress response causing:
  - A rise in heart rate, blood pressure, and other parameters
- Thoracic breathing does not promote relaxation
- Everyone employs belly breathing when they sleep!

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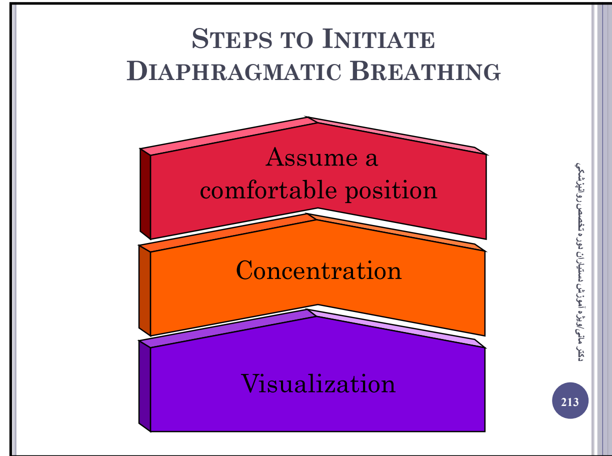
The Mystery of the Breath

- Breath is considered by many to be the universal life force of energy
  - (e.g., Chi, Pranayama, etc.)
- Breath is synonymous with the word spirit in many cultures
- We infer spirit with the word breath with the words:
  - Inspiration
  - Expiration

منّت خدای را عز و جل که طاعتش موجب قربتست و به شکر اندرش مزید نعمت هر نفسي که فرو می رود ممدّ حیاتست و چون بر می آید مفرح ذات پس در هر نفسی دو نعمت موجودست و بر هر نعمت شکری واجب!

از دست و زبان که برآید کز عهده شکرش به در آید

Steps to Initiate Diaphragmatic Breathing



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Four Phases of Concentrated Diaphragmatic Breathing

- **Phase I**: inspiration (Long)
- **Phase II**: a very slight pause before exhaling (Short)
- **Phase III**: exhalation (Long)
- **Phase IV**: another slight pause after exhalation before the next inhalation is initiated (Short)

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Diaphragmatic Breathing & Chronic Pain

- Breathing is often used to help people with chronic pain, both as a means to lessen the pain and serve as a pleasant distraction from pain.
- It's no secret that breathing is used for acute pain.

215

Best Application of Diaphragmatic Breathing

- This technique can be done anywhere (e.g., driving, exams, falling asleep, etc.)
- This technique can be done relatively shortly for an effect (5-10 minutes)
- Never underestimate the power of a good sigh!

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OUTLINE

*History and background of PMR
*Benefits of PMR
*Supporting research
*How to measure effectiveness
*Types of muscular contractions
*Practice contracting individual muscle groups
*Actively engaging in PMR
*Tips & suggestions

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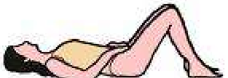
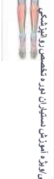


-PMR is a technique of stress management developed by Edmund Jacobson in the early 1920s.

-Initially, there was a series of 200 different muscle relaxation exercises

-This technique was not practical because of lengthy and painstaking sessions.



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- More recently the system has been abbreviated to 15-20 basic exercises
- Premise is the same, where the patients learn to voluntarily relax certain muscles in their body to reduce anxiety symptoms.

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Background

- PMR consists of a series of exercises that involve contracting a muscle group, holding the contraction, then relaxing.
- Contracting teaches an awareness to what muscle tension feels like.
- Relaxing the muscle teaches the absence of tension and how this can be voluntarily induced

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Benefits of PMR…

- The contraction phase teaches an awareness and sensitivity to what muscular tension feels like
- The relaxation phase teaches an awareness of what absence of tension feels like (and that it can be induced by passively releasing tension in the muscle)

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Benefits of PMR…

-Promotes relaxation
-decreases levels of muscle tension (muscle tension can occur when stressed, angry, nervous etc.)
-increases overall awareness of muscle tension
-used to successfully intervene with physical disorders such as:
*Insomnia
*Hypertension
*Headaches
*Lower Back Pain

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Benefits of PMR…

- Additionally…
  - This tecnique is effective in controlling muscular tension Fulld with anger
  - Studies suggest that it may be an effective way to "***kick the habit***" of smoking

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Research

<u>Muscle relaxation therapy for anxiety disorders: It works but how?</u> Journal of Anxiety Disorders Vol 21, Issue 3
•Helpful to those with anxiety disorders
•More research is needed to prove direct benefits.

