

Lecture 1

Book: Behavior Modification – What it is and How to do It.

Chapter 1 The Behavior Modification Approach

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Summary

Defining behavior: Behavior can be defined as any muscular, glandular or electrical activity of an organism. Over behaviors are those that can be observed and recorded by an individual other than the one performing it. Covert behaviors are those activities that cannot be readily observed by others. All behavior is potentially observable however, covert behaviors are related to thinking and feeling. They are also referred to as cognitive behaviors. The various dimensions of behaviors are as follows:

- Duration of a behavior is the length of time it lasts
- Frequency of a behavior is the number of instances that occur in a given period of time.
- The intensity or force of behavior refers to the physical effort or energy involved in emitting that behavior.

Behavior modification: The most important characteristic of behavior modification is its strong emphasis on defining problems in terms of behavior that can be measured in some way and using changes in the behavioral measure of the problem as the best indicator of the extent to which the problem is being helped. The 2nd characteristic is that its treatment procedures and techniques are ways of altering an individual's current environment to help the individual function more fully. Thirdly, behavior modification's methods and rationales can be described precisely. This makes it possible for behavior modifiers to read descriptions of procedures used by their colleagues, replicate them and get essentially, the same results. It also helps in teaching behavior modification procedures. Fourthly, the techniques of behavior modification are often applied by individuals in everyday life. Although trained professionals and paraprofessionals use behavior modification in helping others, the precise description of behavior modification techniques makes it possible for individuals such as parents, teachers, coaches and others to apply behavior modification to help people in everyday situations. Fifth characteristic is that the techniques stem from basic and applied research in the science of learning in general and the principles of operant and Pavlovian conditioning. Two final characteristics are that behavior modification emphasizes scientific demonstration that a particular intervention was responsible for a particular behavior

change, and it places high value on accountability for everyone (client, staff, administrators etc) involved in behavior modification programs.

Behavioral Assessment: Behaviors to be improved in a behavior modification program are frequently called target behaviors. Behavioral assessment involves the collection and analysis of information and data in order to identify and describe target behaviors, identify possible causes of the behavior, guide the selection of an appropriate behavioral treatment and evaluate treatment outcome.

Behavior modification and applied behavior analysis: Behavior analysis refers to the scientific study of laws that govern the behavior of human beings and other animals. It is a science of which behavior modification is based on. Even though behavior modification and applied behavior analysis are very similar, there are some differences between them. Behavior modification encompasses applied behavior analysis, behavior therapy and cognitive behavior therapy, therefore it is a broader term. Behavior modification includes all explicit applications of behavior principles to improve an individual's covert and overt behaviors whether in clinical settings or not, and whether or not controlling variables have been explicitly demonstrated.

Misconceptions of behavior modification:

Myth 1: Use of rewards by behavior modifiers to change behavior is bribery.

Myth 2: Behavior modification involves the use of drugs, psychosurgery and electroconvulsive therapy.

Myth 3: Behavior modification changes only symptoms but does not get at underlying problems.

Myth 4: Behavior modification can be applied to deal with simple problems such as toilet training children or fear of heights, but it is not applicable for changing complex problems such as low self-esteem or depression.

Myth 5: Behavior modifiers are cold and unfeeling and don't develop empathy with their clients.

Myth 6: Behavior modifiers deal with only observable behavior, they don't deal with thoughts and feelings of clients.

Myth 7: Behavior modification is outdated.