<u>Blood Pressure and Heart-Rate Response to Verbal Instruction and Relaxation in Hypertension</u>
Psychosomatic Medicine Vol 36. No.4
•Demonstrates the effects of PMR on SBP, DBP and HR using subjects with hypertension.
•Immediate benefits of PMR were notable as long as directional instruction was present.

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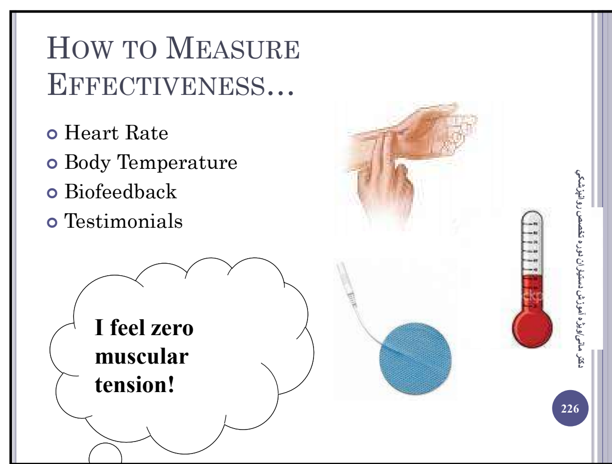
How to Measure Effectiveness…
Heart Rate
Body Temperature
Biofeedback
Testimonials
I feel zero muscular tension!
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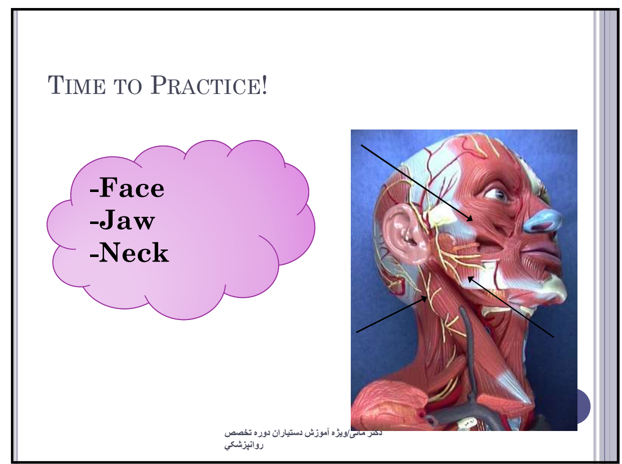
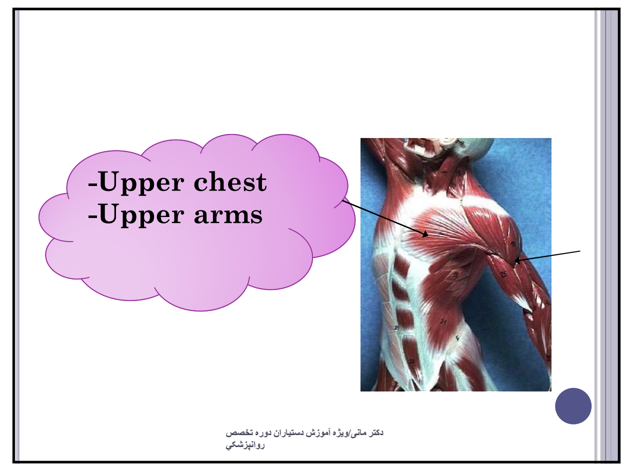

Time to Practice!
-Face
-Jaw
-Neck

Shoulders
Shoulders



-Upper chest
-Upper arms
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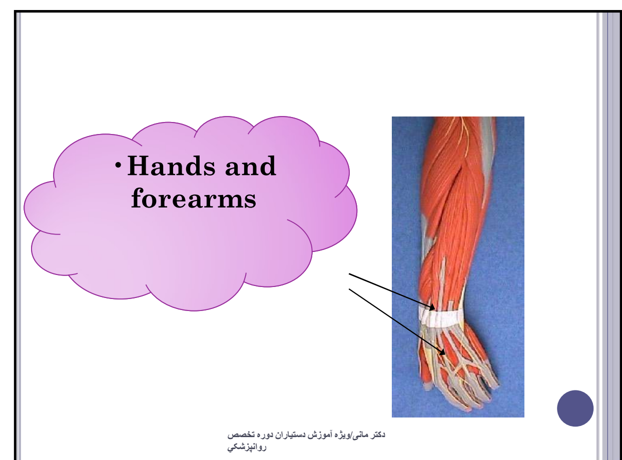

• Hands and forearms
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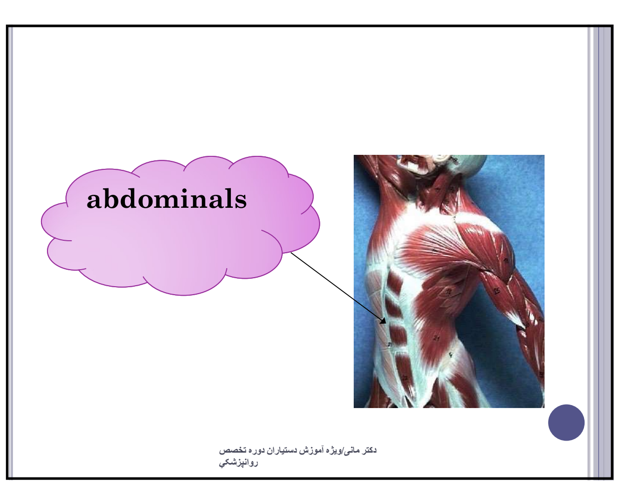

abdominals
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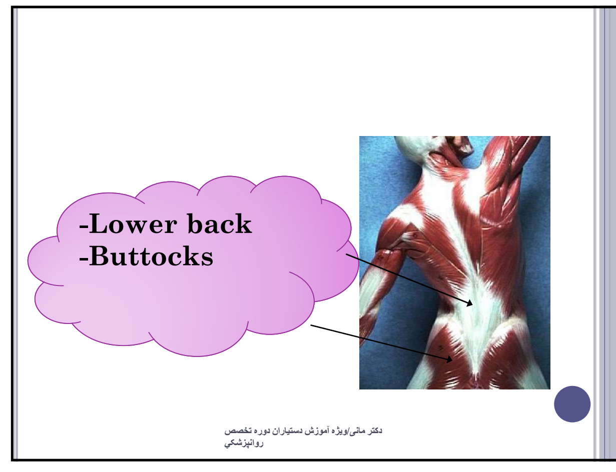

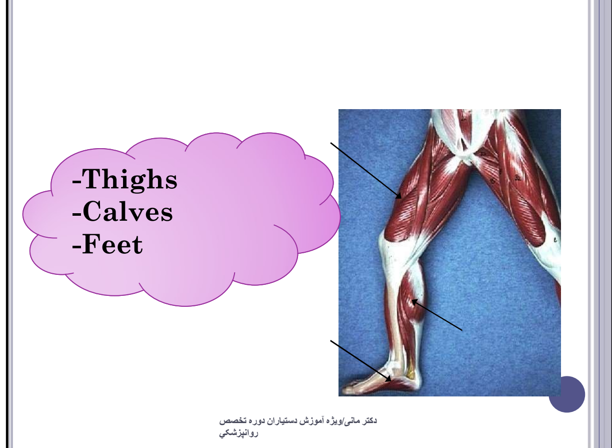

Perfect Practice Makes Perfect Performance!

- Strong body awareness w/o internal self talk or positive thoughts
- No attempt to expand consciousness
- Position:
  - Sit in a comfortable position or lye down for best results
  - Arms by your side and palms facing up-
  - Avoid constricting clothing and jewelry
- Breathing:
  - Inhale as you contract your muscles and exhale when you release the tension to allow for deeper sense of relaxation.

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TIPS/SUGGESTIONS

- Minimize distractions-once you practice a lot you can do it anywhere! Ex: sitting in traffic, standing in line, or lying in bed.
- For best use do it three times a day for five minutes on a regular basis
- Most effective way is 100%, 50%, and then 5% contractions of five seconds each then the relaxation phase.
- Start at the head and work to feet
- Change intensity of contraction phase
- *Diaphragmatic breathing after each muscle group*
- **After a five minute set continue to sit or lye down for a few minutes and "internalize all somatic sensations"**
- Then focus on surroundings

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PRACTICE TIME!

- We will do thirteen muscle groups at 100% contraction for 5 seconds each followed by a 30 second relaxation time before moving onto the next muscle group.
- Notice any tension in each muscle group before you contract and notice the lack of tension as you relax.
- Only contract the selected muscle group and relax the rest of the body.

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WHEN TO UTILIZE…

- Before sporting events
- Before tests, during tests
- ANY time you feel anxiety
- Once you're familiar with the process you can contract all muscle groups simultaneously
- Once you are skilled with PMR technique, you can achieve totally body relaxation in less than 3 minutes.

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Stress
Relax
Relax.
It's a healthy choice!
RELAX
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